

**Correlates of Same-Sex Romantic Relationship Satisfaction:
The Roles of Parental Support and Outness**

by

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Abstract

The purpose of the study was to explore variables associated with romantic relationship satisfaction for members of same-sex romantic relationships. Specifically, the study explored how same-sex couple members' romantic relationship satisfaction related to their perceived levels of general social support, perceived social support *specifically* for their romantic relationship from their parents, and outness. The sample included 153 individuals who were currently in a same-sex romantic relationship, were out to at least one parent about the romantic relationship, and of legal age in the state in which they lived during the time of participation in the study. Regression analysis was employed to examine the model predicting romantic relationship satisfaction. The results indicated that increased general social support was associated with increased romantic relationship satisfaction for couple members. Additionally, the results indicated that increased perceived support *specifically* for the romantic relationship from parents was associated with increased romantic relationship satisfaction for couple members. Outness was not found to have a moderating effect on the association between parental support for the relationship and romantic relationship satisfaction. Future research should attempt to further explore the role of outness in romantic relationship satisfaction.

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I. Introduction

Correlates of Same-Sex Romantic Relationship Satisfaction: The Roles of Parental Support and Outness

Background Information

Relationships appear to be important to the health and well-being of humans (Bertera, 2005; Blair & Holmberg, 2008; Prager, 1995; Reis, et al., 2000; Walen & Lachman, 2000). Close relationships, not limited to those of the romantic nature, are predictive of mental and physical well-being (Kiecolt-Glaser & Newton, 2001). Regardless of the type of relationship that an individual is in (e.g. friendship, parent-child, romantic, work, etc.), involvement in relationships is found to be associated with increased levels of mental health, provided those relationships are characterized by positive interactions (Prager, 1995). In contrast, when those close relationships are characterized by negative interactions, individuals experience decreased mental and physical health. More specifically, research indicates that a *negativity effect* with regards to social networks, or the negative aspects of social interactions and social relationships, can have more of an influence on the individual than positive social support (Rook, 1990). Literature on the importance of relationships for individuals highlights that relationships are important for well-being and mental health, but that some relationships can be more important than others, and the relationships that are most important to any particular individual can vary (Dew, Myers, & Wightman, 2005; Kamp Dush & Amato, 2005). For example, for people who are not involved in a romantic relationship, it

appears that friendships and support from peers are more important to happiness and well-being than are relationships with family (Demir, 2009). However, for those involved in romantic relationships, research finds relationships with partners and family, specifically parents, to be most important (Demir, 2009)

Romantic Relationships

One particularly important relationship for many adults is a romantic relationship. Involvement in romantic relationships has been shown to be predictive of mental and physical health provided the relationship is viewed as a source of positive support by couple members (Kamp Dush & Amato, 2005; Rook, 1990). Furthermore, there appears to be a link between the level of commitment in relationships and well-being, where as the level of commitment to the relationship increases so does the level of well-being (Brown, 2000). Research shows that married individuals experience higher levels of well-being than do individuals who are single (Kim & McHenry, 2002; Lee, Seccombe, & Sheehan, 1991; Waite, 1995; Williams, 2003). Thus, it seems as though involvement in a romantic relationship alone is associated with happiness and well-being, but that the nature (positive or negative) of the interactions and the level of commitment in the relationship also influence couple members (Kim & McHenry, 2002).

It has been found that general social support, or lack thereof, perceived from one's social network is predictive of relationship quality and satisfaction in romantic couples (Bryant & Conger, 1999; Sprecher & Felmlee, 1992). In addition, social support for the relationship itself from friends has been found to be relatively unimportant to the happiness of individuals involved in romantic relationships when compared with general social support from family and partners (Demir, 2009). In contrast, it has been

demonstrated that couples, regardless of sexual orientation, who feel support specifically for their relationship express greater levels of relationship satisfaction than those who do not, particularly when the support comes from families-of-origin (Henderson, Lehavot, & Simoni, 2009; Julien, Chartrand, Simard, Bouthilier, & Begin, 2003). Although literature exists on the association between family-of-origin support for a romantic relationship with relationship satisfaction (Henderson, et al., 2009), there is less available research specific to parental support.

The research available on parental support for a romantic relationship and its association with satisfaction in that romantic relationship is mixed. For example, research indicates that sometimes parental support for a relationship is positively associated (Sprecher & Felmlee, 2000), sometimes negatively associated (Driscoll, Davis, & Lipetz, 1972, as cited in Blair & Holmberg, 2008), and sometimes unrelated (Leslie, Huston, & Johnson, 1986) to romantic relationship satisfaction. When a couple perceives positive social support for their romantic relationship, there appears to be an increase in romantic relationship satisfaction more often than not (Rostosky, et al., 2004). Furthermore, most of this research has been conducted with heterosexual individuals (for an exception, see Ben-Ari, 1995), leaving the association between parental support for romantic relationships and same-sex romantic relationship satisfaction relatively unknown (Blair & Holmberg, 2008).

Romantic Relationship Satisfaction for Same-Sex Couples

The available literature comparing lesbian, gay, and bisexual (LGB) relationships with heterosexual relationships has found the two groups to be relatively similar in many regards (Gottman, et al., 2003; Kurdek, 2004). For example, gay and lesbian relationships

operate on essentially the same principles (e.g. emotional support, communication, trust) as heterosexual relationships, except that there are fewer barriers (such as getting a divorce) to leaving, and gay relationships emphasize personal autonomy more so than heterosexual relationships (Kurdek, 1998). Research supports that people in same-sex relationships experience similar psychological health benefits of being in a committed and legally recognized relationship as heterosexual married couples (Balsam, Beauchaine, Rothblum, & Solomon, 2008; Riggle, Rostosky, & Horne, 2010; Solomon, Rothblum, & Balsam, 2004).

However, literature on same-sex couples indicates that couple members generally receive less support from their families-of-origin for their sexual orientation than do heterosexual couples (Green, 2004; Kurdek, 2004). This lack of support has been attributed to the widely negative social climate and to the fact that most parents and family members of LGB individuals are themselves, heterosexual, leaving parents and family members with little to no experience with LGB individuals or the unique circumstances that arise for these individuals (Green, 2004). Also, LGB individuals receive less support for their involvement in romantic relationships than do heterosexual couples (Green, 2004; Kurdek, 2004). Regardless of whether one's family is supportive of the relationship or not, the quality of and satisfaction with a same-sex romantic relationship is often affected (Rostosky, et al., 2004). It has been found that support from family and friends for the relationship and the couple as a whole were more predictive of relationship quality and satisfaction than support for one member of gay male couples alone (Smith & Brown, 1997). These findings suggest a need to investigate support

specifically for same-sex couples' relationships and the association with relationship satisfaction.

In addition to parental support, disclosure of sexual orientation, or outness, is also important to consider when discussing relationship satisfaction for LGB individuals.

Outness is commonly used to refer to the concept of disclosing one's sexual orientation when the orientation is different than a heterosexual orientation (Human Rights Campaign & Parents Families and Friends of Lesbians and Gays [HRC & PFLAG], 2006). The extant literature on outness and its associations with relationship satisfaction and psychological well-being is mixed (Cass, 1979; Green, 2004; Jordan & Deluty, 2000; LaSala, 2000a; Reeves & Horne, 2009; Troiden, 1989). For example, much research supports the positive association between disclosure of sexual orientation, or global outness, and psychological well-being, specifically finding individuals who are out about their sexual orientation to experience less stress and fewer anxiety and depressive symptoms than closeted individuals (Cass, 1979; Morris, Waldo, & Rothblum, 2001; Reeves & Horne, 2009; Troiden, 1989). However, some research indicates that LGB youth who are out experience increased levels of harassment, discrimination, and violence both at home and at school (D'Augelli, Hershberger, & Pilkington, 1998; Savin-Williams, 2001).

Levels of sexual orientation disclosure have also been argued to be predictive of same-sex romantic relationship satisfaction with higher levels of outness associated with increased satisfaction (Balsam, et al., 2008; Jordan & Deluty, 2000). However, when partners in a same-sex couple have discrepant levels of outness from one another, relationship satisfaction has been found to decrease (Jordan & Deluty, 2000; Murphy,

1989). In other words, both partners being out may be the most helpful for relationship satisfaction, but it may be even more problematic for one partner to be out and the other to be closeted than for both to be closeted. For members of a same-sex couple, research supports the notion that being out, often in the face of family negativity and rejection, can serve to strengthen the couple relationship (LaSala, 1998; Murphy, 1989). In addition to disclosure about orientation, individuals may or may not also be out about their specific/current romantic relationship. Research has found that individuals in same-sex relationships who are out to others (high global outness), who have out partners (high partner outness), and who are involved in an out relationship (high relationship outness) reported higher relationship quality than those who were closeted in these areas (Caron & Ulin, 1997).

Although it may be the ideal situation that both partners' families are supportive of the relationship, it appears this is not always necessary for enhanced relationship satisfaction. Research has found that large discrepancies in perceived support from partners' respective families were related to high relationship quality (Kurdek, 1988). This heightened relationship quality suggests that for couples who are out, support received from one partner's family may compensate for overt negativity or rejection from the other partner's family. Thus, a common resource of support may enhance relationship quality, adding to the notion that being out about one's relationship to family who are supportive may be related to increased relationship satisfaction (Kurdek, 1988). In other words, being out to families may provide an additional support for the relationship, provided those family members are viewed as a positive influence for the couple. In sum, it appears that despite parental support, or lack thereof, for a same-sex relationship,

various types of outness may be related to differences in the association between parental support for a relationship and same-sex relationship satisfaction. The current study will investigate the extent to which outness (global outness, partner outness, and relationship outness) influences the association between parental support and relationship satisfaction.

Parental Attitudes Toward LGB Individuals

When a person is out, it logically follows that others are aware of that person's sexual orientation. Therefore, when others interact with an individual who is out to them, they are, in effect, having contact with a sexual minority. Research has demonstrated a link between decreasing prejudices toward a minority, or unfamiliar group, and interpersonal contact with a member of that group. This is referred to as Gordon Allport's (1954) Contact Hypothesis in social psychology. Consistent with this theory, prejudice against gay men and lesbians has been shown to be lower among heterosexual individuals who report greater intergroup contact with gay men and lesbians (Lemm, 2006). Based on these findings, it may be that parental attitudes toward LGB individuals prior to learning of their child's same-sex orientation may not necessarily be associated with negative parent-child relationships with an LGB child indefinitely. However, the nature of this association is unknown and needs further attention. Thus, the current study was designed to investigate parental attitudes toward LGB individuals prior to their child's disclosure and the association of these attitudes with parent-child relationship quality after disclosure.

Additionally, since the coming out process can differ from person to person and family to family it is important to look at different perspectives. Research shows that parents and LGB children have differing perspectives of the coming out process and the

parent-child relationship, with parents more frequently viewing the experience more positively than do the LGB children (Savin-Williams & Dube, 1998). Thus, the current study will attempt to directly capture the perspectives of parents and their LGB children regarding the parent-child relationship.

Although trends in social majority's views have shifted in the past several decades towards a higher level of acceptance of same-sex relationships (CBS News Polling Unit, 2010), the social climate for LGB individuals and couples is still not inclusive (Lemm, 2006). Clearly such changes in the social climate indicate that attitudes toward minorities can change, and recently have changed from negative to positive. By having direct personal contact with a family member who identifies as a sexual minority, it could be that similar trends in attitudinal change exist for parents of LGB children. More specifically, since parental attitudes in general have been found to influence children's relationship satisfaction and functioning (Benson, Larson, Wilson, and Demo, 1993; Busby, Gardner, & Taniguchi, 2005), it could be argued that parental attitudes toward LGB individuals in general are associated with LGB children's romantic relationship satisfaction. To date, however, it is unclear whether parental attitudes toward LGB individuals are associated with same-sex relationship satisfaction; thus, the current study will investigate this.

Gaps in the Literature

Although the lesbian, gay, and bisexual communities are becoming increasingly visible, negative stereotypes and societal views associated with the LGB community still prevent easy access to this population. Therefore, the current study recruited men and women aged 19 years and older who are currently involved in a monogamous romantic

relationship with someone of the same sex where at least one of the partners is out to his or her parent(s) and parents of a child who is currently in a same-sex relationship.

The specific relationship between parental support for a lesbian, gay, or bisexual (LGB) child's relationship with his or her same-sex romantic partner and romantic relationship satisfaction is unclear. Although there are mixed reviews as to whether a parent's attitude and level of support for the LGB child has a positive, neutral, or negative association with the child's general well-being (Blair & Holmberg, 2008), there is little research investigating how that support is related to the child's romantic relationship. There is also more research needed to investigate the role outness plays in the relationship between parental support for romantic relationship and same-sex relationship satisfaction. Additionally, little research examines the direct connection between parental attitudes toward LGB individuals and parent-LGB child relationships. Similarly, research is lacking on the association between parental attitudes toward LGB individuals and the LGB child's romantic relationship satisfaction. With each of these associations, there is a lack of direct data from the perspective of the parents, instead, relying on self-reports from the child's perspective alone about such things as parental support for relationships, parental attitudes toward LGB individuals, and parental views of parent-child relations.

Purpose of the Investigation

Due to the lack of representation in the literature of the relationship between parental support for an LGB child and that child's romantic relationship satisfaction, the current study examined parent-child relationships and same-sex romantic relationships. More specifically, the goal of this study was to examine parental support for romantic

relationships and same-sex romantic relationship satisfaction. In addition, the current study also examined if the relationship between parental support for the relationship and the child's same-sex relationship satisfaction differed across levels of outness among partners. Additionally, it was hoped that enough parents would participate to investigate parental attitudes toward LGB individuals and how these attitudes relate to both parent-child relationship quality and with LGB relationship satisfaction. Unfortunately, this last objective could not be completed due to the small number of parents who participated in the study.

Significance of the Study

Stated simply, romantic relationships are important to the lives of LGB people. Romantic relationships appear to be more important to the general physical health and psychological well-being of individuals than other relationships, such as friendships (Mackinnon, Nosko, Pratt, & Norris, 2011). Additionally, individuals in romantic relationships report experiencing greater levels of well-being than single people, particularly if they view the relationship to be positive in nature and satisfying (Braithwaite, Delevi, & Fincham, 2010). Mackinnon and colleagues (2011) found that romantic intimacy was more strongly associated with generative concern, or a concern for the well-being of future generations, than was friendship intimacy. This is underscored by the findings that people who experience increased generative concern also experience greater subjective well-being and optimism along with decreased levels of depression. These findings suggest that romantic relationships are important to the subjective experience of life, making romantic relationships an important area of inquiry. A major benefit gleaned from this study is that clinicians can be more informed on issues

of interest to the LGB population, specifically regarding the centrality of their romantic relationships to their current lives and their future well-being.

Furthermore, the vast majority (99%) of American Psychological Association (APA) member practitioners surveyed reported having seen at least one gay or lesbian client during the course of their careers (Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991). Research with groups outside of APA has found that 86% of therapists report having worked with at least one gay or lesbian client during their career (Graham, Rawlings, Halpern, and Hermes, 1984). With regards to proportions of clientele, therapists reported that of their current clients, 6% were gay men and 7% were lesbians (Murphy, Rawlings, & Howe, 2002). However, only 2% of APA respondents reported specializing in LGB client issues (Garnets, et al., 1991). Clearly, same-sex oriented individuals are being seen by large majorities of psychologists, most of who do not specialize in LGB issues, emphasizing the need for greater knowledge about issues affecting this population on the part of practicing psychologists. Furthermore, LGB populations have reported higher than average use of therapeutic mental health services, with 25-77% of respondents having been in psychotherapy at some point in their lives (Murphy, et al., 2002).

Findings from the current study have the potential to better inform both those psychologists, social workers, family therapists, counselors, and others in the mental health field who specialize in working with LGB populations and those whose practice includes working with a smaller percentage of people involved in same-sex romantic relationships or their families. Research shows that many lesbians and gay men (and presumably bisexual individuals) screen therapists for prior experience with LGB clients

or for gay-friendly attitudes (Liddle, 1997). It has been suggested that therapists are more likely to successfully navigate these screening processes if they have training on what issues and concerns are important to this clientele, such as coming out, family interactions, relationships, health risk-factors, discrimination and prejudice, and families-of-choice (Murphy, et al., 2002). Therefore, it is particularly important for mental health professionals to be competent about LGB concerns and to demonstrate that competence to clients. The results from the current study are hoped to add to the knowledge base of those who work clinically with LGB individuals, parents of LGB individuals, families with an LGB member, and LGB couples. Unfortunately, the current study was unable to access enough actual parent-child dyads to produce findings to fill a void in the literature in this regard, as only a handful of studies have incorporated the perspectives of actual parent-child dyads (Ben-Ari, 1995; Muller, 1987) and not separate samples of parents and of LGB individuals.

Specifically, the findings from the current study will help clinicians to be more informed on how parental support for same-sex relationships relates to same-sex romantic relationship satisfaction. The findings of the current study are also intended to contribute to clinicians' knowledge about how the associations between parental support and adult children's same-sex romantic relationships may differ across levels of outness. It may be the case that some clinicians are unfamiliar with the multiple ways in which an individual can be out and how that outness relates to LGB clients' romantic relationship satisfaction levels; thus, the current study will contribute to a better understanding of how outness relates to the relationship between parental support and same-sex relationship satisfaction.

A long-term contribution to the field of psychology is to increase the knowledge base that may be drawn from as coming out models for LGB individuals and their families further develop. In doing so, it is hoped that greater knowledge of the specific coming out experiences of both LGB individuals and their parents will aid clinicians in working with LGB individuals. Increased understanding of issues that may bear on the well-being of LGB individuals and family members of those individuals who present for therapy will allow therapists to better explore the potential set of concerns relevant for the client. Although the present study cannot influence the extent to which therapists effectively work with LGB individuals, information gained from the present study can increase the knowledge base from which clinicians operate. Specifically, the results from the proposed study can provide a starting place for exploring client concerns when clinicians are less familiar with the concerns of LGB individuals and their family members.

Operational Definitions

1. Perceived general support refers to the degree to which individuals experience social and emotional support in the form of caring and understanding from their social networks, (Walen & Lachman, 2000). The present study is specifically focused on LGB individuals being the recipient of general support from friends, family, and significant other. Note, this study does not account for social support perceived from society at large, the media, or other sources not specific to friends, family, and significant other as the former are not explored in this study. Perceived general support is operationally defined by total scores on the

Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988).

2. Romantic relationship satisfaction refers to the degree to which partners subjectively value the meaning of their relationship (Hendrick, Dicke, & Hendrick, 1998). It is operationally defined by scores on the Relationship Assessment Scale (RAS; Hendrick, 1988). The present study focused on the relationship satisfaction of individuals in same-sex romantic relationships.
3. Perceived parental support for the relationship refers to the degree to which an individual perceives his or her parents to display behaviors that are indicative of encouragement, approval, and interest in his or her romantic relationship (Leslie, Huston, & Johnson, 1986). It is operationally defined by scores for parent support on the Behaviors of Parents and Friends scale (BPF; Blair & Holmberg, 2008). The current study focused on perceived support from parents for the relationship among individuals in same-sex romantic relationships.
4. The term “out” or “outness” refers to the degree to which an individual acknowledges, accepts, and appreciates his or her same-sex attraction and the level to which he or she has shared that with others (HRC & PFLAG, 2006). The current study focuses on global outness, which refers to how “out”, or open, an individual is with others about his or her sexual orientation and involvement in a same-sex romantic relationship (Caron & Ulin, 1997). It was operationally defined by scores on the Network-Sector Closeting Scale (N-SCS; Caron & Ulin, 1997).

5. Parent-child relationship refers to the nature or quality (e.g. positive, neutral, or negative) of the general relationship between parents and children, particularly regarding aspects of closeness and control (Aquilino, 1999). This relationship was measured from two perspectives: child perspective of parent-child relationship and parent perspective of parent-child relationship. The nature of the parent-child relationship was operationally defined by scores on the Parent-Child Relations Variables scale (PCRIV; Sweet, Bumpass, & Call, 1988) and consisted of two separate scores, one for the child and one for the parent.
6. Parental attitudes toward LGB individuals refers to parents' views, opinions, and general perspectives on lesbians, gay men, and bisexual individuals (Herek, 1988). Parental attitudes were operationally defined by scores on the Attitudes Toward Lesbians and Gay Men scales (ATLG; Herek, 1988).

Research Questions/Hypotheses

The following research question was proposed for the current study to investigate:

Research question.

1. Does LGB individuals' perceived level of general support correlate with level of romantic relationship satisfaction?

The following hypotheses were made for the current study based on the review of the literature:

Primary hypotheses.

1. Higher levels of perceived parental support for the romantic relationship will be associated with increased romantic relationship satisfaction for members of a same-sex couple after controlling for general parental support.

2. Degree of outness among individuals in same-sex romantic relationships will moderate the relationship between perceived parental support for the relationship and romantic relationship satisfaction.

Exploratory hypotheses.

1. Parents will perceive their general relationship with their child more positively than will their LGB children.

2. Parents with more negative attitudes toward LGB individuals will report less positive relationship with their LGB child.

3. Positive parental attitudes toward LGB individuals will be associated with increased romantic relationship satisfaction of their LGB child.

II. Review of the Literature

Background Information

Relationships are often thought of as being “a given,” or commonplace, in the social lives of human beings (Prager, 1995). There are many types of relationships an individual may engage in throughout the course of his or her lifetime, such as those with siblings, parents, friends, co-workers, neighbors, teachers, romantic partners, health care workers, classmates, and extended family. Each of these relationships tends to hold a unique significance for the individual. According to Reis (2001), the

existence of a relationship implies that these persons have established an ongoing connection with each other; that their bond has special properties, including a sense of history and some awareness of the nature of the relationship; that they influence each other’s thoughts, feelings, and behavior; and that they expect to interact again in the future (p. 61).

Knowledge about the nature of these interactions between parents and their lesbian, gay, or bisexual (LGB) children is less extensive than knowledge of those interactions for heterosexual children and their parents. Due to this under-representation in the literature of the relationship between parental support for a child with a same-sex sexual orientation or involvement in a same-sex romantic relationship and that child’s romantic relationship satisfaction, the current study examined how parent-child relationships relate to the adult child’s satisfaction in the current same-sex romantic relationship. In addition, it examined whether levels of outness of the romantic partners serves as a “buffer”, or

moderator, to parental negativity (appearing in the form of low support for the relationship).

Social Support

Social Support Networks and Well-being

Relationship quality with close others is associated with mental health and subjective well-being (Bertera, 2005; Blair & Holmberg, 2008; Prager, 1995; Reis, et al., 2000; Walen & Lachman, 2000). Individuals involved in positive interactions with social support networks report experiencing multiple psychological benefits, including decreased stress and anxiety, greater amounts of positive affect, and higher levels of perceived self-efficacy and social adaptability (Kamp Dush & Amato, 2005; Steca, P., Bassi, M., Caprara, G., & Fave, A., 2011; Walen & Lachman, 2000). Particularly, research indicates that positive social support received from relatives is associated with fewer anxiety and mood disorders (Bertera, 2005). Close relationships have also been shown to be predictive of physical well-being, linking high-quality relationships with better health outcomes including better diet, sleep, exercise, medication compliance, blood pressure, and better overall health (Graham, Jones, & Kiecolt-Glaser, 2006; Kiecolt-Glaser & Newton, 2001; Seeman, et al., 1995; Tolpin, Cohen, Gunthert, & Farrehi, 2006).

However, when close relationships are characterized by negative interactions, individuals experience decreased mental and physical health (Kiecolt-Glaser & Newton, 2001; Prager, 1995). More specifically, research indicates that the negative aspects of social interactions and social relationships can have more influence on the individual than positive aspects of regularly occurring social support (Rook, 1990). Researchers suggests

that negative interactions become more salient due to the rarity with which they occur in relationships or in social networks that are typically, and more frequently, characterized by positive exchanges (Rook, 1990). Thus, negative interactions resulting from others' negative reactions to one's relationships may exert more influence than frequent positive interactions with social networks.

In addition to research on the relative importance of support (positive or negative) from various members of the social support system, researchers have examined potential differences in the strength of the influence of support for psychological and physical health. In social support and strain from partners, family, and friends, both support and strain appear to be more strongly related to psychological well-being than to physical health (Walen & Lachman, 2000). Okun and colleagues (1998; 2003) have consistently found spouses and significant others to exert the greatest amount of influence on one's mental health, whereas support/strain from friends and other family members does not appear to influence either mental or physical health more strongly than the other. Such findings suggest that spousal/partner relationship support can offset the negative aspects of other relationships on one's mental health (Okun, et al., 1998; 2003; Walen & Lachman, 2000). Although the relationship between positive general social support and increased physical health (e.g. lower blood pressure, increased cardiovascular health, better immune functioning) has been found, this relationship is stronger when social support comes from family members than from friends (Uchino, Cacioppo, & Kiecolt-Glaser, 1996). Relatedly, social interactions with one's partner were more predictive of physical health than those with family and friends (Walen & Lachman, 2000). Even though all three relationships were predictive of health to some extent, support perceived

from family and friends served more of a buffering role against strain from partners (Walen & Lachman, 2000).

Although a stereotype exists in American culture that being single is inferior to being in a romantic relationship (DePaulo & Morris, 2005), research has indicated that singles are equally as likely to be happy and healthy, as well as to pursue their goals and be as successful, as their romantically involved counterparts (DePaulo & Morris, 2006). The source of support viewed as most important to an individual's well-being appears to differ based on romantic relationship status. Some research shows that for single individuals, the quality of friendships are valued above those with parents or close others; however for those involved in romantic relationships, quality of friendships was found to be relatively unimportant when compared to relationships with parents and partners in the happiness of individuals (Demir, 2009). In sum, the literature on the importance of relationships highlights that relationships are important for well-being and mental health, but that some relationships can be more important than others, and the relationships that are most important to any particular individual can vary.

Social Support and Romantic Relationships

One type of relationship that is the subject of considerable research on the importance of social support for well-being is romantic relationships. Even though there is research that states that being single does have its advantages, there is ample support for the association between involvement in a romantic relationship and emotional well-being (Brown, 2000; Kamp Dush & Amato, 2005; Kurdek, 1991; Ross, 1995). Specifically, involvement in a romantic relationship of some kind is found to be beneficial to mental health and well-being, provided that the individual(s) in the

relationship view the relationship as a source of support (Kamp Dush & Amato, 2005; Rook, 1990). In contrast to prior research on single individuals (DePaulo & Morris, 2005), married individuals appear to experience higher levels of well-being than do individuals who never married, or who were separated, divorced, or widowed (Kim & McHenry, 2002; Lee, et al., 1991; Waite, 1995; Williams, 2003).

Despite research on the association between commitment and increased well-being, not all committed relationships are associated with enhanced quality of life. For example, regardless of the type of relationship (e.g. married, cohabitating, dating), those individuals that reported happy romantic relationships also reported higher levels of well-being than those in unhappy romantic relationships (Kamp Dush & Amato, 2005). This suggests that being in a romantic relationship alone does not cause enhanced psychological well-being; rather, the nature of one's romantic relationship affects other aspects of one's life, specifically well-being.

While research supports the association between relationship happiness and general well-being, a similar association has been found between level of relationship commitment and general well-being (Riggle, et al., 2010). For example, as level of commitment to a single romantic partner and happiness with a romantic relationship increased, well-being also increased. So higher levels of well-being were found among individuals dating one person steadily, cohabitating, and married than in less committed forms of romantic relationships (Kamp Dush & Amato, 2005). In addition, as people move from single, to cohabitation, to marriage, there appears to be an increase in well-being with each level of increased commitment in the romantic relationship (Brown, 2000; Horwitz & White, 1998; Kurdek, 1991). Thus, the level of relationship quality and

commitment appears to be intimately related to the psychological well-being of each partner.

Similar patterns to those found between social support and mental health emerge when examining the effects of general social support and negativity for romantic relationship quality. General social support network influence on heterosexual individuals' romantic relationships has been well-researched. General social network approval and support has been found to be predictive of relationship quality and stability, even in long-term romantic relationships (Bryant & Conger, 1999; Sprecher & Felmlee, 2000). Moreover, changes in general support from the social network of the couple correspond with fluctuations in relationship satisfaction (Sprecher & Felmlee, 1992). Findings such as these speak to the importance of better understanding the influence of couples' social networks on their romantic relationship satisfaction, for both research and clinical use. However, much of these findings have been based on the perspectives of peers, leaving the predictive power of parental support on relationship satisfaction relatively unknown (Blair & Holmberg, 2008).

Sources of general support for each member of a heterosexual couple vary even within the couple, sometimes depending on the gender of the couple member. It has been found that men perceived more positive general support from their spouses than do women, and women were found to perceive more general support from friends and other family than from spouses (Bertera, 2005). Nonetheless, supportive and approving friendships for both genders have been found to be important factors for influencing romantic relationship well-being for heterosexual couples (Felmlee, 2001; Sprecher & Felmlee, 2000). Regardless of which source (friends, spouse, other family) of support is

viewed as most important to couple members, perceived strong family support has been positively related to the development and stability of romantic relationships (Parks & Eggert, 1991).

Parental Influences on Romantic Relationships

Quality of relationships with parents during childhood has been found to be associated with later functioning in adult relationships, particularly in adult romantic relationships (Benson, Larson, Wilson, and Demo, 1993; Busby, Gardner, & Taniguchi, 2005). Specifically, individuals whose parent-child relationships are characterized by triangulation, control, and fusion report less open communication in their romantic relationships, which has been negatively associated with relationship quality (Benson, et al., 1993). On the other hand, children who perceived their relationships with parents to be characterized by openness and independence were found to develop healthy relationships in adulthood, exhibiting less anxiety about the relationship itself (Clulow, 2007; Hazan & Shaver, 1987). These findings suggest that closeness and control in parent-child relationships are important to later relationship functioning. In addition, parents' relationship quality with one another is associated with adult-children's attitudes about romantic relationships, passing down intergenerational messages about what constitutes successful (or unsuccessful) relationships (Busby, et al., 2005; Johnson, 2011; Trotter, 2010; Vélez, Wolchik, Tein, & Sandler, 2011). In sum, parents have been found to have a strong and long-lasting influence on their children's future romantic relationships, highlighting the importance of investigating this relationship in regards to relationship satisfaction in the current study.

In addition to the effects of general support on relationship satisfaction, support for the relationship itself can play a role in the well-being of the relationship. Social network support or disapproval for a romantic relationship can be both overt (e.g. positive or negative verbal statements about the relationship) and covert (e.g. not mentioning negative or positive viewpoints about the relationship; Felmlee, 2001). Whether direct (e.g. explicitly stating opinions on partners' qualities, personalities, etc.), or indirect (e.g. including or failing to include a partner in social events, not acknowledging the existence of a relationship, etc.), messages from one's social network can influence a couple's felt sense of satisfaction and security with one another (Blair & Holmberg, 2008; Sprecher & Felmlee, 2000). Some literature further extends this association to include a link between romantic relationship quality and general health and well-being. For example, in one study on the association between social support and relationship well-being, better perceived social support specifically for the romantic relationship was predictive of relationship well-being, which in turn, predicted better mental and physical health outcomes for the partners (Blair & Holmberg, 2008). Thus it is not surprising that good social support for the relationship is associated with greater relationship satisfaction, which subsequently contributes to enhanced overall well-being.

Romantic Relationships

Based on the widely accepted use of the term in the literature, the current study used the term "romantic relationship" to describe the nature of the relationship of interest (Gottman, et al., 2003; Kurdek, 2004). This is in contrast to using "committed" or "sexual" relationship, in part to attempt to not perpetuate the societal stereotype of same-sex couples' relationships as being qualitatively less than heterosexual "marital

relationships” and the stereotype of LGB relationships being defined mainly by sex. There is support in the literature attesting to the similar dynamics of heterosexual and same-sex romantic relationships (Gottman, et al., 2003; Kurdek, 2004); however, more recent research has found differences exist as well (Balsam, et al., 2008; Solomon, et al., 2004). Despite some research indicating that same-sex couples who are and are not in legally recognized unions do not differ substantially, more recent research indicates that same-sex couples not in civil unions were more likely to have ended their relationships than same-sex civil union couples and heterosexual married couples (Balsam, et al., 2008). In the first study of legalized same-sex couples, same-sex couples who had civil unions in the first year of legalization in Vermont differed little in the quality of their relationship from same-sex couples who did not have civil unions. However, same sex couples, both in civil unions and not, were less likely to have children, to consider themselves religious, and to be close to their families-of-origin than heterosexual married couples (Solomon, et al., 2004). Over time, same sex couples both in civil unions and not, reported higher relationship quality, intimacy, and compatibility, and lower levels of conflict than heterosexual married couples (Balsam, et al., 2008). It appears that differences between same-sex and heterosexual couples are not unique to legally recognized relationships; however, other research attests to the similarity of non-legally recognized (e.g. dating, cohabitating) same-sex and heterosexual relationship dynamics (Kurdek, 2004; Solomon, et al., 2004).

The research on commitment in heterosexual romantic relationships as it relates to well-being extends to individuals who identify as lesbian, gay, or bisexual. The pattern of increased well-being found in relationship research on heterosexual couples is also found

in LGB couples relationship research, where the more committed the relationship, the more likely the individual is to experience a higher level of well-being and lower levels of psychological distress (Solomon, et al, 2004.). Lower relationship satisfaction, lower intimacy and commitment, and greater conflict in LGB partners are associated with poorer mental health and higher levels of internalized homophobia (Otis, Riggle, & Rostosky, 2006). More specifically, individuals in same-sex couples who identified having a committed or legally recognized relationship reported experiencing less internalized homophobia, fewer depressive symptoms, and less stress, as well as more meaning and well-being in their lives than single or dating LGB individuals (Riggle, et al., 2010). Research supports findings that people in same-sex relationships experience similar psychological health benefits of being in a committed and legally recognized relationship as heterosexual married couples (Balsam, et al., 2008; Riggle, et al., 2010; Solomon, et al., 2004).

LGB Relationships

LGB individuals experience some additional strains on their psychological well-being that relate to social interactions, making examination of social support for these individuals an important area of inquiry. Most research on social support and relationships focuses on heterosexual individuals, but there has been some research into the role of relationships as forms of social support among LGB individuals. Although the previous research describes the influences of an individual's social network on one's general health and well-being, higher levels of discrimination from social networks appear to be associated with poorer mental health, including higher incidence of psychological distress and psychiatric disorders in LGB individuals than heterosexual

individuals (Mays & Cochran, 2001). These discrepancies in discrimination negatively affect quality of life, with LGB individuals experiencing greater amounts of stress, inequity, bigotry, and oppression related to their sexual orientation, compared to heterosexual individuals (D'Augelli & Hershberger, 1993; Mays & Cochran, 2001). In the most extreme cases, the social experiences of LGB individuals may result in severe psychological consequences such as higher rates of attempted suicide and suicidal ideation (D'Augelli & Hershberger, 1993). Thus, it seems that LGB individuals may not receive the same extent of positive social support as heterosexual counterparts and appear to experience higher rates of psychological difficulties than their heterosexual counterparts, underscoring the importance of looking at social support for these individuals.

Low family-of-origin support.

Although it is rare that lesbian, gay, and bisexual individuals are completely disconnected from their families-of-origin, it is a reality that they frequently encounter family relationships that are strained and difficult (Laird, 1996; Weston, 1991). In his framework for same-sex couples' development, Green (2004) identifies that many LGB individuals receive lower levels of family social support compared to heterosexual members of their families. He suggests that heterosexual parents have never faced discrimination for their sexual orientation and, therefore, may be ill-prepared or incapable of modeling positive socialization which would buffer the affects of societal homophobia and its internalization. This appears to be particularly true if the child is not yet out to their parents, increasing the likelihood of parents transferring negative messages about non-heterosexual individuals' and their lives to their LGB child (Green, 2004).

Families of choice.

Due to the importance of social support for well-being, when there is a lack of acceptance or heightened marginalization and discrimination perceived from families-of-origin for LGB individuals, there is a need to develop coping strategies that do not include their families-of-origin (Lehmiller & Agnew, 2006; Smith & Brown, 1997). For many individuals in same-sex relationships or with a same-sex sexual orientation, support from friends and peers, sometimes referred to as “families-of-choice” in the LGB communities, become more important than that from their families-of-origin (Perez, DeBord, & Bieschke, 2000; Weston, 1991).

Many gay men have reported friends to be significantly more supportive than families, in both general support and in support of gay identity (Elizur & Mintzer, 2003). Women in same-sex relationships perceive less family social support than heterosexual women (Balsam, et al., 2008). The negative messages from families and lack of family support appear to be just a few reasons that many lesbians and gay men seek out social support elsewhere, often building “families-of-choice” for themselves. Increased isolation, ostracism, and passive tolerance from families-of-origin also contribute to the desire and need of LGB individuals to seek comfort and support from sources outside of their families (Green & Mitchell, 2002).

These findings speak to the importance of “families-of-choice” being a potentially crucial aspect of a supportive social network for gay people (Elizur & Mintzer, 2003). It is likely that when faced with both real and anticipated rejection and disapproval from families-of-origin, these created families-of-choice can compensate for the lack of support and acceptance received from families-of-origin (Elizur & Mintzer, 2003; Green

& Mitchell, 2002; Perez, et al., 2000). Thus, examining general social support (which include that from members of one's family-of-choice) and parental support for relationship and their associations with relationship satisfaction is important.

Family Support for Relationship and Relationship Satisfaction in LGB Individuals

The same pattern, in which family-of-origin influence affects relationship satisfaction among heterosexual couples, has also been found for same-sex couples. It has been demonstrated that couples, regardless of sexual orientation, who feel support for their relationship express greater levels of relationship satisfaction than those who do not, particularly when the support comes from families-of-origin (Henderson, et al., 2009; Julien, et al., 2003). It appears that perceived social support from family has mostly either a neutral or positive influence on relationship satisfaction (Henderson, et al., 2009). This does not, however, mean a lack of support equates to a decrease in relationship satisfaction (Ben-Ari, 1995). Individuals in same-sex relationships have often reported a lack of family support as being a source of anger, hurt, and pain and that, on occasion, couples responded to these feelings with rejection of self, of partner, and/or of family members (Rostosky, et al., 2004). It is, therefore, important to investigate to what extent family support, or lack thereof, has on same-sex relationship satisfaction. Moreover, given the substantial influence parents can have on their offspring, it is important to look at parental support for romantic relationships as it relates to relationship satisfaction in same-sex couples.

Research on lesbian couples' perceptions of parental support for their relationship and the effect on the romantic relationship yields mixed findings, with parental responses affecting the relationship either positively (69% of the time) or not at all (23% of the

time; Rostosky, et al., 2004), while other research has found a negative effect 20% of the time (Murphy, 1989). While it has been found that the large majority of members of lesbian couples (up to 70%) had *either* one or both parents disapprove of their daughter's sexual orientation, fewer reported that *both* parents approved of her lesbian identity (Murphy, 1989). Additionally, it was found that parental views of the daughter's partner were also largely negative, even when initial views of the woman were positive prior to knowledge of the romantic relationships with the daughter. However, these negative views of the partner were less severe and less frequently reported than negative views towards the daughter (Murphy, 1989). Research on cohabitating gay male couples, specifically highlighted that the social support perceived from family and friends for the couple as a whole was more predictive of the quality of the relationship than was support for one member of the couple alone (Smith & Brown, 1997). This indicates that parental views of the relationship may be more closely related to relationship satisfaction than are parental views of the individuals in the same-sex couple.

Same-sex couples have reported that perceptions of family support for their romantic relationship has an effect on the quality of their relationship (Murphy, 1989; Rostosky, et al., 2004). Although lack of family support does not necessarily adversely affect same-sex couples, support from family does enhance relationship satisfaction for some couples (Ben-Ari, 1995; Caron & Ulin, 1997; Henderson, et al., 2009). Furthermore, particular family behaviors (e.g. inviting a lesbian's partner to family events and accepting physical affection between the women) were viewed as indicative of family support for the lesbian and her relationship, which in turn were found to profoundly influence the lesbian relationship positively (Caron & Ulin, 1997). Research

on relationship stressors found that lesbians reported relationships with family members as being the third greatest challenge affecting their romantic relationships (Bryant & Demian, 1994) with a lack of family support for their relationship having deleterious effects on their romantic relationship 43% of the time (Rostosky, et al., 2004). It appears that the quality of and satisfaction with a same-sex romantic relationship is affected by family support, or lack thereof, more often than not. Still, not all studies find a link between problems with family support and the relationship quality for a same sex couple (Elizur & Mintzer, 2003; Green, 2000).

Outness

The term “out” or “outness” has been defined as the degree or level to which an individual has self-disclosed a same-sex sexual orientation to self or to other individuals (Planned Parenthood Mid-Hudson Valley, Inc., Mental Health Association in Ulster County, Inc., University of Maryland Center for Mental Health Services Research, & the New York Association for Gender Rights Advocacy [LGBT Kit], 2011). For the current study, it also includes the disclosure of one’s involvement in a same-sex romantic relationship, regardless of how one personally identifies his or her sexual orientation (e.g. LGB, heterosexual, woman loving woman, man loving man, etc.). If an individual has a low level of outness, that individual has not disclosed his or her sexual orientation or involvement with a same-sex relationship to others to a great extent, often times remaining “in the closet” or “closeted” with self, friends, family, coworkers, and/or society at large. If an individual has a high level of outness, that individual has disclosed his or her sexual orientation or involvement with a same-sex romantic relationship to numerous people, which can include self, friends, family, coworkers, and/or society at

large. A high level of outness may also occur if the individual has been “outed.” Being “outed” simply means that an individual’s sexual orientation or involvement with a same-sex romantic relationship has been made known to or discovered by others without his or her consent, knowledge, and/or participation (LGBT Kit, 2011).

There are a number of models focusing specifically (and separate from general identity models for LGB individuals) on coming out, or the disclosure of one’s sexual orientation. Carrion and Lock (1997) developed a “coming-out model” which conceptualized the disclosure of one’s sexual orientation to significant others and acquaintances as a major step in “self-esteem consolidation.” In their model, the way the disclosure is received is particularly important. A positive reception promotes better self-acceptance and identity integration, which have been found to predict relationship satisfaction in gay males; however, a negative reception can lead to clinically significant levels of depression, anxiety, and other mood disturbances (Elizur & Mintzer, 2003).

Although numerous theorists include coming out as part of self-actualization of sexual orientation development (Cass, 1979; LaSala, 2000b; Minton & McDonald, 1983/1984; Troiden, 1989), not all theorists see coming out as essential to healthy identity development for individuals whose sexual orientation includes attraction to same sex individuals. More recent models (Fassinger & Miller, 1996) state that coming-out varies widely from person to person and is significantly affected by environmental and external oppression. In fact, researchers caution that coming out cannot be used as a global indicator of identity development (Fassinger & Miller, 1996; Green, 2000). It is argued that models emphasizing coming out as key to self-actualization for LGB individuals underestimate the importance of contextual factors associated with coming

out that could cause detrimental or dangerous consequences for the individual's health and well-being (Green, 2000; Hill, 2009). In fact, other literature speaks to the potential physical and psychological harm that could occur as a result of an individual disclosing a non-heterosexual orientation (Bryant & Demian, 2004; Carrion & Lock, 1997; Green, 2000; Weston, 1991). Additionally, the volitional nature of adult kinship and the LGB community's heightened awareness of the potential rejection that may result from coming out, suggest caution in deciding whom to come out to and when to do so (Green, 2000; Weston, 1991). Thus, although outness is sometimes associated with benefits with regard to the well-being of the relationship, it may come at a cost to the individual and LGB individuals must decide if they wish to take that risk. This situation contrasts the theories which define self-disclosure as essential for healthy identity development in LGB individuals (Cass, 1979; Troiden, 1989).

Despite the link that Carrion and Lock (1997) make to psychological consequences of the way others respond to the individual's coming out, few other theorists have accounted for societal factors, such as those previously described, on the decision to come out (Fassinger & Miller, 1996; Hill, 2009; McCarn & Fassinger, 1996). If coming out is required to solidify a full sexual identity, it would be hard for many individuals to achieve the full identity as defined in many of the sexual identity development models due to the "real" negative consequences (or costs) they can incur. Given that research states some of the negative consequences of coming out, such as parental disapproval, and their association with decreased relationship satisfaction and quality (Rostosky, et al., 2004), deciding not to come out can be self-protective rather than a failure to achieve a full, healthy sexual identity (Mosher, 2001). This is

particularly salient when considering that most frequently reported fears of coming out have been found to be real consequences of disclosure for some LGB individuals which most commonly include: fears of rejection, provoking parental guilt, and damaging relationships with or being disappointed in/by parents (Rossi, 2010).

Degrees of Outness in Same-Sex Couples

Despite the debate about whether it is necessary for LGB individuals to come out, “the most normal situation is one in which one remains partly in and partly out of the closet, depending on their discretion and involvement with various audiences” (Mosher, 2001, p. 169). In other words, it is most common that individuals will come out to some, but not all, members of their social network (e.g., family, heterosexual friends, LGB individuals). Although partial outness is common, it has the effect of not all members of an individual’s support network knowing of his or her romantic relationship since knowing about a same-sex relationship would in effect, out the individual. So, the individual is also likely to only have partial disclosure of any romantic partner, which is not as often the case for heterosexual couples. Building on this somewhat unique situation that many LGB individuals experience, same sex couples experience challenges from having a “lack of a normative and legal template for couplehood,” which forces each couple to define what really “constitutes” a romantic relationship for themselves (Green, 2004, p. 291).

When a romantic relationship consists of two individuals who are at varying levels of “outness” and have different amounts of experience with same-sex relationships, partners may report experiencing different amounts of stress and satisfaction (Reeves & Horne, 2009). For example, when women with prior same-sex experience are in

relationships with inexperienced women, levels of disclosure are likely to be discrepant for the couple members because women in first same-sex relationships tend to be out to fewer people and have more stress than women with prior same-sex relationship experiences (Reeves & Horne, 2009). The levels to which same-sex couple members are out about themselves and their relationships are also associated with romantic relationship satisfaction levels (Caron & Ulin, 1997). Higher levels of outness for gay male couples were predictive of greater relationship quality (Balsam, et al., 2008). Research on women is more mixed with some research indicating that women who are more out are happier in their relationships (Jordan & Deluty, 2000) and other studies not finding a link between self and relationship outness and relationship satisfaction for women (Balsam et al., 2008); thus it is important to better understand the role that partners' levels of outness plays in the relationship between parental support and romantic relationship satisfaction.

In addition, individuals in same-sex relationships who are out to others, who have out partners, and who are involved in an out relationship reported higher relationship quality than those who were closeted about these things (Caron & Ulin, 1997; Jordan & Deluty, 2000). Moreover, women partners with differing levels of outness were found to have lower relationship satisfaction than partners who were out to a similar degree, regardless of whether both partners were out or closeted (Jordan & Deluty, 2000; Reeves & Horne, 2009). However, this relationship between differing levels of outness and relationship dissatisfaction may reflect deeper patterns of discrepancy in the relationship. The more discrepant the perceptions of the equality of each partner in female same-sex couples, the more negative the feelings about the partner and the relationship, suggesting

that the relationship quality may be at risk (Reeves & Horne, 2009). Such a pattern is not dissimilar to that found in heterosexual couples (Mackey, Diemer, & O'Brien, 2000). However, as one part of a pattern, inequality in any form, including outness, can have a damaging effect on the relationship (Mackey, et al., 2000).

Ethnic/Racial Minority LGB Individuals' Coming Out Experiences

The experiences of LGB racial/ethnic minorities is lacking in the literature. Research finds that few parents completely “disown” or cut off all ties with a child who comes out as lesbian, gay, or bisexual (Bernstein, 2003; Lopata & Lopata, 2003; Savin-Williams, 2001). However, these studies predominantly explore experiences of white, middle-class, and educated individuals. More recent research examining parental responses to coming out in LGB individuals of minority ethnic backgrounds demonstrates that individuals of Hispanic/Latino/Latina and Black/African American report similar fears (e.g., losing or damaging relationships with family members) about coming out. In addition, research indicates that the age at which individuals first come out to their families does not differ across ethnicity or gender (Groves, Bimbi, Nanin, & Parsons, 2006; Potoczniak, Crosbie-Burnett, & Saltzburg, 2009).

Despite similarities in fears, the negative reactions from family members may differ across ethnicity of LGB individuals. For example, fewer individuals who identify as ethnic or racial minorities have been out to their parents (Groves, et al.; Merighi & Grimes, 2000) and as much as six times more African American individuals have experienced expulsion or eviction from the family home upon disclosure than individuals from other ethnic groups (Potoczniak, et al., 2009). Although a majority of those evicted are eventually allowed to rejoin the family home, this difference in experience

underscores the importance of accounting for the multiple identities of an LGB individual when studying experiences of coming out to family.

Parent Perspectives and Family Processes

Parental Reactions to Coming Out

Given the potential negative reactions LGB individuals can receive from their parents, who constitute key members of the social support network for most people in general, the reaction of parents to a child's coming out are mixed and not well-studied (Ben-Ari, 1995, LaSala, 1998; Warshow, 1991). While there is existing literature that explores LGB individuals' experiences with their families, the majority of them do not capture the LGB individual's perceptions of parental reactions to their coming out (D'Augelli, Hershberger, & Pilkington, 1998; Floyd, Stein, Harter, Allison, & Nye, 1999; Merighi & Grimes, 2000; Savin-Williams, 1989), and even fewer capture the experience from the perspective of the parents (Ben-Ari, 1995; Muller, 1987; Robinson, Walters, & Skeen, 1989). It has been found that the majority of gay male couples received initial, as well as continued, disapproval of their sexual orientation and for their current romantic relationship status from their parents (LaSala, 1998).

Because families in general, and parents in particular, are frequently a lasting influence on one's life and relationships (Buhl, 2009), having a better understanding of how general support from one's family is associated with LGB relationships is an important area of inquiry. While the predominant stereotype of coming out is related to negative, harsh, homophobic responses from others, particularly from family, this is not always the case (Gorman-Murray, 2008; Valentine, Skelton, & Butler, 2003). Despite few studies specifically examining positive responses that LGB individuals have received

from their family, research indicates that those who experienced support in their family homes seemed to come from “personalizing families” where power is more evenly distributed among members compared to families that maintain more traditional gender and power roles (Valentine, et al., 2003). Furthermore, more “traditional” families (those with prescribed norms for getting married, having children, stricter gender roles) were more likely to have displayed negative/rejecting reactions than less traditional families (Potoczniak, Crosbie-Burnett, & Saltzburg, 2009). In addition, when the norms for what constitutes “family” are stretched beyond the traditional nuclear family makeup, the openness to and acceptance of a non-heterosexual identity are more likely to be affirmed (Lehmiller & Agnew, 2006; Perez, et al., 2000; Valentine, et al., 2003).

Parental Reactions to Coming Out and Romantic Relationship Satisfaction

Despite research documenting negative reactions and fears regarding negative reactions from parents, only a small (less than 15%) percentage of gay male couples who experience continued disapproval reported that their parents’ and/or their partners’ parents’ opposition resulted in negative effects on their relationships (LaSala, 1998). Similar trends for effects on romantic relationships have been found for lesbians; with some women indicating that parental disapproval for their sexual orientation and romantic relationship have positive effects on the relationship (Murphy, 1989).

Other research has found that gay men and lesbians who were out to significant others (e.g. parents, siblings, best friends) reported higher levels of satisfaction in their romantic relationships (Berger, 2000). Specifically, when both partners are out to their parents, despite frequent parental disapproval and hostility, the couple benefits in multiple ways; with the top advantage being the fact that they did not have to hide their

relationships (LaSala, 2000a; Murphy, 1989). In fact, research shows that valuation and prioritization of the couple relationship over that with the family-of-origin contributes to the protective qualities (e.g. communication, lack of conflict, support) of same-sex relationships (Coleman, 1982), particularly when both members are out (Jordan & Deluty, 2000; Murphy, 1989). A sense of validation for the relationship as well as a feeling of togetherness, or being “united against a common enemy” (LaSala, 1998, p. 591) when parents expressed negative views about the gay lifestyle were other advantages LGB couples identified to being out, despite initial and continued parental disapproval (LaSala, 1998; 2000a; Murphy, 1989). These findings echo sexual identity development models that suggest the very act of disclosing one’s sexual orientation, although not always met with acceptance and approval, can help to solidify or improve one’s identity as well as a same-sex romantic relationship (Cass, 1979; Troiden, 1989). However, closeting maneuvers for managing stress, specifically when related to parental disapproval, such as hiding aspects of the relationship or the existence of the relationship at all have also been found to be associated with increased relationship satisfaction (Rostosky, et al., 2004). In addition, whereas being out to significant others has been found to be related to relationship satisfaction, not being out to non-significant others has been found to be unrelated to relationship satisfaction, suggesting that disclosure to supportive close others, including parents and families-of-origin, is important to relationship quality (Berger, 1990).

Family Coming Out Processes

The majority of coming out theories formed have come from research that asks the LGB individuals’ perspectives on their parents’ reactions. Although the perspective of

the individual is important in how the experience affects him or her, the tendency for research on families of LGB individuals to rely exclusively on the perspective of the LGB individual may provide only the perspective of the LGB individual and doesn't fully capture the reality of the family reactions. Few studies have examined the perspective of the parents when developing theories on the parental coming out process (Ben-Ari, 1995; Muller, 1987). In studies that examine parent perspectives, parents report higher levels of acceptance and more positive views of the parent-child relationships than the lesbian and gay children perceive (Savin-Williams & Dube, 1998). In contrast to other coming out models that describe the experience of parents, Ben-Ari (1995) conceptualized the process as consisting of three stages: pre-discovery experiences, thoughts, and feelings; the actual act of discovery; and post-discovery experiences, thoughts, and feelings. By viewing the process in this way, there appears to be more room for a variety of parental responses to the disclosure of a non-heterosexual orientation.

Research, theory, literature, and self-help books have likened the experience of parents who have an offspring come out as lesbian, gay, or bisexual as being reflective of that of someone who has just experienced a trauma or the death of a loved one (Martin, Hutson, Kazyak, & Scherrer, 2009; Savin-Williams, 2001; Savin-Williams & Dube, 1998). Unlike grief associated with death (e.g., Kubler-Ross, 1969), there are few models that describe the coming out process for parents of LGB children. However, the existing research parallels the experiences of these parents with those who are grieving the death of their child (Ben-Ari, 1995; LaSala, 2000b). Specifically, parental experiences in coping with the news of having an LGB child reflect Kubler-Ross' stages of denial and

isolation, anger, bargaining, depression, and acceptance, and are conceptualized in terms of shock, shame, guilt, and denial (Martin, et al., 2009).

Coping with the loss of parents' preconceived notions about what their child's life would look like or their dreams for their child's future are commonly reported by parents (Bernstein, 2003; Lopata & Lopata, 2003). Often times, parents feel shock when they had no prior suspicions of their child being LGB (Aveline, 2006). Shame can accompany societal messages that denigrate LGB individuals and/or religious teachings that portray LGB individuals as sick, sinful, and unclean (Helminiak, 2000; Schope, 2002). Guilt is often multi-faceted, with some parents reporting guilt over not knowing sooner that their child was LGB (Aveline, 2006), feeling "responsible" or that their parenting styles and choices "caused" their child to be LGB (Bernstein, 2003; Savin-Williams, 1996), or not being there to help their child through the difficult process (Bernstein, 2003). Parents commonly have initial reactions of denial, in which they refuse to believe or find it difficult to believe that their child is LGB; however, a majority of the time parents are eventually able to either accept or at least acknowledge that their child is LGB (Ben-Ari, 1995).

The grief-bereavement models may be helpful and comforting to some parents who initially feel shock, denial, and anger in response to their child's coming out; however, this response is not universal. An alternative model of the stages through which parents progress when their children come out is a model that draws upon theories of stress and burnout (Willoughby, Doty, & Malik, 2008). In this model, family-based resources (adaptability, cohesion, and problem solving skills), perceived meaning (pre-existing values, beliefs, and attributions of a same-sex attraction), and pileup of family

stress (concurrent family stressors) are expected to be predictive of parents' and families' reactions to the coming out of an LGB member (Willoughby, et al., 2008).

Further complicating the coming out process for the parent-child relationship is the many ways in which the parents react post-disclosure (Ben-Ari, 1995; Bernstein, 2003; Lopata & Lopata, 2003). The most frequently reported relationship between parent and child after the child disclosed a same-sex relationship or orientation was one of "Loving Denial", which consisted of a loving and caring relationship with the child but a hushed and closeted approach to disclosure about the sexual orientation to people outside of the family (Muller, 1987). The next most frequently reported parent-child relationship was that of "Resentful Denial", in which the parents and child had limited contact with one another. Far fewer families experience a "Loving Open" relationship in which parents accepted and were open about the child's sexual orientation. Despite the fears of children contemplating disclosing LGB orientation to parents, the development of a "Hostile Recognition" by parents in which there is non-acceptance and total rejection/estrangement of the child from the family is rare, occurring in 5% of one sample. In fact, as many as 33% of individuals have reported no long-term effect on their relationship with their parent(s) as a result of disclosing their sexual orientation and some families experience improvements in the relationship (Baptist & Allen, 2008; Muller, 1987). Thus, although some research supports a link between coming out and parent-child relationship quality deterioration, this is not always the case.

Different Perspectives on the Parent-Child Relationship

One event, such as coming out, for example, can often be experienced very differently, depending on who the informant is reporting on the event, particularly when

the informants are parent and child (Aquilino, 1999). Although it was found that both parents and children reported the same motivating factors (to be honest, to not live a lie, and to not hide) on the part of the LGB child to come out to parents, the perceptions of the lesbian or gay individual's greatest fears in doing so were different (Ben-Ari, 1995). With regard to disclosing same-sex relationships or orientations, research indicates that parents believe their children to be most fearful of "confronting homosexuality", whereas the greatest fear expressed by LGB individuals is rejection from their parents. Children identified the maintenance of the parent-child relationship as being the most difficult consequence of disclosure (Ben-Ari, 1995) and expressed a great amount of concern about their parents' views on their sexual orientation (D'Augelli & Hershberger, 1993). However, the perception of children with regard to the parent-child relationship may not be the most accurate (Ben-Ari, 1995). Specifically, some parents perceive their relationship to be more improved after their child comes out than do the children, equating the child's disclosure with increased honesty in the relationship. Parents and children perceived differing levels of relationship improvement after disclosure, with parents perceiving improved parent-child relationship more often than did children (Ben-Ari, 1995). Some research suggests an initial decline in family relationships and quality of relationships which is followed by an eventual increase in the closeness of family bonds (Baptist & Allen, 2008; Miller, 2005). However, openness about sexual orientation with parents is not always associated with changes in the quality of LGB child's relationships with his or her parents (D'Augelli & Hershberger, 1993).

Conclusion

Relationships, both romantic and other, appear to be important to the health and well-being of humans. Parents and partners appear to be two of the most important relationships for individuals involved in romantic relationships (Demir, 2009; Kamp Dush & Amato, 2005). Although the literature suggests support from parents for a romantic relationship is associated with individuals' relationship satisfaction (Blair & Holmberg, 2008), less is known about how parental support and same-sex satisfaction relate among individuals in same-sex romantic relationships. While there are mixed reviews as to whether a parent's level of support for the child has a positive, neutral, or negative association with the child's general well-being, more research is needed to understand the intricacies of how that support, or lack thereof, affects the child's romantic relationship. Parent-child relationship quality is found to play a role in heterosexual adult children's romantic relationships later in life as is parental support of that romantic relationship (Benson, et al., 1993). However, several aspects of parents' relationships with LGB children are unclear. For example, it is uncertain if and how the general parent-child relationship quality is related to romantic relationships for LGB individuals. It is also unknown as to how parental attitudes toward LGB individuals relates to parent-child relationship quality when the children are lesbian, gay, or bisexual.

The primary purpose of the current study was to examine the relationship between parental support for an LGB child's romantic relationship and that child's relationship satisfaction with his or her romantic partner. The current study also investigated if levels of outness play a moderating role in that relationship. More specifically, the current study examined if level of outness for same-sex romantic partners influenced the direction of

the relationship between parental support for the relationship and the child's same-sex relationship satisfaction. A secondary purpose of this study was to explore parental attitudes toward LGB individuals and how they relate, or not, to parent-child relationship quality when the child is LGB and to how parental attitudes relate to LGB children's romantic relationship satisfaction.

III. Method

Overview

This study examined parental support for a child involved in a same-sex romantic relationship and the LGB child's relationship satisfaction. One goal of this study was to better understand how perceived general social support influences the satisfaction of same-sex romantic relationships. The main focus of the study was to investigate how parental support specifically for an LGB child's same-sex romantic relationship relates to same-sex romantic relationship satisfaction. Additionally, the study examined whether the association between parental support for the same-sex romantic relationship and satisfaction with that same-sex romantic relationship differs at differing levels of outness. An exploratory goal of the current study was to examine differences in reports of parental and child perspectives of the parent-child relationship. Additionally, it was hoped that parental attitudes toward LGB individuals would be investigated as to how they relate to each parent-child relationship quality and to LGB romantic relationship satisfaction levels. However, the exploratory hypotheses were unable to be statistically analyzed due to low sample size.

Research Questions/Hypotheses

The following research question was proposed for the current study to investigate:

Research question.

1. Does LGB individuals' perceived level of general support correlate with level of romantic relationship satisfaction?

The following hypotheses were made for the current study based on the review of the literature:

Primary hypotheses.

1. Higher levels of perceived parental support for the romantic relationship will be associated with increased romantic relationship satisfaction for members of a same-sex couple after controlling for general parental support.

2. Degree of outness among individuals in same-sex romantic relationships will moderate the relationship between perceived parental support for the relationship and romantic relationship satisfaction.

Exploratory hypotheses.

1. Parents will perceive their general relationship with their child more positively than will their LGB children.

2. Parents with more negative attitudes toward LGB individuals will report less positive relationship with their LGB child.

3. Positive parental attitudes toward LGB individuals will be associated with increased romantic relationship satisfaction of their LGB child.

Design

The present study utilized a correlational design to examine same-sex romantic relationship satisfaction as a function of parental support for a child who is currently involved in a same-sex romantic relationship and out about that relationship to at least

one parent. This study also examined whether the level of “outness” of individuals involved in a same-sex romantic relationship operated as a moderator of the association between parental support for a romantic relationship and satisfaction for that romantic relationship. Because of the low response rate, parental support data reported from the point of view of the parents themselves could not be examined and parental support was assessed solely from the point of view of the LGB adult child. Additionally, it was not possible to examine parental attitudes toward LGB individuals as they relate to same-sex romantic relationship satisfaction due to the insufficient sample size.

Participants

Participants were recruited through the snowball sampling method, which has been found to be most effective in accessing the LGB population in other studies (Blair & Holmberg, 2008; Ben-Ari, 1995). Participants were recruited through local and national LGB organizations, community centers, student groups, online LGB communities, and people known to the researcher (See Appendix A). It should be noted that recruitment was aimed at LGB-friendly groups and organizations, some of which are more advocacy based than support based. LGB participants were asked to pass on the announcement advertising the study to their parents and to others they know who qualify for participation in the study. Parent participants were recruited primarily through their children as well as organizations who work with families of LGB people (See Appendix A). In order to be eligible for the study, parent participants must have a child who has disclosed their involvement in a same-sex romantic relationship or whose child’s same-sex relationship was discovered without their child’s volition. LGB individuals were only eligible to participate if they were currently 19 years old or older, in a same-sex romantic

relationship at the time of the study, and out to at least one parent about their involvement in the same-sex romantic relationship.

Data screening.

The original pool of participants included data from 221 LGB participants. After screening for incomplete and missing data (44 cases were removed due to incomplete or missing data; 8 cases were removed where participants did not report both partners' sex, which served as a double check for inclusion in the study), and the required inclusion criteria of currently in a same-sex romantic relationship (3 cases were removed due to reporting not being in a same-sex romantic relationship) and out to at least one parent (13 cases were removed due to reporting not currently being in a romantic relationship), the final participant pool resulted in 153 usable cases. In cases where data was missing, the case was deleted from the data set. The remainder of the dissertation will describe findings based on this sample of 153 LGB participants.

The original pool of participants also included data from 27 parent participants. After screening for matching codes with LGB participants, there were only six usable cases. This number was insufficient to appropriately run any meaningful analyses on this data set. Therefore, no parent data were included in the analyses for parent participants, making it impossible to evaluate the exploratory hypotheses from previous chapters.

Although there was some diversity among the 153 participants, the sample was still predominately White and college educated. In sum 86.9% ($n = 133$) of participants were Caucasian compared with 72.4% in the US 2010 Census (U.S. Census Bureau, 2010). In this study 0.3% ($n = 4$) of participants were Latino/Latina or Hispanic compared with 16.3% in the U.S. 2010 Census; 4.6% ($n = 7$) of participants were African

American or Black compared with 12.6% in the U.S. 2010 Census; and 5.9% ($n = 9$) of participants were “Other” compared with 6.2% in the U.S. 2010 Census (U.S. Census Bureau, 2010). There was no statistically significant differences between ethnicities in regards to the variables of interest, thus all participants were included in all analyses.

Regarding gender, in this study, 63.4% ($n = 97$) of participants identified as female; 35.9% ($n = 55$) identified as male; and .7% ($n = 1$) identified as Female to Male Transgender (note: this participant was coded as male for analytical purposes).

Participants ranged in age from 18 years old to 66 years old ($M = 34$ years old; $SD = 11.7$). Participants aged 18-25 years old comprised 30% of the sample; ages 26-36 comprised 32.7% of the sample; and ages 37-66 comprised 37.3% of the sample. There were no statistically significant between group differences for gender in regards to the variables of interest for the current study, thus all participants were included in all analyses.

In regard to educational level, 72.55% ($n = 111$) of participants had at least a college education. A total of 83.8% of those college-educated participants indicated they had a post-college educational level. Individuals identifying as high school graduates accounted for 2% ($n = 3$) of participants and those who attended special technical school/business school and/or had some college accounted for 25.5% ($n = 39$) of participants. There was no statistically significant differences between education levels in regards to the variables of interest, thus all participants were included in all analyses.

In regard to sexual orientation, the sample was diverse as well. The majority of participants identified as either lesbian (43.1%; $n = 66$) or as gay (38.6%; $n = 57$). Those who identified as bisexual accounted for 7.8% ($n = 12$) of participants and women who

love women accounted for 3.9% ($n = 6$) of participants. Some participants ($n = 9$) identified as “other” accounting for 5.9% of the sample. Of those nine participants who identified as “other”, five classified themselves as “queer”; one as “queer-lesbian leaning”; one as “pansexual”; one as “kind of all over the place”; and one as “I try not to label”. There was no statistically significant between group differences for sexual orientations in regards to the variables of interest, thus all participants were included in all analyses.

Regarding levels and types of outness, the sample reported a variety of experiences. All participants included in the analyses were out to at least one parent. The majority of participants (75.8%; $n = 116$) were out to both mom and dad; 9.8% ($n = 15$) of participants were out to mom only; 6.5% ($n = 10$) of participants were out to dad only; 3.9% ($n = 6$) participants were out to dad and partner; 3.3% ($n = 5$) of participants were out to mom and partner; and one participant (.7%) did not specify to which parent(s) he or she was out.

The average length of time participants have been out to themselves was 15.62 (SD= 10.92; range= 59 years). The average length of time participants have been out to their parents was 11.82 (SD=9.137; range=38 years). The average age at which participants came out to themselves was 22.48 years old (SD=6.71). On average, participants waited 3.95 years (SD= 4.76) after coming out to themselves before coming out to their parent(s).

All participants were involved in a same-sex romantic relationship at the time of the study. The average length of relationship was 4.68 years (SD = 3.23). Regarding the type of romantic relationship participants were in, 38.6% ($n = 59$) of participants were

living separately, 45.1% ($n = 69$) of participants were living together/cohabitating, and 16.3% ($n = 25$) of participants were in legally recognized relationships. Of those who reported they were in legally recognized relationships, 36.4% married, 9.1% civil union, 33.3% domestic partnership, and 21.2% identified their legally recognize relationship as “other.”

Measures

Participant’s relationship satisfaction was assessed with the *Relationship Assessment Scale* (RAS; Hendrick, 1988; see Appendix C), which is a seven-item measure that assesses the degree of satisfaction one experiences within a specific romantic relationship (e.g., “In general, how satisfied are you with your relationship?”). Respondents rated their level of satisfaction with each item on a Likert scale ranging from 1 (low satisfaction) to 5 (high satisfaction). After reverse scoring items 4 and 7, item scores were averaged to yield the total score, which can range from 1 to 7, with higher scores indicating higher levels of satisfaction. Good reliability has been demonstrated for the RAS (Hendrick, 1988). Hendrick and colleagues (1998) also reported a mean inter-item correlation of .49, Cronbach’s alpha of .86, and a test-retest reliability of .85 over a six- to seven-week period. The coefficient alpha for this scale was .78 (at time 1), .86 (at time 2), and .84 (at time 3). Test-retest reliability coefficient was .57 at six month follow up, .59 between the six month and eighteen month follow-ups, and .49 eighteen months after initial testing (Sprecher & Felmlee, 1992). The RAS has a .80 correlation with the longer and more frequently used Dyadic Adjustment Scale, indicating good external validity (Hendrick, 1988).

The *Multidimensional Scale of Perceived Social Support (MSPSS)* (Zimet, Dahlem, Zimet, & Farley, 1988; see Appendix D) is a 12-item measure of perceived social support from friends, family, and significant other, thus creating a general index of social support (Zimet, et al., 1988). The MSPSS has three subscales, allowing researchers to separately examine support from family, friends, and significant others (Zimet, et al., 1988; Zimet, Powell, Farley, Werkman, & Berkoff, 1990). There are four items assessing support for each of the three subscales. For example, “I get the emotional help and support I need from my parents” assesses parental support. Total scores for each subscale and the total scale were computed by averaging the scores on the individual items forming the scale such that total scores range from 1 to 7 with higher scores indicating higher levels of perceived social support. Respondents were asked to indicate their agreement with each of the 12 items on a Likert scale ranging from 1 (very strongly disagree) to 7 (very strongly agree). The MSPSS has demonstrated good internal consistency for the Significant Other (.91), Family (.87), and Friends (.85) subscales. The reliability coefficient for the total scale was .88. The MSPSS has also been found to have adequate consistency over time, with good test-retest reliability coefficients for each subscale and the total scale (.72 for significant other; .85 for family; .75 for friends; and .85 for total scale; Zimet, et al., 1988; 1990). Good discriminant validity has also been established for the MSPSS; the MSPSS subscales were significantly correlated with Adolescent Family-Caring Scale (AFCS; Canty-Mitchell & Zimet, 2000). The correlation of the AFCS with the Family subscale ($r = .76, p < .01$) was significantly stronger than correlations with the Friends ($r = .33$) and Significant Other subscales ($r = .44$; Canty-Mitchell & Zimet, 2000).

The *Behaviors of Parents and Friends* scale (BPF; Blair & Holmberg, 2008; see Appendix E) is a measure designed to tap into the level of support offered for participants' romantic relationships, individually from their mother, father (or equivalent guardians), and friends. The BPF friends scale consists of 15 items containing statements about approving and disapproving behaviors for friends. The BPF parent scale consists of 18 items containing statements about approving and disapproving behaviors for each of the parents (Blair & Holmberg, 2008). The current study used only the parent scale to assess level of perceived parental support for a same-sex romantic relationship. Participants were asked to indicate the frequency with which each individual displayed each of the behaviors listed on a scale ranging from 1 (n/a) to 5 (frequently). The BPF scale has demonstrated good internal consistency (Parent Support, .95); Blair & Holmberg, 2008). The BPF has demonstrated adequate convergent validity with other measures of overall social support such as Network Support Index (alpha coefficient of .751; Blair & Holmberg, 2008). After reverse scoring half of the items on the parent scales, scores were totaled. Participants responded to items separately for mothers and fathers. However, because BPF scores on support from mothers and support from fathers have been significantly correlated with each other ($r = .68, p < .01$), the authors suggested using one overall measure of parental support, created by taking the mean of support offered by the mother and father for each participant, if both are reported (Blair & Holmberg, 2008). Thus, there were three potential scores recorded from each participant (most-close parent score, least-close parent score, and combined parents score). BPF scores were calculated by averaging the scores from each item on the scale. If more than one parent was rated, then the two scores were averaged to create one parental support for

relationship score. For the current study, BPF scores from the parent the LGB person feels most close to were used for analyses. Each score ranges from 1 to 5 with higher scores indicating more support.

The *Network-sector Closeting Scale (N-SCS; Caron & Ulin, 1997; see Appendix F)* is adapted from Caron and Ulin's (1997) work with lesbians to extend to gay men and bisexual individuals. The N-SCS is a 16-item measure which assesses the degree of closeting, or outness, of an individual in four sectors of the participant's network: immediate family, extended family, friends, and work associates. The scores are based on four items assessing the level of openness respondents perceive from network members. Items were rated on a Likert scale from 1 (strongly agree) to 9 (strongly disagree). Respondents rated their agreement with each statement for each of the four different sectors. Items 1, 2, and 4 were reverse scored and then summed with item 3 to provide a total measure of outness for each of the four network sectors. Network sector scores were averaged to compute a full scale score in order to establish the level of overall outness participants' perceived themselves to possess. Scores range from 4 (very closeted) to 36 (not closeted). Reliability coefficients for the network sectors ranged from .78 to .84 (Caron & Ulin, 1997). The N-SCS has demonstrated adequate validity and inter-item correlations were found to range from .52 to .71 (Caron & Ulin, 1997).

The *Parent-Child Relations Variables* questionnaire (*PCRV; Sweet, Bumpass, & Call, 1988; see Appendix G and Appendix H*) is an eight-item measure that assesses both the parent's and the child's views on the parent-child relationship. Responses from the PCRV can be used to estimate differences between the reports of parents and adult children on emotional closeness, control, and conflict in their relationship. The items for

parent and children respondents are identical, directing each participant to respond to each item as it pertains to their respective relationship. For example, in the item, “I feel on edge or tense when I’m with my (parent/child),” child participants are directed to read the statement as inserting “parent,” whereas parent participants are directed to read the statement as inserting “child.” Participants use yes/no responses to indicate if the statement is accurate for them. Child participants were asked to complete the measure about the parent they currently feel most close to first, and then about the parent they feel least close to, each time specifying the parent they are reporting about by providing a code that will match their responses with their parent(s). For the present study, this survey was set up so that participants saw only the appropriate reference to the parent or child for clarity purposes. The PCRV has demonstrated similar psychometric properties across both parent and child groups, and has been found to be a valid measure for reporting on intergenerational relationships from two perspectives (Aquilino, 1999). Confirmatory factor analyses has supported a two-factor structure (control and closeness). The goodness-of-fit index was .97 for the PCRV and illustrates that these factors are present in the measure, indicating good construct validity. Both the control and closeness factors are significantly correlated for parents (-.57) and for children (-.53) in the PCRV (Aquilino, 1999).

The *Attitudes toward Lesbians and Gay Men (ATLG; Herek, 1988; see Appendix I)* scale is a 20-item scale intended to measure heterosexuals’ attitudes toward lesbians and gay men. It is comprised of two subscales: Attitudes toward lesbians (ATL; items 1-10) and Attitudes toward gay men (ATG; items 11-20), each consisting of ten items assessing attitudes on a Likert scale ranging from 1 (strongly disagree) to 9 (strongly

agree). For example, participants were asked to rate their agreement with the statement “Female homosexuality is an inferior form of sexuality” and “Male homosexuality is a perversion.” Items 2, 4, and 7 for the ATL and items 11, 15, 17, and 20 for the ATG were reverse scored and then summed with the remaining items on each subscale to determine a total score for each subscale ranging from 10 to 90. The subscale scores were summed to produce a total scale score, which can range from 20 to 180 with higher scores indicating more negative attitudes. Satisfactory levels of internal reliability have been established for both subscales (.89 for the ATG and .77 for the ATL) and the full scale (.90 for the ATLG). Validity for the ATLG has been correlated with other theoretically-relevant constructs. Higher scores (more negative attitudes) correlate significantly with high religiosity, lack of contact with gay men and lesbians, adherence to traditional sex-role attitudes, and belief in a traditional family ideology (Herek, 1987; 1988; 1994).

Demographics

Participants involved in same-sex romantic relationships completed a short demographic questionnaire (see Appendix B) assessing participants’ gender, ethnic background, sexual orientation, education level, relationship status, sexual orientation disclosure status, and whether participants received information about the current study from their parents or passed information about the current study to their parents. Parents of individuals in same-sex romantic relationships who participated in the study completed the parental demographics questionnaire (See Appendix J), providing information about their gender, ethnicity, and feelings and understanding of homosexuality/bisexuality at the time they learned a son or daughter was gay/bisexual.

Procedure

After getting approval from the Auburn University Institutional Review Board (IRB), data collection began. The researcher recruited participants by posting an announcement on various LGB-friendly listservs (see Appendix A). Participants were directed to a link containing an online questionnaire packet on Qualtrics consisting of five questionnaires and a demographic information sheet if they are LGB individuals. Participants were informed that completion of the questionnaires served as informed consent to participate (see Appendix K). The order of the presentation of the measures for LGB individuals was as follows to help prevent a certain response bias: a demographic information sheet, the RAS, the MSPSS, the BPF, the N-SCS, and the PCRV. Parent participants were directed to a link containing an online questionnaire packet on Qualtrics consisting of one survey containing demographic information and two questionnaires. The order of the parent forms was counterbalanced. The following two orders were used: the ATLG, the PCRV, and the demographic questionnaire; and, the PCRV, the ATLG, and the demographic questionnaire. All responses remained anonymous. However, participants were asked to include a code with their demographics information that allowed for matching of parent-child dyad participants. Participants were asked to use the FIRST letter of their given first name, the LAST letter of their last name, their gender, and their month of birth (e.g. atfemaleJuly), as well as the same information as it pertained to their parent(s)/child. Participants were not debriefed; however, they were given contact information for the researcher and had the opportunity to contact the researcher if they had any questions about the study or their participation in it.

Summary

This study was designed to investigate the relationship between perceived parental support specifically for romantic relationship and same-sex romantic relationship satisfaction. Additionally, it was designed to explore how outness influences the relationship between parental support for romantic relationship and romantic relationship satisfaction. Romantic relationship satisfaction was measured with the RAS, perceived parental support for relationship was measured with the BPF, general social support was measured by the MSPSS, and outness was measured by the NSCS.

IV. Results

Overview

This chapter describes and summarizes the statistical analytic methods used to evaluate the research question and primary hypotheses from the previous chapters. Specifically, the results of the reliability checks on the measures used in the study are discussed along with basic descriptives for the measured variables. In addition, the results of the correlational analyses used to explore the research question and primary hypotheses are presented.

Descriptives

Estimates of internal consistency were examined for all measures (see Table 1). A review of the coefficient alpha values in Table 1 shows that the RAS, the MSPSS full and subscales, the NSCS, and the BPF met traditional standards of acceptability for internal consistency in the current sample. In addition, the coefficients for the current sample are comparable to other reliability estimates seen in prior research (Blair & Holmberg, 2008; Caron & Ulin, 1997; Hendrick, et. al, 1998; Zimet, et al., 1988; 1990). Table 2 contains the descriptive statistics and correlation coefficients for the variables of interest in the current study.

Predicting Relationship Satisfaction for Individuals in Same Sex Relationships

General support and relationship satisfaction. To evaluate whether LGB individuals' perceived level of general support (from scores on MSPSS full scale)

correlate with level of romantic relationship satisfaction (RAS) bivariate correlation coefficients were examined. A significant correlation was found between perceived general social support and romantic relationship satisfaction, $r = .322, p < 0.01$, suggesting a moderate positive relationship between general support and romantic relationship satisfaction in which as support increases, relationship satisfaction also increases.

Additionally, analyses were run to examine the amount of variance in relationship satisfaction accounted for based on the source of perceived social support (i.e., family, friends, partner; from each of the subscales on the MSPSS). Table 3 contains the correlation coefficients for the subscales of the general social support measure included in the model predicting romantic relationship satisfaction. The positive beta weight ($\beta = .736$) indicates that perceived general social support from significant others was statistically significantly related to romantic relationship satisfaction $\Delta R^2 = .474, F < .001$, whereas that from both friends and parents were not significantly related to romantic relationship satisfaction.

Parental support for romantic relationship and relationship satisfaction.

Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity, and homoscedasticity. After finding no evidence for the existence of violations of assumptions, a hierarchical regression analysis was run to determine whether higher levels of perceived parental support for the romantic relationship (from scores on the BPF) were associated with increased romantic relationship satisfaction (from scores on the RAS) for members of a same-sex couple after controlling for general parental support (from scores on the MSPSS parent subscale). General parental support

was entered in the first step predicting relationship satisfaction, and accounted for .2% of the variance in romantic relationship satisfaction. In the second step, parental support specifically for the romantic relationship was entered and accounted for an additional 7.3% of the variance in relationship satisfaction. These results indicate that higher levels of parental support specifically for the romantic relationship are associated with higher levels of romantic relationship satisfaction for LGB individuals.

The influence of parental support as a function of outness on relationship satisfaction. Given the theoretically meaningful differences found between levels of outness in relationship satisfaction prediction, the effect of outness on the relationship between parental support for a romantic relationship and satisfaction with that romantic relationship was explored as well. Specifically, outness (from scores on the NSCS) was hypothesized to moderate the association between parental support for the romantic relationship (from scores on the BPF) and romantic relationship satisfaction (from scores on the RAS). To determine whether outness moderated the relationship between parental support for relationship and relationship satisfaction, a third and fourth step were added to the prediction model discussed in the previous paragraph. Table 4 displays the change in R^2 (ΔR^2), the standardized regression coefficient (β), semi-partial, total R^2 , and p -values for each step and predictor variable in the regression model examining the primary hypotheses.

Specifically, scores on each predictor variable were centered and an interaction term was computed by multiplying the centered parental support for the romantic relationship and centered outness scores, with the product serving as the interaction term. In the third step, outness was entered into the prediction model. When outness was added

to the model predicting romantic relationship satisfaction, outness explained an additional 2.6% of the variance in romantic relationship satisfaction, resulting in a marginally significant increase in the total variance in relationship satisfaction accounted for by the prediction model. The interaction term was added in the fourth step of the prediction model. In the fourth step, when the interaction term of parental support for romantic relationship-by-outness interaction term was entered into the model predicting romantic relationship satisfaction, the interaction term did not account for a significant increase in the variance (.2%) in romantic relationship satisfaction accounted for by the prediction model $\Delta R_2 = .002, p = .597, ns$. Stated differently, the relationship between parental support for the romantic relationship and relationship satisfaction did not differ significantly depending on the level of outness.

Parental perspectives on parent-child relationship and attitudes toward LGB individuals. There were not enough parent participants to run any analyses to evaluate the exploratory hypotheses. Specifically, it was not possible to evaluate whether parents perceived their general relationship (from scores on the PCRV-parent scale) for their child more positively than did their LGB children of those parents (from scores on the PCRV-child scale). It was also not possible to determine if those parents with more negative attitudes toward LGB individuals (from scores on the ATLG) would report a less positive relationship (from scores on the PCRV-parent scale) with their LGB child. Finally, it was not possible to determine if positive parental attitudes toward LGB individuals (from scores on the ATLG) were associated with increased romantic relationship satisfaction (RAS) of the LGB adult child of those parents.

Table 1
Reliability for Each Scale Used in the Current Investigation Compared to Establish Reliability

<i>Measure</i>	<i>Current Sample</i>	<i>Established Reliability**</i>
RAS	.889	.86
MSPSS	.837	.88
MSPSS-sigOther	.934	.91
MSPSS-friend	.929	.85
MSPSS-parents	.921	.87*
BPF	.926	.95
NSCS	.856	ranged from .78-.84

Note. MSPSS = Perceive general social support; RAS = Relationship Satisfaction, BPF = Parental Support for Relationship, NSCS= Outness. RAS, MSPSS, BPF, and NSCS were centered at their means.

*The term "parents" was substituted in place of "family" for the current study; this alpha is reflective of the original MSPSS family subscale.

** See Hendrick, et. al, 1998; Zimet, et al., 1988; 1990; Caron & Ulin, 1997; Blair &

Holmberg,2008.

Table 2

Descriptive statistics and correlation matrix for the variables examined in the hierarchical regression analysis predicting romantic relationship satisfaction

<i>Measure</i>	<i>Mean</i>	<i>SD</i>	<i>GFS</i>	<i>GPS</i>	<i>PS</i>	<i>RAS</i>	<i>Outness</i>
GSOS	6.527	.726	.346**	.089	.259**	.699**	.055
GFS	5.983	.854	-	.221**	.205*	.195*	.179*
GPS	4.988	1.551		-	.606**	.011	.411**
PS	4.141	.896			-	.179*	.459**
RAS	4.326	.656				-	.102
outness	27.402	4.975					-

Note. GSOS = perceived general social support from significant other; GFS = perceived general social support from friends; GPS = Perceived general social support from parents; RAS = Relationship Satisfaction, PS = Parental Support for Romantic Relationship, NSCS= Outness. * $p < .05$; ** $p < .01$; N = 153

Table 3

Coefficients for the variance accounted for in relationship satisfaction based on the source of general social support

<i>Subscale</i>	<i>Pearson's r</i>	β
SigOther	.713	.736*
Friend	.195	-.058
Parent	.013	-.037

Note: SigOther = general social support from significant other; Friend=general social support from friends; Parent= general social support from parents; * $p < .001$

Table 4
Hierarchical regression analysis for moderating effect of parental support by outness, in predicting romantic relationship satisfaction (n = 153)

<i>Predictor</i>	ΔR^2	β	<i>Semi-Partial (SR)</i>	<i>p</i>
Step 1	.002			
GPS		.046	.045	.615
Step 2	.073			
GPS		-.151		
PS		.335	.270	.003
Step 3	.026			
GPS		-.196		
PS		.291		
Outness		.179	.161	.070
Step 4	.002			
GPS		-.188		
PS		.285		
Outness		.184		
PS X Outness		-.047	.045	.597
Total R ²	.103			

Note: GPS= General parental support PS= Parental support for romantic relationship; Outness= Level of outness. PS and Outness were centered.

V. Discussion

Overview

This chapter will discuss the implications of the results presented in chapter 4. After discussing the obtained results in the context of the existing literature, practice implications will be discussed. Finally, the limitations of the present study and areas of future research within the arena of parental support, relationship satisfaction, and outness will be discussed.

General Social Support and Romantic Relationship Satisfaction

In summary, the results of the current study support the hypothesis that increased general social support as a whole from one's social network is related to increased satisfaction with one's romantic relationship for individuals in same-sex romantic relationships. In other words, the study results were consistent with what one would expect if support from one's social support network has a positive influence on an individual's sense of satisfaction with his or her same-sex romantic relationship. This is similar to prior research that suggests the importance of general social support to individuals who are currently in romantic relationships among individuals in opposite-sex relationships (Demir, 2009). However, the origin of general social support was found to be somewhat contradictory as to its importance to relationship satisfaction. As found in prior research, the association between general social support and relationship satisfaction differed based on the subgroup of the social support network. In this study

general social support from one's significant other was associated with increased relationship satisfaction, whereas general social support from parents and friends was not. These findings echo previous research that has found positive social support from partners to be positively associated with increased romantic relationship satisfaction (Bryant & Conger, 1999; Sprecher & Felmlee, 1992). These findings may also be reflective of findings from Kamp Dush and Amato (2005) that found involvement in a romantic relationship of some kind as beneficial to mental health and well-being when the couple members view the relationship as a source of support (Kamp Dush & Amato, 2005; Rook, 1990).

Support Specifically for the Romantic Relationship and Romantic Relationship Satisfaction

The study also found that parental support *specifically* for the partnership has a positive relationship with relationship satisfaction among adult children in same-sex romantic relationships, in that the higher adults in same-sex relationships perceive support specifically for their relationship to be from their parents the higher the levels of satisfaction they report with their romantic relationship. This was found to be the case even when controlling for general social support from their parents. The current study is consistent with previous research (Henderson, Lehavot, & Simoni, 2009; Julien, Chartrand, Simard, Bouthilier, & Begin, 2003) that identified the importance of support perceived from families of origin in romantic relationship satisfaction. The findings from the current study provide more support for the importance of parental support specifically for romantic relationships, such as that found by Sprecher and Felmlee (2000), and contrast findings by Driscoll, et al. (1972), who found that parental support for

relationships was negatively associated with romantic relationship satisfaction. Furthermore, this study attempted to partially fill in a gap in the literature suggested by Smith and Brown (1997). Specifically, this study was used to investigate how support specifically for same-sex romantic relationships related to satisfaction with that same-sex romantic relationship. Because the present study considered only the current same-sex romantic relationship, it is not possible to determine how general support of same-sex relationships may relate to satisfaction with current same-sex romantic relationship.

Relationship Satisfaction as a Product of Parental Support and Outness

The study also investigated the potential moderating effect of outness on the relationship between parental support and romantic relationship satisfaction. This study found no support for the notion that outness plays a moderating role between parental support for a relationship and satisfaction with that romantic relationship among individuals in same-sex partnerships. However, the data suggest that outness is related to both parental support specifically for a relationship and relationship satisfaction.

It is not surprising that outness is related to parental support for the current romantic relationship in that outness about sexual orientation may be required in order for parents to recognize and support a specific same-sex romantic relationship. The relationship between outness and romantic relationship satisfaction is consistent with previous research that found higher levels of outness to be associated with higher levels of relationship satisfaction, including outness to parents about the romantic relationship itself and not just one's sexual orientation (Murphy, 1989). Perhaps somewhat surprising, despite the obvious link between outness and parental support for a particular same-sex romantic relationship, only a fraction (approximately 45%) of the shared variance

between outness and relationship satisfaction overlapped with the shared variance between parental support for a romantic relationship and satisfaction with that romantic relationship. In other words, outness did not moderate the relationship between parental support for a specific same-sex romantic relationship and satisfaction with that relationship for LGB individuals. However, outness and parental support for a relationship may both predict satisfaction in that relationship with each adding some additional unique predictive power, albeit a small amount, in addition to some shared predictive power in forming the level of relationship satisfaction should the two play causal roles in relationship satisfaction for individuals in same-sex romantic relationships.

Limitations of the Study

There are several limitations to the study. There was no experimental manipulation in the current study; thus, it is not possible to draw conclusions about causality. It is possible that romantic relationship satisfaction influences parental support or that there is a bidirectional relationship between the two. Specifically, if an individual is highly satisfied with his or her romantic relationship it may be the case that parents are aware of their adult-child's satisfaction and are more supportive of the relationship than if the relationship were viewed as not satisfying by the individual in the romantic relationship. Alternatively, having parents support the romantic relationship might lead individuals in the relationship to be more satisfied in the romantic relationship. It is also possible that a third, unmeasured variable accounts for the relationship between the two creating a positive relationship without one causing the other. For example, in families where general levels of adjustment are high, one would expect more support and one also

would expect offspring in those families to develop more fulfilling and stable romantic relationships (Busby, Gardner, & Taniguchi, 2005; Clulow, 2007).

Similarly, outness and relationship satisfaction may have a bidirectional influence on one another. Specifically, if individuals are extremely dissatisfied with their relationship, they may be less likely to be out about the relationship to others, including family, regardless of whether the relationship is with a same-sex or opposite-sex individual (Gerbert, Johnston, Caspers, Bleecker, Woods, et al., 1996). In addition, here too, a third variable may account for both, causing a positive correlation between the two that does not reflect any causality between outness and relationship satisfaction. For example, as psychological dysfunction increases, it would be more likely that the individual would be less out about the relationship and perhaps their sexual orientation (Zink, Jacobson, Regan, & Pabst, 2004). Such individuals would also be more likely to experience problems with relationship adjustment (Benson, Larson, Wilson, & Demo, 1993; Hazan & Shaver, 1987).

The self-selection of participants into the study and self-report method of data collection might have resulted in the sample being biased. For example, individuals who report being satisfied with their romantic relationships may have been more likely to participate, as individuals in unhappy romantic relationships may have chosen not to participate in a study on romantic relationship satisfaction. It may also exclude people who are in a relationship but do not consider it a romantic relationship. Additionally, the sample was on average, 34 years old and had been out on average for approximately 11 years; thus, the results may not be representative of young individuals whose parents may play a more important role in their relationships or for much older individuals.

Specifically related to the problems of self-report, there is ample research attesting to the tendency for individuals to respond in socially desirable ways, rating themselves and close others more positively than the general population (Pedregona, Farley, Davis, Wood, & Clark, 2012), which the current study did not specifically assess for.

Additionally, LGB individuals who are not in a same-sex relationship and out about that relationship to at least one parent are not included in the current study, eliminating the examination of relationship satisfaction experiences of closeted LGB individuals in romantic relationships. It may also be the case that individuals who are out to their parents (which is a requirement for inclusion in the current study) are already out to others in their social networks, potentially creating a ceiling effect for outness in the current sample.

Another limitation is related to method of participation. As noted previously, the study did not explicitly make an effort to recruit participants from traditionally anti-LGB groups, which may have brought a different perspective to the study. This may have resulted in a sample that is more representative of LGB-friendly or supportive participants. Additionally, because the study was conducted solely via the internet, there was some inherent bias in access to participation in that only individuals with access to the internet and who would have online connections with the listservs used for data collection (or connections to people who had directly received the study information from those listservs) would have had the opportunity to participate in the study. This potentially omitted responses of individuals who are less out and more disconnected from web-based sources of support for LGB individuals. Such individuals may experience a substantial variation in their degree of outness, in that individuals who are in very

supportive communities may not feel the need to seek online supports or affiliate with others who feel that need. Some of the other individuals not connected may be out to few people, perhaps only to close family and those with whom they are romantically involved. These limitations in the sample may have reduced the ability to find significant effects for the role of outness in the current study. The reliance upon a web-based survey may also limit the extent to which individuals who have experienced forced eviction from the home or are experiencing homelessness, and/or lack of access to technology-based resources, such as a computer or phone with internet access could be recruited for participation. Additionally, some of the organizations and listservs used for recruitment have members who are allies and advocates (e.g. PFLAG) for the LGB community and may have resulted in participants who are more supportive of the community to begin with.

Additionally, based on feedback from participants, an unforeseen limitation of the study was the lack of options available for participants to fully capture the nature of their relationships with their parents. More specifically, the study was limited in its ability to fully capture, as one participant put it, the “struggle that we had to go through to make our parents more understanding” (Unidentified participant). There was no option available for participants to respond to a parent they felt most close to, but who is no longer living or perhaps living but is in very poor physical health, as was the case for a few participants who offered feedback after their participation in the study. For example, one participant said “You asked me to pick which parent I feel connected to the most. I don't have one that I like better. Also...I have had other caregivers in my life who were supportive. There is not an option to capture that information.”

Treatment Implications

The key finding in the current study is that support, both general support and support specifically for same-sex romantic relationships, is related to same-sex romantic relationship satisfaction. Although not a treatment study, a number of clinical implications result from the findings of the present study. First, the present study contributes to the body of knowledge available to therapists who encounter clients in same-sex relationships and may be particularly informative when there are difficulties in the relationship. Specifically, therapists working with individuals who are struggling with satisfaction in their same-sex relationship may wish to include discussion of support in general and for the relationship in the intake. Although the difficulties with support will not always account for the problems with relationship satisfaction among such clients, the present study suggests that it would be potentially problematic if this possible influence on relationship satisfaction were to be overlooked. It may be beneficial for therapists to take a systems approach in treating LGB clients who present with relationship concerns. This may mean looking at client distress and eustress with a wider lens and making a point of asking about parental support specifically for their relationship. Assessing the perceived supportiveness for clients from their parents may be helpful in developing a more comprehensive sense of the client's world and the realities within which they are navigating that world.

It was found that perceived support from parents specifically for one's romantic relationship was associated with increased relationship satisfaction for same-sex couples. The findings also suggest that general social support from one's social network, specifically from one's partner, was related to romantic relationship satisfaction. As such,

exploration of both sources of support during the intake process may point to areas that relate to difficulties with the romantic relationship for any particular same-sex couple. It is not possible to draw the conclusion that interventions should be focused on increasing broad social support from this study, but given the general literature on social support (Kamp Dush & Amato, 2005; Steca, P., Bassi, M., Caprara, G., & Fave, A., 2011; Walen & Lachman, 2000), therapists working with clients in same-sex relationships experiencing problems with satisfaction who are also lacking in social support would be operating in a way that can be reasonably expected to be generally beneficial (though this may not specifically benefit the relationship) to the individual's overall physical and psychological well-being.

Additionally, another important implication is that if LGB people do not perceive their parents to be supportive of their romantic relationship, all hope is not lost for the potential satisfaction with that relationship. Prior research suggests spousal/partner relationship support can offset the negative aspects of other relationships (such as lack of support from parents) on one's mental health (Okun, et al., 1998; 2003; Walen & Lachman, 2000). This is particularly important in that mental health professions should not focus on helping clients force parents to be more supportive as such support may not make a difference in the client's satisfaction with his or her same-sex romantic relationship and such efforts may leave clients feeling helpless to improve their romantic relationship if family members remain unsupportive.

In assessing social support, outness, and relationship satisfaction with clients, it is important that therapists not assume that problems with romantic relationship satisfaction are related to or caused by any of these variables and need to avoid automatically

assuming that limited support or outness are related to the relationship problems at all. This is particularly important given the small amount of variance in relationship satisfaction accounted for by these variables in the current study.

Areas for Future Research

The current study was intended to examine exploratory hypotheses that integrated data from parent and adult-child respondents. However, the limited number of parent respondents and few parent-child pairs made it impossible to evaluate these hypotheses. As such, future research may take a more focused attempt to evaluate these hypotheses. Such studies require a different participant recruitment strategy than that used in the present study. Large-scale research examining a number of psychological factors in families, such as that used with epidemiological studies, may provide the most effective mechanism for connecting parent and adult child data. Regardless, it is important that future researchers examine the perspectives of parents on their support for their LGB child's same-sex relationship. Although research highlights the importance of the individual's perspective of their social interactions, there is evidence that personal perspectives are not always accurate (Aquilino, 1999) and it is critical to understand the actual nature of the relationship between parents' support and LGB child's same-sex relationship satisfaction before making specific recommendations for parents and treatment providers.

The differences in parent and child perceptions of the parent-child relationship may be important to assess, particularly regarding how these family dynamics play out within the therapy setting, and it is critical that therapists working with families not automatically assume that the LGB child has the most accurate perspective of the family

situation. In particular, it is important to differentiate between a need to address an inaccurate perception and a need to verbalize feelings based on a perceived lack of support (that is not reflective of reality) because the two have different implications for treatment. For example, focusing on the (in)accuracy of perceptions of the LGB person instead of the emotions tied in to that perception, may potentially invalidate the person's experience and damage the therapeutic relationship. However, it could also be potentially beneficial to encourage the LGB person to explore and test their perceptions against reality. Also, when addressing a perceived lack of support, individuals may be operating under assumptions based on the other's behaviors. These assumptions may be inaccurate and lead to confusion and lack of clear communication. It may be beneficial in such situations to help families articulate their assumptions in an effort to illuminate potential areas for growth and understanding for each party involved.

Another area for future research that would likely be influential would be to examine the current study's factors specifically in non-majority populations, particularly regarding race and ethnicity since these minorities were underrepresented in the current study. Although it may be the case that racial and ethnic minorities are less often out to their parents than white or Caucasian LGB individuals (Groves, et al.; Merighi & Grimes, 2000), this area of research needs further attention. Furthermore, negative consequences, such as expulsion from the family home as a result of coming out, have been reported to be as much as six times more frequent for African American individuals than other ethnic or racial LGB groups (Potoczniak, et al., 2009).

Finally, additional areas of research that would be important to explore include using more qualitative approaches, such as investigating narratives of LGB people in

romantic relationships and their experiences with their parents. This is a particularly important to explore the specific and unique experiences that may not be adequately captured by quantitative research methods. For example, how religion and spirituality relate to these experiences for LGB individuals and their parents needs more understanding and the current study did not explicitly investigate these variables.

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Appendix A

List of LGB-friendly organizations and networks accessed for recruiting purposes

Stop AIDS Cincinnati*

AIDS Volunteers of Northern Kentucky*

Cincinnati Frontrunners/Frontwalkers

Cincinnati Men's Chorus

Equality Cincinnati*

Equality Northern Kentucky

Equality Ohio*

Equality Alabama

FriendFactor ©

The Coalition

The Gay and Lesbian Community Center of Greater Cincinnati

Greater Cincinnati Gay Chamber of Commerce

Human Rights Campaign*

Parents, Families, and Friends of Lesbians and Gays Greater Cincinnati chapter
(PFLAG)*

Rainbow Cincinnati

W.O.M.B.A.T. (Women of Beauty and Temptation)

Xavier Alliance

Auburn University Spectrum Alliance

Auburn University Gay Straight Alliance

Counseling Psychology Directors of Training

American Psychological Association (APA) division 17-Counseling Psychology

American Psychological Association (APA) division 44-Psychological Study of LGBT
issues

American Psychological Association (APA) division 45-Psychological Study of Minority
Issues

* indicates organizations that specifically include families of LGB individuals in their target
audience

Appendix B

LGB DEMOGRAPHICS INFORMATION

Please complete the following questions.

1. Your sex (circle one)
Male Female Transgender MTF Transgender FTM
2. Are you currently involved in a romantic relationship? (circle one)
Yes No
3. Sex of your current partner (circle one)
Male Female Transgender MTF Transgender FTM
4. Your age _____
5. Your ethnic background:
Race _____ Nationality _____
6. Your highest level of education:
_ less than high school graduate
_ high school graduate
_ some college but less than bachelor's degree
_ bachelor's degree
_ graduate study
7. Length of your current romantic relationship (in years and months; e.g. 2 years and 4 months) _____
8. Type of current romantic relationship (circle one)
Living separately
Cohabiting/Living together
Legally recognized relationship
9. If in a legally recognized relationship, what type of legal status does your current romantic relationship have (circle one)
Married Civil Union Domestic Partnership
10. Are you out to your parent(s)? (circle one)
Yes No
11. If yes, are you out to one or more of your parents? (circle one)
Mom Dad Mom and Dad Mom and Partner Dad and Partner
12. Your age when you first came out to your parent(s) _____
13. Number of years out to yourself _____
14. Number of years out to your parent(s) _____
15. Please indicate your sexual orientation _____
16. Did you pass this study onto your parent(s) (circle one)
Yes No
17. Did you receive this study from your parent(s) (circle one)
Yes No
18. Please provide FIRST letter of your given first name, the LAST letter of your last name, your gender, and the month of your birth, e.g. atfemaleJuly.

19. Please provide FIRST letter of your PARENT'S given first name, the LAST letter of your PARENT'S last name, the gender of your PARENT, and the month of your PARENT'S birth, e.g. cgmaleOctober.

Appendix C

RELATIONSHIP ASSESSMENT SCALE (RAS; Hendrick, 1988)

Rate the following questions as they pertain to your relationship with your current romantic partner on a scale from 1 (low satisfaction) to 5 (high satisfaction). Please answer honestly and openly.

1. How well does your partner meet your needs? _____
2. In general, how satisfied are you with your relationship? _____
3. How good is your relationship compared to most? _____
4. How often do you wish you hadn't gotten into this relationship? _____
5. To what extent has your relationship met your original expectations? _____
6. How much do you love your partner? _____
7. How many problems are there in your relationship? _____

Appendix D

MULTIDIMENSIONAL SCALE OF PERCEIVED SOCIAL SUPPORT (MSPSS;
Zimet, et al., 1988)

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the "1" if you **Very Strongly Disagree**

Circle the "2" if you **Strongly Disagree**

Circle the "3" if you **Mildly Disagree**

Circle the "4" if you are **Neutral**

Circle the "5" if you **Mildly Agree**

Circle the "6" if you **Strongly Agree**

Circle the "7" if you **Very Strongly Agree**

	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree
Strongly Agree						
1. There is a special person who is around when I am in need.	1	2	3	4	5	6
7						
2. There is a special person with whom I can share joys and sorrows.	1	2	3	4	5	6
7						
3. My parent(s) really try to help me.	1	2	3	4	5	6
7						

4. I get the emotional help & support
I need from my parent(s). 1 2 3 4 5 6
7
5. I have a special person who is
a real source of comfort to me. 1 2 3 4 5 6
7
6. My friends really try to help me. 1 2 3 4 5 6
7
7. I can count on my friends when
things go wrong. 1 2 3 4 5 6
7
8. I can talk about my problems with
my parent(s). 1 2 3 4 5 6
7
9. I have friends with whom I can
share my joys and sorrows. 1 2 3 4 5 6
7
10. There is a special person in my
life who cares about my feelings. 1 2 3 4 5 6
7

11. My parent(s)is/are willing to help me
make decisions. 1 2 3 4 5 6
7

12. I can talk about my problems with
my friends. 1 2 3 4 5 6
7

Note: This measure was altered to match the current study's purpose in such a way that items originally using the term "family" now read as "parent(s)" instead.

Appendix E

Identification of Parents

The following questionnaires are going to ask you about the behavior of your parents, or those who have been like parents to you. For these purposes, we need to know a little bit of information about your parents and your partner's parents. Please answer the following questions with your **own parents** in mind. We have provided space for up to two parents. However, please choose only two parents as being your "primary parents." (If you only have one primary parent, you may select only one. If you have no parents, or no one that you would consider a primary parent, you may opt to not select any as primary parents). These are the people you feel have had the strongest influence on you (whether that influence was good or bad).

Parent 1:

Drop down list of descriptors: mother, father, step-mother, step-father, grandmother, grandfather, other
(box to fill in "other" if selected)
Gender : Male, Female, Transgender
Check box for primary parent.

Parent 2:

Drop down list of descriptors: mother, father, step-mother, step-father, grandmother, grandfather, other
(box to fill in "other" if selected)
Gender : Male, Female, Transgender
Check box for primary parent.

Now think about **your partner's parents** and provide the same information. Again, please select only two as being your partner's primary parents.

Partner's Parent 1:

Drop down list of descriptors: mother, father, step-mother, step-father, grandmother, grandfather, other
(box to fill in "other" if selected)
Gender : Male, Female, Transgender
Check box for primary parent.

Partner's Parent 2:

Drop down list of descriptors: mother, father, step-mother, step-father, grandmother,

grandfather, other
(box to fill in "other" if selected)
Gender : Male, Female, Transgender
Check box for primary parent.

BEHAVIORS OF PARENTS AND FRIENDS (Blair & Holmberg, 2008; BPF)

Read over the following list of behaviors and then indicate which behaviors your _____ (descriptor of primary parent 1) has engaged in, with respect to your current relationship, (n/a, 1=never, 2=once, 3=twice, or 4=frequently).

1. Ask how my partner is doing.
2. Be pleasant when my partner is around.
3. Respects my need for privacy with my partner.
4. Tell me she likes my partner.
5. Helps to make our relationship easier / more feasible.
6. Ask about relationship or future plans with my partner.
7. Invite my partner and me to go out with her.
8. Suggest things my partner and I might do.
9. Joke with my partner.
10. Talk about other people I could date.
11. Ask me what I see in my partner.
12. Caution me about getting involved with my partner.
13. Nickname my partner something strange.
14. Tell me to wait until I am older to get involved with someone.
15. Not talk to partner.
16. Leave the room or house when partner is there.
17. Tell me my partner isn't right for me.
18. Fix me up with other dates.

Repeat above for primary parents and partner's primary parents.

Appendix F

NETWORK-SECTOR CLOSETING SCALE (N-SCS; Caron & Ulin, 1997)

Please rate your agreement with the following statements on the following scale:

(strongly agree) 1 2 3 4 5 6 7 8 9 (strongly disagree)

1. My immediate family knows I am a lesbian, gay man, or bisexual person. _____
2. Those in my immediate family who know I am a lesbian, gay man, or bisexual approve of this. _____
3. I do not feel comfortable expressing affection to my partner in front of my immediate family. _____
4. When my immediate family invite me to a social gathering (dinner, movie, holiday visits, etc.) they invite my partner as well. _____
5. My extended family knows I am a lesbian, gay man, bisexual person. _____
6. Those in my extended family who know I am a lesbian, gay man, or bisexual person approve of this. _____
7. I do not feel comfortable expressing affection to my partner in front of my extended family. _____
8. When my extended family invite me to a social gathering (dinner, movie, holiday visits, etc.) they invite my partner as well. _____
9. My friends know I am a lesbian, gay man, bisexual person. _____
10. Those of my friends who know I am a lesbian, gay man, or bisexual person approve of this. _____
11. I do not feel comfortable expressing affection to my partner in front of my friends. _____
12. When my friends invite me to a social gathering (dinner, movie, holiday visits, etc.) they invite my partner as well. _____
13. My work associates know I am a lesbian, gay man, bisexual person. _____
14. Those of my work associates who know I am a lesbian, gay man, or bisexual person approve of this. _____
15. I do not feel comfortable expressing affection to my partner in front of my work associates. _____
16. When my work associates invite me to a social gathering (dinner, movie, holiday visits, etc.) they invite my partner as well. _____

Appendix G

PARENT-CHILD RELATIONS VARIABLES (PCRV; Sweet, Bumpass, & Call, 1988)-
CHILD FORM

Please complete each item as directed, beginning with the parent you feel MOST CLOSE to.

1. I am completing this survey about the parent I currently feel: (circle one)

1= most close to

2= least close to

2. Please provide FIRST letter of your PARENT'S given first name, the LAST letter of your PARENT'S last name, the LAST three digits of your PARENT'S zip code, and the month of your PARENT'S birth, e.g. cg123October.

1. Taking things all together, on a scale from 0 to 10, where 0 is really bad and 10 is absolutely perfect, how would you describe your relationship with your parent?

2. It's easy for me to laugh and have a good time with my parent. (1 = strongly disagree, to 5 = strongly agree.) _____

3. I feel on edge or tense when I'm with my parent. (1 = strongly disagree, to 5 = strongly agree.) _____

4. Over the last 3 months, about how often have you spent time with your parent in leisure activities, working on something together, or just having private talks? (circle one)

1 = not at all

2 = less than once a month

3 = one to three times a month

4 = about once a week

5 = more than once a week

5. My mother/my father would like more influence over my decisions. (1 = strongly disagree, to 5 = strongly agree.) _____

6. Please rate each item as it pertains to you as:

1 = extremely happy

2 = somewhat happy

3 = neither happy nor unhappy

4 = somewhat unhappy

5 = extremely unhappy
If not applicable, put N/A.

How (do you/does your parent) feel about:

how well you've done in school/work? _____

the partner you're currently with? _____

your decision to get married at the age you did? _____

your choice of a (husband/wife/partner)? _____

the occupation or career that you want? _____

7. In the last 3 months, have you and your parent had open disagreements about the following (circle Yes or No):

Dress: Yes No

dating: Yes No

friends: Yes No

getting a job or a better job: Yes No

sexual behavior: Yes No

drinking, smoking, or drug use: Yes No

money: Yes No

helping around the house: Yes No

how late you stay out at night: Yes No

your (husband/wife/partner): Yes No

raising your children?: Yes No

8. During the last 3 months, how often did you argue or fight or have a lot of difficulty with your parent? (circle one).

1 = not at all

2 = less than once a month

3 = one to three times a month

4 = about once a week

5 = more than once a week

9. Is the parent you feel currently most close to the same parent you felt most close to prior to coming out to him or her?

1= yes

2= no

Please repeat the above for the parent you feel least close to.

Appendix H

PARENT-CHILD RELATIONS VARIABLES (PCRV; Sweet, Bumpass, & Call, 1988)-
PARENT FORM

Please complete each item as directed.

1. Taking things all together, on a scale from 0 to 10, where 0 is really bad and 10 is absolutely perfect, how would you describe your relationship with your child?

2. It's easy for me to laugh and have a good time with my child. (1 = strongly disagree, to 5 = strongly agree.) _____

3. I feel on edge or tense when I'm with my child. (1 = strongly disagree, to 5 = strongly agree.) _____

4. Over the last 3 months, about how often have you spent time with your child in leisure activities, working on something together, or just having private talks? (circle one)

1 = not at all

2 = less than once a month

3 = one to three times a month

4 = about once a week

5 = more than once a week

5. I would like more influence over my child's decisions. (1 = strongly disagree, to 5 = strongly agree.) _____

6. Please rate each item as it pertains to you your child as:

1 = extremely happy

2 = somewhat happy

3 = neither happy nor unhappy

4 = somewhat unhappy

5 = extremely unhappy

If not applicable, put N/A.

How do you feel about:

how well your child has done in school/work? _____

the partner your child is currently with? _____

your child's decision to get married/committed at the age he/she did? _____

your child's choice of a (husband/wife/partner)? _____

the occupation or career that your child wants? _____

7. In the last 3 months, have you and your child had open disagreements about the following as they relate to your child? (circle Yes or No):

Dress: Yes No

dating: Yes No

friends: Yes No

getting a job or a better job: Yes No

sexual behavior: Yes No

drinking, smoking, or drug use: Yes No

money: Yes No

helping around the house: Yes No

how late your child stays out at night: Yes No

your child's (husband/wife/partner): Yes No

raising your child's children?: Yes No

8. During the last 3 months, how often did you argue or fight or have a lot of difficulty with your child? (circle one).

1 = not at all

2 = less than once a month

3 = one to three times a month

4 = about once a week

5 = more than once a week

Appendix I

ATTITUDES TOWARDS LESBIANS AND GAY MEN (ATLG; Herek, 1988)

Please rate the following statements on the following scale:

(strongly disagree) 1 2 3 4 5 6 7 8 9 (strongly agree)

1. Lesbians just can't fit into our society. _____
2. A woman's homosexuality should *not* be a cause for job discrimination in any situation. _____
3. Female homosexuality is detrimental to society because it breaks down the natural division between the sexes. _____
4. State laws regulating private, consenting lesbian behavior should be loosened. -

5. Female homosexuality is a sin. _____
6. The growing number of lesbians indicates a decline in American morals. -

7. Female homosexuality in itself is no problem, but what society makes of it can be a problem. _____
8. Female homosexuality is a threat to many of our basic social institutions. -

9. Female homosexuality is an inferior form of sexuality. _____
10. Lesbians are sick. _____
11. Male homosexual couples should be allowed to adopt children the same as heterosexual couples. _____
12. I think male homosexuals are disgusting. _____
13. Male homosexuals should *not* be allowed to teach school. _____
14. Male homosexuality is a perversion. _____
15. Just as in other species, male homosexuality is a natural expression of sexuality in human men. _____
16. If a man has homosexual feelings, he should do everything he can to overcome them. _____
17. I would *not* be too upset if I learned that my son were a homosexual. _____
18. Homosexual behavior between two men is just plain wrong. _____
19. The idea of male homosexual marriage seems ridiculous to me. _____
20. Male homosexuality is merely a different kind of lifestyle that should *not* be condemned. _____

Appendix J

PARENT DEMOGRAPHICS INFORMATION

ADAPTED FROM SURVEY OF CATHOLIC PARENTS WITH LESBIAN
DAUGHTERS AND GAY SONS (SCP; Lopata & Lopata, 2003)

1. Your ethnic background: Race _____ Nationality _____
2. Your age _____
3. Your sex (circle one)
Male Female Transgender MTF Transgender FTM
4. Your highest level of education:
_ less than high school graduate
_ high school graduate
_ some college but less than bachelor's degree
_ bachelor's degree
_ graduate study
5. How many children do you have? _____
How many are lesbian, gay, or bisexual? _____
6. Your response to this survey will be about a: (circle one)
son daughter
7. Is this child your: (circle) biological child adopted child
8. If biological, are you currently married to this child's other biological parent?
(circle one) YES NO
9. If adopted, are you currently married to the spouse with whom you adopted this
child? (circle one) YES NO
10. When did you find out your child was homosexual/bisexual? Year _____
11. Your age when you found out _____
12. Your child's age when you found out _____
13. How did you first learn of your child's homosexual/bisexual orientation? (check
all that apply)
_ face-to-face with her/him
_ by phone from him/her
_ in a letter from her/him
_ from another family member
_ from non-family member
_ I figured it out by myself
_ Other _____
14. In general, how would you evaluate your initial emotional reaction when you
learned of your child's homosexual/bisexual orientation? (circle where you fall on
the scale) positive 1 2 3 4 5 negative
15. As well as you can remember, how did you respond to your child? What did you
say and do?

16. Which of the following describes your feelings when you learned your child is
homosexual/bisexual? (check all that apply):

- fear (for yourself)
- fear (for yourself)
- understanding
- shame
- loneliness/isolation
- protectiveness
- anger
- confusion
- relief
- shock
- acceptance
- denial/disbelief
- guilt
- embarrassment
- grief
- other _____

17. At the time you learned of your child's homosexual/bisexual orientation, which of the following might have described your understanding of homosexuality/bisexuality? (check all that apply)
- Homosexuality/bisexuality is a choice.
 - Homosexuality/bisexuality is caused by dysfunctional family dynamics, e.g. domineering mother and distant father.
 - Homosexuality/bisexuality is genetically determined.
 - Homosexuality/bisexuality is immoral.
 - Homosexuality/bisexuality is unnatural.
 - Homosexuality/bisexuality is an illness, like alcoholism.
 - Homosexuality/bisexuality can be cured, i.e. homosexual people can be changed to heterosexual.
 - Homosexuality/bisexuality is natural for some people.
 - Homosexuality/bisexuality is a "defect," similar to a physical handicap, like blindness.
 - A homosexual/bisexual orientation is not sinful but homosexual genital behavior is.
 - Other _____
18. Before you learned of your child's homosexuality/bisexuality, did you personally know anyone else who was homosexual/bisexual? For example: a friend, neighbor, or co-worker? (circle) YES NO
19. Before you learned of your child's homosexuality/bisexuality, were you aware of anyone else in your immediate or extended family who was homosexual/bisexual? For example: brother/sister, cousin, aunt/uncle, grandparent. (circle) YES NO
20. Today, what are your greatest concerns about having a homosexual/bisexual child? (check all that apply)
- the prejudice of society
 - he/she will go to hell
 - he/she will live a lonely life
 - people will reject him/her

- he/she may lose his/her job
 - family reaction
 - he/she will never have children
 - AIDS
 - gay bashing
 - other _____
21. Have you told any of your friends that you have a homosexual/bisexual child?
(circle one)
Yes No
 22. Did you pass this study onto your child? (circle one)
Yes No
 23. Did you receive this study from your child? (circle one)
Yes No
 24. Please provide FIRST letter of your given first name, the LAST letter of your last name, the LAST three digits of your zip code, and the month of your birth, e.g. at456July. _____
 25. Please provide FIRST letter of your CHILD'S given first name, the LAST letter of your CHILD'S last name, the LAST three digits of your CHILD'S zip code, and the month of your CHILD'S birth, e.g. cg123October.

Note: These questions were taken from the Survey of Catholic Parents with Lesbian Daughters and Gay Sons (Lopata & Lopata, 2003) and served as a portion of the demographics questionnaire for the current study pertaining to parents of LGB children.

Appendix K

Informed Consent

TITLE: Association of Parental Support for a Lesbian, Gay, or Bisexual Romantic Relationship and Same-sex Romantic Relationship Satisfaction

RESEARCHER: Laura Obert

INSTITUTION: Auburn University

DEPARTMENT: Department of Special Education, Rehabilitation, and Counseling/School Psychology

A person who is to participate in research must give his or her informed consent to such participation, and research projects include only subjects who choose to take part. This consent must be based on an understanding of the nature and risks of the research, and this document provides information that is important for this understanding. Please take your time deciding whether or not you will participate. If you have questions at any time, please ask. You are invited to take part in a research study about relationship satisfaction. To do so, you must be in a romantic relationship with another person of the same sex as yourself, and be at least eighteen years of age or the legal age of majority in the state in which you live. The purpose of this study is to explore the associations parental support has on same-sex romantic relationship satisfaction. Based on the completion time of the included measures, your involvement in the study will last an estimated 15 to 25 minutes. Completing the survey that follows this form is all that is required. The survey includes questions compiled from several measures, and also a demographic questionnaire.

There is the possibility that some individuals might experience emotional discomfort or psychological fatigue during the survey, or once it has been completed. Because this study is an investigation of relationships, some of the questions to which you are asked to respond could be seen as private or sensitive in nature, and it is possible that you might feel vulnerable when answering them. While real, these risks are not viewed as being in excess of “minimal risk”. If you become upset by any questions, you may stop at any time, or choose to skip any question. Your participation is voluntary. You may choose not to participate or you may discontinue your participation at any time without penalty. Your decision about whether or not to participate will not affect your current or future relations with Auburn University.

You will incur no costs if you decide to participate in this research. Neither Auburn University nor the researcher is receiving payments from other agencies, organizations, or companies to conduct this research study. Even if you do not personally or immediately derive any benefits, we believe that the information you provide will contribute to the way that relationship satisfaction is investigated. Responding to the questionnaire may increase your sense of connectedness with your community, and could contribute to your sense of self-esteem.

Any information that is obtained in this study and that can be identified with you will remain confidential. Because there is no way to directly link you personally to your responses, there is no risk of your identity being discovered.

The primary researcher conducting this study is Laura Obert, a doctoral candidate in the Department of Special Education, Rehabilitation, and Counseling/School Psychology. She is advised by Dr. Annette Kluck. Questions, concerns, or complaints about the research may be addressed to lco0001@auburn.edu or ask0002@auburn.edu. If you have questions regarding your rights as a research participant, or if you have any concerns or complaints about the research, you may contact the Auburn University Institutional Review Board at (334) 844-4784.

Responses in the field below will indicate that this research study has been explained to you, that your questions have been answered, and that you agree to take part in this study.

*** To ensure your anonymity, instead of providing your name, please provide an electronic signature.**

1. Please provide FIRST letter of your given first name, the LAST letter of your last name, your gender, and the month of your birth, e.g. atfemaleJuly.

-AND-

2. Please provide FIRST letter of your PARENT'S given first name, the LAST letter of your PARENT'S last name, the gender of your PARENT, and the month of your PARENT'S birth, e.g. cgmaleOctober.

-OR-

3. Please provide FIRST letter of your CHILD'S given first name, the LAST letter of your CHILD'S last name, the gender of your CHILD, and the month of your CHILD'S birth, e.g. cgfemaleOctober.
