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A Mixed Methods Analysis of the Family Support Experiences of LGBTQ Latter-Day Saints

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A MIXED METHODS ANALYSIS OF THE FAMILY SUPPORT EXPERIENCES OF LGBTQ LATTER-DAY SAINTS

by

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Abstract

A burgeoning vein of research assesses links between familial support and psychosocial health among lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ) individuals. This study is a cross-sectional, multi-method survey that examined these associations in highly religious families. Participants were 587 individuals who identified as LGBTQ, were affiliated with the Church of Jesus Christ of Latter Day Saints (LDS), and were between the ages of 18 and 30. Reports of early support from families were significantly associated with various measures of psychosocial health, more consistently for men than women. In addition, participants provided written narratives in response to an open-ended question asking about the reactions of their parents, family members, and faith community when they disclosed their non-heterosexual orientation. Analyses yielded a continuum of reactions, 1) positive or affirming 2) a conditionally positive response 3) avoidance and/or lack of knowledge 4) distress and guilt and 5) anger or hostility. Within the non-affirming range of responses, subthemes emerged related to specific patterns of condemnation of the person's non-heterosexual identity, and coercion to change sexual orientation. Participants own words are used to provide depth to the observed themes.

A Mixed Methods Analysis of Family Support Experiences of LGBTQ Latter Day Saints

Support from family members is generally a strong indicator for psychosocial health outcomes (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010a). Family rejection is also a strong predictor of several negative outcomes, including depression, suicidality, illicit substance abuse, and risky sexual behavior (Ryan, Huebner, Diaz, & Sanchez, 2009). Specifically, there is a great need for research that assesses associations between religious families' support or rejection and the health of LGBTQ youth. LGBTQ individuals are, in general, at a higher risk for being rejected by their families than their heterosexual counterparts; LGBTQ individuals with high levels of family rejection are "8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to report illegal drug use, and 3.4 times more likely to report having engaged in unprotected sexual intercourse, compared with [LGBTQ] peers from families with no or low levels of family rejection" (Ryan et al., 2009, p. 349).

Meyer's (2013) minority stress model proposes four possible reasons why LGBTQ individuals experience greater levels of psychological distress compared to the general population; they include, a) overt prejudice, b) expectation and vigilance about discrimination, c) internalized stigma, and d) concealment of one's sexual orientation. The addition of increased levels of psychosocial stress caused by family problems creates a breeding ground for mental and psychological health problems. Learning about the experiences of LGBTQ individuals with regard to their family experiences is crucial for informing parents and clinicians about potential negative health outcomes for non-heterosexual youth.

The Landscape of Parental Attitudes Toward LGBTQ Children

A Massachusetts-based study assessed 177 individuals from the Massachusetts behavioral risk factor surveillance system and reported that roughly two thirds of gay and bisexual males (GB) and lesbian and bisexual females (LB) reported receiving adequate emotional and social support from the first parent to whom they disclosed their sexual orientation; the majority told their mothers first and a small minority (21%) told fathers first (Rothman, Sullivan, Keyes, & Boehmer, 2012). In addition, parents' rejecting responses were significantly associated with long-term health behavior and status, including illicit drug use, alcohol consumption, and depression. This is particularly poignant in populations where there is little support for the LGBTQ community.

Family support has been identified as a strong predictor not only of long-term health outcomes, but also self-acceptance in LGB youth. Mohr and Fassinger (2003) tested a model linking attachment variables with self-acceptance and self-disclosure of sexual orientation among 489 LGB adults. The model included four domains of variables: a) representations of childhood attachment experiences with parents, b) perceptions of parental support for sexual orientation, c) general working model of attachment, and d) LGB variables. Fathers' support was more closely associated with health variables than mothers' support, especially when the outcome variables were related to negative identity development and level of public 'outness.' Mohr and Fassinger hypothesized that fathers may be more likely to control the emotional climate of a family and essentially set the ceiling for levels of familial support. Ultimately though, it depends on the individual and his or her specific family situation. For this reason, the simple act of 'coming out' may be a poor indicator for a stress model, as opposed to actually looking at the context of the disclosure and the reactions of people to whom the disclosure was made (Rothman et al., 2012).

Conservative Religious Beliefs and Family Support

One factor that is commonly linked with the display of family support and/or rejection is religiosity. Not surprisingly, levels of parental support were lower for individuals who reported that their parents were involved with religious institutions whose doctrines viewed same-sex attraction as sinful or immoral (Mohr & Fassinger, 2003). For LGBTQ individuals who live in these condemning religious communities, there is no question that family contexts can be highly conflictual.

On general religiosity within a family, a 20-year longitudinal study of two generations of families demonstrated a positive, independent effect of religion, as religiosity was associated with more positive interactions between family members. Parental religiosity was positively related to children's own religiosity through adulthood; which in turn, predicted positive marital and parenting interactions as well as more positive interactions between family members (Spilman, Neppl, Donnellan, Schofield, & Conger, 2013). Not surprisingly though, if the religious institution is non-affirming, then LGBTQ individuals may experience conflict between their sexuality and family religion, creating internalized homophobia (Dehlin, Galliher, Bradshaw, & Crowell, in press). This is especially true if the individual was raised in a non-affirming, religiously conservative environment (Wagner, Serafini, Rabkin, Remien, & Williams, 1994).

Yakushko (2005) noted that there are four main possible reactions from religious institutions regarding homosexuality. The first is a rejecting-punitive view where both non-heterosexual orientations and relationships are considered immoral, and forbidden. Second, is the rejecting-non-punitive approach, where institutions reject same-sex relationships but accept non-heterosexual individuals (it is not a sin to be gay, but it is to act on it). The third response,

qualified acceptance, says that all forms of non-heterosexuality are accepted but that they are still seen as inferior to heterosexuality. And finally, full acceptance views non-heterosexuality as natural and equal to heterosexuality.

The Church of Jesus Christ of Latter Day Saints and Same-Sex Attraction

The church of Jesus Christ of latter day saints (LDS) is a Christian denomination that has historically characterized same-sex attraction as immoral and abhorrent. A number of recent studies have documented the identity development and mental health challenges of same-sex attracted individuals within the LDS context (K. A. Crowell, Galliher, Dehlin, & Bradshaw, 2014; Dehlin, Galliher, Bradshaw, & Crowell, 2014). Navigation of the intersection of sexual and religious identities is complex, especially when faith is deeply engrained into the family environment. LGBTQ members of the LDS church may find it especially difficult when exposed to frequent condemnatory messages from church leaders, such as the following quotes:

> Homosexuality is an ugly sin, repugnant to those who find no temptation in it, as well as to many past offenders who are seeking a way out of its clutches. It is embarrassing and unpleasant as a subject for discussion but because of its prevalence, [there is a] need to warn the uninitiated, and [a] desire to help those who may already be involved in it (Kimball, 1996, p. 78).
>
> Help them [individuals with same-sex attraction] to accept responsibility for their thoughts and feelings and to apply gospel principals that will enable them to change their behavior (Church of Jesus Christ of Latter Day Saints, 1992, p. 2).
>
> The lord condemns and forbids this practice [homosexuality] with a vigor equal to his condemnation of adultery and other such sex acts... The fact that some governments and some churches and numerous corrupted individuals have tried to reduce such behavior from criminal offense to personal privilege does not change the nature nor the seriousness of the practice... Christ's church denounces it and condemns it... This heinous homosexual sin is of the ages. Many cities and civilizations have gone out of existence because of it (Kimball, 1982, p. 181).

The role of religiosity within the family context adds additional psychological stress for LGBTQ-LDS individuals. Until recently, the LDS church would most certainly be classified into

the rejecting-punitive category of faith communities regarding homosexuality. In recent years, however, it should be noted that though LDS doctrine remains non-affirming towards LGBT individuals, it is evolving; currently the official position of the church reflects a rejecting-non-punitive approach towards the LGBTQ community, such that same-sex attraction itself is not considered sinful, but same-sex behavior is. A more recent quote from a church website dedicated to the topic states,

> The experience of same-sex attraction is a complex reality for many people. The attraction itself is not a sin, but acting on it is. Even though individuals do not choose to have such attractions, they do choose how to respond to them. With love and understanding, The Church reaches out to all God's children, including our gay and lesbian brothers and sisters (Church of Jesus Christ of Latter Day Saints, 2012).

Barnes and Meyer's (2012) assessed links between non-affirming religious institutions and internalized homophobia. In their study, 355 lesbian, gay, and bisexual individuals were recruited using community-based venue sampling and were given a questionnaire regarding religiosity and psychosocial health. Affiliation and participation with non-affirming religious settings was significantly associated with greater internalized homophobia. Internalized homophobia can take the form of guilt, shame, self-injury, aggressive denial, and other unconscious behaviors. It is important to recall that internalized homophobia is a characteristic of the interaction between a person and their environment, not an inherent trait. Barnes and Meyer effectively described the effects of being raised in a non-affirming religious community if you are LGBTQ, with obvious relevance within the LDS context.

> The causal relationship between religious affiliation and internalized homophobia begins early in life and is reiterated through continued participation in non-affirming religious settings throughout life. Children and youth are partly inducted into homophobic beliefs through places of worship at a time when they are most susceptible to internalizing such beliefs. The authority of the religious environment and the apparent concurrence of an entire community gives such early socialization a special force. LGB persons raised in

> non-affirming religious environments may become inured to their homophobic messages. Such acquired homophobic beliefs are internalized and are difficult to shake off when individuals begin to see themselves as LGB persons (Barnes & Meyer, 2012).

While the LDS church has shifted its stance over the years, it still condemns same-sex relationships. While everyone within the church is held to the same standard regarding sexual conduct outside of marriage; heterosexual members are afforded the privilege of dating and showing affection within a committed relationship while LGBTQ individuals are highly stigmatized for doing the same. With regard to dealing with homosexuality, historically, church supported options for same-sex attracted (SSA) individuals included heterosexual marriages, which have very high divorce rates, or celibacy, which has been associated with extremely low scores on measures of quality of life, and is especially difficult in a church that places high emphasis on family and eternal relationships (Dehlin, Galliher, Bradshaw, Hyde, & Crowell, 2014). In the past, the church also supported sexual reorientation therapy (reparative therapy) as well as aversion therapy (including electroshock therapy) to treat homosexuality in its attendees at Brigham Young University, the flagship LDS university (Grigoriou, 2010). While these recommendations are not the official stance of the LDS church today, advice to enter into heterosexual marriages or engage in reparative therapy are still widely reported (Dehlin, Galliher, Bradshaw, Hyde, et al., 2014).

Research Questions

With family support or rejection and non-affirming religion strongly affecting the health outcomes of LGB individuals, it is important to delve deeper. Using both survey responses and written narratives from current and former LDS participants, we asked the following questions. 1) What are the levels of family support vs. rejection recalled by LGBTQ Latter Day Saints? 2) How is family support for sexual diversity related to psychosocial health and identity

development outcomes for LGBTQ Latter Day Saints? 3) How do LGBTQ Latter Day Saints describe their coming out experiences, and the reactions of family members to their non-heterosexual identities?

Methods

Participants

Participants were drawn from a larger study of sexual identity development, psychosocial health, and religious experiences among 1,612 current or former LDS church members who identified as LGBTQ or same-sex attracted. The inclusion criteria for the larger study was: a) be at least 18 years of age or older, b) have experienced same-sex attraction (SSA) at some point in their life, c) have been baptized a member of the LDS church, and d) have completed at least a majority of survey items. For additional details on the procedures and sample for the larger study see Dehlin, et al., (2014). Participants completed an online survey and were recruited through various methods including listservs, newspapers, social media, and word-of-mouth. The survey had both quantitative questions and open-ended, qualitative questions. As an additional inclusion criterion for this study, only participants between the ages of 18 and 30 years were selected, so that our analysis of the coming out experience in family contexts represented more recent experiences. This study also narrowed the participants by excluding participants who reported that they identified as heterosexual. This narrowed the sample size to 587 participants.

Participants were recruited from 41 states and 13 different countries; 428 identified as male, and 157 identified as female. The average age of the participants was 24.9 (SD = 2.25). Participants were encouraged to check all race/ethnicity categories that applied to them. Approximately 95.57% of the sample checked that their race/ethnicity was White/European American, Latino/Latina (5.45%), Asian (2.21%), Native American (1.70%), Pacific Islander

(1.19%), Black/African American (0.68%), and Middle Eastern (0.34%). Participants also selected descriptions of their community of origin: suburban (60.3%), rural (23.2%), urban (14.1%), and other (3.62%).

The majority of the participants in the sample identified as gay or lesbian (76.15%). Other self-identification categories included: bisexual (15.16%), queer (2.73%), pansexual (1.36%), and asexual (0.68%). Participants had the option of selecting "other" and writing in a self-identification label, which included same-sex attracted, bi-curious, flexi-sexual, transitioning, or no label. The average age of first disclosure of non-heterosexual orientation was 18.97 (SD = 3.50). The majority of the sample (50.6%) was currently choosing to attend the LDS church most frequently at the time the survey was taken. Other current religious self-descriptions were atheist (8.35%) and agnostic (7.33%), Unitarian Universalist (1.36%), and Buddhist (1.19%). Twenty-two percent of the sample left the question blank and 5.45% chose the option "none."

Measures

Quality of Life Scale (QOLS). The QOLS (Burckhardt, Woods, Schultz, & Ziebarth, 1989) assesses satisfaction across a broad range of daily activities and aspects of personal and professional life, including relationships, work, leisure activities, and material comforts. One total score is calculated as the sum across 16 items, rated on a scale from 1 to 7. The QOLS has demonstrated good reliability with alphas ranging from .82 - .92 (Burckhardt et al., 1989), and strong positive correlations with life satisfaction and psychosocial health. For this sample the alpha was .89

Positive Aspects of Non-heterosexuality Questionnaire (PANQ). Based on results from Riggle, Whitman, Olson, Rostosky, and Strong's (2008) qualitative study examining the

positive aspects of being lesbian or gay, six quantitative items as well as one open-ended response item, were developed for the current study to evaluate the socio-emotional benefits or positive aspects of being same-sex attracted. Sample items include "My same-sex attraction has provided me with an opportunity to live a more honest and authentic life" and "People seem to feel especially comfortable with, and often open up to me about personal issues as a result of my status as a sexual minority." Exploratory and confirmatory factor analyses with the larger sample from which this study was drawn indicated that the construct of positive non-heterosexual identification was coherent and meaningful, as well as significantly associated with mental health and minority stress outcomes in theoretically consistent ways (K. Crowell, 2014). Cronbach's alpha for this particular sample was .78

Lesbian, Gay, Bisexual Identity Scale. The LGBIS (Mohr & Fassinger, 2000) is a 27-item measure that assesses six dimensions of lesbian, gay, and bisexual identity including, internalized homo-negativity/bi-negativity, need for privacy or concealment, need for acceptance, identity confusion, difficult process (difficulty in coming to terms with and disclosing sexual identity or orientation), and superiority (prejudice against heterosexual individuals). For this study, only the subscales 'internalized homophobia' (alpha = .91) and 'need for acceptance' (alpha = .80) were used.

Counseling Center Assessment of Psychological Symptoms (CCAPS-34). The CCAPS-34 (Center for the Study of Collegiate Mental Health, 2010) is an abbreviated version of the CCAPS-62, both of which have become widely researched and implemented assessments used at college counseling centers to evaluate psychological symptoms among college students. Items are scored on a 5-point scale (0=Not at all like me, and 5=Extremely like me). Negative items are reverse scored such that higher scores indicate more severe symptoms. The seven sub-

scales are calculated by averaging the items included on each subscale (Depression, Eating Concerns, Alcohol Use, Generalized Anxiety, Hostility, Social Anxiety, and Academic Distress). The CCAPS-34 demonstrates test-retest reliability between .71 (Academic Distress) to .84 (Eating Concerns). For the current study the subscales depression (alpha = .89), anxiety (alpha = .85), social anxiety (alpha = .81), and hostility (alpha = .85) were used.

Family support and family reactions. One open ended question asked participants: "If applicable, please describe the reactions of your parents, family members, church leaders, or ward members when you told them about your same-sex attractions/came out." The first and second author then used thematic, hierarchical coding procedures to independently generate themes and subthemes found across the written responses. Final themes were determined through discussion to consensus.

Procedures

Potential participants were recruited through announcements sent out to listservs, serving LGBTQ or same-sex attracted LDS members, newspaper coverage distributed across the U.S. and internationally, postings on relevant blogs and websites, and word-of-mouth. Care was taken to ensure that recruitment materials were distributed to individuals with a range of current relationships to the LDS church (from active and faithful to disengaged or unaffiliated). Additional detail about the recruitment methods was reported by Dehlin et al., (2014). Participants followed a link to a letter of information, followed by the online survey. Survey completion took approximately one hour for most participants, although many participants took the opportunity to write extensively in response to open-ended prompts, which significantly increased participation time for some.

Results

Quantitative Analyses: Family Support and Psychosocial Health

Average scores for family support were below the midpoint of the scales with regard to general support towards the LGBTQ community and specific support for the individual participants (Table 1). Although participants reported relatively low support from their families for diversity in general and an even lower average support from their families for their own non-heterosexual identities, quality of life scores were roughly normally distributed around the midpoint of the scale and symptoms of psychosocial distress were relatively low on average in this sample. Participants also reported minority stress scores (internalized homophobia and need for acceptance) scores well below the midpoint of the scales, on average, and the participants tended to see many benefits associated with a non-heterosexual identity.

Table 2 presents correlations between the family support variables and the measures of psychosocial health. As a general rule, family support was more consistently, significantly related to psychosocial health for males than females. For women, support for sexual diversity in general was linked to depression and PANQ scores, but none of the identity development or psychological health variables were significantly associated with individual experiences of family support. For men, however, depression, social anxiety, and quality of life scores were significantly correlated with family support. Family support for sexual diversity, in general, was also consistently linked to the sexual identity variables (PANQ, Internalized Homophobia, and Need for Acceptance).

Analysis of Written Descriptions of Family Reactions

Continuum of Family Responses

Responses to the open-ended question regarding family reactions to coming out were analyzed to assess common themes and sub-themes. Of the 587 participants, 523 wrote a response and of those, 378 provided a specific response related to family support or rejection. Response length ranged from 6 words to 2,330 words. The first and second authors coded the data for qualitative thematic content using a hierarchical coding technique (Glesne, 2006), identifying emerging themes and subthemes via multiple readings of the data; the first and second authors each read the responses independently and then held multiple meetings to analyze the data, discuss emerging themes, and engage in reflection. Five primary themes emerged, falling along a continuum from extremely negative and hostile reactions to unconditionally affirming reactions. See Figure 1 for a graphic display of the continuum of themes as well as quotes from the participants. In this sample, we note that the continuum was quite fluid, in that parents moved in either more condemning or more affirming directions over time. Thus, themes are not necessarily mutually exclusive across families and parents often fell into more than one category over time. Because of the fluid nature of the themes it was difficult to gauge the percentage of parents that fell into each theme.

Hostility. Of the four themes that fell on the condemning end of the spectrum, extreme hostility was not particularly common. Thus, while hostility seemed to be the least prevalent among the four non-affirming responses, its toxic nature is evident in participant responses. A small number of participants reported acts of violence. However, the responses in this category were more commonly acts of rejection, ostracization, and emotional or verbal abuse. Respondents were met with severe dismissal, hostility, and anger. Specific descriptions ranged

from, "my father became very physically abusive toward me and often provoked fights regarding the issue…" to "[I] was told by my father that me being gay invalidated all the work he's ever done in his life, was told he would rather die than have a gay person for a son." It was not uncommon for the children to leave home or be kicked out for a period of time due to the conflict. This quote from a 29 year old, bi-sexual female helps to illustrate the frightening reality of having parents who fall primarily into a hostile theme:

> At age 23, when I told my parents about my first (and since, only) same-sex relationship (with my partner of 6 years now), they yelled and screamed and my mother threatened to kill me. She left threatening voicemail messages for several days in a row, telling me not to notify the police, that she was flying to NYC to find me. To warn my girlfriend, etc. My dad, in the initial conversation said rude things of a sexual nature, ridiculing same-sex female acts and saying that he knew I was evil because I had moved to NYC at age 18, attended a liberal arts school, studied feminism, listened to music by LGBT artists and had a boyfriend (at age 20) whose apartment I stayed at, at night.

Another participant, a 29-year-old, agnostic man described a car accident he was in, and his mother's response, "maybe it would have been better if Heavenly Father had taken you, instead of leaving you here to be—she couldn't say 'gay,' but I knew that's what she meant. In essence, I was better off dead, and for a long time I believed her." A young man's bishop went as far as to say that, "even if scientists could prove I was born [that] way, they've also proven that some children are born addicted to crack, but it's still not acceptable to act on the inclinations."

Conscious-stricken. Parents who fell primarily into the conscious-stricken category placed blame on themselves, and experienced guilt and shame over their son or daughter's non-heterosexual orientation. The strong internalization of blame created feelings of remorse, distress, and sadness. Parents often asked what they did wrong while raising their child. Responses in this theme ranged from, "they began to question their parenting skills, and wondered if I could change my orientation…" to "my mom later told me that when I told her [I

was gay] she wanted to kill herself." A 25-year-old, currently LDS gay man spoke about his parent's reaction. "They were really sad at first, didn't understand how this could have happened to their perfect son. They also questioned their parenting, wondering where they went wrong. As time went on they put me in counseling, and hoped that I could change." A persistent worry about not being together as a family in the afterlife was also evident, and it seemed as if parents were more worried about the ramifications of their children leaving the church than their sexual orientation. This can be seen in the following quotes. "My mother cried a lot and told me that I would not be in heaven with the family," and "she said she was worried for my soul."

Avoidance and unfamiliarity. Participants whose family members fell into this theme reported that their family members (primarily parents) distanced themselves from their child or refused to talk about the subject altogether. There was a strongly held belief throughout all four non-affirming themes that it is possible to change one's sexual orientation; however the belief in sexual orientation change was the most evident within this theme. Participants in this category described their families as having very limited knowledge about sexual orientation and gender identity, which led to embracing myths regarding the LGBTQ community. Unlike the conscious-stricken theme, where parents tended to place blame on themselves, it was common in this theme for parents to place blame outside of themselves, on the child or someone else. Alternatively, parents often placed blame, or believed that the cause was linked to some childhood trauma or sexual abuse.

Participant responses included, "[my dad] ignores and pretends I never came out." As well as, "[they] distanced themselves from knowing what's going on in my life." The following quotes help illustrate the misinformation within this theme; "my mother thought I would die of

AIDS and wear a feather boa." and "don't you know they recruit people?" A 27-year-old gay man spoke to how his parents' reactions affected him.

> My father refused to speak to me, even as I told him I was suicidal because of their un-acceptance of me. My mother decided I have no right to be married, and tells me I am now "a man without a religion" and "a natural man". Which in essence, they think I'm an enemy to God. I cannot bear to be around them anymore.

Conditionally positive. Statements within this theme often included "if, then" sentiments. Parents often conveyed their love and support for their child, only to follow it up with some kind of conditional statement such as: if you don't act on it, if you don't talk about it, or if you try to change it. In general, if the conditions were met then positive affirmation was given to a point. Once it was evident that the conditions would not be met any longer, parents often moved to one of the less affirming themes. Examples of common responses within the conditionally positive theme include "[My] family was very loving, but insisted on helping me change" and "told me that they will always love me… they also made it very clear that I cannot act on my homosexuality, for it's a sin…" One respondent describes how his parents were only conditionally supportive. "My parents were supportive so long as I was 'same-gender attracted' and active in the church. As soon as I identified as gay they were much more hostile towards me and ceased being supportive for several years."

Positive affirmation. The presence of unconditional and unwavering positive affirmation for this sample tended to be relatively rare. Because of the dichotomous nature of this theme compared to the four non-affirming themes it was possible to assess a percentage for participants that reported that their parents fell within this theme. Of the 378 responses, only 38; 10.1% were unconditionally affirming. These included responses with no connotations of negativity or conditional requests. Interestingly, most respondents who reported affirming family reactions

also described a sense of surprise, and respondents often made a point of mentioning it when it did happened. Participants indicated that family members who fell into this category likely had more contact with the LGBTQ community than family members in the other themes, either through exposure, service, or personal experience. Responses within this theme included things such as, "my family was very supportive and handled it much better than I anticipated" and "my parents were so loving and assured me that I was okay and that they loved me no matter what the world tells me. It was so amazing to feel so much love." When parents fell into this theme, the respondent's answers tended to be shorter, relative to the more negative and condemning responses.

Subthemes within the Range of Non-affirming Themes

Within the context of the four non-affirming themes, three subthemes emerged that provided context and depth to family members' reactions. Given the population, a strong religious influence was present across all themes. Embracing of myths was common among the themes and change over time was also strongly evident.

Religious influence. The influence of religion was seen in all five of the main themes. However, this subtheme was demonstrated substantially differently between the positive affirmation theme and the four less affirming themes. For the less affirming themes, the religious influence most commonly took the form of a strong worry about family connectedness in the afterlife. Families were quick to associate a non-heterosexual identity with distance from the church and often worried more about the child leaving the church than about their child being non-heterosexual. Participants described a strong emphasis on family when you grow up in the LDS church, which makes it difficult if your family is highly rejecting after you come out because that support system and community is suddenly gone. Interestingly, the majority of the

non-affirming rejections were essentially, completely religiously based, in the sense that being non-heterosexual meant being immoral, sinful, blasphemous, unrighteous, or ungodly. A twenty-three year-old, LDS, gay male best describes the religious undertones throughout most of the themes. "My parents showed their love and tolerance for me, but it has been hard for them to really support my decision to come out. To them, I'm choosing my orientation, and that also means that I will be left out of their eternal exaltation as a family."

Embracing myth. Myths regarding the LGBTQ community were frequently embraced throughout the four less affirming themes. The positive affirmation theme saw very little, if any, embracing of myth. Commonly seen myths regarding sexual orientation and gender identity were 1) there must have been some kind of sexual abuse or trauma as a child that caused the non-heterosexual orientation, 2) having an overbearing mother and distant father was the cause of their child's non-heterosexual identity, 3) participants' sexual orientation or gender identity was a phase, a choice, or a rebellious act, 4) a non-heterosexual identity can be changed through reparative therapy and, 5) if you have a non-heterosexual identity, you will contract HIV/AIDS or sexually transmitted infections. This last myth was commonly held and participants reported that parents often linked this with the belief that LGBTQ individuals are promiscuous. The idea that LGBTQ individuals are dangerous in nature or that they should not be left alone with children was also seen in some of the responses. Family members were sometimes confused about the distinction between sexual orientation and gender identity; and often parents blended the two together.

Change over time. Another observation across responses was that there was change over time with regard to how the parents felt about their child's sexual orientation or gender identity. Some participants took the survey after only recently coming out to their parents while some

took the survey several years after they had come out to their parents. For the latter participants, it allowed them to speak about how their parent's views and beliefs have changed. The most common pattern seen was that change over time was reported for the majority of family members toward the more positive end of the spectrum and in the long-run families became more affirming toward their LGBTQ child. For the participants who had just recently come out to their parents, several had the positive outlook that they felt as though their parents would become more supportive in time. One participant speaks to that change, "as the years have gone on, they've learned to cope, to not question their parenting, and have learned they can't change me, rather just love me and support me." As parent's reached a state of positive affirmation they tended to stay there. Very little movement, if any, was seen in the opposite direction. However, one common pattern with change in time toward the negative end of the spectrum was seen particularly in the conditional affirmation theme. This occurred when families were positive in the beginning but placed stipulations on the child to try to change, remain celibate, or hide it from siblings and extended family. When these stipulations were not met, either because the child decided to accept their identity, publicly come out, or enter into a same-sex relationship, then families moved towards the less affirming end of the spectrum. However, based on the patterns that were reported, it would make sense that after moving towards the less affirming end of the spectrum, parents would gradually move back towards the more affirming end of the spectrum.

Discussion

The purpose of this study was to evaluate the patterns of family support and rejection in a large sample of LGBTQ Latter Day Saint young adults. Quantitative analysis indicated that family support was generally low for participants in the sample. Links between psychosocial

health and both family acceptance of the individual and family acceptance of the LGBTQ community in general were more likely to be statistically significant for men than women. Analysis of open-ended responses describing family reactions to coming out provided further depth and richness to the assessment of family relations. A continuum of five styles of response emerged, ranging from intensely rejecting to unconditionally affirming. Three sub-themes emerged that were primarily seen within the four less affirming themes; these sub-themes help shed light on the reasoning underlying the less affirming reactions.

A Portrait of Family Support/Rejection

On average, participants reported quite low levels of family support for diversity, and particularly low scores for individual support for the participants. On the one hand, the lack of acceptance is not surprising in a cultural context with such a widely publicized and condemnatory stance toward same-sex attraction and relationships. However, the fact that so many participants described their families as extremely closed and non-supportive has very troubling implications for identity development and psychosocial functioning. These findings are additionally compelling given the breadth and diversity in this sample with regard to participants' current affiliation with the church. This was not a sample of disaffiliated and disillusioned former-LDS participants – the majority continued to affiliate with the LDS church and only a very small portion of the larger sample reported feelings of hostility or alienation from the LDS church (Dehlin, Galliher, Bradshaw, Hyde, et al., 2014).

Analysis of the written narratives concurred with the quantitative results, in that only a very small proportion of families were described and unconditionally and unwaveringly supportive. Most families fell into at least one, if not more than one of the four less affirming styles of reaction. Prior research on family reactions has shown that roughly 50% of mothers and

25% of fathers, with an average between the two of around 37.5%, are completely accepting at first of their LGBTQ child (D'Augelli, Hershberger, & Pilkington, 1998; Ryan et al., 2009; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010b). While this number is low, it is still 27.5% higher than our sample; a finding that given the conservative, religious nature of our population, is not surprising.

Change over time. We observed a fluid, non-mutually exclusive pattern of familial responses, as participants described their experiences over time. Participants commonly reported that they felt that their parents would eventually, or were already moving through the continuum towards a more accepting stance. The continuum of themes regarding coming out reactions we found are similar to themes that have been identified in prior research on LGBTQ family interactions. However, this prior research gave little leeway to the parents with regards to their changes in attitude and fluctuations through grief or the acceptance process by using a mutually exclusive, quantitative system to categorize coming out reactions (D'Augelli et al., 1998). An advantage of studying family acceptance from a narrative standpoint is that participants can identify for themselves the important features of change and stability over time. Research by Broad (2011) looked at PFLAG (parents, family and friends of lesbians and gays) support groups and found that when children come out, their parents go through a grieving process for the child that they thought they had. Parents suddenly have to give up on any dreams or aspirations that they may have had for their child. This grieving, like acceptance is a naturally fluid process and may underlie the fluid nature of the themes we observed in our sample.

For this population particularly, the influence of religion on this grieving process plays an interesting role. In many contexts, religion can be a positive and comforting role during times of grief and bereavement. However, research by Lee, Roberts, and Gibbons (2013) has shown that

negative religious coping has a maladaptive role in predicting poor emotional regulation when coping or grieving. Negative religious coping can intensify feelings of grief and include reframing events as a punishment or abandonment from God, confusion about one's relationship with God, and could even possibly be caused by the act of worrying about an LGBTQ child's place in the afterlife or their status in the church. With regard to religion, parents tended to worry more about the child's status within the church, as well as their place in the afterlife more than the needs and concerns of the child during the present moment of the child's disclosure. The vast majority of the negative or rejecting reactions from parents were religiously based; the challenge of negotiating a positive non-heterosexual identity within the context of strongly held and widely supported (within the family and community) conservative religious beliefs is evident (Dehlin et al., in press).

Embracing myth. The embracing of myth regarding the LGBTQ community was incredibly strong in this sample. Participants reported that parents often associated non-heterosexuality with several negative stereotypes, including a history of abuse or trauma as a causal factor, LGBTQ people having a psychologically unstable nature, and that sexual orientation is a choice. Coercion from parents to change sexual orientation was commonly seen throughout all of the less affirming themes. The most common methods suggested to change sexual orientation were either through spiritual righteousness (i.e., prayer, scripture study, church study, fasting, etc.) or reparative therapy (conversion therapy). Many in our sample received advice to change their orientation from the first person to whom they disclosed their orientation, which was often their bishop (religious leader). Further research should look at the role of the bishop as the person of first disclosure and the effect that they might have as a primary caregiver.

Bishops quite frequently gave advice to participants regarding what to do about their sexual orientation that participants ultimately judged to be harmful or inaccurate.

From a clinical standpoint, it is striking that so much myth is being embraced that is inconsistent with the research literature and current standards of care with LGBTQ therapy clients. The wide acceptance of common myths supports the idea that non-affirming behavior may be partially linked with inaccurate information regarding the LGBTQ community. Clinicians and policy makers should properly educate clients within this specific community; the general education regarding sexual orientation and gender identity may help alleviate embracing myth, which in turn, could foster positive affirmation and acceptance.

Family Support and Psychosocial Health

Correlational analyses assessing links between psychosocial health and family support yielded different patterns of correlation for men and women, such that only a small number of small significant correlations emerged between psychosocial health and general support for diversity for women, while many significant (although still small) correlations emerged for men. These differences might be understood in the context of gender role socialization. Women may be afforded greater flexibility with regard to gender expression and sexual or romantic attractions to the same sex in broader society (e.g., Diamond, 2008), and may thus be less dependent than men on a supportive family environment to act as a buffer against the effects of homophobia and stereotyping. The gender difference may also be associated with the doctrine of the LDS culture. The length of the responses suggests that answering the question was almost cathartic for some people.

Interestingly, the psychosocial health of the participants was linked more consistently with the family's support for gender and sexual diversity in general rather than the family's

support for their own child. Age of first disclosure was late adolescence; thus, participants had been steeped in the general family environment related to sexual diversity for many, many years before they had an opportunity to experience a specific reaction from the family toward their own orientations. The daily messages of either condemnation or support received over the course of childhood would understandably be more influential with regard to the development of identity related beliefs, as children would automatically internalize those messages as they begin to recognize their own non-heterosexuality.

Summary and Limitations

The major findings from the study were the identification of five themes with regard to parental reactions to coming out, as well as three sub-themes. The majority of parents fell within a predominately negative theme and the majority of these negative reactions were religiously based. A large number of individuals expressed that they received some form of pressure to change or hide their sexual orientation and parents' views regarding their child's sexual orientation tended to shift towards a more positive form of affirmation over time.

Using convenience sampling has limited the generalizability of the results to predominately younger, White, males; although, some may argue that this characterizes a representative sample within the LDS church as it is primarily governed by White males. The prevalence of participants that are male speaks to the patriarchal nature of the church as a whole.

It is possible that results could be generalized to LGBTQ individuals in other conservative, Christian denominations that tend to be less affirming, but not be generalizable to more affirming religious institutions such as Episcopalian, Unitarian Universalist, and Buddhist. Interestingly, these institutions were the most commonly reported by our participants after LDS. Roughly 50% of our sample was currently attending the LDS church frequently. There have been

criticisms that the sample is made up mostly of individuals who have left the church and are now hostile towards it. However, because of the distressing, stigmatizing and controversial nature of being both LDS and LGBTQ, it is understood that the sample equally represents individuals who are both devout and disaffected; current and former LDS members (Dehlin, Galliher, Bradshaw, Hyde, et al., 2014).

When a child comes out, parents have to take their very strongly held religious beliefs that are strongly engrained within the family environment and potentially pit them against their child; a process that can be extremely volatile. Further research is needed to look into this process and to better understand the changes that occur to parent's religious beliefs and views on homosexuality when a child comes out. Further research needs to focus on which variables may possibly help to foster acceptance of LGBTQ children within the LDS context. Knowing of the increased risk factors for LGBTQ-LDS children and the reaction themes of their parents could lead to having several positive applications for clinical work. Continued research needs to be conducted as the LDS church continues to change and evolve with regards to its views on homosexuality and LGBTQ individuals within the church.

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Table 1. Means and Standard Deviations for All Study Variables.

	Females		Males	
	Mean	Standard Deviation	Mean	Standard Deviation
Family Support (Possible range 0 – 5)				
Family Support for Diversity	1.67	1.46	2.33	1.65
Family Support for Participant	0.93	1.29	1.17	1.47
Psychosocial Health				
Depression (Range 0 - 4)	2.19	1.06	2.13	.98
Anxiety (Range 0 - 4)	2.46	1.03	2.21	.95
Social Anxiety (Range 0 - 4)	2.51	.99	2.42	.94
Hostility (Range 0 - 4)	1.69	.77	1.63	.72
Quality of Life (Range 47 – 110)	81.59	13.01	82.03	14.23
Sexual orientation development and attitudes				
Positive Aspects of Non-heterosexuality (Range 6 – 24)	18.14	3.67	18.12	6.11
Internalized Homophobia (Range 1-7)	2.44	1.44	3.01	1.78
Need for Acceptance (Range 1-7)	3.21	1.28	3.42	1.38

Table 2. Correlations between Psychosocial Health Indicators and Family Support.

	Females		Males	
	How supportive are your parents and family toward sexual and gender diversity in general?	How supportive is (or was it growing up) to be LGBTQ in your family?	How supportive are your parents and family toward sexual and gender diversity in general?	How supportive is (or was it growing up) to be LGBTQ in your family?
Psychosocial Health and Identity Development				
Depression	-.171*	-.097	-.195**	-.113*
Anxiety	-.042	-.039	-.070	-.077
Social Anxiety	-.101	-.082	-.139**	-.157**
Hostility	-.119	-.124	-.055	-.037
Quality of Life	.143	.015	.210**	.115*
Positive Aspects of Non-heterosexuality	.196*	.123	.211**	.064
Internalized Homophobia	-.045	.026	-.176**	-.057
Need for Acceptance	.019	.015	-.238**	-.198**

Note: * $p < .05$; ** $p < .01$

Figure 1. Continuum of Parental Reaction Themes.