The Heterosexual Mother-Lesbian Daughter Relationship: Using Consensual Qualitative Research (CQR) to Understand Perceptions among Predominately White, Formally Educated Mothers

Julie Meredith Davis

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STAND PERCEPTIONS AMONG PREDOMINATELY WHITE,
FORMALLY EDUCATED MOTHERS

by

Julie Meredith Davis

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Advisor: James Croteau, Ph.D.

Western Michigan University
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THE HETEROSEXUAL MOTHER-LESBIAN DAUGHTER RELATIONSHIP: USING CONSENSUAL QUALITATIVE RESEARCH (CQR) TO UNDERSTAND PERCEPTIONS AMONG PREDOMINATELY WHITE, FORMALLY EDUCATED MOTHERS

Julie Meredith Davis, Ph.D.

Western Michigan University, 2009

Little research specifically addresses the heterosexual mother-lesbian daughter relationship. Given this, a core research team of six utilized a Consensual Qualitative Research (CQR) approach to gain insight into two broad ideas. The first broad idea was about how heterosexual mothers perceive that their relationship with their lesbian daughters unfolds after the mothers accepted their daughters' minority sexual orientation. The second broad idea was how changes in the heterosexual mothers' values, beliefs, and attitudes (from the mothers' perspectives) influenced their post-acceptance relationship with their daughters. The 10 women who agreed to participate in the study were predominately white, formally well-educated, psychologically sophisticated, self-identified accepting heterosexual mothers. Eight of the participants were recruited from Parents, Family, and Friends of Lesbian and Gays (P-FLAG) chapters in parts of the Great Lakes Midwest region of the United States, while two participants were recruited through snowball sampling. Each heterosexual mother participated in one 90-minute semi-structured interview.
Data from the interviews were analyzed utilizing the CQR process. The major findings from the study that are addressed include: (a) specifics of the post acceptance relationship that ensued between these women and their lesbian daughters; (b) the fit of Miller, Jordan, Stiver, Kaplan and Surrey's (1997) Relational Cultural Theory to these women’s experience of sharing a growth fostering relationship with their daughters post acceptance; and (c) an exploration of the personal growth mothers experienced as a result of learning they had a daughter who identified as lesbian. A critique of the study and suggestions for future research are proffered.
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<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. LITERATURE REVIEW</td>
<td>1</td>
</tr>
<tr>
<td>Relational Cultural Theory</td>
<td>4</td>
</tr>
<tr>
<td>The Mother-Daughter Relationship</td>
<td>10</td>
</tr>
<tr>
<td>Western Societal Views about Minority Sexual Orientation</td>
<td>17</td>
</tr>
<tr>
<td>Parents Experiences of Learning Child Identifies as LG</td>
<td>21</td>
</tr>
<tr>
<td>Parental Process of Moving toward Acceptance of LG Child</td>
<td>32</td>
</tr>
<tr>
<td>Importance of Study</td>
<td>48</td>
</tr>
<tr>
<td>II. METHODS</td>
<td>49</td>
</tr>
<tr>
<td>Research Questions</td>
<td>50</td>
</tr>
<tr>
<td>Qualitative Method</td>
<td>50</td>
</tr>
<tr>
<td>Consensual Qualitative Research (CQR)</td>
<td>56</td>
</tr>
<tr>
<td>Dissertation Research Design as CQR</td>
<td>60</td>
</tr>
<tr>
<td>III. RESULTS</td>
<td>98</td>
</tr>
<tr>
<td>Descriptive Information</td>
<td>100</td>
</tr>
<tr>
<td>General Information Contained in Results</td>
<td>106</td>
</tr>
<tr>
<td>Analysis of Heterosexual Mothers’ Responses to Broad Topic Areas</td>
<td>109</td>
</tr>
<tr>
<td>Section</td>
<td>Page</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>CHAPTER</td>
<td></td>
</tr>
<tr>
<td>IV. DISCUSSION</td>
<td>200</td>
</tr>
<tr>
<td>Composite Case Narrative</td>
<td>201</td>
</tr>
<tr>
<td>Key Findings that Emerged in Composite Case Narrative</td>
<td>212</td>
</tr>
<tr>
<td>Critique of Study</td>
<td>234</td>
</tr>
<tr>
<td>APPENDICES</td>
<td></td>
</tr>
<tr>
<td>A. Brief Autobiography of Research Team Members</td>
<td>244</td>
</tr>
<tr>
<td>B. Demographic Questionnaire</td>
<td>250</td>
</tr>
<tr>
<td>C. Interview Protocol</td>
<td>253</td>
</tr>
<tr>
<td>D. Recruitment Flyer</td>
<td>258</td>
</tr>
<tr>
<td>E. HSIRB Approval</td>
<td>260</td>
</tr>
<tr>
<td>F. Letter of Introduction to P-FLAG Chapters</td>
<td>262</td>
</tr>
<tr>
<td>G. P-FLAG Presentation Outline</td>
<td>264</td>
</tr>
<tr>
<td>H. Script for P-FLAG Members</td>
<td>267</td>
</tr>
<tr>
<td>I. Information Packet Letter</td>
<td>269</td>
</tr>
<tr>
<td>J. Consent Document</td>
<td>271</td>
</tr>
<tr>
<td>K. Participant Contact Information Sheet</td>
<td>274</td>
</tr>
<tr>
<td>L. Prescreening Phone Protocol</td>
<td>276</td>
</tr>
<tr>
<td>M. Questions for Participants</td>
<td>278</td>
</tr>
<tr>
<td>N. CQR Flow Chart</td>
<td>280</td>
</tr>
<tr>
<td>O. Initial Start List of Domains</td>
<td>286</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>288</td>
</tr>
</tbody>
</table>
LIST OF TABLES

1. Heterosexual Mothers’ Demographic Characteristics .......................103
2. Broad Topic Area 1: Mother-Daughter Perceived Relational Dynamics
   –Pre Acceptance ...........................................................................111
3. Broad Topic Area 2: Mothers’ Processes of Accepting Daughters’
   Sexual Orientation ........................................................................131
4. Broad Topic Area 3: Mothers’ Shift about Minority Sexual Orientation 166
5. Broad Topic Area 4: Mother-Daughter Relationship Post-Acceptance...181
6. Broad Topic Area 5: Mothers’ Ideas about Sexual Orientation Post-
   Acceptance ....................................................................................188
7. Broad Topic Area 6: Adult Daughter-Mother Relationship Post-
   Acceptance ....................................................................................192
CHAPTER I
LITERATURE REVIEW

Anecdotal writers, theoretical scholars, and numerous researchers have found support for the notion that the cultural climate in America is laden with homophobia and heterosexism (e.g., Eliason, 1996; Ellis, Kitzinger, & Wilkinson, 2002; English, 1996; Fairchild & Hayward, 1998; Johns & Probst, 2004; Sophie, 1987). These negative societal attitudes remain pertinent today despite the fact that scholars have asserted that many in society have begun, in the past two decades, to recognize that minority sexual orientations are a natural, healthy, and appropriate expression of sexual orientation (Alexander, 2000; Altemeyer, 2001). According to Savin-Williams (1989a, 1989b, 1998a, 1998b, 2001), the rampant homophobia and heterosexism in America makes our lesbian and gay youths’ decision to disclose their minority sexual orientation to their parents one of the most difficult developmental milestones these youth face. Because we live in such a heterosexist/homophobic society, it is not surprising that these youth fear unreceptive, rejecting, and angry parental responses, as well as potentially serious negative consequences from parents upon disclosure of their minority sexual orientation status (Muller, 1987; Newman & Muzzonigro, 1993; Savin-Williams, 1998b, 2001). What is interesting, however, is that in the last 15 years, researchers and theoretical scholars who study adolescent minority sexual orientation have acknowledged that the age of “coming out,” disclosing to others that one self-identifies as a lesbian or gay person (LG), is dropping slowly and steadily (Ben-Ari, 1995a; Boxer, Cook, & Herdt, 1991, 1999; Boxer & Herdt, 1996; Pearlman, 1992; Savin-Williams, 2005). Given this, parents are more likely to be faced with the knowledge that their child identifies as LG.
while the child still lives in the home. This knowledge adds an additional complexity to an often already tumultuous time (adolescence) in the parent-child relationship.

Given the trend in the literature that indicates children are coming out at earlier ages, it is not surprising that the disclosure experience and journey to acceptance examined in much of that literature to date has been presented from the perspective of the adult child. Moreover, most of the research about parental reactions and parental movement toward “coming to terms” with having an LG child is also told from the adult child’s perspective. An area that has been minimally addressed in the research is the parental perception of the relationship, post-acceptance (i.e., relationship after parent accepts child’s minority sexual orientation), with their LG child. Given this it seems that understanding the process of acceptance and the resulting post-acceptance relationship between parents and their LG child, from the parents’ perspective, will serve to expand the current body of literature. Interestingly, some research, considering parental reactions to and “coming to terms” with the disclosure of their child’s LG orientation, has suggested that the journey to accepting a child’s sexual orientation is different for fathers and mothers. Thus, having a study narrowly focus on one gender (i.e., the mother or the father) would further expand the current body of literature. As such, one of my goals in conducting this research is to contribute to the current body of literature by relying on the perspective of mothers with daughters who identify as lesbian. By interviewing heterosexual mothers, I hope to gain contextual information about their journey to coming to a place of acceptance of their daughters’ minority sexual orientation. This contextual information could provide a useful lens for exploring the heterosexual mother-lesbian daughter post-acceptance relationship from the mother’s perspective.
To guide me in designing and carrying out this study, I reviewed a number of bodies of literature: (a) mother-daughter relationship, (b) parental reactions to learning of a child’s minority sexual orientation, (c) cultural climate of heterosexism, (d) parental processes to “coming to terms” with having an LG child, and (e) the theoretical underpinnings of the Relational Cultural Theory. Thus, in order to ground the study in its theoretical construct, I will first delineate the conceptual framework (Relational Cultural Theory) for the study. I will then outline various dimensions of the mother-daughter relationship in general, as presented in current literature. Next, I will provide a brief overview of the literature that addresses the influence societal views of minority sexual orientation have on parental reactions to learning their child identifies as lesbian or gay (LG). I will then present a review of the literature about the experiences held by parents when they learn of their child’s LG status. Next, I will move to discussing the scant body of literature that specifically addresses parental acceptance of an LG child. I will end the chapter with a summative section that clearly delineates the purpose for conducting the study.

As I review the literature, I will pay close attention to labeling research studies and anecdotal data as such. Thus, if the reference is not denoted as a research study or anecdotal in nature, the reader can assume the information is theoretical in nature. It is also important to note that the majority of research in the areas of literature that I will be reviewing for this dissertation has focused primarily on the heterosexual parent-lesbian or gay child relationship (to the exclusion of bisexual and transgender individuals). Thus, unless otherwise noted, the current discussion about the relevant literature that follows focuses primarily on lesbian and gay male individuals.
Relational Cultural Theory

Traditionally, development was viewed as a movement toward separation, autonomy, independence, and self-sufficiency (Erikson, 1968). The individual’s development looked much like an upturned funnel, in which individualized, segregated development was encouraged and sought after, although a decade later scholars began to emphasize a more inclusive recognition of interpersonal responsibilities (e.g., Gilligan, 1979). Likewise, traditional theorists examined the developmental process of men and touted they were the same for women (e.g., Erikson). In other words, women’s development was unilaterally ignored. Miller (1976), however, disagreed with tradition, espousing that development, especially women’s development, formulates as awareness of interactions among individuals increases. From this more modern theoretical movement, the Relational Cultural Theory (RCT) emerged, a theory that focuses on relational dynamics. In this section of the chapter I will discuss the nuances of RCT. Initially, I will provide an explanation as to the founders’ motivation for the development of the theory. I will then discuss RCT’s core tenets and why they are important to better understanding the development of women. I will conclude this section of the chapter with a rationale for this theory’s relevance for use in exploring the mother-daughter relationship.

The Foundation of RCT

In the past two decades, interest in studies that focus on the psychology of women has grown exponentially. Numerous psychoanalytic theorists, such as those central to the development of the British school of Object Relations (Mahler, Pine, & Berman, 1975;
Winnicott, 1965), focused their attention on female development. Building upon the efforts of these developers, writers such as Dinnerstein (1976), Chodorow (1978), Gilligan (1979), and Miller (1976) reconceptualized the process of female development by focusing on the relational self in women. Moreover, theorists Miller, Stiver, Jordan, and Surrey (1995) constructed the Self-in-Relation theory, later renamed the Relational Cultural Theory, at the Stone Center for Development Studies at Wellesley College. This institution greatly influenced feminist psychology (Caine, 2004; Evans, 2002; hooks, 2000; Miller & Stiver, 1997; West, 2005).

An individual’s development is, as advanced by the developers of RCT, inseparable from relationships (Miller et al., 1995). In fact, interactions and awareness are integral elements for the well-being of all individuals within the exchange. The scholars who developed RCT, however, assert that traditional developmental theories encourage individuation and independence as milestones for personal well-being for both males and females; the possibility that females may have different developmental needs was unaddressed (Green, 1990; Jordan & Hartling, 2002; Miller et al.; Mirkin, 1992). Theorists are recognizing that in studying the developmental and relational patterns of women’s interactions, there is evidence that women are most often searching to participate in connection with one another as opposed to functioning individually (Fadiman & Frager, 1990). Thus, as Miller (1976) contended, the development of a woman’s identity is not a solitary endeavor accomplished by the attainment of independence, autonomy, and self-sufficiency; but rather is a reality intricately linked to the connection and interdependence she shares with other women (Caine, 2004).
Within RCT, nurturing and care-giving strengths of women are validated as essential components of development (Echols, 1983). The level of perceived relational effectiveness held by a woman is contingent upon the level of connectedness she possesses with others, especially other women (Miller, 1984). In this way, the mother-daughter relationship is vital from the RCT standpoint, as daughters learn from their mothers how to build intimate connections with others (Gilligan, 1982; Mirkin, 1994). Intimacy development is another point where RCT departs from traditional developmental theories, theories that primarily advance the need for separation and independence. Within RCT is the belief that separation and independence detract from building a healthy relationship. Rather, the goal of any relationship should be the advancement of intimacy between the two participants (Frey, Beesley, & Miller, 2006; Gilligan; hooks, 2000; Jordan, 1997; Jordan & Surrey, 1986; Miller, 1988; Surrey, 1991a, 1991b; Walker, 2004). In short, RCT embraces the multi-dimensional qualities of relationships and contends that separation is actually a negative, undesirable result. Moreover, the prevailing goal of RCT is to have and keep growth-fostering relationships (Miller & Stiver, 1997).

Core Tenets of RCT

Experiencing an equitable, growth-fostering relationship has been the primary focus of researchers such as Miller (1991) and others (e.g., Jordan, Kaplan, Miller, Stiver, & Surrey, 1991; Surrey, 1985), who are seeking to understand those mutually beneficial aspects of relationships that have gone unidentified. To this end, RCT holds four core tenets that help extend growth-fostering relationships: (a) mutuality, (b) empathy, (c)
relational equality, and (d) authenticity (Evans, 2002; Jordan, 1997; Miller; Spencer, Jordan, & Sazama, 2004; Surrey, 1991a, 1991b).

Through the relational cultural framework, mutuality is essential for healthy development and provides clear benefits for both participants within such a relationship because each participant is valued and understood (Miller, 1984, 1988). Mutuality exists when both individuals in a relationship are able to share their feelings, interpretations, and thoughts about something, knowing that their individual subjective experiences will be appreciated rather than judged (Covington & Surrey, 2002). Sanford (1998) acknowledged that, because our Western culture devalues mutuality, most individuals will struggle with their ability to have an empathic, mutual, and connected relationship with others. Despite its significance, very few researchers have examined the concept of mutuality within relationships (Genero, Miller, Surrey, & Baldwin, 1992; Walker, 2004). According to RCT theorists relational mutuality is indicative of an individual's openness to the influence of another and presumes the presence of emotional availability; this mutuality further involves a continual adjustment that responds to and affects the emotional and psychological condition of the other relationship member (Jordan, 1986). Mutuality necessitates a bidirectional exchange in which participants share emotions, opinions, and beliefs, with each other (Genero, et al.). Within this exchange, both participants in the relationship experience growth. The absence of mutuality fosters feelings of shame, (Jordan, 1989), violation (Miller, 1988), anger (Miller & Surrey, 1990), and depression (Belle, 1982; Stiver & Miller, 1988; Walker, 2004).

Rogers (1980) explained empathy as a unidirectional listening exchange from one individual to another. Miller and Stiver (1997) expanded this concept by asserting that
mutual empathy is a bidirectional exchange among individuals. Furthermore, empathy is fundamental to female relationships, as women are often socialized to have and demonstrate more empathy than do men (Caine, 2004). This belief is important to the Relational Cultural Theory, which asserts that the sense of connection felt within a relationship is contingent upon the participants' abilities to have mutual empathy (Adams, 2004). As a whole, mutual empathy necessitates the cognitive and emotional authenticity of each participant, because each personal revelation has the intention of better understanding the essence of the other individual. Empathy results from both cognitive and emotional awareness of connecting to another individual without losing any piece of individuality (Evans, 2002; Jordan et al., 1991). The founders of the theory purport that the mother-daughter relationship delineates the “how” of forming mutually empathic relationships.

There are some researchers who have asserted that the presence of any power differential has the potential of advancing inequitable relationships (Adams, 2004; Caine, 2004; Miller & Stiver, 1997; Skerrett, 2004; Surrey, 1985, 1991a). This strict delineation, however, would necessitate that all parent-child relationships, for instance, be inherently unhealthy and result in oppression; this is not the case (Coll, Cook-Nobles, & Surrey, 1995). Rather, power is viewed as the ability to bring about change (West, 2005). Those engaged in a mutually authentic and mutually empowering relationship recognize the presence of power differentials, but diligently endeavor to minimize their effects in order to encourage mutuality (West). To have an authentic relationship requires a concerted effort on behalf of both parties to attain a relationship in which individuals can be honest and realistic without fear of rejection or judgment (Jordan & Hartling, 2002).
While having a relationship characterized by RCT’s four core components would be difficult and perhaps even unrealistic to expect all the time, it is still the goal to encourage mutuality, empathy, and authenticity in exchanges between individuals (Jordan & Hartling, 2002; Miller, Jordan, Kaplan, Stiver, & Surrey, 1991; Spencer et al., 2004; Surrey, 1991b). To this end, according to the founders of RCT, there are five primary elements that are present in any growth-fostering relationship: (a) zest, (b) action, (c) clarity, (d) sense of worth, and (e) a desire for more connections (West, 2005).

First, within a growth-fostering exchange, each participant experiences feelings of zest, when they are energized, animated and engaged during the interaction. Second, each participant, maintaining individual action and involvement, allows for collaborative contribution to the relationship. Third, each participant, striving for clarity needs to embrace a protracted appreciation for, attentiveness to, and acceptance of both self and others. Fourth, each participant, validating one another’s sense of worth, is listened to and understood by someone else; thus, the existence and value of each individual is appropriately recognized. Finally, each participant, desiring more connections, is encouraged to expand her relational networks. Within the relational participants’ assessments (Jordan et al., 1991; Miller & Stiver, 1997), development is valued as a continual ebb and flow of reciprocally favorable relationships, in which mutual empathy and mutual empowerment are norms.

The Relevance of RCT

Utilizing RCT as a theoretical construct for a qualitative study proves quite valuable when exploring a heterosexual mother-lesbian daughter relationship. RCT advocates the need to view all relationships multi-dimensionally and bi-directionally.
That is, relationships are neither linear nor pragmatic. Relationships do not progress smoothly along a continuum; rather, they exist where roles are assigned and redefined numerous times throughout the relationship. In other words, where at one point one participant may be “in charge,” perhaps as parent, later in the exchange she would be an equal with the other participant. The roles and expectations of the relationship would change as both participants matured together in their exchange. Thus, when exploring a mother-daughter dyad from an RCT framework, the ebb and flow of the relationship could more fully be explored and understood. Beyond this, RCT advocates that mothers serve as role models to their daughters about how to develop and maintain equitable and authentic relationships (Jordan et al., 1991; Notar & McDaniel, 1986;). When these daughters become adolescents, they are faced with the struggle of striving for independence, yet the attainment of independence is seldom satisfying (Miller, 1991; Surrey, 1991a). Because of this struggle, disconnect and separation typically result, which results in the manifestation of negative behaviors such as anger or abuse. If an adolescent were to disclose her lesbian identity at this time, there is even more potential for disconnect because she senses (a) disconnection with herself as she reconstructs her identity as a lesbian, and (b) disconnection from her mother who struggles to redefine herself as a mother of a lesbian.

The Mother-Daughter Relationship

A number of theorists and researchers assert that the mother-daughter exchange is the purest illustration of a relationship (e.g., Aquilino, 1997; Buist, Dekovic, Meeus, & van Aken, 2002; Surrey, 1991b). While conceding that this pure relational dynamic does not need to be limited to the mother-daughter, Surrey advanced that the early bond
between mother and child may help build a strong foundation upon which other important relationships may be forged. Scholars have asserted that the bond between a mother and daughter is typically one of the most profound early female relationships experienced by a daughter; this relationship continues in significance and complexity throughout adulthood (Notar & McDaniel, 1986; Troll, 1987). From the connection forged between mother and daughter, the daughter formulates her self-esteem and identity, as well as develops patterns for relational interactions (e.g., Buist et al.; Charles, Frank, & Jacobson, 2001; Chodorow, 1978; Fischer, 1981; Henwood, 1995; Notar & McDaniel; Rosen, 1997; Troll, 1987). Thus, within this section, I will first discuss the significance of the mother role. Next, I will discuss the mother-daughter relationship from the stance of achieving individuality of the daughter. I will then conclude this section with relevant literature addressing how the mother-daughter relationship has been researched.

*The Significance of the Mother*

The mother, as viewed traditionally, is the individual slated as caregiver, providing protection and nurture for her child (Ex & Janssens, 1998). Because of the mother’s support, the mother role is, according to behavioral theorists, the most significant force upon the development of a daughter’s identity (Gleason, 1985). This power, however, can be both positive and negative. In one respect, the mother demonstrates love, attention, caring, support, and nurture. On the other hand, the mother’s influence can simultaneously be a noxious influence (Chodorow, 1989). This noxious nature results from strict adherence to the traditional idealized mother role, a role where the mother is self-sacrificing and devoted. When the mother adheres to this
traditional gender role value, she teaches her daughter that personal needs or wishes are secondary to those of her family. Likewise, the daughter learns that when she does something for herself first, she has been hasty, wasteful, and selfish.

Finding Individuality in the Mother-Daughter Relationship

The concept of connection and disconnection within the mother-daughter relationship are extensively examined by Relational Cultural theorists and are central to their theory. In fact, the connection that exists within the mother-daughter relationship encourages growth within the relationship as well as with each individual. From this relational and personal growth, mutual empathy and mutual empowerment are encouraged. When there is a disconnection in the relationship, each person feels emotionally detached from one another. In her 1985 article on relationship and empowerment, Janet Surrey speaks directly to the mother-daughter relational dynamics that play an important role in developing the contextual foundation on which all other relationships are subsequently formed. Adult figures, especially mothers, play a significant role in the development of reality and identity for children. In particular, young girls are typically intent in exploring the feelings of the adults in her life. For this reason, the importance of a mother-daughter relationship has been examined and emphasized in research, which speaks to the idea that most women recognize this relationship as one that is critical (Miller & Stiver, 1997). The ability of the mother to listen to and attend to her daughter’s curiosity regarding feelings helps to teach the daughter to listen and begin the self-in-relation development (Kohut, 1971, 1977; Surrey; Winnicott, 1971).
Researchers and scholars have considered the transitions that occur within the mother-daughter relational dynamic across the life span (e.g., Baruch & Barnett, 1983; Boyd, 1989; Cohler, 1988; Fingerman, 2003; Fischer, 1981; Henwood, 1995; Iasenza, Colussi, & Rothberg, 1996; Kaplan, Klien, & Gleason, 1991; Mancini & Blieszner, 1989; Marcow-Speiser, 1993; Rossi & Rossi, 1990; Umberson, 1992). Most of this research and scholarship, however, utilizes a heterosexual lens, which means that traditional gender roles, mothering roles, and marriage roles are advocated. For example, Fischer interviewed 43 daughters and 39 mothers regarding their relationships as the daughters became wives and mothers. She specifically investigated the significance of the transitional phases of marriage and motherhood on the heterosexual mother-heterosexual daughter relationship utilizing “symbolic” and “interactional” elements. Fischer defined the symbolic component as “... the meaning attributed to the relationship by each member of the dyad” (p. 615). She defined the interactional domain as “... the external components of a relationship, i.e. what the individuals do with and for each other” (p. 616).

Fischer (1981) labeled the perceptions of each participant regarding her role as either mother or daughter, as well as what each person thought of the other as symbolic. She also included each participant’s opinion about the mother-daughter relationship within the symbolic tenant. This symbolic tenet is the process of (a) how the mother reassesses her view of her daughter as daughter, wife and mother, and (b) how the daughter reassess herself as a mother in light of how she was mothered. Fischer explained
the interactional element as essentially what the mothers and daughters did for one another and how they interacted.

Interestingly, within Fischer's 1981 study, both those daughters without children and those with children invariably perceived their mothering skills as inferior in comparison with those of their own mothers. The daughters who had their own children reported more frequent exchanges and a greater involvement with their mothers than did those daughters who did not have any children. The daughters also acknowledged that they had adopted parenting styles very similar to their mothers; however, these same daughters had reported neutrality or negativity regarding their similarity with their mothers. When examining the mother-daughter interaction, Fischer's results support that marriage and motherhood are significant indicators of frequency of interaction. Specifically, 89% of married daughters with children interacted in a variety of ways with their mothers more than once a week. Comparatively, 50% of the single and married daughters without children interacted with their mothers once a week or less. Thus, within Fischer's study, the experience of closeness to their heterosexual mothers improved as a result of the heterosexual daughters' acquisition of a mothering role. When considering the heterosexual mother and lesbian daughter relational dynamic, the results from Fischer's study would seem to suggest that the mother-daughter relationship would decline. Moreover, the heterosexual mother may perceive that her ability to identify with her lesbian daughter may be impeded because they would not share a commonality of motherhood.

Of the work that does speak specifically to the relational experiences of lesbian daughters and their heterosexual mothers, scholars have asserted that the daughter's
coming out process is typically not seen as a positive and productive experience (e.g., Rosen, 1997). Rosen theoretically addresses the question of why this disclosure might be so damaging to the mother-daughter relationship. In going back to the early stages of origination of the relationship, Rosen acknowledged the important conception of the mother-daughter relationship serving as the earliest model for all future relational connections. Tying in experiences of mutual empathy, relationship authenticity, and relationship differentiation along with the foundational framework from the *Relational Cultural Theory*, she questioned how these concepts might be carried out differently by a lesbian daughter in her interactions with her mother (Rosen). A failure to have a mutually empathic and authentic relationship has an adverse effect on all relational interactions between mother and daughter. When the daughter discloses her lesbian identity, the presumed authentic relationship between mother and daughter is immediately questioned. The mother is forced to examine her beliefs (gender roles, homophobia, religion), her expectations (marriage and grandchildren), and quite often, her parenting philosophy. In this self-examination, the power differential between mother and daughter must be redesigned, as the mother becomes aware that she cannot “tell” her daughter to be heterosexual. Lastly, Rosen asserted that mother-daughter dynamics can become more challenging to navigate when cultural influences and biases regarding sexual minority orientations are included. As illustration, despite cultural and social nuance difference, most cultures hold a generalized gender role expectation regarding women: Women are supposed to be loving mothers to their children and devoted wives to their husbands. Adhering to this gender role expectation is one component to help explain why the acknowledgement and acceptance of minority sexual oriented individuals is still a
struggle. The complications or breakdowns in this process of relational connectedness may subsequently cause much difficulty in the mother-daughter relationship (Rosen).

Unlike other familial dyads, the mother-daughter relationship tends to have a deeper level of emotional and practical involvement, characteristic of support and attention (Aquilino, 1997). As a result, these relationships are reportedly rewarding. Scholars and researchers alike provide ample illustration of the significance of the mother role in the development of the daughter (e.g., Aquilino; Buist et al., 2002; Charles et al., 2001; Chodorow, 1978; Ex & Janssens, 1998; Fischer, 1981; Gleason, 1985; Henwood, 1995; Notar & McDaniel, 1986; Rosen, 1997; Troll, 1987). Scholars assert that the type of relationship that exists between the mother and daughter is paramount to the development of the daughter’s identity (e.g., Chodorow; Surrey). Specifically, the mother teaches, both actively and passively, how the daughter should engage in relationships, how she should maneuver as a woman in the family dyad, and how she should be as a future wife-mother. In short, the mother-daughter relationship is often the barometer of relationships that the daughter will have throughout her life (Jordan et al., 1991; Kaplan et al., 1991; Rosen, 1997; Surrey). Moreover, the mother-daughter relationship is in constant flux of renegotiation of boundaries and expectations. In moments of flux (college, marriage, motherhood, etc.), disconnect exists in the mother-daughter relationship. However, because of the symbiotic nature of the mother-daughter relationship, as the daughter matures, the mother-daughter relationship changes to include larger bodies of familial and social relationships, all of which build upon the framework of mutual empathy and mutual empowerment. What is virtually unexamined in current research, however, is how the relational dynamic might change when the mother-
daughter relationship experiences a disconnection over the revelation of the daughter’s lesbian minority sexual orientation. Would the connection between mother and daughter be severed or would it change and expand as other heterosexual mother-heterosexual daughter relationships typically do? This relational aspect is lacking in current research.

Western Societal Views about Minority Sexual Orientation

Attitudes, values, and beliefs exist within a socially constructed context (Brehm, Kassin, & Fein, 2002). Gender role ideas, religious beliefs, parental education, authoritarian tendencies, and negative attitudes toward minority sexual orientation are definitely factors that researchers consider as variables predicting parental reactions to a self-identified LG child (e.g., Cramer & Roach, 1988; Strommen, 1989). Research, though sparse, has been conducted to identify the factors influencing initial parental reactions to the minority sexual orientation disclosure of a child (e.g., Arnesto & Weisman, 2001; Ben-Ari, 1995a, 1995b; Savin-Williams & Dube, 1998; Willoughby, Malik & Lindahl, 2005).

At the onset of this section, it is important for the reader to understand that the discussion about societal attitudes is brief and by no means exhaustive. For instance, while there are a number of unpublished dissertations that specifically address issues of heterosexism and homophobia I have excluded them from my review (e.g., Murray, 2007; Pedretti, 2003). As stated above, I will provide a very broad overview of societal attitudes (homophobia, heterosexism, gender roles, and religion), as I believe this approach will provide a globalized framework to better understand the literature about parental reactions and, ultimately, the experiences of the heterosexual mothers who participated in this study. I believe that by creating an elemental sketch of the primary
forces affecting one’s behavior the reader will be better equipped to understand why parents tend to react as they do after learning their child identifies as LG. I will limit the review to three primary points: (a) heterosexist societal standards, (b) heterosexist gender roles attitudes, and (c) heterosexist religious thought. For the purpose of this study, heterosexism, as defined by Herek (2003), is analogous to racism and sexism. As such, heterosexism refers to social beliefs and patterns of oppressions on people just because they are not heterosexual.

**Heterosexist Societal Standards**

As I stated at the onset of this chapter, the cultural climate in America, as indicated in anecdotal works, theoretical scholarship, and numerous research studies, is laden with homophobia and heterosexism (e.g., Eliason, 1996; Ellis et al., 2002; English, 1996; Fairchild & Hayward, 1998; Johns & Probst, 2004; Sophie, 1987). Same-sex sexual orientation is typically considered “deviant” and “outside” the norm. As a result, only heterosexual orientation is viewed positively. Heterosexuals are socialized to develop negative attitudes toward gays and lesbians. For this reason, Strommen (1989) proposed that the heterosexist society in America causes many family members to view minority sexual orientation as a violation of familial roles and expectations. Heterosexual mothers are frequently socialized to believe that their children will also be heterosexual (Fairchild & Hayward; Ellis et al.). When a mother learns that her daughter is lesbian, she often struggles with cognitive dissonance (English). On one hand, the mother looks at her daughter and sees the child she knows and loves. She remembers the daily interactions and accepts the general goodness of her daughter. On the other hand, the mother must now reconsider her daughter as a lesbian. In this reconsideration, the mother is forced to
process the standards of society regarding minority sexual orientation as aberrant. The mother simultaneously sees the wonderful child she loves and the lesbian woman who represents a social aberration. Thus, the mother’s dissonance results from seeing her daughter as both her child and as a self-identifying lesbian. Given this, it is understandable how the mother’s adherence to societal norms (gender roles, heterosexism, and homophobia) leads to cognitive dissonance when her daughter discloses her lesbian minority sexual orientation.

**Heterosexist Gender Role Attitudes**

Researchers have consistently demonstrated that traditional gender role attitudes are correlated with heterosexism in both men and women (Campos, 2003; Herek, 1984a, 1984b, 1988; Kurdek, 1988; Marsiglio, 1993). This belief in traditional gender roles is based upon sexist values where men and women have clearly delineated roles: women should be wives and mothers; men should be husbands and fathers; women should be in the home; and, men should be in the workforce. Numerous researchers have found a positive correlations between belief in traditional sex role attitudes and negative attitudes about lesbian and gay persons (e.g., Chan, 1989; Cramer & Roach, 1988; Ficarrotto, 1990; Hansen, 1982; Kite & Deux, 1986, 1987; Kite & Whitley, 1996; Krulewitz & Nash, 1980; LaMar & Kite, 1998; MacDonald & Games, 1974; Madon, 1997; Newman, 1989; Qualls, Cox, & Schehr, 1992; Whitley, 2001). One explanation for heterosexuals’ negative attitudes is a fear that minority sexual orientation individuals threaten society’s traditional sex role structure (Newman), thus potentially leading to the decline of all valued social traditions. According to Ben-Ari’s (1995a) findings, heterosexual parents who hold more negativity toward those who endorse the movements of feminism and gay
rights reported being less accepting of their lesbian daughters. Chan suggested that parents who hold more traditional gender role values typically view their self-disclosed lesbian or gay child as having actively rejected both familial and cultural expectations, responsibilities and obligations. This is especially true for mothers who advance traditional gender roles. For in advancing these traditional values, being a wife and being a mother are among the highest achievements in a heterosexual woman’s life. Thus, a mother who has lived according to tradition will undoubtedly struggle with the knowledge that her daughter self-identifies as lesbian. Virtually unaddressed in research, however, is what the relationship between a heterosexual mother and her lesbian daughter looks like once the mother has moved into a place of acceptance.

Heterosexist Religious Thought

Since the early 1970s, religiosity has been examined as a primary contributing factor associated with adherence of negative attitudes toward LG persons (e.g., Davidson, 2000; Dunbar, Brown, & Amoros, 1973; Herek & Capitanio, 1996; Kojention, McIntosh, Bridges, & Spika, 1987; Levitt & Klassen, 1979). For instance, a number of researchers found that respondents who held negative attitudes toward LG persons were also likely to attend church frequently, to self-identify as religious, and/or to self-identify as religiously conservative (Cameron & Ross, 1981; Glassner & Owen, 1976; Larsen, Cate, & Reed, 1983). Studies from the 1990s replicated the findings of earlier researchers who reported that participants with more homophobic attitudes tended to be more fundamental in their religious beliefs (e.g., Fields, 2001; Herek & Capitanio, 1996; Marsiglio, 1993) and/or identified as regular church attendees (Herek & Capitanio). Frequency of worship was also correlated with antigay prejudice in a study conducted by Fisher, Derison, Polley,
Cadman, and Johnston (1994). However, these researchers found that the correlation between increased frequency of church attendance and antigay attitudes was significant only for subjects who belonged to 'antigay denominations', such as Baptists, Christian Reform, Greek Orthodox, and Catholic (Fisher et al.) as opposed to those subjects belonging to more tolerant faiths. Thus, as a self-identified lesbian or gay child discloses to a parent, the parent with negative attitudes about minority sexual orientation, reinforced by religious faith, may have a stronger tendency to experience cognitive dissonance. This cognitive dissonance will ultimately be resolved by rejecting the child or changing the belief; fortunately, most parents elect the latter option (D’Augelli & Hershberger, 1993; Savin-Williams, 2001). In sum, parental reactions and parental processes of “coming to terms” with their LG child can be understood more clearly in light of heterosexist societal standards, heterosexual gender role adherence, and religious thoughts that tout heterosexuality is the only way.

Parents Experiences of Learning Child Identifies as LG

While the purpose of the previous section was to offer insight about the Western societal attitudes that could hinder the post-acceptance relationship between the heterosexual parent and LG child, the purpose of this section is to provide an overview of the varying reactions experienced by parents when they have learned their child identifies as lesbian or gay. To provide a context for understanding these parental experiences, I will first discuss general characteristics of the parent-child relationship, with a specific focus on the issues of (a) age and (b) race, ethnicity and culture. Next, I will provide a review of the burgeoning body of literature that addresses parental reactions to learning their child is LG. I will then present a review of the few studies that address parental
experiences to learning of a child’s minority sexual orientation specifically from the parent’s perspective. Finally, I will conclude this section with a discussion about some additional factors that can contribute to the potential reactions of parents.

*General Parent-Child Characteristics*

As discussed in the previous section, heterosexual social standards, gender role attitudes, and religious thought can significantly influence parental reactions. Beyond the societal influences, parents can be influenced by other factors as well. This subsection, therefore, will explore two of those factors. First, I will present findings that address the significance age of the child may play in the post-disclosure parent-child relationship. Second, I will present a brief discussion on ethnic, racial, and cultural beliefs regarding minority sexual orientation.

*Age of disclosure.* As stated at the beginning of this chapter, numerous researchers studying adolescent sexual orientation have found that the age of "coming out," disclosing to others that one self-identifies as a lesbian or gay person (LG), is declining (Ben-Ari, 1995a, 1995b; Boxer & Herdt, 1996; Pearlman, 1992; Savin-Williams, 2005). Holtzen & Agresti (1990) argued that adolescents may be coming out at younger ages in our society for three primary reasons: (a) an increased emphasis on sexuality in our country; (b) an amplified movement to accept minority sexual orientation; and (c) a heightened awareness of minority sexual orientation status issues because of the large body of information that is now readily available. Because of these preceding reasons, parents will probably learn of their child’s LG status while the child still lives at home (Boxer et al., 1991).
Boxer and his colleagues (1991) conducted a study with 202 lesbian, gay, and bisexual youth between the ages of 14 and 21. Utilizing several questionnaires, the researchers sought to understand the variables that played a significant role in the LGB youth’s perceptions of the quality of the parent-child relationship post-disclosure. From this study, Boxer and his colleagues found that the quality of the parent-child relationship post-disclosure was influenced by the age at which the self-identifying lesbian or gay child disclosed. When a child disclosed as an older adolescent, the resulting parental relationship was much better than for those who disclosed their minority sexual orientation at a younger age. Similarly, older youth acknowledged having experienced more positive changes in their post-disclosure relationship with their parents than did younger youth. Interestingly, in this study, the LGB youth felt that the age at which they disclosed was the most significant point of consideration for their mothers and actually served as the determining point for the positive or negative movement of the relationship between mother and child post-disclosure. For this reason, additional research exploring the mother-LGB child dyad is needed. Noteworthy, is that these findings are told from the child’s perspective, which could actually vary from the mother’s perspective.

*Ethnicity, race, and culture.* To date, few researchers have explored the connection between parental reactions to disclosure of a minority sexual orientation and familial racial and ethnic identity. However, one must consider these influences, as the disclosure of a minority sexual orientation carries differing issues depending upon the culture, race or ethnicity of the family (Rust, 1997, 2003). Greene (2003) discussed the multi-layered influence of heterosexism on the development of the individual. More specifically, the individual’s beliefs regarding minority sexual orientation cannot be
isolated from the influences of the individual’s race, ethnicity, or culture. As illustration, some researchers have found that young self-identifying gay blacks actually experience more prejudicial barriers because of their ethnic, racial and cultural background (e.g., Merighi & Grimes, 2000; Savin-Williams, 1996a, 1996b).

Because the manner in which families function is largely influenced by their culture, it is important to understand how culture can influence parental reaction to the disclosure of a lesbian or gay child (Rust, 2003). Dube and Savin-Williams (1999) conducted a series of studies to investigate the development of 83 ethnic minority youths’ sexual identity; in this study, more than half of the youth had chosen not to disclose their minority sexual orientation to their family. At least in part, the participants’ had chosen not to disclose to their family because they had been afraid of disappointing their family and, consequently, being rejected. The youth had also shared that their culture actually dissuaded conversations regarding sex and did not focus on emotional closeness. When cultures are particularly family-centered, men and women have very specific expectations: they are to marry and parent children (Chan, 1989). Thus, parents typically see their child who identifies as LG as rejecting both the family and the family’s culture/ethnicity (Rust). Interestingly, there are a couple of researchers who have asserted that Anglo European families have tended to respond less negatively long-term to their self-identified LG child than have ethnic minority families (Morales, 1989; Tremble, Schneider, & Appathurai, 1989). As a result, disclosure carries differing issues depending upon the specific culture, race, or ethnicity (Rust).

Merighi and Grimes (2000) conducted a cross-cultural qualitative study to investigate familial reactions to the disclosure of a self-identified gay family member.
The study’s 57 participants ranged in age from 18 to 24 and were culturally identified as African-, European-, Mexican-, and Vietnamese Americans. As expected, the responses of family members varied. Some family members were disconnected and apathetic, choosing to avoid the issue entirely, while other members opted to encourage and express compassion. Specifically, from the analysis of the participants’ stories, the researchers discovered four general types of reactions: (a) support by advocating minority sexual orientation equality; (b) support to maintain a connection; (c) avoidance; and (d) distancing and disengagement. Moreover, in most of the stories, participants had discussed the importance of their culture in their final decision to disclose to their family. Many participants had mentioned that they were concerned about bringing shame to their family or that their disclosure would somehow be seen as breaking family loyalty. However, of particular interest was the discovery that because of the cultural significance of family loyalty, several participants were actually less fearful of being rejected post-disclosure.

**Parent Reactions**

Regardless of the underlying motivation, parents typically have difficulty dealing with the disclosure of their LG child (Henderson, 1998). Many parents are astonished and in disbelief (Ben-Ari, 1995b; DeVine, 1984; Fricke, 1991; Henderson, 1998; Robinson, Walters, & Skeen, 1989; Strommen, 1989), fearing that their child will be lonely and unhappy, suffer from sexually transmitted diseases, endure societal rejection, and, ultimately, relinquish their religious beliefs (Ben-Ari). As stated at the onset of this chapter, parents go through a variety of emotions as well as exhibit a number of negative behaviors as a result of learning they have an LG child (Borhek, 1993; Fairchild &
Researchers have shown that some parents believe that their child’s LG status resulted from an error in parenting (Ben-Ari), while others simply believe that their child just had not found the right heterosexual partner (Robinson et al.). In short, parents are often conflicted, torn between their love for their child and their need for societal acceptance (Ben-Ari; Strommen).

Most of our direct knowledge about how parents react to their child’s disclosure of a minority sexual orientation has been either anecdotal in nature (Bernstein, 2003; Borhek, 1983, 1988; Fairchild & Hayward, 1998; Griffin, et al., 1996) or discussed in unpublished dissertations (Bernstein, 1996; Crooks, 2003; Feinstein, 1982; Freedman, 2002; Gold, 1988; Jagosh, 1998; Leaveck, 1994; Mahoney, 1994; Salzburg, 2001; Stewart, 2002). Additionally, a couple of psychologists have written self-help books that discuss the parental reactions of learning they have a lesbian or gay child (Clark, 1987; Silverstein & Bengston, 1997). Equally as important is the recognition that only a few research studies have examined only the parent experience (Borhek, 1988; Holtzen & Agresti, 1990; Robinson et al., 1989).

From anecdotal data, we discover that when parents learn that their child is gay or lesbian they typically have difficulty dealing with the disclosure (Henderson, 1998). Many clinicians, researchers, family members, and gay and lesbian individuals themselves have identified that learning of a family member’s minority sexual orientation identity causes a crisis in the family (Bernstein, 1990; Borhek, 1993; Boxer et al., 1991, 1999; DeVine, 1984; Griffin, 2002; Griffin, et al., 1996; Herdt & Koff, 2000; Savin-Williams, 1989a, 1989b, 1996b; Savin-Williams & Dube, 1998). For instance, parents are
often highly emotional (Borhek, 1993), experience feelings of loss (Griffin et al., 1996; Robinson et al., 1989; Signorile, 1995), confusion and distress (Fairchild & Hayward, 1998), trepidation for their child’s safety and welfare (Borhek; Griffin et al.), and isolation from religious and social support systems (Fairchild & Hayward). Parents find they are cognitively and emotionally unprepared for their child’s revelation, and unequipped as to how to manage this disclosure. In short, the discovery unleashes a surge of emotions on the part of parents, including disbelief, anger, guilt, shame, loss, and fear for the safety of the child (Ben-Ari, 1995a, 1995b; Collins & Zimmerman, 1983; DeVine; Griffin et al., Herdt & Koff; Mattison & McWhirter, 1995; Robinson et al.; Salzburg, 1996, 2001, 2004). Similarly, a few researchers have found that as much as 93% of parents who discover they have a child who identifies as LG found the child’s disclosure to be “somewhat” to “extremely troubling” (D’Augelli, 1991; D’Augelli & Hershberger, 1993; D’Augelli, Hershberger, & Pilkington, 1998). As a matter of fact, Miller and Boon (2000) found that most parents’ immediate reaction to the knowledge that their child identifies as LG was negative. A number of researchers have found that parents go through a series of stages after learning of their child’s minority sexual orientation. These stages include but are not limited to shock, denial, anger, guilt, and acceptance (Beeler & DiProva, 1999; Vargo, 1998). Moreover, some researchers have found that parents either accept or reject their LG child right away (e.g., Beeler & DiProva; Ben-Ari, 1995a, 1995b; Cramer & Roach, 1988; Henderson, 1998; Savin-Williams & Dube, 1998).

According to brochures published by Parents, Families, and Friends of Lesbians and Gays (P-FLAG) (2006), a negative parental response, whether it is an outright rejection, an inability to talk or be helpful, a fear for the child and the child’s future, or a
fear that the child is not the person the parents once knew, may change over time. Parents often become more understanding over time. In some instances parents become proud of their child’s uniqueness and express a desire to change a homophobic society, not the child. Complete acceptance, and the sense that the parent-child relationship is strong, supportive, and safe, may remain elusive for many parents, however, especially those who do not seek support.

According to researchers and scholars, parental level of discomfort upon learning of a child’s minority sexual orientation had been greatly influenced by factors such as how old the child was at the time of disclosure (Ben-Ari, 1995a, 1995b; Cramer & Roach, 1988; Herdt & Boxer, 1993; Mahoney, 1994; Savin-Williams, 1990) and the ethnicity of the family (Chan, 1989; Merighi & Grimes, 2000; Morales, 1989; Rust, 1997, 2003; Savin-Williams, 1996a, 1996b; Tremble, et al., 1989). From this body of literature, I found most of the works to be retrospective in nature, meaning that the majority of the studies were conducted with LG adult children who reflected on how their parents had reacted to their disclosure.

**Parental Perspective Studies**

Among the first researchers to consider reactions to the disclosure of an LG child solely from the parents’ perspectives, Holtzen and Agresti (1990) examined the connection between gender role attitudes, homophobia, and self esteem with parental reactions to their child’s disclosure. The participants for this study were contacted through different chapters of P-FLAG. Fifty-five parents chose to participate in the initial phase of this study but only fifty agreed to participate in the second mailing follow-up phase; of that fifty, only eighteen actually completed the second mailing. Of the fifty-five
total participants in the initial phase, thirty-eight were mothers and the remaining sixteen were fathers; thirty-three of the parents had self-identified gay sons and twenty-two had self-identified lesbian daughters.

To measure their gender role attitudes, homophobia, and self esteem, the fifty-five heterosexual parents of self-identified lesbian and gay children completed a short version of the Attitudes towards Women Scale (Spence & Helmreich, 1972), the Self-Esteem Inventory for Adults (Coopersmith, 1982) the Index of Homophobia (Hudson & Ricketts, 1980) and Short Form A of the Texas Social Behavior Inventory (Helmreich & Stapp, 1974) respectively. All participants identified as White and most had at least some level of college. Most relevant to this study was that the researchers discovered positive correlations among the parents’ lower social self-esteem, adherence to more traditional sex-roles, and homophobia. Additionally, parents who had only recently (less than two years) learned of their child’s minority sexual orientation tended to possess more homophobic values than did those parents who had known of their child’s minority sexual orientation for more than two years.

Robinson and his colleagues (1989) also investigated parental reactions from the perspective of the parent. Specifically, the researchers examined parental perception of relationship quality with their self-identified lesbian or gay child shortly after disclosure, as well as the parental adjustment process. The researchers also explored parental feelings of responsibility and attitudes about AIDS. All participants were recruited from P-FLAG (n = 302) and Parents of Gays (PFOG, n = 99). Of the 401 participants, 298 were mothers and 105 were fathers, ranging in age from 37 to 82. Ninety-seven percent of participants identified as Caucasian and most were highly educated, fell within middle to
upper income, and considered selves to be religious (almost one-third of the participants considered selves to be extremely religious). Nonetheless, 48% of the study’s parents identified as liberal, while 30% identified as very liberal.

Despite the prevailing level of liberalism of this study’s participants, most parents had still acknowledged the presence of some degree of negativity regarding their child’s minority sexual orientation disclosure. Initially, most of these parents felt regret, confusion, denial, sorrow, and guilt. Although 2% expressed a sense of happiness about their child’s minority sexual orientation, the happiness was more related to the relief of a validation of suspicions and less about being glad that their child had actually self-identified as lesbian or gay (Robinson et al., 1989). Sixty-six percent of the mothers and 63% of the fathers indicated they had gone through stages (shock, denial, guilt, anger, and acceptance) to mourn the loss of “their heterosexual child”, with 97% claiming to be fully accepting of their self-identified lesbian or gay child. In Robinson and his colleagues report of their work there was no explicit description about how the researchers’ defined acceptance offered. Thus, we have no way of understanding the parents’ meaning of acceptance. Of additional interest is that most of the parents from this study had believed that their child was born either lesbian or gay, instead of being produced due to inadequate or unhealthy relationships. Finally, while 71% of parents were concerned their child might contract AIDS; the parents had acknowledged that this disease had not tainted their feelings toward their self-identified lesbian or gay child or their new beliefs regarding minority sexual orientation.

As mentioned earlier, the Holtzen and Agresti (1990) and Robinson et al. (1989) studies were among the first empirical studies to rely upon parental perspectives when
analyzing the issues and concerns around minority sexual orientation disclosure. And while these studies provide us with some good information about the factors that impact acceptance, there is no clear understanding of the post-acceptance relationship that ensued between parent and child.

Additional Factors Impacting Parental Reactions

As stated earlier in this chapter, the focus of most parental reaction literature from the parents' perspective seems to be about the factors or variables that predict how a parent will respond to an LG child upon the child's disclosure of a sexual minority orientation (e.g., societal attitudes, gender, education, religious beliefs, etc.) (e.g., Arnesto & Weisman, 2001; Ben-Ari, 1995a, 1995b; Bozett & Sussman, 1989; Savin-Williams & Dube, 1998; Willoughby, Malik, & Lindahl, 2005). This may in part be true because parents reported that they more often than not struggled to accept or believe their child's disclosure of minority sexual orientation status (Henderson, 1998). Research, though sparse, has been conducted to identify the factors influencing the parents' initial reaction to the sexual orientation disclosure of their child. One theory is that older parents, typically unaffected by contemporary more positive beliefs of sexual minorities, may be prejudiced against their child who identifies as LG (Savin-Williams, 2001). Parental education, authoritarian tendencies, and attitudes toward minority sexual orientation (Strommen, 1989) are additional factors that researchers consider as variables predicting parental reactions to an LG child (Cramer & Roach, 1988). Whereas a child's disclosure poses less of a challenge to a parent with tolerant attitudes, the parent with negative attitudes toward minority sexual orientation enters a state of cognitive dissonance upon learning of the disclosure that can only be resolved either by a rejection
of the child or by a change in attitudes. Researchers have indicated that the majority of parents eventually opt for the latter resolution (Colemen & Remafedi, 1989; D'Augelli & Hershberger, 1993; Savin-Williams, 2001). For example, one researcher found that frequency of post-disclosure contact with his or her gay child was the strongest predictor of a parent's positive attitudes toward minority sexual orientation (Herek, 1984a, 1984b). Thus, over time, parents' reactions to the disclosure evolve. Most often, the evolution of parental attitudes moves in a positive direction, and studies have indicated that adjustment to the disclosure can take up to five years or longer (Borhek, 1983; Muller, 1987).

Parental Process of Moving toward Acceptance of LG Child

After doing some reading of anecdotal books written by parents whose children had disclosed their minority sexual orientation sometime after leaving home, I began to notice a pattern in the stories. Often, parents would talk about their initial conflicts, their rejecting feelings, and their eventual acceptance of their child’s sexual orientation. What I found to be quite interesting was that although parents, particularly mothers, would articulate that they had come to an acceptance of their adult child’s minority sexual orientation, I was unable to discern how they had defined acceptance. It seemed as though as acceptance was simply declared. Moreover, in some stories, the acceptance seemed to be more about tolerating than accepting and included a hesitation to share with others, including family members, the child’s minority sexual orientation (e.g., Borhek, 1993). In other stories, there seemed to be an actual acceptance, which included recognition of the child’s disclosure as more than merely a sexual orientation issue, but an issue about validating the adult child’s identity (e.g., Fairchild & Hayward, 1998).
While these stories proffered really good information about attaining acceptance, details about the relational connection between parent and child post-acceptance.

As discussed in the previous section, parents often struggle with the disclosure of their LG child. Many parents react with extreme negative emotions, including anger, denial, and guilt (e.g., Ben-Ari, 1995a, 1995b; Herdt & Koff, 2000; Robinson et al., 1989; Salzburg, 1996, 2001, 2004). Moreover, from the previous section, external factors such as ethnicity and age were discussed as significant factors in mediating parental responses to the disclosure of their lesbian or gay child. Because of these numerous factors influencing parental reactions, the process of “coming to terms” with a child’s minority sexual orientation is, for most parents, a lengthy process. Moreover, although researchers have attempted to define parental acceptance, the definition remains elusive (Arnesto & Weisman, 2001; Ben-Ari, 1995b; Crooks, 2003; Fields, 2001; Freedman, 2002; Jagosh, 1998; Mahoney, 1994; Willoughby et al., 2005; Robinson, Skeen, Hobson, & Herman, 1982; Salzburg, 2001; Savin-Williams & Dube, 1998; Stewart, 2002). Moreover, there are very few researchers who have specifically attended to the way in which the parent-child post-acceptance relationship looks. Rather, the focus, of most of these studies, as stated earlier, seems to be about the factors or variables that predict how a parent will respond to an LG child upon the child’s disclosure of a sexual minority orientation (i.e., societal attitudes, gender, education, religious beliefs, etc.) (e.g., Arnesto & Weisman; Ben-Ari; Willoughby et al; Savin-Williams & Dube). Despite the lack of specificity in current literature defining acceptance, most researchers agree that parental acceptance is a process experienced by most parents and that most parents tend to go through similar adjustment stages. The research as a whole, although somewhat limited,
suggests that children are more likely to be tolerated rather than completely rejected by their parents following disclosure; and, attitudes are more likely than not to remain the same or to improve over time. Thus, within this section, I will first discuss the various current stage models of “coming to terms” with a minority sexual orientation child. I will then conclude this section with a discussion about the adjustment models presented in current literature.

*Stage Models of “Coming to Terms” with having an LG child.*

As mentioned in the preceding section, parents have a range of reactions to learning of their child’s minority sexual orientation. In order to deal with their reactions, parents typically progress through various linear stages of “coming to terms” with having a self-identified lesbian or gay child (DeVine, 1984; Robinson et al., 1989; Savin-Williams & Dube, 1998). DeVine describes the stages as identity building, while Robinson et al., likens the process to Kubler-Ross’s (1969) five stages of mourning death: shock, denial, anger, bargaining, and accepting. Similarly, clinicians and family members have reported shock and denial as the first stage response from many parents after learning of their child’s LG status (Bernstein, 1990; Griffin et al., 1996; Herdt & Koff, 2000). As the reality of this life-event sinks in for the parent and the wishful fantasies to turn back the situation abate, parents are frequently left with a deep sense of loss. The loss and subsequent grieving that unfolds for a parent have been identified by many who have written about the parent’s perceptual experience following disclosure (Borhek, 1988; Collins & Zimmerman, 1983; DeVine; Griffin et al; Herdt & Koff; Robinson et al.). Parents themselves have compared the loss of the heterosexual child with that of an actual death of a child (Switzer, 1996).
For example, a study of 402 members of P-FLAG found that parents tend to move through five distinct emotional stages over the course of two to five years after learning that their child is gay or lesbian: denial, anger, bargaining, depression, and tolerance (Robinson et al., 1989). A later study of P-FLAG parents (Ben-Ari, 1995b) also found that parents go through these same emotional stages, but that a majority of these P-FLAG parents had completed all five stages within six months, and many within one month. In the latter study, the best predictor of quicker parental acceptance was the child's positive self-image about being gay; in the former study, acceptance was more quickly attained when parents held liberal versus conservative political views.

Robinson et al. (1989) advanced that parental progression toward “coming to terms” with their LG child was related to Kubler-Ross’s stages of grieving (shock, denial, anger, bargaining, and acceptance). After the initial shock of their child’s disclosure, parents typically move into denial. When in denial, parents actively isolate themselves and deny their child’s disclosure, as these parents are aware of the ramifications of their child’s minority sexual orientation status. This stage is emotionally uncomfortable and anxious for the parents. Stage two is characterized by anger. At this point, parents may reject or physically abuse their disclosing child because of their extreme ire, panic, or anxiety with their self-identified lesbian or gay child. Parents also typically search for a “perpetrator,” someone to blame for making their child lesbian or gay. Moving into the third stage of bargaining, parents try to recreate balance by making deals. These parents may negotiate with their disclosed child, requesting the child to maintain appearances by not telling anyone, including the other parent, about the child’s minority sexual orientation. Beyond this, religious parents make promises and plead with God to convert,
and thus save, their child. The next stage is that of depression. Typically, parents feel guilty for having somehow caused their child to have a minority sexual orientation or, minimally, for not having noticed the likelihood of this orientation. Parents think about the loneliness and discrimination that they believe their child will inevitably suffer because their child now identifies as lesbian or gay. The final stage, loosely identified as acceptance, is perhaps more accurately identified as tolerance. Through the help of various educational media and support groups, parents in this stage have fully mourned the loss of their presumed heterosexual child (DeVine, 1984), and thus their child’s minority sexual orientation status no longer needs to be kept secret (Savin-Williams & Dube, 1998).

Beyond the correlation between parental “coming to terms” models utilizing Kubler-Ross’ grieving stages, DeVine (1984) in a conceptual piece proposed the presence of five stages experienced by parents who have learned of their child’s minority sexual orientation: (a) Subliminal Awareness, (b) Impact, (c) Adjustment, (d) Resolution, and (e) Integration. In the initial stage of Subliminal Awareness, parents possess vague suspicions of their child’s minority sexual orientation. These speculations, however, are typically grounded in the recognition of non-traditional gender qualities, such as behaviors and characteristics. DeVine identified the second stage as Impact. During this phase, parents actually learn of their child’s minority sexual orientation, which is thereafter considered a crisis. In dealing with this crisis, parental emotions range the gamut of shock, confusion, anger, denial, blame, and guilt. In the third stage of Adjustment, parents endeavor to cope with the crisis caused by their child’s minority sexual orientation. In so doing, they wish to preserve mainstream social standards; thus,
parents want their minority sexual oriented child to remain quiet so that the family can maintain respectability with church members, professional colleagues and the society at large. With Resolution, parents are actively working through the dissonance of their values and expectation caused by the disclosure of their child’s minority sexual orientation. Parents mourn the loss of their heterosexual child and all that accompanied that belief (traditional success of marriage, family, etc.). Throughout this mourning process, parents educate themselves about minority sexual orientation and begin transforming their personal prejudices regarding minority sexual orientation, but DeVine offers no details about the process of transforming these personal prejudices. Having worked through their grief, parents move into the final stage of Integration. In this phase, parents are able to accept their self-identified lesbian or gay child for whom and how the child is. Interestingly, however, is the assertion made by DeVine that while parents may move toward an acceptance of their child’s minority sexual orientation, very few parents actually reported reaching acceptance and even fewer reported embracing this reality with great pride and activism.

Recent researchers, however, have argued that while these stage models might suggest that parental acceptance is a journey, there has not been a focus on what the journey for family members looked like; rather, the focus of research has been primarily focused on examining presupposed stages to see how well they fit for parents. Though not fully accomplished, one study has attempted to demonstrate and address the shift over time that occurs between disclosing children and their families. In this study conducted by Herdt and Koff (2000), fifty parents, ranging in age from late thirties to seventies, of self-identifying lesbian and gay children were interviewed. These parents primarily
identified as White, and adhered to Protestant, Jewish and Catholic faiths. For most of the participants, their children disclosed their minority sexual orientation in young adulthood, spanning time after disclosure from less than one year to more than ten years.

From their findings, Herdt and Koff (2000) theorized a three stage paradigm that did not differentiate between the developmental periods for parents learning of their child’s lesbian or gay identity. This stage progression conceptualized the parent progression or non-progression through three categories of responses and organization upon learning that a child is lesbian or gay: disintegration (unable to integrate this new information about their child into their vision of themselves as parents or the parent-child relationship), ambivalence (negotiating some aspects of adjustment, including denial) and integration (accepting and embracing their child’s lesbian or gay identity). The researchers discovered that most of the parents’ sense of devastation after learning of their child’s minority sexual orientation led them to disengage with the child. As a result, the parents typically experienced negative feelings such as guilt, blame, secrecy and shame. During the disintegration of family and LG child, parents also battled with reconsidering their previous beliefs and values. At this point, parents were able to enter the stage of ambivalence. In this stage, parents and child were still uncomfortable and unsure as to the future nature of any relationship but there was a developing ray of hope. As this hope continued to expand, typically as a result of disclosing to others without experiencing any stigma, family was able to move into a state of integration. With integration, the relationship between family members and the lesbian or gay child improves through communication and willingness to respond to one another. Herdt and Koff specifically identified eight indicators that families have moved into a stage of
integration: (a) positive changes in parent-child relationship, (b) acknowledgement of positive consequences of child’s disclosure, (c) familial disclosure to others, (d) inclusion of disclosed member and his/her friends, (e) positive results in the family, (f) awareness of the benefit of disclosure on the child, (g) involvement in P-FLAG or other gay community groups, and (h) ability to visualize the future with a LG child.

In the primary studies that directly examine parental reactions and stage model paradigms described above, there are a few gaps in this body of literature that should be addressed. First, whether the study was quantitative, qualitative or mixed method the researchers developed a set of presupposed notions to examine a parent’s reactions of learning their child was LG and his or her movement toward accepting the LG child. Second, most of these studies are reported from the lens of the self-identified lesbian or gay child rather than the parents. Third, the actual relationship between parent-child after acceptance is attained is not a very sharp focus in these models.

Adjustment Models. There is a small body of literature that supports the idea that many parents are either accepting of their child’s disclosure from the beginning or that parental attitudes can improve over time (Beeler & DiProva, 1999; Ben-Ari, 1995a, 1995b; Pearlman, 1991, 1992, 2005; Savin-Williams, 2005). For instance, in an in-depth study of the process of coming out to parents, Ben-Ari interviewed 32 lesbian and gay young adults and 27 parents of lesbian and gay offspring. Noteworthy is that the gay and lesbian participants were not the children of the parents interviewed. Participants answered several open-ended questions and then completed a demographic questionnaire and the Parental Reaction Scale, which assessed shock, denial, shame, guilt, anger, rejection, acknowledgement, and acceptance. Participants were asked to retrospectively
evaluate the experience of disclosure from their own and the other person's perspective as it applied to four different time points: the first week following disclosure, the first month following disclosure, the first six months following disclosure, and at the time of the interview. In the children's sample, the parents had known for an average of 8.5 years, and in the parents' sample, the parents had known for an average of 10.8 years. Over the period of time between first disclosure and the time of the interview, Ben-Ari found that the parents' self-reported levels of shock, denial, shame, guilt, anger, and rejection all decreased significantly, and acknowledgement and acceptance both rose significantly. Children's perceptions of their parents' reactions were similar to those given by the parents: acknowledgement and acceptance increased as shock, denial, shame, guilt, anger and rejection decreased.

Ben-Ari further indicated that parents primarily experienced shock during the first week post-disclosure. All participants saw the coming out process as the only way to live authentically. Moreover, parents were more likely to ultimately acknowledge and accept their child’s LG orientation when the parents believed their child disclosed in order to be more authentic. Ben-Ari proffered a working distinction between parental acknowledgment and parental acceptance of the LG child: acknowledgement is the recognition of fact of the child’s LG status; acceptance is recognition of the LG status combined with an emotion connection. When authenticity was contributed to disclosure, both parents and children participants more often reported that the parent-child relationship improved post-disclosure. However, there was a discrepancy between reported level of acceptance between parent and children participants. Parents reported
that they were fully accepting of their LG child, while most of the children participants reported that they felt their parents merely acknowledged their LG status.

Saltzburg’s (2004) dissertation examined, from a phenomenological approach, the experiences and stories of parents who had recently discovered that their child was gay or lesbian. The parents who participated had found out about their child’s minority sexual orientation within the previous 24 months; additionally, the child was between 15 and 24. A total of eight parents were interviewed, three of whom were referred by youth group coordinators, four of whom found out from literature their child brought home to them from a youth group, and one of whom found out through PFLAG participation. In total, there were six mothers and two fathers. The interviews were semi-structured and consisted of five open-ended questions. The interviews lasted from 1.75 to 2.5 hours.

Saltzburg found three major themes in understanding the experiences of parental adjustment: cognitive emotional dissonance, fear of estrangement, and reconstitution. The theme of reconstitution closely relates to the idea of acceptance. Saltzburg argued that for many of the participants, the process of adjustment and ultimate acceptance involved recognizing themselves as a parent of a gay or lesbian adolescent (Saltzburg). Through the interviews and consequential data analysis, three major components were found that helped parents with this identity adjustment: gaining understanding about LG issues through reading and other sources of exposure, getting to know a gay mentor or advisor, and finally meeting other parents of gay or lesbian children.

Freedman (2002) has looked at levels of parental acceptance of adult gay and lesbian children. The author utilized both a quantitative and a qualitative methodological approach. The quantitative approach was cross-sectional and was measured through the
administration of a 100 question telephone survey. The qualitative approach allowed participants to be interviewed with open-ended questions to examine their coping strategies and levels of acceptance in greater depth.

This study consisted of 59 parents of adult children who identified as gay or lesbian. Parents gave identifying demographic information that allowed the researcher to gain greater insight into the parents’ possible ranges of acceptance. Specifically, the researchers considered factors such as gender, age, race, ethnicity, religion, political affiliation, educational levels, occupation, political orientation, etc. The majority of parents (57) self-identified as European American or Caucasian, one identified as African American and another as Latina. The participants were from 22 different states and one Canadian province. Eight percent of the participants were female and 20% male. Participants were recruited with advertising posted via agencies, flyers, emails, and internet. Participants fell into three categories: (a) one-third identifying as members of P-FLAG, (b) one-third identifying as members of religious groups and/or Parents and Friends of Ex-Gays (P-FOX), and (c) one-third not participating in any support groups. All participants had to possess English literacy, have a gay or lesbian child over 18 and be under 65 years of age.

Quantitatively, Freedman concluded that parents’ level of acceptance fell on a continuum: they ranged from moderately to very accepting or from moderately to very rejecting. As the author hypothesized, a significant relationship between attitudes regarding sexual orientation and degree of disclosure to parents existed. Attitudes were also significantly associated with a global acceptance of sexual orientation. Additionally, the author found that parents with a more positive attitude of sexual orientation were
more accepting of their gay or lesbian child. Additionally, the researcher found the most important factor in predicting parental acceptance was the presence of feelings and attitudes of homophobia. The researcher also found that parental disclosure of their child’s sexual orientation to other people was related to the parents being more accepting and having more positive attitudes regarding their gay or lesbian child.

Freedman’s qualitative results of the study identified varying levels and descriptions of acceptance depending on categorical differences in reports of initial acceptance. As previously mentioned, the parents fell into three different categories: participants of P-FLAG, participants of religious support groups, and not participating in any groups. Regardless of category, parents seemed to experience similar initial reactions: anger, sadness, betrayal, confusion, and grief. Parental initial reactions were categorized according to social, physical, and emotional fears for their LG child. For instance, socially, parents feared what people would think of them, their child, and their family should it be discovered that the child was LG. Physically, parents feared that their child would be abused by an LG partner or other heterosexuals. Emotionally, parents feared that their LG child would not find real love or acceptance. Similar to other studies, Freedman found that parents belonging to religiously oriented support groups actually reported experiencing more intense initial reactions, closely followed by those parents who were not affiliated with any support group. When compared with the other parents, those who were unaffiliated with any group reported greater feelings of loneliness and isolation. Parents who attended support groups such as P-FLAG indicated more positivity regarding their LG child. For all parents, the intimacy experienced within the parent-child relationship increased over time. However, as with most other studies, the concept of
acceptance was not really defined or even sought after. Parents who self-identified as religious, for example, focused on the need to demonstrate love to their LG child as opposed to approval or acceptance of the child’s minority sexual orientation.

Utilizing a narrative approach, Beeler and DiProva (1999) wanted to explore how family members responded to the self-identified LG member over time. The researchers further wanted to investigate how the LG member, as well as his/her partners, were included into the family. Information was gathered through 16 exploratory, unstructured interviews with four separate families, three of which were recruited from P-FLAG meetings and the final was a referral. Study participants all identified as White, middle class families. Three of the families had a self-identified gay member, while the fourth family had a self-identified lesbian member. Two minority sexual orientation members disclosed their orientation as an adult, whereas the other two disclosed as an adolescent/young adult. Of additional interest, at the time of Beeler and DiProva’s study, disclosure had occurred within a year for one family, within 3 years for another family, and within 10 years for the final two families.

The researchers reviewed the interviews looking for active efforts by the family to demonstrate an acknowledgement, tolerance, or acceptance of the self-identifying lesbian or gay family member. The researchers found, upon their review, nine themes: (a) establishment of rules, (b) minority sexual orientation education, (c) increased exposure to minority sexual orientation individuals, (d) inclusion of lesbian/gay friends and family, (e) dealing with loss, (f) family disclosure, (g) creating new expectations, (h) dealing with social stigma, and (h) creating family narrative. Each theme is discussed below.
First, the family members had established rules by which they could discuss the minority sexual orientation of the disclosing individual. Moreover, the resulting relationships between family members were directly related to the rules that had been formed (e.g., what could or could not be asked, what could or could not be discussed, and what level of disapproval could or could not be tolerated). Second, having established boundaries, family members typically then set out to educate selves by reading, attending P-FLAG meetings or talking to others. Third, the family member had more exposure to minority sexual orientation individuals. The fourth theme was the familial inclusion of the disclosed child’s lesbian or gay friends. The fifth them was similar to Robinson and his colleague’s (1989) findings; the researchers indicated that family members grieved the loss of their heterosexual child. A sixth theme that emerged from the stories was need for the family to come out to other family members, colleagues, friends, etc. Noteworthy is that only one family actually endorsed this theme. The seventh theme discovered is closely related to the family’s mourning the loss of a heterosexual child; the family develops a vision of an alternative future for the LG child. Eighth, with a new future formulated, the family needs to determine how to respond to certain social stigma of having a lesbian or gay family member. Finally, in so doing, the family develops a story that would be used to come out to others.

While Beeler and DiProva (1999) offer some potential insight into the nature of the post-acceptance family, it lacks distinction between family members. That is, the relational differences that could exist between a mother-daughter as opposed to a father-daughter are not considered. Equally important, the majority of the themes described above address the steps that family members take to “adjust” to having a gay or lesbian
family member; the researchers do not clearly address the post-acceptance relationship that ensues between parent and child. In the current study, the research team seeks to build on Beeler’s and DiProva’s work to see how a heterosexual mother’s movement to acceptance plays a role in shaping her post-acceptance relationship with her daughter. Up to this point, only one study has focused specifically on the heterosexual mother-lesbian daughter dyad.

Pearlman (1991) interviewed heterosexual mothers with the goal of understanding the mother’s process of acceptance of her daughter’s lesbian identity. The mothers in the study all identified as Caucasian and had only one lesbian daughter. Additionally, the mothers had known of their daughters’ lesbian identity from three to seventeen years; most mothers had more than ten years of post-disclosure time. As a condition for participation, Pearlman required mothers to be social activists. Social activism regarding LG issues was, for Pearlman, an indication of acceptance by the mothers.

Pearlman (1991) utilized Cass’s (1979) stage based theory of minority sexual orientation identity development. Pearlman interviewed three different groups of mothers who had lesbian daughters. The first group of 10 participants was interviewed in 1990. The second and third groups of mothers were interviewed between 2000 and 2001. The second group had 16 participants and the third had 14. Interestingly, the self-identified lesbian daughters represented through group three later identified as transgender.

Pearlman relied upon a phenomenological approach. Through the course of analysis, Pearlman recognized that the mothers’ experiences in her study actually paralleled five of Cass’ six stages of development. Pearlman identified her five stages as: (a) parental confusion, (b) parental comparison: loss and fear, (c) parental tolerance, (d) parental
acceptance, and (e) parental pride/parental ambivalence. In the initial phase, parents primarily questioned the validity of their daughter’s claim of being a lesbian. In stage two, parental comparison, mothers grieved for the loss of the assumed heterosexual dreams that would have been fulfilled by their daughters. Mothers also experienced an increased social isolation. Perhaps related to their mourning, mothers actually hoped that their daughters would not be permanently lesbian. In the next phase, parental tolerance, the mothers attempted to educate themselves in order to help reduce their grief. Typically, the mothers sought social support via P-FLAG. Through this new social interaction, the mothers came to know other lesbian and gay individuals, which aided in further redirecting the mothers’ previous beliefs regarding minority sexual orientation. In the parental acceptance stage, the mothers understood that their daughters were indeed lesbian, that it was not some temporary illusion. The mothers recognized that their daughters’ identities were intricately connected to the revelation that their daughters were lesbians. In the final stage, the mothers were increasingly proud of their daughters’ strength to disclose and function in society; simultaneously, the mothers were more impatient with the homophobic nature of society. As a result of their dual emotions, the mothers became social activists for change regarding LG issues. Interestingly, Pearlman found that mothers who had post-disclosure knowledge for less than five years and those who had held more traditional religious beliefs had not yet really evolved past the stage of parental tolerance. In this study, Pearlman’s primary focus was on the heterosexual mother’s process of coming out as an accepting mom. She does not address the heterosexual mother-lesbian daughter relationship that ensues between them post-acceptance.
Importance of Study

To bridge the gap in available literature, the research team for this dissertation had two primary objectives: (a) discover the mother’s perceptions of the relational changes after heterosexual mothers accept their daughters’ minority sexual orientation and (b) discover how they felt changes in the post-acceptance relationship unfolded as a result of the heterosexual mothers’ values, beliefs, and attitudes influenced their post-acceptance relationship with their daughters. As the team was designing the study, we noticed that there was a fair amount of literature that attended to the societal attitudes that play a role in how a parent will react to a child’s disclosure of a minority of sexual orientation (e.g., Herek, 2003; Savin-Williams, 2001, 2005). We also noticed that there were a number of researchers who attempted to understand the factors that played a role in parents coming to acceptance of their child’s minority sexual orientation and the stages parents had to navigate to a place of acceptance (DeVine, 1984, Herdt & Koff, 2000; Robinson, et al., 1989). A close examination of the most recent research and scholarship revealed that a couple researchers have begun to attempt to get a sense of how the family reintegrates the LG family member after acceptance has been attained (e.g., Beeler & DiProva, 1999). Thus, it seems as though a logical next step in the research is exploring the heterosexual mother-lesbian daughter relational dynamics (through the lens of the mother) that unfold after a heterosexual mother comes to a place of acceptance of her lesbian daughter’s minority sexual orientation.
CHAPTER II

METHODS

The research teams' primary purpose for conducting this study was to gain insight into what happens in the mother-daughter relationship after heterosexual mothers' move to a place of acceptance of their daughters' minority sexual orientation. The focus was not on the process of accepting but rather the changes that occur in the heterosexual mother-lesbian daughter relationship after mothers accepted their daughters' minority sexual orientation. Secondarily, the research team was interested in understanding if any changes in the heterosexual mothers' values, beliefs, and attitudes influenced their post-acceptance relationship with their daughters. Although there were a number of specific criteria that had to be met for someone to participate in the study, the primary criterion was that the participant self-identify as a heterosexual mother who is accepting of her lesbian daughter's minority sexual orientation (See Sampling Criteria later in this chapter for a full description of criteria.). Using a consensual qualitative research (CQR) approach, interview data were analyzed to explore the nature of the heterosexual mother-lesbian daughter relationship post-acceptance (i.e., after a heterosexual mother accepts her daughter's minority sexual orientation).

The overall purpose of this chapter is to provide the readers with a map of the method used to conduct the dissertation study. To accomplish this, the first section of the chapter delineates the research questions that were investigated. The second section begins by providing a general overview of qualitative methods and ends with the rationale for the utilization of CQR as the specific qualitative methodology for this study. Included in this section are a number of subsections as well: (a) philosophical differences
between qualitative and quantitative modalities; (b) definition of the qualitative paradigm; (c) limitations to using a qualitative paradigm; (d) rationale for using a qualitative method in this study; and, (e) the rationale for using CQR in this study. The final section describes the study design and includes subsection information about: (a) the core research team, (b) auditors, (c) participants, (d) sampling criteria, (e) instrumentation, (f) procedures and (g) data analysis. Many of these sections are broken into subsections. When that is the case, I will begin the section by explaining the breakdown of the section into subsections.

Research Questions

The research questions that my research team and I addressed in this study were: (a) how does the heterosexual mother-lesbian daughter relationship change after a mother comes to acceptance of her lesbian daughter’s sexual orientation?; (b) how are shifts in the heterosexual mother’s values, beliefs, and attitudes about minority sexual orientation, related to the changes in the mother-daughter relationship post-acceptance? A short phrase for the research focus will be: heterosexual mother-lesbian daughter relational changes post-acceptance.

Qualitative Method

Over the past 20 years, researchers have placed a greater emphasis on developing alternatives to purely quantitative research modalities; the impetus for this desire is the hope that there are modalities of research that can more completely capture the complexity of human behavior and experience (Heppner, Kivlighan, & Wampold, 1999; Morrow, 2005; Morrow & Smith, 2000; Morse, 1994). Qualitative methodologies are one of the paradigms that researchers have focused on in this endeavor (Bogdan & Biklen,
2002; Hoshmand, 1989; Polkinghorne, 1994). It seems logical to explain the qualitative research design by comparing it to its well known counterpart, quantitative research design. After making a distinction between the two paradigms, qualitative research will be defined explicitly. Then, because it is important to acknowledge limitations in methods utilized in research, a brief discussion about the limitations of utilizing a qualitative methodology will follow. Because I feel that my research questions are best answered utilizing a qualitative methodology, I will then provide support for my choice in utilizing a qualitative methodology in this study. Finally, I will offer specific support for utilizing Consensual Qualitative Research (CQR; a method that will be discussed in-depth in the section that follows this general discussion about qualitative research designs).

**Philosophical Differences between Qualitative and Quantitative Design**

The fundamental difference between qualitative and quantitative methodologies is philosophical in nature. According to Gliner and Morgan (2000), quantitative designs have as their basis the positivist belief that human behavior is governed by universal laws, and so researchers are seeking to discover the forces that determine the laws by which behavior is governed. In the positivist paradigm, reality exists independent of context (Gliner & Morgan). Qualitative designs, in contrast, have as their basis the constructivist belief that reality is constructed within a social context. In the constructivist paradigm, reality is constructed in the minds of individuals (Heppner et al., 1999).

The fundamental philosophical difference between quantitative and qualitative research leads to two very different and yet complementary research design paradigms. For instance, quantitative research uses mathematics (i.e., statistical analysis) to
determine results, while qualitative research depends on verbal communications (i.e.
language) to determine results. Another difference is that while quantitative research is
deductive (i.e., theory drives construction of hypotheses to be tested), qualitative research
is inductive (i.e., data drives construction of theory). Finally, the goals of each paradigm
are quite different. The goal in quantitative research is the discovery of truth in order to
explain and predict human behavior. The goal of qualitative research is to describe a
phenomenon (Heppner et al., 1999). Each has its usefulness, depending on the
phenomenon under investigation and the researcher's particular area of inquiry. In short,
unlike quantitative methodologies that rely on variance questions to produce empirical
results, qualitative research employs process questions. Process questions are those
which: (a) explore the meaning of activities and events to the participants and their lives,
(b) query the impact social and physical settings have on the activities and events in
people's lives, or (c) question the process that transpires between the activities and events
in the lives of participants and the resulting outcomes (Maxwell, 2005). In short,
qualitative researchers suspend judgment on an issue, preferring to analyze the data as
presented from the perceptions of the participants (Silverman, 2005).

Defining Qualitative Research

Qualitative research "involves understanding the complexity of people's lives by
examining individual perspectives in context" (Heppner et al., 1999, p. 235). It is, on an
intellectual basis, found in disciplines (e.g., linguistics, philosophy, and literature) that
focus inquiry on the "attributions of meaning" and so qualitative research can be viewed
as offering a linguistic and symbolic representation of the world (in contrast to the
mathematical representation offered by quantitative research; Heppner et al.). Shank
(2002) defined qualitative research as “a form of systematic empirical inquiry into meaning” (p. 5). Therefore, qualitative research seeks to make meaning of the phenomenon under investigation using language as a form of systematic empirical inquiry. Moreover, researchers who investigate an unstudied phenomenon have to use previous findings to guide the design of the study; consequently, the process of reconnecting study results to existing literature may arise at various times throughout the research process (Silverman, 2005). As new discoveries are made, researchers may need to consult existing literature to understand the new finding. In short, as the qualitative research progresses from the collection of data to the analysis of the data the literature review will expand.

Qualitative strategies, regardless of their particular process question, have several commonalities (Bogdan & Biklen, 2002; Miller & Salkind, 2002). First, data are gathered within a natural setting. The researcher interviews participants suited for the particular issue of concern (Miller & Salkind), and serves as the primary instrument for data analysis. In this way, the researcher becomes the filter through which the data is understood and conveyed (Hesse-Biber & Leavy, 2006). Second, qualitative research is descriptive (Creswell, 1998). Researchers within this framework ask questions to describe and extrapolate information related to the study (Creswell, 2003). Third, the outcome of an experience as well as the process employed to maneuver through the experience is examined. Qualitative researchers seek to understand how rather than just what. Fourth, inductive analysis is required because researchers draw conclusions from the presented data rather than gathering data to uphold a preconceived hypothesis (Maxwell, 2005). Finally, the perspectives of the study’s participants supersede those of
the researcher (Erickson, 2005), and in fact, the researcher strives to understand an issue from the framework of the participant.

**Limitations to Qualitative Research**

Several limitations to qualitative research have been proffered. First, because of the small number of participants utilized in qualitative studies, the results offer a depth and richness of the experience under investigation at the expense of generalizability (Hesse-Biber & Leavy, 2006). Next, because the researcher’s role is that of involved investigator, it is understood that the data will be analyzed through the lens of the investigator, along with her biases (Heppner et al., 1999). Other limitations include: (a) results may not replicate across research teams, (b) the research process is very labor intensive, and (c) qualitative methodologies are seldom standardized and so each researcher may use different methods without attending to reliability of judgment (Hill, Williams, & Thompson, 1997; Nutt-Williams & Hill, 2001). Perhaps one of the most significant limitations to qualitative methods is the low regard with which qualitative methods have been viewed by many in the academic research community. The prevalent attitude toward qualitative methodologies creates difficulties regarding publication of such studies (although this is changing slowly); as a result, many researchers may choose not to use qualitative methods, despite the benefits of doing so (Hesse-Biber & Leavy).

**Support for Using Qualitative Methodology in the Current Study**

As stated above, qualitative research has recently gained standing as a viable alternative to traditional quantitative research modalities (Hoshmand, 1986; Hesse-Biber & Leavy, 2006). Because it affords researchers a way to thoroughly understand an issue, event, or action from the perceptual framework of the participant, qualitative research has
been employed extensively in the fields of education, sociology, anthropology and feminist research (Bogdan & Biklen, 2002). Feminist researchers argue that the use of a qualitative approach to explore the impact of female relationships, especially that of the mother-daughter, have the potential to yield intriguing results. More specifically, qualitative methods seem to provide a potentially useful avenue for examining what changes occur in the mother-daughter relationship after a heterosexual mother comes to a place of acceptance of her daughter's minority sexual orientation.

Support for Utilizing CQR in Present Study

Some of my reasons for using CQR are analogous to the utilization of any qualitative methodology in a research study such as this one. Utilizing CQR offers the researcher the opportunity to attain a rich description of the experience under investigation, and is a highly appropriate method to employ when investigating areas that have not been explored in the literature. Moreover, because CQR mandates the use of open-ended questions and respondent answers to create a description of the participants’ experience, it is an ideal method to utilize when asking process type questions. As a matter of fact CQR has been utilized by a number of researchers examining process type questions (e.g., Boyden, 2005; Catlin, 2006; Gelso, Hill, Mohr, Rochlen, & Zack, 1999; Hill & Williams, 2000; Johnson, 2004).

Beyond these reasons, I have some personal reasons for choosing CQR. As I am an extreme extrovert, the collaborative nature of the method appealed to me (i.e. research team and auditors). I also felt as though using such an involved design would enhance my professional development as a researcher. Additionally, with a CQR methodology researchers are able to describe the investigated process as it occurs on a continuum.
because the data are not placed in rigid categories for empirical analysis. Finally, I felt as though the rigor of the analysis would fit well with my need for a structured way to analyze the data. Having provided the reasons for using the CQR methodology in my design, it is now important to narrow the focus and address CQR methodology specifically.

Consensual Qualitative Research

In this section of the chapter, I will provide readers with some key information about CQR. To guide the reader in understanding CQR, I will begin by defining some key terms that are utilized by the founders of the methodology. I will then provide a very brief description of how CQR was developed. I will end the section with a brief description of CQR.

CQR Terminology

What follows are the three definitions that will aid the readers as they gain an understanding of CQR: (a) domains, (b) core ideas, and (c) category. First, domains are simply the salient topic areas that emerge in the participants’ narratives. Initially, the domains are rationally derived from the questions asked and the literature reviewed. This process gives the researchers a “start list” of domains (Hill et al., 1997). During the within case analysis (i.e., individual transcript analysis) the domains often change or become more refined as the researchers immerse themselves in understanding the participants’ stories. In essence, the domains are used to group the data about similar topics that emerge in the interviewees’ responses (Hill et al.). Next, core ideas are the summarized content of each domain for a given case. The intention of developing core ideas is to capture the central meaning of what the interviewee has said in the domain in
fewer words or with more clarity (Hill et al.). Finally, after all cases have been analyzed (i.e., domains and core ideas have been identified), the data are examined across cases. In the cross analysis phase, the research team determines how the core ideas cluster into categories (Hill, et al.). Categories help concisely summarize the data that fall under each domain and thus provide descriptions of the breadth/depth or texture of the domain.

Development of CQR

CQR resulted from the influence of three different qualitative methods: (a) phenomenology (Giorgi, 1970, 1985), (b) grounded theory (Glaser & Straus, 1967; Strauss & Corbin, 1998), and (c) comprehensive process analysis (Elliott, 1989). From the phenomenological framework, CQR holds that data must be contextualized, for information gathered and analyzed beyond the context in which it emerged will not accurately reflect the perception of the participant. As with grounded theory, CQR utilizes an iterative approach to the coding of data collected, an approach referred to by Strauss and Corbin as a constant comparative method of analyzing data. In short, utilizing a CQR approach grounds the results of the study within the existing data. The research team continuously cycles through the data so that they can make comparisons between the data and the categories they have contrived until the core ideas have been verified. Equally important is that the founders of CQR purport that they were influenced by Elliot’s (1989) comprehensive process analysis (CPA). From this method of data analysis, CQR authors incorporated the use of consensus teams and a systematic approach of comparing data across cases. CQR, however, focuses on extrapolating the explicit meaning of participant statements rather than CPA’s use of interpreting the implicit meaning of events. Though greatly influenced by other qualitative approaches,
CQR is still an uncommon approach with unique features. For instance, CQR uses a team to arrive at consensus judgments within cases and across cases. In the within cases analysis, the team comes to consensus about the domains and the core ideas that emerge within each domain for each case individually. At the cross analysis phase, the researcher compares core ideas across cases in order to establish categories that describe the final organization of the data. Moreover, using a CQR approach relies on group consensus so that the manifested content is reported by participants rather than an interpretation of the data. Additionally, a comparison of information across cases creates a more complete picture of the issue at hand (Hill, Thompson, Hess, Knox, Williams, & Larlay, 2005).

Description of Consensual Qualitative Research

What follows is a concise description of the CQR approach. Later in the chapter, I will provide the reader with an in-depth discussion about CQR as it applies specifically to my research design. Hill et al., (1997) offered eight components to CQR. These include: (a) gathering data using open-ended questions, which allow participants depth and breadth in responses; (b) using words to describe phenomenon under investigation, (c) examining a small number of cases intensively (i.e., 8-15), (d) using the whole “case” in order to understand specific experiences being investigated (i.e., contextual aspect); (e) building conclusions from data (i.e., inductive aspect); (f) using a team approach in which all members may offer varying opinions that are then brought to consensus by members (i.e., constructive aspect): (g) utilizing auditors to ensure the team does not overlook important data; and (h) recycling (as a team) back through the raw data to ensure accuracy of results and conclusions.
When following a CQR framework, the researcher must separate data into domains, create core ideas for each domain, and determine whether any inconsistencies in categorization exist. Throughout each stage of CQR development, consensus is vital. As indicated earlier in this chapter, a CQR project is conducted utilizing a research team approach, as well as outside auditors who check the team’s work to improve data analysis. Each team member independently analyzes the data, and then the team members discuss their findings and attempt to reach consensus regarding their analyses. In this process, mutual respect and equitable involvement (Hill et al., 1997) are balanced in an open climate that actually promotes differing opinions.

The movement toward consensus assumes that an awareness of multiple perspectives will lead to the “truth;” these discussions are included to decrease the likelihood of researcher bias (Marshall & Rossman, 1989). Members of the research team record their biases and expectations before data collection, and they attempt to be aware of and manage their biases as they analyze the data. The entire research team serves as the “decision maker” rather than one individual. This is done to further ensure that researcher expectations and biases do not influence the analysis. This means that the results should more accurately reflect the participants’ perceptions.

In short, CQR provides a unique way of approaching data that allows for the creativity treasured by qualitative researchers, while protecting the rigor of the analysis required by all strong sciences. A full description of the methodology can be found in Hill et al., 1997). As a relatively new methodology, CQR focuses on the pioneering use of teams also shared by other researchers in the field (e.g., Gomez, 1996; Richie, Fassinger, Linn, Johnson, Prosser, & Robinson, 1997). It is an excellent method for
discovery-oriented, descriptive analysis and can be particularly useful in the area of process events, where little other empirical work exists. Thus, CQR was chosen as the qualitative data analytic technique for the present study based on its strengths in analyzing the data from a participant-centered approach; its reliance on consensual decision making to ensure greater trustworthiness of the data (Lincoln & Guba, 1985); and, its usefulness in generating full, rich descriptions of the phenomenon of interest.

Dissertation Research Design as CQR

In this section of the chapter, I will discuss the actual design of the study. The first subsection will be a description of the core research team, which includes six women who remained on the project until the end, and three women who left the team prior to the beginning of data analysis. The second subsection will be a description of the auditors chosen for the study. The third subsection will encompass some information about the participants utilized in a CQR research design and include basic information about my sample and the sampling criteria that had to be met to participate in this study. The fourth subsection of the chapter is an explanation about the instrumentation utilized in the study. The sixth subsection encompasses information about the actual procedures for data collection. The final subsection chronicles the data analysis for the study.

Core Research Team

CQR teams have varied in composition among several studies (e.g., Gelso et al., 1999; Hill, Nutt-Williams, Heaton, Thompson, & Rhodes, 1996; Knox, Hess, Petersen, & Hill, 1998; Ladany, O'Brien, Hill, Melinkoff, Knox, & Peterson, 1999; Williams, Judge, Hill, & Hoffman, 1999). In most of these studies, if there was an inherent power differential in the make up of the team it was not discussed. Thus, prior to discussing my
research team, I will address this issue of inherent power differentials specifically. In
general terms, however, despite the varying levels of perceived power, all research team
members reported that they always felt empowered to express their assessments, whether
they were in accord with mine or not.

While CQR requires that all decisions for the research design and analysis are
made in consensus, implying a mutually empowering process, it is important to note that
there was an inherent power differential in my team. Because this was my dissertation
study, I was ultimately responsible for having an effective design and analysis process.
Moreover, I had the most training and research experience on the research team. As an
advanced doctoral student, I had to be mindful that my team members, whose educational
level ranged from upper level undergraduate to 1st year doctoral student, were looking to
me to provide guidance that would help them learn more about the research process.
Thus, it was essential that I was able to provide clear, concise direction to the team. Yet,
it was also important that all team members not only felt that they could express their
opinions and beliefs but felt as though their opinions and beliefs were valued as well.
Thus when I was selecting members for the team, I sought women who not only had a
strong desire to learn more about the research process but also had enough confidence in
their abilities to feel comfortable verbalizing their thoughts. What follows is a basic
description of the research team as it unfolded (see Appendix A for a brief autobiography
of each team member as well as a description of their contributions to the research
process.).

This study’s CQR team emerged in phases. In the first phase of the project there
were three female members: (a) the principal investigator an advanced doctoral student at
Western Michigan University (Julie), (b) a first year doctoral student in counseling psychology at Western Michigan University (Abbie), and (c) a Licensed Professional Counselor with a master’s degree who works for Borgess Hospital as a psychotherapist (Bridget). All three team members self-identified as heterosexual. Noteworthy is that all three of these team members were a part of the team from the inception of the project and worked on the project together until its conclusion.

I selected Bridget and Abbie, at the onset of the research process. They were selected for a number of reasons. First, they both had research experience, as they were part of a number of research teams with a faculty member at Kalamazoo College who is also a member of my dissertation committee. Second, they were very organized and were excellent at finding relevant literature for the research design. Third, they were interested in social advocacy work surrounding LGBT issues. Fourth, after interviewing them, I felt confident that they would feel comfortable expressing their opinions and beliefs without being afraid that I would not value what they had to say. Finally, they both were interested in being part of a CQR research team so that they could learn more about qualitative research.

In the second phase of the project, developing a preliminary research design for the dissertation proposal defense, three additional team members were recruited: (a) Jen who was a second year Counseling Psychology master’s student at Western Michigan University, (b) Laurel, and (c) Rachael, who were both undergraduate seniors at Kalamazoo College. One of these research team members self identified as lesbian, one self-identified as bisexual, and one self-identified as heterosexual. Jen and Laurel were added for their strong research skills, their knowledge about many of the issues
surrounding gender adherence and lesbian identity formation, and their ability to express their ideas clearly. Rachael was selected for her strong organizational skills, her ability to attend to detail, her desire to learn about social advocacy, and her ability to bring a fresh perspective to the team. It is important to note, that all three of these team members moved out of state after the preliminary research design was developed for the dissertation proposal defense. They were not involved in the final planning of the research design, nor were they involved in the data collection or analysis phases of the project.

In the third phase of the project, data collection, one new team member was added to transcribe the interviews. Kelley was a graduate of Kalamazoo College who self identified as heterosexual. She was added to the team because of her strong attention to detail and her desire to gain qualitative research experience.

In the fourth phase of the project, data analysis, two final members were added to the research team: (a) Kelsea and (b) Sara who were both first year Counseling Psychology masters’ students at Western Michigan University. They both self identified as heterosexual. They were added to the team because they had some experience working on qualitative research projects, they had strong analytical skills, and they had an interest in learning more about the qualitative research process. They were involved in verifying the transcripts for accuracy and the entire data analysis process. They stayed a part of the research team through the analysis process.

Auditors

CQR methodology encourages the utilization of auditors as a check for the team because they provide a fresh perspective to the data, which according to Hill and her
colleagues (1997) should help the research team gain greater levels of accuracy when analyzing the data. Thus, I incorporated three auditors into the design of the study. When selecting auditors, I kept the purpose of my study in mind and thus two of the three auditors are mothers. The first auditor, Deidre, is a self-identified lesbian who has a 21-year-old adult heterosexual daughter. She is a licensed clinical psychologist who has 11 years experience providing psychotherapy services to primarily gay and lesbian clients and 10 years experience as a forensic psychologist for the FBI. The second auditor, Martha, is a heterosexual mother who has a 22-year-old lesbian adult daughter. She is also a licensed clinical psychologist who has 25 years of private practice experience working primarily with adolescent and adult females.

As outlined in the procedures section a little later in this chapter, the first two auditors had the responsibility of reviewing the research teams’ work at each step of the data analysis process. Each auditor independently reviewed the data to verify the accuracy of the domains and core ideas. The auditors further evaluated the findings for the cross analysis, which was the stage in the process where the domains and core ideas that had been generated from each case (transcript) were analyzed across the other cases (transcripts) and categories were developed. At each stage of the CQR process, the auditors provided suggestions for consideration and revision. For instance, during the cross analysis process, the auditors reviewed the patterns in the data to ensure that the final descriptions of the data were accurate.

Though not a CQR criterion, I added a third auditor, Jim, to the data analysis process. I did this in an attempt to ensure greater thoroughness and accuracy. This third auditor is the chair of my dissertation committee, a self-identified gay male whose
primary scholarly interests surround LGBT issues. As an additional auditor, he provided his perceptions regarding the domains, and categories as he evaluated the results chapter for clarity. When domains and/or categories were unclear, the additional auditor and I processed the ideas generated and he provided suggestions for improvement. After receiving input from this auditor, at least one core team member and/or one other auditor and I conferred about his suggestions. We considered his feedback, arrived at a consensus about the feedback, and incorporated the necessary changes to address his concerns.

Participants

Qualitative researchers strive to examine and understand a particular phenomenon in an in-depth manner. Consequently, participant selection within this methodology is critical. It is important that participants be individuals who, based on relevant predetermined criteria, are seen as able to provide an information rich sample (Morrow & Smith, 2000). Within the CQR framework, the goal of selection is not large numbers that will perhaps be generalizable to the population of interest, but rather selecting a few participants who can provide the research team with varied descriptions that are rich and meaningful (Hill, et al, 1997). Hence, data are only collected and analyzed from a small number of cases, with sample sizes ranging from 8 to 15 participants (Creswell, 1998, 2003; Hill et al., 1997; Hill et al., 2005).

Size of Sample

For this study, data were collected from 10 heterosexual mothers who met the sampling criteria described in the sub-subsection that follows. The specific descriptive information about the participants is provided in the results chapter (see Chapter 3).
Moreover, the actual participant recruitment and selection procedures are discussed later, in the data collection section of this chapter.

**Sampling Criteria**

In order to ensure that participants have, on some level, experienced the phenomena to be studied and were able “to provide a meaningful context for the reader to interpret and understand the results” (Hill et al., 1997, p. 1007), CQR methodology requires that sampling criteria be established before data collection begins. In this dissertation, the sampling criteria for inclusion were: (a) each participant self-identified as a heterosexual woman; (b) the participant also self-identified as a heterosexual mother who has a lesbian daughter between the ages of 14 and 23; (c) the heterosexual mother had to of learned of her lesbian daughter’s sexual orientation when the daughter was between the ages of 13 and 22; (d) the participant had to of learned of her lesbian daughter’s sexual orientation identity at least one year prior to the beginning date of the study; (e) to the best of the mother’s knowledge she had no other children that self-identified as lesbian or gay; and, (f) to confirm post-acceptance all participants provided a written definition of what they believed acceptance meant and three members of the core research team (Abbie, Bridget, and myself) selected participants who most closely matched our definition of acceptance (see recruitment process section below). This was important, for themes are more likely to emerge in the qualitative analysis when sampling criteria provide a homogenous sample, at least with respect to the research criteria.

**Instrumentation**

There are those qualitative researchers who believe that it is better not to familiarize yourself with the literature relevant to the study, for it allows the researcher to
examine the topic with “fresh eyes.” The founders of CQR disagree, arguing instead that by familiarizing yourself with the literature relevant to the idea being studied you can avoid making the mistakes that others have made (Hill et al., 1997). Given this, in developing the instruments for this study, I refamiliarized myself with several bodies of literature that I reviewed in Chapter 1 (e.g., mother-daughter relationships, gender roles, societal beliefs regarding LG persons, parental reactions, etc.). In particular, I focused on (a) parental reaction to and (b) parental acceptance of their children’s minority sexual orientation. It is important to note that when the team was developing the two instruments to be utilized for this study, the members of the core research team relied on my expertise and understanding of the relevant literature to encapsulate what was needed. Thus, prior to the development of the instruments, I gave each team member a few pieces of core scholarly, anecdotal, and research based literature to review. The purpose of this step was to aid research team members in processing the relevant information needed to develop the instruments.

Upon a review of the scholarly, anecdotal, and research based relevant literature, the research team found support for the inclusion of the key concepts for exploration in this study (e.g., societal influences, parental reactions, and parental acceptance). As the primary research question was about the nature of the post-acceptance heterosexual mother-lesbian daughter relationship, the team reviewed the parental acceptance literature. In this body of literature, scholars and researchers assert that more often than not parents move to acceptance of their gay and lesbian children’s sexual orientation (e.g., Savin-Williams, 2001). But in this body of literature, the issue of post-acceptance is not addressed, which supports the need to examine the mother-daughter relationship post-
acceptance. Given that the second research question was about how heterosexual mothers values, beliefs, and feelings pertain to their acceptance of their lesbian daughters we also reviewed key pieces of the small body of literature that addresses parental attitudes about minority sexual orientation (e.g., Beeler & DiProvia, 1999; Ben-Ari, 1995a). In this body of literature, the researchers address the factors that play a role in whether parents accept their child’s minority sexual orientation but fail to address what impact resolving any negative attitudes about minority sexual orientation has on the parent-child relationship. Clearly, our goal was to design two instruments that would help us address the two research questions. The first instrument was a demographic questionnaire (see Appendix B), and the second was the actual interview protocol (see Appendix C). The development and basic description of these instruments is more thoroughly discussed in the two subsections that follow.

Demographic questionnaire

Developing the demographic questionnaire for this study took place over a span of three team meetings. At the initial meeting, members of the team came prepared with scholarship that was relevant to the design of this study (e.g., parental attitudes about minority sexual attention literature, and samples of demographic questionnaires from other dissertations on similar topics) and the inclusionary criteria for a mother to participate in the study. Each team member recorded six to eight pieces of information that they felt prudent to incorporate into the document, as well as a rationale for each element. We all agreed that it was important to include questions that addressed the inclusionary criteria set forth in the design (see Appendix D) as well as general demographic information that would help us describe the participants. Beyond this, we
felt it was important to include some basic questions about the participants' political and religious affiliations. We felt that attaining this information could provide a context to help us understand the mothers perceived post-acceptance mother-daughter relationship. Once we came to consensus about the type of information to include, we decided that we would independently design a demographic questionnaire that incorporated all of the ideas agreed upon and set our next meeting. At our next meeting, we looked at each other's layout of the questionnaire, processed the pros and cons of each design and decided to incorporate pieces of each person's design. At this point in the process, I took the document to my dissertation chair and he provided some suggestions for improvement. The research team met, discussed my chair's suggestions, and agreed to modify the questionnaire per his suggestions.

The 13-item demographic questionnaire included nine general questions about the heterosexual mother who was the potential participant for the study, three questions about the mother's lesbian daughter, and one open-ended question (see Appendix B). As stated above, we asked for some general information (e.g., age, ethnicity or race, household income, education level), information to verify eligibility to participate (e.g., age of daughter, age first learned about daughter's sexual orientation, and definition of acceptance), and questions regarding religious and political affiliation.

*Interview Protocol*

The second instrument, the interview protocol, was in part generated in consideration of the literature reviewed for the study (e.g., parental acceptance, mother-daughter relationship, and parental attitudes about minority sexual orientation). Again, the research team read a few empirical studies and a few theoretical articles about factors
that impact acceptance, but overall the team relied on my expertise and understanding of
the literature to generate the areas of relevance to develop the interview protocol. After
reviewing the literature, we discussed the common themes found in the prior literature.
From this knowledge, we brainstormed about the big idea that we wished to investigate
(nature of mother-daughter relational changes post-acceptance). Keeping in mind that the
developers of CQR urge the use of a semi-structured interview process, we developed
specific questions that we would ask each individual (structured). This is not to say that
we did not recognize that we would have to prompt participants to provide additional
information when their answers were incomplete or needed clarifying (hence, the term
semi-structured).

Over a period of four weeks, the core research team came together for an hour
and a half meeting each week to discuss potential interview questions. Based on these
meetings, along with a utilization of the guidelines proffered by Rubin and Rubin (2004)
for developing open-ended research questions, in the fifth week we each designed
individual questions that we felt would answer our two research questions: (a) how does
the heterosexual mother-lesbian daughter relationship change after a mother comes to
acceptance of her lesbian daughter’s sexual orientation?; (b) how are shifts in the
heterosexual mother’s values, beliefs, and attitudes post-acceptance, related to the
changes in the mother-daughter relationship post-acceptance? From this list, as a group
we discussed each other’s questions and finally came up with five global interview
questions, one of which contained two distinct big ideas (see Appendix C).

In developing the specific questions, the team felt it was important to discover
some contextual information which could help put the post-acceptance relationship into
clear perspective. Thus we developed two types of questions: those that provided background information (interview questions one, two, and three), and those we felt addressed our specific research questions (interview questions four, five, and six). For instance, in some of the literature that was reviewed the researchers asserted that the strength of the parent child relationship prior to knowing about the child’s minority sexual orientation would play a role in the post knowledge relationship that would develop between parent and child (e.g., Salzburg, 2004). Thus, we created a question that addressed the way in which the relationship between mother and daughter was prior to and shortly after knowing about the daughter’s sexual orientation (interview question 1). We used this process to develop each of the interview questions in the interview protocol. In other words, throughout the process of developing the questions we consistently referred back to the literature that we felt would help us extrapolate the richest data for the study. After the team developed the initial big ideas, I took the interview protocol to one of the members of my dissertation committee for review and help. She helped me think through some of the issues the team was having with developing open-ended questions that were not leading. I then took the revised document to my dissertation chair and he made a few more suggestions to improve the document. The research team met, discussed the revised interview protocol, and decided to incorporate the suggestions. The ideas that emerged from the interview protocol were: (a) mother-daughter relational dynamics-pre-acceptance, (b) mothers processes of accepting daughters’ sexual orientation, (c) mothers shifts in ideas about sexual orientation, (d) mother-daughter relational dynamics post-acceptance, (e) mothers ideas about sexual orientation post-acceptance, and (f) adult daughter-mother relationship post-acceptance.
After all of the questions were developed and my dissertation chair approved the final protocol, I asked one of my primary auditors', who is a heterosexual mother of a lesbian daughter, to review the document and provide feedback. I also gave the interview protocol to a licensed psychologist who teaches qualitative research at a major university in Texas. Both women provided feedback about the elevated language level and the auditor provided some feedback about phrasing. Utilizing a program that evaluates language level, I ran the reading level of the questions and learned they were at an 18 grade level. I took this feedback back to the core team members and we worked to bring the language down to an 8th grade reading level because Maxwell (2005) suggests that this level of language makes questions clearer to participants. I informed my chair of the changes and he approved the final protocol. As a final check, I set up mock interviews with three of doctoral colleagues in the Educational Leadership program. These colleagues were heterosexual mothers of LG children. They were interviewed as if they were real participants. After the interview, the team asked for feedback about the interview protocol. They all felt that as written the interview protocol was good and that the questions were logical and easy to understand.

Procedures for Data Collection

After obtaining approval from the Human Subjects Institutional Review Board of Western Michigan University (code number 07-07-11), data collection began (see Appendix E). When utilizing a CQR framework to conduct a qualitative investigation there are a number of procedural steps. These steps include: (a) record biases and expectations, (b) recruitment process, (c) selection process, (d) conduct interviews, and (e) record reactions to interview. What follows is a description of each of these steps.
Recording Biases and Expectations

Based on CQR procedures, the recording of biases is an exercise that should be done by all involved investigators prior to data collection and analyses. Creswell (1998) argues that in order to enhance a qualitative investigation's overall trustworthiness, researchers must clarify their own biases so that the readers are aware of the researchers' initial position on the phenomenon of study and can decide how these assumptions influenced the research process. Each member of the research team, including the two external auditors, answered the interview protocol questions as she expected the participants interviewed would respond. After the team completed the exercise, I met with the core research team first and we discussed and made a collective list of our biases and expectations. I then met, via telephone, with the two primary auditors and obtained their biases and expectations. The core research team met and summarized the biases and expectations of the team and primary auditors as follows: (a) any mother who reported that she had a difficult relationship with her daughter prior to knowing about her daughter's sexual orientation would probably not have a close relationship with her daughter after the mother came to acceptance of her daughter's minority sexual orientation; (b) any mother who learned of her daughter's sexual orientation while the daughter was living in the home would try harder to accept her daughter's sexual orientation than those mothers whose daughters lived outside of the home; (c) any mother who had a traditional Christian faith would report having a very difficult time accepting her daughter's sexual orientation; (d) most of the mothers' were likely to report that their processes of acceptance would be tumultuous and hurtful to the mother-daughter relationship both pre and post-acceptance; (e) any mother whose daughter was away at
college when she learned of her daughter's minority sexual orientation would report that her post-acceptance relationship was more disconnected because of the physical distance between mother and daughter; (f) if mothers perceive they have a good relationship with their daughters post-acceptance, they will assume that the relationship will continue to get stronger as their daughters become adults; (g) most mothers would report that they had a very hard time moving to a place of acceptance of their daughters' minority sexual orientation; (h) some mothers would believe that loving their daughter equates to being accepting, without recognizing that acceptance is about more than just loving their daughter; and, (i) the mothers would report that wanting to maintain a connected relationship with their daughters would be the primary motivating force to coming to acceptance.

Recruitment Process

As stated in the participants' section above, in CQR an information-rich sample is a crucial element in the research process. The team felt that interviewing a small number of heterosexual mothers who had accepted their daughters' minority sexual orientation would proffer an information rich sample. Such purposeful sampling required finding and selecting mothers who met all of the inclusionary criteria discussed in the sampling criteria section above. As Parents, Family, and Friends of Lesbians and Gays (P-FLAG) is a nationally recognized organization that serves as both a self-help support group and an education and advocacy organization for parents of minority sexual orientation children and LGBT individuals themselves, the research team felt this organization would be an information rich participant pool. Thus, after receiving approval from the Human Subjects Institutional Review Board of Western Michigan University (project number 07-
07-11; see Appendix E), the research team recruited participants from P-FLAG chapters in parts of the Great Lakes Midwest region of the United States (see Appendix D).

To initiate the recruitment process, I sent a letter of introduction to P-FLAG chapters within a 300 mile radius of Bloomington, Illinois (see Appendix F), which was my place of residence at the time recruitment began. This included 26 P-FLAG chapters in Michigan (9), Indiana (6), and Illinois (11). Included in the letter was an offer to do a presentation for the members about generational differences of the coming out process and a request to talk with members after the presentation about my research study. With the letter, I included an outline of the presentation that would be given (see Appendix G) and the recruitment flyer (see Appendix D). As indicated in the letter, I contacted the group leader of the P-FLAG chapter to obtain permission to do the presentation for members, answer any questions, and set a date and time to attend the P-FLAG meeting. I was given permission by all 26 P-FLAG chapters; thus, 26 presentations were done.

After obtaining permission, I either attended the meetings by myself or was accompanied by one member of the research team (Abbie or Bridget). Once at the meeting, I did the presentation for and discussed the research process with the P-FLAG members (see Appendix H). I handed out recruitment flyers, which included my contact information (see Appendix D). At this point in the process, there were two trajectories for recruitment: recruiting P-FLAG members who were present at the meeting or snowball sampling. What follows is a description of the differences between the two trajectories.

*P-FLAG members who were present at meeting.* P-FLAG members, who felt they met the criteria for the study, were provided with an opportunity to stay after the meeting
to talk further about the study (see Appendix H). After talking with the members of the research team who were present, any mother who felt as though she met the criteria and wanted to be considered for an interview was given the information packet which included: a letter of introduction (see Appendix I), consent form (see Appendix J), demographic questionnaire (see Appendix B), and participant contact information sheet (see Appendix K). If the mother wished to take the documents home and return them via mail, a self-addressed stamped envelope was provided. Otherwise, the research team went over the consent document with the potential participants, asked them if they had any questions, and asked them if they would like to be considered for an interview. If they said yes the research team asked them to read the consent form and, if after reading the form, they still wanted to participate they were asked to sign the document. When the potential participants returned the forms, I reiterated that although the research team appreciates their interest in volunteering to participate in an interview, they may not actually be selected for the interview. Their information was then put into a participant pool envelope and locked in a file cabinet at my home, where it stayed until the team met to discuss potential participants.

Snowball Sampling. The research team asked P-FLAG members who attended our presentations to distribute flyers to anyone they believed met the criteria for participation, which by definition is snowball sampling. This form of sampling involves recruiting additional potential participants by asking current potential participants to hand out information. Potentially, this could cause some angst for current potential participants (i.e., mother could feel some pressure to participate). Thus, it was important for members of the research team to inform those P-FLAG members who were at the meeting that
while they are invited to hand out the flyer, declining to do so did not impact them in any way. Additionally, to further protect against feelings of coercion, I provided those who were willing to handout the flyers the following instruction: *Please give the flyer provided to anyone you know and simply let them know that if they would like to learn more about participating in the study to contact me at the number on the flyer. So that they feel completely free to decline participation, other than handing them the flyer, please do not suggest or encourage their participation in any other way.* To protect the confidentiality of all involved, the research team created a recruitment flyer that provided anyone interested in learning more about the study a contact number for me thus shielding anyone from feeling pressure or coercion to participate.

When someone contacted me about the study, I read the pre-screening phone script to the caller (see Appendix L). This script included a reiteration of the selection criteria as well as an invitation to receive more information about the study via mail. If she responded yes to the question *Would you like me to send you an information packet,* I got her mailing information and mailed her a packet that contained a letter of introduction (see Appendix I), consent form (see Appendix J), demographic questionnaire (see Appendix B), participant contact information sheet (see Appendix K), and a self-addressed stamped envelope so that she could return the documents. Prior to ending the call, I informed the potential participant that as the introductory letter states, she only needs to return the completed documents if she wished to volunteer to be considered for participation in the study. Filling out and returning the forms were not a commitment to participate nor did they guarantee an invitation to participate in an interview.
Selection Process

Whether potential participants were recruited at the P-FLAG meeting or through snowball sampling, to be considered for participation they had to return the entire information packet to me. Once the documents were received, the research team met in order to review the information returned, and come to a consensus about whether the mother met the general requirements to participate which included: (a) self-identifying as a heterosexual woman; (b) having a lesbian daughter between the ages of 14 and 23; (c) learning of her lesbian daughter’s sexual orientation when the daughter was between the ages of 13 and 22; (d) learning of her lesbian daughter’s sexual orientation identity at least one year prior to the beginning date of the study; and (e) having no other children that self-identified as lesbian or gay (to the best of her knowledge). Provided that the potential participant met all of these requirements, the research team then had to decide (by consensus) if the mother met the specific requirement of being accepting of her daughter’s minority sexual orientation. To do this the team evaluated the potential participant’s response to the following statement: *Acceptance of your daughter’s sexual orientation looks different to all people. In a few sentences, please describe what you mean when you say you accept your daughter.* The rationale for this was that the team wanted to eliminate anyone from the study who thought they were accepting but were actually, by the teams’ assessment, merely tolerant (e.g. someone who describes acceptance as love the sinner hate the sin). The team used a very loose set of criteria to assess acceptance, the primary criteria being a lack of “tolerant” statements and an inclusion of statements that inferred acceptance (e.g., I am okay or more than okay with my daughter’s sexual orientation). Seventeen mothers returned the information packet, 7
of who were screened out because in their definition of acceptance they included
statements the team felt were indicative of tolerance.

If selected to participate, I contacted the potential participant by phone using the
information provided by the person on her contact form (see Appendix K) and extended
her an invitation to participate. At that time, I scheduled a 90-minute in person interview
at a date, time, and place convenient for the participant. Immediately following the phone
collection, so that the mothers would have the opportunity to think about the questions
that were going to be asked, I mailed them a copy of the questions (see Appendix M). All
10 mothers who were contacted agreed to participate and were interviewed. After all 10
mothers agreed to participate, we ceased recruiting. In CQR, a small number of people
are selected to interview (i.e., 8 to 15). During the data analysis phase, all but two cases
were initially analyzed. Then the last two cases were analyzed to see if they added
something new to the data (See the stability check section later in this chapter for a more
thorough discussion about this issue). If they had the team would have recruited
additional participants. During the stability check we found that we did not need to add
additional participants. Specific descriptive information about the participants is included
in Chapter 3.

**Interview Process**

Although consistency across interviews would be solved with using only one
individual to conduct the interviews, this same strategy could lend itself to producing
greater bias within the study (deMarrais, 2003; Kvale, 1996). To help counter the bias
tendency, when possible, interviews were conducted utilizing a co-interviewer model.
Using the co-interviewer model also allowed my research team members to gain
experience at conducting interviews for qualitative research. Using this model, five of the interviews were conducted by me and one of my primary research team members (i.e., Bridget, Abbie); the other five interviews were conducted by me alone. To ensure consistency across interviews, two weeks before the first scheduled interview, I meet with Bridget and Abbie and we conducted three mock interviews, using three of my doctoral colleagues as the interviewees. This process was done to practice consistency.

Each participant was interviewed individually once for approximately 90-minutes. Prior to beginning each interview, the consent document was reviewed including being sure about permission to tape, and the participant was asked if she had any questions. At this juncture, consent to participate was reconfirmed verbally at which point we began taping the interview. We used a digital recorder and a tape recorder to ensure that no data would be lost because of faulty equipment. Then to put the participant at ease, each team member that was present for the interview provided some general information about herself (see Appendix C). When a member of my team was with me, she acted as the primary interviewer who asked each of the open-ended questions on the interview protocol. In these cases, my primary role was to be available to ask for clarity and gauge participant reactions to the interview process.

The interviewer followed a rehearsed format of obtaining information from the open-ended questions contained in the interview protocol (see Appendix C). Open-ended probes were used to enrich and clarify participant responses when the interviewer(s) felt that the participant’s response was unclear, she gave an incomplete answer, or she introduced information needing further explanation. Open-ended probes typically consisted of restating a portion of the participant’s previous answer in order to elicit
further detail. The interviewer(s) moved on to the next question when she (they) felt the question had been fully answered or the participant was unable to provide further detail.

As the interview concluded, interviewer(s) assured the participant that the audio and digital tapes would be secured in my home in a locked file cabinet until the data was fully analyzed; at which point, the tapes would be erased. The participant was asked if she wanted to share any comments about how she felt about having had the opportunity to tell her story or about the interview process in general. She was given time to respond. She was then thanked for her time and given my contact information in case questions arose later. Additionally, I was prepared to give a list of mental health care providers to the participants in case they got upset, but none of them got upset in the interview process. I offered them the list anyway but all mothers insisted that they did not need to seek therapy.

Interviewer reactions

After each interview was conducted, team members and I took notes on our reactions to and impressions of the interview. Hill and her colleagues (1997) suggest that taking notes about things like the session length, the flow of the interview, the interviewer(s)' reactions to the interviewee may proffer useful contextual information for understanding the case later in the data analysis and the writing of the results phases of research process. These notes were helpful, particularly when reviewing the initial transcripts and when writing the results chapter of the dissertation. See Chapter 3 for more details.


Data Analysis

Because I had no real prior experience analyzing qualitative data and certainly no experience with the CQR analysis process specifically, I sought consultation about how to conduct the analysis. I first contacted a CQR expert via e-mail who gave me contact information about a few researchers in my geographic region who were conducting CQR research. After a few e-mails to various researchers, I was put in touch with someone who agreed to train me as well as act as a CQR consultant should questions arise as I analyzed my data. We met seven times for two hours. Using a sample topic, she walked me through the process of conducting a CQR analysis. I then used this same sample topic to teach my research team (see training research team section below). As my external auditors live out of state, I conducted training sessions with each of them via webcam on four separate occasions. Additionally, in the early phase of the analysis process, I consulted with the CQR consultant once. Throughout the rest of the analysis process, when I needed clarification I consulted with my dissertation chair and/or a member of my dissertation committee for guidance. Also noteworthy, initially to help with the analysis process, each transcript was placed into Nvivo, which is a qualitative data analysis program. This process was later abandoned because it proved to be more cumbersome and difficult for team members than utilizing charts generated by the team in Microsoft Word.

The first section below provides the reader with a global overview of the way in which the research team analyzed the data. The rest of the sections include the specific process of data analysis and incorporate: (a) training the research team, (b) preparing data for analysis, (c) reviewing broad topic areas (which were generated at the time the
interview protocol was designed), (d) conducting within case analysis, (e) conducting a cross analysis, (f) incorporating the stability check, (g) conducting cross analysis audit, (h) illustrating findings, and (i) conducting the final audit. A flow chart that provides the reader with a visual display of the actual steps utilized to conduct the analysis is provided in Appendix N.

Global Analysis

Generally speaking, to accomplish each of the tasks listed above, the research team would meet often. Figuring out the most effective way to come to consensus with the data was a process that took the team some time to figure out. As we navigated the coming to consensus process of the data we tried a number of meeting arrangements. For the first two months of the analysis process (e.g., analysis of the first two transcripts), the core research team members met for an average of three hours weekly in person. Once we got comfortable with the process and after coming to consensus with the first two transcripts, for the next four months the team met bi-weekly in person to argue to consensus about the data. During that time frame, three more transcripts were analyzed. At this point, we began meeting primarily by phone and e-mail but would meet in person every three weeks. The remaining five transcripts and the cross case analyses were conducted using this later way of meeting. Throughout the analysis process, we were in e-mail contact regularly. Overall, at each juncture in the analysis process, all core research team members analyzed the data and then converged in person, via e-mail, or over the phone to argue the findings to consensus. On average, Abbie, Bridget, Sara and Kelsea dedicated 4 hours per week to the analysis process; and I dedicated approximately 9 hours per week to the analysis process. This study went beyond most CQR studies to
safeguard the findings from bias not only the bias of a particular researcher, but also the group as a whole. At every meeting I took copious notes about the consensus process, after each meeting I made process notes, and I made both sets of notes available to the two primary external auditors. This helped the auditors to not only review the work of the team for consistency of the results, but also proffered a review system that helped assess for group think.

*Training of Research Team*

Training involved several weeks of meetings where qualitative procedures, analytic techniques, and issues of team cohesiveness and power dynamics were discussed. To help the team have a similar body of knowledge to work from throughout the training process, I gave them some items to read which included: (a) articles about qualitative methodology (including CQR), (b) literature regarding parental attitudes about sexual orientation, and (c) the HSIRB protocol for this project. After the team was familiar with the steps involved to conduct a CQR data analysis, we practiced the process. Utilizing the same 2 sample cases I was trained with, we followed all of the CQR steps to analyze the data. It was important that all members of the team felt comfortable with the analysis process, felt free to argue with all the members, and that the issue of hierarchy was minimized. The team discussed any issues that arose over the course of training (4 weeks, 2 hours each meeting).

*Data Preparation*

To prepare the data for analysis, all 10 transcripts were transcribed by one member of the research team, Kelly. This took approximately four weeks of time to complete. As a check for transcription accuracy, the 10 transcripts were then divided
equally between Sara and Kelsea (who did not conduct any of the interviews). They each reviewed five transcripts against the original taped interview and made any necessary corrections. Bridget then reviewed the same five tapes and transcripts as Sara, while Abbie reviewed the same five tapes and transcripts as Kelsea. Bridget and Abbie reported that they did not have to make any corrections to the transcripts that had been reviewed by Sara and Kelsea. As a final check, I listened to and verified each transcript for accuracy. I also found no discrepancies between the taped interview and the transcribed data.

Once the accuracy checks were completed, I cleaned up the data (i.e., removed all proper names and any identifying information from the transcript to protect the interviewee’s confidentiality). To further protect interviewees’ confidentiality, all transcripts were then assigned code numbers and all confidential data (consent documents, transcripts, code sheet) were stored separately in a locked file cabinet in my home when not in use. At this point in the analysis process, I erased all tapes.

Beyond accuracy checks, having each member of the core analysis team review a number of the transcripts against the actual interviews served as the first step to immersing ourselves in the data. While I was verifying transcripts for accuracy, I kept additional analytical notes about my thoughts and emotional reactions to the data. If the emotions were disturbing, I processed them with my doctoral chair. I did not ask other team members to keep analytical notes. In hindsight, this might have been useful.

**Reviewing Broad Topic Areas**

Prior to beginning the actual analysis of the first transcript, the original core research team (Abbie, Bridget, and I) discussed the best way to organize the data we were
going to extrapolate from the transcribed interviews. As a team, we decided that we would break up the data by each interview question. As there were five broad research questions, we initially started with five broad ideas, with each idea representing a question. We utilized the nomenclature “broad topic idea” to represent each of these ideas. As we moved to trying to establish the domain start list that fit into each broad idea, however, we recognized that the first broad idea had two big ideas embedded in the question. Thus, as a team we decided to break down this broad idea into two parts. Thus, there were six broad topic areas: (a) *Mother-daughter relational dynamics: Pre-acceptance*, (b) *Mothers’ processes of accepting daughters’ sexual orientation*, (c) *Mothers shifts in ideas about sexual orientation*, (d) *Mother-daughter relational dynamics Post-acceptance*, (e) *Mothers ideas about sexual orientation Post-acceptance*, and (f) *Adult daughter-mother relationship Post-acceptance*.

**Within Case Analysis**

According to Hill et al. (1997), within case analysis consists of three steps. The first step is developing and coding domains for each broad topic area within cases and arguing them to consensus. The second step is constructing core ideas (abstracting) within cases and arguing them to consensus. The final step in the within case analysis process, is submitting the domains and core ideas to the auditors and modifying them according to the auditor’s suggestions for revision. What follows is a detailed description of how the research team conducted each of the within case analysis steps.

*Domains.* The domains are the labels or topic areas used for grouping units of meaning of the interview data. Often in CQR studies the researcher(s) develop a list of potential domains prior to analyzing the first transcript. This list is informed by a
conceptual framework, any pilot interviews, and the actual research questions under investigation (Hill et al., 1997). Thus, prior to actually analyzing a transcript, members of the core research team brainstormed together to develop a start list of domains that would fit under each broad topic area. We each wrote down our ideas about the domains we thought would emerge in each broad topic area. We argued the ideas to consensus and ended up with a start list of 10 domains across the broad topic areas (see Appendix O for a start list of domains.). In developing the list, we used the Relational Cultural Theory as our framework as well as the mock interview data collected during the development of the interview protocol and the two research questions under investigation to inform us. After we generated a consensus list of initial domains, we began the within case analysis of the first case.

To begin, I sent the first verified transcript to each research team member via an attachment in an e-mail. The team took that transcript and, utilizing track changes in the computer software program Microsoft Word, each member of the team, carefully and independently blocked (coded) the data in that transcript into the 10 domains (topic areas) that had been generated across the broad topic areas. For instance, the data from broad topic area one was coded into the two domains from the start list that the team had originally generated for this broad topic area. The data from broad topic area two was coded into the one domain that was generated under this broad topic area, and so on. Any data in each broad topic area that did not fit into the domain(s) from our start list was placed in a separate domain called broad topic area # domain other (# denotes the broad topic area number). After coding transcript one into the appropriate domain within the appropriate broad topic area we moved on to the second transcript. We followed the same
process for this transcript as we had for transcript number one. After all team members had completed coding the second transcript, as the primary researcher, I asked the research team members to send me their two coded transcripts via e-mail. I then created spreadsheets of each person’s coded data that included the broad topic area, the domains that emerged under that broad topic area and the blocked data from the transcript. At this point, I reviewed each person’s work to determine where there were differences between members’ coding. I highlighted all differences. These differences served as the focus of our consensus meetings. Note that the differences at times were about which domain the extracted data fit into and at times the differences were about whether the extracted data should have a new domain name. Team members came together to discuss the discrepancies and worked to consensus on the coding of the data. In this process, new domains emerged, original domain names were modified, and at times data was moved from one domain to another.

Once consensus was reached, new “consensus” versions of the extracted data were placed into spreadsheets. The spreadsheets included the broad topic area, the revised domains and the extrapolated data from the transcript that fit into that domain. The new and old spreadsheets were distributed to the team and we verified the accuracy of the new spreadsheets. We then followed this same process with two more transcripts. Now that four transcripts were completed, we divided the next four transcripts as follows: (a) Bridget, Abbie, and I reviewed, coded, and came to consensus of transcripts five and six following the same process as listed above for transcripts one through four; (b) Sara, Kelsea, and I reviewed, coded, and came to consensus of transcripts seven and eight following the same process as listed for transcripts one through four. Next, Bridget and
Abbie reviewed the coded data from transcripts seven and eight, while Sara and Kelsea reviewed the coded data from transcripts five and six. After everyone had the opportunity to review the transcript and the coded data, I again made consensus meeting spreadsheets for each transcript. I noted the differences and the noted differences became the focus of the consensus meetings. We argued to consensus about all coded data.

Through the process of assigning interview material into domains within each broad topic area, several changes or points of clarification to the domains were made. In this process the domains were refined or renamed to proffer more clarity. Miles and Huberman (1994) noted that domains “will change and develop as field experience continues” (p. 61). Similarly, Lincoln and Guba (1985) proffered several methods for allowing the emergence of domains during the data analysis and for the expanding or collapsing of domains. Their suggestions included filling in (addition of new domains), extension (revisiting materials coded earlier and amending them according to new domains that have emerged), bridging (discovering new or previously not understood relationships among domains), and surfacing (identifying new domains that incorporate other existing domains). Using these suggestions we continuously regrouped and revised the domains within each broad topic area to eliminate duplication of data or concepts.

As a team, we found that some data fit into domains easily and thus were not hard to identify (e.g., mother-daughter interactional style); on the other hand, other sections of the data were harder to code, which required greater effort among the team members to accurately define the domain. It was at this point in the data that domains surfaced that were unexpected. For instance, as we analyzed each transcript, we found that mothers reported that they felt that there were some external factors that played a larger role in
altering the mother-daughter relationship than the daughters’ sexual orientation. We initially labeled this domain, *external struggles faced by mother and or daughter that influenced the post knowledge relationship*. But, we soon realized that this label did not adequately capture the data that fit in the domain, in part because the external factor did not necessarily lead to a struggle in the relationship. After several revisions the consensus version was *external factors that impacted mother-daughter relationship*. This domain was refined one last time, during the final audit of the domains and categories done with the third external auditor. The final domain was *external factors that alter functioning and consequently impact mother-daughter relationship shortly after disclosure*.

Another refinement that occurred throughout the development of domains within each broad topic area was the collapsing of some of the original domains. For instance, data was originally coded in two domains within the broad topic area *Mother’s Shifts about Minority Sexual Orientation*. These were: (a) *shifting negative values associated with minority sexual orientation* and (b) *shift to positive values associated with minority sexual orientation*. After careful review of the data, the team felt we could collapse the domain and label it *shifts in values associated with minority sexual orientation*; we addressed the more specific nature of the mothers movement or shifts in the categories under the domain (e.g., devaluing to valuing minority sexual orientation). It is important to note that each time we found new domains in a transcript we cycled back to the other transcripts to see if the domain existed there and if so we coded the data into the new domain. Also, data could and often did fit under more than one domain. The team took great care to code the data in every domain that was applicable.
Auditing domains. Because Deidre and Martha were new to the CQR analysis process when they were being trained they asked that I incorporate an additional step in the auditing process, sending them the data once it was coded into domains within the broad topic areas. They felt this would help them get grounded in the data more quickly. Thus, at this point in the within analysis phase, the original transcripts, the coded transcripts, my research team meeting notes, and the consensus spreadsheets were sent to Deidre and Martha overnight express, restricted signature required. They returned the data to me in the same fashion. When I received the data back, I reviewed it for auditor inconsistencies, and where inconsistencies existed I conferred with the two auditors via telephone conferencing, and we came to consensus about the differences. Then, I took the auditors consensus feedback to the team and we argued to consensus about all of the suggestions made by the two external auditors. At this point, a consensus version spreadsheet of the domains within each broad topic area was made and reviewed by each team member for accuracy.

Abstracting. After dividing the content of the transcripts into the domains that fit under each broad topic area, members of the research team analyzed the contents of the extrapolated data that was placed into the domains to develop the core ideas. Core ideas are defined as summaries of the participants’ responses within given domains. In previous studies, this step has also been referred to as “abstracting.” The researchers’ goal in this process is to capture the central meaning of the material from each piece of the interview data that has been placed in the domains under each broad topic area. Although they are edited and condensed versions of the participants’ responses, the core ideas stay close to the original data.
In the abstracting core idea phase of the within case analysis, each member of the research team independently analyzed the mother’s words under each domain within each broad topic area to develop core ideas for each transcript. That is to say, after each member of the team independently abstracted the core ideas from transcript one, we met and argued to consensus. Noteworthy, sometimes a core idea fit under more than one domain. When this was the case, the core idea was placed in each relevant domain. I then created the consensus version spreadsheets for this transcript. I sent the spreadsheets to the research team and they individually checked it for accuracy. We then followed the exact same process for each of the remaining transcripts.

Auditing core ideas. As the research team completed the abstracting core ideas process described in the previous section for each case (transcript), we sent the completed case to the two external auditors, Deidre and Martha for review. I sent the original transcript, the domain spreadsheet for that transcript, the consensus version of the core ideas spreadsheet, and each set of my research team consensus meeting notes to them via overnight express, restricted signature required.

The auditors were integral in examining the core ideas for each domain devised by the research team. Primarily, the auditors came to the examination process with “fresh eyes.” Thus, in evaluating the domains and core ideas, the auditors were better able to identify any errors with coding, as well as the presence of biases or groupthink that had not previously been delineated by the research team. When discrepancies were identified by the auditors, comments and suggestions were provided. After I received the data and the auditors’ suggestions back, I did a comparative analysis of their comments, and where discrepancies existed I conferred with them via conference call to argue to consensus. I

92
then took their suggestions and feedback to the research team. We discussed the feedback and either incorporated their suggestions or argued to consensus about incorporating a modified version of their suggestions. If the later occurred, I contacted the auditors to discuss the teams’ suggestions. This process continued until all team members were in agreement, at which time a final consensus version of the abstracted core ideas spreadsheet was generated. The team followed this process each time the auditors returned a transcript to me.

Cross Analysis

In the cross analysis process, the categories within the domains that emerged in each broad topic area of the individual transcripts are analyzed across cases to identify similarities among participant experiences (Hill et al., 1997). In this abstract-oriented approach, the research team independently examined the core ideas in an attempt to identify any connection between them. Having identified the core ideas, the individual members then strove to group the core ideas with similar ideas into categories. In this phase of the data analysis process, it is imperative that “. . . the categories are derived from the data rather than from any preconceived ideas or theories” (Hill et al., p. 550). At this point in the analysis process, the goal of the research team was to come to consensus about what categories should be included as well as about which core ideas should be placed in each category. For instance, under the domain barriers that hindered acceptance of daughter’s sexual orientation, the team found examples of several groupings of barriers (e.g. defense mechanisms as the category). By taking the individual core ideas under this domain (e.g., denial, avoidance, ignoring, justification, rationalizing) and looking for ways in which they fit together into precise categories we
eventually settled on the category *conscious and unconscious avoidance tactics*.

Indicative of any CQR strategy, as the research team continued with the discussion and analysis process, categories were merged, eliminated or added.

We followed this same process for each domain within each broad topic area. Once each team member had created their list of categories that fell under each domain within each broad topic area, they sent me their list and I generated spreadsheets for our consensus meetings. The team met and argued the categories to consensus. I revised the consensus spreadsheets for the categories and distributed it to the team for final verification.

Having formalized the categories, the next focus of the cross analysis process was determining its representativeness; that is, the team had to agree on how often the determined categories were representative of the sample of participants. The research team relied upon Elliott’s conventions (1989, 1993), referenced by Hill et al (1997), to decide upon the representativeness of the categories. Elliott cited that when categories relate to most of the cases (i.e., 9 of 10) they should be considered *general*. When categories relate to more than half of the cases (i.e., 5 of 10 but less than 9), they should then be regarded as *typical*. Finally, if the categories relate only to two or three of the cases, they would then be viewed as *variant*. Once all categories were argued to consensus a consensus version of the spreadsheet for categories was generated and reviewed by the team.

*Auditing of cross-analysis.* To ensure the primary team had accurately sorted the data into categories inclusive of all the data, the cross analysis results (along with consensus meeting notes) were sent to Deidre and Martha, the two primary auditors’
overnight, restricted signature required. Upon receipt, the auditors were charged with evaluating the cross analysis data. Specifically, they were to assess if each core idea were correctly suited with the specified category. Similarly, the auditors analyzed each category label to determine its appropriateness in relation to the idea behind the core ideas. After receiving Deidre and Martha's feedback I reviewed it for discrepancies between auditors. I conferred with the two auditors via conference call about the inconsistencies, and we argued the discrepancies to consensus. I then took the feedback and suggestions back to my team. We argued the suggestions to consensus and incorporated the feedback as applicable.

Stability Check

The purpose of the stability check is to see if "... the results generally explain the phenomenon for a defined group" (Hill et al., 1997, p. 553). To conduct the stability check it is customary for researchers to hold out cases at the beginning of the analysis process and introduce them only after most of the data has been analyzed. In this study, the research team held out two cases for the stability check. In other words, until transcripts one through eight were analyzed, audited, and refined per two primary external auditors' suggestions we did not analyze the data contained in transcripts nine and ten. At this point in the process, we took case nine and went through the same general data analytic procedures as we had done in Cases 1-8. After the first two steps (placing data into domains within each broad topic area and constructing core ideas) were completed, we sent the data and the transcript to the two external auditors. Once we received the data back from the auditor we integrated that data into the cross analysis, and
did not find any new domains or categories. We then took case 10 and followed the same procedure. Again nothing new emerged.

If new data had been discovered, the team would have had to collect additional data and analyze that data to determine if new domains, core ideas, or categories emerged. Fortunately, the reserved transcripts yielded no new findings; thus, because the domains and categories were similar, we were able to consider our findings stable. We concluded that the data were stable at this point and did not conduct any additional interviews.

**Illustration of Findings**

According to Hill et al., (1997) the researcher should develop a narrative account across cases. Another method often used in CQR studies, however, is the use of “thick descriptions” and illustrative quotations from the participants’ transcripts to walk the reader through the findings of the study. In this dissertation we incorporated a combination of these two methods for documenting results. As a team we agreed with Lincoln and Guba (1985) who asserted that providing thick descriptions and illustrative quotations from the findings enables others to determine the transferability of results to other settings (Lincoln & Guba). In Chapter 3, which follows this chapter, the findings for this study are reported. In Chapter 4 a composite case narrative of the mothers’ journey to their post-acceptance relationship with their daughter is provided. This was done to aid in the discussion of the relevant data findings. It is important to note, however, that the case narrative was not developed by the entire research team. As the primary researcher for this dissertation project I developed the composite case narrative presented in Chapter 4 individually. I did, however, send the narrative to both external
auditors for their input. They provided feedback and I revised the narrative based on their suggestions. I then showed the case narrative to the third external auditor and revised it according to his suggestions. After my dissertation defense, I revised the narrative again, sent it to the two external auditors for feedback, and incorporated their feedback into the narrative.

Final Audit

During the write up of the findings I met with the third auditor, my dissertation chair, regularly to review the phrasing of all broad topic areas, domains, and categories captured by the data analysis described above. As stated earlier his primary role was to provide feedback and suggestions to help flush out more thoroughly domains or categories that were not clear as written. When a domain or category wasn’t clear to him I would discuss the core ideas that emerged from the mothers’ transcripts with him and he would provide suggestions that helped make the domain or category clearer to him. These meetings took place over a span of four weeks, often meeting twice a week. The meetings typically ranged from 60 to 90 minutes in length. At the end of these meetings, I would write up his suggestions and review them with either one core team member or at least one of the external auditors. We would process his suggestions and in most cases incorporated them. When we disagreed I would go back to my chair and assert our reasons for disagreeing. This process continued until a final consensus of all findings was reached.
CHAPTER III

RESULTS

As stated in Chapter 2, the research teams’ primary purpose for conducting this study was to gain insight into a mother’s perceptions about what happens in the mother-daughter relationship after a heterosexual mother has come to a place of acceptance of her daughter’s sexual orientation. We also sought to understand how any changes that occurred in a heterosexual mother’s values, beliefs, and feelings about minority sexual orientation influenced that relationship. As indicated in the interview protocol (see Appendix C), accomplishing these tasks required interviewing heterosexual mothers about their relationship with their lesbian daughter. Beyond asking mothers questions that specifically addressed our research questions, we also asked some questions to gain contextual information. Specifically, we began interviews by asking heterosexual mothers to reflect on their relationship with their daughters’ prior to and shortly after learning about their daughters’ minority sexual orientation status. In addition we asked the participants to reflect on their process of coming to acceptance of their daughters’ sexual orientation. Although our focus was not specifically on the heterosexual mothers’ processes of coming to acceptance of their lesbian daughters’ minority sexual orientation, understanding this process seemed important in the context of gaining a clear picture of the mothers’ perceptions of how their mother-daughter relationship changed post-acceptance. Additionally, the research team asked heterosexual mothers to reflect on whether learning about their daughters’ sexual orientation led to any personal changes in values, beliefs, and attitudes about sexual orientation. Finally, we asked the heterosexual
mothers to think about how they expected their mother-daughter relationship to change as the daughters shift from adolescents to young adults.

Noteworthy is that there was a mother in this study whose experience was very different from the others mothers who participated in this study. Although there were a number of factors that were unique to this participant, a salient factor seemed to be that she was the only mother who was immediately accepting of her daughter’s minority sexual orientation. She reported:

... I guess I was lucky because I didn’t hide behind things. My daughter told me she was gay and I thought okay, I have to deal with this now....don’t get me wrong I wasn’t happy but I knew not being happy didn’t matter...I didn’t want to lose my daughter...so we just talked it through and in the end I didn’t have a hard time accepting my daughter’s sexual orientation because I have always accepted my children for who they are...

Where possible I include this mother’s voice in the analysis of the data captured. The actual analyses of the data captured from these interviews will be discussed at length later in this chapter.

With the exception of one participant, all interviews were conducted at the residence of the interviewee (n = 9). One interview was conducted at the interviewee’s place of business, after the establishment had closed for the day. At least one member of the core research team (i.e., Abbie, Bridget) and I conducted 5 of the 10 interviews together; I conducted the remainder of the interviews alone. Because the participants for the study had mailed me their signed consent form, I reviewed the consent process, asked if there were questions, and inquired as to whether each person wanted to participate in the study. After obtaining verbal consent, I went over the interview process with each participant prior to beginning.
The average time to complete the interviews was 100.2 minutes ($Mdn = 96$, $SD = 15.73$). All interviews were taped with both a digital and audiocassette recorder. One mother asked me to stop the interview because she was feeling uncomfortable with recording. We discussed her concerns and resumed the interview. The overall recording quality was excellent, with no segments being unclear.

Each question asked of participants provided me and my research team rich data to analyze; and consequently, data analysis yielded a total of 18 domains and 54 categories. It is important to note at the onset of this discussion that one of the mothers’ interviewed for the study had a very different experience from the other nine. She reported that she was immediately accepting of her daughter’s minority sexual orientation. Thus, many of the domains and categories discussed throughout the results chapter do not apply to this mother’s experience. To provide readers with a comprehensive review of the findings from this study, I will first report the following descriptive information: a) participant demographics; b) participants’ reactions to the interview; and, c) interviewer(s) process impressions. In the next section, I will provide the readers with some general information that will help them understand more clearly the results gleaned from the heterosexual mothers’ responses to the interview statements (e.g., definitions). In the final two sections of this chapter, I will provide an in-depth analysis of the data collected from the mothers’ interviews.

Descriptive Information

I will begin this section of the chapter by providing readers with descriptive information about the demographics of the heterosexual mothers interviewed for this study (e.g., mean age, political affiliation, and religious affiliation). Next, I will provide
some brief demographic information given by the mothers about the daughters who were
the subject of the interview (e.g., mean age, time elapsed since coming out). I will then
provide a summary of the mothers’ reactions to the interview. I will end this section with
a summary of the interviewers’ process impressions.

Participant Demographics

All mothers interviewed for this study met the inclusionary criteria for
participating in the study which included: (a) self-identifying as a heterosexual mother
with self-identified lesbian daughter between the age of 14 and 23; (b) learning of her
lesbian daughter’s sexual orientation at least one year ago, when the daughter was
between the ages of 13 and 22; (c) having no other children that self-identified as lesbian
or gay (at least as known to the mothers at the time of the interview); and, (d) expressing
acceptance (as defined by the core research team—Abbie, Bridget, and myself) of her
daughter’s sexual orientation (see Appendix D). Seventeen mothers expressed interest in
participating in the study but seven were excluded because, although they reported being
accepting of their daughters, the research team thought that what they expressed about
acceptance was more indicative of tolerance (See below for the research teams’ criteria
for what it means to be accepting). Hence, 10 mothers who met the study criteria
participated in the interviews. The mean age of the participants was 45.6 years (Mdn =
44, Range = 38 to 54, SD = 6.36). The average length of time that had elapsed since the
heterosexual mother interviewed learned of her daughter’s sexual orientation was 1.6
years (Mdn = 1.5, Range = 1 to 3, SD = .70).

Please note, that the descriptive details about the sample that follow are
represented in Table 1 below. Thus, what follows is a brief overview of the general
characteristics of the sample. At the time of the interview, all of the mothers interviewed were residing in the Midwest region of the United States in or near the Great Lakes region. About one-half of the mothers were in some form of a relationship, while the other half reported they were not currently in a relationship. Eight mothers self-identified as European American; one mother self-identified as Latina; and one mother self-identified as multi-racial. Nine mothers reported that they were their daughters’ biological mother; and, one mother reported that she adopted her daughter when she was seven weeks of age. The majority of mothers reported that they had more than one child in the household (n =9). The team did not gather information about the birth order of the daughter who was the subject of the interview.

All 10 mothers interviewed were highly educated and reported some mainstream religious affiliation (i.e., Christian or Jewish). With respect to the nine mothers that reported a mainstream Christian religious affiliation, seven mothers repeatedly utilized the word “fundamental” and one repeatedly utilized the word “Orthodox” when describing their views about minority sexual orientation. One mother labeled self as a Christian who held “traditional” values about minority sexual orientation. Equally important, 9 of the 10 mothers interviewed self-identified as holding a specific political affiliation; and, for 8 of the 10 mothers interviewed their political affiliation played a role in their initial reactions to learning their daughter identified as lesbian. More than half of the mothers interviewed reported a substantial household income (e.g. greater than $75,000 per year); and, more than half of the mothers stated that at the time of the interview their daughter resided in the home full-time.
Table 1.

*Heterosexual Mothers' Demographic Characteristics (n=10)*

<table>
<thead>
<tr>
<th>Descriptive Information</th>
<th>Number (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State of Residence</strong></td>
<td>Illinois</td>
</tr>
<tr>
<td></td>
<td>Iowa</td>
</tr>
<tr>
<td></td>
<td>Indiana</td>
</tr>
<tr>
<td></td>
<td>Wisconsin</td>
</tr>
<tr>
<td></td>
<td>Michigan</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td>Married</td>
</tr>
<tr>
<td></td>
<td>Partnered</td>
</tr>
<tr>
<td></td>
<td>Divorced</td>
</tr>
<tr>
<td></td>
<td>Single</td>
</tr>
<tr>
<td></td>
<td>Widowed</td>
</tr>
<tr>
<td><strong>Race or Ethnicity</strong></td>
<td>Euro American</td>
</tr>
<tr>
<td></td>
<td>Latina</td>
</tr>
<tr>
<td></td>
<td>Multi-Racial</td>
</tr>
<tr>
<td><strong>Children Residing in Home</strong></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>Education Level</strong></td>
<td>Four year degree</td>
</tr>
<tr>
<td></td>
<td>Graduate Master's Degree</td>
</tr>
<tr>
<td><strong>Religious Affiliation</strong></td>
<td>Catholic</td>
</tr>
<tr>
<td></td>
<td>Jewish</td>
</tr>
<tr>
<td></td>
<td>Presbyterian</td>
</tr>
<tr>
<td></td>
<td>Christian Reform</td>
</tr>
<tr>
<td><strong>Political Affiliation</strong></td>
<td>Republican</td>
</tr>
<tr>
<td></td>
<td>Independent</td>
</tr>
<tr>
<td></td>
<td>Democratic</td>
</tr>
<tr>
<td></td>
<td>No Political Affiliation</td>
</tr>
<tr>
<td><strong>Household Income</strong></td>
<td>$ 25,000-$49,999</td>
</tr>
<tr>
<td></td>
<td>$ 50,000-$74,999</td>
</tr>
<tr>
<td></td>
<td>$ 75,000-$99,999</td>
</tr>
<tr>
<td></td>
<td>$125,000-$149,999</td>
</tr>
</tbody>
</table>

*aIncluding daughter of interest*
Lesbian Daughters' Demographics

The mean age of the daughter who was the subject of the interview was 18.3 (Mdn = 18.5, Range = 15 to 23, SD = 2.45). The mean age of the daughter when she came out to her mother was 16.7 (Mdn = 16.5, Range = 14 to 21, SD = 2.26).

Participants' Reaction to the Interview

At the close of the interview, mothers were asked to share their reaction to the experience of participating in the interview. Every mother interviewed articulated that the interview experience was a positive one for them. Most of the participants (n = 9) commented on the opportunity to be self-reflective in the interview as well as how they were impacted by having a safe space to dialogue about their experiences. For example, a number of participants spoke to how “cathartic” and “comforting” sharing was for them. Others spoke directly to the “value” of reflecting on their growth, while many spoke to the ease with which they were able to share their experience with, and relate to, the interviewer(s). What follows are four illustrative examples from interviewees transcripts that reflect the way the mothers experienced the process of retrospectively examining their feelings, thoughts, and emotions.

I have to admit at first I was tripped up by some of the triggers that I experienced when I was talking about how hard it was for me to accept my daughter being a lesbian. I was a little embarrassed by my denial at first. . . . But, the whole experience has brought me some real comfort. After thinking back I can see the other side of my relationship with [my daughter] . . . . You both made talking about this so easy. I think it helped that [one of the interviewers] could relate to my experience.

By getting the chance to talk about my feelings I have learned a lot about me and a lot about [my daughter]. . . . The experience was just really great. I like having the opportunity to reflect and see how much things have changed for the better.

I feel incredibly fortunate to have had someone who is objective to talk to. I am actually a little bit surprised by how easy talking to you was for me. . . . I thought
it was a great interview. . . . You know how sometimes things are right there on
the tip of your tongue but you can’t capture the idea... well I felt that a couple of
times and you were so patient with me... that helped me relax and feel like you
cared what I was feeling and thinking.

Being a part of this interview helped me think about how important my
relationship with [my daughter] has always been to me. It was good to think about
those times and remember that she and I survived them. . . . Talking to you was so
easy. I felt really understood and I am glad I did it.

Interviewer(s)’ Process Impressions

With the exception of one mother, participants tended to give shorter responses at
the beginning of the interview. As the interview progressed, however, the mothers began
to elaborate more fully on their thoughts, emotions, and feelings. Overall, the mothers
appeared to offer genuine, thoughtful, and at times emotion-laden responses to the
interview questions. All mothers were talkative, with some mothers being more talkative
than others. All of the mothers actively engaged in the interview process. The mothers’
demeanors varied throughout the interview process, ranging from anxiety to curiosity and
even enthusiasm. All of the mothers demonstrated their interest in the topic being studied
by asking questions when clarification was needed, providing many details about their
experiences, and expressing their belief about the need for this type of research. All of the
mothers seemed clear and confident about their values and beliefs regarding sexual
orientation; and, 9 of the mothers interviewed believed that moving to a place of
acceptance of their daughters’ sexual orientation was both a painful and rewarding
experience.

There was one mother who clearly had a very different experience than the
experiences shared by the other nine mothers. Although I cannot know with certainty
why her experience was so different from the other mothers’ experience, at the time of
the interview I realized there were a number of factors that were unique to this mother. One factor that stood out to me is that she did not experience a journey with respect to accepting her daughter’s minority sexual orientation, for she accepted her daughter’s sexual orientation immediately. Additionally, as I listened to her story about her perception of the post-acceptance relationship she shared with her daughter, it was clear that there wasn’t a disconnection in the relationship after learning of her daughter’s sexual orientation. The relationship only improved.

General Information Contained in Results

In order to help the reader more thoroughly understand the results, I will begin this section by refreshing the reader’s memory about a few key terms that will be utilized throughout the remainder of this chapter (i.e., broad topic area, domains, core idea, and categories). Because to be included in the study a heterosexual mother had to be accepting of her daughter’s sexual orientation, the second subsection includes information about how acceptance was defined. The final subsection of this chapter will be an in-depth examination of the mothers’ responses to the interview.

General Terminology

Although the terms discussed in this section were fully explained in Chapter 2 it is helpful to quickly remind the reader of the pertinent terminology that will be utilized in the remainder of this chapter. The first term that merits a definition is broad topic area, which in essence captures the research teams’ primary focus from the interview question posed to the interviewees. According to Hill and her colleagues (1997), a few precisely written open-ended questions can yield more fruitful and rich data than many loosely written or close-ended questions. Given this, the team created five open-ended reflective
questions that we hoped would proffer rich data in a manner that would help participants feel at ease with the interview process. We chose to capture the essence of these precisely written open-ended questions with the nomenclature broad topic area”. As explained in Chapter 2, in a CQR approach to analysis domains are simply the salient topic areas that emerge in the participants’ narratives. Initially, the domains are rationally derived from the questions asked (or in this case the broad topic areas) and the literature reviewed (Hill, et al., 1997). But the domains often change or become more refined as the researchers immerse themselves in understanding the participants’ stories (See Chapter 2 for a more in-depth description of how the domains in this dissertation were developed.). The domains provide the research team with a logical way to group the data about similar ideas that emerge in the interviewees’ responses. Within each case, the team abstracts core ideas from the participants’ stories within each domain. In short, core ideas are abstractions or summaries of direct participant quotes, and thus are representative of their words. In a CQR methodology, categories are constructed when conducting the analysis by examining the core ideas across cases. The categories help concisely summarize the data that falls under each domain. In essence, the categories help to describe the consistencies that the research team found in the core ideas within each domain (Hill, et al.).

Acceptance Defined

Although there were a number of inclusionary criteria, the a central piece to being selected for an interview was a heterosexual mother’s ability to define acceptance in a manner that indicated, in the judgment of the research team, her views fit our definition of being accepting of her daughter’s sexual orientation. Specifically, in an effort to be as
inclusive as possible, to be considered for an interview a mother had to be able to state
she was “okay or more than okay that her daughter is a lesbian” (see Chapter 2 for more
information). On the demographic questionnaire we asked participants to describe what
acceptance meant to them; and, as a team we selected people who expressed acceptance
without including phrases that indicated tolerance rather than acceptance. For instance,
we excluded people from the study who defined acceptance in terms that included
phrases such as “love the person, hate the sin,” “it is okay to be gay because who
someone goes to bed with is personal” or “every person has the right to choose the
lifestyle they want to live- even if it is against my personal beliefs.” What follows are
three examples of how the participants selected for this study (i.e., those judged to be
accepting in terms of our definition) responded to the statement about acceptance on the
demographic questionnaire.

I can’t say that I always felt this way but today accepting my daughter means that
I embrace the whole of who my daughter is and wants to be- including her
identity as an out and proud lesbian... I love my daughter without any
reservation... I believe that being lesbian is a part of who she was meant to be.

For me acceptance is about embracing the totality of who the person is in the
world. It is more than just loving the person. It includes wanting the person to be
happy and feel whole... I guess I also believe that to be truly accepting means
that I have to fight against the injustices that a judgmental society embraces.

I see acceptance as being 100% okay that [my daughter] is a lesbian and loving
her unconditionally. I think that for me being accepting also means recognizing
that [my daughter] was born a lesbian and openly acknowledging that her
homosexuality is just as normal and natural as my heterosexuality.

All 10 mothers in this study included statements on the demographic questionnaire that
were similar to the statements made by the quotations provided above. As the quotations
above illustrate, the mothers in this study defined being accepting of their daughters
minority as follows: “embracing” their daughters for who they are; “appreciating” the
fact that their daughter is lesbian, "acknowledging" that being a lesbian is a "healthy", "natural", "normal piece" of who their daughters are "meant to be in the world," "openly affirming" their daughters' minority sexual orientation to their daughters and others, and "unconditionally loving" their daughter without reservation.

Analysis of Heterosexual Mothers' Responses to Broad Topic Areas

In this part of the dissertation, I will present the findings from the heterosexual mothers' interviews. I will structure the rest of the chapter by broad topic areas. Thus, there will be six sections (one for each broad topic area). In each section, I will first present the actual broad topic area (meaning the research teams' focus of the individual interview questions asked). I will then briefly remind the reader of the rationale for including the broad topic area in the interview protocol. Then a table that includes all of the domains and categories (including their frequencies) that emerged from the data will be provided. In each table, the team has used the language of and guidelines from CQR to quantify the categories. If a category applied to at least 9 of the 10 mothers interviewed, the team considered it to be "general;" if it applied to at least four but less than nine of the mothers interviewed, the team considered it to be "typical;" and, if it applied to three or less of the mothers interviewed, the team considered it to be "variant." Following the table for each broad topic area, each individual domain will be described in the text.

Within each domain description, I will define the domain and provide a detailed discussion of each of the categories that fall within that domain. Quotations from the actual data will be incorporated into each category.

By presenting the data in the above format, I believe the readers will gain a clear picture of the data as well as the richness of the data. It is important to note, however, that
in presenting the data in this manner there will be some overlap across the domains and categories. Although there are some overlapping ideas in the analysis, there are also some distinct nuanced differences across the domains and categories within a number of the broad topic areas. I will point out these nuances as each section is discussed.

**Broad Topic Area 1: Mother-Daughter Perceived Relational Dynamics-Pre-Acceptance**

To provide the participants with a starting point in the interview, interviewer(s) gave each participant a prompt. The bolded portion of the prompt that follows represents the first broad topic area: mother-daughter relational dynamics-pre-acceptance. The prompt was: *We would like you to begin by describing your relationship with your daughter before and shortly after you learned of her sexual orientation and how you came to accept your daughter as a lesbian.* This broad topic area was an important starting point for the research team. Understanding the way in which the mothers' retrospectively viewed their relationship before (i.e., pre disclosure) and shortly after learning of their daughters’ minority sexual orientation (i.e., period of time after disclosure but prior to acceptance: short hand is pre acceptance) provided us with a context to understand the post-acceptance relationship (i.e., mothers perceptions about the relationship that developed with their daughters after they accepted their daughters minority sexual orientation) that existed between the mothers and their daughters. Our decision to include this retrospective prompt was also guided by former research (e.g., Pearlman, 2005) and anecdotal data (e.g., Fairchild & Hayward, 1998), which supports the notion that the mother-daughter bond often strengthens after the mother comes to accept her daughter’s minority sexual orientation. (Refer to Chapter 1 for a more thorough discussion.)
This broad topic area yielded 4 domains and 12 categories. Table 2 below provides a snapshot of the domains and categories that emerged during the analysis of this section of the mothers' interviews. In order to get a clear understanding about the categories, the reader may need to review the description of the categories in the text. As stated above, in the subsections that follow each domain and the categories that fall within each domain will be presented. Quotations from the actual data will be incorporated within each category.

Table 2.

**Broad Topic Area 1: Mother-Daughter Perceived Relational Dynamics - Pre-Acceptance**

<table>
<thead>
<tr>
<th>Domains and Categories</th>
<th>Frequencya</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 1: Mother-Daughter Interactional Styles: Pre disclosure</td>
<td></td>
</tr>
<tr>
<td>Nurturing and close</td>
<td>7 Typical</td>
</tr>
<tr>
<td>Distant</td>
<td>3 Variant</td>
</tr>
<tr>
<td>Domain 2: Mother-Daughter Communication Shortly After Disclosureb</td>
<td></td>
</tr>
<tr>
<td>Increased communication</td>
<td>1 Variant</td>
</tr>
<tr>
<td>Decreased communication</td>
<td>5 Typical</td>
</tr>
<tr>
<td>Increased and decreased communication</td>
<td>4 Typical</td>
</tr>
<tr>
<td>Volatile communication</td>
<td>2 Variant</td>
</tr>
<tr>
<td>Domain 3: Mothers' Parenting Style</td>
<td></td>
</tr>
<tr>
<td>Authoritative</td>
<td>4 Typical</td>
</tr>
<tr>
<td>Permissive</td>
<td>3 Variant</td>
</tr>
<tr>
<td>Authoritarian</td>
<td>2 Variant</td>
</tr>
<tr>
<td>Domain 4: External Factors that Alter Functioning and Consequently Impact Mother-Daughter Relationship Shortly after Disclosure</td>
<td></td>
</tr>
<tr>
<td>Consequence of experiencing loss</td>
<td>6 Typical</td>
</tr>
<tr>
<td>Consequence of experiencing illness</td>
<td>2 Variant</td>
</tr>
<tr>
<td>Consequences of experiencing various other factors</td>
<td>3 Variant</td>
</tr>
</tbody>
</table>

a\((n > _9); typical \(n > _4); and variant \(n _3)\)
b1 mother described a vacillation between 3 ways of communicating
Domain 1: Mother-Daughter Interactional Styles-Pre disclosure

As the team analyzed the data that contained the mothers’ perceptions of the mother-daughter relationship pre disclosure, it became evident that the mothers’ focus was on the way in which they interacted with their daughters. As they reflected on their relationship with their daughters before learning about their minority sexual orientation, the salient notion that surfaced from this portion of the mothers’ interview responses was the mothers’ descriptions of their overall way of being in the relationship with their daughters (i.e., categories of nurturing and distant). Thus, we labeled this domain interactional style. Noteworthy is that initially the team included the mothers perceptions about the way in which mother and daughter communicated with one another under this domain. But as we looked more closely at the data, the team noticed an interesting distinction: when mothers discussed their mother-daughter relationship pre disclosure, they used general ways of being as opposed to talking about the way in which they communicated with each other per se. When they began reflecting on the relationship shortly after learning of their daughters’ minority sexual orientation, the way in which they communicated with their daughters became the mothers’ focus in their responses. This led the team to make the decision to create a separate domain for communication. See Domain 2 below for a more comprehensive explanation.

Category 1: Nurturing and close (typical, n = 7). In this category, mothers’ responses about their relationship prior to learning of their daughters’ sexual orientation included statements that were indicative of respect, care, warmth, attention, and love. These mothers provided statements that included the idea that being in relationship (pre disclosure) with their daughter was overall a joyful experience. For instance, they
indicated that prior to learning of their daughters’ sexual orientation that the relationship was easy, they enjoyed their daughters company, liked doing things for or with their daughters (e.g. cooking, shopping, watching movie), and expressed the idea that being in the same room was just “comfortable.” Moreover, six of the seven mothers in this category also provided statements that addressed how much respect and love they felt existed between themselves and their daughter. What follows are three illustrative quotations from interviewees’ transcripts that reflect the way in which mothers perceived their relationship as being nurturing and close.

Before [my daughter] came out to me, being with each other was so easy. She wanted me to help her with her homework, or we would go out shopping together. We were so bonded. I mean, I know I probably liked doing things for her, like making her lunch or buying her little trinkets, more than she wanted me too but it seemed to always make her smile. . . . I loved teaching her how to cook and how to wear make-up . . . . When she turned 13 she wanted to get a new hair style. We went to the salon and she really wanted my advice. . . . When she left for college last year, she asked me to help her pick out new things for her dorm room. And, then she was so homesick that she called and asked me to come up to Ann Arbor to visit her. She came home a lot too.

I was always really proud of [my daughter]. She was such a happy child and because I didn’t have to work when she was little we spent a lot of time together. . . . [My daughter] is a home body, we have that in common. We used to sit in the same room and read a book for hours; just being with her made me happy. . . . She loved dancing and I enjoyed watching her at dance competitions. . . . I think I was lucky because [my daughter] has always been very thoughtful too. When she was 15 I had to go back to work and she on her own just made dinner or did the laundry. I never had to ask her to do this kind of stuff. She would tell me that she knew I would be tired and just do it. . . . Like I said, before she told me she was a lesbian, we were super close to each other. I couldn’t believe we got through the early teenage years without any kind of real struggles.

When she was really young, she let me do everything for her. I loved doing little things like brushing her hair at night... Once she got older, we spent a lot of time doing things together.... [My daughter] and I just got each other. I always trusted her to do the right thing. . . . Being with each other was comfortable.
Category 2: Distant (typical, n =3). In this category mothers’ responses about their relationship pre disclosure included statements that represented the idea that there was a lack of connection or closeness between mother and daughter. For instance, two of the mothers in this category described how difficult it was to feel bonded to their daughter. From these two mothers perception, mothering their daughter was difficult because there did not seem to be any intimacy in the relationship. One of the mother’s who fell in this category reported that she believed the intimacy was lacking because she had nothing in common with her daughter, while one mother believed the issue was that her daughter was shy, quiet, and aloof. Moreover, two of the three mothers that fell into this category acknowledged that they did not see themselves as the “nurturing type.”

What follows are two illustrative quotations from the interviewees transcripts that capture the way in which these mothers perceived their mother-daughter relationship as distant.

Our relationship was always kind of distant... [My daughter] never liked to do the things I thought little girls would like... It was really hard because we just didn’t click together. I tried for a long time to get close to her; but, [my daughter] is so quiet and reserved. She would rather be in her room than with any of the family... it seems like we decided a long time ago to stop trying to know each other.

I was never really the type of person who liked to have a lot of closeness or hugging. I imagine that is why [my daughter] is somewhat reserved about asking anyone for attention... Another thing is that she has always been secretive ... and very quiet... I used to think things would change between us when she got older but they got worse because I would ask her to do things with me or the family and she just never wanted to be involved. . . I have to say I have never felt close to her.

Domain 2: Mother–Daughter Communication Shortly After Disclosure

As the team was analyzing the data from the mothers’ interview responses about their mother-daughter relationship pre acceptance of their daughters minority sexual orientation, we noticed that once mothers moved from talking about their relationship
with their daughters pre disclosure to talking about their relationship with their daughters shortly after disclosure an interesting shift in the dialogue occurred. The team noticed a clear shift away from generally talking about interaction as they did about their relationship pre disclosure. There was a clear movement toward primarily discussing the impact disclosure had on their ability to communicate with their daughters. In short, when mothers began talking about the nature of the relationship with their daughters after learning about their minority sexual orientation, 8 of the 10 mothers focused primarily on describing the ways in which communication was impacted by the daughters’ disclosure (e.g., “enhanced communication,” “unable to communicate,” “hard to address issues”). Thus, the research team labeled this domain as follows: mother-daughter communication shortly after disclosure.

Category 1: Increased communication (variant, n = 1). One mother in this category reflected about her communication level with her daughter pre acceptance (but shortly after disclosure). She included statements about how the mother-daughter communication increased after learning of her daughter’s minority sexual orientation. This mother reported that her daughter became much more open and communicative with her and because of this she found herself being much more receptive to talking with her daughter about many issues that had surfaced in the relationship. She reported that her daughter’s disclosure “... seemed to break down an invisible barrier that had kept them from talking with each other openly since [her daughter] became a teenager.” What follows is an illustrative quotation from the interviewee’s transcript that captures the way in which this mother described the increased communication that existed between herself and her daughter shortly after disclosure.
In hindsight I see that [my daughter’s] disclosure lifted such a weight off of her and helped her open up to me. She was able to talk with me in a way she had not done since she was a little girl. For the first time in years we enjoyed talking to each other again. It seemed as though overnight we began to talk as we had before she turned 14. At the time [my daughter] disclosed to me, I remember thinking just don’t react badly and she will keep talking to you. You want her to talk to you. And she did. We did.

Category 2: Decreased communication (typical, n = 5). In this category as the mothers reflected about their relationship with their daughter pre acceptance (but shortly after disclosure), they included statements about how they perceived that the mother-daughter communication initially decreased after learning of their daughters’ minority sexual orientation. Two of the five mothers reported that they remember finding it really difficult to engage in a dialogue about their daughters’ sexual orientation; three mothers said that learning about their daughters’ sexual orientation made talking to their daughters about anything in the relationship difficult; and two of the mothers reported that they noticed that their daughters were less open with them since disclosure. What follows are three illustrative quotations from the interviewees’ transcripts that exemplify the way in which these mothers described the decrease in communication between themselves and their daughter shortly after disclosure.

Before [my daughter] told me about her sexual orientation we talked about everything together. It seemed like the moment she disclosed her sexual orientation to me that ended. I felt like we were strangers, unable to talk to each other about anything. She closed herself off. I tried to ask questions but my questions just made her embarrassed or shy... Eventually, I stopped asking, which meant sometimes she would just stay away from me and I would stay away from her for weeks on end.

[My daughter’s] disclosure that she was a lesbian left me speechless. For months it seemed as though there was this chasm of silence that existed between us. It was hard to discuss things—this was odd because we were always talking about things together before... The simplest questions would make her shut down. We struggled to talk about anything with each other—not because we were angry at
each other... It was like we didn’t know how to communicate with each other anymore.

I would find myself wondering if I should ask about her dates, her relationship with girls. It felt so uncomfortable to talk about so I just didn’t ask. I think this made her feel like I didn’t care, which made the silence between us almost unbearable... The truth is I didn’t want to know about her girlfriends. Because I didn’t ask we didn’t talk for days at a time.

Category 3: Increased and decreased communication (typical, n = 4). In this category mothers’ responses about their communication level shortly after disclosure (but pre acceptance) included statements that represented the idea that sometimes the mothers and their daughters were able to communicate more, while other times they communicated less. Mothers in this category reported that there were times shortly after learning of their daughters’ minority sexual orientation that they wanted to understand their daughters’ feelings about being a lesbian, but other times they wanted to pretend that their daughters were heterosexual. During the times that the mothers in this category wanted to understand their daughters sexual orientation dialogue would increase; conversely, during times that they wanted to deny that their daughters were lesbians communication decreased. What follows are two illustrative quotations from interviewees’ transcripts that exemplify the way in which these mothers described the decreased and increased communication that existed between themselves and their daughters post-disclosure.

Learning that [my daughter] was not straight was news that I did not accept well. Even though I didn’t let her see me react, inside after she told me that she was gay, I felt so disappointed... At first, I tried to talk to her and encouraged her to tell me things but then for a little while, probably 3 or 4 months, we hardly talked at all. Then I started feeling like I should be trying to understand her lifestyle choice. For a while I would try to talk with her so that I could understand. And we would do okay for a while, you know, talk a little more. But the communication would break down and we would not be able to talk about much of anything. We went back and forth like this for about a year.
[My daughter] told me she was a lesbian on the phone during one of our weekly conversations about life... I was shocked... had no idea what to say... but I wanted to hold on to our relationship so I tried to talk to her about what it was like for her to know she was a lesbian... but at other times I wanted to avoid talking to her at all... I went back and forth between keeping our dialogue open and avoiding some phone calls so that I wouldn’t have to talk to her. I guess the answer the phone and talk to her or don’t, lasted about 8 months.

Category 4: Volatile communication (variant, n = 2). In this category mothers’ responses about their communication level shortly after disclosure (but pre acceptance), included statements about how shortly after learning of their daughters’ minority sexual orientation mother-daughter communication was fraught with anger and frustration. The mothers who fell into this category described the ways in which communication between themselves and their daughters was often “argumentative,” “hateful,” and “hurtful.” What follows are two illustrative quotations from the interviewees’ transcripts that capture the way in which these mothers described the volatile communication that existed between themselves and their daughters post-disclosure.

... I would say that after she told me she was a lesbian that [my daughter] and I went from being able to talk with each other with openness and thoughtfulness to communicating with each other by screaming and arguing insults at each other... I would have to say that we hurt each other with our words. There were times that I thought the arguing and angry words would destroy our relationship... . The yelling and fighting continued until she left for college.

We said the most hurtful, mean things to each other after she told me she was a lesbian. I told her she wasn’t my daughter. She told me she hated me. I told her she was no longer my daughter... We had many screaming matches... When I look back on that time and remember the mean, hateful things we said to each other; ... it is a miracle that we made it through that time in our lives without permanent damage being done to the relationship.

Domain 3: Mothers’ Parenting Styles

As the team was analyzing the data from the mothers’ interview responses about their mother-daughter relationship pre acceptance, we noticed that 9 of the 10 mothers’
interviewed included very specific information about the way they had parented their daughter (e.g., “negotiation of boundaries,” “strict rules”, “no negotiation”, “no exceptions to the rules”). Included in this dialogue were the mothers’ perceptions about how their relationship with their daughters post-disclosure was impacted by the way in which they had parented their daughters pre-disclosure (e.g., “trying to be open protected the relationship,” “strict rules drove her away”). Because we felt that the mothers’ descriptions of their parenting styles seemed to fit well with the three parenting styles described by Baumrind in her 1966 work, we used her descriptive terms as the three categories for this domain: (a) authoritative, (b) permissive, and (c) authoritarian. In the discussion of each category below, I will include the following: (a) an explanation of the parenting style (using Baumrind’s descriptions as a guide), (b) the mothers’ perceptions about the way in which their parenting style impacted the relationship between themselves and their daughters, and (c) some illustrative quotations from the mothers’ transcripts that depict the information pertaining to the category.

**Category 1: Authoritative (typical, n = 4).** In this category mothers’ responses included statements that were indicative of the way that Baumrind (1966) defined parents who utilize an authoritative style to parent their children. According to Baumrind, the authoritative parent is one who sets limits for the child’s behavior by reasoning and explaining things to the child. This type of parent is also nurturing and communicates her expectations to the child with respect and love. Boundaries are firm but at times negotiable, depending on the circumstances. Four of the mothers’ interviewed in this study discussed the way in which they parented their daughters in a way that was representative of this style. For instance, according to one mother “[my daughter] never
had to guess about what was expected of her. ... nor did she feel she couldn’t tell me when she felt things were unfair...often we would negotiate things like curfew...which I believe helped us maintain open communication with each other.” Another mother, spoke to how “the relationship was one that never included words of ‘I told you so’... but rather words that depicted the idea that her voice was important too...” These mothers indicated that when their daughters disclosed their minority sexual orientation they tried hard to listen to what their daughters had to say without reacting, attempted to encourage them to share more about what they were feeling, and worked hard to provide a safe place for their daughters to dialogue about what was going on for them. They acknowledged, however, that at times this was very hard for them to do. Moreover, three of these mothers reported that they believed their relationship with their daughter was not extensively damaged after disclosure because of the way they had parented their child from birth. All four of the mothers in this category reported that the historical bond that existed between mother and daughter was ultimately not broken because of the way these mothers had parented their daughters all along. What follows are two illustrative quotations from the interviewees’ transcripts that depict nicely the way in which these mothers described their authoritative parenting style and the impact their style of parenting had on the relationship between themselves and their daughters post-disclosure.

Being a parent to [my daughter] was my most important job. ... I tried to always be loving to and understanding [of] her, especially as she was maturing into an adolescent, a time in her life that was full of turmoil and upset. ... I believe that being this way helped us get through that rough patch after she came out to me. ... I guess I would have to say that when I was raising [my daughter] I tried to always remember that she had feelings and opinions that merited being heard... and I think remembering that helped our relationship after she told me she was a lesbian. ... She has told me many times that she knew I would still love her even after I knew she was a lesbian.... but I am glad that the way I was with her and how she was with me helped us make it through the really hard times without
blowing up our relationship. . . . I always thought I should try to hear her and 
consider her side of things before I made decisions. I think this is why she told me 
about being a lesbian at such a young age.

I always wanted [my daughter] to feel like she could tell me anything. . . . that we 
could negotiate things, you know. . . . But I was caught off guard by her 
disclosure [that she was lesbian]. So, I stood stunned. I don’t think she noticed, 
because I had always been the kind of parent who would hear her out first and 
then respond. . . . This gave me a little time to get my thoughts together. . . . I have 
to say that although it was a hard time in our relationship, I believe we got 
through it because of how I had raised her to be open with me, even if she thought 
I wouldn’t want to know the information she had to share.

Category 2: Permissive (variant, n =3). In this category mothers’ responses 
included statements that were indicative of the way that Baumrind (1966) defined parents 
who utilize a permissive style to parent their children. According to Baumrind, 
permissive parents fail to set clear boundaries and limits for their children, provide little 
or limited nurturance to them, and make very few demands on them to behave in a 
mature manner. Three of the mothers interviewed in this study discussed the way in 
which they parented their daughters in a way that was representative of this style. For 
instance, one mother spoke about how she “never really set any limits for [her 
daughter];” another spoke to how she “believed [her daughter] raised herself because [the 
mother] was busy climbing the corporate ladder instead of providing a stable home for 
her daughter.” One of the mother’s in this category indicated that when her daughter 
disclosed her minority sexual orientation her initial reaction was one of indifference, 
while one mother indicated that she reacted with silence, and still another reacted with 
anger. Interestingly, the mothers in this category seemed to blame themselves that their 
daughters were lesbian, for they reported that pre acceptance they held the belief that 
being “lenient” and “unobtrusive” mothers led their daughters to be “confused” about 
their sexual orientation. Moreover, two of the mothers in this category felt as though their
relationship with their daughter was impacted negatively after disclosure in part because of the "type of mother" they had been to their daughters pre disclosure. What follows are two illustrative quotations from interviewees' transcripts that capture the way in which these mothers described their permissive parenting style and the impact their style of parenting had on the relationship between themselves and their daughters post-disclosure.

In thinking back, I remember I blamed myself that [my daughter] was a lesbian because I had been pretty uninvolved in helping her find her way in the world. . . . I thought maybe she felt confused about her sexual orientation because I had been so uninvolved in her life. . . . I was a laid back kind of parent... the anything goes kind. . . . I didn't control her movements or her friends. . . . I did not demand much from her. . . . I would say [my daughter] raised herself. . . . I wasn't really an involved mother but I thought we were close. . . . when she came out to me I reacted with indifference, which I can see now really hurt her and hurt our relationship . . . I guess I realize now that my anything goes attitude did not help our relationship after she told me she was [a lesbian] because to her it felt like I didn't care how hard it was for her to acknowledge she was a lesbian. . . . Looking back, I see that I became an even more cold and indifferent mother because I didn't understand [my daughter] . . . it took me a long time to understand how my reaction to her telling me she was a lesbian was actually harmful to [my daughter] and to our relationship. When I was thinking about this interview, I realized that I became so indifferent that [my daughter] stopped trying to have a connection with me.

I was a "hands off" parent who didn't pay much attention to what [my daughter] was doing. . . . I think [my daughter] would say I was a vacant parent. . . . I wasn't cruel or anything, I just didn't spend much time with her as she was growing up. I didn't want to be intrusive. . . . I was always [unobtrusive] and then she told me that she was attracted to girls. . . . in an instant I became an over involved parent. I reacted [to her disclosure] with extreme anger, which I see now was very painful for [my daughter]. . . . I had never been involved and then because I thought I knew what was best I was going to tell her how to live. . . . I can see that this was confusing to [my daughter]. For the first time in our relationship I tried to take control over her actions and this led to lots of conflict in the relationship.

**Category 3: Authoritarian (variant, n = 2).** In this category mothers responses included statements that were indicative of the way that Baumrind (1966) defined parents who utilize an authoritarian style to parent their children. According to Baumrind, authoritarian parents are very directive, place high expectations and unreasonable
demands on their children, and expect their rules to be followed without question. Parents who utilize this style of parenting tend to apply coercive techniques that include threats and corporal punishment to enforce rules and display low levels of nurturance for their children. A couple of mothers interviewed in this study discussed the way in which they parented their daughters in a way that was representative of this style. For instance, one mother spoke to the fact that “the rules were the rules in my house and no one dared to break the house rules... consequences were swift and harsh for back talking...” Another mother stated that “I didn’t have any patience for my children’s whining about what I wasn’t going to change... there was no negotiating... what I said was law.” Both of the mothers whose responses that fell in this category indicated that when their daughters disclosed their minority sexual orientation they immediately reacted with hostility toward their daughters, verbally denied their daughters’ sexual orientation, and one mother stated that she actually told her daughter that she would disown her “if she didn’t make a different choice.” Both mothers, however, also indicated that their daughters stood up to them in a way they had not previously done, an action that had a surprisingly positive impact on the relationship between themselves and their daughters. What follows is an illustrative quotation from an interviewee’s transcript that captures the way in which these mothers described their authoritarian parenting style and the impact their style of parenting had on the relationship between themselves and their daughters post-disclosure.

I raised [my daughter] like I was raised... strong hand, lots of rules, no back talk allowed... what I said was law and there were no if ands or buts about it... I don’t think she would have ever told me she was a lesbian if I hadn’t caught her in her room... with a girl...and did I have a bad reaction... I can’t believe this now but I actually told [my daughter] that if she didn’t stop her nonsense of being attracted to girls I would disown her... her reaction to me caught me off guard because she had always been an obedient kid... she told me that she would actually be glad if I did disown her... hearing those words... I felt like a knife
went through my chest... her saying those words to me changed our relationship in a profound way. ... all of a sudden I was forced to consider what my words really meant to [my daughter], how they had hurt her... and I also realized that for her to tell me that she wanted me to disown her took a lot of guts on her part. I am not by any means saying I was immediately fine that [my daughter] was in love with a woman but I knew in the moment she told me to pretend she was dead that I did not want to lose [my daughter]. ... I realized that I wouldn’t want to go through the rest of my life without her in my life. ... After I caught her, and we fought, we became closer somehow.

Domain 4: External Factors that Alter Functioning and Consequently Impact Mother-Daughter Relationship Shortly after Disclosure

While analyzing the data from the mothers' interview responses about their mother-daughter relationship pre acceptance (i.e., pre acceptance of daughters' minority sexual orientation), but shortly after disclosure, the research team noticed that 9 of the 10 mothers reflected on the role external factors played in defining the struggle or ease in the relationship. These factors included but were not limited to experiencing a death or illness in the family, addressing drug addiction issues, bullying at school, and relocating to a new state. It is important to note that the mothers reported that the external factors experienced by themselves or their daughters had altered the mothers' and/or their daughters' psychological or physical functioning (e.g., depression; too ill to care for self emotionally or physically); and, this in turn affected the mother-daughter relationship in either a positive or negative way. For instance, one mother reported that “... the depression I experienced after my divorce left me unable to help [my daughter] through tough issues and consequently [my daughter] came to resent [me].” Another mother reported that “[my daughter’s] drug addiction altered the trust and affection I felt for [my daughter] so much that I wasn’t able to engage with [my daughter]. ... which caused me to spiral into a rage that turned out to be very harmful to our relationship.” And, one mother reported “... after I was diagnosed with cancer me and [my daughter] became
closer... we no longer fought about [my daughter’s] sexual orientation... it didn’t seem like such a catastrophe anymore... the lines of communication were finally open again.”

Given the fact that the mothers reported that it was the external factor that disrupted functioning, which in turn altered the relationship, the team opted to label this domain in such a way as to capture the external factor and the consequences that ensued because of said factor. Thus, we named this domain as follows: *external factors that altered functioning and consequently impact the M-D relationship shortly after disclosure*. The external factors fell into one of three categories, each of which had a consequence to the relationship: (a) experiencing a loss, (b) experiencing an illness, and (c) experiencing various other factors. It is important to note that two of the nine mothers’ responses in this domain fell into more than one external factor. What follows is a brief description of each category and a few illustrative quotations from the interviewees’ transcripts that depict the category.

*Category 1: Relationship consequence of experiencing loss (typical, n = 6).* The mothers’ responses that fell in this category included the reporting of losses in the mothers’ and/or daughters’ lives (e.g., death of a partner or other loved one, divorce; break up of significant relationship). A common consequence of the loss, expressed by the mothers, was a temporary negative change in psychological functioning. All of the mothers in this category spoke to the ways in which the external factor altered their psychological functioning (e.g., depression, lack of ability to regulate emotions, heightened stress, feelings of loneliness or isolation). Additionally, one mother articulated that the loss of a significant relationship experienced by her daughter had a similar psychological consequence for that daughter. When the loss was experienced by
the mothers, all of the mothers in this category believed that their inability to handle the
loss in an “emotionally functional way” altered the mother-daughter relationship in either
a positive or negative way.

Four of the mothers in this category reported that they believed that the emotional
impact of the external factors that were going on in their lives caused undue struggles in
the relationship. Noteworthy is the fact that two mothers stated that when both mother
and daughter experienced a loss relatively close together, and consequently an “emotional
breakdown,” the mother-daughter relationship was strengthened. Both mothers indicated
that they felt this occurred because mother and daughter were able to react in a manner
that illustrated an enhanced empathy for what the other was experiencing.

What follows are two illustrative quotations from the mothers’ transcripts. These
quotations help capture the way in which these mothers described the impact that a
significant loss had on the psychological functioning of mother and/or daughter, which
consequently had an impact on the mother-daughter relationship shortly after disclosure.

My divorce left me feeling so emotionally depleted that I was not really available
to help [my daughter] with all the emotions she was experiencing since coming
out to friends and family . . . this put a strain on our relationship because she
needed me to talk with her and when I couldn’t she became angry and accused me
of not being there for her.

. . . after my mother died I was so out of my mind with grief and pain that I wasn’t
able to provide [my daughter] with the attention she needed. . . . she was starting
her senior year of high school which was a bad time for her [because] she had just
ended her first long term relationship . . . [additionally,] we were both pretty sad
and depressed about the way things were going in our lives. . . . we provided
comfort to each other. . . . we spent endless hours talking about things more time
than we ever had. . . . before she told me about her sexual orientation. . . . the death
of my mother . . . her loss of her first serious girlfriend brought us closer maybe
because we only had each other. . . .
Category 2: Relationship consequence of experiencing illness (variant, n = 2).

Mothers' responses that fell in this category had either suffered from or witnessed their daughters' debilitating illness. For instance, one mother interviewed reported having a stroke and another reported that her daughter had Leukemia. Both mothers spoke to the ways in which they felt these experiences devastated themselves and/or their daughters' lives, while simultaneously strengthening the mother-daughter bond. The mothers in this category reported that the debilitating nature of the illnesses was overwhelming for both the person experiencing the illness and the person witnessing the illness. Both mothers who fell into this category spoke to their belief that the mother-daughter bond was strengthened because “... suddenly it became clear that [someone] could die.” As the onset of the illnesses occurred after the daughters had come out to their mothers, the mothers specifically addressed the way in which these experiences had an impact on the mother-daughter relationship post-disclosure. What follows are two illustrative quotations from the mothers' transcripts that capture the essence of the way in which these mothers described the impact that a medical illness had on the relationship between themselves and their daughters shortly after disclosure.

... when [my daughter] became so ill the fact that we had been fighting about her sexual orientation seemed silly. ... worrying about her getting well made me put all the fights we had been having into perspective ... we began to talk about her sexual orientation and what it was like for her to be a [lesbian] ... I think in that six months I got to know her so much better ... and she got to know what I was experiencing ... the relationship definitely changed for the better ...

Having a stroke changed everything in our relationship. ... I was so grateful to be alive and [my daughter] was so afraid that I was going to die ... it seems like we just put the sexual orientation stuff away ... it has never been an issue again ... she took care of me when I was sick and that gave us lots of time to get to know each other again ... suddenly I stopped thinking about how sad it was that she would never have a husband or babies ... I realized that she was such a loving person that she was going to have love in her life ... I became okay that who she
would love would be a woman... I began to see that what mattered was that she has love and that she be true to who she was as a woman.

Category 3: Relationship consequences of experiencing various other factors

(variant, n = 3). The mothers’ responses that fell in this category comprised the reporting of external factors that include relocating to another city, bullying at school, and addressing drug addiction issues. All of the mothers in this category reported that the overwhelming emotions that arose from the external factors were anger and depression, and these emotions in turn led to a problem in the mother-daughter relationship.

Noteworthy is that two of the three mothers in this category perceived that the struggle in the relationship that ensued because of the external factor was due to how angry and/or depressed their daughters became. The third mother in this category reported that the struggle in the relationship was a result of how she responded to her daughter’s drug addiction, coupled with how her daughter’s behavior drastically changed while she was using drugs. What follows are three illustrative quotations from the mothers’ transcripts that capture the essence of the way in which these mothers described the impact these various factors had on the mother-daughter relationship.

The move could not have happened at a worse time for us... we were fighting so much because I had learned [she] was a lesbian... but after the move she stopped talking... [She] became moody and unapproachable... [She] stayed in her room and distanced herself from me and her brother... and when I tried to talk with her, she would get angry and scream about how happy I must be that she was so miserable... It was a really trying time in our relationship... I was trying to come to terms with her sexual orientation... she was trying to come to terms with being in a new city...

[My daughter] was being bullied at school... she got so depressed... she got angry at being pushed around... I guess she thought I was the safe person to be angry at... it felt like things changed overnight... one day we were trying to understand each other... the next we were at each other’s throat... it took a toll on the relationship... I tried to comfort her but this made things worse... she was
just so miserable... and I got tired of being shoved away... so I quit trying to force her to get past what she was feeling...

... [My daughter’s] drug addiction caused a lot of emotional turmoil for me and the family. The worry and sleepless nights I had while she was using hurt our relationship far more than learning that she was queer... The drugs really changed her... [she] was moody and irritable... we were not able to talk about anything until she quit using drugs... [My daughter] almost died on my couch from an overdose... I was so angry that I couldn’t be in the same room with her for weeks... there were times I thought we would never find our way back into each other’s lives... I didn’t think I would ever trust her again... it took a very long time to mend the relationship... she has worked really hard to prove to me that I can trust her...

Broad Topic Area 2: Mothers’ Processes of Accepting Daughters’ Sexual Orientation

As discussed previously, each broad topic area is rooted in the interview prompts. The first interview prompt was: We would like you to begin by describing your relationship with your daughter before and shortly after you learned of her sexual orientation and how you came to accept your daughter as a lesbian. Clearly, this prompt contains two main ideas: (a) mother-daughter relationship-pre-acceptance and (b) process of coming to a place of acceptance. Because the prompt contained these two main ideas, for clarity, the team divided the prompt into two broad topic areas. The first broad topic area (discussed in the preceding section of the chapter) came from the first main idea, which is represented by the following: [describe] your relationship with your daughter before and shortly after you learned of her sexual orientation. The second broad topic area was captured by the second main idea, which is represented by the following: [describe] how you came to accept your daughter as a lesbian.

It is important to note that the primary focus of the dissertation was not about the journey heterosexual mothers went through to come to a place of acceptance of their daughters’ lesbian identity. Nonetheless, this second broad topic area was important to
include in the study. Understanding the mothers’ journey seemed important in the context of helping the research team gain a clear picture of the primary focus of the study: mothers’ perceptions of the mother-daughter relationship post-acceptance.

In the early phases of the research teams’ analysis of the mothers’ responses in this section, we found that one mother reported that she came to acceptance of her daughter’s sexual orientation immediately; two mothers reported coming to a place of acceptance more quickly than the other seven mothers (e.g., one month, 3-6 months). And, seven mothers reported experiencing a more difficult and longer journey to acceptance (e.g., 7-18 months). Nine out of the ten mothers who were interviewed acknowledged four primary aspects in their processes to acceptance (see Table 3 below). The first two relate to the affective (Domain 1) and behavioral (Domain 2) responses they experienced throughout their journey of coming to a place of acceptance of their daughters’ minority sexual identity. The last two address what hindered (Domain 3) and what propelled acceptance (Domain 4). Equally as important, nine mothers discussed their processes of acceptance as a series of phases (Domain 5). This is consistent with our presumptions, prior literature (e.g., Herdt & Koff, 2000; Savin-Williams, 2001) and anecdotal data (e.g., Fairchild & Hayward, 1998). (See Chapter 1 for a more thorough discussion of the prior literature.) Thus, the team included phases of acceptance as a separate domain.

Table 3 below provides a snapshot of the 5 domains and 21 categories that were found during the analysis of this broad topic area. Quotations from the actual data will be incorporated within each category.
Table 3.

**Broad Topic Area 2: Mothers' Processes of Accepting Daughters' Sexual Orientation**

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<thead>
<tr>
<th>Domains and Categories</th>
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<th>Frequencya</th>
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<tbody>
<tr>
<td><strong>Domain 1: Affective Responses along Journey to Acceptance of Daughters' Sexual Orientation</strong></td>
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<tr>
<td>Affect experienced as positive</td>
<td>5</td>
<td>Typical</td>
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<tr>
<td>Affect experienced as neutral</td>
<td>3</td>
<td>Variant</td>
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<tr>
<td>Affect experienced as negative</td>
<td>7</td>
<td>Typical</td>
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<tr>
<td>Vacillation between affective experienced as positive, neutral, and or negative</td>
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<td>Typical</td>
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<tr>
<td><strong>Domain 2: Behavioral Responses along Journey to Acceptance of Daughters' Sexual Orientation</strong></td>
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<tr>
<td>Behavior experienced as positive</td>
<td>4</td>
<td>Typical</td>
</tr>
<tr>
<td>Behavior experienced as neutral</td>
<td>3</td>
<td>Variant</td>
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<tr>
<td>Behavior experienced as negative</td>
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<td>Vacillation between behavior experienced as positive, neutral, and or/negative</td>
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<td>Typical</td>
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<td><strong>Domain 3: Barriers that Hindered Acceptance of Daughters' Sexual Orientation</strong></td>
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<td>Internalized antigay political convictions</td>
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<td>Typical</td>
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<tr>
<td>Internalized antigay Christian convictions</td>
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<td>Internalized cultural convictions</td>
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<td>Conscious and unconscious avoidance tactics</td>
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<td>Other family members antigay convictions</td>
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<td><strong>Domain 4: Factors that Fostered Acceptance of Daughters' Sexual Orientation</strong></td>
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<td>Gaining education</td>
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<td>Seeking external support</td>
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<td>Confronting internalized antigay values and beliefs</td>
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<td>Typical</td>
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<td>Exposure to gay community</td>
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<td>Typical</td>
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<td><strong>Domain 5: Overview of Mothers’ Processes of Moving to Acceptance</strong></td>
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<td>Intense emotional phase</td>
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<td>Disconnection phase</td>
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<td>Typical</td>
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<td>Reconnection phase</td>
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a general (n ≥9); typical (n ≥4); and variant (n ≤3)
As the research team was analyzing the data from the mothers’ interview responses about their processes of coming to a place of acceptance of their daughters’ minority sexual orientation, we noticed that 9 of 10 mothers interviewed included very specific information about the emotions they experienced about their daughters minority sexual orientation. The team also noticed the high amount of clarity the mothers had about the level of emotional turmoil (or lack of emotional turmoil) they experienced along their path to acceptance. The mothers reported experiencing a range of emotions along their journey to acceptance of their daughters’ minority sexual orientation. These emotions included but were not limited to joy, empathy, bewilderment, apathy, anger, rage, shame, and guilt.

Equally important, 9 of the 10 mothers interviewed spoke to the way in which they would categorize the emotions they experienced. For instance, one mother reported “I believed my immediate emotional response to the news that [my daughter] was a lesbian was neutral.” When asked to provide further details, the mother responded with “.. inside I felt bewildered .. outside I reacted sort of flatly. ... choosing to not react at all gave me time to think about how I was feeling. .. it felt safer to stay silent than throw an emotional fit in front of [my daughter].” Another mother reported that throughout the first few months of her journey to acceptance “.. I responded horribly .. spewing rageful and hateful words at [my daughter].” Eight mothers, however, reported that throughout their processes of moving to a place of acceptance, their emotions’ “..
waxed and waned... sometimes responding with empathy... other times responding
with anger... and [still] other times with apathy.”

Because the mothers provided such vivid and clear descriptions of the emotional
responses that were prevalent along their journey to acceptance of their daughters’
minority sexual orientation, the research team felt it was important to distinguish this as a
separate domain. It is important to note, however, that in this domain all that is being
addressed are the affective responses experienced by the mothers. At this point in the
analysis we are not attending to how the mothers’ emotions changed over time. We are
also not attending to where the mothers were in their journey of coming to a place of
acceptance of their daughters’ minority sexual orientation when they were experiencing
these emotions. These later two points are addressed below in Domain 5.

Having stated this, within this domain (Domain 1) four clear categories emerged: (a)
affect experienced as positive, (b) affect experienced as neutral, (c) affect experienced as
negative, and (d) vacillation between affect experienced as positive, neutral, and
negative. What follows is a description of each category. After providing a description of
the category some illustrative quotations from the mothers’ transcripts that depict the
category will be provided.

**Category 1: Affect experienced as positive (typical, n = 5).** In this category, the
mothers reported that along their journey of moving to a place of acceptance of their
daughters’ minority sexual orientation, they experienced some positive emotions (e.g.,
joy, pride) about their daughters’ minority sexual orientation. Noteworthy is that four of
the five mothers whose responses fell in this category reported that throughout their
journey to acceptance there were times when they were not able to consistently
experience positive emotions about their daughters’ sexual orientation. One mother in this category, however, reported that she always reacted with positive emotions, for her journey to acceptance was short and “not hurting [my daughter] meant not taking in negative emotions about the disclosure. . . . My love for [my daughter] helped me maintain positive emotions.” Therefore, she never felt anything but positive emotions about her daughter’s minority sexual orientation. Moreover, the mothers in this category reported that they were not able to display these positive emotions at the onset of their processes to coming to acceptance.

Regardless of whether the mothers in this category reported experiencing only positive affective responses along their journey or not, when they described their positive affective responses toward their daughter they utilized words that included but were not limited to joy, relief, empathy, and pride. What follows is a more in-depth illustrative quotation from a mother’s transcript. This quotation clearly captures the essence of the way in which the mothers in this category described their affective responses as positive.

...when [my daughter] told me she was a lesbian my initial reaction was relief because I thought she was going to tell me she was in some kind of trouble... she stumbled to tell me and she looked very afraid... watching her struggle to find the words to tell me made my heart melt.... all I could think about was her pain and I remember thinking that she really needs me to make this okay for her, I need to be happy for her ... my heart just melted,... I think I felt so much compassion for what she was going through at that moment... my impulse was to help her be okay ...most of the time, I felt happy because my daughter was finally happy....

Category 2: Affect experienced as neutral (variant, n = 3). In this category mothers reported that there were times along their journey to acceptance of their daughters’ minority sexual orientation that the emotions they experienced about their daughters’ sexual orientation were neutral. From these mothers’ perspective words such as “apathetic, “bewildered,” and “benign” represented neutral affect. Noteworthy is that the
mothers whose responses fell in this category reported that throughout their journey to acceptance there were times when they were not able to consistently experience neutral emotions about their daughters’ sexual orientation. What follows is an illustrative quotation from a mother’s transcript. This quotation clearly captures the essence of the way in which the mothers in this category described their affective responses as neutral, along their journey to acceptance of their daughters’ minority sexual orientation.

I would say that as I tried to accept [my daughter] being a lesbian my emotions were just neutral... you know I was bewildered or I felt some apathy... I wasn’t thrilled but I wasn’t unhappy either... Most of the time I just thought ‘it was her life and I don’t have to be unhappy or overjoyed’... I very consciously kept my feelings neutral because I wanted to protect our relationship ...

*Category 3: Affect experienced as negative (typical, n = 7).* In this category, mothers reported that there were times along their journey to acceptance of their daughters’ minority sexual orientation that the emotions they experienced about their daughters sexual orientation were negative. From these mothers’ perspective words such as “anger, “shame,” “hate,” “sadness,” “dismay,” “anxiety” and “guilt” represented the negative affect they experienced. Noteworthy is that four of the seven mothers’ whose responses fell in this category reported that throughout their journey to acceptance they didn’t always experience negative emotions about their daughters’ sexual orientation. What follows are two illustrative quotations from the mothers transcripts. These quotations clearly capture the essence of the way in which the mothers in this category described their affective responses as negative.

For a long time I had overpoweringly negative feelings about [my daughter’s] sexual orientation... I was very angry at [my daughter] and God.... I seemed to be consumed with feelings of rage ... when I met [my daughter’s] partner I swear I hated her... My only reason for hating her was because she was with [my daughter]... I was very irrational... I didn’t think the anger would ever go away...
I yelled at God for months... I was so furious... I couldn’t talk to my daughter without being consumed with rage...

Hearing [my daughter] say she was gay enraged me... As I tried to move to accepting her sexual orientation I felt so livid... I was angry for months... for the first time I actually felt ashamed of [my daughter]... I felt guilty for being so angry and ashamed... I felt shame over feeling ashamed... these feelings besieged me... I felt lost in the negative feelings...

Category 4: Vacillation between affect experienced as positive, neutral, and/or negative (typical, 8). In this category mothers reported that there were times along their journey to acceptance of their daughters’ minority sexual orientation that the emotions they experienced about their daughters sexual orientation “... waxed and waned,” with most mothers reporting that they vacillated between having positive, negative, and neutral emotions. For instance, one mother reported that “... initially I was engulfed with rage ... subsequent engaged with [my daughter] apathetically for months ... but then there were days where I could find joy because [my daughter] seemed so happy.”

Six of the eight mothers in this category reported that they felt they were on “an emotional roller coaster,” for their emotions vacillated between feeling positively, neutrally, or negatively about their daughters’ minority sexual orientation. It is important to note that not all mothers in this category vacillated between these three ways of emoting but they clearly vacillated between at least two of these ways. What follows are two more in-depth illustrative quotation from the mothers’ transcripts. These quotations clearly capture the essence of the way in which the mothers in this category described their affective responses as vacillating between positive, neutral, and/or negative.

The emotions I experienced as I was trying to accept that [my daughter] was really a lesbian were all over the map... there were days I felt anger... other days I felt sadness... sometimes I felt frustration or indifference... and there were even days that I felt happy...
Some days I would say that I was content that [my daughter] was gay... other days I was just furious... finding a middle ground emotionally was really tough... there were times on this road that I thought I was going to explode... somewhere along the way I got so tired of feeling hostile... I got to a place of just feeling emotionless... eventually I had days that I felt peaceful...

Domain 2: Behavioral Responses along Journey to Acceptance of Daughters’ Sexual Orientation

While analyzing the data from the mothers’ interview responses about their processes of coming to a place of acceptance of their daughters’ minority sexual orientation, the research team recognized that 9 of the 10 mothers interviewed included very clear and specific information about the way in which they behaved toward their daughters, especially when thoughts about their daughters’ minority sexual orientation were evoked. The mothers reported that as they moved through their journey of coming to a place of acceptance of their daughters’ minority sexual orientation they behaved in a variety of ways toward their daughters. These behaviors included but were not limited to hugging daughter, pretending as if nothing changed, ignoring daughters’ sexual orientation, and threatening to disown daughter.

Included in the mothers’ responses that fell in this domain were the categorical ways in which 7 of the 9 mothers described their behavior (e.g., positive, neutral, negative). For instance, one mother reported that “I behaved so badly toward [my] daughter... I actually threatened to disown [my] daughter.... Another mother reported that she felt she behaved in a “... neutral manner by ignoring ...” And, yet another mother reported that “... from the moment [my daughter] told her that she was a lesbian I behaved in completely positive ways... I hugged [my] daughter and affirmed [her] sexual orientation. ..” Eight mothers’, however, reported that throughout their processes of moving to a place of acceptance of their daughters’ minority sexual orientation the
way in which they behaved toward their daughters’ “... moved back and forth between acting kind, being mean, or pretending that nothing had changed...”

Because 9 of the 10 mothers interviewed provided very detailed descriptions of the way in which they behaved toward their daughters along their journey to acceptance of their daughters’ sexual orientation, the research team felt it was necessary to distinguish this as a separate domain. Noteworthy, however, is that in this domain all that is being addressed are the behavioral responses experienced by the mothers. At this point in our analysis, the research team is not attending to how the mothers’ behaviors changed over time. Additionally, we are not attempting in this domain to address where mothers were in their journey to coming to a place of acceptance of their daughters sexual orientation when they were displaying these behaviors. This information will be addressed below in Domain 5 below.

Having stated this, within the current domain (Domain 2) four categories emerged: (a) behavior experienced as positive, (b) behavior experienced as neutral, (c) behavior experienced as negative, and (d) vacillation between behaviors experienced as positive, neutral, and negative. What follows is a brief description of each category. After providing a description of the category some illustrative quotations from the mothers’ transcripts that depict the category will be provided.

**Category 1: Behavior experienced as positive (typical, n =4).** In this category, the mothers reported that throughout their journey of moving to a place of acceptance of their daughters’ minority sexual orientation, they behaved in positive ways (e.g., hugging, affirming) about their daughters’ minority sexual orientation. Noteworthy is that three of the four mothers whose responses fell in this category reported that throughout their
journey to acceptance there were times when they were not able to consistently behave in a positive way with their daughter. One mother in this category, however, reported that she always behaved positively, for she did not really struggle to come to a place of acceptance of her daughter's sexual orientation. Therefore, she always behaved positively toward her daughter. As this mother reflected about the way in which her behavior was positive she recounted that “... I embraced [my daughter]... reassured her that all was well... behaved in a way that let [my daughter] know I was affirming...”

Regardless of whether the mothers in this category reported behaving in only positive ways or not, all four of them described their positive behaviors as including “hugging,” “listening,” and “smiling.” What follows are two more in-depth illustrative quotations from the mothers transcripts. These quotations clearly capture the essence of the way in which the mothers in this category described their behavior as positive.

[My daughter’s] hands were shaking when she tried to tell me she was a lesbian...I took her hands, looked her in the eye and told her she could tell me anything... My heart sank when the words ‘I am a lesbian’ came out of [my daughter’s] mouth... instinctually I embraced her, told her I loved her and even though I didn’t always feel it outwardly I behaved in an affirming way toward my daughter and her partner...

Anytime [my daughter] wanted to talk to me about her life I would and listen... it was always important to listen... I always made a point of embracing [my daughter’s] partner... it was important to show [my daughter] that who she loved was always welcome in my home...

*Category 2: Behavior experienced as neutral (variant, n = 3).* In this category mothers reported that there were times along their journey to acceptance of their lesbian daughters’ identity that they behaved in a neutral way toward their daughters. From these mothers’ perspective, as one mother articulates, “ignoring [my daughter] was a lesbian”
or “pretending that [my daughter] was heterosexual” represented behaving in a neutral manner.

Noteworthy is that the mothers whose responses fell in this category reported that throughout their journey to acceptance there were times when they were not able to consistently behave in a manner that they considered to be neutral. What follows are two more in-depth illustrative quotations from the mothers transcripts. These quotations clearly capture the essence of the way in which the mothers in this category described their behavior as neutral.

When I was trying to reconcile that [my daughter] was a lesbian, I acted neutrally about the whole thing... I just ignored that [my daughter] was a lesbian...I thought pretending that everything was the same was the safest way of keeping the peace in our family...I behaved like this for a long time...[my daughter] was pretty patient with me...

Category 3: Behavior experienced as negative (typical, n = 6). In this category mothers reported that there were times along their journey to acceptance of their daughters’ minority sexual orientation that they behaved in ways that they would categorize as negative. These negative behaviors included but were not limited to “threatening to disown...” their daughters, “forcing” their daughters “... to go to therapy,” and “... acting rudely” toward their daughters’ lesbian friends. Noteworthy is that four of the six mothers whose responses fell in this category reported that throughout their journey to acceptance they didn’t always behave in negative ways toward their daughters or their daughters’ friends. What follows are two more in-depth illustrative quotations from the mothers transcripts. These quotations clearly capture the essence of the way in which the mothers in this category described their behavior as negative.

The path to accepting [my daughter] was long and hard...I behaved horribly...I threatened to disown [my daughter]... I tried to have [my daughter’s] girlfriend
charged with statutory rape. . . I locked her out of the house. . . I screamed at her over and over again. . . I didn’t think I would ever get to a place of feeling okay with [my daughter] being gay. . .

Three months after [my daughter] came out I made her go into therapy with a therapist that promised me that he could heal her ‘gayness’. . . I threatened to stop paying for college if she didn’t stop her deviant behavior. . . I made surprise visits to her apartment and when I caught her with her girlfriend I tried to force her to break up with her . . . when her car broke down I told her I would fix it if she broke up with her girlfriend. . . I even lied and told [my daughter] that I saw her girlfriend with someone else. . . I think I would have done almost anything to get my daughter to be straight. . .

Category 4: Vacillation between behavior experienced as positive, neutral, and/or negative (typical, n =8). In this category mothers reported that there were times along their journey to acceptance of their daughters’ minority sexual orientation that they felt their behavior toward their daughter was, as one mother asserted clearly, “erratic... at times kind... at other times cruel ... and sometimes just benign.” Six of the eight mothers reported that they felt that their behavior toward their daughter “. . . varied greatly day to day.” In short, they believed that their behavior toward their daughters vacillated between positive, neutral, and/or negative. It is important to note that not all mothers in this category vacillated between behaving in all three of these ways but they all spoke to vacillating between at least two of these ways. What follows is an in-depth illustrative quotation from a mother’s transcript. This quotation clearly captures the essence of the way in which the mothers in this category described their behavioral responses toward their daughters as vacillating between positive, neutral, and/or negative.

Just like my emotions, my behavior was all over the place . . . some days I was nice to my daughter and her partner . . . other days I was nasty, telling my daughter she was damned to hell for her sins. . . I was back and forth all the time. . . one day I called [my daughter] and told her that I was fine with her being gay but when she came to the house later that day with her partner I ignored that her partner was in the room...
Domain 3: Barriers that Hindered Acceptance of Daughters’ Sexual Orientation

As the research team analyzed the data from the mothers’ interview responses about their processes of coming to a place of acceptance of their daughters’ sexual orientation, we noticed that 9 of the 10 mothers reflected on a number of issues that they perceived played a defining role in their struggle to come to acceptance (general, n = 9). Moreover, as the mothers reflected five of them referred to these issues as “... barriers that hindered...” their acceptance of their daughters’ minority sexual orientation.

As the team continued to analyze the mothers’ interview responses that fell in this domain we began to recognize that these barriers could be broadly identified as including the following five categories: (a) internalized antigay political convictions, (b) internalized antigay Christian convictions, (c) internalized cultural convictions, (d) conscious and unconscious avoidance tactics, and (e) other family members antigay convictions. For instance, one mother stated that although “... I didn’t outwardly react negatively to [my daughter’s] coming out I felt a horrible divide between my fundamentalist Christian beliefs about sexual orientation and my love for [my daughter]... I had to fight against what I had been taught all my life... getting past what I learned in the church and from my family was really hard” Another mother stated “... other family members negative attitudes about sexual orientation contributed to my struggle of accepting [my daughter]...” And another mother reported that “... as I look back on that time I used a lot of denial and rationalization... I told myself that [my daughter] wasn’t a lesbian... everything was the same as it had always been... I thought I was okay with [my daughter] being gay... but looking back... I really wasn’t.” Noteworthy is that seven of the nine mothers in this domain reported that it was easier to reconcile their
antigay political beliefs (specifically, "homosexuality will lead to breakdown of
American family . . . same sex marriage is depraved") than it was to overcome their
antigay Christian beliefs (e.g., "homosexuality is against God’s divine order"). What
follows is a brief description of each category and a few illustrative quotations from the
interviewees’ transcripts that depict the category.

Category 1: Antigay internalized political convictions (typical, n = 8). In this
category the mothers reported that they felt as though their antigay personal convictions
with respect to issues of politics played a role in hindering their acceptance of their
daughters’ minority sexual orientation. Six of the mothers in this category stated that they
held strong conservative Republican political beliefs. When these six mothers recounted
their pre acceptance conservative Republican political beliefs the most frequently touted
phrases included “traditional marriage means a man and a woman. . .” and “. . .
homosexuals have no respect for the moral fiber of our country...” Two of the mothers in
this category felt that although they identified politically as democrats, they were “more
conservative democrats” and thus held similar antigay political beliefs as the mothers
who identified as republican. For instance, one mother stated “. . . I felt as though
accepting [my daughter’s] sexual orientation would add to the breakdown of the natural
American family . . .” Regardless of the political affiliation the mothers in this category
felt as though their antigay political beliefs served as a barrier to accepting their
daughters’ minority sexual orientation. Two mothers’ quotations exemplify the way in
which these mothers described how their antigay political convictions served as a barrier
to accepting their daughters’ minority sexual orientation.

I was . . . a staunch conservative republican that agreed with analysts about
homosexuality. . .I have to say when my daughter came out, I battled a lot with
my anti-affirming rhetoric that homosexuality would be the downfall of the American family... and I tried for a long time to convince my daughter that she was just confused... I held onto all my negative beliefs about homosexuality for a long time... this kept me from embracing my daughter.... I missed joyous times that I can never get back...

I had such a hard time getting past my less than liberal political beliefs... I couldn’t stop thinking about the role that [my daughter] would play in defiling the values our country stood for... I found myself feeling so sick when my daughter talked about being a mother with her lover... I am not proud of feeling this way but it is how I felt.

Category 2: Internalized antigay Christian values (typical, n = 8). In this category the mothers reported that they felt as though their antigay personal convictions with respect to issues of their Christian faith played a role in hindering their acceptance of their daughters’ minority sexual orientation. Six of the eight mothers whose responses fell in this category described themselves as holding “fundamental” and/ or “Orthodox” antigay Christian values pre acceptance of their daughters’ minority sexual orientation. Prior to moving to a place of acceptance these mothers believed, as one mother stated “...accepting [my daughter] would be a sin because homosexuality is a perversion in the eyes of God.” Another mother stated that “...accepting [my daughter] would meant that God would condemn me and [my daughter] to hell. Two of the eight mothers in this category labeled themselves as holding “traditional” Christian values prior to accepting their daughters’ minority sexual orientation and thus felt as though “God said being a homosexual was wrong.” Regardless of whether the mothers reported that their antigay Christian values were “fundamentalist,” “Orthodox,” or “traditional” they all reported that the antigay Christian convictions they held was a barrier to accepting their daughters’ minority sexual orientation. Two mothers’ quotations exemplify the way in which these
mothers described how their antigay Christian convictions served as a barrier to accepting their daughters’ minority sexual orientation.

... as a faithful Catholic I was taught early on that the natural order of things was to either live celibately as a nun or marry a man... there were no other options in my mind....I remember thinking that if I accept [my daughter] I can no longer be a Catholic.... This was devastating to me because my faith was so important to me...I did all the things that a good Catholic mom was supposed to do to make sure [my daughter] grew up with strong moral heterosexual values... I hated the fact that my Catholic daughter was going so against God’s plan for her life... I so strongly believed that homosexuality was an abomination and immoral... It was really hard to get past my religious convictions...

I had always held some pretty strong fundamentalist views about sexual orientation... when I was 40 I converted to an Orthodox faith... so you can imagine how much I despised homosexuals... just from my faith teachings... having a lesbian daughter... wow... I constantly thought about how her soul was going to be damned to hell if she didn’t change... I tried conversion therapy with her... what a mistake that was... I crammed all the scriptures I knew that supported homosexuality is wrong down my daughter’s throat... I know that my fundamental belief system was a huge barrier that I had to get past before I could even think that homosexuality was alright... much less alright for [my daughter].

Category 3: Internalized cultural convictions (typical, n = 8). In this category the mothers reported that with hindsight they recognize that the societal norm that espouses “... heterosexuality is the only way...” kept mothers from “... being open to same sex relationships as healthy, natural, and/or enduring...” In a similar vein all of the mothers in this category said things similar to one mother who recognized that in the American culture “sexuality is a social construct... and in our culture heterosexuals have power and homosexuals are marginalized.” What follows are two in-depth illustrative quotations from two mothers transcripts. These quotations clearly capture the essence of the way in which the mothers in this category described how their antigay cultural convictions hindered their processes of coming to a place of acceptance of their daughters’ minority sexual orientation.
In this culture we are so brainwashed about heterosexuality being the only normal way to be in the world... I don't believe I ever thought about being any other way... I didn't think about my daughter being any other way but heterosexual... I just assumed she was a heterosexual and treated her like a heterosexual when I talked with her about romantic relationships... It has been an arduous process for me to undo the brainwashing and I call brainwashing on purpose...

The truth is I was taught by my family, teachers, and friends that being a woman meant marrying a man and settling down... heterosexuality was not really talked about but it sure was implied as the only way... without even realizing it I took from that message that homosexuality was weird and actually really uncommon.

**Category 4: Conscious and unconscious avoidance (typical, n = 6).** The mothers in this category reported that they employed some avoidance strategies that in hindsight they recognize hindered their processes to acceptance of their daughters’ minority sexual orientation. For these mothers the most common avoidance tactics reported included living in denial, withdrawing from social support, avoiding talking to daughter, and rationalizing. As the mothers discussed these avoidance tactics they also reported that at times they were not aware that they were employing these techniques. For instance, one mother reported “... I kept finding excuses not to talk to my daughter... I didn’t know this at the time, but I now know that I was afraid she was going to bring up her gayness...” Mothers in this category reported, however, that there were times when they purposefully utilized avoidance tactics, particularly with respect to avoiding family members and friends. As the mothers reflected they reported that they felt so distraught about their daughters’ sexual orientation that they were afraid people would see the level of upset they were experiencing and as one mother reported “...bombard me with questions I was not prepared to answer...” What follows is a more in-depth illustrative quotation from one mother’s transcript. This quotation clearly captures the essence of the way in which the mothers in this category described how their avoidance tactics hindered...
their processes of coming to a place of acceptance of their daughters’ minority sexual orientation.

I think I was in a state of denial...and because [my daughter] lived in another state it was easy to hold onto that denial for a while... But it did not help me accept the reality that I have a lesbian daughter...which in turn hurt me and my daughter... I don’t think I thought I was ever going to have to accept my daughter’s sexual orientation...I thought she and I could just go on as if nothing had changed....looking back, all avoiding the inevitable did was slow me down... and I think it made it harder for me to get to the place I am today.

*Category 5: Other family members antigay convictions (typical, n =8).* The mothers in this category reported that the feelings and opinions members of the family had about sexual orientation hindered their processes of moving to a place of acceptance of their daughters’ minority sexual orientation. Six of the mothers in this category reported that if their husband, other children, or parents were not accepting of their daughters’ minority sexual orientation they felt “... stuck in the middle...immobilized and unsure what to do...” More often than not all eight mothers felt that they had to “...preserve the overall peace in the family...” For seven of the eight mothers this meant not acknowledging their daughters’ minority sexual orientation. With hindsight, six of the eight mothers agreed that not addressing the antigay family members was a detriment to those family members’ and to the mothers’ own acceptance processes. What follows are two more in-depth illustrative quotations from the mothers’ transcripts. These quotations help capture the way in which these mothers felt other family members’ antigay convictions hindered their acceptance processes.

I felt like I was living in a war zone... I didn’t know what to do... [my heterosexual daughter] told me that she wouldn’t come to Christmas dinner if I invited [my lesbian daughter]... she and her husband also told me that they would not let me see my grandson if I was going to condone [my lesbian daughter’s] behaviors... I felt trapped between not wanting to hurt either daughter... I lied to [my lesbian daughter] and told her that I wanted to have a
special Christmas with just her and her partner... I was afraid to accept [my lesbian daughter] because I didn’t want to lose my other daughter and her family.

My mother was so religious and I was afraid of how she would react to the news about [my daughter]... [My daughter] wanted to tell her... when she did my mother told me I had to fix the problem... according to my mother if I accepted [my daughter] then I was damning us both to hell... I felt ripped in two... my mother and I had always been close but so had me and my daughter... accepting my daughter meant I might lose my mother... agreeing with my mother meant I might lose my daughter...

**Domain 4: Factors that Fostered Acceptance of Daughters’ Sexual Orientation**

While analyzing the data from the mothers’ interview responses about their processes of coming to a place of acceptance of their daughters’ minority sexual orientation, the research team noticed that 9 of the 10 mothers reflected on a number of specific factors that played a defining role in helping them move to a place of acceptance. After a closer examination of the mothers’ interview responses that fell in this domain, the research team began to recognize that these factors included things like the passage of time, confronting internalized antigay values and beliefs, seeking external support, and/or gaining education. For instance, one mother addressed how “... gradually over time I began to realize that denying [my daughter’s] sexual orientation wasn’t going to help me feel close to [my daughter] again.” Another mother felt that “... I needed to find some support to help me understand [my daughter’s] sexual orientation...” and yet another mother reported “... accepting [my daughter’s] sexual orientation meant that I had to reevaluate all the values and beliefs I had learned in my lifetime ...”

Given the level of detail provided by the mothers about these issues, the team felt it prudent to include factors that fostered acceptance as a domain. The richness discussed in each factor led the team to create a category for the most salient factors described by the mothers. Therefore, the categories included the following factors: (a) gaining
education, (b) seeking external support, (c) confronting internalized antigay values and beliefs, and (d) exposure to the gay community. What follows is a brief description of each category and a few illustrative quotations from the interviewees’ transcripts that depict the category.

Category 1: Gaining education (typical, n = 8). All of the mothers in this category felt that learning about minority sexual orientation helped them move to a place of acceptance of their daughters. As one mother stated “... I began reading everything I could get my hands on about homosexuality...” They all spoke to perusing the internet to learn what they could about minority sexual orientation and shopping for books written by parents of gay children. All eight of these mothers reported a strong need to learn more about minority sexual orientation. As one mother reported, “I remember experiencing a need to learn about homosexuality so that I could get a glimpse of what it was like for [my daughter] to be gay.” Moreover, all eight mothers in this category spoke to the fact that seeking the knowledge helped to allay the fears they had for their children as well as clear up a number of myths they held about gay people not having fulfilled lives. What follows is a more in-depth illustrative quotation from a mother’s transcript. This quotation helps capture the way in which these mothers described how important gaining education was to helping them come to a place of acceptance of their daughters’ minority sexual orientation.

I woke up one day and just started ferociously reading... I kept reading and reading. I read for three or four months... I learned everything I could about homosexuality... I felt it was important to educate myself... I read every book that a mother or father had written about having a gay child... I read children’s stories about what coming out was like for them... I learned that a lot of my fears were unfounded... I was relieved to learn that gay and lesbian people really could have a full and happy life... If I hadn’t educated myself I can’t imagine that I
would have ever felt comfortable with my daughter's sexual orientation... education was a big piece of the process that helped me accept [my daughter].

Category 2: Seeking external support (typical, n = 8). The mothers in this category reported that seeking external support helped them in their processes of coming to a place of acceptance of their daughters' minority sexual orientation. All eight of the mothers in this category reported that their daughters told them about Parents, Families, and Friends of Lesbians and Gays (P-FLAG). One mother specifically recalls that “... talking to other mothers who were going through what I was going through helped me put things in perspective...” Further, six of the eight mothers specifically reported that they felt comforted by the information they learned from attending the P-FLAG meetings. Four of the six mothers in this category reported that they also found support from Gay affirming churches. It is important to note that according to these four mothers, finding an affirming church was the beginning of helping them overcome their antigay Christian beliefs. What follows is a more in-depth illustrative quotation from a mother's transcript. This quotation helps capture the way in which these mothers described how important seeking external support was for their journey of coming to acceptance of their daughters’ minority sexual orientation.

Attending a P-FLAG meeting was a real turning point for me... I felt understood and heard... It was such an open environment... I didn’t feel judged even though I was still non-accepting... I felt like I could talk about things... by the end of that meeting I began to feel less confused... the mothers, and the fathers too, helped me by being a sounding board for all my fears, frustrations, and thoughts... Attending that meeting made me feel better about things... one of the mothers offered to have lunch... She became sort of a mentor for me... she gave me some good resources to read... She shared her story with me... After attending three meetings I could talk with my daughter without crying and begging her to stop being gay... I am so thankful my daughter told me about P-FLAG...
Category 3: Confronting internalized antigay values and beliefs (typical, n = 8).

The mothers in this category reported that moving to a place of acceptance necessitated confronting their internalized antigay values and beliefs. Seven of the eight mothers in this category spoke to their recognition that they had been culturally socialized to hold negative attitudes and judgmental thoughts about gay people. Five of the eight mothers in this category spoke to their difficulties confronting and transforming political and cultural antigay values and beliefs. Equally important, all eight of the mothers in this category discussed how hard it was for them to confront and redefine their Christian beliefs. Six of the eight mothers specifically reported that the most difficult antigay values and beliefs that they had to “... work through were those that were grounded in Christianity...” For five of the eight mothers confronting the dissonance between the Christian doctrine and what they felt for their daughters meant that they “... walked away from [the] community church. . .”

All eight of the mothers in this category believed that acceptance was twofold. First mothers had to confront their antigay beliefs and values. Second, they had to redefine their commitments to their beliefs and values, especially when those conflicted with their growing understanding of minority sexual orientation oppression. What follows is a more in-depth illustrative quotation. This quotation depicts the way in which these mothers felt that confronting their antigay values and beliefs helped them along their journey to acceptance of their daughters’ minority sexual orientation.

...I was at a P-FLAG meeting and a mother said something about how she had been culturally socialized to hate her son...hearing that hit me really hard...I was still having a really difficult time...but...I started looking at myself and I started questioning where I had learned to believe that being a homosexual was such a travesty and so deviant...I had to completely redefine what it meant to be a Christian to accept [my] daughter...I had to look at the oppression she was
experiencing from me and the world... I was a part of a church that condemned her... this was devastating to me... taking a hard look at my values was the first step to rethinking that [my daughter] being gay was sinful and perverted. . .

Category 4: Exposure to gay community (typical, n = 4). The four mothers’ responses that fell in this category addressed the way in which being exposed to the gay community fostered their processes of moving to a place of acceptance of their daughters’ minority sexual orientation. For instance, one mother recalls that through being a member of P-FLAG and “... immersing [myself] in an area of the city that I knew was gay friendly was a big step toward redefining my beliefs about homosexuality. . .” Moreover, all the mothers in this category reported that spending time with their daughters and their friends helped them begin to see as one mother reported “... [My daughter] was leading a full and happy life...” What follows is a more in-depth illustrative quotation from a mother’s transcript. This quotation depicts the way in which these mothers reported that increased exposure to the gay community fostered their processes of coming to acceptance of their daughters’ minority sexual orientation.

My husband and I thought that we had to understand our daughter’s world before we could accept that she was a homosexual... we went to [a gay affirming community] and immersed ourselves in the gay culture... we also spent more time with our daughter and her friends... we began to see that [our daughter] was really happy... she finally fit in somewhere... seeing her, meeting her friends made me and my husband become more active members of P-FLAG... and we spent more time in other gay-friendly environments... we began to notice that there were many similarities between our straight friends and our daughter’s gay friends...

Domain 5: Overview of Mothers’ Processes of Moving to Acceptance

As the research team analyzed the data from the mothers’ interview responses about their processes of coming to a place of acceptance of their daughters’ sexual orientation, we noticed that 9 of the 10 mothers reflected on their perception that
acceptance was indeed a process for them. Moreover, all nine of these mothers discussed this process as occurring in a series of phases. While the prior four domains discussed within this broad topic area address individual pieces of the mothers’ journey to acceptance, in those domains there was no consideration given to where the mothers’ were in their acceptance journey. This domain differs in that the team is attempting to provide a succinct overview of the mothers’ movement to acceptance via a series of phases. Incorporated within each phase are the most salient features the mothers experienced.

In the initial analysis of this data, the team recognized that seven of the nine mothers explicitly expressed their processes of acceptance as occurring in four phases. The other two mothers in this category stated that their processes of moving to acceptance occurred in two phases. As they described their journey, the phases the mothers described seemed to encompass, at least in part, many of the ideas set forth by minority sexual orientation identity model theorists (e.g., Cass, 1979, 1984; McCarn & Fassinger, 1996), prior researchers who study stage model approaches to acceptance (e.g., Herdt & Koff, 2000), and parents’ anecdotal data about the acceptance process (Griffin et al., 1986). For instance, one of the mothers reported “... at the onset of my journey I was consumed with emotions of anger, shock and dismay... I found myself thinking about [my daughter’s] sexual orientation morning, noon, and night... after the shock wore off I realized it was the first time I had to think about the fact that not everyone is heterosexual...somewhere in the middle of my process I had to think about what it would mean for me to be the mother of a lesbian... what would others think of me as a mother...”
Given that seven of the nine mothers described their processes of acceptance as occurring in four clear phases. Thus, the four categories (in this case phases) for this domain include: (a) intense emotional phase, (b) disconnection phase, (c) reconnection phase, and (d) acceptance phase. It is important to note that although we are reporting the phases the mothers experienced in a lockstep fashion, we are not suggesting that the mothers moved along this journey in a strictly linear fashion. On the contrary, there was some variation with two of the nine mothers reporting fewer than four phases. And, at times mothers’ reported that they cycled back to earlier phases, particularly when new challenges (e.g., meeting a daughter’s partner; telling a family member) in the process emerged. What follows is a brief description of each category, or in this case phase, and a few illustrative quotations from the interviewees’ transcripts that depict the category.

Category 1: Intense Emotional phase (typical, n = 7). In this category, as the mothers reflected on their very early processes along their journey to acceptance of their daughters’ minority sexual orientation, the mothers’ responses reflected two overarching experiences: (a) cognitive dissonance and (b) intense emotions. All of the mothers in this category felt similar to this mother: “... in the days and weeks immediately following [my daughter’s] disclosure I felt consumed with thoughts about the disclosure.” They also reported statements that were similar in content to one mother who said she felt conflicted between the thoughts “… [my daughter] is an angel and [my daughter] is going to hell because being gay is against God... it is wrong, sinful, and disparaging of God’s higher order.” At times, the mothers spoke to how this internal conflict or dissonance sometimes led them to experience intense emotions about the disclosure and/or toward their daughters. At other times, however, the intense emotions were about external
conflicts (e.g., other family members’ reactions). The most notable emotions expressed were shock, dismay, fear, confusion, anxiety, and anger. For example, six of the nine mothers reported things like “... I started out in disbelief ... feeling numb and disconnected ... confused ... and eventually I became enraged at [my daughter]...” Five mothers spoke to experiencing anxiety similar to one mother who said “... friends and family would discover [my daughter’s] sexual orientation and blame me for not teaching [my daughter] right from wrong...” Seven mothers reported things like “... I had so many feelings of rage at [my daughter] ...” and five mothers said things similar to one mother who said “ I was so confused, angry, and fearful ... for first time in my relationship with my daughter I felt like I had no idea who she was ... I was fearful about this thing, homosexuality, which I didn’t understand ... What would this mean for her future? ... What would it mean for our relationship?"

It is important to note that mothers stated that at this point in their journey they “... were not thinking rationally ...” and many of their behaviors toward their daughters “... were emotionally driven. ...” What follows are two more in-depth illustrative quotations from the mothers’ transcripts. These quotations clearly depict the essence of the way in which the mothers in this category described the intense emotional phase of their journey to acceptance of their daughters’ minority sexual orientation.

In those early days, the day’s right after my daughter disclosed that she was gay, I was so emotional ... I felt numb and confused. After a few weeks I became really angry at my daughter ... and anxious about how my husband and other children were going to react ... what was the hardest was this polarity I felt ... you know my daughter is an angel but she is damned to hell ... thinking like this made me so sad and then it made me angry ... why would [my daughter] chose to go against God? ... My daughter being gay consumed my every thought ... I tried to wrap my mind around something that seemed so inconceivable to me...
I didn’t have a clue [my daughter] was a lesbian... so it hit me like a ton of bricks... I was absolutely floored... I think I went into a state of shock... I said something like ‘as long as you are happy darling’... that is the last clear thought I had for weeks... I cried and cried... I felt all alone... I didn’t want to tell her father because I was somewhat sure he would not be happy... after the shock wore off I became angry at [my daughter] and I began badgering her...

Noteworthy is that six of the mothers in this category reported that what helped them move to the next phase of their journey was, as one mother stated “… feeling so much discomfort between knowing I loved [my daughter] and believing homosexuality was evil forced me to start rethinking my values…” And, all seven mothers in this category reported sentiments similar to one mother who stated“I didn’t think being homosexual was right but I knew I didn’t want to lose [my daughter].… knowing this helped me move to a new place with things… not an acceptance place but definitely a new place…”

Category 2: Disconnection Phase: (typical, n = 7). In this category, as the mothers reflected on their early processes along their journey to acceptance of their daughters’ minority sexual orientation they addressed these concerns: (a) withdrawing from social support networks, (b) feeling guilt, shame, and fear, (c) questioning the causality of their daughters minority sexual orientation, and (d) lamenting about having a daughter who is a lesbian. Noteworthy is that not all mothers in this category addressed all of these concerns, but all of them did address some combination of these concerns.

Six of the seven mothers in this category reported that during this phase of their journey of acceptance they distanced themselves from their social support network, including their immediate family. For these mothers, there was a period of time where they felt that their friends and family would not understand what they were going through. Additionally, in this phase they ruminated, more frequently than they did in the
intense emotional phase, about many of the negative aspects they felt about minority sexual orientation. A couple of mothers reported that during this phase they were in hiding and much like one mother reflected, likened this hiding to “...being in the closet with [my daughter]...saying nothing to anyone felt safer than experiencing judgment.”

Also during this disconnection phase of the mothers’ processes of moving to a place of acceptance of their daughters’ minority sexual orientation, five of the mothers reported that their emotions were still intense. There was, however, a notable distinction. Mothers who experienced these intense emotions reported that rather than experiencing intense feelings toward their daughters as in the intensely emotional phase, they now felt these intense feelings toward themselves and/or God. For instance, one of the mothers reported experiencing “...agonizing guilt about the type of mother I had been...” claiming “...it was my fault that [my daughter] was a lesbian...” Another mother experienced intense feelings of shame for “...reacting so harshly toward [my daughter]...” And yet another mother reported being “...extremely afraid for [my daughter’s] physical safety because she was living in a very small close minded rural town...” All five of the mothers who reported experiencing these emotions stated that talking with their daughters’ helped them to reconcile some of these emotions.

Another important concern for the mothers during this disconnection phase was the issue of focusing or worrying about the causes of their daughters’ minority sexual orientation. Five of the seven mothers spoke to their worry that their actions (e.g., parenting style) led their daughters to “choose” a minority sexual orientation. One mother wondered if “...I was overly strict about boys and this led [my daughter] to like girls...” Another mother wondered if outsiders influenced her daughter and addressed the
wondering of "... whether [my daughter] had been brainwashed to believe [she] was gay..."

All seven of the mothers in this category reported that during this phase they began to lament and ruminate about their daughters' minority sexual orientation. The most common reflection from mothers was "... crying out in the middle of the night, why God? Why did you do this to me? Why did you do this to [my daughter]? ... How will [my daughter’s] life be?" six of the seven mothers also reported that a part of their anger at God was their recognition, as one mother reported that "... God had made [my daughter] this way, which put [my daughter’s] life in danger... a part of my anger and cogitation was because I was afraid for [my daughter’s] safety.”

What follows are two more in-depth illustrative quotations from the mothers’ transcripts. These quotations clearly depict the essence of the way in which the mothers in this category described the disconnection phase of their journey to acceptance of their daughters’ minority sexual orientation.

... After the initial phase I moved into this place of avoiding people. ... I liken it to being in the closet ... I canceled lunches, dinners, vacation plans because I was afraid that people would ask me about [my daughter] and whether she had a boyfriend. ... I didn’t want to answer questions ... I think I was feeling a lot of shame ... during this second phase I also got unbelievably furious with God. ... I would scream at God. ... I bewailed ‘Why God? Why did you do this to my family?’ ... I spent some time trying to figure out what made my daughter a homosexual.

... Once I got past the initial shock phase. ... I went through the ‘what was the cause and why did God do this to me phase’ ... I spent a lot of time wondering whose fault it was that [my daughter] was a lesbian ... I questioned whether I was too strict ... was she brainwashed by that liberal church she went to or by her friends ... I had lots of scenarios about the cause ... I became angry at myself ... I went around for months full of rage and fear ... rage at God and myself ... fear about what others would think ... fear about what would become of [my daughter’s] life. ...
Noteworthy is that all of the mothers in this category stated that what helped them move to the next phase was reconnecting with their social support network, finding compassion for their daughters, and continuing to dialogue with their daughters' about their minority sexual orientation.

Category 3: Reconnection phase (typical, n = 8). In this category or phase, as the mothers reflected on their processes of coming to acceptance, they felt that they experienced a number of concerns. During the reconnection phase the mothers placed an emphasis on (a) experiencing grief, (b) seeking information about minority sexual orientation, (c) examining and redefining their commitments to political, Christian, and cultural beliefs, and (d) finding a social support network in the community (e.g., P-FLAG). Noteworthy is that not all mothers in this category reported experiencing all aspects of the issues in this phase, but all of them did address some combination of these concerns.

Six of the eight mothers in this category reported knowing they had moved to the reconnection phase when they “... started grieving the loss of the heterosexual identity. . .” they had “... assumed. . .” for their daughters. A couple of mothers remembered “... weeping and lamenting the death of the ideas . . .” they had for their daughters lives. Five of the eight mothers in this category felt things like “... the life I envisioned for myself and [my daughter] had to die... in order for a new vision to be born...” One mother reported that “... letting go of the hope of seeing [my daughter] marry and become a mother was a hard and long grieving process for me...” In essence, the mothers in this category reported that in this phase they primarily focused on the negative aspects that thought being a lesbian would bring to their daughters’ lives.
All eight of the mothers in this phase felt that they needed to educate themselves about minority sexual orientation for a couple of reasons. First, six of the eight mothers in this category reported experiencing a significant amount of fear about what they believed their daughters' would have to endure in a homophobic society. One mother reported “my primary motivation to educate myself was sparked by my desire to alleviate these fears.” Second, at this point in their journey, six of the eight mothers felt that in order to understand their daughters’ they “... needed to learn about the gay lifestyle...” These six mothers said things similar to one mother who “... felt compelled to get an indication of what living in the gay world would mean for her daughter. Finally, all eight of the mothers in this category reported that educating themselves helped them. For instance one mother said “learning about the lives homosexuals live dispel the myths... the life of doom... I had envisioned for [my daughter].”

Seven of the eight mothers reported that during this phase they reexamined and redefined their political, Christian, and cultural beliefs, particularly those beliefs that were anti-gay. It is important to first note that five of the eight mothers reported that educating themselves helped them “... think about the oppression...” that their daughters would face in “... a homophobic society.” These five mothers indicated that one thing that led them to reexamine and redefine their values was the recognition that as one mother reported “I did not want to be a part of oppressing my daughter.” Six of the eight mothers spoke to the fact that while they struggled to redefine their political and cultural beliefs, the most difficult beliefs to alter were their Christian beliefs. For five of the eight mothers, redefining their Christian values meant distancing themselves from the church or “... finding a church that was affirming of gay values.”
Another important issue that surfaced in this phase was the mothers belief that finding a social support network in the community helped them not only “understand” their daughters’ minority sexual orientation better but provided them with “a sounding board that was not judgmental…” Seven of the eight mothers reflected things like, “...having someone to talk to that understood what I was going through helped me stay connected to [my daughter] while I grappled with the news that [my daughter] is a homosexual...” Seven mothers stated that P-FLAG was a great resource for them. One mother captured the central meaning of the way in which the mothers in this category described the reconnection phase of their journey to acceptance of their daughters’ minority sexual orientation well.

... So many things went on for me... I had to give up my dreams for what I had planned for [my daughter]. ...I was very sad...[but] after talking to someone at P-FLAG I understood that I was grieving the loss of her heterosexual life...having someone to talk to really helped me along the way...one of the P-FLAG mother’s gave me a book to read and wow did that open my eyes... I started thinking about how my daughter could have happiness...it also helped me not be so afraid about how her life would turn out...but more than that reading that book and talking to P-FLAG moms made me realize that I was holding on to Christian values that would oppress my daughter... I got sick to my stomach thinking about all the pain she was going to experience because of people who discriminate against gay people... I guess in the end I realized she was more important to me than any church... even God... it came down to I just couldn’t believe that God didn’t love my child just as she is... so I was determined to keep talking to my daughter... to understand... and somewhere along the way I began to change... I experienced a lot of personal growth at this time...

Noteworthy is that all of the mothers in this category reported that their awareness that they were experiencing personal development and growth was an important milestone, a milestone that helped them move to the next phase in their process. One mother said it well when she stated “...I used to think that if I could change [my
daughter] then our relationship would get back to normal...what I realize now is that it wasn’t [my daughter] that had to change, it was me…”

**Category 4: Acceptance phase (general, n = 9).** In this category, as the mothers reflected on the last phase along their journey to acceptance of their daughters’ minority sexual orientation all of them reported (a) a change in their self-perception and identity and (b) a commitment to advocacy. Moreover, all nine mothers in this category likened this phase as a coming out phase for them. Noteworthy is that although at this point the mothers felt they had accepted their daughters’ minority sexual orientation, they considered this phase to be relevant to their acceptance journey.

By this acceptance phase of the acceptance process, all mothers in this category had a strong commitment to their new gay affirming values. One mother articulated this idea best when she said “…in many ways I found my commitment to gay values to be self-defining and life altering. . . I was no longer just a mom but I was a heterosexual mom of a lesbian daughter. . . I had to come out as a gay affirming person to feel free and to be the best heterosexual mom I could be for [my daughter].” Eight of the nine mothers reported that being the mother of a lesbian daughter was a “…reframing experience…” After a lot “of self reflection…” the mothers recognized how their perceptions about minority sexual orientation had changed them emotionally, cognitively, and behaviorally. For instance, eight of the nine mothers expressed the realization that they were happier people and seven mothers reported similar thoughts including “…accepting [my daughter] for who she is, rather than who I hoped she would be changed my life and the way in which I see myself. . .” For seven of the nine mothers, “loving” their daughters “. . . and altering” their “antigay” values affected the way they “…thought and behaved.”
Eight of the nine mothers reported that in this phase of their process they had “... become more compassionate and sensitive to others ...” especially to those from marginalized groups. Eight of the nine mothers in this category also reported that they became committed to advocacy and thus they began to “... demonstrate public support for lesbian and gay issues.” Finally, six of the eight mothers realized that they had unearned privileges simply by being heterosexual. Five of the eight mothers acknowledged the cost and the benefits to fighting for gay rights. They shared similar thoughts to one mother who said “I know that I have lots of unearned privilege just for being a heterosexual woman ... and I am willing to sacrifice some of my privilege to fight for the rights of those who don’t have privilege because of society’s problems with homosexuality...”

What follows is a more in-depth illustrative quotation from a mother’s transcript. This quotation clearly depicts the essence of the way in which the mothers in this category described the acceptance phase of their journey to acceptance of their daughters’ minority sexual orientation.

The most fantastic day of my life was the morning I woke up and realized that I had worked through all the homophobic values I seemed married to for so long... going through this process gave me the chance to reexamine what my role as a mother really was... to unconditionally love and support [my daughter]... I came to love her for who she is... and actually I found out she is a really great kid... loving, kind, generous... a fine citizen who deserves to have the same rights as I have in the world... today I wouldn’t have it any other way... [my daughter] coming out renewed me... changed how I viewed self... coming out as the mother of a lesbian at a pride ceremony was the second most fantastic day of my life... I don’t think my life would be as full as it is today if [my daughter] had not had the courage to be who she is... I value the friendships and relationships... I want everyone in the homosexual community to feel the love and support I feel for [my daughter], her friends, and the P-FLAG community... I am not saying that feeling this liberated hasn’t come with a cost... I have been shunned by friends and other family members because I refuse to sit silently when someone is behaving in an oppressive manner...
Broad Topic Area 3: Mothers Shifts in Ideas about Sexual Orientation

As discussed previously, each broad topic area is rooted in the interview prompts. And, each prompt is grounded in former research, scholarship, and anecdotal data. (For a more thorough discussion see Chapter 1). The prompt that generated the data for this broad topic area was: Now we would like you to spend a few minutes talking about any shift that you experienced in your ideas about sexual orientation, once you learned about your daughter’s sexual orientation. Clearly, embedded in this prompt is the notion of how the mothers interviewed for this study viewed minority sexual orientation prior to and shortly after learning of their daughters’ minority sexual orientation. The language of this prompt implies that the research team was asking mothers to address shifts in their ideas around sexual orientation after disclosure but not necessarily after acceptance. As the research team analyzed the data, however, it became clear that without exception mothers’ responses included post-acceptance shifts in their ideas about minority sexual orientation as well.

Noteworthy is that the data gathered from this broad topic area are similar to some of the data gathered from the mothers when they were asked to describe their processes of coming to acceptance of their daughters’ minority sexual orientation (Broad topic area 2 above). It makes sense that the mothers’ feelings about minority sexual orientation would surface when asked about their acceptance processes. What was interesting, however, is that although there is some repetition to the ideas gleaned from the mothers’ responses above, when the mothers were specifically asked to focus about the shifts they experienced in their ideas around sexual orientation the responses they gave had more depth.

164
Equally important, while the first two broad topic areas were specifically focused on (a) the mother-daughter relationship and (b) the mothers’ processes of coming to acceptance of their daughters’ minority sexual orientation, the idea generated from the third broad topic area is more integrated. The idea is more integrated because rather than asking mothers to think about sexual orientation more narrowly (i.e., as it applies to their daughters), in this broad topic area the research team asked mothers to think about their overall ideas about minority sexual orientation. In essence, the mothers’ responses throughout this broad topic area represent a shift from narrowly viewing how minority sexual orientation played a role in the mother-daughter relationship, to a more integrated view of how the mothers came to view minority sexual orientation as a whole.

It is also important to note that the research teams’ focus in this dissertation was not explicitly about the shifts mothers experienced in their ideas about sexual orientation. Nonetheless, this third broad topic area was necessary to include in the study. Understanding the shifts mothers’ experienced in their ideas about sexual orientation seemed essential in the context of helping the research team gain a clear picture of the mother-daughter relationship post-acceptance.

Most mothers acknowledged three primary shifts in their ideas about minority sexual orientation (see Table 4 that follows). The shifts involve the mothers’ internal processes. This encompassed a shift in values (Domain 1), a shift in cognitive empathy (Domain 2), and a shift in feelings (Domain 3).
Table 4.

**Broad Topic Area 3: Mothers' Shift about Minority Sexual Orientation**

<table>
<thead>
<tr>
<th>Domains and Categories</th>
<th>(n)</th>
<th>Frequency^a</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 1: Shift in values^b</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devaluing to valuing minority sexual orientation in general</td>
<td>8</td>
<td>Typical</td>
</tr>
<tr>
<td>Devaluing to valuing same sex marriage</td>
<td>4</td>
<td>Typical</td>
</tr>
<tr>
<td>Devaluing to valuing same sex parenting</td>
<td>4</td>
<td>Typical</td>
</tr>
<tr>
<td><strong>Domain 2: Shift in Cognitive Empathy^b</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intolerance to tolerance</td>
<td>4</td>
<td>Typical</td>
</tr>
<tr>
<td>Tolerance to understanding</td>
<td>7</td>
<td>Typical</td>
</tr>
<tr>
<td>Understanding to acceptance</td>
<td>9</td>
<td>General</td>
</tr>
<tr>
<td><strong>Domain 3: Shifts in Feelings^b</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disdain to uncertainty</td>
<td>3</td>
<td>Variant</td>
</tr>
<tr>
<td>Uncertainty to apprehension</td>
<td>7</td>
<td>Typical</td>
</tr>
<tr>
<td>Apprehension to appreciation</td>
<td>9</td>
<td>General</td>
</tr>
</tbody>
</table>

^a general (n >9); typical (n >4); and variant (n<3)
^b most mothers experienced more than one shift in each domain

**Domain 1: Shift in Values**

As the research team analyzed the data from the mothers' interview responses about any shifts they experienced in their ideas about minority sexual orientation after learning of their daughters sexual orientation, 8 of 10 mothers interviewed reported that they experienced a shift in their values concerning the antigay “ideals or principles” that had governed their lives. Eight of the ten mothers stated that learning that they had a daughter who identified as a lesbian forced them to confront and redefine many of the anti-gay ideals they held. Eight of the mothers spoke to the fact that their values around sexual orientation were “... principles that were engrained ... from an early age ... by parents... church ... and popular media. ...” And, as one mother stated “... I was not consciously aware that I had incorporated such negative views about homosexuality...”

166
Another key point made by 7 of the 10 mothers was the idea of how entrenched the beliefs were that they learned from their church. One mother reported that “... because my values about homosexuality were so deeply entrenched in my churches’ doctrine ... shifting my values meant reevaluating all the values taught to me by my church.”

Noteworthy is that two mothers reported that they experienced no shift in their values around minority sexual orientation. One mother articulated this idea as follows: “I never had any negative values about [my daughter’s] sexual orientation. ... I always believed sexuality existed on a continuum ... People who peddle the bull that ‘sexual orientation is a choice’ just irritate me with their ignorance. ... It is silly to think that sexual orientation is a choice ... Being a homosexual cannot be unnatural or out of God’s divine plan. ...”

Seven of the eight mothers who experienced a shift discussed this shift in their values as a movement from something pejorative to something positive. For instance, mothers in this category reported that they moved from a place of (a) devaluing to valuing minority sexual orientation in general (Category 1), (b) devaluing to valuing same sex marriage (Category 2), and/or (c) devaluing to valuing same sex parenting (Category 3). Noteworthy is that not all mothers experienced every shift, but all mothers in this domain experienced at least two of these shifts. What follows is a brief description of each category and a few illustrative quotations from the interviewees’ transcripts that depict the category.

Category 1: Devaluing to valuing minority sexual orientation in general (typical, n = 8). The mothers’ responses that fell in this category included the way in which these mothers reported how their overall views about sexual minority orientation shifted. All of
the mothers in this category indicated that prior to and shortly after learning of their daughters minority sexual orientation they held “... very negative views about homosexuality...” As the mothers reflected, they stated that in hindsight they recognize that holding the negative views about minority sexual orientation was devaluing. As one mother reflected “... my negative views about homosexuality led me to devalue what my daughter was experiencing as a lesbian woman.” Moreover, seven of the eight mothers came to realize that as they worked through their feelings and beliefs about minority sexual orientation they came to a place of “... valuing...” their daughters’ minority sexual orientation.

All eight of the mothers in this category stated that they came to understand, as one mother so nicely articulated, “... a woman’s sexual orientation should not mean she is less than other women.” They also all reported that they moved from seeing minority sexual orientation as “... abnormal and deviant” to valuing that minority sexual orientation is “... normal and not a deviance.” Finally, all the mothers reported that as they worked through their antigay values it helped them “... appreciate...” “accept...” and “value...” minority sexual orientation as “... normal.” The quotation that follows exemplifies how the mothers in this category expressed the mothers shift they experienced from devaluing to valuing minority sexual orientation in general.

I think it came down to actually valuing my daughter’s difference... Yes that’s it... it goes to valuing... I started out being totally devaluing and downright hateful... I would say I was just on my high horse and intolerant... then you know I eventually got to tolerance... I called it acceptance but I see now that it really was tolerance... because I realized that you can superficially accept something and it is really just tolerance... but when you can move to appreciation of something and then value it for its own sake you can say you are accepting... somewhere I came to value and understand [my daughter’s] sexual orientation...her uniqueness... you recognize it is who she is and then you stop
being negative about it and just embrace the fact that she is who she is... a kind, caring woman who happens to be lesbian...

Category 2: Devaluing to valuing same sex marriage (typical, n = 4). While the responses that fell in Category 1 included a more global movement from devaluing to valuing minority sexual orientation in general, the mothers’ responses that fell in this category represented a specific aspect, the mothers’ views about same sex marriage. All of the mothers in this category indicated that prior to and shortly after learning of their daughters’ minority sexual orientation they believed similarly to one participant: “... marriage was a sacred event between a man and a woman only...homosexuals have no business intruding on God’s sacred plan...” As another mother reflected, “in retrospect, I know my beliefs about homosexuality were instilled in me by my parents and my church. . .” For these mothers, moving to a place of valuing same sex marriage meant as one mother so clearly articulated “... reframing Christian and political ideas about what the institute of marriage represents ...” Hence, as another mother quite nicely states “... I came to value the fact that all couples, same sex or opposite sex, should have the right to marry.” One mother reflected on the idea of same sex marriage as follows:

I grieved a lot about the realization that [my daughter] would probably never experience the joy of getting married.... I was pretty steeped in the religious doctrine that marriage was a sacred ritual that could only be performed for a man and woman . . . and I guess I really believed that the only sanctioned marriages were those carried out in a Catholic church by a priest... it took me a long time to get to a place where I accepted that sexual orientation shouldn’t play a part in marriage. . . One day I just realized I don’t have to grieve that [my daughter] can’t marry ... marriage is about love and commitment . . . heterosexual and homosexual couples are capable of love and commitment . . . I guess the bottom line is that I went from a place of believing that [my daughter] didn’t have the right to marry to a place that she has the right to marry whomever she wants. . .

Category 3: Devaluing to valuing same sex parenting (typical, n = 4). The mothers’ responses that fell in this category included the way in which these mothers
reported how their views about same sex parenting shifted. All of the mothers in this
category indicated that prior to and shortly after learning of their daughters’ minority
sexual orientation they held “... traditional views...” that supported the nuclear family
as the most “... natural of families...” With hindsight the four mothers recognized that
one of the most difficult hurdles they had to overcome after learning of their daughters’
minority sexual orientation was the notion that their daughters would never have a family
that includes children. One mother stated this belief when she said “... it would be
wrong to bring a child into [their] unnatural lifestyle...” The four mothers in this
category reported that educating themselves, engaging in substantial dialogue with their
daughters, and redefining their values about what it means to have, as one mother stated,
“... a natural lifestyle... this helped me realize that children [were] possible for [my
daughter]... and [my daughter] deserves to have children if that is what she wants.” One
mother’s quotation poignantly epitomizes these mothers’ thoughts:

Having a child is one of the most natural rights of being a woman... I used to
think that only heterosexual women should bring children into the world... or
adopt for that matter... I think I had to accept that homosexuality was natural to
get to a place of valuing that [my daughter] has the right to have a family... it
never felt right to me that I was so judgmental about who should and should not
have children... it was hard though because I kept thinking that the child would
suffer because she would be picked on by others... it took me a while to see just
how fortunate a child would be to have [my daughter] and her partner for parents.

Domain 2: Shift in Cognitive Empathy

As the research team analyzed the data from the mothers’ interview responses
about any shifts they experienced in their ideas about minority sexual orientation after
learning of their daughters sexual orientation, 9 of the 10 mothers interviewed reported
that they experienced a shift in their empathic cognitions. Cognitive empathy is the
process of being able to put oneself into the shoes of another and the capacity to imagine
another's personal emotional experience as it was one's own (Dunn & Hill, 1996). This
definition seemed to fit best when describing the categories that emerged within this
domain. The mothers reported that the cognitive shifts they experienced in this domain
fell on a continuum. To illustrate there are three categories: (a) intolerance to tolerance,
(b) tolerance to understanding, and (c) understanding to acceptance. Within each category
mothers reported a shift from being less empathic (or not empathic) to more empathic.
Moreover, within each shift the mothers described where they felt they started (e.g.,
intolerance) and where they felt they ended (e.g., tolerance) in the category. Thus,
although there are only three categories in this domain there are four ideas encompassed
within the categories (i.e., intolerance, tolerance, understanding, and acceptance). The
last idea, acceptance, was a criterion for being a participant in the study.

As reported periodically in the analysis, nine mothers stated that learning that they
had a daughter who identified as a lesbian forced them to confront and redefine the anti-
gay ideas they held. Understanding this puts the mothers' shifts in cognitive empathy into
perspective. Just as accepting their daughters' minority sexual orientation occurred in a
stage like fashion, so too did the mothers movement from being non-empathic (or
marginally) empathic to being highly empathic of their daughters' minority sexual
orientation. For instance, one of the mothers reported that before she came to acceptance
of her daughter's minority sexual orientation "I just could not put myself in [my
daughter's] shoes . . . I had absolutely no sympathy or empathy . . . which made me very
intolerant of [my daughter's] sexual orientation." She goes on to say, "... but as time
passed, I gained some empathy for the pain [my daughter] was experiencing and became
more tolerant of her sexual orientation."
Early in the analysis of the data that fell in this domain, the team recognized that the mothers discussed their empathic cognitive shifts in a lockstep fashion, meaning they moved from one category to the next without cycling back to earlier categories. Noteworthy is that four of the mothers' responses fell into Category 1; seven fell into Category 2; and nine fell into Category 3. For clarity it is important to recognize that not all mothers in this domain reported moving through all 3 categories; but, minimally all of the mothers' responses in this domain fell into Category 3. In other words, if mothers experienced Category 1 (intolerance to tolerance), they experienced Categories 2 (tolerance to understanding) and 3 (understanding to acceptance). If they experienced Category 2, they experienced Category 3. But some mothers began at Category 3 and thus did not experience Category 1 or Category 2. What follows is a description of each category.

Category 1: Intolerance to tolerance (typical, n = 4). The mothers' responses that fell in this category included the way in which these mothers' empathic cognition shifted from a place of intolerance to tolerance of their daughters' minority sexual orientation. The mothers described intolerance and tolerance in similar ways. One mother defined intolerance as "... being unmercifully narrow-minded ... short sited ... prejudice ... hateful..." Conversely, one mother described tolerance as "... less bigoted ... somewhat more open minded ... and more patient..." For all of the mothers in this category intolerance meant that they were not able to "be empathic" toward their daughters, while tolerance represented "... minimal empathy" for their daughters experience. All of the mothers reported that prior to knowing and shortly after knowing about their daughters' minority sexual orientation they "... went through a period of
being completely intolerant . . .” One mother reported that “it wasn’t until I could imagine what it would be like for me if [my daughter] was intolerant of something I couldn’t change about myself that I began to shift my thinking and move to at least a place of tolerance . . .” of her daughter’s minority sexual orientation. Another mother reported:

I would say that I was probably the most close-minded intolerant of moms . . . [and] I let [my daughter] know how prejudice I was every chance I got . . . slowly I began to realize how much my intolerance . . . my short sightedness . . . was hurting [my daughter]. . . I began to hate how bigoted I sounded and I started thinking about what it was like for her that I was so prejudice and intolerant . . . it took me a long time to move from being intolerant to being tolerant of my daughter’s homosexuality . . . Sadly, I can close my eyes and see the pain I caused [my daughter] and yet she kept telling me she understood how I felt. . . It is peculiar, I was intolerant . . . hateful . . . a bigot . . . and she stayed so calm and understanding of my intolerance . . . Her empathy for how hard it was for me helped me shift gears . . . those early days were just really hard . . .

Category 2: Tolerance to understanding (typical, n = 7). The mothers’ responses that fell in this category included the way in which these mothers’ empathic cognitions shifted from tolerance to understanding of their daughters’ minority sexual orientation. Noteworthy is that all of the mothers in this category reported that understanding was not synonymous with the concept of acceptance, which is discussed in Category 3. For these mothers understanding was best described by one mother’s words” “. . . understanding means being sympathetic to what [my daughter] was experiencing . . . being able to consider what it was like for [my daughter] to be lesbian. . . [and] being open to learn more about [my daughter’s] lifestyle without imposing judgment . . .”

Equally important, four of the mothers in this category reported that they either started out at a place of tolerance, in which case “. . . shifting to a place of understanding didn’t take long . . .” or intolerance which meant “. . . it was really hard to a place of
understanding. One mother described the experiences shared by these mothers well with “... moving to a place of understanding was a laborious ... painful ... gut wrenching experience ... for me and [my daughter]”. Additionally, all of the mothers’ responses were well represented by one mother’s words: “... I experienced more empathy for my daughter after I moved away from being simply tolerant...” Another mother more specifically reported her shift as follows:

I started out tolerating [my daughter’s] sexual orientation... I wasn’t happy about it at all... I kept my thoughts to myself and I thought this would suffice ... wow was I wrong... I was wracked with all of these emotions that I was ignoring... It wasn’t working ... slowly with time ... and reading ... and lots of talking with my daughter I began to move to a place of understanding... I wouldn’t say I was accepting ... there is a difference ... I could sympathize with how hard things were for [my daughter]... I could listen and learn more about [my daughter’s] lifestyle with having the judgmental thoughts I had when I was just tolerating her sexual orientation...

Category 3: Understanding to acceptance (general, n = 9). The mothers’ responses that fell in this category included the way in which these mothers’ empathic cognitions shifted from understanding to acceptance of their daughters’ minority sexual orientation. All of the mothers in this category reported thought similar to one mother who said that it seemed as though “... understanding is more about being sympathetic to ... or considerate of the plight [my daughter] experienced, [whereas] ... acceptance is embracing [my daughter for who she is ... genuinely appreciating the fact that my daughter is lesbian and “... seeing that being a lesbian is a gift rather than a plight to feel sorry about...” One mother more poignantly described acceptance as “... embracing the totality of whom [my daughter] is ... approving of whom [she] has become ... sharing with others without reservation that [my daughter] is lesbian ... [and] unconditionally loving [my daughter] without reservation...” Eight of the nine mothers in this category
reported that they felt as though the shift from understanding to acceptance was “... not a difficult or painful shift.” From the mothers' definitions it is clear that the cognitive empathy reported by the mothers in this category contained nuanced differences between understanding and acceptance. One mother spoke to this nuanced difference in her description:

When [my daughter] told me that she was a lesbian I felt like someone punched me in the stomach... but because I loved [my daughter] I felt like I had to try to accept what she was telling me... it was much harder than I thought... I would say at first I was just tolerant... but within a couple of weeks I moved from that space and began trying to learn about homosexuality... I think I came to a place of understanding. .. You know I could sympathize and consider what it was like for [my daughter] to be gay in a homophobic world... but I still didn’t want it to be true... so I would say I wasn’t accepting... it took a while... I wasn’t angry or distant... I loved my daughter and I was kind to whomever she brought home... but inside I wasn’t accepting of her lifestyle... I just understood it... Then one day I saw how happy she was... and I realized how different I was, for the better I might add... and it hit me... I have to embrace that she is a lesbian... I have to affirm who she is... over time I came to really value and appreciate that she is a lesbian...

Domain 3: Shift in Feelings

In this domain, 9 of the 10 mothers interviewed reported a shift in their feelings about minority sexual orientation. Noteworthy, while three of the mothers reported that initially their feelings about sexual orientation were very negative and included feelings such as “...loathed... hated... and despised,” other mothers reported that they remembered early on feeling “... more uncertain than negative...” about their daughters’ minority sexual orientation. The mothers reflected that in the earlier phases of their journey to acceptance their feelings were “... tentative... hesitant... and unclear.” Also noteworthy is that all of the mothers who initially felt very negatively about their daughters’ minority sexual orientation came to feel “an appreciation of... affirmation for... and an acceptance of...” their daughters’ minority sexual orientation.
Remember that being accepting was one criterion for being a participant in the study.

One final important note is that two mothers reported that they did not experience negative feelings about their daughters’ minority sexual orientation, but rather an apprehension about their daughters’ sexual orientation.

Each category captures the shift mothers’ described. Each shift contains where the mother started (e.g., disdain) and where the mother (e.g., uncertainty) in the category. Thus, although there are only three categories in this domain there are four ideas encompassed within the categories (i.e., disdain, uncertainty, appreciating, and affirming).

Early in the analysis of the data that fell in this domain, the team recognized that the mothers discussed the shifts in the feelings they experienced in a lockstep fashion, similar to the lockstep fashion explained in cognitive empathy above. In this domain there are three categories: (a) disdain to uncertainty, (b) uncertainty to apprehension, and (c) apprehension to appreciation. Noteworthy is that some of the mothers’ responses fell into Category 1; some fell into Category 2; and some fell into Category 3. But as illustrated above, not all mothers in this domain reported moving through all 3 categories; but, minimally all of the mothers’ responses in this domain fell into Category 3. In other words, if mothers experienced Category 1 (disdain to uncertainty), they experienced a move to Categories 2 (uncertainty to apprehension) and 3 (apprehension to appreciation). If they experienced Category 2, they also experienced a move to Category 3. But some mothers began at Category 3 and thus did not experience Category 1 or Category 2. What follows is a description of each category.
Category 1: Disdain to uncertainty (variant, n = 3). The mothers’ responses that fell in this category included the way in which these mothers’ feelings shifted from disdain to uncertainty of their daughters’ minority sexual orientation. The mothers used words such as “… contempt … scorn … hate … [and] condescension …” to describe disdainful feelings. Conversely, mothers described uncertainty as “… feeling hesitant … unclear … confused … [and] indecisive …” about their daughters’ sexual orientation. Mothers reported that they experienced these feelings of disdain and uncertainty about minority sexual orientation shortly after knowing about their daughters’ minority sexual orientation. The one mother who attributed her feelings of disdain to being “… reactive about hearing. . .” that her daughter was a lesbian, felt that she moved more quickly to uncertainty, than the other two mothers who reported that their feelings of disdain were “. . . rooted in traditional, conservative Christian and political beliefs.” One mother speaks to this difficulty with:

Hearing those words ‘mom I am a lesbian’ evoked immediate feelings of contempt … disgust … and disdain for homosexuality and subsequently [my daughter]. . . I couldn’t hide it from [my daughter]. . . I immediately espoused scripture to back up my distaste for what [my daughter] was telling me . . . for months every day I sent her bible verses. . . I was so entrenched in my Christian beliefs . . . talking to my pastor didn’t help . . . because he just added flames to the fire, so to speak. . . I was so miserable . . . my daughter was miserable . . . eventually I started questioning what God really felt about homosexuality. . . I began looking at gay affirming spiritual websites. . . this confused me but at least I wasn’t in overwhelming pain . . . I felt less condescending to my daughter. . . I just began to feel so uncertain about homosexuality being wrong. . . I spent months in disgust . . . feeling uncertain or unclear or even hesitant about homosexuality being okay was a welcome relief from the pain of feeling contempt. . . hatred . . . disgust . . .

Category 2: Uncertainty to apprehension (typical, n = 7). The mothers’ responses that fell in this category included the way in which these mothers’ shifted from feelings of uncertainty about how they felt about minority sexual orientation to feelings that
reflect apprehension about what could happen to their daughters because “... we live in a homophobic society...” Five of the seven mothers in this category reported that this shift in “... feelings was an essential step in moving to appreciation. ...” of their daughters’ minority sexual orientation, which is discussed in Category 3. Noteworthy is that six of the seven mothers in this category reported that uncertainty was not synonymous with apprehension. One mother reported “... uncertainty was about feeling confused or unclear about whether ... being gay was okay or against God ... [whereas] apprehension was more about feeling anxious ... worried ... uneasy about what others might do to [my daughter] because she is gay ...” In essence, the four mothers that experienced apprehension reported that they were apprehensive because of their worry for their daughters safety, not because of how they felt that their daughter was a lesbian. One mother recounted her memory of moving from feeling uncertain about her daughter’s sexual orientation to her feelings of apprehension:

Once I got through believing that homosexuality was wrong. ... I still resisted because I had so much apprehension ... uneasiness ... anxiety ... worry about what would happen to [my daughter]. ... what kind of life would she have in a world that was so hateful. ... the trepidation was overwhelming and frustrating. ... I guess you would say I felt content in my knowledge that homosexuality was not wrong ... but I still didn’t want [my daughter] to be gay. ... at this point I still saw her being gay as a negative because of what others would do to her. ... I felt like I could finally feel understanding for my daughter again ... and I could feel compassion. ... I could see that being gay wasn’t really a bad thing ... but at the same time I was so apprehensive. ...

**Category 3: Apprehension to Appreciation (general, n = 9).** The mothers’ responses that fell in this category included the way in which these mothers’ feelings shifted from apprehension of to appreciation for their daughters’ minority sexual orientation. While feelings of apprehension were encapsulated by the mothers as “... anxiety ... worry ... and uneasiness. ...” about what could happen to their daughters in a
heterosexist society, feelings of appreciation were captured by the mothers as "...valuing homosexuality... recognizing that homosexuality is a difference not a deviance. ... feeling understanding and compassion for the difference... acknowledging the difference is real... and embracing the difference." These mothers came to "...genuinely appreciate the fact..." that their daughters are lesbian and "... see that being a lesbian is a gift rather than a plight to feel sorry about." Five mothers in this category reported that they felt as though the shift from apprehension to appreciation occurred more quickly than the shift from uncertainty to apprehension discussed above. The mothers felt this was true because while they were apprehensive about what might happened to their daughters because they were lesbian they had already moved to a place of accepting that being a lesbian was "...a natural way of being." All the mothers in this category believed their lives were enriched by moving to a place of appreciation of their daughters’ minority sexual orientation. One mother reported her feelings as follows:

I vacillated for a while between feeling apprehensive about the life [my daughter] would have as a lesbian and feeling appreciative of her difference. ... I felt in conflict because I knew I had reconciled my negative feelings about homosexuality... but I still didn’t want her to be a lesbian because I didn’t want her to be at risk in the world. ... [My daughter] helped me overcome my apprehension... she showed me how the richness she has in her life as an ‘out lesbian’ outweighs her fear of what might happen to her... I finally got it... I embraced her as a lesbian... I proudly came out as a mother of a lesbian... the fear was gone... I felt overwhelming love and pride... I felt renewed and I was so grateful that [my daughter] had the courage to share who she is with me... I appreciate that her sexual orientation is a part of her... a great part of her...

Broad Topic Area 4: Mother-Daughter Relationship Post-Acceptance

The prompt that generated the data for this broad topic area was: *Keeping the story you just shared in mind, we would like you to shift focus and talk about your relationship with your daughter after you accepted her as a lesbian. As you talk about*
this experience, please include any changes in your feelings that you have noticed over time. Embedded in this prompt is the research teams’ primary focus of the dissertation, which is the mother-daughter relationship post-acceptance.

Without exception the mothers’ responses within the domains and categories that follow represent a positive change in the relationship post-acceptance. For instance, mothers who reported having a nurturing and close relationship with their daughters’ pre disclosure spoke to “… how much more authentic … easy going … empathic … connected … open … and close” their relationships were with their daughters post-acceptance. Moreover, mothers who had initially struggled with and those who more easily came to a place of acceptance reported that they recognized “… how much more … trust … compassion … and joy … was present in the relationship …” they have with their daughters post-acceptance. Mothers who once saw their relationship with their daughters as distant pre acceptance, shared similar ideas as reflected by this mother’s comments: “… although there was distance in our relationship before I accepted that [my daughter] is gay the decreased tension in our relationship now that I have accepted her has helped us get closer to each other … there is a stronger connection between us … we are more considerate of each other … and we have a lot of respect for each other…”

Table 5 below provides a snapshot of the two domains and five categories that were found during the analysis of this section of the mothers’ interviews. In order to get a clear understanding about the categories, the reader may need to review the description of the categories in the text. In the subsections that follow each domain and a detailed discussion of the categories that fall in that domain will be presented.
Table 5.

**Broad Topic Area 4: Mother-Daughter Relationship Post-Acceptance**

<table>
<thead>
<tr>
<th>Domains and Categories</th>
<th>Frequency</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 1: M-D Interaction: Post-Acceptance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ease of tension between M-D</td>
<td>3</td>
<td>Variant</td>
</tr>
<tr>
<td>Level of comfort between M-D</td>
<td>7</td>
<td>Typical</td>
</tr>
<tr>
<td>Communication between M-D</td>
<td>8</td>
<td>Typical</td>
</tr>
<tr>
<td><strong>Domain 2: Positive Affect between M-D: Post-Acceptance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings of compassion</td>
<td>10</td>
<td>General</td>
</tr>
<tr>
<td>Feelings of trust in each other</td>
<td>9</td>
<td>General</td>
</tr>
</tbody>
</table>

*general (n ≥9); typical (n ≥4); and variant (n≤3)*

**Domain 1: Mother-Daughter Interaction: Post-Acceptance**

In this domain, 9 of the 10 mothers specifically focused on their perceptions of the way in which mother and daughter interacted with each other post-acceptance. As they reflected on their relationship with their daughters, most mothers whose responses fell in this domain specifically addressed how levels of tension (Category 1), comfort (Category 2), and communication (Category 3) in the relationship had changed post-acceptance. Noteworthy, is that as the mothers described their post-acceptance interaction with their daughters, they often contrasted post-acceptance with pre acceptance. In addition, as the mothers reflected they also included information about how they believed their post-acceptance relationship was altered by their processes of coming to acceptance. What follows is a description of each category and a few illustrative quotations from the interviewees’ transcripts.

*Category 1: Ease of tension between M-D (typical, n = 3)*. All of the mothers in this category felt as though the tension that was present in the relationship pre acceptance
was eased post-acceptance. As the mothers reflected on the ease of tension they felt existed between mother and daughter, they often drew parallels between pre and post-acceptance. They also often spoke to how they believed coming to a place of acceptance played a large role in the ease of tension that existed in the relationship post-acceptance. It seemed as though the mothers were not able to discuss post-acceptance without simultaneously illustrating how the relationship was pre acceptance. For instance, the mothers described that the pre acceptance tension that was often fraught with “... anxiety about being in the same room ... stress because of the constant disagreements ... hurt feelings because of a lack of understanding for each other... dissipated after I accepted that being a lesbian was okay.” It is important to note that the three mothers’ responses that fell in this category are the same three mothers whose responses fell in the distant category (e.g., lack of connection or closeness between mother and daughter). From these mothers perception, coming to a place of acceptance not only helped reduce the amount of discontent between mother and daughter but helped mother and daughter build a stronger relationship post-acceptance. One mother reported:

I would say that there is a lot less tension in our relationship now...In those early days... before I accepted my daughter... there was so much tension in my relationship with [my daughter]... I couldn’t be in the same room with her without feeling anxious and stressed out... the distance that used to be in our relationship was replaced with anxiety... fights... apprehension... this slowly changed after I told [my daughter] that I accepted her as she is... not only did we have less tension in our relationship but we began to have a closer more open and honest relationship with each other...

**Category 2: Level of comfort between Mother-Daughter (typical, n = 6).** In this category, mothers’ responses about their relationship with their daughters post-acceptance included statements that were indicative of feeling more comfortable with each other: “... it was easy to be with each other... it felt like there were no more
secrets. ... All of the warts, mine and hers, had been exposed and reconciled ... in
general being together was fun again...she could laugh...I could laugh...” More than
half of the mothers interviewed provided statements that included the idea that being in
relationship post-acceptance with their daughter was overall a joyful experience. They
stated that because they came to acceptance their post-acceptance relationship was
stronger, for it meant they could interact with their daughter in ways that were similar to
the ways they interacted pre disclosure. For instance, one mother reported that the post-
acceptance relationship was “...more comfortable...easy...joyful...fun...than it
had been in two or more years...” One mother reflects on her experience of this time in
the mother daughter relationship as follows:

I would say that our relationship became comfortable again...we were able to
be with each other without all of the underlying fear and hesitancy that we would
get into a fight or something...it was joyful again for both of us...we were
really bonded before she came out...coming out was hard on our relationship...but not only am I a better mom because she had the courage to tell me something
she knew would be hard for me to hear...we have a bond that is unbelievable to
me...This makes the comfort we have with each other even more significant...we saw each other through the worst of behaviors...we survived my negativity
and anger...you know before I accepted that she is a lesbian I felt a lot of
consternation whenever we were together...now when we see each other it is
easy going...we laugh...she brings her girlfriend to the house and it is just
easy...

*Category 3: Communication between Mother-Daughter (typical n = 8).* The
mothers within this category reflected on how communication in their relationship with
their daughters increased post-acceptance. Five mothers reported that prior to coming to
acceptance the open communication in their relationship had decreased because as one
mother poignantly asserts: “I was so negative and hurtful to [my daughter] about her
being gay that we could not talk to each other without getting into an argument...so we
stopped talking...” This changed post-acceptance because “...I was able to reevaluate
my values which changed me profoundly... and in turn changed my relationship with
my daughter profoundly... we can talk about anything... without judgment... without
anxiety. ... I am grateful [my daughter] was forgiving and is so willing to share her life
with me...” The mothers were quick to add, however, that having more open
communication did not mean that they did not get into arguments with their daughters.
One mother describes the open communication that exists between mother and daughter
as follows:

Sharing how we feel in any situation is really important to us now... we don’t
want to go back to the way things were before... silent or angry all the time... I
guess I can say that after our horrible inability to talk with each other for so long
without being hurtful to each other [my daughter] and I have learned how to talk
to each other openly and honestly without being judgmental or hurtful... we
enjoy talking to each other again... we are not afraid to speak our minds... we
have both learned that we can have huge disagreements and get past them... still
love each other... but more importantly we have an open dialogue about things
today that we couldn’t have before I came to terms that [my daughter] is gay... or
before she forgave me for being so awful to her about being gay...

Domain 2: Positive Affect between Mother-Daughter: Post-Acceptance

In this domain, all of the mothers interviewed reported experiencing very positive
emotions at this juncture in their relationship with their daughters. The most common
emotions expressed were compassion (Category 1) and trust (Category 2). For instance, a
number of mothers said things like one mother who said “... now that I have embraced
that [my daughter] is a lesbian I have a compassion that is so profound for my daughter
and she for me... the guilty emotions have vanished... the angry feelings are just a
distant memory... I am proud of who my daughter is today...” The mothers were quick
to note that they don’t always experience positive affective moments with their
daughters. As one mother states “... we don’t always react to each other lovingly... but
the reactions are no longer about [my daughter] being gay... and when an issue arises

184
we are able to move through the negative emotions more quickly... because both of us are now better able to put things in perspective... no matter the difficulty... the pride we feel for each other... the unconditional love we have for each other far outweigh any negative emotions we may experience with each other...”

Category 1: Feelings of compassion (n = 10). All 10 mothers interviewed reported that one of the affective experiences they shared with their daughters post-acceptance was an increase in compassion. According to these mothers, mother and daughter’s ability to be empathic and compassionate to each other was heightened post-acceptance because the process of coming to acceptance had been such an emotional one for them. One mother stated:

My daughter and I have a lot more compassion and empathy for each other now... we have lots of talks about how both of our lives have changed since [my daughter] came out... and we talk about how to handle the way society might react to us... we talk about what we can do about how people in society are... before I accepted that she was lesbian we couldn’t talk about our fears with each other... we couldn’t put ourselves in the other’s position... now we can... this helped our relationship tremendously... there is a level of intimacy that having compassion and empathy for another brings into a relationship... we have that level of intimacy in our relationship now...

A second mother described her experience as follows:

My capacity to have compassion for what my daughter will experience in life has really grown... I can say unequivocally that although I still worry about what could happen... I now see how blessed her life will be as well... [my daughter] and I have grown so close because we both changed... we have compassion for each other... I mean she displays compassion for me and what I might go through... she shows me compassion despite all the unkind ways I behaved... all the angry words... even after all I have said to her... compassion wells up in my heart every time she tells me about some homophobic idiot’s behavior towards her...

Category 2: Increased trust in each other (typical, n = 9). Nine mothers reported that there was more trust between mother and daughter post-acceptance than there was
pre acceptance. Seven of the nine mothers made a point of articulating that “. . . trust was really difficult to get back after it was broken. . .” Six of nine mothers also acknowledged that the primary impetus for distrust post knowledge of their daughters’ minority sexual orientation was their behavior towards their daughters. Noteworthy is that all of the mothers who stated that they had difficulty accepting their daughters because of their “. . . conservative Christian beliefs. . .” felt that their daughters had a very difficult time trusting that their mothers’ “. . . transformation from spouting the biblical scriptures that condemns homosexuality . . . to espousing unconditional love. . .” was real. Thus, for these mothers getting trust back into the relationship was harder to accomplish than it was for those mothers who remained neutral or did not outwardly react negatively to their daughters’ disclosure about their minority sexual orientation. The mothers’ responses about the increased trust in the relationship are expressed well by the following quotation from one mother’s transcript:

I think that the trust we have in each other now is one of the greatest benefits that came out of the difficulties we had with each other because of my closed minded Christian dogma. . . it was hard for me to take [my daughter] at her word because she was sneaking out to be with girlfriends. . . but I think it was harder for her to believe me when I started telling her that I am okay with her being gay. . . it took a long time but now we believe each other . . . we have faith in each other . . . and we have more trust in our relationship than ever before . . .

Another mother shares her experience of having increased trust as follows:

The trust we experience in our relationship has helped shape me into a new person. . . I have to say that if I had not had so much trouble accepting my daughter . . . [and] she had not had so much anger at my lack of acceptance. . . we would not be the people we are today. . . and we would not have the trust in each other we have. . . going through this journey has been life altering. . . we share so much more with each other. . . we know ourselves and each other better than would have ever been possible before. . . increased trust in each other is one of the added benefits to the transformation we experienced as people. . . we are both better people. . . we can share anything. . . we trust our relationship enough to share how we truthfully feel about things. . .
Broad Topic Area 5: Mothers Ideas about Sexual Orientation Post- Acceptance

The prompt that generated the data for this broad topic area was: Please describe the ways in which over time your values, beliefs, and feelings about sexual orientation are related to your acceptance of your daughter being a lesbian. Clearly, embedded in this prompt is the notion of how the mothers interviewed for this study viewed minority sexual orientation after accepting their daughters’ minority sexual orientation. One of the ten mothers interviewed asked me to clarify this question, which I did.

Noteworthy is that the data gathered from this broad topic area are very similar to some of the data gathered from the mothers’ responses in Broad topic area 3 (i.e., shifts in values, beliefs, and feelings about sexual orientation after daughters came out to mothers). It makes sense that the ideas that surfaced in this broad topic area would be similar to those that surfaced in Broad topic area 3, for the prompt merely contained a nuanced difference (i.e., shifts in values, beliefs, and feelings about sexual orientation after daughter came out versus changes in values, beliefs, and feelings about sexual orientation as they relate to acceptance of their daughters). What is interesting, however, is that although the ideas from both broad topic areas were very similar, there are a couple of differences in the data that was obtained. The most obvious distinction is that of process-driven versus outcome-driven responses. Specifically, the mothers in Broad topic area 3 described their shifts in a lockstep fashion, reporting their shifts as processes leading to specific outcomes (e.g., shifting from devaluing to valuing minority sexual orientation in general); within this broad topic area (number 5), mothers’ responses were purely outcome driven (e.g., importance of equality, commitment to social justice).
short, broad topic area number 3 focuses on the mothers’ shifts, whereas broad topic area number 5 focuses on the outcomes.

Equally important is that similar to the data obtained in Broad topic area 3, when the mothers were asked to specifically focus on their values, beliefs, and feelings about sexual orientation as it relates to acceptance of their daughters, the mothers’ responses contained ideas that related to minority sexual orientation as a whole. In other words, rather than addressing their values and activism solely from the perspective of how they apply to their daughters, the mothers reported values and activism around sexual orientation that represented a more global perspective. Specifically, the data obtained from the mothers in this broad topic area included a “... social justice focus for all gay and lesbian people...” as well as valuing that “... every person deserves to be treated equally...” While having a more global focus yielded less data from the mothers, the data are nonetheless relevant. This broad topic area included one domain and two categories. Table six provides a snapshot of the one domain and two categories that emerged in this broad topic area. You may need to review the actual description of each category to gain clarity about the data contained within it.

Table 6.

_Broad Topic Area 5: Mothers’ Ideas about Sexual Orientation Post-Acceptance_

<table>
<thead>
<tr>
<th>Domains and Categories</th>
<th>(n)</th>
<th>Frequency^a</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 1: Values Related to Minority Sexual Orientation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equality</td>
<td>8</td>
<td>Typical</td>
</tr>
<tr>
<td>Commitment to social justice</td>
<td>8</td>
<td>Typical</td>
</tr>
</tbody>
</table>

^a general (n ≥9); typical (n ≥4); and variant (n ≤3)
Domain 1: Values Related to Minority Sexual Orientation

In this domain, the mothers interviewed reported that their values about sexual orientation became clearer to them as they began to see the importance of “... fighting for changes against the inequality that gay and lesbian people experience in society...” As the mothers described their perspectives on the issue of values as they relate to acceptance of their daughter, they stated things like “... I think initially I thought about things from what rights does my daughter deserve ... now I see things from a bigger picture ... it is no longer just what does my gay daughter deserve it is ‘what do all gay people deserve’...” It became evident, that the mothers had shifted from addressing their values as they related to acceptance of their daughter to a place of addressing their values as they related to minority sexual orientation as a whole. As the mothers reflected on the issue of values, two prominent ideas about values surfaced: (a) equality (Category 1) and (b) commitment to social justice (Category 2). Noteworthy is that two of the eight mothers discussed in the categories below reported that their values about minority sexual orientation have stayed consistent across time and include the valuing of equality.

Category 1: Equality (Typical, n = 8). In this category, eight of the mothers reported that they “... value equality for all gay and lesbian people...” For these mothers, the outcome of their “... journey to acceptance...” of their daughters led them to “... value equality from a holistic perspective...” In other words, the mothers felt “... as though all gay and lesbian people deserved to have the same rights as straight people...” One mother clearly articulated this message with:

Overall I value equality for all gay and lesbian people... I think that equality is for everyone... not just the people who view themselves as the chosen ones in the world... I get frustrated by how many people think that homosexuals don’t deserve equality... they don’t deserve equal rights... It is hard to find a way to
get ignorant people to listen . . . legislatures to take action . . . but I hold out hope that equality is possible . . . equality to marry . . . equality to have partner benefits. . . equality to adopt . . . equality, equality, equality. . . that is what we have to fight for now. . .

Category 2: Commitment to social justice (typical = 8). In this category, the mothers felt that their commitment to “. . . helping people move to a place of respecting homosexuality as a normal way of being. . .” became an integral part of their life. They reported that over time they found it important to commit to social justice advocacy work. For all of the mothers in this category advocacy included engaging in things like “. . . serving on committees that promote equal rights for gay and lesbians in organizations . . . organizing and attending pride activities . . . helping other parents work through their reactions to learning they have a homosexual child . . . [and] canvassing neighborhoods about upcoming legislation. . .” In short, all of the mothers in this category reported that they were committed to engaging in social justice activities that “. . . foster equality for all gay and lesbian people. . .” The mothers’ reflections were similar to that of the following:

After accepting my daughter’s sexual orientation I continued attending P-FLAG so that I could help other mothers and fathers who have gay or transgendered children through the pain they were experiencing. . . I stayed because the longer I attended P-FLAG the more committed I became to fighting for the cause . . . I realize that being committed to social advocacy brings meaning to my life . . . and helps others in their lives. . .

Another mother reported:

For the past three years I have become very involved in civil rights legislation for gays and lesbians . . . Had my daughter not come out . . . had I not accepted her I probably would have stayed in my suburban home with my suburban family . . . and remained ignorant about the injustices homosexuals face every day. . . I certainly would not have gotten involved with P-FLAG . . . I can’t imagine that I would have ever become an activist for same sex marriage . . . the right for same sex couples to adopt . . . safe education for gay youth . . . [or] workplace non-
discrimination acts ... my commitment to advocating for all of these rights. ... for equality. ... has been life altering for me. ...

Another mother stated:

... I started out at P-FLAG to come to terms with having a homosexual daughter. ... but I stayed because it became important to me that I stand up and take action against the discrimination that homosexuals face. ...

Broad Topic Area 6: Adult Daughter-Mother Relationship Post-Acceptance

The prompt that generated the data for this broad topic area was: As your daughter moves into adulthood, there is a shift from having an adolescent daughter-mother relationship to having an adult daughter-mother relationship occurring. Given this, we would like you to talk about what that change is like for you and how you see this change altering your relationship with your daughter over time. Embedded in this prompt are two intertwining ideas: (a) the mothers' perceptions about how the post-acceptance mother daughter relationship will be altered by the fact that their daughters are moving or have moved into adulthood, and (b) what this change is like for them. The research team felt that giving the mothers the opportunity to process this notion could add contextual information that would help us get a more complete picture of how mothers viewed the mother-daughter relationship post-acceptance. It is important to note that this question was a little more difficult for those mothers whose daughters were in early adolescence (i.e., 14, 16) than it was for those whose daughters were in there early twenties.

As the research team analyzed the data from the mothers' responses in this section, we found that mothers most often focused on how they see their relationship with their daughters evolving over time. For instance, one mother reported: "... as [my daughter] goes off to college I think our relationship will stay close but change because my role will be to support her as she makes decisions ... as she becomes a mother and
moves into her thirties, I think we will have a more equal relationship . . . and as she gets older, I think we will remain close and the relationship will stay more or less equal.” The mothers processed their adult daughter-mother relationship in a stage like fashion. Thus, the three domains that emerged included the mothers’ perspectives of the mother-daughter relationship in: (a) post adolescence, (b) early adulthood, and (c) middle adulthood. Noteworthy, is that not all of mothers discussed how their adult daughter-mother relationship would be altered in middle adulthood, but all of them addressed their perceptions of how the mother-daughter relationship would be in post adolescence and early adulthood. In the domains that follow what constitutes post adolescence, early adulthood, and middle adulthood is described in detail. Table 7 below provides a snapshot of the domains and categories that were found during the analysis of this section of the mothers’ interviews (See actual description of domains and categories for clarity.).

Table 7.

_Broad Topic Area 6: Adult Daughter-Mother Relationship Post-Acceptance_

<table>
<thead>
<tr>
<th>Domains and Categories</th>
<th>(n)</th>
<th>Frequencya</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 1: Mothers’ Perspective on Mother-Daughter Post-Adolescence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintaining current parenting role</td>
<td>2</td>
<td>Variant</td>
</tr>
<tr>
<td>Supportive but not parental</td>
<td>8</td>
<td>Typical</td>
</tr>
<tr>
<td>Domain 2: Mothers’ Projections about Mother-Daughter Relationship Early Adulthood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friendship</td>
<td>2</td>
<td>Variant</td>
</tr>
<tr>
<td>Movement to egalitarian relationship</td>
<td>8</td>
<td>Typical</td>
</tr>
<tr>
<td>Domain 3: Mothers’ Projections about Mother-Daughter Relationship Middle Adulthood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintaining egalitarian relationship</td>
<td>5</td>
<td>Typical</td>
</tr>
<tr>
<td>Mother-daughter role reversal</td>
<td>2</td>
<td>Variant</td>
</tr>
</tbody>
</table>

a general (n >9); typical (n >4); and variant (n <3)
Domain 1: Mothers' Perspective on M-D Relationship Post-Adolescence

While analyzing the data obtained within this domain, the research team noticed that there were two mothers whose daughters had not yet moved into the post adolescence stage in their relationship. For these mothers, their reflections are actually projections of how they anticipate their mother-daughter relationship will differ as their daughters move into this developmental phase. On the other hand, within this domain the other eight mothers' daughters had already transitioned into this post adolescent phase. Thus, they reflected on their current experiences with their daughters.

As mothers reflected, they provided various phrases to describe this time span in the relationship. A couple of mothers defined post adolescence as the time when their daughters would be graduating High School and/or attending college. Yet another mother defined post adolescence as the time when her daughter would be “... moving into her first apartment and being responsible for herself...” Another mother helped establish a precise age frame for this domain, by saying that, in her assessment, post adolescence spanned between 18 and 24.

In the analysis of this data, the team discovered that the mothers perceived their relationships with their daughters would fall into two categories. The first category, maintaining current parenting role, was advanced by two of the mothers. The second category, supportive but not parental, was reported by the remaining eight mothers. What follows is a brief description of each category, and a few illustrative quotations from the interviewees’ transcripts that depict the category.

Category 1: Maintaining current parenting role (variant, n = 2). In this category, the mothers reported that as their daughters move into post adolescence they do not see
their relationship with their daughters changing much. Both mothers in this category reflected that as their daughters go off to college, they will still need them to provide guidance, advice, and financial assistance. In this way, the mothers see that they are still responsible for their daughters and their daughters are still dependent upon them. Both mothers reported that they believe they will maintain a parenting role in their daughters’ lives, minimally, until their daughters graduate from college. Noteworthy is that both of the mothers who fell in this category reported that their daughters are currently adolescents who still live at home. Additionally, they described their parenting style as authoritarian (For further explanation review Broad Topic Area 1, Domain 2 above.). Both mothers in this category reported that they were excited that their daughters are going off to college, felt okay with having to maintain the parenting role, and perceived that their relationship with their daughters would continue to be good. One mother’s reflection captures the essence of this category:

[My daughter] will still need my advice . . . my guidance . . . my money . . . so I don’t see things changing very much between us. . . I will have to maintain the parenting role . . . She will still have to follow my rules because I am footing the bills . . .

Another mother stated:

It is hard for me to process this because [my daughter] is only 14 years old. But I would say that I will probably be parental until she gets out of college. . . I think that she will need me to guide her and find ways to support her without being overly controlling while she transitions into adulthood. . . she will need me to financially support her for quite a while. . . I imagine things will just continue as they are now. . .

**Category 2: Supportive but not parental (typical, n = 8).** First, it is important to note that five of mothers whose responses fell into this category are already in what they coined the “time right after adolescence” phase of their relationship with their daughters. Two of the mothers stated that the transition into post adolescence would be an easy one,
for they felt going through the “trauma of reconnecting” with their daughters after the “strain” on their relationship had “healed.” Mothers who were currently beginning that transitional period also reported that they did not anticipate the transition being a difficult or tumultuous one. Moreover, all of the mothers in this category reported that they perceived that their role at this juncture in the relationship is to provide support for their daughters rather than give advice to their daughters. In short, this group of mothers acknowledged that while they had no illusions of agreeing with every decision made by their young adult daughters they knew that they would be present to listen to and encourage them. Additionally, regardless of whether the mothers in this category are already experiencing the adult daughter-mother relationship or not, all of them see their job as a parent becoming minimal. They each expressed the importance of fostering autonomy and individual choice in their daughters while simultaneously maintaining a strong relational connection to their daughters. The overarching theme in these responses was offer support but avoid being overly parental. An illustrative quotation from a mother’s transcript captures how these mothers perceived the early adulthood phase of the relationship.

I see things changing a little bit... [my daughter] will need me to support her decisions and help her find her way... but she is very capable of managing her life... trust will be really important at this time in our relationship... she will need to know that she can share what is going on in her life without worrying that I will be judgmental... 

*Domain 2: Mothers’ Perspective on M-D Relationship Early Adulthood*

As the research team analyzed the data within this domain, we noticed that 8 of the 10 mothers projected that as their daughters transitioned into early adulthood that their relationships would move toward one of egalitarianism. In this domain, mothers
globally defined this time period as post-college, encompassing ages 25 - 40. More specifically, one mother defined this stage as the time when her daughter “would complete her degree and begin her career . . . fall in love with a woman . . . and maybe raise a family. . . .” Four mothers defined this time as the point when their daughters would begin settling down. That is, the mothers projected that this stage was characterized by their daughters’ burgeoning financial security, which would allow them to make significant purchases (homes, automobiles, etc.). Additionally, the mothers expected that this time frame would have their daughters establishing more meaningful and long-term life partnerships.

In the analysis of this data, the team discovered that the mothers perceived their relationships with their daughters would fall into two categories. The first category, friendship, was advanced by two of the mothers. The second category, movement to egalitarian relationship, was projected by the remaining eight mothers. What follows is a brief description of each category, and a few illustrative quotations from the interviewees’ transcripts that depict the category.

**Category 1: Friendship (variant, n = 2).** As the mothers project how their relationship will be with their daughters in middle adulthood, both of them stated that they think “. . . the relationship will include aspects of being friends.” For one mother friendship included things like “. . . offering motherly advice . . . going shopping together . . . [and] having dinner together.” Interestingly, although both mothers felt as though the relationship would include aspects of friendship, they were quick to point out that they felt the friendship would at times “. . . be one sided.” Both mothers felt that there would be times in their relationship with their daughters that they would as one mother said “. . .
instinctually fall into the mother role.” The mothers felt as though this time is likely to be “... a pleasant time” in the mother-daughter relationship. One mother reported:

I think that we will be close friends ... she will seek my advice ... we will keep sharing our clothes ... our novels... I think this will be a fun time in our relationship ... we love shopping together already ... she shares how she feels so much easier now... I think it will just get easier ...

Category 2: Movement to egalitarian relationship (typical, n = 8). The mothers in this category projected that as their daughters move into middle adulthood the relational bond between mother and daughter “... will be even more complete and satisfying ... there will be a deeper sense of camaraderie ... an ability to interact on a more in-depth and equal level.” For these mothers, as their daughters approach thirty, they believe that the mutual respect that they share will proffer feelings of egalitarianism. All of the mothers acknowledge that they believe their daughters will be busy building their families and their careers. And, they look forward to sharing joys, successes, and sorrows in this phase of the relationship. They hope that their daughters will view this time in the relationship as one that is “... reciprocally supportive...” because their belief is that their daughters will have a solidified sense of self. This allows the mothers to engage on a more equal level with them.

I suspect that by the time [my daughter] is 30 we will have a more give and take relationship... I think we will be supportive to each other... I will help her with her children on occasion... I think the relationship will keep getting better ...

Domain 3: Mothers’ Perspectives on M-D Relationship Middle Adulthood

As the research team analyzed the data within this domain, we noticed that a number of mothers believed that as their daughters transitioned into middle adulthood that they would maintain their egalitarian relationship. For the mothers in this domain, middle adulthood was essentially that time beginning in their daughters’ 40’s. During this
time period, the mothers anticipated their daughters to have a well developed autonomous
identity. Specifically, the mothers envision their daughters to be well-established in their
careers and families. The mothers further anticipate that their daughters will still maintain
strong relational bonds with them. As a whole, the mothers define this stage as one in
which their daughters will be settled and comfortable with their lives. Moreover, for
some of the mothers interviewed this time would be about the daughters contemplating
their role in caring for their aging parents.

In the analysis of this data, the team discovered that the mothers perceived their
relationships with their daughters would fall into two categories. The first category,
maintaining egalitarian relationship, was advanced by two of the mothers. The second
category, mother-daughter role reversal, was anticipated by five mothers. What follows is
a brief description of each category, and a few illustrative quotations from the
interviewees’ transcripts that depict the category.

Category 1: Maintaining egalitarian relationship (typical, n = 5). In this category
the mothers stated that they believed that they did not anticipate that the relationship
would change. They all felt that in this phase, the mother daughter relationship would be
solid and that both mother and daughter would strive to maintain the egalitarian
relationship they established in their daughters mid adulthood. One mother spoke to this
idea well with:

The older she gets the easier it will be to see her as an equal... We will continue
to be able to share each other’s pains and joys. I know we will stay as close as we
are now. We have an amazing relationship today...I can’t imagine anything else
but a very loving and giving relationship... we will continue to handle our
differences by really listening to each other...
Category 2: Mother-Daughter role reversal (variant, n = 2). The mothers in this category projected that they would need their daughters to care for them when their daughters reach middle adulthood. Thus, both mothers see that a role reversal is likely to happen. To explain, both mothers reported that they feel as though their daughters will be taking care of them when they are elderly. In part, it seems as though one mother believes this because she is currently in the care take role of her elderly mother. As they reflected, both mothers spoke to disliking the notion of have to be cared for by their daughters. Both mothers, however, believe that their daughters will willingly take care of them in their old age. One mother reported:

My daughter will take care of me just like I take care of my mother. . . she will owe me that for all I have done to take care of her. . . it will be her responsibility to care for me. . . especially if I am not remarried. . .
CHAPTER IV
DISCUSSION

Utilizing a Consensual Qualitative Research (CQR) approach to analyze the data for this study, the research team sought to understand two core ideas. The first idea was how participants perceived that the heterosexual mother-lesbian daughter relationship changed after the mother accepted her lesbian daughter’s minority sexual orientation (i.e., post-acceptance relationship). Note that the research team defined acceptance for this study as being okay or more than okay with their daughters’ sexual orientation. The way the mothers’ in this study defined acceptance, however, encompassed much more rich detail than the definition utilized by the research team to recruit participants. Their definition of acceptance is provided, in the composite case narrative, a little later in this chapter. The second big idea the team sought to understand was how any changes that occurred in a heterosexual mother’s values, beliefs, and feelings about minority sexual orientation influenced the mother-daughter relationship post-acceptance. It is important to note at the onset of this discussion that the data obtained about the first big idea (i.e., mothers’ perceptions of their post-acceptance relationship with their daughters’) is far less than the data gathered about the second big idea. Potential reasons for why this occurred in the study are explored in the Critique of the Study section of the chapter.

My overall purpose in the present chapter is to synthesize, clarify, and interpret some of the relevant findings that emerged from the cross analysis of the data. To this end, the chapter includes four major sections: (a) composite case narrative, (b) Key findings that emerged in the composite case narrative, and (c) critique of the study.
Composite Case Narrative

Hill and her colleagues (1997) assert that utilizing a “prototypical” case narrative provides the reader with a digestible story that captures the essence of the participants’ processes. Given this, the composite case narrative in the subsection titled Case of Margaret was written to capture two big ideas: the mothers’ perceptions of their processes to attaining a healthy, positive post-acceptance relationship with their daughters; and, their perceptions about the post-acceptance relationship they have with their daughters’ today. Given the focus, the case narrative is not about all of the data but rather select pieces of the data. The specific data that is utilized in the composite case narrative as well as the rationale for including that data is described in a subsection below.

It is important to note that this illustrative composite case narrative is a description of the collective experience of the majority of the sample (Hill et al., 1997). In this case the “majority of the sample” encompassed the experiences reported by at least 7 of the 10 mothers interviewed. Noteworthy, however, is that much of the narrative is actually representative of 9 of the 10 mothers in this study’s experiences. And, all 10 of the mothers who participated in this study are represented in at least some aspect of the composite case narrative.

Also noteworthy, this composite case narrative was not subjected to the consensus process of the core research team (i.e., Abbie, Bridget, Kelsea, Kelly, and Sara); rather, I developed the narrative individually. After the narrative was developed, however, I sent the narrative to my external auditors who provided me with detailed feedback. I incorporated their feedback and then showed the document to my dissertation
chair (who was also the third external auditor). He provided feedback and I incorporated that feedback into the narrative. I revised the narrative one final time, after my dissertation defense.

On a final note, throughout the composite case narrative pre disclosure is shorthand for the period in the heterosexual mother-lesbian daughter relationship prior to the daughter’s disclosure of her minority sexual orientation status to her mother. Pre acceptance is shorthand for that period in the heterosexual mother-lesbian daughter relationship that encompasses disclosure of the minority sexual orientation status up to the mothers’ acceptance of their daughters’ minority sexual orientation. Post-acceptance is shorthand for the period in the heterosexual mother-lesbian daughter relationship that ensued after the mothers’ accepted their daughters’ minority sexual orientation. I

This section of the chapter contains two subsections. The first subsection provides the reader with a map of the data contained in the composite case narrative. The second subsection is the actual composite case narrative. To avoid confusion, the subsection containing the composite case narrative is titled *Case of Margaret*.

*Data Employed in Composite Case Narrative*

The composite case narrative, *Case of Margaret*, provided in the next subsection, was developed utilizing specific pieces of the data reported in Chapter 3 of this dissertation. First, to provide the readers with a context to understand the participants’ perceptions of their heterosexual mother-lesbian daughter post-acceptance relationship, the narrative includes a description of the heterosexual mothers’ perceptions of their mother-daughter relationship pre disclosure (i.e., Broad Topic Area 1, Domain 1, Category 1, pp.116-118). Second, because the participants felt that their processes of
moving to a place of acceptance of their daughters’ minority sexual orientation was a journey that was central to the post-acceptance relationship, the narrative also includes data from the mothers’ perceptions of this process (i.e., data: Broad Topic Area 2, Domain 5, Categories 1-4, pp.157-168). To help anchor the reader in each phase the mother experienced along her journey to acceptance, the four phases that were reported in the results are utilized in the composite case narrative (i.e., intense emotional, disconnection, reconnection, and acceptance). Please notice, the journey to acceptance does not include post-acceptance. It is important to keep in mind that the journey depicted and interpreted is about the mothers’ processes to acceptance. The relationship that the mothers perceived ensued after acceptance is specifically addressed as the mother-daughter post-acceptance relationship. Third, as being accepting was a central criterion for being included in the study, the way in which the mothers’ defined acceptance is also depicted in the narrative (i.e., Acceptance Defined, pp. 95-96; Broad Topic Area 3, Domain 2, Category 3, pp. 158-159). Fourth, as the acceptance journey unfolds, a clear picture of the way in which the mothers personally changed is captured as well (i.e., Broad Topic Area 2, Domain 5, Categories 3 and 4, pp. 167-168). Finally, given that the primary purpose of the dissertation was to understand the participants perceptions of the post-acceptance relationship, the narrative includes data from the mothers’ perceptions of their post-acceptance relationship with their daughters (i.e., from Broad Topic Area 4, Domains 1(Categories 1-3) and 2(Categories 1-2), pp.184-191).

**Case of Margaret**

The composite mother, Margaret (an alias), is a White woman in her mid forties, who acknowledged that she raised her children in a traditional Christian home, similar to
the way in which she had been raised. Prior to finding out that her daughter identified as a lesbian, she had not, to her knowledge, been exposed to gay or lesbian people and she had not engaged in activism work of any type. She considered herself to be a conservative person with “traditional American values.”

Margaret described her pre disclosure relationship with her daughter as nurturing and close. She recalled that it was easy and overall a joyful experience to be in a relationship with her daughter. She enjoyed her daughter's company; she liked doing things for and with her daughter. Margaret also felt as though the relationship was full of unconditional love and respect. She remembered vividly that the relationship was drastically altered when her daughter disclosed her minority sexual orientation status to her (i.e., pre acceptance).

At the moment her daughter disclosed her sexual orientation (intense emotional phase), Margaret felt shocked and confused. In the days and weeks that followed, her emotions vacillated among dismay, anxiety, sadness, and anger. The anger she experienced was primarily at her daughter. At this point in her journey, she was unable to think rationally, she felt a strong disconnection in her relationship with her daughter, and most of her behaviors toward her daughter were laden with high emotions. At times she lashed out at her daughter angrily, other times she begged her daughter to be straight, and still other times she tried to talk with her daughter in an attempt to understand. Her desire to understand was born out of the cognitive dissonance with which she was grappling, a cognitive dissonance that consisted of conflicting feelings about her daughter’s "goodness" in her eyes and her "evilness in the eyes of God." During this time in her journey, Margaret felt that her relationship with her daughter was often strained and
disconnected. She had a hard time talking with her daughter without becoming emotional. The horrible discomfort she experienced between knowing she loved her daughter and believing that minority sexual orientation was an unforgivable sin propelled her into the next phase of her journey.

As she began her movement into the disconnection phase, she felt a great deal of hopelessness and she was emotionally exhausted. She was tired of being angry at, anxious for, and saddened by her daughter. As Margaret continued her journey (disconnection phase), she found herself distancing from her support system because she was certain that family and friends would not understand what she was experiencing. She was also fearful of being judged by others and of hearing negative remarks about her daughter. She spent many sleepless nights ruminating about her daughter’s sexual orientation. She questioned how her daughter could be lesbian. She wondered if her daughter had been brainwashed by her “new found gay friends”. She worried a lot about her daughter’s “soul” being condemned to hell”. And, she questioned what she had done wrong as a mother.

Her emotions were still raw, but the emotions now vacillated among shame, guilt, and anger. In the intense emotional phase most of the emotions Margaret experienced, were specifically about her daughter and therefore levied at her daughter. In this disconnection phase the emotions she felt were imposed on self and God. The primary emotions toward self were shame for reacting harshly toward her daughter at the time of disclosure, guilt over the type of mother she had been toward her daughter, and moderate fear that she would not be able to protect her daughter from harm. Her emotions toward God were primarily anger and confusion.
As she moved into her *reconnection phase*, rather than bottle the emotions up or spew anger at her daughter, she began to talk with her daughter about how she was feeling. She found that talking with her daughter about her feelings helped alleviate the intensity of these emotions. During these talks Margaret began to experience feelings of compassion for her daughter. After a two or three month period of talking only to her daughter about how she was feeling, Margaret began to slowly open up to others. She disclosed her daughter's sexual orientation to a close family member and some close friends. She reconnected to her social network. She continued to dialogue with her daughter about how she felt about her daughter's sexual orientation; she began feeling more positively toward her daughter. The relationship between Margaret and her daughter was beginning to change for the better. Because maintaining a relationship with her daughter was important to Margaret, she tried to tolerate her daughter's sexual orientation. She soon realized, however, that tolerating wasn’t good enough.

With the realization that having a positive relationship with her daughter was central, she began to recognize that she had to accept that her daughter was indeed a Lesbian (still *reconnection phase*). This realization led her to grieve the loss of the heterosexual dreams she had assumed for her daughter. During this time she was saddened by the belief that she would never be a grandmother and she would not see her daughter marry. Margaret was also plagued with feelings of fear for her daughter, as she experienced a heightened sense of fear that her daughter would be harmed by people who "hate gay people."

Although in this *reconnection phase* she was still focused on the negative aspects that being a lesbian would bring to her daughter's life, she also began to take action by
educating herself about minority sexual orientation. Margaret wanted to get out of her emotional pain and confusion. She believed that to do this meant she had to start trying to see the fact that her daughter identified as a lesbian differently. Equally as important, she wanted to understand her daughter. She wanted to understand what her daughter might be experiencing in the world as a lesbian woman. Educating herself meant reading books and websites about minority sexual orientation.

In the *reconnection phase* of her journey, Margaret also felt like she needed someone to talk to who would understand what she was experiencing. So, at the advice of her daughter, she began attending a support group organization, *Parents, friends, and family of lesbians and gays* (P-FLAG). At P-FLAG meetings she found supportive people who could help her work through her emotions and provide her with hope that her daughter's life was not doomed to be one of unhappiness. She also, however, became poignantly aware of the oppression her daughter would experience in a society that devalues minority sexual orientation. While this was hard to take in, the realization that she was playing a role in oppressing her daughter was even more difficult to reconcile. This fact propelled her to turn inward and begin to examine how she had been oppressing her daughter. This led her to feel a lot of sadness about the way in which she had tried to instill her values and beliefs in her daughter, values that Margaret was beginning to see only valued heterosexuality. At this point in the *reconnection phase*, however, her understanding about this issue was on a more intellectual than emotional level.

At P-FLAG meetings and through additional reading, *Margaret* came to understand that she had been socialized to believe that heterosexuality was the only way. She began to see that she had been taught by her family and her church to hold views that
align with heterosexuality as “normal” and lesbianism as “abnormal” or “deviant.”

Margaret found comfort and sadness in this realization. Comfort because she realized that the values she held were instilled in her, which momentarily made her feel better about self; sadness because she had lived by these values at the expense of her daughter. At this time in her journey, she began thinking about the relationship she and her daughter had shared prior to knowing her daughter was a lesbian. She was beginning to see that their pre disclosure relationship was a central factor in how their pre acceptance relationship was unfolding. She realized that in their pre disclosure relationship she had inadvertently oppressed her daughter every time she had a conversation with her about boys, sex, and dating that assumed heterosexuality.

Also in the reconnection phase, as a part of no longer wanting to participate in oppressing her daughter in any manner, Margaret introspectively began reevaluating her values and beliefs, particularly her Christian and political beliefs. Margaret found redefining her political beliefs easier than redefining her Christian beliefs. A salient piece of Margaret’s identity at this phase of her journey was that of a Christian woman. Regardless of how difficult the journey was, she was determined to have a relationship with her daughter and God. She began seeking out gay affirming churches. She spoke with numerous people at P-FLAG to help her through the process of overcoming her antigay values and beliefs. With time and the transforming of negative attitudes about minority sexual orientation, Margaret realized that she could maintain her Christian faith and love her daughter. She became more intrinsically spiritual than extrinsically religious. She came to see God as “a loving parent who embraces his children’s differences.” This realization was soothing and comforting for Margaret. She held onto
this notion as the way in which she wanted to be in her relationship with her daughter. In essence, Margaret realized that overcoming the negative beliefs she held about minority sexual orientation was central to how her pre acceptance relationship with her daughter was unfolding. She came to understand that having a positive, open, and loving relationship with her daughter meant she would have to be fully accepting of her daughter’s minority sexual orientation. Margaret came to feel that the only way to be fully accepting was to overcome what she had been culturally socialized to believe about minority sexual orientation.

As Margaret moved to the acceptance phase in her journey, she was driven by her desire to have an open, honest and authentic post-acceptance relationship with her daughter. She came to understand it wasn’t her daughter who needed to “change her sexual orientation,” rather it was she herself who needed to change. Margaret had begun to experience a personal growth that included seeing herself as the proud mother of a lesbian. She became committed to accepting her daughter for who her daughter is, instead of whom Margaret wanted her to be. Margaret began having even more frequent, open and honest conversations with her daughter. The relationship between them became more genuine and real. Margaret found herself opening up to her daughter in ways she had not done in the past. This helped heal the relationship and it fostered Margaret’s continued commitment to being a “gay affirming individual.” Margaret also showed a genuine desire to get to know her daughter’s friends. She invited them over, talked with them openly, and developed genuine caring thoughts for them.

In the acceptance phase, Margaret went through a “coming out” process for herself as a completely accepting person. She became more active in P-FLAG and she
began telling people that her daughter was a lesbian. She began to see the positive aspects about her daughter’s sexual orientation. She came to believe that her daughter would in all probability not be lonely and unhappy as a lesbian. She realized that she and her daughter were both happier people than they were in the pre acceptance phase of their relationship. Margaret also felt that she and her daughter were even closer than they had been in their pre disclosure relationship. Margaret felt that accepting her daughter’s minority sexual orientation changed her emotionally, cognitively, and behaviorally. She opened up to others and her daughter; she started thinking about ways that she could help fight the oppression her daughter and other LG people would face; and, she began actively engaging in P-FLAG on a variety of levels. Margaret thanked her daughter for having the courage to come out. And, she and her daughter continued to rebuild a more open relationship.

Also in this acceptance phase, Margaret began to realize how life altering it was for her to learn that her daughter identified as a lesbian. Margaret realized that being oppressive to her daughter was hurtful to her daughter, other LG people, and herself. She realized that while she thought she had been an open-minded person prior to knowing her daughter was a lesbian, she had actually been quite close-minded. Embarking on the journey toward a healthy, open relationship with her daughter and self, helped Margaret truly become open-minded.

In this final piece of the acceptance phase, Margaret embraced the realization that having a lesbian daughter gave her the opportunity to get to know her daughter in a more honest and complete way. And, Margaret felt as though her daughter came to see Margaret in a new light, a more loving light. Working through the difficulties in the
relationship forced Margaret to look at herself and her values. She had worked through the pain of being an oppressor of her daughter and other LG people. She found that doing so freed her and allowed her to be more real with her daughter, more open and honest in her interpersonal life. This fostered an authentic post-acceptance relationship in which she could tell her daughter how she felt. And, her daughter could also open up to Margaret. Margaret began to enjoy being with her daughter. She came to know that although disagreements between she and her daughter were bound to happen, they would face those disagreements and be stronger people because of them. Margaret began to trust the strength of the relationship. She became even more grateful and thankful that her daughter came out to her, for it profoundly changed Margaret. Today, Margaret identifies as an active advocate for the civil rights of all people who identify as gay or lesbian. She also strongly identifies as the proud mother of a lesbian daughter. She knew that in her heart she had truly accepted her daughter for who she is in the world.

Margaret recalls experiencing a cognitive shift from “understanding her daughter was a lesbian to accepting her daughter is a lesbian.” For her there was a clear distinction between understanding and acceptance. For Margaret, understanding is more about being sympathetic to or “considerate” of what her daughter experienced as a lesbian woman. Acceptance, on the other hand, entails much more than this for Margaret. She defines acceptance as “embracing” her daughter for who she is; “appreciating” the fact that her daughter is lesbian, “acknowledging” that being a lesbian is a “healthy”, “natural”, “normal piece” of who her daughter is “meant to be in the world,” “openly affirming” her daughter’s minority sexual orientation to her daughter and others, and “unconditionally loving” her daughter without reservation.
From Margaret’s perspective the post-acceptance relationship she shares with her daughter today is “stronger”, more “honest”, more “empathic”, and more “real” than the pre disclosure and pre acceptance relationships she had with her daughter. She finds that she and her daughter want to spend time just “being in the company” of each other again. She welcomes the opportunity to talk with her daughter and her daughter enjoys talking with her. They want to genuinely understand how the other is feeling and what the other is experiencing in her life. The tensions that had been present in the relationship pre acceptance have dissipated. They spend time together doing things like shopping, talking, and cooking. There is a trust in the post-acceptance relationship that was missing in the pre acceptance portion of their relationship. Margaret and her daughter face difficulties honestly with grace and unconditional love. She and her daughter respect each other more now than they did in the pre acceptance phase of their relationship. She sees the post-acceptance relationship as resilient and capable of handling the inevitable ups and downs of relationships. She and her daughter hug each other often. Margaret feels that she and her daughter share an “incredible” bond and a very open, loving relationship.

Key Findings that Emerged in Composite Case Narrative

The discussion that follows addresses four overarching themes that were clearly depicted in the Case of Margaret presented above and warrant further discussion. The first theme addresses the mothers’ processes of moving to a place of acceptance of their daughters’ minority sexual orientation. The second theme that warrants discussion is the mothers’ definition of acceptance. Understanding mothers’ definition of acceptance gives us an important context to more clearly understand how mothers explain the post-acceptance reflection. The first and second themes set the stage to discuss the third
theme, which attends to the mothers’ in this study’s perceptions of their post-acceptance mother-daughter relationship. The fourth theme that emerged in the *Case of Margaret* concerns the mothers’ description of reconstructing their identity. In this portion of the discussion, the primary focus is on the way in which the participants came to identify themselves as activists for LG rights and out, proud mothers of their lesbian daughters. For clarity the subsections are: (a) Mothers’ Journey to Acceptance, (b) Mothers’ Definition of Acceptance, (c) RCT and the Mothers’ Perceptions of Post-Acceptance Relationship, and (d) Mothers’ Identity Reconstruction. I will proffer an interpretation of the data that is depicted in the *Case of Margaret*. I will utilize the relevant prior literature to address whether the ideas depicted by the mothers are consistent with, inconsistent with, or extend the prior literature.

*Mothers’ Journey to Acceptance*

As the composite case narrative (i.e., *Case of Margaret*) illustrates, the mothers in this study described coming to a place of acceptance of their daughters’ minority sexual orientation as occurring in a series of phases (i.e., intense emotional phase, disconnection phase, reconnection phase, and acceptance phase). To interpret the data that is depicted in the *Case of Margaret* about the mothers’ processes of coming to acceptance of their daughters’ minority sexual orientation, I will utilize two key types of models/paradigms, which have been discussed in the prior literature. The first body of literature utilizes a stage model approach to address how parents and family members adjust to, come to terms with, and/or accept an LG child (e.g., Anderson, 1987; Robinson et al., 1989; Savin-Williams, 1998; Herdt & Koff, 2000). The second is a stage model approach that utilizes Cass’s (1979) minority sexual orientation identity development model to see if
the parents’ process of coming to acceptance parallels the LG person’s process of developing a healthy minority sexual orientation identity (See Chapter 1 for more details on the specific studies that utilize this paradigm).

Stage model approach. Researchers and scholars have utilized stage models to try and understand the processes parents go through to come to terms with, adjust to, and/or accept their child’s minority sexual orientation. The premise in many of these stage models is the idea that parents’ progress linearly through a series of grieving stages that are similar to the ideas proffered by Kubler-Ross in her 1969 grief cycle model: (a) shock, (b) denial, (c) anger, (d) bargaining, and (e) accepting. (See Chapter 1 for more detail about these models). As the Case of Margaret illustrates, the mothers in this study described experiencing intense emotions in their acceptance journey that are similar to the emotions described in these stage models of grief. Most of these stage models utilize a death analysis to describe the parents’ experiences (e.g., Anderson, 1987; Robinson et al., 1989). It is true that 7 of the 10 mothers in this study experienced feelings of shock, denial, anger, and depression. It is also true that they felt they had to grieve the “loss” of the “heterosexual life” they had envisioned for their daughters. But there is an important nuance distinction made by these mothers. The mothers in this study, similar to the mothers in Pearlman’s 1991 study, did not report grieving the loss of their heterosexual daughter, but rather their own heterosexual-oriented dreams. For the mothers in this study, during the disconnection phase of their acceptance journey they were unable to envision that their daughters would have children or have a healthy long-term partner. Grieving the loss of their heterosexual daughter implies the death of a person, which is a grief experience that is valued and recognized as “normal” in society. Grieving the loss of
their own heterosexual-oriented dreams, dreams that they envisioned sharing with their daughters, is a more explicitly accurate experience that is referred to as disenfranchised grief.

With disenfranchised grief, the grief experience is not openly acknowledged, socially accepted, or publicly mourned (Doka, 2002). Because of this mourners whose grief is disenfranchised are often cut off from social support systems (Doka). For these mothers, similar to the mothers in Pearlman’s (1991, 1992) studies, the disenfranchised grief they experienced did lead them to isolate themselves from their support systems. And, as illustrated in the Case of Margaret they reported that a primary reason for cutting themselves off from their support systems was a fear that others would not understand what they were experiencing. Additionally, implicit in the stage models that utilize Kubler Ross’ stages of grief is the notion that reconciling the “loss” they experienced led parents to “come to terms” (synonymous with acceptance) with their LG child’s sexual orientation.

Mothers’ in this study, similar to many of the participants’ in Herdt & Koff’s (2000) mixed methods study, found reconciling the disenfranchised grief was merely a small piece of their process of coming to acceptance of their daughters’ minority sexual orientation. In Herdt and Koff’s mixed method study, which addressed how family members adjust to having a LG family member, the participants progressed linearly through three stages: (a) disintegration, (b) ambivalence, and (c) integration. (For explicit details about the stages, see Chapter 1.). The last two stages expand information we have learned from the type of stage model discussed in the previous paragraphs, and thus are germane to the data illustrated in the Case of Margaret, and thus important to discuss.
In the ambivalence stage of Herdt and Koff’s (2000) stage model, many of the participants disengaged from their support systems and felt shame after learning they had a LG family member. As the Case of Margaret illustrates, during the disconnection phase of acceptance, the mothers’ in this study reacted in a fashion and experienced emotions that were similar to the reactions and emotions experienced by Herdt and Koff’s participants’ during their the ambivalence stage (i.e., disengaging from support and feelings of shame). Having utilized a qualitative approach to understand what was happening for the mothers in the current study at the various phases in their journey to acceptance, we have some information about what caused their disengagement from support (i.e., fear of being judged, fear of hearing negative remarks about daughters); and, we have some information about why they felt shame (i.e., negative reactions at time of daughters’ disclosure). We also learn that there are other emotions that heterosexual mothers’ can experience along their journey to accepting their daughters’ minority sexual orientation (i.e., guilt, anger, and fear); and, we have some information about why mothers might experience these emotions as well as how the emotions could impact the heterosexual mother-lesbian daughter relationship (e.g., disconnection in the mother daughter relationship).

In the integration stage of Herdt and Koff’s (2000) stage model, the participants reintegrate the LG family member back into the family as a whole. Although not explicitly stated by Herd and Koff, the implied notion here is that the heterosexual family members have accepted the LG family member’s sexual orientation. In their study they identified a number of indicators to support that “the heterosexual family members had successfully adjusted to having an LG family member” (p. 132). The indicators that are
germane to this study include: "acknowledgment that LG child’s status had improved, disclosure to others" and "positive changes in the relationship between the target child and the parent" (p. 133-134). As the Case of Margaret illustrates, during the reconnection phase of their journey to acceptance, both of these ideas surfaced for the mothers’ in the current study. As they moved toward reconnecting they opened up to others and they opened up to their daughters; this in turn led to positive changes in the heterosexual mother-daughter relationship. Moreover, the action of opening up helped the mothers’ in this study move to the acceptance phase of their journey.

Clearly the stage models in the prior literature, as well as the phase model depicted in the Case of Margaret, support the idea that coming to a place of acceptance is a journey. The overarching ideas in the stage models in prior research, however, have focused on presupposed or hypothesized stages, rather than the lived experiences of the participants. The current study supports prior literature that addresses that coming to acceptance is a journey. But we also get a few specifics about how the mothers perceived they cognitively worked through a phase to move to the next phase. And, we get a glimpse of the mothers’ perceptions of the emotional and cognitive ways in which the post-acceptance relationship that ensued between mother and daughter unfolded.

Identity development paradigms. Researchers have also utilized identity sexual orientation identity development paradigms as a way to understand the processes parents go through to come to terms with, adjust to, and/or accept their child’s minority sexual orientation (e.g., Mahoney, 1994; Pearlman, 1991, 1992, 2005). As stated earlier, in these paradigms the parents’ process of coming out is described as being similar to the process a LG person goes through to gain a healthy and affirming self identity. Specifically, a few
of these studies utilized Cass’s (1979) minority sexual orientation identity development model to determine if moving to a place of acceptance of a LG child was similar to the minority sexual orientation person’s process of accepting self as an LG individual (See Chapter 1 for more details about the studies that use a coming out paradigms to explain acceptance.). As depicted in the Case of Margaret during the reconnection and acceptance phases, the mothers in this study felt as though they did go through a coming out process. Similar to Pearlman’s (1991) and Mahoney’s (1994) participants, the mothers in this study hoped their child was not LG and worked through this hope to understand the permanency of their daughters’ minority sexual orientation. Also similar to previous studies, as the Case of Margaret illustrates, the mothers sought external support via P-FLAG; they gained a sense of pride in their daughters for coming out; and they engaged in activism work around LG issues.

The Case of Margaret clearly illuminates the journey these mothers embarked on to come to a place of acceptance of their daughters’ minority sexual orientation. And, while this is similar to the stage models proffered above, one difference is that in this study, there is a clearly delineated systematic approach to how these mothers moved to a place of acceptance of their daughters’ minority sexual orientation. Moreover, in this study, the relational motivation to move to a place of acceptance was explicitly central to these mothers’ processes. For instance, as the Case of Margaret illustrates, as these women went through the process of becoming accepting mothers, they became more introspective. Becoming more introspective was a movement for these women toward self-awareness of the feelings and attitudes, preexisting notions, and familial and societal messages they had incorporated as central to their identity as heterosexual women. The
more self-aware the mothers in this study became the more clarity they gained that being accepting of their daughters’ minority sexual orientation without transforming the antigay values and beliefs that they held wasn’t possible.

While this later point is important and supports Goldfried and Goldfried’s (2001) theory that coming out as a gay affirming parent requires the correcting of previously held negative ideas about minority sexual orientation, correcting the negative ideas about minority sexual orientation was not the primary catalyst for these mothers. The notion of transforming their antigay values would not have been an issue, had these mothers not been committed to maintaining a relationship with their daughters (The mother-daughter relationship is discussed in depth in the subsection RCT and the Mother-Daughter Relationship, that follows this subsection). Thus, having a positive relationship with their daughters was a driving force to guide the mothers through the transformation they experienced after coming to acceptance of their daughters sexual orientation (This transformation is discussed explicitly in the Mothers’ Identity Reconstruction section a little later in the Chapter.).

Moreover, the fact that these mothers did take action and were able to successfully meet the challenge of contending with and transforming heterosexist beliefs offers hope for future families grappling with accepting their LG child. That is to say, understanding these mothers processes of coming to acceptance, offers the potential for families, and for that matter mental health professionals who work with these families, to get one clear perspective of the sort of activities, beliefs, attitudes, and adjustments it takes to have a healthy post-acceptance relationship with an LG child. For instance, a mother who is fearful that accepting her daughter’s minority sexual orientation would
mean denouncing her faith, could find solace in the fact that the mothers in this study were able to find a way to have both in their lives. A college age sibling who is feeling isolated and oppressed because her sibling is out and proud on campus, might be more willing to seek out a support group after reading how helpful P-FLAG was for the mothers in this study.

Mothers’ Definition of Acceptance

This is one of the first studies to provide not only a picture of the emotional, cognitive, and behavioral processes the heterosexual mothers’ experienced to achieve acceptance, but also their definition of acceptance. This definition comes from the mothers experience and having this definition might help with the often inconsistent or unclear meaning of acceptance in the literature. As illustrated in the Case of Margaret, for these mothers acceptance was defined as “embracing her daughter for who she is; “appreciating” the fact that her daughter is lesbian, “acknowledging” that being a lesbian is a “healthy”, “natural”, “normal piece” of who her daughter is “meant to be in the world,” “openly affirming” her daughter’s minority sexual orientation to her daughter and others, and “unconditionally loving” her daughter without reservation. Implicit in this definition is the mothers’ understanding that their daughters’ minority sexual orientation status is merely a piece of their daughters’ identities. Explicit in this definition is that acceptance includes embracing appreciating, acknowledging, openly affirming, and unconditionally loving her lesbian daughter.

RCT and the Mothers’ Perceptions of Post-Acceptance Relationship

Utilizing the Relational Cultural Theory (RCT) as a lens, in this part of the discussion, the participants’ perceptions of their mother-daughter relationship across
various junctures (i.e., pre disclosure, pre acceptance, and post-acceptance relationships) is interpreted. As the *Case of Margaret* depicts, understanding some things about the way in which the mothers retrospectively perceived their relationship will enhance our understanding of the post-acceptance relationship. Note, utilizing the nomenclature "various junctures" in no way means that this study was longitudinal in nature. I am merely interpreting the data gleaned from the participants', retrospective and present perceptions, about their mother-daughter relationship from the one 90 minute interview conducted by the research team in this study. I will begin this section with a very brief overview of *Relational Cultural Theory*. I will then utilize the theory to interpret the findings depicted in the *Case of Margaret*.

At the core of the *Relational Cultural Theory* are the notions that... “all growth occurs in connection, that all people yearn for connection, and that growth-fostering relationships are created through mutual empathy and mutual empowerment” (Jordan & Hartling, 2002. p. 49). Mutual empathy is necessary for psychological growth and involves connection based on the authentic thoughts and feelings of all parties involved in the relationship. Mutual empowerment results from a mutually empathic relationship.

Equally relevant in RCT is the notion that disconnection in the relationship is an inevitable part of being in relation with another human being (Miller & Stiver, 1997). Disconnections that cannot be transformed have the potential to lead to feelings of condemned isolation. The key to resolving a disconnection in the relationship is the ability of the person who experiences the "relational violation" to respond empathically to the other person (Mirkin, 1994). The process of moving from connection to
disconnection and into reconnection proffers the potential to be transformative for both parties in the relationship.

All 10 mothers interviewed reported that the relationship they had with their daughters’ pre disclosure and pre acceptance was central to shaping the post-acceptance relationship. As the Case of Margaret illustrates, the mothers felt that their post-acceptance relationship was stronger because of the intrapersonal and the interpersonal conflict that ensued in the pre acceptance relationship. According to Kaplan & Klien, (1985) conflict is a necessary element in a relationship and has the potential to proffer stronger connections. This idea of conflict being essential to relational growth is consistent with the context of the relational movement espoused by RCT. Relational movement is the process of moving through connections, disconnections, and back into new, transformed, and enhanced connections. This notion played out for these mothers, in that all of the mothers minimally had a somewhat connected pre disclosure relationship with their daughters. As the Case of Margaret illustrates, the mothers experienced a disconnect in the relationship pre acceptance, and all of the mothers reported that the relationship was enhanced post-acceptance.

As the Case of Margaret illustrates, as the mothers reflected on the disconnect that occurred in the relationship, however, they felt at a loss to understand their daughters lived experiences as lesbian women. This left the mothers feeling as though they didn’t know their daughters, which left them feeling outside of the relationship and uncomfortable. The intensity level of the discomfort that the disconnection brought about in the mother-daughter relationship is a part of what propelled these mothers to move toward acceptance of their daughters’ minority sexual orientation; because the
disconnection in the relationship played a role in helping the mothers turn inward to evaluate their antigay values, feelings, and beliefs.

RCT theorists also explore the mother-daughter relationship in terms of mutuality (Miller & Stiver, 1997). Surrey (1991ab) identified the mother-daughter connection as one in which the daughter’s interest in her mother and her mother’s interest in return, stems from an openness and amenability to each other being truly known and understood by the other. As the Case of Margaret illustrates, one of the strengths in the post-acceptance relationship was the recognition that mother and daughter knew and understood each other in ways that might not have been possible had their daughters not disclosed their minority sexual orientation. It seems as though mother and daughter gained a mutual respect for each other, once mothers had moved to acceptance of their daughters’ sexual orientation. Having mutual respect for the other led both mother and daughter to feel empowered and more connected to each other. Having the opportunity to experience such an intense relational growth led mothers to want to help other parents experience this growth as well.

Miller and Stiver (1997) assert that the mother-daughter relationship has been identified as the “central organizing feature of women’s development” (p. 122). This idea was a key finding in Josselson’s 1996 study that explored the identity development of females. Josselson concluded in that study that learning about a woman’s relationship with her mother, could be the most revealing piece of information available, relevant to the daughter’s identity development. It appears that the reverse could also be true, especially as it applies to the heterosexual mother-lesbian daughter relationship. As the Case of Margaret illustrates, for the mothers in this study the relationship they had with
their daughters post-acceptance was central to these women’s development of constructing a new identity for themselves (an idea I will explore fully in the Mothers’ Identity Reconstruction subsection of this chapter). The importance the mothers place on the relational connection with their daughters was a central focus of how these mothers came to have an authentic relationship with self. Having an authentic relationship with self helped them have a more authentic relationship with their daughters. This in turn led them to construct a gay affirming identity as a mother of a lesbian and activist for LG rights.

_Mothers’ Identity Reconstruction_

As the _Case of Margaret_ illustrates, the mothers’ journey to today’s post-acceptance relationship that they share with their daughters, was multifaceted and included an identity reconstruction. Please note, that these mothers ascribe their identity reconstruction to their processes of coming to a place of acceptance of their daughters’ minority sexual orientation, not their post-acceptance relationship. This is not to say that the identity reconstruction the mothers experienced does not explain some of the mothers’ perceptions of their post-acceptance relationship. Where applicable, the two ideas are discussed together.

Understanding the identity reconstruction that ensued for these mothers is aided by considering Worthington, Savoy, & Vernaglia’s (2000) ally development and Helms’ (1995) White Racial Identity Development (WRIAD) models. Note that that for the purpose of this discussion, I will employ Helms’ model to understand heterosexual mothers identity development rather than as a model that is specific to race. Because I did not anticipate the need to review these models when I reviewed pertinent literature for the
study, I will begin by briefly reviewing the constructs of each model. Once I have reviewed these constructs, I will focus on the aspects of each model that help us understand the mothers lived experience of reconstructing an identity as an activist for LG rights and an out, proud mother of a lesbian. Thus there are three subsections in this section of the chapter: (a) Worthington and colleagues ally development model, (b) Helms’ White Racial Identity Attitude Development model, and (c) mothers identity reconstruction through lens of two models.

Worthington and colleagues ally development model. The ally development model advanced by Worthington et al. (2000) portrays phases encountered by heterosexuals as they overcome previous prejudices, both subtle and blatant, regarding minority sexual orientated individuals as they become LGB affirming. Worthington and colleagues advance five stages to ally development: (a) Passive Conformity, (b) Revelation/ Exploration, (c) Tentative Commitment, (d) Synthesis and Integration, and (e) Active Commitment. In the first two stages of this model Worthington and colleagues proffer a description of a developmental process in which an individual moves from an unqueried heterosexist/homophobic understanding of the world (Passive Conformity) to a phase in which the heterosexual person questions and explores heterosexist assumptions about the LGB population (Revelation and Exploration). Heterosexuals are motivated to question their socially driven beliefs about minority sexual orientation because they now have contact with LGB individuals that runs counter to those beliefs. In the Revelation and Exploration stage, contact with LGB individuals prompts an acknowledgement of and sensitivity to LGB issues. The interactions with LGB people can be unpredictable, ranging from indifference and hostility to affirmation. Worthington and his colleagues
advance that this happens because the heterosexual is, in essence, being “forced” to question her values. Worthington and his colleagues’ third stage, Tentative Commitment, involves heterosexuals intellectually appreciating the value of diversity regarding sexual orientation; however, this appreciation does not include a commitment to advocacy. At this point, heterosexuals still cannot process how homophobia or heterosexism influences them directly. Anxiety and confusion are often present in this stage. The fourth stage, Synthesis and Integration, is actually the first stage in which heterosexuals consider more openly getting involved with and interacting with the LGB community. At this juncture, heterosexuals are able to both respect and value minority sexual orientation and, are more open to engage with LGB individuals. Having more frequent and open contact with the LGB community permits the heterosexual person to move beyond feelings of discomfort and intellectualized acceptance to the status of Active Commitment. Heterosexuals, at this point of their ally development, have infused their professional, political and personal lives with knowledge and awareness of issues affecting LGB individuals.

_Helms White Racial Identity Attitude Development (WRIAD)_ model. Helms’ (1990a, 1995) White Racial Identity Attitude Development model examines the implications of how a White person processes and reacts to the conscious awareness of being White. This model is also relevant to interpret the present findings. After the following description of the Helms’ model, I will discuss the current findings through the lens of both models.

Helms theorized that as individuals encounter racial material that is psychologically and emotionally challenging, they have the potential to remain in their current _White Racial Identity Development (WRIAD)_ status, progress to a more
developmentally advanced status, or revert to a previous status. Because the WRIAD statuses are not purported to be mutually exclusive, individuals can demonstrate characteristics of more than one status at any given time. Helms, however, expressed that most individuals can be classified into a dominant status based upon their primary racial attitudes and behaviors. It is important to note that Helms stated an individual’s dominant racial identity status can change continuously and is dependent on cognitive, emotional, and ego development as well as catalysts such as meaningful interracial contact with others and the socio-political climate in which one lives. As these factors fluctuate on an intrapersonal and interpersonal level, so too can an individual’s dominant racial identity status.

Within the framework of the six ego statuses, Helms (1990b) theorized that White racial identity development occurs through a two-phase process. The first phase involves the process of abandoning racist attitudes and behaviors while the second phase involves the development of a positive, nonracist identity (Helms, 1990a). The first phase of WRIAD involves the three statuses of Contact, Disintegration, and Reintegration.

The Contact status is characterized by naïve curiosity about individuals from other races, allegiance to White standards of merit, and a lack of awareness of being White. Individuals in the Contact status maintain the racial status quo and deny the existence of racism in society. The Disintegration status is characterized by guilt, anxiety, and confusion as one becomes personally aware of the social implications of race and that people of color are not treated the same as White people in the United States. Individuals in the Disintegrations status recognize the existence of moral dilemmas based on racial factors and must choose between commitment to their White racial group or the belief
that all people are truly equal and are to be treated as such. The Reintegration status represents one solution to the dilemma of disintegration. This status is characterized by the belief that White individuals are superior to People of Color. Individuals in this status may be hostile, fearful, and angry toward racial minorities. Not surprisingly, negative emotions (e.g., anger toward racial minority groups) and behaviors (e.g., use of derogatory racial slurs) are most likely to be demonstrated by an individual in the Reintegration status.

The second phase of White racial identity development, in which individuals can progress to a nonracist identity, involves the statuses of Pseudo-Independence, Immersion/Emersion, and Autonomy. Pseudo-Independence is characterized by an intellectual acceptance and curiosity about People of Color. Individuals in this status are willing to help other Whites understand racial minorities but require People of Color to adopt White standards in order to be accepted as an acquaintance. They have unconsciously adopted this way of being in order to avoid being seen as racist. The status of Immersion/Emersion is marked by reflective questioning that allows White individuals to examine their racial group status begin to understand that certain privileges have resulted from the fact that they are White. Individuals in the Immersion/Emersion status demonstrate the ability and willingness to recognize the ways that they, as well as other White individuals, have contributed to the process of racism and oppression of racial minority groups.

The final WRIAD status of Autonomy is proposed as the most developmentally mature and is characterized by full acceptance of racial group differences and appreciation of cultural diversity. Individuals in the Autonomy status demonstrate a
nonracist White identity and seek out opportunities to learn more about other racial
groups. Further, individuals who have reached the Autonomy status feel compelled to
involve themselves in social justice causes that combat the negative effects of racism and
discrimination even if the cost is the relinquishing of White group privileges from which
they previously benefited.

**Mothers' identity reconstruction through lens of two models.** These two models
have some important core themes that seem to align well with many of the experiences
shared by the mothers in this study. As illustrated in the *Case of Margaret*, the mothers
interviewed in this study acknowledged that prior to knowing their daughters were
lesbian they had been heavily influenced by the dominant worldview that touts
heterosexuality as the norm; consequently, during the *emotional intense* and
*disconnection phases* the mothers saw their daughters' minority sexual orientation status
as “abnormal” and “deviant” (Passive Conformity stage in Worthington and Colleagues
model). It is also true that these women’s experience aligns with Helms’ Contact stage.
The mothers acknowledged that they had little to no awareness of the pervasiveness of
heterosexism in society and in general they were not aware of their part in participating in
a heterosexist society. They began moving into Helms’ disintegration stage during their
*intense emotional phase*, when they were grappling with the cognitive dissonance that
they were experiencing (i.e., how can my beloved daughter be this negative thing). They
were also in Helms’ disintegration stage, during their *disconnection phase*, when the
mothers’ “got it” that they had participated in “inadvertently” socializing their daughters
to be heterosexual in childhood. They felt tremendous guilt, confusion, and pain at this
point in their movement toward constructing a gay affirming identity.
Having personal contact with LGB people is considered to be a critical element to the development of an ally identity (e.g., Arnold, 2001; Sullivan, 1998; Worthington et al., 2000). As illustrated in the Case of Margaret, for these mothers having personal knowledge and regular contact with their daughters was a pivotal piece of constructing a new gay affirming identity and resembles the Revelation and Exploration stage in Worthington and his colleagues’ model. During their reconnection phase, the mothers immersed themselves in their daughters’ lives and in P-FLAG (immersion/emersion stage of Helms’ model). These actions were a small part of helping these mothers gain awareness about the oppression their daughters faced in the world, which is similar to what happens during the disintegration stage of Helms model. As the Case of Margaret depicts, during the reconnection phase, the mothers’ came to understand the oppression they had imposed on their daughters (Helms, Immersion/Emersion stage). They were on some level still intellectualizing the effects of oppression, but they became committed to not engaging in oppressive behaviors with their daughters. In this way their desire to “do something” was cultivated by two basic facts: the lesbian person who was being oppressed was their daughters; and, the mothers recognized they had culpability in being an oppressor. The “doing something” was about not being oppressive. Although this idea is not clearly visible in Worthington and his colleague’s model of ally identity, this is an idea that is central to Helms’ Immersion/Emersion stage. As we see in the Case of Margaret, in the reconnection phase, they could no longer ignore that heterosexism exists and they could not ignore their part in being an oppressor. At this point in their development, however, they did not have an idea per se of how to be affirming. They just knew they did not want to be oppressive.
The mothers in this study also knew they wanted a personal, close relationship with their daughters. In essence, these mothers began to recognize that it wasn't their daughters who needed to change it was them. This recognition forced the mothers to begin an inward journey (Pseudo-independence to immersion stage of Helms’ model) that led them to question their assumptions about minority sexual orientation and religion, which in turn led to a transforming of the antigay Christian and political beliefs they had held prior to this process (similar to Worthington and his colleagues Synthesis and Integration stage). As we glean from the Case of Margaret, the mothers’ having transcended the cognitive dissonance they had experienced in their disconnection phase, and transforming their internalized societal beliefs about minority sexual orientation they developed an identity as a proud mother of a lesbian during the acceptance phase. But while they were committed to fighting oppression for their daughters, primarily through not being oppressive, they had not yet made the commitment to openly advocate against the oppression all LGB people face in the world. Vernaglia (2000) in her dissertation study with P-FLAG parents coined this as the “parental loyalty” pathway in developing as gay rights activists. In essence, these mothers were motivated by their previously established maternal bond to accept and affirm their LG children’s identity but they could not yet see the relevance of openly fighting for LG rights for anyone but their children. The fact that they were willing to not be oppressive and willing to fight for their children’s rights but not yet ready to be an advocate for all LG people’s rights is not well accounted for in the ally model or WRIAD model. This suggests that perhaps future models of ally development or majority identity development models need to take into
account the parental loyalty issue when specifically examining the parents’ journey to becoming activists for LG rights.

One final point worth making is as the Case of Margaret illustrates, these mothers realized that oppression not only hurts the oppressed but the oppressor as well. They had moved from intellectually “looking in” on what oppression can do to their lesbian daughter to “going in” and experiencing the pain of being an oppressor of their daughters and other LG people. They realized that “doing something” required more of them than not oppressing their daughters. They felt compelled to become actively involved in social justice rights for all LG people. What is interesting is that none of these women were socially or politically active prior to becoming a social justice activist for LG rights. This contradicts Vernaglia (2000) parents’ experiences. In her study, parents who had never been involved in activism became affirming and committed to not oppressing their children but they did not move to social justice activism. The parents in her study who did move to “social justice activism for LG rights had already been socially and politically active. Perhaps for the mothers’ in this study, being social activists came about because of their awareness of how they had been oppressors, an idea that is not captured in Vernaglia’s study.

As the Case of Margaret clearly depicts, the mothers believed that they became advocates for gay and lesbian rights for a couple of reasons. They wanted to help other parents accept their children; and, they wanted to help parents recognize how holding onto prejudice hurts them, their children, and their relationships with others. This is significant, for rather than being satisfied that accepting their daughters made them better mothers and behave as they had in their pre disclosure (i.e., blind oblivion of minority
sexual orientation issues), they realized that they could not simply go back to living as if they had not gone through the experience of moving to acceptance of their lesbian daughters. As the *Case of Margaret* illustrates, at the end of their *acceptance phase*, they had gone through a life altering experience. They felt as though constructing a gay affirming identity and an identity as an out, proud mother of a lesbian provided them with more meaning than they had ever experienced in their lives. They were committed to sharing this experience with others.

The idea that oppression hurts the oppressor and the oppressee is a point that is not central to Worthington and his colleagues (2000); as stated earlier however, the idea is clearly captured in the Autonomy stage of Helms’ WRIAD model. It is a central focus in Helms model, for transcending racist values is synonymous with the fact that people in the Autonomy stage will let go of their privileged status, actively confront racism, and make a commitment to a pluralistic society.

This is not to say that the ally model does not address the personal value the individual attains from becoming an ally. But they do so, from the perspective that ally’s respect sexual diversity, engage with people more honestly, and advocate for the rights of all LGB people. This makes them feel proud of themselves for “doing something” to fight against the oppression of minority status groups. By engaging in activism the ally feels proud of self and is giving something to the LG community. Although giving to the LG community is important, the notion of how heterosexism harms the ally is not present in Worthington and his colleagues ally model.
Critique of Study

With hindsight and time to reflect, I question a few of the choices that were made during the development of the design and the analysis process of this dissertation. For instance, it is perplexing to me that the research team obtained far more data and results about the contextual factors that played a role in the post-acceptance relationship than we did about the post-acceptance relationship itself. This leads me to question elements of the interview protocol and aspects of the overall design of the study. As I examine the responses the mothers gave to the interview protocol, I see that all the data gathered from the interview process was beneficial in portraying the mothers’ processes to establishing a healthy, positive, post-acceptance relationship with their daughters. The mothers provided detailed explanations and examples to respond to each broad topic area.

Although the mothers answered the interview questions in such a way as to provide rich data across all areas of inquiry, the questions themselves could have been more refined. For example, questions from the interview protocol, while serving to provide a rich context of the mother’s journey toward a positive post-acceptance relationship with her lesbian daughter, did not elicit any real concrete information about the post-acceptance relationship. The mothers reported on the emotive nature of their post-acceptance relationships with their daughters. While this information is paramount to understanding the relationship from a Relational Cultural standpoint, it does not present the everyday picture of the interactions between the heterosexual mother and lesbian daughter. Perhaps if the interview questions had been restructured to query the typical activities or type of interaction between the mother and daughter, an examination of the collected data would have revealed a more detailed and specific glimpse of what
the post-acceptance mother-daughter relationship consists of. In short, merging this daily interaction, as was somewhat done by Beeler and DiProva (1999), with the emotive qualities reported in this study could have created an even clearer picture of the post-acceptance relationship between heterosexual mother and lesbian daughter.

As I consider how I might have pragmatically attended to refining the interview protocol a couple of ideas surface. First, I could have consulted with some P-FLAG mothers at local chapters who had lesbian daughters to help me think through some central questions. Second, I could have piloted the protocol with P-FLAG mothers instead of doctoral students. This may have given the research team more insight into what was missing from the protocol.

Beyond refining the interview protocol, there are at least two refinements to the design that may have produced more information on the post-acceptance relationship. First, when the team was designing the study we could have included a 30 to 60 minute follow up interview. If we had done this, we would have had the opportunity to ask for more information about the post-acceptance relationship.

The second refinement would have required a major change to the design of the study to incorporate the daughter’s voice in the interview. If we had incorporated the daughter’s voice alongside the mother’s voice we might have gotten a more complete picture of the heterosexual mother-lesbian daughter post-acceptance relationship. By excluding the daughter’s voice, the research team ignored the bidirectional nature of the mother-daughter dyad.

Beyond the issue of why the research team attained more data about one aspect of the research than the other, the demographic makeup of the participants is also interesting
to consider. In this study, the research team gathered data from a small number of heterosexual women who self-identified as accepting of their daughters' minority sexual orientation. Specifically, the research team interviewed 10 women from the Great Lakes Region of the United States who were predominately White, highly educated, exceptionally articulate, psychologically sophisticated, and middle- to upper-class. In addition, most of these women were recruited from P-FLAG. These facts alone could have played a significant role in why the mothers’ post-acceptance relationships with their daughters’ looked similar. The fact that they were psychologically sophisticated, for instance, could explain some of how they were able to become so introspective. Would we have received different information from a group of mothers who were less educated or from a different socioeconomic status? In short, given the demographic makeup of these women, the findings gleaned in this study are explicitly representative of these 10 women’s perceptions of their lived experience but are probably extendable to other women with similar backgrounds.

So how might we have attained a more diverse sample? We could have modified our recruitment process in a number of ways. For example, recruiting from various regions around the United States, though more challenging, may have revealed subtle nuance differences that could be representative of the cultural climate and unique social standards of that region. Perhaps we would have gleaned some unique information about the heterosexual mother-daughter post-acceptance relationship from the lens of a different cultural group. Given that we recruited from P-FLAG, a predominately White organization (at least in the Midwest region of the United States) to obtain racial and ethnic diversity from this group would have required a more deliberate recruitment
process. Although we tried to incorporate diversity, the women who responded to the recruitment flyer were primarily Caucasians. So to have diversity we would have needed to make the conscious choice to continue the recruitment process until a more diverse sample from P-FLAG was acquired. In hindsight this seems like something we should have done, for having a more racially and ethnically diverse sample may have offered additional insights into the heterosexual mother-lesbian daughter post-acceptance relationship from the perspective of people of color. This is important, for researchers have asserted ethnicity, race, and culture may be significant factors in predicting parental reactions to disclosure (e.g., Greene, 2003; Merighi & Grimes, 2000; Rust, 1997, 2003).

In thinking about the recruitment process a little more critically, perhaps we could have considered recruiting from other avenues in addition to or instead of P-FLAG. It would have been interesting to see how differently, if at all, the acceptance process and the resulting post-acceptance relationship might have been experienced by mothers who were not affiliated with P-FLAG. Perhaps attempting to recruit mothers through the high school and college Lesbian, Gay, Bisexual, Transgendered and Questioning (LGBTQ) organizations would have provided a greater diversity of participants. However, to incorporate this into the recruitment process would have required substantially more planning. We would have had to figure out a way to recruit mothers’ through the daughters. Similarly, recruiting from different religious and community-based organizations could have yielded a more diverse group of participants as well. Again, we would have needed to consider a number of other factors in the research design.

Although the demographics of the participants contributed to some of the criticism of this study, they simultaneously contribute to the strength of this study. First,
the mothers who participated in this study were articulate, insightful, and well-educated women who were clearly committed to fighting for LG rights. Thus, when given a prompt they were able to provide in-depth information about their retrospective, current, and projective perspectives on their relationship with their daughter across time-past, present, and future. They were also able to articulate the depth of the personal growth they experienced as a result of learning their daughters identified as a lesbian. The information they provided about the positive relational consequences and the personal growth they experienced as a result of accepting their daughters' lesbian identity, gives us a glimpse of the emotional and cognitive aspects of the post-acceptance relationship between heterosexual mothers and their lesbian daughters. Additionally, not only did these mothers provide detailed information about their processes of coming to a place of acceptance of their daughters’ minority sexual orientation, they provided clarity about their reasons for doing so (desire for relational connection with daughter).

Another point worth considering, when think about how the demographics of the study may have influenced the data obtained, is the fact that the study was designed with the Relational Cultural Theory as a framework. That is, each part of the study was formulated with the prevailing purpose of discovering the relationship between the heterosexual mother and lesbian daughter. To illustrate, as stated earlier, participants were recruited primarily from P-FLAG chapters in the surrounding Great Lakes Region of the United States. This fact is significant in that it can potentially speak to the mind-set of the participants. Perhaps, because 8 of the 10 mothers in this study were P-FLAG members and were accepting of their lesbian daughters, these mothers may have already been more focused on the type of relationship held with their daughters. Moreover, these
women were psychologically sophisticated and aware that they could lose any connection with their daughter if they were not able to be accepting. For these mothers, it was paramount to maintain and create a healthy post-acceptance relationship with their daughters. Because they were more concerned with maintaining and improving their relationship with their daughter, these mothers may have naturally viewed their post-acceptance relationship as being significantly improved because it was more honest and genuine than the pre-disclosure relationship.

On a final note about the homogenous nature of the participants in this study, the fact that 9 of the 10 participants reported similar experiences across the questions asked in the interview protocol bodes well for the research teams' thoughts on at least one aspect of the recruitment process, the inclusionary and exclusionary criteria. Because all of the mothers who agreed to be considered for an interview met the inclusionary and exclusionary criteria, the research team just had to make a decision about whether the mother was actually accepting. Given this, by specifically excluding people we felt were more tolerant than accepting we acquired a group of participants who were able to provide a clear definition of acceptance. Also, it seems that having a group of participants who so clearly articulated similar acceptance journeys is also an additional strength of the research design.

Even though the demographic makeup of the participants tended to proffer very similar stories across participants, there was one participant whose lived experience across a number of questions was vastly different than the other participants' lived experiences. She was the only participant who immediately accepted her daughter's minority sexual orientation. Although we cannot know for certain why her experience
was unlike the other 9 mothers in the study, the fact that she was immediately accepting could account for why her experience was so different. This mother did not have any cognitive dissonance, nor did she experience a journey toward acceptance. And, she did not engage in any social justice action. Thus, even though she had some of the same demographic qualities as the other participants something made her experience different. I came to wonder if her experience was so different because she accepted her immediately and thus did not have to engage in a journey. It might have been useful for the research team to have incorporated an additional inclusionary criterion: a journey like process to coming to a place of acceptance. If the screening process had been restructured to specifically screen for the presence of a journey, perhaps this one mother’s experience would not have been so unique. On the other hand, with respect to the primary research question (i.e., perceptions of heterosexual mother-.lesbian daughter post-acceptance relationship), her experience was similar to the other nine mothers.

Another aspect of the study that merits some critique is the utilization of Consensual Qualitative Research approach to design and analyze the study. In a number of ways this choice was clearly reflective of my style as a researcher. In this methodology there is a lot of structured direction provided on how to design and analyze a qualitative study utilizing this approach. I found this to be particularly helpful, although arduous, in the analysis phase of this study. On the other hand, as I continued reflecting on why the data about the primary research question was significantly less than the data about other aspects of the study, it occurred to me that a part of the issue might be the fact that the research team used a CQR approach rather than a Phenomenological approach to address our research question. If I critically think about what proffered the richest data in the
analysis it is that data that addressed process rather than outcome (i.e., tell me about any changes in values; tell me about your process to acceptance; reflect on how pre acceptance period in the relationship altered the relationship you had pre disclosure). In other words, if the research team would have thought more critically about how to make sure all research questions were process oriented, we might have gotten more data about the primary research question.

Another point that warrants discussion about CQR concerns how utilizing a CQR approach to analysis gave us a clear collective story, as illustrated by the Case of Margaret, of the mothers experiences. But, this comes at a cost, the loss of the individual story. To explain, first, with the collective approach the research team combined experiences that were very similar to each other into domains and categories. While doing this process was good for our study, we inevitably lost some of the nuance differences of each mothers’ story. We could have countered this by creating a case narrative for each participant’s individual story as well as a cross case narrative. If we had incorporated this step, we could have given greater voice in the results section to the one mother who had different experiences. I am not saying that her voice was missing, for we incorporated it where possible. But aspects of her story, as well as other mothers’ individual stories were not as fully depicted. In short, although as a team we decided that compiling the collective experiences of the mothers and then dissecting that compilation would provide us with the richest data, using summary narratives for each mother’s story would have certainly been beneficial as well.

One final aspect of this study that merits mentioning is the strength of utilizing a research team approach. On the core team, we had a heterosexual mother who has a
lesbian daughter. The remainder of the team was early adult women with no children. Additionally, two of the auditors were mothers of daughters in early adulthood. One auditor was a heterosexual mother with a lesbian daughter and the other auditor was a lesbian mother with a heterosexual daughter. The point here is that we had a wealth of perspectives from which to analyze the data. Having team members who identified as mothers and having team members who identified as daughters served as a good way to help manage assumptions and biases as the data were analyzed. The consensus process helped us look at the data from multiple angles. Additionally, the collaborative nature of the team provided emotional support throughout the research process.

Given the above critique, it seems as though there are a number of ideas about future research that could be considered. Researchers could study the heterosexual mother-lesbian daughter post-acceptance relationship by incorporating the daughter’s voices. Researchers could also modify the current study by incorporating a more diverse sample of participants to see if a different demographic makeup alters the lived experience of the heterosexual mother-lesbian daughter relationship. Recruiting participants from other venues than P-FLAG may also be worth considering, especially in light of the fact that these women’s lived experience included developing an identity that incorporated activism. Perhaps future researchers could also specifically recruit parents who are active social justice agents for LGBTQ people and ask them to share their journey to becoming an activist. It might also be useful to further explore what implications advocacy activities can have for programming and psycho educational initiatives.
In retrospect, the research team might have benefited from having input from consultants and chapter leaders within the P-FLAG organization throughout the conceptualization of and development of the study, particularly because there is so little research about how involvement in a support group such as P-FLAG propels parents to become involved in social justice for LG people. Perhaps one methodology that future research can employ is participatory action research (PAR), a scientific paradigm that has been shown to be most relevant for research and self-help groups (Chesler, 1991). PAR can be characterized as “applied research” which directly involves the individuals and organizations whose issues, experiences, or problems are under study. Most of the past research conducted about involvement in social justice with P-FLAG has been done utilizing pre established and standardized research questions, measures, and approaches. These approaches may actually fail to adequately tap or be relevant to the real-life heterogeneity. Thus, being more collaborative with P-FLAG chapters would mean involving chapter leaders, professionals in the national offices, and chapter members themselves in the design and utilization of the research. Through participation, these individuals can increase the researchers’ knowledge base as well as learn new skills in gathering and analyzing information that could prove useful in recruiting/maintaining members, programming for diverse needs, running meetings and using members’ resources, in hopes of influencing the broader community.
Appendix A
Brief Autobiography of Research Team Members
Brief Autobiography of Research Team Members

What follows is a brief autobiography about the primary investigator and each of the team members chosen to participate in the research process. Incorporated at the end of each autobiography is a brief description of each member's contributions to the research process. Noteworthy is that beyond a specific label for the primary investigator, who initiated the research process, denoting core team members by numbers (1-8) was not indicative of rank order or importance but merely a label to identify each team member of the team.

Primary investigator

I am a doctoral student in the Counseling Psychology program at Western Michigan University. My primary research interests include: women's issues and feminism, social justice around LGBT issues, mother-daughter relationship dynamics, and social advocacy programming for advancing change to the mental health system in America. My interest in designing and conducting a study about the nature of the mother-daughter relational changes post-acceptance was generated out of personal experiences. As a mother of a daughter who identifies as lesbian and a daughter of a mother who identifies as lesbian, I wanted to understand how the mother-daughter relationship was altered post-acceptance. As the primary investigator, I was responsible for overseeing the entire research process, which according to CQR includes: (a) developing the research questions; (b) choosing, training, and structuring the research team; (c) selecting the target population; (d) recruiting participants; (e) designing an interview protocol that is based on prior scholarship; (f) conducting the interviews; (g) cleaning up the data.
obtained from the interviews; and, (h) conducting and managing all levels of data analysis with the core research team members and the three auditors.

**Core team member # 1**

When Bridget joined the research team she was in the Master’s of Arts Program in Counseling Psychology at Western Michigan University in Kalamazoo, Michigan. During the analysis period in this project she received her Master’s of Arts degree in the Counseling Psychology. She currently works for Borgess Hospital in Kalamazoo as a psychotherapist. Her primary research interests include: women’s issues and feminism, social justice, multiculturalism, and holistic wellness. Her desire to participate in this research grew from an increasing interest in promoting awareness surrounding social issues and the acceptance of minority statuses, along with the culmination of a greater working knowledge in the research process. Bridget was an integral part of the research team from its inception, engaging in all aspects of the research process including: (a) development of research design; (b) development of interview protocol; (c) and involvement in the data analysis process.

**Core Team Member # 2**

When Abbie joined the research team, she was a first year doctoral student in the Counseling Psychology Program at Western Michigan University in Kalamazoo, Michigan. Abbie is currently finishing her third year doctoral student in that program. Her primary research interests include women’s leadership aspirations, the role of hope and practitioner variables in psychotherapy, biofeedback and neurofeedback, and residential treatment for adolescents. Her interest in participating on the research team was rooted in her desire to conduct the research and follow the protocol of writing a
dissertation, as well as her commitment to promote equality through education and social action. Abbie was also an integral part of the research team from its inception, engaging in all aspects of the research process including: (a) development of research design; (b) development of interview protocol; and, (c) involvement in the data analysis process.

Core research team member # 3

Kelsea is currently a first year Master’s of Arts student in the Counseling Psychology program at Western Michigan University. She received her Bachelor of Arts degree in Psychology at Kalamazoo College. Kelsea is interested in this research to further her knowledge on the complex nature of sexual orientation of a child in a family and the changes that ensue, especially the dynamics of the mother-daughter relationship. Kelsea has many gay and lesbian friends who have suffered great losses or great gains in their family relationships and she wishes to understand more about how and why sexual orientation plays such a role in interactions within a family, specifically that of the mother-daughter relationship. Kelsea was an active member of the data analysis process for this study.

Core research team member # 4

Sara is a first year Counseling Psychology graduate student at Western Michigan University for Counseling Psychology. She received her Bachelor of Arts degree in Psychology at Kalamazoo College. Sara is interested in research involving both female and familial issues because of her background in the feminist approach to Psychology and her interest in investigating family dynamics and how family members deal with adversity in their relationships. She joined the research team to gain more experience in
analyzing qualitative data and gain more knowledge in the research process. Sara was also an active member of the data analysis process for this study.

*Core research team member # 5*

Kelly received her Bachelor of Arts degree in Biology at Kalamazoo College. She is beginning a Master’s of Science degree in General Psychology at DePaul University in the fall of 2009. Kelly’s research interests include gaining an understanding of the parent-child relationship within the context of physical or mental illness specifically with under-represented populations. She joined the research team to gain knowledge about conducting and analyzing qualitative research. Kelly was responsible for transcribing all interviews verbatim.

*Core research team member # 6*

At the time that Jennifer participated as a research team member, she was a second year Master’s of Arts student in Counseling Psychology at Western Michigan University in Kalamazoo, Michigan. At that time, her primary research interests revolved around LGBT issues and social restraints on LGBT people. Her future plans included having a private practice working with LGBT people in an urban setting. Her desire to become involved in this research grew from a general interest in knowledge about the research process and the opportunity to work on a research team that was working on issues central to lesbians’ lives. Jennifer helped develop the outline for the research design of this study.

*Core research team member # 7*

At the time that Laurel participated on the research team she was a senior at Kalamazoo College in Kalamazoo, Michigan. She was a psychology major with a
concentration in women’s studies. Her areas of research interests included women in leadership, feminist pedagogy, social advocacy for oppressed groups, and lesbian experiences in the workplace. Her desire to join the research team was born out of a genuine desire to gain clarity about the types of issues that might impede a mother’s willingness to accept her lesbian daughter’s minority sexual orientation. Laurel also helped develop the outline for the research design of this study.

Core research team member # 8

At the time that Rachael participated on the research team she was a senior at Kalamazoo College in Kalamazoo, Michigan. She was majoring in German and sociology with research interests that included women’s health and wellness. Rachael’s interest in joining the research team grew out of her awareness of social injustice surrounding LGBT persons, an awareness that she gained from attending psycho-educational workshops conducted by the primary investigator. Rachael also helped develop an outline for the research design.
*Instructions: Please take a few minutes to answer the questions below. All information is used strictly for the purpose of research and is confidential. Thank you!!

**Mother’s Information:**

1. Your First Name: ________________________________
   Age: ______________
   Sexual Orientation: ______________

2. What best describes your current relationship status **today**:
   a) Partnered    c) Divorced    e) Single
   b) Married      d) Widowed     f) Dating

3. Please self identify your Race or Ethnicity:
   a) African-American    e) Latina
   b) European American   f) Asian
   c) Bi-Racial           g) Native American
   d) Multi-Racial        h) Other __________

4. What is your best estimate of your family's combined household yearly income?
   a) $25,000 or below     e) Between $100,000-$124,999
   b) Between $25,000-$49,999 f) Between $125,000-$149,999
   c) Between $50,000-$74,999 g) Above $150,000
   d) Between $75,000-$99,999

5. What is the highest level of education you have attained?
   a) Did not complete High School
   b) High School Graduate/GED
   c) Some College Completed
   d) College Graduate
   e) Graduate Study
   f) Graduate Masters Degree
   g) Graduate Doctoral Degree

6. Does your daughter currently reside with you full-time? _________

   If not, what is the approximate distance (in miles) from where you live to where your daughter currently resides? ________________

7. Do you identify with a specific religion? If yes, which religion?

8. Do you identify with a specific political affiliation (ex. Democratic, Republican, Independent, etc.)? ________________
9. Please provide information about your other children (if you have any). Please **do not include information** yet, about your lesbian daughter. Use additional space if necessary.

<table>
<thead>
<tr>
<th>Male or Female:</th>
<th>Sexual Orientation:</th>
<th>Age:</th>
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**Your lesbian daughter:** Circle the response that best reflects your answer.

1. How old is your daughter who identifies as lesbian?
   (a) 18  (b) 19  (c) 20  (d) 21  (e) 22

2. How old was your daughter when you first learned she was a lesbian?
   (a) 15  (c) 17  (e) 19  (g) 21
   (b) 16  (d) 18  (f) 20

3. Has it been at least one year since you learned about your daughter’s sexual orientation?
   (a) Yes  (b) No

Acceptance of your daughter’s sexual orientation looks different to all people. In a few sentences, please describe what you mean when you say you accept your daughter.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Turn the page and continue**

252
Appendix C

Interview Protocol
Interview Protocol Outline for Interviewers

When Bridget or Abbie and Julie arrive at the interview site, they will introduce themselves to the participant. Julie will then review a few points about the consent document as explained below and give the participants a few minutes to ask questions. Each interviewer will then tell the participant a little about themselves and then Julie will explain the interview process. As the protocol indicates, Bridget or Abbie will be the primary interviewer and Julie will be available to clarify points, gauge the participants’ reactions, provide crisis counseling ads necessary, and make sure that the interview protocol is followed.

{Read by Julie} Instructions to be read about consent: Before we get started today, I want to take a few minutes to go over a few key points about the consent document, which is the document you signed and returned that indicated you wished to participate in the study. I want to remind you that while you have agreed to participate in the study, at anytime before or during this interview you can decide that you do not wish to participate. Just let us know that you want to stop. You also have the right after we have completed the interview to contact me at julie.m.davis@wmich.edu or 269-615-0697 and request that your information be excluded from the study. Finally, all of the information you share with us is confidential and will only be reported as general themes that occurred in the mother-daughter relationship. We will not share any specific identifying information.

{Read by Julie} Before we start the actual interview, we would like to tell you a little about ourselves. I am a doctoral student at Western Michigan University whose interest in talking with heterosexual mothers’ about their relationship with their lesbian daughters’ evolved out of my personal experiences with my mother and daughter who are both lesbian. As I came to understand my feelings about my mother and daughter I learned a lot about myself and my relationship with my daughter.

{Read by Bridget if she is present} My name is Bridget and I am a second year Master’s of Arts student in the Counseling Psychology program at Western Michigan University in Kalamazoo, Michigan. My primary research interests include: women’s issues and feminism, social justice, multiculturalism, and holistic wellness. My desire to participate in this research project grew from an increasing interest in promoting awareness surrounding social issues and the acceptance of minority statuses, such as lesbian, gay, bisexual, and transgender (LGBT) identities, along with a greater working knowledge of the research process. I am looking forward to sharing time with you today and hearing about your story.

{Read by Abbie If she is present} My name is Abbie and I am a first-year doctoral student in the Counseling Psychology program at Western Michigan University in Kalamazoo, Michigan. My primary research interests include the integration of Counseling Psychology and Holistic Health Care, family preservation, issues related to minority status populations, specifically those with minority sexual orientations and
African American men. My interest in participating in this research project is rooted in my commitment to promote equality through education and social action, as well as my desire to conduct the research and follow the protocol of writing a dissertation.

{Read by Julie} Although we are especially interested in understanding your relational experiences with your daughter after you came to an initial place of being comfortable with her lesbian sexual orientation, (Bridget or Abbie) is going to first ask you talk about how your relationship was with your daughter prior to and shortly after knowing that she was a lesbian. Once we have some background information we will shift our focus to gaining an understanding about your current relationship with your daughter.

{Read by Bridget or Abbie} As you think about your story, we want you to focus on the strengths and struggles in your relationship with your daughter. Please take as much time as necessary to think before responding. We will interact with you as you tell us your story, and as needed, we will ask some specific questions to make sure that we understand. Some of the general ideas in the questions should seem familiar to you, as you were given a list of the interview questions prior to attending this interview today.

Just before beginning the interview: Ask: Do you wish to participate in the interview? If yes, continue. If no thank the person for their time and leave the interview.
Interview Protocol: Outline for Interviewers

Information for HSIRB: After the preceding script has been read to the participant Julie Meredith Davis will turn the interview over to one of the core research team members (Bridget or Abbie) to conduct the interview. As indicated in the protocol, Julie will be available to gauge the participant’s reactions to sharing her story, provide crisis counseling as necessary, clarify points, and ensure that the interview protocol is followed.

BACKGROUND INFORMATION

Broad Topic Area: We would like you to begin by describing your relationship with your daughter before and shortly after you learned of her sexual orientation and how you came to accept your daughter as a lesbian.

The following specific probes are to be used if the response given by the participant needs further exploration.

1. Please tell us a little bit more about your relationship with your daughter before you learned about her sexual orientation.
2. Please tell us a little bit more about your relationship with your daughter immediately following learning about her sexual orientation.
3. Please tell us a little bit more about how you came to a place of acceptance with your daughter’s sexual orientation.

Broad Topic Area: Now we would like you to spend a few minutes talking about any shift that you experienced in your ideas about sexual orientation, once you learned about your daughter’s sexual orientation.

PRIMARY RESEARCH FOCUS:

Broad Topic Area: Keeping the story you just shared in mind, we would like you to shift focus and talk about your relationship with your daughter after you accepted her as a lesbian. As you talk about this experience, please include any changes in your feelings that you have noticed over time.

The following specific probe is to be used if the response given by the participant needs further exploration.

1. Please tell us a little more about how you experience your relationship with your daughter since you’ve accepted her as a lesbian.

Broad Topic Area: Please describe the ways in which over time your values, beliefs, and feelings about sexual orientation are related to your acceptance of your daughter being a lesbian.
Interview Protocol: Outline for Interviewers

Broad Topic Area: As your daughter moves into adulthood, there is shift from having an adolescent daughter-mother relationship to having an adult daughter-mother relationship occurring. Given this, we would like you to talk about what that change is like for you and how you see this change altering your relationship with your daughter over time.

Final Idea: As we conclude today, we want to give you an opportunity to share some thoughts about how this experience was for you as well as any thoughts you have about why you wanted to participate in the study.

Conclude by thanking the participant for sharing her story, giving the participant a resource list for therapist's in the area, and providing contact information for Julie Meredith Davis.
Appendix D

Recruitment Flyer
Call for Participants

I am okay that my daughter is a lesbian...

Now What?

<table>
<thead>
<tr>
<th>Do You:</th>
<th>Did You:</th>
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<tbody>
<tr>
<td>◆ identify as a heterosexual mother?</td>
<td>◆ learn about your daughter's sexual orientation when she was between the ages of 13-22?</td>
</tr>
<tr>
<td>◆ have a daughter, between 14-23, who self-identifies as a lesbian?</td>
<td>◆ learn your daughter is a lesbian at least 1 year ago?</td>
</tr>
<tr>
<td>◆ not have other children who self-identify as lesbian, gay, or bisexual?</td>
<td></td>
</tr>
<tr>
<td>◆ feel okay or more than okay that your daughter is a lesbian?</td>
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</tbody>
</table>

If you answered YES to ALL of these questions and are interested in possibly participating in an in person interview for this RESEARCH STUDY, please contact

Julie Meredith Davis, M. A.
Doctoral Student in Counseling Psychology
Western Michigan University
269-615-0697 or 309-829-6901
julie.m.davis@wmich.edu
Appendix E

HSIRB Approval
Date: July 25, 2007

To: James Croteau, Principal Investigator
    Julie Meredith Davis, Student Investigator for dissertation
    Bridget Nolan, Student Investigator
    Abbie VanDerWege, Student Investigator
    Jennifer Heidt, Student Investigator

From: Amy Naugle, Ph.D., Chair

Re: HSIRB Project Number: 07-07-11

This letter will serve as confirmation that your research project entitled “The Trajectory of the Heterosexual Mother-Lesbian Daughter Relationship Post Acceptance: A CQR Investigation” has been approved under the expedited category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note that you may only conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: July 25, 2008
Appendix F

Letter of Introduction to P-FLAG Chapters
Julie Meredith Davis, M.A.
Western Michigan University
Department of Counselor Education and Counseling Psychology
3102 Sangren Hall
Kalamazoo, Michigan 49008
E-mail: julie.m.davis@wmich.edu

Name:
Parents, Families, and Friends of Lesbians and Gays (P-FLAG)
Address
City, State Zip

Date -------

Dear -------:

I am a doctoral student in the Counselor Education and Counseling Psychology Department at Western Michigan University and am being supervised in this research by James Croteau, Ph.D. My dissertation focuses on the mother-daughter relationship after a mother comes to a place of being okay or more than okay with her lesbian daughter’s sexual orientation. I would like to meet with the members at this chapter of P-FLAG. My purpose for requesting the opportunity to speak at one of your chapter’s meetings is three-fold: first, I would like to offer a short presentation about the generational differences in the coming out process for lesbians; second, I would like to briefly explain my dissertation research and pass out recruitment information; and finally, I would like the opportunity to answer any questions that people might have about my study.

In short, I am offering to do a presentation at one of your monthly P-FLAG meetings. After my presentation, I would appreciate the opportunity to locate potential participants for my study by speaking about the purpose of my research. I would also like to distribute a flyer to P-FLAG members that highlights the points of criteria for participation in the study and provides my contact information; additionally, I would like the opportunity to meet with anyone who would like more information about my study after the meeting.

I look forward to speaking with you to discuss giving a presentation at one of your monthly meetings. I will contact you by phone in about a week to discuss this opportunity with you further. In the mean time, if you have any questions or need additional information to process my request, please feel free to contact me @ 269-873-0671.

Enclosed you will find an outline of the information for the presentation I would like to present to your members and the recruitment flyer for my dissertation study. I thank you in advance for the time and attention you have given to my request.

Sincerely,

Julie M. Davis, M.A.
Enclosures
Appendix G

P-FLAG Presentation Outline
Generational Differences Relevant to “COMING OUT” Process for LGBT Persons

A.) Open presentation with this question: What does it mean to "come out"?

Make sure internal and external issues discussed

B) Then I am going to present some of the historical information below.

1950s “Coming Out” Term Created

- Dr. Evelyn Hooker First Introduces Term “Coming Out”
- McCarthyism and the “Lavender Scare”
- Gay People seen as “perverts” and “deviants”
- “Gay is Sick” Mentality

1960's Term “Coming Out” Continues to Gain Importance

- Select States Remove Sodomy from Criminal Code
- Beginning of Gay and Lesbian Liberation Movements
- Stonewall Riots (June 28, 1969)

1970's Growth in Awareness of “Coming Out” Issues

- Lesbian and Gay Issues Regain Positions in Federal Government and Politics
- University of Michigan Opens First Gay Programs Office in U.S.
- Growth of Gay Press
- APA Removes Homosexuality from DSM (1973)

1980's Aids and Gay Rights

- LGBT Rights Platform Supported by Democratic National Convention (1980)
- Aids as “Gay Cancer”
- National Coming Out Day (Oct. 11, 1988)

1990's “Coming Out” Becoming a Major Political Issue
“Gay Moment” of the Clinton Administration
"Don't Ask, Don't Tell" Policy of U.S. Military and Clinton Administration
Murder of Matthew Shepard (Oct. 7, 1998)

2000+ “Coming Out” Becomes More Mainstream

- Same-Sex Marriage Hotly Debated
  - Massachusetts Legalizes Same-Sex Marriage (2003)
- Teens Continue to “Come Out” at Younger Ages
  - Average age 16-17 Compared to 20 in the 1970s (Miller, 2006)
- National School Climate Survey (2003)
  - 84% of LGBT Students Reported Being Verbally Harassed
- LGBT Celebrities and Politicians Continue to “Come Out” Publicly

C) Are we becoming an accepting culture? Charts/Graphs

D) Open discussion about issues relevant for those coming out, given the historical context provided above.

Appendix H

Script for P-FLAG Members
I would like to spend just a couple of minutes today talking with you about my dissertation. I am interested in interviewing heterosexual mothers’ who have come to a place of initial acceptance of their lesbian daughters’ about their mother-daughter relationship. My interest in doing this study grew out of my own personal experience as a heterosexual mother whose adolescent daughter came out as a lesbian when she was 16-years-old. Given that I am also the heterosexual daughter of a lesbian mother, I was surprised by the amount of emotion I felt when I learned about my daughter’s being a lesbian. This led me to think about what it really means to be accepting of my daughter’s sexual orientation.

If you will take a look at this recruitment flyer, you will notice that I have outlined the specific requirements for participating in the study. I want to interview heterosexual mothers’ who have a daughter between the ages of 18 and 22 and who learned of that daughters’ sexual orientation between the ages of 15 and 21. It is also important that she learned about her daughter’s sexual orientation at least one year ago, that she has no other children that identify as gay or lesbian and that she self identifies as accepting of her daughter’s sexual orientation. The specificity of the requirements developed as I considered what it was like for me to learn about my daughter while she was still an adolescent.

If you feel you meet the requirements and would like to be considered for an interview, I will be happy to meet with you briefly after the meeting to talk further. Although you are being invited to hand out the flyer, declining to do so does not impact you in any way. If you are interested in passing out the flyers please give the flyer to anyone you know and simply let them know that if they would like to participate in the study contact Julie at the number on the flyer. So that they feel completely free to decline participation, other than handing them the flyer, please do not suggest or encourage their participation in any other way.

Thank you for your time.
Appendix I

Information Packet Letter
Dear ----:

Thank you for your interest in my dissertation project, which is about heterosexual mothers’ relational experiences with their lesbian daughters’, since coming to a place of being okay or more than okay with their daughters’ sexual orientation. So that you can make an informed decision about whether you would actually like to be considered for participation in the study, I would like to provide you with a little information about myself and the study.

My interest in doing this research developed out of my own personal life experiences. My story is somewhat unique in that I am a heterosexual woman who has a lesbian mother and lesbian daughter. You might think that having a lesbian mother would prepare me to not struggle so much with the news that my adolescent daughter is a lesbian. On some level I knew it was okay but I also had many emotions that I did not understand. As my daughter and I walked through the journey to my understanding her lesbian identity our relationship changed. Recognizing the change, led to my interest in talking to other heterosexual mothers whose adolescent daughters identified as lesbian.

As I have stated, I am looking for heterosexual mothers who have come to an initial place of being okay or more than okay that their daughters are lesbian. I value and look forward to the unique contribution that you may make to my study. And, accordingly, I am excited about interviewing women about their relationship with their lesbian daughter.

Although during the interview I will primarily be interested in how your relationship with your daughter has developed since you have accepted her minority sexual orientation, I will also be gathering some background information from you. For instance, I will want to understand how your relationship was with your daughter prior to and immediately following your learning that she was a lesbian. Also should you be selected for an interview, prior to that interview I will send you the actual research questions so that you will have ample time to think about the questions you will be asked at the interview.

I hope the information provided in this letter, and enclosed consent document, gives you what you need to decide if you would like to be considered for an interview. If so please read, sign, and return the 3 documents that are stapled together in the enclosed self-addressed envelope. The documents are:

- Informed Consent Document
- Demographic questionnaire
- Contact information sheet

Once I have received these documents I will contact you to discuss the project further. Again, thank you for your interest.

Thank you again,

Julie M. Davis, M.A.
Appendix J

Consent Document
Western Michigan University
Department of: Counselor Education and Counseling Psychology
Principal Investigator: James Croteau, Ph.D.
Student Investigator: Julie Meredith Davis, M.A.

You have been invited to participate in a research project titled, *The heterosexual mother-lesbian daughter relationship: Using Consensual Qualitative Research to understand perceptions among predominately White, Formally Educated Mothers*. This research is intended to explore the heterosexual mother-lesbian daughter relationship AFTER a heterosexual mother comes to a place of being okay or more than okay with her lesbian daughter’s sexual orientation. This research is conducted to fulfill the partial requirements for the student investigator’s doctoral degree in Counseling Psychology.

To participate in the study, you must meet the following requirements: (a) identify as a heterosexual mother; (b) have a daughter between the ages of 13 and 28 who self identifies as a lesbian; (c) learned about her sexual orientation when she was between the ages of 14 and 27; (d) learned that your daughter is a lesbian at least one year ago; (e) have no other children who self-identify as lesbian, gay, or bisexual; and finally, (f) feel okay or more than okay that your daughter is a lesbian. If you chose to participate you would complete and return the enclosed contact information form and a demographic questionnaire, which includes such information as your age, relational status, socioeconomic status, educational level, political affiliation, and information about what acceptance of your lesbian daughter means to you. Then if you are selected to be interviewed for the study you will be contacted to participate in one 90-minute in person interview with Julie Meredith Davis, M.A. and one of her research assistants (Abbie VanDerWege or Bridget Nolan). You will meet Julie Meredith Davis, M.A. and her research assistant for the interview at a private location such as P-FLAG’s meeting location or in your home. At the beginning of the interview session, a small amount of time will be given to gathering some background information such as how your relationship with your daughter was before and immediately following learning that she is a lesbian. Most of the interview time, however, will be spent talking about your experiences with, and the meanings you have made, about your relationship with your daughter AFTER accepting her sexual orientation. The interview will be audio taped, transcribed, and analyzed for emerging themes by Julie Meredith Davis, M.A. and her core research team members.

All of the information collected from you will be kept confidential. After transcribing the interview, your name, the name of your daughter, and any other identifying information (e.g., a past or current job, your specific neighborhood, etc) will be removed from the transcript; the transcript will then be assigned a code number; and, the data gathered from the transcript, will be reported only as general themes that occur in the heterosexual mother-lesbian daughter relationship. During data collection and analysis, all audiotapes, transcripts of the interview, code list, and data to be analyzed, will either be locked in a file cabinet at the home of Julie Meredith Davis (if in paper or electronic storing devise form) or password protected on her laptop computer. After the study is complete, audiotapes and code sheets will be destroyed; the data will be retained for a minimum of 3 years at Western Michigan University in the department of Counselor Education and Counseling Psychology, after which all data will be destroyed. Any publication of the study will not include any identifying information about the participants.
Although not anticipated, one potential risk for your participation in this project is that you could become upset while discussing the content of the interview. Should this occur, Julie Meredith Davis will provide you with crisis counseling. She will also provide you with contact information for a number of therapists in your area in case you wish to seek counseling for yourself.

One way in which you may benefit from this activity is by having the opportunity to share your story, which may be beneficial for individuals who are not often given the opportunity to have a voice about the experiences of their relational journey with their daughter. There is also the potential for other mothers and their lesbian daughters to benefit from the knowledge that is gained from this research. Finally, knowledge gained from this study has the potential of helping clinicians better understand the heterosexual mother-lesbian daughter relationship.

You may refuse to participate or withdraw from the study without prejudice or penalty, by simply letting Julie Meredith Davis know that you no longer wish to continue. If you have any questions or concerns about this study, you may contact either Julie Meredith Davis, M.A. at 269-873-0671 or James Croteau, Ph.D. at 269-387-5111. You may also contact the chair of Human Subjects Institutional Review Board, Amy Naugle, Ph.D. at 269-387-8293 or the vice president for research at 269-387-8298 with any concerns that you have.

This consent document has been approved for use for one year by the Human Subjects Institutional Review Board as indicated by the stamped date and signature of the board chair in the upper right corner. Do not participate in this study if the stamped date is more than one year old.

By signing and returning this consent document, the enclosed contact information sheet, and the demographic questionnaire in the enclosed self-addressed stamped envelope you are indicating that the purpose and conditions of participation in this study are understood by you and that you agree to participate in the study. Prior to beginning the interview, Julie Meredith Davis will review the consent document with you, clarify any questions you may have about the study, and find out if you still wish to participate.

Signature ___________________________ Date ___________________
Appendix K

Participant Contact Information Sheet
PARTICIPANT CONTACT INFORMATION SHEET

Please provide the information below.

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Street Address

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Best Phone Number to Reach You

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Signature

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PLEASE RETURN WITH CONSENT DOCUMENT AND DEMOGRAPHIC QUESTIONNAIRE IN ENCLOSED SELF-ADDRESSED
Appendix L

Prescreening Phone Protocol
PRE-SCREEN PHONE PROTOCOL

Information for HSIRB: If a prospective participant calls, is unable to reach me, and thus leaves a message, I will call the prospective participant back. To protect confidentiality, if I do not reach the person when I call back, I will leave my name and number for the person to call me back. I will not leave any other information with the person who answers the phone or on an answering machine.

I would like to thank you for taking the time to call me today. I am interested in talking to heterosexual mothers’ who are okay or more than okay with their lesbian daughters’ sexual orientation. Before I go any further, I want to review with you what I am looking for in participants to be sure that you are eligible to participate:

1. You self-identify as a heterosexual mother.
2. Your daughter who self-identifies as a lesbian is between the ages of 14 and 23.
3. Your daughter disclosed to you or you learned of her sexual orientation when she was between the ages of 13 and 22.
4. You learned of your lesbian daughter’s sexual orientation at least one year ago.
5. To the best of your knowledge, you have no other children that self-identify as lesbian, gay, or bisexual.
6. You feel okay or more than okay that your daughter is a lesbian.

If you think that you meet all the requirements mentioned above, I would like to send you some information about the study so that you can determine if you would like to participate.

Are there any general questions about my research that you would like to ask me at this time?

Would you like me to send you an information packet? If yes, get mailing information. If no, thank the person for her time.
Appendix M

Questions for Participants
Questions to Think About Before Interview

1. How would you describe your relationship with your daughter before you learned of her sexual orientation?

2. How would you describe your relationship with your daughter shortly after you learned of her sexual orientation?

3. How did you come to a place of acceptance with your daughter being a lesbian?

4. Did you experience a shift in your ideas about sexual orientation, once you learned about your daughter’s sexual orientation?

5. How would you describe your relationship with your daughter after you accepted her as a lesbian?

6. Did you notice any changes in your feelings over time?

7. How have your values, beliefs, and feelings about sexual orientation influenced your acceptance of your daughter being a lesbian?

8. How do you envision your relationship changing as your relational dynamics with your daughter changes from one of adolescent daughter-mother to adult daughter-mother?
Appendix N

CQR Flow Chart
**INITIAL STEPS**

*Formulate Research Question / Topic of Interest*

↓

Develop Core Research Team / Member Selection

↓

Set Team Guidelines & Formulate Consensual Process Recommendations

↓

Identify Prospective Research Participants

↓

Develop Recruitment Protocol

↓

Develop Broad Topic Areas & Process

↓

Develop Appendices / Index of Critical Research Documents

↓

Identify Team Biases / Interview Hypotheses

↓

Participant Recruitment

↓

Pilot Interview

↓

Participant Interviews / Data Collection

↓

Transcribe Interview

To Within Case Analysis…
WITHIN CASE ANALYSIS

Identify Hypothesized Domains for Coding

Ensure Consensus

Identify Core Ideas & Themes

Ensure Consensus

Allow Auditors to Review & Provide Insight

Make Necessary Revisions

To Cross Analysis...
CROSS ANALYSIS

Develop Core Ideas / Themes across Participant Interviews

Team Members & Auditors Reach Consensus on Cross Analysis

Make Necessary Revisions

If Confirmed Stable

If Confirmed Unstable

Add and Analyze Additional Cases

To Patterns Present Within Data...
**PATTERNS PRESENT WITHIN DATA**

Place Interview Samples into
Further Patterns of Homogeneous Subgroups
(If Necessary)

Create Clear Pathway Patterns for Placing Data into Groups

Check for Team / Auditor Consensus

Make Necessary Revisions

To Concluding Steps...
CONCLUDING STEPS

Identify & Develop Narrative Patterns across Participant Interviews

Create Personal & Descriptive Accounts of Participant Experiences

Compile Data

Formulate Final Results

Write Results & Interpretations

Ensure Consensus with Team / Auditors

Submit & Receive Feedback from Dissertation Chair

Rewrite / Make Necessary Revisions

Defend Dissertation

Publish Results
Appendix O

Initial Start List of Domains
Initial Start List of Domains

1. vMother-Daughter relationship pre disclosure
2. Mother-Daughter relationship post disclosure but pre acceptance
3. Mother-Daughter relationship post-acceptance
4. Barriers that hindered acceptance of daughters minority sexual orientation/lesbian identity
5. Factors that fostered acceptance of daughters minority sexual orientation/lesbian identity
6. Mothers' processes of getting to acceptance
7. Mothers shifts in values, beliefs, and feelings about minority sexual orientation
8. Behaviors that support mothers advocacy work
9. Future perceptions about adult daughter-mother relational dynamics
10. Post interview feelings
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