A PHENOMENOLOGICAL INVESTIGATION OF HOW
PARENTS COME TO TERMS WITH A GAY SON
OR LESBIAN DAUGHTER

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This study investigated the phenomenological nature of coming to terms with a gay son or lesbian daughter.

Seven co-researchers were interviewed. They were selected from a network of friends, acquaintances and the organization Parents and Friends of Gays and Lesbians. Each person was asked to describe their personal experience of "coming to terms" and to validate the analysis within the context of three interviews. The interviews were taped, transcribed and used as the data for this study.

The meaning of "coming to terms" was studied by using the existential-phenomenological approach. The analysis followed the descriptive research method outlined by Colaizzi (1978) in Existential-Phenomenological Alternatives For Psychology.

The results directly address the meaning of coming to terms with a gay son or lesbian daughter. The major themes (constituents) were described and integrated into an exhaustive phenomenological description. A condensed description (essential structure) was derived from the phenomenological description and was presented in an unequivocal statement of meaning.
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CHAPTER ONE

INTRODUCTION

RATIONALE

This study addresses the question "How do parents come to terms with a gay son or lesbian daughter?" in an attempt to understand the meaning and nature of this experience. According to Silverstein (1977) at least twenty million people in the United States are homosexual. With the increasing openness many more gays/lesbians are disclosing their sexuality to their parents. Assuming a number do tell their parents, this translates to a significant number of people who must deal with an unexpected life event and whose relationships with their children undergo changes. These numbers suggest the importance of this study in terms of discovering a large scale phenomenon having an influential force on a parent's life. The same phenomenon can also be observed between a parent and child in other areas such as unexpected career choices, inter-cultural marriages, the onset of a disability, marriage dissolution and criminality.

Further reasons to focus on this area also became apparent. Since the perceived social value surrounding the stigma of homosexuality can evoke a variety of parental reactions, parents can become sensitive about their child's homosexuality, thereby relinquishing the possibility of
creating a support system that could lead to a greater understanding and acceptance of their child's differentness (Fairchild and Hayward, 1979). By increasing awareness of the parental perspective, this study could provide needed information for parents of gays/lesbians and in addition knowledge for parents coming to terms with a number of other life events. This work would also provide a forum for further exploration and discussion and would create a foundation of support for parents to assist them in resolving their conflicts.

The conversations with parents directly encouraged me to pursue this topic, as parents in telling their story of 'coming to terms' revealed a phenomenon having psychological, social and political ramifications. The costs in terms of human suffering, confusion and struggle were significant. For some parents, these discussions offered the first opportunity to talk openly about their experience. For all, participation in this study provided validation for feelings, thoughts and experiences.

**APPROACH**

The intention of this paper was to explore the meaning and experience of parents coming to an understanding and acceptance of their gay son or lesbian daughter. The phenomenological methodology based on Colaizzi's (1978) study was used. The phenomenological approach is based on the belief that personal experience is valid content for
psychological research. As well, phenomenology demands careful fidelity to the experience being studied. Through intensive interviews with people (co-researchers), one seeks to describe explicitly the personal experience of parents coming to terms with their child's homosexuality. This description reveals, in as much detail as possible, the experience of 'coming to terms' which is common to everyone.

**DEFINITION OF TERMS**

The terms homosexual/s are used in this study to represent both lesbian women and gay men only when referred to as such by other researchers. Out of respect for the historical and political evolution of these identities the terms "lesbian/s" and "gay/s" have been used in other instances.

Parents identified in this study were those of financially independent children, living on their own. This division was made for the purpose of this study only, because some issues arising from dependent v.s. independent children may have presented different parental responses.

In conclusion, the focal point of this study was the process following the knowledge that a child was gay/lesbian. This encompassed understanding the meaning of the experience of coming to terms with this information.
CHAPTER TWO

LITERATURE REVIEW

CONTEXT OF HOMOSEXUALITY

Currently there is limited research available specifically on the nature of coming to terms with a gay son or lesbian daughter. The psychiatrists Myers (1981/82) and Zuger (1980), however, have opened the way with related research concerning parental issues surrounding the discovery of a gay/lesbian child. As a result of this limited research base, literature has been examined presenting the various contexts others have outlined in terms of the theory and treatment of homosexuality. This chapter, then, will present the medical, social/legal, religious, and affirmative attitudinal assumptions regarding homosexuality. The illustration of these contextual viewpoints will provide the background from which parents most likely base their reactions to a gay son or lesbian daughter. The chapter concludes with a review of relevant literature describing parental reactions to a gay/lesbian child.

In keeping with the phenomenological method, this review will explicate the assumptions inherent in these contextual views in order to better understand others' ideas about homosexuality. The knowledge of these assumptions will
Most of the traditional psychiatric theories and treatments of homosexuality (Bergler, 1956; Bieber et. al., 1962; Hatterer, 1970; Socarides, 1978) believed it to be a diseased condition. Bergler (1956) defines homosexuality as:

A neurotic distortion of the whole personality.... There are no healthy homosexuals. The entire personality structure of the homosexual is pervaded by the unconscious wish to suffer. This wish is gratified by self-created trouble-making (psychic masochism)... he is an emotionally sick person (pp. 1-10).

The proponents of this disease model treated homosexuality as an undesirable mental disorder "indicative of significant inferiority of temperament, moral sense or social competence" (West, 1983). Treatment for homosexuals involved the re-orientation of sexual preference using such methods as surgical techniques, aversion therapy, drugs or psychotherapy (Silverstein, 1977). The underlying assumption of this position is that homosexuality is a pathological condition that results from psychological disturbance (Tripp, 1975). The treatment goal is to make the homosexual conform to social rules regarding sexual behavior (Silverstein, 1977).

Inherent to this disease model is parental blame. Adherents of this school of thought maintain that parents are responsible for their child's sexuality. They attribute the conflicts and problems of children to the neurotic

Attitudes towards homosexuality have been affected by societal and legal viewpoints. Their assumptions have been prompted by the medical model's stance, as the diagnostic labels just discussed, influenced the creation and execution of laws against homosexuality. Silverstein (1977) points out that throughout history gays/lesbians were legally defined as perverts, psychopaths and sexual deviants. Consequently, they were seen as criminals, who having broken the rules of conduct of the majority, could be punished accordingly.

In the seventeenth century, they punished sexual non-conformism with death; in the eighteenth with castration; in the nineteenth with asylums; and now in the twentieth we use psychotherapy or aversion therapy (p. 177).

Such labelling has also contributed to the stigmatization and perpetuation of negative attitudes towards homosexuality and gays/lesbians in general. This stigmatization has a tendency to spread from the stigmatized
individual to his/her close connections (Goffman, 1963; Buscaglia, 1975). These negative attitudes allow gays/lesbians to be perceived as damaged and flawed individuals who violate the socially approved ways of behaving. Consequently society views them as failures and negative role models (Silverstein, 1977).

The Church's position on homosexuality has also affected how society views it. Traditionally the Church has spoken of homosexuality as an unnatural act, one that is contrary to the will of God. It was described in terms such as "the abominable and detestable crime against nature" (Oberholtzer, 1971, p. 65). The traditional theologians saw homosexual love as morally sinful, thereby placing the homosexual in danger of eternal damnation. This position was based on sacred Scripture, a document condemning homosexual activity as corrupt, wicked and an outright rejection of God.

In the Old Testament the law condemns sodomists (and possibly other homosexual offenders) to death as perpetrators of an abomination against the Lord, while in the New Testament they are denounced as transgressors of the natural order and are disinheritied from the kingdom of God as followers of the vile practices of the heathens (McNeill, 1976, p. 79).

Associated with these assumptions is the belief that homosexuals are a menace to the community and a threat to family values. They concluded that every effort should be made to "isolate" or "cure" the individual homosexual
(McNeill, 1976) and utilized their theological influence on the legal tradition to enact laws that persecuted them (Williams, 1971).

There are a number of psychiatrists and psychologists who in refuting the traditional theories and treatments present homosexuality in a normal light. These include Saghir & Robins (1973), Bell & Weinberg (1978), Silverstein (1977) and Clark (1977).

Saghir and Robins (1973) in their investigation of male and female homosexuality concluded that:

> It is quite inappropriate and scientifically untenable to label an individual psychiatrically ill because he happens to be a homosexual, for, to do so would only tend to perpetuate the social and legal discriminatory practices against men and women who are primarily different in their sexual preference but who otherwise show little other differences from their fellow non-homosexual men and women (p. 317).

Bell and Weinberg (1978) reported similar findings showing homosexuality as a normal variation of sexual behavior. They also found homosexual functioning (psychological, emotional and sexual) to be no different from heterosexual functioning.

Silverstein (1977) has written a book specifically for parents of gays/lesbians that provides information to assist them in understanding and accepting their child. In his book Clark (1977) describes what it is like to be gay and in discussing the effects of disclosure on parents, siblings,
spouses, relatives and friends presents homosexuality in a positive light.

The theologian McNeill (1976) presents a list of respected psychiatrists compiled by Louis Crompton (1963) who take a middle position on homosexuality. They suggest that homosexuality per se does not necessarily imply mental illness.

When to such names as Freud and Krafft-Ebing, one adds those of Frank Beach, Harry Benjamin, Evelyn Hooker, Wardell Pomeroy, Alfred Kinsey, Robert Lindner, Judd Marmor, Michael Shofield, Thomas Szasz and Ernest Van Den Haag, as well as the Wolfenden committee, the most distinguished government group ever to undertake a study of the subject, it is obvious, to say the least, that the sickness theory does not command the universal acceptance in scientific world which many assume it does (p. 115).

The results of such studies and attitudes have led to changes in the treatment and understanding of gays/lesbians, as well as the development of treatment models based on affirmative counselling techniques. Woodman & Lenna (1982) have written a text dealing with the counselling of gay men and lesbian women using the affirmative approach. Components of these affirmative models view affectional and sexual preference as the main difference between gays, lesbians and heterosexuals and implement the acceptance of one's sexual orientation as their treatment goal. This therapeutic approach "emphasizes the value of gay life and the means of attaining personal growth regardless of the prejudices of
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the outside world" (Silverstein, 1976 p. 192).

The foregoing presented the medical, societal/legal, religious and affirmative contexts for viewing the theory and treatment of homosexuality. The traditional medical position regarded homosexuality as a condition marked by mental illness. They considered homosexual behavior as abnormal thereby focusing on sexual re-orientation as the treatment goal. Inherent to this disease model is the belief that parents are responsible for a child's homosexuality. The societal/legal views of homosexuality assumed gays/lesbians to be sexual deviates, who, in breaking the behavior code of the majority, are considered criminals punishable under the laws of the legal system. The stigmatization of homosexuality allowed gays/lesbians to be viewed as flawed or damaged individuals who were failures in society. The traditional position of the Church condemned homosexuality as morally sinful. These theologians believed homosexuality to be a crime against nature and a threat to family values therefore requiring punishment by law or treatment by medical means. This section concluded with the assumptions of the components who refute the traditional psychiatric disease model. These psychiatrists, psychologists and theologians challenge the disease model and present homosexuality in a positive light. Affirmative treatment models developed from these assumptions with the acceptance of one's sexual orientation becoming the treatment goal.
PARENTAL REACTIONS

In reviewing the literature dealing with the theories and treatments of homosexuality, assumptions that parents are likely to be using when they are confronted with the knowledge that their son or daughter is gay/lesbian were presented. The following will present information concerning what psychiatrists, psychologists and informed others have said concerning parental reactions to a child's homosexuality.

Silverstein (1977) in his book written for parents of gays/lesbians describes various forms of parental reactions following the discovery of a child's homosexuality. Some parents act as if they weren't told and consequently never bring it up again. Others feel guilty and blame themselves for their child's sexual identity. He describes one parent's reaction as follows:

Her religious upbringing with its condemnation of homosexual behavior, was one of the first things she thought of. The guilt fostered by the Church and the little bit she had heard about homosexuality made her feel at fault (p. 58).

Parents often think that if only they had done something differently their child may not have become gay/lesbian. This can lead to a review of the past in terms of their own marital relationship, parenting skills and sexual attitudes (Silverstein, 1977).
Guilt may also be directed at the gay/lesbian child. Here a parent uses guilt and shame to transfer the burden of the disclosure back to the child. Statements like, "How could you do this to us?" and "We'd rather you were dead." are common parental responses when guilt and shame are used in this way (Fairchild & Hayward, 1979).

Initial parental reactions may include anger and shock. This anger can manifest into a parental demand for their gay/lesbian child to seek psychiatric assistance. Shock has been described in terms like feeling stunned or not really hearing what the words said. Fairchild and Hayward (1979) describe a parent's experience of shock.

> I felt absolutely nothing. She could just have simply have been saying that the sun rises each morning. Her words had no impact on me (p. 59-60).

Feelings of isolation have also been reported as parents, in discovering their child is gay/lesbian, can withdraw from social and family relationships. In their interviews with Fairchild and Hayward (1979), parents experiencing isolation described it as, "The wall went up between us..." (p. 60) and "I kept his homosexuality in my own private closet" (p. 65). The related work of Simpson (1976) also reported a breakdown in communication between parent and child adding anxiety, fear and tension as possible parental reactions.
When the impact of the disclosure surfaces, parents can experience physical and emotional pain.

Not until later that evening did those words, 'I'm gay,' crush me utterly. I felt like I had been run over by a boulder.... I made myself feel nauseated... I had feelings of Wendy being taunted, ostracized and stoned by monstrous crowds... I, too, condemned her sexuality as sick, abnormal, vile and the sensation was all-consuming and powerfully destructive (Fairchild & Hayward, 1979, p. 60).

Both Silverstein (1977) and Fairchild and Hayward (1979) reported a need for parents to gain information about homosexuality itself. This leads to the seeking out of sources that provide them with the knowledge and normalizing proof they need to understand their child more fully. These sources include psychiatrists, psychologists, physicians, priests, ministers, friends, gays and lesbians.

The psychiatrist Myers (1981/82) has offered remarkably similar research in his practice of interviewing parents of young gay men in therapy. Similar to Silverstein (1977), he reported that many parents react with denial which sometimes lasts forever. Others, in their anger, may reject their child and their lifestyle. Parents, too, in experiencing guilt, may blame themselves. This often leads to their preoccupation with the past in an effort to find out where they failed. Myers (1981/82) stated:

Still others are guilt-ridden, blame themselves totally, and have embarked upon an obsessive process of self-scrutiny to discover where they
'went wrong' (p. 139).

Some parents, in their initial reactions to disclosure, are in a state of mourning. Myers (1981/82) describes this reaction as an attempt to "work through a loss, usually of a dream of seeing their son meet the 'right girl', fall in love, get married, and have children" (p. 138). He adds that the issue of generation frequently leads parents to express disillusionment. Parents may become "deeply upset" over never having grand-children (p. 139).

The Saghir and Robin's (1973) study of homosexual men and their families also reported a variety of parental reactions as stated by Myers (1981/82).

Surprisingly, over one-half of the parents who became aware of their son's homosexuality (52%) reacted with compassion, understanding and acceptance while 48% reacted in a variety of other ways. These 'other ways' were anger, condemnation, self-blame, disbelief, alienation and ignoring the issue (p. 135).

The knowledge of a child's homosexuality evokes a variety of parental reactions (i.e. shock, guilt, blame, isolation). This section presented these reactions through the related works of Silverstein (1977), Fairchild & Hayward (1979), Simpson (1976), Myers (1981/82) and Saghir & Robins (1973) in an effort to learn how parents deal with the stigma of a child's homosexuality.
EXISTENTIAL-PHENOMENOLOGY

Existential-phenomenology (EP) combines the philosophical beliefs of existentialism which "seeks to understand the human condition as it manifests itself in our concrete lived situations" (Valle and King 1978, p.6) and phenomenology, a "method which allows us to contact phenomena as we actually live them out and experience them" (Valle and King, 1978, p.7). Together they seek to "explicate the essense, structure or form of both human experience and human behavior as revealed through essentially descriptive techniques including disciplined reflection" (Valle and King, 1978, p.7).

Using the work of Valle and King (1978), this review of existential-phenomenology will briefly present the philosophical beliefs of EP. A more comprehensive review of the descriptive research method as suggested by Colaizzi (Valle and King, 1978) will follow, as this is the interview approach used in this study of understanding the meaning of the phenomenon of coming to terms with a gay son or lesbian daughter.

Existential-phenomenological psychology is neither a purely objective or purely subjective psychological approach. Valle and King (1978) stated:

By treating perception as intentional in nature, the objective and subjective are seen as inseparable, one unable to exist without the other. Any approach which is
solely subjective is viewed, therefore, as necessarily limited in scope and as doing, in fact, an injustice to the essential nature of the indissoluble subject-object unity. In other words, an approach which is totally objective or totally subjective confuses and distorts the very phenomena it sincerely seeks to explain and/or describe (p.14).

The second assumption underlying the EP approach concerns the phenomenological notion of "intentionality". This means that people are not objects in nature but rather individuals who co-exist or co-constitute with their world. This interdependency between individuals and their world calls for an approach involving the process of making explicit one's presuppositions. Existential phenomenologists therefore, believe that these preconceived meanings or approaches affect all research as "what we implicitly view as the final meaning or value of our research will influence how we approach an investigated topic" (Valle and King, 1978, p.55).

Uncovering the presuppositions of one's approach allows the researcher to subject these assumptions to vigorous analysis and examination. This in turn leads to the discovery that understanding the investigated phenomena qualifies as a unique and meaningful criterion for research knowledge and that "the agent of phenomenological understanding is not a supramundane mind but a man as bodily-engaged, participating being-in-the-world-with-others" (Valle and King, 1978).
The presentation of these presuppositions provides the phenomenologist the opportunity to adopt an understanding-descriptive method that will allow contact with the phenomenon and its subsequent investigation in meaningful ways. This study of psychological phenomena requires researchers to descriptively identify what each phenomenon is. It is this process that marks the first step in psychological research.

Colaizzi (1978) stated that the investigation of a particular psychological phenomena begins "by contacting the phenomenon as people experience it" (p.57). This involves gathering descriptions from co-researchers as to what their experience is like. In this study, the experience of coming to terms with a gay son or lesbian daughter is the experience described. This descriptive data is collected through posing questions based on the integration of presuppositional aspects of both the researcher and others. The success of these phenomenological research questions depends on their ability to elicit the co-researcher's experience of the phenomenon rather than their theoretical knowledge.

In existential-phenomenological research, subjects are viewed as full participants or "co-researchers". Through articulating their experience with an investigator, there is a collaborative effort to establish the meaning of a phenomenon. After co-researchers descriptive responses are
collected, and transcribed, they are analysed phenomenologically using the research procedures as suggested by Colaizzi (1978).

Firstly, all co-researchers descriptions (protocols) are read in order to acquire a sense or feeling for them. Significant statements (phrases or sentences that relate directly to the investigated phenomenon) are then extracted from each protocol. Repetitious statements within the protocols can be eliminated, in this step. Thirdly the researcher formulates meanings for each significant statement. Here the phenomenological researcher engages in creative insight where he/she must leap from what co-researchers say to what they mean. All the above steps are repeated for each protocol and the meanings organized into themes. These themes are then validated by referring them back to the original protocols. This is done to make sure that the experiences in the themes represent those in the protocols and to assure that the themes themselves don't propose something not implied in the original protocols.

The results of everything thus far are then compiled into an exhaustive description (phenomenological description). This detailed narrative describes phenomenologically the meaning of the investigated phenomenon.

Following the exhaustive description the researcher must formulate the fundamental structure which constitutes a
condensed description of the key elements in the exhaustive
description in as unequivocal a statement of identification
as possible.

The final validating step is achieved by returning to
each co-researcher to compare the descriptive results with
their actual experience. Any relevant new data that stems
from these interviews must be worked into the final research
product.
Co-researchers

Seven parents were interviewed in this study. They were selected from a network of friends, acquaintances and the organization "Parents and Friends of Gays and Lesbians", on the basis they had experienced coming to terms with a gay son or lesbian daughter. A further criterion was for their children to be financially independent or living on their own. Further information concerning the role of the co-researcher can be found in the review of Existential-Phenomenology presented in Chapter Two. As each co-researcher was required to describe and communicate their experience in detail, it was important that each individual could articulate an understanding of their experience. Since it was assumed that acceptance would be associated with conditions, the degree of acceptance was not established as a criterion for the selection of co-researchers. Instead, the experience of how parents come to terms to the degree they have, becomes the focus. It is assumed that the phenomenon of "coming to terms with a gay son or lesbian daughter" will be reflected through the reconstruction of this experience.
A detailed interview focusing on the experience is essential in making sense of the phenomenon being studied. Three interviews were excluded because they veered away from the topic therefore did not meet this criterion. The remaining co-researchers provided a comprehensive reflection of their experience, thereby making them acceptable to this study.

**PHENOMENOLOGICAL INTERVIEW**

Each co-researcher was asked, in confidentiality, to tell their story of coming to terms with their child's sexual identity. This was initiated through the following introduction:

I am doing a study to understand the meaning of the parental experience of coming to terms with a child's homosexuality. I would like you to begin by thinking back to the time when you learned your son/daughter was gay/lesbian. In as much detail as possible describe this experience especially with regards to your feelings, thoughts and actions. It may help you to think of your experience as a story with a beginning, middle and end. Do you have any questions?

Additional questions relating to the individual and his or her experience were asked if they had not been addressed in the narrative (see Appendix A).

This initial interview lasted for 45 minutes to 1 1/4 hours and was tape-recorded so the co-researchers'
descriptions (protocols) could be transcribed and analysed. Analysing resulted in the extraction of phrases or sentences that directly related to their experience of "coming to terms". From these extractions (significant statements) the meaning of the experience was formulated.

Upon extracting the significant statements and formulating meaning units (themes) the co-researchers were interviewed for a second time. In this interview the focus was on clarifying, expanding and validating our exchange up to that point. Each co-researcher, having had time to study the protocol from the first interview would verify whether what had been written was in fact a "true" account of their experience.

This procedure was used with each co-researcher and upon completion the next co-researcher would be interviewed following the same format. After all co-researchers engaged in this process, a third interview was arranged whereby the essential structure of the experience of "coming to terms" was presented and validated. If necessary, adjustments (additions or deletions) were made to ensure this description coincided with his/her experience.

ANALYSIS AND INTERPRETATION

The data was interpreted phenomenologically using the method outlined by Colaizzi (1978). The analysis began by re-reading and reflecting upon the protocols in order to
obtain a sense and feeling of the experience. This was followed by the extraction of phrases or sentences that related directly to the experience of "coming to terms". From these significant statements, meaning units were formulated and then identified as themes or constituents. Examples of this process follows:

<table>
<thead>
<tr>
<th>SIGNIFICANT STATEMENT</th>
<th>THEME</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Maybe if we brought him up differently he wouldn't be gay.&quot;</td>
<td>SELF-BLAME</td>
</tr>
<tr>
<td>&quot;I couldn't talk to anyone about it.&quot;</td>
<td>ISOLATION - GUILT</td>
</tr>
<tr>
<td>&quot;I was sort of stunned.&quot;</td>
<td>SHOCK</td>
</tr>
<tr>
<td>&quot;I became sicker and sicker... I was miserable.&quot;</td>
<td>PHYSICAL/EMOTIONAL PAIN</td>
</tr>
</tbody>
</table>

It is essential that the themes represent the meaning behind what each co-researcher says. In this study this was assisted by returning to the original protocols to ensure all significant statements were found within the themes. Validation of the themes occurs through a second interview where, given time to study the protocol, each co-researcher verifies the themes as their true experience or modifies them in such a way that more fully and accurately describes their experience. This procedure was carried out for each protocol and upon completion the resulting themes were
compared to the set of themes from the next co-researcher.

The interweaving of these themes provided the basis from which to form an exhaustive narrative known as the phenomenological description. This description integrated all the preceding information into a clearer more universal understanding of the phenomenon. The exhaustive description was then condensed into the essential structure which summed up the key elements of the phenomenological description as clearly and truly as possible. It is the essential structure that directly recounts the experience of coming to terms with a gay son or lesbian daughter. Validation of these results occurred through a third interview in which co-researchers verified the description and the essential structure as true to their experience.
CHAPTER FOUR

RESULTS

RESEARCHER'S EXPERIENCE

I would like to take this opportunity to present my thoughts, feelings and observations about this study. It is my hope that this information will extend or expand upon what is already given within the protocols and as well provide the reader with an insight into what it was like to do this study.

Before commencing the first interviews several assumptions went through my mind. For the most part, my insights into the parental experience of "coming to terms" evolved from conversations with gays and lesbians who disclosed to their parents. This second-hand information filtered throughout my assumptions and I wondered how closely the childrens' stories would resemble those of the parents'.

There were no expectations regarding how the interviews would go. I was aware that for each parent this marked the first time in which they could talk freely about their experience, therefore, time was allotted following the interview for clarification, support and discussion of their experience during the interview.
Once the interviews began it was surprising to find co-researchers revealing their stories with little assistance. For the most part, my role became an observer to the reliving of an important life event. I witnessed a great deal of emotional content and was moved by their insights and discoveries that evolved from the reliving of the experience. I was touched by their reasons for telling their stories; a desire to more fully understand their gay son or lesbian daughter.

The encouragement received along the way fueled my personal motivations for investigating this phenomenon. The genuine appreciative responses of parents were a constant reminder that this study was not only important but essential.

Validation was a concern throughout the entire study. To ensure the intended meaning was given, the co-researcher's exact words were used in the meaning units whenever possible. These meaning units were then checked against the original protocols to ensure that what was written was in fact true to the experience.

During the second interview validation took place by obtaining each co-researcher's impressions of the protocol and meaning units. The second interview was also used to expand upon or clarify aspects of the experience that needed more depth. The contents of this second interview were integrated with the initial meaning units to formulate a
final set of meaning units for each co-researcher. In this study the meaning units were accepted by all co-researchers.

The objective of the third and final interview was to share the themes, phenomenological description and essential structure with the co-researcher. Here each co-researcher confirmed the essential structure as being true to his/her experience of coming to terms with a gay son or lesbian daughter. Since there were no alterations, this remained as the final product. All the themes agreed with each co-researcher's experience except the theme of strengthening the parent-child relationship, as two co-researchers did not experience this.

Since the material presented in this chapter was systematically validated, I feel assured that the results revealed through the analysis are meaningful and reliable.

Each co-researcher spoke of the personal value obtained from collaborating in this study. I also share this sentiment as my personal and professional development have been enriched through the meaning this study revealed.

THEMES

This section presents the themes which reflect both the implicit and explicit experience of parents. These themes will consist of a short title, followed by a description which explains each theme in greater detail. A phenomenological description develops through the
interweaving of these themes and provides the means for revealing the essential structure of coming to terms with a child's homosexuality. The chapter ends with a description of this essential structure.

1. **Shock**: When parents learn their child is gay or lesbian they experience shock. This is associated with a sensation of numbness as parents are in disbelief. Q described this as feeling "stunned." P remembered her shock as "feeling like your heart almost stops." R and M just "couldn't believe it." Although shock presents a blank or dazed appearance, the experience is not a passive one as it is associated with feelings of hurt, anger, panic, fear and confusion. Coping with these feelings, particularly when they are accompanied by shock, contribute to marking this period as a time when parents are "likely to strike out."

2. **Hurt/Anger**: As the shock subsides the hurt and anger associated with it are expressed in various ways. For Q her anger took the form of self and other protectiveness. She didn't want her husband or son to know so they both would be protected from the hurt and disappointment she was experiencing. R manifested his hurt and anger by blaming anyone or anything. P reacted by vowing not to let it ruin her life.

3. **Life Review**: Each parent engages in a life review of their child's development and relationships, searching the past in an effort to make sense of his/her sexual
orientation and present it in a meaningful context. The life review also involves the analysis of their own personal history and development. This "digging deep within yourself" can trigger internal conflicts based on deep-rooted feelings concerning upbringing, sexual attitudes and parenting abilities.

4. **Inability To Understand:** Part of the life review is associated with the parental inability to understand homosexuality, as it lies outside their personal experience. This lack of information and exposure affects the ability to understand a child in their gay/lesbian role. Understanding and acceptance is further hindered through exposure to stereotypical images which tend to foster alienation, thereby making it more difficult for parents to accept.

5. **Guilt:** Parents, feeling responsible for their child's future assume blame for their homosexuality. R blamed himself because he was not around in his son's formative years. Q responded with, "It must by my fault" and thought if she had been more dominant in her maternal role her daughter would not have become a lesbian. M blamed her friendships with gays as the cause of her son's sexual orientation. P thought if she "brought him up differently he wouldn't be gay."

6. **Physical/Emotional Pain:** The guilt, sadness, hurt and disappointment manifests itself through physical and emotional pain. Q was "miserable" and her health steadily
deteriorated. R felt "devastated" and P remembered "feeling pretty sick about it." The pain experienced by M was such that it led to emotional breakdowns and depression.

7. Ambivalence: With limited knowledge and understanding of homosexuality comes ambivalence and confusion which is experienced as "going back and forth between accepting and not accepting" the child in their gay/lesbian role. It's as if, with the revelation of homosexuality, parents see their child as being different from the child they knew before. M went between loving, hating, bothering and not bothering with her son. She didn't know "how to act" around him. R rejected his son and further distanced himself from their relationship. At times P thought it would be easier on her if she didn't have anything to do with R.

8. Hope For Change: Coming to terms is affected by parental reactions associated with the inability to accept their child in a stigmatized role. Initially, all one sees or associates with their child are the stereotypical images of gays/lesbians. Viewing their child in this context stimulates a hope for change back to the heterosexual lifestyle. P hoped for a change by pleading with R to "try to be heterosexual." Q thought her daughter's lesbianism would "go away" if she kept it a secret. R and M couldn't believe it, hoping it was a stage in P's development that would eventually lead him back to the heterosexual or normal
lifestyle.

9. **Preoccupation**: Coming to terms is associated with preoccupation. This constant attention affects daily routines as parents thoughts, feelings and actions are focused on their child and the issues that the disclosure of their sexual identity brings about. It was always on M's mind, to the point that it prevented her from sleeping and eating.

10. **Coping**: The strain of this preoccupation is assisted through the use of coping devices that help deter thinking about it. M went for long walks and turned to alcohol as it helped her to forget her pain. Q went out more often as she felt being with people kept her from crying and feeling glum.

11. **Isolation**: A sense of isolation is associated with learning a child is gay/lesbian. This feeling is represented by thinking you are the only one with a gay child, thereby reducing the potential for support and therapeutic discussion with others. For Q it was a "lonesome" time as she couldn't talk to anyone about it. P thought she was the only one with a gay child therefore had to maintain its secrecy. After learning her son was gay M's feelings of isolation led to her withdrawal from social and intimate relationships, thereby severing the ties of a potential support network.
12. **Loss/Grief**: Feelings of loss are identified as anticipated images of their child's future become altered. This experience takes on different forms. P "grieved" for the image she expected or wanted her son to be. Q spoke of loss as "a personal experience that you keep to yourself." M described her loss as "something eating away inside." It was like her son had died and she was experiencing grief over their lost relationship. The loss of the image of a normal future brings with it common feelings of sadness and disappointment over the realization that their son/daughter would not marry and have children.

13. **Fear/Worry For Child's Future**: As the child will not be following what is considered the normal lifestyle, parents experience fear and apprehension concerning their child's future. M and R, recognizing the discrimination against gays, worried about how their son would handle it. P's biggest concern was that R would be lonely in his later years. All parents worried about the affects of the gay/lesbian lifestyle on their children's career choices and professional development.

14. **Conditional Acceptance**: Acceptance of a gay son or lesbian daughter is conditional as it is acknowledged with accompanying feelings of disapproval and disappointment and the ultimate wish for a return to the "normal lifestyle." Parents are willing to accept and adapt to the degree they have to in order to continue their relationship with the
child. R sees it as a "compromise to keep up contact." P wishes R was "straight", yet she is willing to accept his views and lifestyle. M sees it as something she has to accept in order to maintain contact and be available for support should P need it. Q describes her acceptance as, "It's not what we wished, we don't approve and we're still disappointed but we do accept it." Time is a factor associated with coming to terms as parents become more accepting and comfortable as time progresses. This acceptance is further assisted as parents perceive their child to be happy and secure in themselves and in the choices they have made.

15. Creating a Rationale: Coming to terms is affected by one's own thinking and reasoning. M's "digging deep and thinking" helped her in accepting and understanding. P's thinking led her to view R's lifestyle as normal to him as the heterosexual lifestyle was to her. Her creation of a rationale moves her to question the status quo which leads to her conclusion that married life, or the heterosexual lifestyle, brings as many problems as her son is likely to have.

16. Support/Validation of the Parental Role: A sense of relief is associated with support from others. When parents disclose, feelings of isolation and guilt diminish. Such validation can come about through a variety of sources. P's role as a good parent was validated through his
psychiatrist. Q's guilt feelings were helped through confiding with her family physician. When she was finally able to tell her husband, she described herself feeling as if a weight had been lifted from her. As P felt she could not talk to anyone (except her husband) about it, her outlet for support came through television, books and the media which presented the gay lifestyle in a positive and normalized way. This normalizing evidence provided the validation needed to relieve her of the blame.

17. Validation/Normalization of the Gay/Lesbian Lifestyle: One of the initial reactions to finding out a child is gay or lesbian is to place them in the stereotypical roles that society has defined. Recognizing this, as well as the fact that the role of gay or lesbian goes against the "norm", motivates parents to seek sources (i.e. books, films, television, experts) that present successful gay role models. It is this favorable representation that provides normalizing proof. The degree of acceptance depends upon how normal or attractive parents perceive these sources. U's choice of partner made it easier for her mother to accept her sexual orientation, as she was loved by all and welcomed as a family member. P felt more open and accepting after she learned about the large number of gays who were "extraordinary" figures throughout history. R's acceptance was hindered by his limited knowledge of the gay lifestyle, as was M's whose attempts to find positive gay images were unsuccessful.
18. Strengthening of Parent-Child Relationship: The process of coming to terms with a child's homosexuality can have a positive affect on the parent-child relationship, as P and Q experienced a strengthening of the relationships with their children because they felt "close enough" to disclose to them.

PHENOMENOLOGICAL DESCRIPTION

The themes (constituents) previously identified provide the basis from which to describe the essential structure of coming to terms with a gay son or lesbian daughter. The essential structure evolves from the interweaving of themes and their meanings in an attempt to arrive at a more general or universal feeling of the experience. The description of the elements comprising the essential structure of this experience are presented here.

Coming to terms with a gay son or a lesbian daughter is an ongoing process. Learning a child assumes the stigmatized role of homosexual initiates shock and disbelief which is experienced as being "stunned" "blank" and feeling like your heart stops. Q describes her shock as a dead feeling. "I heard it in my ears but I didn't seem to hear it in my heart and body." Although this experience may appear passive, it is not, as it is associated with anger, hurt, guilt, blame and confusion.
Preoccupation with these feelings leads to the implementation of coping devices that serve to distance parents from the issue so they won't have to think about it. Keeping busy is one such device used in coping with these overwhelming feelings. M couldn't stop thinking about it so kept herself busy by walking. In public it was easier for Q not to think about her daughter. "You can't cry or be too glum walking among people." This need to keep busy is also associated with the inability to accept the child in the stigmatized role, as well as the underlying hope for a change back to the heterosexual or normal lifestyle.

When parents begin to think of their son or daughter as gay or lesbian, physical and mental pain surface. P was "sick" about it and remembered it as a very draining experience. Q was "miserable" and couldn't stay alone. It was like she was both physically and emotionally weighted down. M became depressed and would break down and cry whenever she talked about it. Such reactions are associated with the fact that homosexuality lies outside the parental experience thereby affecting their ability to understand. As parents are limited in their understanding of homosexuality, they experience confusion surrounding its nature and consequences.

Ambivalence is connected with this as parents in this situation must make a choice to accept or reject their child. Initially parents don't know what to do or how to
respond to their child in his/her role as a gay or lesbian. It's as if, with the revelation, they view their child as being different from the child they knew before. This ambivalence is nurtured by the stigma society places on homosexuality. Such attitudes add to their concurrent feelings of love, hate and rejection. M fluctuated between loving, hating, bothering and not bothering with her son. Q described this feeling as "going back and forth between accepting and not accepting" her daughter as a lesbian. R's ambivalence centered around his son's motivation for disclosure as he thought P was using it as a means to break up R's marital relationship. This experience led to the rejection of his son. Although P loved R deeply, she went through periods of thinking she didn't want to be "bothered with him" or see him anymore.

In an attempt to make sense of their thoughts, feelings and actions parents engage in a life review. In this reflecting back there is a focus on the child's development and relationships and in particular their own relationship with the child. This need to understand why he/she is gay/lesbian relates to their own feelings of guilt and blame and the sense of responsibility a parent feels for their child's future. There is a feeling, if they had done some things differently their child would not have become gay or lesbian. R blamed himself because he wasn't around during his son's formative years. Q thought if she had acted more "dominant" towards her daughter, she would not have become a
lesbian. M thought of her homosexual friends and blamed her association with them as the cause of P's sexuality. As children are expected to act according to their sex roles, P thought if R had been encouraged to engage in the more "masculine" activities (i.e. football, hockey) he may not have turned out gay.

The life review can also involve the analysis of their own personal history and development, which can trigger deep-rooted internal conflicts concerning upbringing, sexual attitudes and parenting abilities. Exposure to such feelings leads to the search for validation of their role as parents and further understanding of their child in his/her new role.

Validation can come from a variety of sources including literature, media, experts, family and friends. P's position as a good parent was reinforced as she became aware of the large number of gays who led successful and productive lives. The knowledge she gained through reading and the media helped her in seeing that she "wasn't the only one" with a gay child and that the gay lifestyle "may not be that bad after all."

Q's validation came through discussions with her physician and husband and R's support came through his psychiatrist who reassured him his absence was not the cause of P's sexual orientation. M's inability to experience validating sources, on the other hand, contributed to her
pain in coping and coming to terms with her son.

The life review and validation sources, then, aid in clarifying the parental role and assist in the relief of guilt and blame, thereby opening the way for further knowledge and understanding of the child and the stigma itself.

Upon learning a child is gay/lesbian, an initial reaction is to fit the child into the stereotypical role. Viewing a child in these stereotypical contexts stimulates hope for change back to the heterosexual lifestyle. P expressed such feelings verbally to her son by "pleading" with him to "try to be heterosexual." By keeping her daughter's lesbianism to herself, Q thought it would eventually go away. M and R still find it hard to believe and hope that their son will go back to being "straight."

Recognizing that homosexuality is a stigmatized role that goes against the norm creates a further need and desire for parents to find normalizing evidence that presents gays/lesbians and their lifestyles in "normal" and acceptable ways. This normalizing element provides exposure to gay role models eminating success and emotional stability and stimulates parents to question and challenge the stereotypical viewpoints and replace them with "normalized" ones.
Validation and normalization of the stigmatized role is further reinforced as parents, in becoming acquainted with other gays/lesbians, view them in an attractive light. Just as stereotypical images confirm fears and serve as blocks in "coming to terms", so can exposure to positive or normalizing information open the way to understanding and eventual acceptance. Q's acceptance of her daughter as a lesbian was made easier through her choice of partner, as E was loved by all and accepted as part of the family. P became more accepting as she became acquainted with her son's friends and found them to be "no different" from herself. M and R's acceptance was hindered as they were unable to experience such normalizing proof. M "kept thinking about all the bad things you hear about gays." As parents come to perceive and experience gays/lesbians in a positive light and as no different from normal others, their anxiety and nervousness subside and they become more comfortable in dealing with their gay or lesbian child and the issue of homosexuality itself.

Knowledge of a gay son or lesbian daughter affects the parent/child relationship as parents view their child differently. M's relationship with her son kept "deteriorating" as she was unable to see him as the same person. Although R was not close to his son, knowledge of his sexuality further distanced their relationship. Both P and Q experienced a strengthening of their relationship because their children felt "close enough" to disclose.
In coming to terms with changes in their relationship, feelings of loss are identified as parents experience sadness and disappointment over the loss of the image they expected or wanted their child to be. This loss is a unique experience, described as feelings varying in intensity from disappointment, through the feelings of grief as experienced by death.

The focus of the experience is on the realization that their child's future as well as their own will not bring children or grandchildren. Knowing their child will not be following the norm initiates additional feelings of apprehension and concern about the child's future in general and how he/she will cope with the repercussions (i.e. prejudice, career/social restrictions) of their sexual orientation.

Coming to terms also affects social and intimate relationships. This is a lonely time as parents feel they are the only one with a gay or lesbian child, therefore it's something that can't be talked about. Coping with this isolation is experienced through distancing, secrecy and covering which diminish the opportunity for therapeutic intervention and alter relationships with others.

M's experience of isolation left her unable to relate to anyone. This led to her withdrawal from all social ties as well as her sexual relationship with her husband. P's sense of aloneness was experienced as a blockage in telling
others. Maintaining this secret for self protection and the protection of her son altered her interactions with friends as she became uneasy around them in anticipation of inquiries about her son's lifestyle. In an effort to alleviate such feelings she utilized covering devices as coping measures. Although R did not perceive changes in his social relationships, he was worried that if colleagues and friends found out it would "harm" his relationships with them. The fear of his friends "making fun" of him added to his shame and embarrassment further blocking his way to acceptance.

Movement through these blockage points is assisted by one's own reasoning. This process of "digging deep" within oneself promotes the questioning of the "status quo" and the concept of normalcy and generates conclusions that if the child is happy, productive and secure with their own sexuality, then that is the "normal" lifestyle for him/her. Through challenging the "status quo" P moved to the insight, later on in her acceptance process, that "It's not all that great being married because they have just as many problems as R's going to have."

Acceptance of a gay son or lesbian daughter is conditional, as it is acknowledged with accompanying feelings of disapproval, disappointment and the ultimate wish for a return to the "normal" lifestyle. Parents experience acceptance as a back and forth process in which
they adapt to the degree they have to, in order to maintain contact and comfortability with their child. As parents move through the adjustment process, feelings of disapproval and disappointment diminish making way for a fuller acceptance and understanding. This is assisted by the passage of time which allows parents to become more informed about their child's lifestyle and confident that the child is secure and happy.

ESSENTIAL STRUCTURE

Coming to terms with a gay son or lesbian daughter is an ongoing process. Learning that a child had assumed the stigmatized role of gay or lesbian initiates shock and disbelief, which is associated with anger, hurt, guilt, blame and confusion. Preoccupation with these feelings leads parents to employ the use of coping devices that distance them from thinking about it.

Physical and mental pain surface when parents begin to think of their son or daughter as gay or lesbian. The parent-child relationship becomes altered as parents, in their inability to understand, experience ambivalence described as concurrent feelings of love, hate and rejection towards their child. Further on in the acceptance process parents may experience a strengthening of this relationship. This is associated with the fact that the child felt close enough to the parent to risk disclosure. To make sense of their experience parents engage in a life review. This, as
well as validation sources (i.e. books, family, friends, media and the medical profession) assist parents in understanding and helps clarify their role in the child's adoption of his/her sexual identity. Through the life review and validation sources parents are further aided in the release of guilt and blame. The life review also involves the analysis of their own personal history which can trigger deep-rooted internal conflicts.

Recognizing that being gay or lesbian is a stigmatized role which goes against the norm, fosters a need to seek out evidence presenting gays and lesbians in an attractive light. Exposure to these positive images stimulates parents to question and challenge the stereotypical images and replace them with more acceptable ones. As parents begin to perceive gays/lesbians as no different from normal others, they become less anxious in dealing with their gay son or lesbian daughter and more at ease with the issue of homosexuality itself.

Coming to terms with a gay/lesbian child marks a lonely time for parents. They may cope with this isolation through the use of secrecy, passing, distancing and covering which may serve to create a blockage in intimate and social interactions.

Recognizing their child's future will not bring children, initiates feelings of apprehension and concern as parents experience disappointment over the loss of the image
they wanted or expected their child to be.

Acceptance of a gay son or lesbian daughter is conditional as parents, in their acknowledgement, experience feelings of disapproval, disappointment and the ultimate wish for a return to the heterosexual lifestyle. It is experienced as a back and forth process assisted by parental attempts to create a rationale to help them understand more fully.

The temporal element relates directly to the degree in which parents can accept their child's sexual identity, as parents, with the passage of time, become more understanding and accepting. This comes about as parents perceive and believe their children to be happy and secure in their lifestyle choices.
CHAPTER FIVE

DISCUSSION

The phenomenological experience of coming to terms with a gay son or lesbian daughter has been presented in Chapter Four. This process was found to consist of a number of themes which, when integrated, took the form of a story depicting how a parent comes to terms with a gay/lesbian child. The meaning of this phenomenological experience was presented in the Essential (fundamental) Structure.

This chapter will explicitly state thoughts and awarenesses concerning the results of this study and as well discuss conceptual and practical implications. The discussion will conclude with suggestions for further research.

LIMITATIONS

The focus of this study was the process following the knowledge that a son or daughter was gay or lesbian. This encompassed understanding the meaning of the experience of coming to terms with this information. Although previous factors (i.e. unconfirmed/confirmed suspicions of a son's/daughter's homosexuality) may have affected co-researcher's thoughts, feelings and actions, they were not a concern in this study.
Keeping in mind that Existential-Phenomenology does not seek to dispose of an individual's unique qualities in order to apply its results to every person in all situations, this assumption can serve as the foundation for understanding the meaning of coming to terms with a gay son or lesbian daughter. In this study the results have meaning for the four co-researchers who told their stories of coming to terms with a child's stigmatized sexual identity. With this limited number one must acknowledge the flexible nature of the essential structure. Given this information, the essential structure presented in this study can be expanded and developed in order to create a more integrated and universal structural understanding of the phenomenon.

This study was the first to investigate the phenomenological nature of coming to terms with a child's homosexuality. Since it breaks new research ground, it establishes a beginning or foundation on which to extend and develop its meaning and understanding. As it represents the first opportunity for parents to talk about the meaning of their experience, stories were presented in a clear coherent fashion. Although clarity assists in creating an understanding of the phenomenon, it decreases the potential for a deeper understanding of the experience. It is my assumption that these stories could be elaborated, thereby expanding the meaning of their experience in a number of areas (i.e. family, workplace, religion and social settings).
The generalizability of this study is probably limited somewhat, in that all but one co-researcher was female. From the review of research on acceptance of disabilities by researchers such as Wright (1960) and Jaques, et al. (1970) there is evidence suggesting women tend to be more tolerant of differences than men.

CONCEPTUAL IMPLICATIONS

The conceptual implications of this study are consistent with the parental reactions presented in Chapter Two. The process of coming to terms with a gay son or lesbian daughter is directly affected by societal attitudes towards sexual lifestyle choices. In concurring with the works of Coleman (1981/82), Goffman (1963) and Simpson (1976), this study supports the findings that parents are also victims of the stigma society places on being gay or lesbian as stigmatization serves to hinder the development of accepting attitudes towards sexual lifestyle choices and contributes to a parent's inability to understand and adjust to their gay/lesbian child.

Simpson's (1976) discussion of the effects of the stress society places on a parent to develop normal behavior in their children is also reflected in the findings of this study. Each co-researcher, in their struggle with societal conditioning, experienced a fear and reluctance in understanding both the child in their sexual role and the issue of homosexuality itself. This reluctance to confront
and explore the topic of homosexuality also supports the findings in Saghir and Robin's (1973) study. This hesitancy, on the part of parents, is especially noticeable in the earlier stages of their adjustment process. As parents move further along in their acceptance process the reluctancy subsides, although certain aspects of the gay/lesbian lifestyle (i.e. the sexual nature of homosexuality) remain unquestioned and unexplored.

Clark (1977) reported that societal attitudes and conditioning could manifest into beliefs of parental blame. This was the experience of each co-researcher as they spoke of their belief that they were the cause of their son's or daughter's homosexuality. The formulation of these beliefs prompt co-researchers to review their own past history and development as well as their child's. In this review of the past, parents search for clues that may help them uncover reasons why their child is gay or lesbian. This study further revealed that engaging in a life review assists parents in placing this information into a context that lends itself to the development of an understanding and eventual acceptance of a child's sexual identity. If parents are to acknowledge and make sense of their experience of coming to terms with a gay/lesbian child, they must be willing to re-examine their own attitudes and beliefs as it is through this process that a readjustment in thinking can occur.
Myers (1981/82), Fairchild and Hayward (1979) and Silverstein (1977) reported that physical and psychological symptoms were associated with learning a child is gay or lesbian. They identified feelings of guilt, anger, shock, hurt, blame, isolation and ambivalence as possible parental experiences. The results of this study are consistent with the above parental reactions. Each co-researcher spoke of these symptoms and feelings as key elements in their experience of coming to terms with their gay/lesbian offspring. These symptoms associated with "coming to terms" can be alleviated by increasing the availability of literature providing accurate information on homosexuality and presenting the gay/lesbian lifestyle as one with the potential for healthy satisfying relationships (e.g. Bell, Weinberg and Hammersmith, 1981; Saghir and Robins, 1973). Reactions may also trigger internal conflicts. This view of Silverstein's (1977) was also a finding of this study as co-researchers reported the surfacing of deep-rooted feelings concerning their own upbringing, sexual attitudes and parenting abilities. The results of this study further showed that attempts to confront and resolve these internal conflicts could assist parents in their own personal understanding, as well as help them through the acceptance process.

Reactions to the knowledge of homosexuality as well as the stigma attached to it, can lead to changes in social and intimate relationships. As in Myers' (1981/82) work, this
study showed that coming to terms with a gay/lesbian child can lead to a weakening or strengthening of the parent-child relationship as well as challenging the stability of the marital relationship. In supporting Goffman's (1963) views, this study indicated changes in social relationships associated with feelings of tension and self-consciousness surrounding the possible disclosure of a child's stigmatized sexual identity. Co-researchers talked of reactions ranging from total withdrawal from social contacts, to the withholding of information concerning their child's stigmatized identity through secrecy and covering.

This study also indicated feelings of loss as a parental reaction. This is similar to the grieving process that occurs as parents experience the loss of the image of their child as married or having children (Myers, 1981/82).

As in Coleman's work (1981/82), this study reported a conditional element to acceptance. This study found that what this meant for parents was a willingness to accept the child in their sexual role, to the point they had to, in order to maintain contact. Although total acceptance (unconditional acceptance) was not found to be a result of this study, the conditions surrounding the acceptance of a gay son or lesbian daughter decreased with the passage of time, an increased knowledge and understanding of homosexuality and the reassurance that the child is happy and secure.
The results of the study indicate the limitations of the approaches. This study is the first to investigate the meaning of coming to terms with a gay son or lesbian daughter and the first to provide a thorough description of the experience. When one reads the phenomenological description and the essential structure, they can come to understand the meaning of coming to terms with a gay/lesbian child in a personal way. It is this essential structure of meaning that can provide the basis from which theory, research and practice can evolve.

COUNSELLING IMPLICATIONS

The results of this study have several implications for the field of counselling psychology. Firstly, it identifies a large group of people, namely the parents of lesbians and gays who experience an adjustment process that could be facilitated through the help and support of a counsellor. This allows the counsellor the opportunity to understand and identify the meaning of coming to terms with a gay son or lesbian daughter. The ability to recognize aspects of this experience places the counsellor in a position where he/she can assist parents in coming to know their personal experience in the adjustment or acceptance process.

The role of the counsellor can have a great affect on parents as they try to make sense of their experience. For most, seeing a counsellor marks the first time a parent is able to discuss their experience. The counsellor can be an
active listener and provide a safe and trusting environment where the parent can talk confidentially and come to understand their experience. The counsellor should keep in mind the complexity of this experience as coming to terms with a gay son or lesbian daughter is highly personal and a parent may need a lot of time to adjust. This process may involve confronting and resolving inner conflicts as parents come to terms with their own self-identity. Therefore, the counsellor must be sensitive to a parent's readiness in order for them to understand their experience more fully.

The stigmatization of homosexuality affects the process of coming to terms with a child's sexual identity. The counsellor could assist parents in challenging and understanding the evolution of this stigma and the part it plays in their acceptance process. The counsellor could educate a parent about the current theories and positions on homosexuality that release parents of blame, suggest reading material on the subject (e.g. Clark, 1977; Fairchild and Hayward, 1979; Silverstein, 1977) and recommend group counselling or support groups. Learning about homosexuality and gaining a support network can serve to diminish their sense of isolation, validate their parenting abilities and open the way for breaking down the existing barriers between parent and child.

This facilitation, through education and support groups, helps them in gaining a clearer understanding of the
nature of homosexuality which serves to alter their perception of the gay/lesbian lifestyle. Parents can use this change in perception to generate social, political and psychological changes reflecting more accepting attitudes towards homosexuality.

The findings of this study have meaning for counselling issues other than coming to terms with a gay/lesbian child. Since the themes revealed how parents come to terms with an unexpected life event, the same phenomenon is likely to occur as parents come to terms with other unexpected adjustments. This potential generalizability is of importance to counsellors as the themes have relevance for parents adjusting to other life events such as an offspring's unexpected career choice, onset of a disability, inter-cultural marriage, criminality or marriage dissolution.

The transferability of these results can assist the counsellor in learning strategic ways of coping with feelings and attitudes brought about by a number of life events for which there are no guidelines to follow. Counsellors can reassure parents that reactions such as guilt, fear and pain are appropriate because the unexpected is not easy to accept. Such generalizations are useful to parents as they contribute to a fuller understanding influencing the effectiveness in handling their personal adjustments.
IMPLICATIONS FOR FURTHER RESEARCH

It is hoped the essential structure or meaning revealed in this study can be used as a foundation for building upon, developing and expanding the meaning of coming to terms with a gay son or lesbian daughter. Since this can be seen as a beginning, questions concerning related areas remain open for exploration and investigation.

This study deals with parents of independent children. How do parents of dependent children (i.e. teens) experience "coming to terms" with their child's homosexuality? Other questions also come to mind. For example, how do parents in other cultures "come to terms"? Does the gender of a parent or a child affect the acceptance process? In light of the recent research on AIDS what affect does this have on the parental reaction? How does a gay/lesbian parent experience this process? Further investigation into the above areas could add to the universality of the experience.

Learning about the homosexuality of a child can precipitate various problems for a parent (i.e. marital conflict, self-identity conflict, family crises). As society, in general, finds it difficult to cope with differences, its social prejudice affects each family member and is therefore an influential force upon family life. This has practical relevance for counsellors as they can learn to identify these problems and develop criteria for viewing the various aspects of this experience.
The foregoing are suggestions for future research in an area that lends itself to the existential-phenomenological approach. Additional research can lead to further understanding of parental and family needs and the best methods for meeting them.

CONCLUSIONS

This study addressed the meaning of coming to terms with a gay son or lesbian daughter, using the existential-phenomenological approach. Four co-researchers were included in the study based on the criteria they had experienced coming to terms with a child's homosexuality and were able to clearly articulate this experience to the researcher. The co-researchers were asked to describe their experience as if they were telling a story; with a beginning, middle and end. The descriptions were tape-recorded and transcribed over two interviews. The protocols were then broken into meaning units and compared to those of each co-researcher. The researcher and co-researcher validated and verified what was revealed at each step of the analysis. From these meaning units, themes (constituents) and the essential structure (meaning) evolved, the results of which were shared and validated in a final (third) interview.

Following the explication of themes, a thorough phenomenological description evolved from which the essential structure or meaning of coming to terms with a gay
son or lesbian daughter was revealed. From the meaning found in this study, personal assumptions, limitations and contextual and counselling implications were discussed. The study concluded with suggestions for further research.

Coming to terms with a child's homosexuality has meaning for a significant number of parents. As its intrusion affects their daily lives, those involved attempt to make sense of their experience. Hopefully, understanding and knowing the full meaning of "coming to terms" will serve to make the lives of all those who share in the experience more meaningful.
REFERENCES


Oberholtzer, W.D. Subduing the Cyclops. A Giant Step Towards


APPENDIX A

Outline and Nature of Interview Questions

The interview will be unstructured with the primary focus being on the subject's experience of coming to terms with their child's homosexuality. The general format of the interviews is as follows:

"I am doing a study to understand the meaning of the parental experience of coming to terms with a child's homosexuality. The stigma attached to the homosexual identity manifests itself in various ways (i.e. testing parent-child relationship). I will be asking you questions about your experience of coming to terms with this stigmatized role."

"I would like you to begin by thinking back to the time when you learned you son/daughter was gay/lesbian. In as much detail as possible describe this experience especially with regards to your feelings, thoughts, and actions. It may help you to think of your experience as a story with a beginning, middle, and end."

In addition some related questions will be asked if they are not covered in the above description. The nature of these questions is as follows:

What key factors opened the way for your personal understanding?

What were the major stumbling blocks?

What were your thoughts and feelings about yourself during this experience?

What were your thoughts and feelings about others during this experience?

Were there any changes in your perceptions? What brought them about?

What helped you the most in coming to terms?

Do you feel you worked it through?
APPENDIX B

Interview 1 (Case M)

M: P said he wanted to talk to me so he says I'm gay. I said you're kidding. He said no I'm not. I said how do you know your're gay? He said I've been gay since I was twelve. I said you're crazy. It's not true. He said well it is. Then he got mad and took off. I was left with this empty feeling. I was shocked, hurt, I couldn't believe it. I was upset and started to cry. Until I saw him 4 - 5 days later, I couldn't sleep 'cuz it was on my mind. If I did sleep I dreamed about it. I was always asking myself questions. How come? How did he know? I went back to the past to all the gay friends I knew to pick up something that could have happened there, but I couldn't catch anything going on there. I couldn't figure it out. I got scared 'cuz I didn't know whether he'd get AIDS or not. I cried and cried, I didn't know what to do. Finally I thought there must be some society to help me, so I found out about SEARCH. We, P's father and I, went down there and talked to a couple of fellows. One was real nice and the other was opposite, the kind of homosexual who feels you have no right to question. The other one understood 'cuz he couldn't tell his parents for over two years. He said, "Your son must love you a lot if he could tell you he was gay." That still didn't make me feel comfortable with it. I thought no he can't be. He's too kind, naive, too good-looking. All these things came into it. What life is he going to have? Is he going to get a job? What kind of gay will he be? I didn't really know if he was, so to help me from being upset, I said I had to find out. I phoned around to find some doctor who dealt with homosexuals in order to explain to me and to P if he was really gay or not. All the while I'm churning inside, crying, not knowing how to feel. I didn't want P to touch me. I couldn't believe something like this could happen to my kid. I didn't want him to kiss me. I would think of him being with other men and it made me sick. I wanted to love him and at the same time I didn't want to. Finally, R told his doctor who sent us to Dr. S. When he came out to see us, he was gay himself. He said, "You have a very nice gay son." I thought I was dealing with a doctor who took on homosexuals in his practice and could tell me if P was gay or not. This doctor was gay himself and I got the impression that he was pleased to have another gay patient who he could tell how to be gay. I needed this like I needed a hole in the head. So he brought us into his office and told us it's not wrong being gay. By this time I was ready to throw up. I couldn't accept the fact that his sexual acts would be so different from my own. He told P, "Go kiss your mother," but I couldn't. I didn't want him to touch me and I was so upset about it. I still loved him because P and I had a very close relationship but I couldn't
bring myself to accept that he was gay. I kept thinking if it was true. I couldn't eat and all the bad things you hear about gays you wonder if he's going to turn out that way. Your mind is blown. I thought that gays I knew as friends might have done something to him. I think the thing that helps is time. There was so much battling back and forth. At first I didn't want his gay friends here. I was even scared of him using the bathroom. I still didn't know which way to think so I went to my own doctor. That's an exercise I wouldn't want anyone to go through. For twenty-five minutes he told me from square one what gays do sexually. He saw it as a joke. He was flippant. He told me about how P should use condoms. I kept saying don't tell me more because I'm getting sick. He said you can throw up in my wastebasket. I left and didn't go back there again. I couldn't accept the way he told me and going into detail about sexual stuff and diseases. I was so upset. I couldn't understand. It was a worse shock than finding out I had cancer. On a scale of ten this was at least an eight. I look at P and I must say it's something I haven't gotten over but have learned to live with it. We had our ups and downs. He was aggressive. I couldn't say anything to him. He was mouthy. We couldn't talk. He stormed in and out. Our relationship kept deteriorating, yet my love was there. I felt pulled and pulled. Then I found the only way I could live with myself without being upset and sick was to live with it, take the good times with the bad. He would ask me to go for walks along the beach, in gay cruising territory which was hard on me because I would see all this and come home drained. I didn't want to not go with him because I didn't want to lose his love or friendship, yet at the same time I didn't want to subject myself to that kind of an outing. Finally he joined a gay group plus continued to see Dr. S for six months. He doesn't talk to me about sexual activity because I can't deal with it. This has been going on for three years. The first year and a half was the worst, coming together to accept he was gay and being able to do it without feeling panic, fear, hurt and crying. It took me a year and a half before I could actually deal with it because I was going between hating, loving, bothering, not bothering with him. I didn't know how to act. When he came I would be nervous because I didn't want any outbursts. I wanted to know what was happening and at the same time I didn't so I didn't ask him any questions that might make him react. This was a change for me in how I was with him before because I finally had to accept it. So, after one and a half years I talked to him and said if that's the way you're going to be that's fine, but spare me the gory details and look after yourself. I asked him not to go with older men because I didn't want that. Now that he's with the group he can identify with others. He's bringing his gay friends here and I find them, for the most part, very nice and conservative. I feel if they can handle being gay and are happy with it, then I will be happy with it. I think if P got to the point where he couldn't handle being
gay I would go back to the same feelings I had at the beginning when I found out; the fear, worry, apprehension. I can't handle his flamboyant friends because it makes me feel very uncomfortable. I do go out with him and his friend N, but I feel uncomfortable because other gays look at me as to say what are you trying to do. Are you trying to pass your kids off to gay prostitution or something? I get this feeling so it's a traumatic experience, but I've tried not to dwell on it because if I don't go when they ask me, I don't want to hurt them by saying no. I'm still not sure whether P is testing me or trying to hurt me with this gay deal. I feel if I want to keep P's love and friendship I'll have to go along with this. This makes me mad sometimes because I think how come I have to change for you but you're not willing to change for the straights. This has always been a running battle for us and when we have a battle of him being gay I always go into a depression. So, I'm always nervous around him because I'm always trying to make things nice. This is still an edgy situation but I find if I do it this way I don't have as many problems. Now another confusing thing has entered the picture, a girl, not a lesbian, a straight girl who's crazy over P and P is crazy about her. This puts me in a dilemma in my acceptance of P being gay because I'm thinking, is he going to come out of this? Is this a phase he's going through? Is this just a friendship? She accepts him being gay but I'm not sure of what they have going. I'm hoping for something but I'm not getting my hopes too high.

E: You talked about feeling edgy and nervous around P. Is this different from how your relationship was before finding out he was gay?

M: Yes, I've always told P exactly what I felt and thought, but I was so afraid of alienating him and losing him. That's why I was always so nice. I figure I have to hang on til he's twenty. Then he'll know if he's completely gay. He's got it in control or he's not. By then he should have something going for himself and I can feel more relaxed. If I was toalienate myself from him how could I be there if he needed me?

E: During this time what were your feelings towards others?

M: I used to worry at first because I didn't want people to know he was gay. But once P came to visit me and a girl who looks after the building said, "Your son is gay." I said, "Yes." She said, "So what?" After that I thought, why should I say no when people ask if P is gay? Before that, I didn't want people to know, but after that I thought why should I hide it. It's not as if the world's come to an end. It's not such a bad thing if he can handle it. I only thought it would be harder for a gay person to survive in this world than a straight and this made me feel sad for P. So I've got
to the point where I don't care what people think.

E: What helped you the most in coming to terms with this?

M: I didn't want to lose P and fear of losing him kept me trying my best to be there to understand it all. I was also able to help my own self by my own reasoning, pulling it all together after the initial shock. This was helped by seeing a psychiatrist who gave me books and talked about it, but mostly was by digging deep within yourself, rationalizing, thinking about it, mostly by myself.

E: Do you feel you worked it through?

M: I'm not sure. I still have that feeling like I'm masquerading. I go out of my way to be nice and watch everything I say. I have to be on my guard. I still am not sure if he's trying to use this to manipulate me. It's still very fresh, very hurtful and very real. I haven't completely accepted it. I'm still hurt about it but I'm able to deal with it, whereas a couple of years ago I couldn't.
Interview 2 (Case M)

E: What does coming to terms mean for you?

M: It means I have to accept it. I can't say I totally have. I try by being nice to his friends cuz I feel if I try to be happy, be careful of what I say and make things for them when they come over, then that will make me feel better. But if some remark concerning the gay lifestyle happens, I'm right back at square one again. So I haven't totally accepted it but this is my way of trying to come to terms with it. I try not to get too serious and ask questions like how's your health cuz I feel at least I still get to see him and know that he's OK. For me it's better to be jovial and mask the hurt than not see him at all.

E: Did you grieve?

M: Yes, very much. It was like he was dead. Things we used to do I couldn't stand. I didn't want him to touch or kiss me or even sit close to me. He was forever holding my hand but I just couldn't do that either. So this was eating away at me. This was my grief. This is how I felt and I still feel, like I lost that relationship we had before I found out he was gay. I can't relate to anyone else either. R and I don't have anything to do with each other not since this happened. We never get close anymore because if I would the first thing that comes to my mind is what would P be doing. I guess it's because P and I had such a good relationship before that anything that pertains to that brings it all back. All the hurt comes back about his lifestyle and whether he's going to make it or not.

E: What has helped you the most in reaching the acceptance you have today?

M: My own fear of losing him. I'm a very sensitive person, and feel sorry for P in how he's going to make out in life. Therefore I feel I have to be understanding, have to mask my feelings in order to make sure he's all right. Also to listen and read more about it.

E: What do you feel is hindering you from accepting beyond the point you have reached?

M: Scared. I'm afraid because gays are so discriminated against, and even though I'm hurt by him I still feel I'm the one who has to put this aside and be there for him in case he needs me. Maybe if he was older I wouldn't feel this as much, but it's as if he's not the same son he was before he was gay. It's just not the same feeling.

E: What would you tell a parent of a gay child if they came
to you for support?

M: I would tell them to expect all kinds of things. To expect changes in their relationship with their son and husband, upheaval, crying, not sleeping, the dreams. Everytime you see a gay on the street you'll be wondering if that's going to be my son. It's like a whole changeover in your life that you have to try and come to terms with. It might be better to move to another town so they don't see them often. I would offer my support in any way I could. Talk to them, spend time with them, do things with them to help get their minds off it cuz their whole life will change. They will be lonely because you're lonely within yourself. I think this loneliness is also my grief and this is why I have a hard time talking about it, why I cry and break down because I'm still grieving. I'm trying to tell myself that he will be able to handle the discrimination and responsibilities of being gay, yet I see kids selling their bodies and he's at the turning point and I wonder which way he will go. P wants the best things out of life so I wonder which way he's going to go.

E: Is there anything you would like to add that might further the meaning of your experience?

M: Yes. When something happens that P rejects me I don't know who to turn to or talk to so the hurt is there and I go and get something to drink, to numb it away. It's my way of release and I cry. This always happens over P. Things he says or comes out with. We always did everything together. Now sometimes he really rejects me and uses me. I don't know how he's going to react to me and this confuses me and keeps me from working through him being gay. I love him so much and we've been so close and I guess that's why I find it so hard now cuz he's choosing that other type of world and I'm allowed in when feels like it and kicked out when he wants me out. That's hard for me to accept. One minute I'm happy, the next I'm crying.
Interview 1 (Case P)

P: The night that R told us we weren't that surprised because he was quite old and hadn't had any girlfriends, just friends. He told us and I remembered the shock of feeling like your heart almost stops when you really found out. At this point, because I had been brought up strictly, I hardly knew what gays or homosexuals were. So R told us and we talked. We told him we still love you but it is a shock. He went home and A and I talked about it. At first we got a little mad, angry. Why, he won't be married. He won't give us grandchildren. I remember then saying, we're not going to let this ruin our lives. It's not as if he's a murderer, or on dope, or has committed a crime. We're going to go on from here and we must not let it ruin our lives. We thought only of ourselves at this point, not of him. We were selfish and didn't realize how hard it was for him to tell us, not at this time. We were pretty sick about it because even 6 years ago gays weren't as out as much as they are now. I had never met one, never had any contact with one and suddenly our son was one. We finally went to bed. Now I'll tell you why I started to accept them more, because we met other gay friends of his and we realized they were just as nice as anyone else. I don't know what we expected but we thought there would be something wrong with them and not want to be around them. Then I met more of his men and women friends and I liked them. In fact I thought they were really great. In the ensuing years we read more books and watched more T.V. shows about gays. Before this I would turn it off basically because of my upbringing by a domineering mother. We'd read more about them and then began to realize how many of them there really were. We never realized there'd be 50,000 in Vancouver and hundreds of thousands in the States. This helped so much because it was against the norm but there were so many of them. We read that psychiatrists said they couldn't help it and true, I do look back a bit after and even as a little boy R would play with dolls and this is right in line with what they say. I thought about how he loved all the pretty things as a child and began to think that R couldn't help it. It's just like we're not gay and he is. We can't help what we are and he can't help that he's gay and he has told us this. I still have a block though in telling friends. I don't tell anyone. I think our relatives all know because he told his cousin, but they have never mentioned it to us and I never mentioned it to them. I have this block but feel this is not the kind of thing you do anyways because it's his perogative to tell who he wants and it's our perogative to not tell. I think this may have to do with it being against the norm and tradition. Also because of the stigma associated with it.

E: What were your thoughts and feelings about yourself at this time?
P: At first we blamed ourselves. It must have been something we did. A should have played football with him. He was away a lot. I was the one who brought him up more, so that mother thing of being with him too much came to mind. I guess I was going against the norm cuz we would have liked to see him married and have children and I think that he will be lonely later on in life when he has no children or grandchildren. I feel very sad for that. I don't like to talk to him about it too much. I remember the night he told us. We told him we had suspected it but didn't talk too much about it. He talked quite a bit and said it was very hard to tell us and he didn't want to hurt us. We thought, then, why are you telling us? You know it's going to hurt us, but now I realize it was better for him. We also thought why can't he change? Why does he have to be? Why doesn't he marry someone nice? Surely, he could meet some nice girl and adopt. Later we realized this wouldn't work, but at the time we thought it would. We were very, very upset, especially A more than me because I thought we can't undo it. He's gay and that's it. We got to go on from there. We either have him as a son or we disown him and we didn't want to do that. We were sort of hurt or mad and thought things like I don't want to see him, I don't want to be bothered with him, I don't want any more problems. This went through our minds, but we came out of that saying we won't let it ruin our life, and we'll try to understand. That's when we started reading about it. I didn't cry or anything that night but I was very upset, although it wasn't as big a shock as R thought it would be because it had entered both our minds. This was just confirmation of our fears. We thought maybe if we brought him up differently he wouldn't be gay, but reading told us by 4 or 5 that's it. For a couple of months we kept thinking maybe if we did this or that, played baseball with him, maybe we would have changed him. But the reading, movies and plays on T.V. really helped me understand it better and see even though it's not the norm there are so many other people that are gay, and that's the way it is. Maybe it's the way of keeping the population down. Who knows? Even wolves have another male wolf, the uncle, who doesn't mate, who guards the little ones while the parents go off to find food. It's been proven there are gay animals and maybe it does keep the population down. Maybe I'm rationalizing but this is the way we thought in trying to understand and accept it better.

E: Do you feel you worked it through?

P: Pretty well, except I still won't talk about it to outsiders. I think, though, that this has to do with my upbringing and our age group of 60, who have been brought up to not talk about things like that. We just didn't talk about sex. I will never work that through because it's ingrained in me and always will be. I helped myself, too, by noting the famous people in the world who were gay; Oscar Wilde, you name it. These people were very productive and
were good people. There are so many who are gay that are extraordinary people and this made me feel more open and accepting of it. At first you feel you're the only one, then you realize there are so many of them and they are good people. Now I feel like most doctors, that it's in there when they're born. It took a while, but I feel he's a good son and very thoughtful. I feel very good and feel I've accepted him more than my husband. My only concern is that he will be lonely later on in life and this makes me feel sorry.
Interview 2 (Case P)

E: What does coming to terms mean to you now?

P: To me it means that I accept R, his views and his lifestyle. I suppose I wish he was straight, but I accept him as he is. For the most part I am comfortable with R and his friends but if my friends ask questions about R and if he's got a girlfriend and is he going to marry I feel uneasy. I say things like he doesn't seem to want to get married. I never tell them. I would feel uncomfortable if he was the type that dressed up. That would really upset me, but R isn't like that. I think I do accept R and see his homosexuality as normal to him as heterosexuality is to me.

E: What was hardest for you in coming to terms with R being gay?

P: That R would never marry and have children, what we thought was a normal life. It helped me to look at married couples whose divorce rate is so high and see that it's not all that great being married either. They have just as many problems as R's going to have. There is a selfishness in this because people are always talking about their grandchildren and we have none.

E: Did you grieve?

P: Yes, we grieved the image we expected or wanted him to be. We had the image that R would be successful, which he is, and have a family. Now that's gone and in place of it is a bad image which you get through T.V., the news, and the media. Once in a while you get a really good one and this replaces all the bad ones. I feel better because more and more positive images of gays are presented. This grieving was not like mourning a death. It was more a feeling of loss. I remember pleading with him, "Couldn't you try to be heterosexual?" Then I read more and realized this was impossible. Then I stopped. I realized that R likes women as friends and gets along well with them but he is totally homosexual. To R this is normal and I believe him.

E: If a parent of a gay came to you for help what would you say and do?

P: I'd tell them what I went through, the anger, blame, thinking no it's not true, it couldn't be. I think they might go through what my husband's going through, saying R's bisexual, which I don't think, because they might go through it. I think this might help them see there is nothing they can do but accept it and still love their son or daughter and hope that they will be happy. It would be easier to accept if they read more about it and find out how many
there are because when you first hear about it all you see are the ones that fit the stereotypes and you think this is what my son will be. What am I going to do? If he's going to dress up like that, it would be terrible. You realize that this is only a minority when you read about it, and that the majority of gays are really just the same as us. And when you come right down to it, it's their business. I feel learning about it is the biggest help because so much of the rotten stuff is played up. If we had friends who had a gay son, this would help a great deal because you would feel there's other people in the same situation. You are not the only one. If our friends came out and said our son is gay, I would tell them about R because I think this would help them. That would be the best help of all. They would identify with other parents. I think this would have helped us a lot, especially if they were friends; knowing it wouldn't be spread around because it's sort of a secret. We're not out of the closet.
Interview 1 (CASE Q)

Q: When U phoned and wanted to know if I was alone, she came to see me and told me. I had no idea what it was about. Usually you do, but I wasn't aware. Going back to U's childhood, I did this afterwards, thinking about it. She was a very obedient child. In school she had elocution and music. She loved learning and was a very attractive girl. When she reached her teens she became much more spartan. During this teenage period she became a very self-reliant person so when she told me about it, I knew she had given it a lot of thought.

E: What happened after she called you?

Q: Well, she was counselling in a school, called me and came over. We sat down at the table with a cup of tea, as we're doing. She talked about various things then said I have something big to tell you. I don't know whether you realize it or not. Then she told me. I didn't grasp it. I knew what she said but it didn't sink in. I don't know if it was shock. I just kind of heard it but didn't respond.

E: What did she actually say to you?

Q: She just said that she was a lesbian and had known this for some time. I asked her how long and she said she had a feeling about it before she was married. I thought maybe her marriage was an unconscious way of fighting it. I wasn't too emotional about it. I was kind of blank about it at the time. You see, I heard it in my ears but I didn't seem to hear it in my heart and body. She had just told me something and the way she told me was very gently, so it probably helped me from being emotional.

E: Could you tell me more about the blank feelings you experienced?

Q: Well I was sort of stunned. It was almost a dead feeling so we talked a little longer about the different things she had encountered and what had led to this position. I accepted everything she said. I have always done this. Maybe if I had been more dominant, for example, spoken up about my feelings about her marriage or her decision to do this educational endeavour. You see I saw this as something else, so I go along with it. So you see a little bit of that was in with it. I've always accepted what she's decided so if this is what she's saying it must be true. She never does anything off the top of her head so it must be true. We sat there for some time with a little silence and a little talk. Then I did become quite emotional. I didn't cry. I became angry. My anger was don't you tell your father and your brother. I don't know why I reacted like this really. I felt
it would hurt them to know about this with her, so she could talk to me but was not to tell them. This came up after about an hour or so of talking. At first I didn't really think it got in, but when it started moving this was my first really emotional reaction. This was fine with U and she left. During the following weeks I thought and thought and couldn't stay alone because I would think, so I went out to walk or go to stores where I would see people. It really bothered me and I couldn't talk to anyone about it.

E: What were you thinking and feeling during this time?

Q: I couldn't understand it, I guess. There was some guilt cuz I thought this must be my fault, something I did do or didn't do. Maybe, if in her teens I had been a dominant force instead of letting her go her own way. I trusted her to make decisions and she proved this to me. By doing this perhaps I was wrong. I didn't know if I was but I thought maybe I was. This went on for months and I became sicker and sicker and uncomfortable to live with. I was miserable. I couldn't stay alone. I went out more and more to stores. You can't cry or be too glum walking among people so I did this a lot, an awful lot. I never spoke to anyone about it. I tried to keep busy with other things like with my friends but I never told them about it. Finally I got in really bad shape so I went to my doctor. As I was talking to him, I started to cry. He's an old friend. He was seventy-six. He'd been our doctor so he knows our home. He knows us. So I told him and he said so what. He didn't even say is that so? He just said so what. He said I've got lots of patients and even friends. I said but it's not your daughter. We talked a bit and I felt better after that, being able to exchange this. We talked for about an hour and I really did feel better. He was great. Maybe he put on a little for me but it really helped me feel a lot better.

E: Do you know what it was that made you feel better?

Q: It was the feeling of saying it out loud. I said to him, "My daughter is a lesbian." I hadn't said it out loud because I had been saying it to myself all the time. I said it out loud and doing that helped so much.

E: When you were saying to yourself, "My daughter is a lesbian," what meaning did that have for you?

Q: At that time to me it meant she was different and wouldn't be able to enjoy the so called normal life, marriage, children. All this was very jumbled for me. There was no definite line of thought. It was different all the time. I would go off in a tangent different ways and to say this flatly to a man sitting across a desk from you, it was such an outlet. By this time it was almost a year and I was all chewed up.
E: Were there other factors that helped you in understanding and accepting your daughter's lesbianism?

Q: Yes, she had a room-mate that I was extremely fond of. This helped considerably. We all loved her. My husband and my son were crazy over her. This helped me a lot. Just after I talked with my doctor, U called and said she had to talk to me. I thought, there can't be anything more, surely. Well she came over and told me she had gotten married but didn't plan on the traditional living arrangements with him. She said Dad will need to know this. I told him and he said so what about the rest of her life? He knew and I asked how and his reply was do you think I'm dumb? I guess people think they are cuz I thought I was handling it all by myself, whereas he knew all the time. Him saying this opened the way for us to discuss it. We were both emotional, very disappointed and down. It was a very bad period for both of us to have to accept it. We didn't understand it, never getting into it at all. At that time U started giving me books to read. The books claimed that parents can't blame themselves, that it's just born into people. Things went along fine for awhile. She lived with E and this made a tremendous difference in our acceptance. We visited them and they came here. My son's children loved them both and would stay week-ends with them, so everything was going along nicely. We were accepting very very well I think. E was accepted in the whole family group. We were much relieved and at this time felt maybe it's alright. Then they broke up and she was with A. Ever since there has been friction. A has children and U said, "Now I have a family." That really hurt me. If she had stayed with E I would have felt better. Maybe it's because A has children, but I don't know. I haven't gone into it. I never let myself go into it.

E: Do your feelings about U's current relationship have anything to do with U being a lesbian?

Q: No my unhappiness now is not with her but who she's with. If she's happy that's all I ask. There is not the same relationship with us with A. I guess E made it very easy to accept and because of her and of course my talk with the doctor, I felt OK about it. With U getting married and having to tell my husband, who admitted he knew all this time, I thought I was the only one who knew because I had been told. The fact that my husband and I could talk really relieved me. It was tremendous to know that both of us were able to share this. I told him all I knew and how I had felt all this time. That year was terrible. Maybe I thought if no one else knew it would go away, but talking to my doctor, sharing it with my husband, that made a big difference. Talking with my doctor opened the way for me. The guilt feelings were there but discussing them with him certainly helped me. It was from there that I started to give. I could mention it to people after that. For example, in one
situation I said you better watch out what you say because my daughter is a lesbian. I was able to tell my friends. At first they gave me a lot of sympathy. I didn't want that and I told them that.

E: What was it like for you to tell them?

Q: I never came out flatly and told them. I would wait for a situation to arise that would seem comfortable. People don't understand it. I don't. Who does?

E: Do you feel you worked it through?

Q: My feelings right this minute are that I accept. There is no more confusion at all anywhere but there's just not approval of her present living arrangements. I will accept them as her friends but not her family and I've told her this. I guess there's guilt still there cuz I go back and think if only I had been more on top of her marriage. It will always be there. Even though I have read and been told contrary, I still have deep down that feeling of guilt.

E: Are there other feelings, thoughts or actions that stick out in your mind as you look back to this experience?

Q: I remember thinking and feeling protect him and protect my son. Don't you dare tell them. I remember this cuz I was so emotional. I've never been so emotional. I don't know whether I felt they weren't capable of accepting it or whether I wanted to protect her by not letting them know. I know U was hurt but she was being very soft with me. She said of course she understood but she had to tell me cuz she couldn't live any longer without telling me. Actually this was a bright spot because she at least felt close enough that she had to tell me about this. But whether I felt they'd be hurt, or whether I used these things, to cover up other feelings I don't know because at the time she told me I didn't cry and I didn't feel hurt. It was only during the next week when I started thinking about it that I felt hurt. I couldn't stop thinking about what turned her this way and what I might have done to make it my fault. Even though I knew in my head and from books this wasn't true, in my heart I still had and still have this feeling. I thought that since I was unhappy she was too. But she wasn't. She said that when she accepted herself and told me, that was a release for her. I can accept this.
Interview 2 (Case Q)

E: What does coming to terms mean for you now?

Q: I think it's a satisfying feeling in some ways. Not a happy satisfying maybe, but at least a decision. You either accept or you don't. No more of this going back and forth. We have accepted this as a definite fact. It's not what we wished, we don't approve, we're still disappointed but we do accept it. I feel I am moving forward, becoming more accepting as time goes by. I feel more relaxed as each month goes by. Even a year or two ago I felt a tenseness when they were together. Now I'm much more relaxed. I feel better now because she's happy and likes her life very much. She has companionship, the feeling of a family, she's productive and they understand each other's work. Knowing this helps me accept. I do feel she has found where she belongs. There are no ifs and buts. I still have those feelings "if only I had done this or that" and my ultimate wish would be that she be married and have a family. I'll always feel that but I know that's impossible. This is the terms I've come to. I know this is impossible and the life she's leading now is the one I feel she'll live forever. I feel sad about this but there's no more worry and blame. That's behind me now.

E: What was the hardest part for you in coming to terms?

Q: Well, this is what I want to clear up on the last transcript. In reading it, I felt coming through was that I was so disappointed but that's only part of it. We wanted the best for her and we didn't think she'd find happiness living that way. I was disappointed that she didn't fit into my ideals for her but that wasn't the only part. Sure we were disappointed and sad but it was also for her as well because we wanted her to be happy. The hardest part of acceptance of her current relationship is due to the fact she is with a woman with a family and I can't accept them as her family.

E: Did you grieve?

Q: Yes. Grieve is a very strange word to me. It's something you do yourself, so the year I kept this to myself was the time I grieved. It was a lonesome time because I couldn't talk to my husband and I felt there was nothing more to say. I thought it was something that U would do and be like and nobody else would know about it except me. It was kind of like a weight on my shoulder. I think I reacted this way because I was too upset to think straight, sit down, and do it properly. If I had thought this way I would have discussed it with him, but I didn't. I was out in left field somewhere. I do feel this grief ended when I was able to talk to my husband.
E: What would you tell or advise another parent of a gay child?

Q: Think before you speak. Try to absorb it before you say anything or make any big decisions because at first you will be so angry you may say something you regret. Take time to talk to your child and listen to their feelings inside because they can find happiness in this life. If they are shocked they are likely to strike out because they're hurt. This might cause trouble they won't be able to repair. Be prepared to feel protective for others in not wanting to know, like I felt in not wanting my husband to know. It wasn't that I thought he was too soft to take it. It was more of a protection thing to keep the hurt away from him. If I had thought about it, I probably wouldn't have said "Don't tell your father," but this was one of my very first reactions. As time goes on they will feel more relaxed about it and they will be able to accept. The more they feel their child is happy and secure in themselves the easier it becomes to accept.
Interview 1 (Case R)

R: It was just about Christmas and we were talking and out of the clear blue sky he tells me he's gay. Now I thought to myself this is just another one of his stunts that he uses to hurt people. His mom was in bed and overheard it. She got up, came out and she was very upset and emotional. Then he just dummied up and said nothing. I was angry at the time when she came out, because I feel I could have gotten more out of him at that particular time if his mother hadn't come out. I didn't blame her for coming out because every mother would. I guess my first reaction was that he was saying this to hurt us because he had done everything he could to break his mother and I up. Then he took off and M and I discussed it. After this I decided to discuss it with my doctor. He told me it wasn't his field but said there was a doctor in the building who specializes in this. He was a psychiatrist and had good results working with gay people. I said that's fine, would you recommend him? He said yes, and arranged an appointment for M and myself. We went down with P and he spoke with M and I together first and explained it to us. I had reservations about him then. He told us that some people are born that way and some people may be thirty before they realize that they are homosexual. I asked if he thought someone at twelve or fourteen would know what their sexuality is. He said yes and said there was documented evidence of this. I thought this was true, after all, he's the psychiatrist. After this he asked to speak to P alone. We sent him in and waited outside. Awhile later P and him came out and P was laughing. I knew right away by the expression on P's face that he had won. It was the way the doctor told us that got me the wrong way. I asked, "What did you find doctor? Is he definitely homosexual?" "Oh, there's no doubt about it, with our conversation I have to congratulate you. You have a beautiful homosexual son." I thought, you son of a bitch. I had to restrain myself because I could have physically assaulted him. This was right in the little lobby they have. I was so mad at my own doctor for referring him that I went to see him. I said thanks a lot, you've been my doctor for thirty years and that idiot you sent me to is nothing but a recruiter. He's one himself. He asked me, "What do you mean?" I said, "He's gay himself." He said he wasn't aware of this, because he didn't know him personally and knew that professionally he was in this business. I told him what he said and asked if he thought this was ethical. He said well he's telling you the truth. I said that it would have been okay if he had told me, because I could handle it, but I was mad that he told us in such a way in front of M. We then decided to see another doctor. We had four sessions with Dr. L. He said yes, that this can happen and there's no doubt that some kids at the age of twelve or younger even know that they are not heterosexual. I asked if he had documented evidence. He
said yes, but it's not the norm, yet it's not unusual. I really felt good about him. He wasn't crude or anything and I respected his opinion.

E: When P told you, did you experience any change in how you were feeling?

R: I was hurt. I was devastated by it. I tried to mask it and not let him see it. At the back of my mind I was blaming myself I guess, but I rationalized it by thinking you always think something like this happens to the guy next door not your own. But this time it happened to me and that's the way it is. To some extent I blamed M because she lived in that building with so many gays and maybe P was gay through association. M was friends with many of them and thought they were nice people. I really didn't want anything to do with them. I thought since he lived there during his formative years and this was all he saw, that he would think this was the way it was. I thought there was a possibility of this but the psychiatrist straightened me out, that this didn't have anything to do with it. I think at that time I was blaming myself and blaming everybody. You're blaming anything you can get your hands on because it's such a shock. You see I still didn't really know if he was or not. I didn't entirely believe it. This could have been that I didn't want to believe it. I thought, maybe I was hoping that he was using this to manipulate me and his mother, to hurt us and cause trouble between us.

E: What were your thoughts and feelings about yourself during this time?

R: I felt guilty because I wasn't really around in his formative years. I thought if I had been around he wouldn't have turned out gay. I talked about this to Dr. L and he told me I could have been around and the same results would have happened. He told me the mother and father of a gay child always tend to blame themselves. That's the first thing parents do. He said I shouldn't blame myself at all and since I had great confidence in L this helped me see that I really wasn't to blame. I had a lot more confidence in a man who was not of the gay persuasion because, to me, his is not a biased opinion. I thought about not having grandchildren and this was hard because we don't have any grandchildren. Parents always think their children will get married and this was a disappointment to know we wouldn't get grandchildren from him.

E: How would you describe your acceptance?

R: I accept it. I certainly don't volunteer the information but if someone says is your son gay I'll admit it. I really think it's P's business to tell people if that's what he wants to do and he feels comfortable about it. I don't think
it's for me to tell people or in fact for M to tell. If P is gay, and I'm still doubtful, it's up to him.

E: When you go back to when you found out P was gay is there anything else you recall about your reactions?

R: Well, we did everything we could to find out about it. We went to SEARCH. We called the gay ministers we got from SEARCH. We phoned the parents of gays society and none of them got back to us. We did everything we could to go someplace where we knew that somebody could enlighten us to it. We felt like we were left dangling on a string. We wanted so much for someone to sit down and explain to us what it's all about, to clear your mind and find out if we were doing right as parents, doing right to P. The impact of finding out you have a gay son has also affected us sexually. M doesn't want to be touched since she found out P was gay. This is one reason why we tried to get in touch with the organization Parents and Friends of Gays because I find these self help groups are sometimes more helpful than the medics because they've been through it and by their practical experience you can get much more out of it.

E: What were your feelings towards others at this time?

R: Well, this really didn't change my feelings towards friends or those I worked with. I remember telling P that I didn't want him to bring his gay friends around the house. This happened after I saw L. I said look if you're gay and you say you're gay and Dr. L says there's a possibility and Dr. S says it's definite, it won't affect your relationship with me but I would appreciate if you didn't bring any of your gay friends to the house. I'll respect the fact that you're gay but what I want you to do is to accept us and our heterosexuality. I wasn't all that comfortable with it.

E: Do you feel you worked it through?

R: I've accepted it, but in the back of my mind I still hope that when he's older he will go back to being straight. I'm comfortable with it, but not totally relaxed. It's something you learn to live with but I don't think you can accept it completely. P and I have both changed our attitudes to some extent and seem to be coming closer. I've become more at ease with meeting his gay friends at home but if I was to be seen in public with his gay friends I wouldn't feel comfortable. With P alone I'm alright. Maybe I'm thinking people will think I'm gay because I'm along with them. For me to think someone thought I was gay is absolutely abhorrent because it's against all the teaching I've had. I'd feel uptight if people thought I was that way and if I'm in the company of gays, I'm so uncomfortable I wouldn't be able to enjoy myself or carry on a normal conversation. When I'm at home though, I don't feel like this. I'm much more
comfortable. I must say P seems to accept it well for his age and if he remains this comfortable being gay, it helps me accept it more.
Interview 2 (Case R)

E: What does coming to terms mean for you now?

R: It means I may not necessarily like it, but I am trying to learn to live with it. I still feel uncomfortable about it. I wouldn't want P to come to my job site and have my fellow workers know he was gay because I know what they feel about gays and this would change how I would feel working with these guys. I guess I feel they might make fun of me having a gay son and this would harm the relationships we have. I do want to keep our contact with P and this is why it's something we have to come to accept. Anything is better than no contact at all.

E: Do you think you grieved?

R: Not grief because P and I didn't have a very good relationship. I was more hurt and disappointed and afraid of what might happen to him.

E: What would you tell another parent of a gay child who learned their son was gay?

R: No matter how disappointed and hurt you are, stick it out and keep up the contact. You're not going to understand it overnight but in time you will become more accepting and comfortable with it. I don't advise anyone to reject them. That's the worst thing to do although I imagine that would be the first reaction. That was my first reaction although I didn't openly state it. I noticed that even though we weren't as close as he and his mother, I pulled back even more after I found out he was gay. I know it's my stupid old ways that make me do this. You do it automatically. I remember doing this at New Years, pulling back from hugging him and I thought later, why in the hell did I shake his hand instead of giving him a hug? I wish I had but it's something that happens automatically.

E: What hinders you from a fuller acceptance?

R: Mostly P's ways. He's a manipulator and just when you're starting to feel things are getting more comfortable, he pulls some stunt to hurt his mother and it puts you right back to square one. You feel like you don't want anything to do with him and you can't discuss these things with P because he takes off and you lose contact for awhile. You have to compromise yourself just to keep up the contact. If he wasn't family, I wouldn't have anything to do with him. That's what hurts the most, he's a part of you.