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LGB Sexual Orientation and Perceived Parental Acceptance

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LGB SEXUAL ORIENTATION AND PERCEIVED PARENTAL ACCEPTANCE

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By

Sarah E. Dalton

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ABSTRACT

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By

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May 2015

Dissertation supervised by Dr. Jered Kolbert

The purpose of this investigation was to determine whether perceived maternal, paternal, and/or parental acceptance for a lesbian, gay, or bisexual (LGB) person's sexual orientation correlated with well-being and/or moderated the relationship between the LGB person's levels of self-acceptance and well-being. The following dissertation outlines the negative mental health and well-being implications of unsupportive social and family systems for LGB individuals. Given the importance of parental support for all individuals, the study extends the available research literature as it seeks to understand how parental acceptance for one's sexual orientation impacts self-acceptance and well-being, for which little research has previously been conducted. Specifically, the study investigates whether the amount of perceived maternal and paternal acceptance for one's sexual orientation moderates the relationship between self-acceptance and well-being indicators such as positive relations with others, happiness, self-esteem, and satisfaction

with life. The study results found that perceived maternal and paternal acceptance are both positively and significantly correlated to each of the well-being indicators; positive relations with others, happiness, self-esteem, and satisfaction with life. Perceived maternal and paternal acceptance were found not to be moderators of self-acceptance and well-being, therefore, neither was more significant for moderating the relationship between self-acceptance and well-being. Average parental acceptance was also not a moderator of self-acceptance and well-being.

DEDICATION

This dissertation is dedicated to all of the lesbian, gay, and bisexual children of the world. I hope that you are lucky enough to have parents who love and celebrate you, regardless of your sexual orientation. If your parents are struggling to understand you, may you believe in yourself as a competent, worthwhile, and valuable human being.

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LIST OF ABBREVIATIONS

LGB: An acronym describing a group of people who identify with a lesbian, gay, or bisexual sexual orientation.

LGBTQ: A common abbreviation for a group of people who identify with a lesbian, gay, bisexual, queer or questioning sexual orientation and a transgender or questioning gender identity.

Chapter 1: INTRODUCTION

Introduction

A non-heterosexual sexual orientation remained a diagnosable mental illness in the Diagnostic and Statistical Manual (DSM) until 1973 when it was removed entirely and being lesbian, gay, or bisexual (LGB) was no longer considered a mental illness. With the relatively recent trend of acceptance of persons with lesbian, gay, bisexual, transgender, and queer/questioning identities as healthy and acceptable, it is understandable that not all social, educational, legal, and family systems have adopted accepting attitudes and policies.

The United States is currently experiencing a social and legal movement to allow same-sex marriages in more states, create anti-discrimination laws, and develop transgender equality laws. Within the past year, multiple states have allowed same sex marriage by declaring that same sex marriage bans are unconstitutional. Activists are working to challenge laws that permit discrimination towards non-heterosexual and cisgender persons. Social groups are helping to change the level of acceptance that lesbian, gay, bisexual, transgender, and queer persons experience in all aspects of their lives. Varying levels of change and acceptance for those of diverse sexual orientations exist all around the world. In some countries, being lesbian, gay, or bisexual has been long accepted and for others, it is punishable by death. With varying degrees of acceptance throughout the world, LGB persons may face challenges in the many systems of their lives.

The current shift in American culture is significant because it challenges viewpoints and opinions regarding the legal protection of LGB persons. For example, older adults that experienced the time when lesbian, gay, or bisexual people were diagnosed as having a mental illness may have difficulty fully embracing LGB people. The same is true for families who have

passed these beliefs down to their children, who have learned such attitudes in religious groups, or who may have misperceptions regarding LGB persons.

Understanding a person's minority sexual orientation can be challenging for those who have rarely interacted with lesbian, gay, or bisexual people. This can impact a LGB child's self-concept and functioning, especially within the family. This study investigated whether perceived maternal and paternal acceptance for one's sexual orientation correlated with well-being and/or moderates the relationship between self-acceptance and well-being indicators such as positive relations with others, happiness, self-esteem, and satisfaction with life.

Need for the Study

LGBTQ population. Lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) individuals comprise a significant portion of the United States population; however, the exact number of sexual orientation and gender identity minority Americans is unknown. In 2013, a public poll found that 3.4% of Americans identify as lesbian, gay, bisexual, transgender, queer/questioning (Gates & Newport, 2013). The 2010 Census determined that same-sex couples cohabitated with one another in 99% of United States counties (Gates & Cooke, 2011). This Census data did not include questions about transgender partners and therefore, the population data would have been higher if Census questions had been more inclusive (Fitzgerald, 2013). Though the exact size of the LGB population is unknown, it is large and worthy of investigation.

With LGB persons living in nearly all areas of the United States it is important to recognize that research, support, and representation for this sexual orientation minority group is limited. When considering a multisystem model of development, LGB persons encounter challenges in societal, political, educational, and community environments with romantic

relationship, family, and individual stressors (Mustanski, Birkett, Greene, Hatzenbuehler, & Newcomb, 2014). LGB persons experience societal challenges such as homophobia, discrimination, and stigma due to their sexual orientation and gender identity (D'Augelli, Pilkington, & Hershberger, 2002; Padilla, Crisp, & Rew, 2010; Rivers & D'Augelli, 2001; Williams, Connolly, Pepler, & Craig 2005). With the impact of direct and indirect influences of ecological systems on the LGB person as per Bronfenbrenner's (1979) ecological theory of development, the significance of acceptance in these systems is a significant factor for healthy development (Mustanski et al., 2014). Though the LGBTQ population encompasses individuals who identify as lesbian, gay, bisexual, transgender, and queer/questioning, and often the acronym is used to describe a group that is non-heterosexual and/or gender nonconforming, this study will focus on the sexual orientation minority group of lesbian, gay, and bisexual persons (LGB).

Support for LGB well-being. Lesbian, gay, and bisexual (LGB) individuals may face stigmatization, discrimination, victimization, parental rejection, mental health implications, and self-acceptance issues that impede on happiness and well-being. Experiences of stigmatization, discrimination, and victimization can happen in any system including general society, schools, or in families. Social discrimination and family misperceptions may lead to family rejection and mental health implications. However, supportive individuals, environments, and parents are important protective factors for LGB persons.

Though LGB persons face challenges in many aspects of life, a feeling of general social support is linked to positive well-being outcomes for LGB persons (Grossman, D'Augelli, & Hershberger, 2000; Williams, Connolly, Pepler, & Craig, 2005). Perceived family acceptance is an even strong predictor of positive identity development than general social support (Elizur &

Ziv, 2001). Research has shown that a family member's acceptance for the individual's sexual orientation predicts self-esteem, social support, and general health (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). However, little is known about parental, rather than general family member, acceptance for a lesbian, gay, or bisexual person's sexual orientation and how that impacts self-esteem and well-being. Furthermore, no studies compare maternal versus paternal acceptance for lesbian, gay, or bisexual person's sexual orientation or understand how these differences might impact a LGB individual.

Few studies exist about parental acceptance for their child's sexual orientation as most studies look at general acceptance from society, schools, peer groups, or families for the lesbian, gay, or bisexual (LGB) person (Savin-Williams & Ream, 2003). General acceptance for the LGB person refers to support, care, and positivity for the person but not necessarily their sexual orientation. The lack of literature about parental acceptance for a LGB person's sexual orientation is a significant gap in the research literature. Youth often fear rejection or anger when parents learn their sexual orientation and therefore, parents may not be aware of their child's orientation (Savin-Williams & Ream, 2003). Individuals who perceive low support from parents may be motivated to hide their same-sex sexual attractions, leading to defensiveness of their sexual orientation (Weinstein, Ryan, DeHaan, Przybylski, Legate, & Ryan, 2012). However, perceived acceptance specifically for a LGB person's sexual orientation from family members was found to be linked with well-being and serve as a predictor of the LGB person's acceptance of their own sexual orientation (Elizur & Ziv, 2001; Hershberger & D'Augelli, 1995). While research indicates that general parental support of an LGB individual contributes to their well-being, studies have not investigated the impact of parental support of the LGB person's sexual orientation, nor have studies differentiated between maternal and paternal support.

Statement of the Problem

Lesbian, gay, and bisexual (LGB) individuals make up a significant portion of the United States population however, research, support, and representation for this minority group is minimal. A study by the National Institutes of Health and Institute of Medicine (2011) found that an inadequate amount of health research is focused on sexual orientation and gender identity minority issues. Much of the current research related to these groups focuses on risks and incidences of HIV/AIDS and other sexually transmitted infections across the population. However, the impact of social and familial influences such as homophobia, violence, homelessness, and parental acceptance is lacking.

National studies rarely look at sexual orientation and the mental health impact of identity, behavior, and attraction (Laumann, Gagnon, Michaels, & Michaels, 1994). In addition, few national population-based studies have investigated the relationship between sexual orientation and health outcomes. The insufficient research and lack of systematic support is significant for a portion of the population that faces many social and personal challenges.

While research rarely investigates sexual orientation or people with diverse sexual orientations, self-acceptance for LGB persons is significant. External sources such as societal, family, and parent acceptance are all-important factors for LGB sexual orientation self-acceptance. Poor self-acceptance can lead to negative implications such as internal homonegativity (Page, Lindahal, & Malik, 2013). With increased internal homonegativity, depression, anxiety, and other negative mental health outcomes increase. The available research literature about LGB self-acceptance and acceptance in varying social systems is minimal. Therefore, the purpose of this study is to determine how parental acceptance impacts self-acceptance and LGB well-being.

Purpose of the Study

The purpose of this study was to determine if different levels of perceived parental acceptance (e.g., maternal, paternal, and/or average parental) for a lesbian, gay, or bisexual person's sexual orientation correlated with well-being and/or moderated the relationship between self-acceptance and well-being outcomes including positive relations with others, happiness, self-esteem, and satisfaction with life.

Research Questions

1. Does perceived maternal and/or paternal acceptance correlate with higher well-being outcomes?
2. Does perceived maternal and/or paternal acceptance for a LGB person's sexual orientation moderate the relationship between self-acceptance and well-being outcomes?
3. Is perceived maternal or paternal acceptance more important for moderating the relationship between self-acceptance and well-being outcomes?

Hypotheses

HA1. Perceived maternal and paternal acceptance for a LGB person's sexual orientation will correlate with higher well-being outcomes.

HA2. LGB participants who perceive their parents as non-accepting of their sexual orientation will report lower levels of self-acceptance and lower well-being scores than LGB participants who perceive that their parents are more accepting of their sexual orientation.

HA3. Perceived maternal and paternal acceptance for a LGB person's sexual orientation will moderate the relationship between self-acceptance and well-being for lesbian, gay, and bisexual participants at different rates. The well-being of LBG persons and the influence of

perceived parental acceptance is currently unknown, therefore this study will investigate if perceived parental acceptance for an LGB individual's sexual orientation differs based on parent gender or average perceived parental acceptance.

Importance of the Study

The goal of this study was to identify how perceived parental acceptance for a LGB child's sexual orientation impacts their self-acceptance and overall well-being. Given the importance of parental acceptance during child development years and throughout the lifetime for children of all sexual orientations (Grolnick & Ryan, 1989), it is surprising that such little research focuses on sexual orientation minority persons and their relationships with parents. Only one known study investigated family acceptance and supportive protective factors for lesbian, gay, bisexual, and transgender youth (Ryan et al., 2010) and few studies looked at acceptance for the person's sexual orientation (Ryan et al., 2010; Ryan, Huebner, Diaz, & Sanchez, 2009) rather than general, societal, or global feelings of acceptance (Sheets & Mohr, 2009; Williams, Connolly, Pepler, & Craig, 2005; Rivers & D'Augelli, 2001; Grossman, D'Augelli, & Hershberger, 2000). No studies available to the present researcher investigated the impact of parental acceptance for a LGB person's sexual orientation and well-being.

Given the potential negative impact of societal stigmatization, discrimination, and victimization, LGB persons look for positive supports. Some studies point to peer relationships and general family support as especially significant protective factors for LGB people. However, studies have not specifically investigated the impact of parental support for one's sexual orientation. Though supports within the person's life systems are important, this study seeks to fill a significant gap in the research literature in looking specifically at perceived maternal and paternal acceptance of the sexual orientation of LGB persons.

Study Design

This quantitative study investigated lesbian, gay, and bisexual persons' perceptions regarding their mother and father's acceptance of the child's sexual orientation. The procedures and measures used included Scales of Psychological Well-being (Ryff, 1989) to measure self-acceptance and positive relations with others, Lyubomirsky and Lepper's (1999) Subjective Happiness Scale, Rosenberg's (1965) Self Esteem Scale, and Diener, Emmons, Larsen, and Griffin's (1985) Satisfaction with Life Scale. Instruments were selected that had support for their validity and were widely used in the literature to allow for more direct comparisons. For the purposes of this study, only individuals who have previous experiences of parental acceptance or non-acceptance for their non-heterosexual sexual orientation were surveyed. By surveying participants who identified as LGB and have experiences of perceived parental acceptance, the participant population was best fit to answer the study's primary research questions.

Potential Limitations

In this study, as with all research, there were potential limitations to consider. The first limitation had to do with the participant population. The lesbian, gay, and bisexual population is estimated to be approximately 3.4% of the United States' population (Gates & Newport, 2013) however, the exact number of LGB Americans is unknown. The participants' responses may not reflect the entire lesbian, gay, and bisexual population and therefore, a potential limitation was that the data may not be generalized to the entire population.

A second limitation to be considered was the participant recruitment and electronic survey method. All participants were recruited via the social media site, Twitter, or by direct email message. Perhaps the participants who follow LGB-related issues on the social media site were

more interested in the topic and therefore were more likely to complete the survey. Intrinsic motivation for completing the survey may have skewed the data and lead to inaccurate results. Using the electronic survey to reach participants and gather data may have been a barrier to some members of the LGB population. Perhaps socioeconomic status was a barrier for some participants because all of the participants who took the survey needed to have access to an electronic device that could access Twitter or email. LGB people with a lower socioeconomic status might not have been able to access the survey and therefore provide their experiences of acceptance or non-acceptance with their parents. The response rate and diversity of participants may have been different if the survey was conducted in person or using a variety of distribution methods.

A third concern lies in the accuracy of self-reported data. Depending on the age, experiences, age of revealing one's sexual orientation, and many other factors may have influenced how the participant experienced and perceived their parental acceptance. For example, if a 60 year old revealed his or her sexual orientation to his or her parents 40 years ago, the detailed experiences of acceptance may be forgotten, skewed, or made to seem more positive or negative than occurred in reality. In contrast, participants who were 18 years old and revealed their sexual orientation six months ago, may have had experiences of low parental acceptance because the memories are recent. Each participant's self-reported data was different based on many different factors, which all impacted the data in an unknown manner.

When addressing the primary research question, it is possible that parental support for the lesbian, gay, or bisexual person's sexual orientation may not differ. Perhaps parental values such as religiosity are the same, and therefore the child's experiences with both parents were similar. It is entirely possible a study participant cannot identify differences in acceptance between their

mother and father. However, the researcher is looking for trends in LGB experiences. Finally, the participant may have experienced varying levels of openness about their sexual orientation with each parent, meaning that each parent may have different levels of knowledge about the person's sexual orientation. This could impact how the participant is able to respond to questions regarding parental acceptance.

The study's research questions were created to try to understand the diverse parental acceptance experiences of LGB individuals and how they impact well-being. Each person's interactions with their parents is unique and therefore one participant's responses may vary greatly from another participant. However, it is hoped that the study will provide a general picture of the LGB community's experiences, which may benefit the research literature.

At the current time, no available research investigates the difference between maternal and paternal acceptance for a lesbian, gay, or bisexual person's sexual orientation and the impact that has on self-acceptance and well-being. Therefore, even amid the potential limitations of the study, it will benefit the available research literature by investigating an aspect of sexual orientation that currently does not exist. With no research to compare to, this study seeks to fill a gap in the current research literature about the differences in parental acceptance for their lesbian, gay, or bisexual child's sexual orientation.

Definition of Terms

Acceptance: For the purposes of this research, acceptance is defined as positive feelings and actions towards another person, which may include emotional support, celebration, and a lack of negative actions and feelings.

Bisexual: A person emotionally, physically, and/or sexually attracted to males/men and females/women. This attraction does not have to be equally split between genders and there may be a preference for one gender over others (Green & Peterson, 2003).

Cisgender: Describes someone who feels comfortable with the gender identity and gender expression expectations assigned to them based on their physical sex (Green & Peterson, 2003).

Gay: Term used in some cultural settings to represent males who are attracted to males in a romantic, erotic and/or emotional sense (Green & Peterson, 2003). Though the term has multiple uses and meanings, the included definition is the only one necessary for the purposes of this research.

Heteronormativity: The assumption, in individuals or in institutions, that everyone is heterosexual, and that heterosexuality is superior to homosexuality and bisexuality (Green & Peterson, 2003).

Heterosexist/Heterosexism: Prejudice against individuals and groups who do not identify as heterosexual. This is usually used to strengthen heterosexual power and privilege and it includes any attitude, action, or practice that minimizes someone/a groups' power because of their sexual orientation (Green & Peterson, 2003).

Heterosexual: An individual of one gender whom is generally sexually attracted to individuals of the opposite gender.

LGB: An acronym describing a group of people who identify with a lesbian, gay, or bisexual sexual orientation.

LGBTQ: A common abbreviation for a group of people who identify with a lesbian, gay, bisexual, queer or questioning sexual orientation and a transgender or questioning gender identity.

Lesbian: Term used to describe female-identified people attracted romantically, erotically, and/or emotionally to other female-identified people (Green & Peterson, 2003).

Parental Acceptance: For the purposes of this research, parental acceptance is defined as positive feelings and actions from a parent towards a child, which may include emotional support, celebration, and a lack of negative actions and feelings.

Queer: An all-encompassing term for anyone who does not identify as heterosexual (Green & Peterson, 2003).

Questioning: An individual who is unsure of his or her sexual orientation and/or gender identity.

Sexual Orientation: A person's emotional and/or sexual relationships with people of the same gender/sex, another gender/sex, or multiple genders/sexes (Green & Peterson, 2003).

Sexual Orientation (Continued): Sexual orientation is not a simple construct of attraction to another individual. Rather, it is complex and includes social orientations, romantic orientations, identity labels, and gender of sexual partners (Mustanski, Kuper, & Greene, 2013). Meaning, social and romantic relationships, in addition to gender identity and the gender of a potential partner, are all important elements of a person's sexual orientation. Some researchers such as Alfred Kinsey (1948; 1953; 1998) understand sexual orientation as a range with significant variability of behaviors. Kinsey's scale allows people to identify as entire heterosexual or homosexual with options for sexual fluidity in between. This study includes anyone who identifies as lesbian, gay, or bisexual, no matter to what degree they identify themselves on Kinsey's scale or any other sexual orientation construct.

Straight: A term meaning heterosexual.

Transgender: An individual who lives as a member of a gender other than what is expected (Green & Peterson, 2003) and whose gender identity does not match the biological characteristics he or she was born with.

Summary

This study was created to address a gap in the current research literature about whether perceived parental acceptance of the sexual orientation of LGB person impacts their well-being and/or moderates the relationship of self-acceptance and well-being. To answer the three primary research questions, perceived parental acceptance included individual maternal and paternal acceptance scores as well as an average parental acceptance score. This allowed the research questions to be addressed and determine if maternal and/or paternal acceptance or an average of both correlate with well-being and/or moderating self-acceptance and well-being outcomes.

Chapter 2: LITERATURE REVIEW

Introduction

The purpose of this study was to investigate how perceived parental acceptance for a lesbian, gay, or bisexual person's sexual orientation correlated with well-being and/or moderates the relationship between self-acceptance and well-being. This investigation also looked to compare perceived maternal and perceived paternal acceptance for a lesbian, gay, or bisexual (LGB) person's sexual orientation in order to compare if one is more strongly correlated with well-being outcomes than the other. The first section of this literature review will examine diverse sexual orientations, the LGB population, and potential mental health implications and the second section will discuss support systems and coping mechanisms and protective factors for LGB persons.

Diverse Sexual Orientations

Sexual orientation awareness occurs at a different age for each person, though it appears to be occurring at an earlier age than previously thought. The first same-sex experience for LGB persons typically occurs between the ages of 14 to 16 years (D'Augelli & Hershberger, 1993; Bradford, 2005) with awareness occurring prior to these experiences. Troiden (1988) found that self-identification as LGB happens in the teenage years and by college, a person as typically already begun or completed the coming out process. For others, the process of identifying as a LGB takes years.

Understanding and identifying as LGB is a developmental process that can vary for each individual. When a lesbian, gay, or bisexual person recognizes and acknowledges his or her sexual orientation, the person may choose to come out. Disclosing one's sexual orientation, or coming out, is a threatening process and may result in rejection, mental implications, or physical

harm from those whom are told (Fassinger, 1991; Herek, Gillis, Cognan, & Glunt, 1997). Sexual minorities seek out people and systems that are supportive in order to combat negative reactions to sharing their sexual orientation. With sexual minorities recognizing their orientation at an age where parents are highly involved in their life, there may be increased challenges for parental awareness and acceptance. Individuals' ability to combat negative reactions due to homonegativity and the coming out process may be improved with healthy attachment to others (Mohr & Fassinger, 2003). When family members show support for the LGB person, negative mental health outcomes are reduced and overall quality of life improves (Ryan et al., 2010).

Stigmatization. In society, lesbian, gay, and bisexual people face stigmatization and victimization because of their sexual orientation (Conron, Mimiaga, & Landers, 2010). Outcomes for LGB stigmatization can cause higher levels of behavioral risks, psychological health issues, and increased rates of chronic disease compared to those who identify as heterosexual. Research has found victimization to be a common experience for LGBTQ youth and as many as 85% report harassment in their schools due to their sexual orientation (Coker, Austin, & Schuster, 2010). School victimization is prevalent, especially in school environments that are not deemed supportive (Hatzenbuehler, Birkett, Van Wagenen, & Meyer, 2014). Students attending schools in supportive school environments show fewer instances of negative mental health outcomes, such as suicidal thoughts. While programs like Gay and Straight Alliances (GSA) provide school support in hopes of benefiting sexual orientation and gender minority students (Toomey, Ryan, Diaz, & Russell, 2011), these students may not be supported at home by their family and parents.

Societal stigma is especially a concern for bisexual individuals (Mustanski, Garofalo, & Emerson, 2010). In general society and within the LGBTQ population, bisexuals can be

stigmatized for not identifying as exclusively heterosexual or gay or lesbian (Ochs, 1996). Additional misconceptions exist for bisexual individuals including increased sexual activity, not being able to decide whom they are attracted to, and bisexuality as a path to being exclusively gay or lesbian. With these additional forms of stigmatization, bisexual individuals experience more depressive symptoms and cigarette and marijuana usage than exclusively lesbian or gay individual (Jabson, Farmer, & Bowen, 2014).

Discrimination and prejudice toward LGB persons can come in many forms ranging from hate crimes and victimization (Herek, Gillis, Cogan, 1999) to not feeling accepted (Swim, Johnson, & Pearson, 2009). Both discrimination extremes can lead to poorer mental health, anxiety, and anger. Mays and Cochran (2001) tested the relationship between discrimination and mental health indicators for LGB adults and found that mental health disparities can at least somewhat be explained by discrimination. Sexual orientation-related discrimination, victimization, and rejection all have an impact of negative outcomes including low self-esteem, depression, hopelessness, and social isolation (Balsam, Rothblum, & Beauchaine, 2005; Russell, 2003).

LGB youth often experience discrimination in schools due to their actual or perceived sexual orientation (Poteat & Espelage, 2007). Specific mental health outcomes including depression, poor self-image, emotional problems, mood disorders, anxiety disorders, and more are caused by blatant sexual orientation-related discrimination (Ryan, Pearlmutter, & Groza, 2004; Williams & Mohammed, 2009; Yip, Gee, & Takeuchi, 2008). Given the instances of poor mental health and negative well-being, the impact of social supports to combat discrimination is important for LGB persons (Ueno, 2005).

Minority stress theory. Meyer's (2003) minority stress model suggests that homophobic

victimization differs from general victimization and may have additional negative outcome effects such as poorer mental health, lacking feelings of school belonging, and academic concerns. This theory focuses on the stress that minority persons experience in relation to dominant values in society (Meyer, 1995). LGB persons experience additional stress and possible mental health outcomes due to dealing with the social pressures of prejudice, rejection, hiding or concealing their sexual orientation, and homophobia (Meyer, 2003). The stress stemming from the external environment can ultimately lead to physical and mental health implications. Meyer (2003) suggests that LGB persons can cope with external stressors by using coping strategies, maintaining a positive self-identity, and being aware of how stigma impacts mental health.

Mental health and well-being. Research shows health disparities among LGBTQ populations in comparison to non-LGBTQ peers, especially in the area of mental health (Bostwick, Boyd, Hughs, & McCabe, 2010; McCabe, Hughes, Bostwick, West, & Boyd, 2009; King, Semlyen, Tai, Killaspy, Osborn, Popelyuk, & Nazareth, 2008; Meyer, 2003). Studies typically look at the association between suicidal ideations and attempts and LGB identity (Saewyc, Skay, Hynds, Pettingell, Bearinger, Resnick, & Reis, 2007; Garofalo, Wolf, Wissow, Woods, & Goodman, 1999) but few investigate specific mental health diagnoses (Mustanski, Garofalo, & Emerson, 2010).

A systematic review of 25 studies related to sexual minorities found that the lifetime prevalence of depression and anxiety disorders was at least 1.5 times higher in lesbian, gay, and bisexual individuals compared to the general population (King et al., 2008). The risk for suicide attempts was 2.47 times greater in these LGB groups and they are subject to mental health outcomes such as depression, anxiety, panic disorder, and suicide ideation and attempts due to

perceived or explicit discrimination related to their sexual orientation (Hatzenbuehler, Nolen-Hoeksema, & Erickson, 2008; Lewis, Derlega, Griffin, & Krowinski, 2003; Mays & Cochran, 2001; Graham, Aronson, Nichols, Stevens, & Rhodes, 2011). A national study found that LGB persons are 1 1/2 to 2 times more likely than heterosexuals to experience mood and anxiety disorders throughout their life (Bostwick et al., 2010). Blatant discrimination or prejudice, or the expectations of these, can add to stress and poorer mental health (Meyer, 2003).

Suicidal ideation and other mental stresses are often exacerbated by social stigma, internalized homophobia, expectations of rejection, and instances of discrimination and violence (Meyer, 1995). Meyer's (2003, 2007) minority stress theory predicts increased stressors due to LGB sexual orientation. The five main sources of stress are general stressors, prejudice events, expectations of rejection, hiding sexual orientation from others, and internalization of social heterosexist attitudes, known as internalized homophobia. The impact of these stressors can cause poorer mental health, however, stressors can be alleviated with appropriate supports and resources.

In national samples, LGB youth have higher prevalence of mental disorder diagnoses than heterosexual youth (Mustanski, Garofalo, & Emerson, 2010). However, LGB instances of mental health diagnoses were similar to urban and racial or ethnic minorities. Experiences of discrimination among African American, Asian and Pacific Islander, and Latino gay men is positively associated with depression and anxiety when the discrimination is from heterosexual friends (Choi, Paul, Ayala, Boylan, & Gregorich, 2013). When the perceived anxiety is from the general community, it is linked with anxiety symptoms.

Shilo and Savaya (2012) investigated two components of Meyer's (2003, 2007) minority stress model; proximal stressors and coping resources. The study found bisexual youths to have

lower levels of well-being at a younger age than other LGB youths. Bisexual youths were also found to have higher levels of mental distress. The relationship between bisexual sexual orientation and poorer well-being and mental distress was mediated by family support and acceptance, internalized homophobia, and LGB social contact.

Other studies have also shown bisexual individuals to have poorer mental health and less social support than gay or lesbian peers (e.g., Kertzner, Meyer, Frost, & Stirratt, 2009; Russell & Consolacion, 2003). With increased stigmatization in general society and in the LGBTQ community, bisexual individuals have been found to have lower well-being and greater distress than other members of the LGBTQ community (Shilo & Savaya, 2012). Another study found that bisexual men and women showed higher levels of mood and anxiety disorders than gay men and lesbian women (Bostwick, Boyd, Hughes, & McCabe, 2010). This study found that women who only experienced same-sex sexual partners in their lifetime had the lowest instances of mood disorders. Mood and anxiety disorders occurred more often in men than women.

Available research shows a significant link between sexual orientation and mental health and well-being outcomes. Additional stressors exist for LGB persons including stigmatization, victimization, and discrimination, all of which impact quality of life. There is a need to better understand how parental acceptance for their child's sexual orientation impacts the LGB person and if parents are able to help the child combat negative social experiences.

Protective Factors

Self-acceptance of LGB identity. Societal, family, and parent acceptance are all significant factors for LGB sexual orientation self-acceptance. However, the impact of non-accepting systems in lesbian, gay, and bisexual person's lives can have negative implications such as internal homonegativity. Internal homonegativity is commonly used as a measure of

negative lesbian, gay, or bisexual identity (Page, Lindahal, & Malik, 2013). This theory asserts that LGB youths are likely to internalize negative experiences that they have within the immediate environment and with the larger society of the sexuality (Newcomb & Mustanski, 2010). With increased internal homonegativity, depression and anxiety increase. LGB identity development models help to show the developmental process many LGB persons go through as they learn to accept their sexual orientation and deal with stigma associated with identifying as LGB.

LGB identity acceptance, ultimately leading to the coming out process, has been described as a developmental stage process (see, for example, Cass, 1979, 1984; Fassinger, 1991; Savin-Williams, 1988, 1990; Troiden, 1979, 1988). The LGB person often begins the process with defense strategies to hide their identity or block their non-heterosexual feelings (Cass, 1979, 1984; Troiden, 1979; Savin-Williams, 1990). These blocking strategies are used to minimize and hide their same-gender attractions. In this stage of LGB identity development, spending energy to minimize same-sex attractions can have negative emotional and mental health outcomes.

The amount of time a LGB person spends in each of the coming out stages differs for each individual. However, after some amount of time, the LGB person typically begins to recognize and accept the same-gender attractions and they begin to accept their sexual orientation (Cass, 1979, 1984; Troiden, 1979; Savin-Williams, 1990). They may then experiment with their sexual attractions and begin to accept their sexual orientation as normal. Through romantic relationships and over time, the person begins to see their sexual orientation as a positive aspect of themselves.

The coming out process can be fluid for some individuals but people can also experience new coming out experiences as well as delays throughout the process. The diversity of LGB persons is important to note as not all persons who engage in same-sex experiences identify as LGB (Blumenfeld & Raymond, 1993) and others may identify as LGB without having any same-sex experiences (Ryan & Futterman, 1998; Savin-Williams, 1990). Elizur and Mintzer (2001) described the coming out process in three identity formation stages; self-definition, self-acceptance, and disclosure to others. Regardless of the model of identity development, each LGB person goes through their own developmental process in regard to their sexual orientation.

Mohr and Fassinger (2003) found LGB individuals who have difficulty accepting their sexual orientation had higher rates of avoidance and anxiety. They also are more likely to experience stress due to their sexual orientation, harassment, and victimization. This stress can lead to poor well-being, depression, emotional stress, and suicide attempts (Mohr & Fassinger, 2003; Page, Lindahal, & Malik, 2013; Savin-Williams & Ream, 2003). Avoidance of others due to perceived homophobia lessens the LGB person's ability to be out to others and negatively impacts self-disclosure. Conversely, avoiding non accepting persons also remains a significant protective factor for LGB persons. With support systems, LGB people are more likely to have a positive self-image and be open with their sexual orientation to other people (Mohr & Fassinger, 2003).

Social support. Most research about lesbian, gay, and bisexual individuals considers feelings of acceptance from others on a societal or global level (Sheets & Mohr, 2009). An overall feeling of social support is linked to positive self-esteem, collective self-esteem, and decreased depression and loneliness (Grossman, D'Augelli, & Hershberger, 2000; Williams, Connolly, Pepler, & Craig, 2005). Societal or global stigma, victimization, homophobia, and

isolation can lead to psychological stresses and poor mental health (Rivers & D'Augelli, 2001). While all youth tend to be concerned with finding acceptance from others, LGB persons might experience homophobia, discrimination, or stigma due to their sexual orientation (Padilla, Crisp, & Rew, 2010; Williams, Connolly, Pepler, & Craig, 2005; D'Augelli, Pilkington, & Hershberger, 2002).

Depending on the severity of discrimination experienced, social supports may moderate the impact of the discrimination for mental health and well-being outcomes (Ueno, 2005). Anhalt and Morris (2003) found that general acceptance from others as a significant protective factor for lesbian, gay, and bisexual youth. For LGB racial minority persons, social support may be available for their racial or ethnic identity but supports may not be available for their minority sexual orientation (Bowleg, Juang, Brooks, Black, & Burkholder, 2003; Greene, 1994; Moore, 2010). With social supports being unreliable and in some instances ineffective for LGB persons, Bronfenbrenner's (1979) ecological theory of development implies that LGB persons may be able to obtain such support from the family system. Bronfenbrenner asserts that the family system may be a key factor in healthy development for LBT persons, perhaps even more important than for non-LGB persons. This shows how important family acceptance is for healthy development of LGB people (Mustanski et al., 2014).

Family support. Feelings of acceptance may stem from specific support systems such as peer groups, families, and parents (Procidano & Heller, 1983). Family support has been found to be a predictor of LGB youths' acceptance of their sexual orientation (Hershberger & D'Augelli, 1995) and the amount of perceived family acceptance may have an impact on a LGB person's positive identity (Elizur & Ziv, 2001). With increased family support, the LGB person's identity and acceptance of self improves.

Available research shows that general parent support moderates the effects of victimization for heterosexual youth in schools (Davidson & Demaray, 2007), but few studies have focused specifically on victimization and the well-being of LGB people (Poteat, Mereish, DiGiovanni, & Koenig, 2011). Poteat and fellow researchers (2011) found that parental support for the LGB child moderates the effects of victimization on suicidality but does not moderate the effects of homophobic victimization in schools. The study also found that parental support does not moderate the effects of victimization and a sense of school belonging. The level of parental support felt by the LGB child differs depending on how the person perceives their parents' acceptance of their LGB orientation.

In a study that examined the impact of social and family support in 461 LGB adolescents, family acceptance was found to yield the strongest positive effect on self-acceptance (Shilo & Savaya, 2011). Friend support yielded the strongest positive effect on disclosure of sexual orientation. This study points to the importance of perceived parental support and how it is associated with mental health and identity.

When families are not accepting of the LGB person's sexual orientation, substance abuse problems have been found to be more prominent (Rosario, Schrimshaw, & Hunter, 2012). Lack of family support may lead to rejection, which can increase illegal drug use, depression, attempted suicide, and sexual risk behaviors (Ryan, Huebner, Diaz, & Sanchez, 2009). This rejection has been found to significantly impact the physical and mental health of LGB young adults. However, with time, families may become more understanding and supportive (D'Augelli, Grossman, & Starks, 2005). Typically, parents go through developmental stages of understanding their child's sexual orientation. Though they may not be accepting at first, they may change to be more supportive over time.

One of the only studies to investigate family acceptance for the individual's sexual orientation and the resulting well-being outcomes found that acceptance predicts higher self-esteem, social support, and general health (Ryan, Russell, Hueber, Diaz, & Sanchez, 2010). In this study, 245 LGBT young adults completed the survey to address self-esteem, depression, sexual behavior risk, and suicidal thoughts and behaviors. The study found that family acceptance in adolescence is associated with positive health outcomes such as positive mental and physical health (Ryan et al., 2010). The study also found that family acceptance did not vary "based on gender, sexual identity, or transgender identity. Specifically, it does not appear that families are more accepting of female than male LGBT adolescents, or bisexual than gay or lesbian adolescents, or of transgender compared to non-transgender adolescents" (Ryan et al., 2010, p. 210). While the study addresses acceptance of male versus female LGBTQ persons, it does not address specific parental acceptance and outcomes. The study referred to family acceptance without differentiating between family members. Understanding the impact and potential differences between maternal versus paternal acceptance was not addressed in this study,

In a recent study examining the mental health treatment of lesbian, gay, and bisexual persons and their families (Diamond et al., 2013), researchers found that attachment-based family therapy was helpful in reducing suicidal ideation, depressive symptoms, and attachment-related anxiety in a sample of 10 LGB youths. This was the first study that looked at family-based treatment to reduce negative mental health outcomes in lesbian, gay, and bisexual youths. The study is significant as it shows how family support can reduce negative mental health and well-being outcomes among LGB youths.

Maternal versus paternal support. Few studies address parental differences in acceptance for a child's sexual orientation. However, literature exists which shows that LGB persons often tell their mothers before their fathers. Remafedi (1987) investigated gay male adolescents' coming out to their parents and found that 62% of the small sample had disclosed their sexual orientation to their mothers, but only 34% had told their fathers. Savin-Williams (1990) found that 73% of mothers knew the LGB person's sexual orientation compared to 66% of fathers. In this same sample 22% of the fathers were rejecting and 10% of the mothers were rejecting of their child's sexual orientation. D'Augelli (1991) also found that mothers typically know the child's sexual orientation before fathers. This study found that 39% of LGB persons had told their mother compared to 27% telling their father. Similarly, Boxer, Cook, and Herdt (1991) found more disclosure to mothers before fathers. In their study, 63% of lesbians had told their mothers compared to 37% telling their fathers. Of the gay males, 54% told their mothers and 28% told their fathers.

One of the few studies to investigate parental differences in acceptance, researchers looked at the quality of parent-child relationship in childhood in relationship to the coming out process (D'Amico & Julien, 2012). In a sample of 111 LGB youths who had disclosed their sexual orientation to their parents and 53 LGB youths who had not disclosed to parents, the study found youths who had disclosed their sexual orientation to their parents reported higher acceptance from both parents in childhood and lower levels of rejection from their father. Youth who disclosed their sexual orientation to parents also reported less alcohol and drug use than peers who had not disclosed their sexual orientation. This study highlights the importance of paternal acceptance in childhood as an important factor in LGB self-acceptance (D'Amico & Julien, 2012).

Qualitative investigation of eleven mothers explored the coming out process and acceptance of their lesbian daughters. Significant themes for acceptance included maternal respect during their daughter's coming out process, not being concerned with others' opinions and judgments, advocating for their daughters, and thinking about their daughter's sexual orientation as one aspect of the entire person (Wakeley & Tuason, 2011). Parents can use these coping skills to help increase acceptance of their LGB child and hopefully improve the parent-child relationship.

Parental acceptance of sexual orientation. Parent relationships are important in providing a foundation for healthy child development, which is especially important for LGB persons (Grolnick & Ryan, 1989). With the help of supportive parents, children are more emotionally healthy. Research of parent relationships in general shows that autonomy supportive, also considered less controlling, parents are encouraging of the child's emotions, thoughts, and actions (Grolnick, Deci, & Ryan, 1997), and raise children with higher well-being (Chirkov & Ryan, 2001). If a child feels that their parents are unsupportive or that their love depends on specific behaviors, the child feels compelled to act in ways inconsistent with their own beliefs (Weinstein et al., 2012). Research shows that children who do not receive acceptance from their parents and are forced to act in ways inconsistent with their beliefs and have lower self-esteem and well-being (Roth, Assor, Niemiec, Ryan, & Deci, 2009). The importance of parental support most likely also applies to LGB individuals as they often look for parental support related to their sexual orientation.

Many research studies do not investigate parental acceptance for the child's sexual orientation because many lesbian, gay, and bisexual individuals do not reveal their sexual orientation to parents. This may due to the fact that many youth do not initially reveal their

sexual orientation to their parents until they reach adulthood. This is because many LGB youth fear rejection or anger when parents learn their sexual orientation or gender identity (Savin-Williams & Ream, 2003). One study found that family support and acceptance for gay males is related to the process of disclosure (Elizur, 2001). Family support and acceptance for a person's sexual orientation played an important role in the psychological well-being of the gay male. This highlights the importance of parental support for gay males and the impact it has on their well-being.

Adolescents are also more likely to rely on peers for support; therefore they may not disclose their sexual orientation to their parents (Muñoz-Plaza, Quinn, & Rounds, 2002). Studies suggest that approximately 50% of parents initially react negatively when they learn of their child's sexual orientation (D'Augelli, Grossman, & Starks, 2005). Some parents respond in more extreme ways such as threatening the child, violence, and rejection.

Weinstein et al. (2012) found that individuals who perceive their parents as unsupportive are more motivated to hide their same-sex sexual attractions. When a person hides important aspects of themselves, such as their sexual orientation, it may cause incongruence in the person. LGB persons are often challenged to only reveal information that is acceptable to those around them. Therefore, the person continuously considers what information to disclose to others and what to withhold. For example, if a LGB person's parents are highly religious, there is a greater likelihood of hiding the minority sexual orientation and possibly being rejected by parents (Heatherington & Lavner, 2008; Shilo & Savaya, 2012). Family religiosity can lead to internalized homophobia and mental vulnerability of the LGB individual (Shilo & Savaya, 2012). Despite some LGB youth's fear of their parents reaction to knowing their sexual

orientation, most LGB youth report that they said they want to improve their relationship with their parent(s) (Diamond et al., 2011).

Other studies view sexual orientation and parental acceptance of religious parents in a different way. Freedman (2003) found that even in families where religion is highly valued, parents and LGB children often avoid the topic of sexual orientation and therefore made peace with accepting the LGB child. By initially overlooking the child's sexual orientation, parents can seek the support of counseling or support groups to fully support the sexual orientation. However, the study found that in religiously focused families, many unresolved issues are still present such as fears for the child and a homophobic society.

A perceived positive reaction from parents regarding their child's sexual orientation was found to be a predictor of positive family relationship and a protective factor for the overall health of the LGB person (Elizur & Ziv, 2001; Padilla, Crisp, & Rew, 2010). Similarly, Shpigel, Belsky, and Diamond (2013) found that how a parent views their child's sexual orientation is important for self-acceptance. When sexual orientation is viewed as at least a somewhat biologically influenced orientation, rather than a choice or something the child can control, parents are able to reduce blame, anger, and be empathetic toward their child.

Consequences of lack of parental acceptance. When LGB youth are not supported at home, they often are forced into homelessness. The most common reasons for LGB homelessness are the person voluntarily runs away from families who reject the individual due to their sexual orientation (Durso & Gates, 2012), the individual is forced out of the home due to their sexual orientation or gender identity, or the youth may run away from home as a coping strategy for dealing with parental harassment, violence, and the stress of identifying as LGBTQ (Durso & Gates, 2012; Ray, 2007). It is unknown how many LGBTQ youth are homeless, but it

is estimated that approximately 30-45% of clients at homeless youth agencies, support centers, outreach, and housing programs identify as LGBTQ (Durso & Gates, 2012). These youths have higher instances of mental health and substance use problems, suicide, victimization, and a range of HIV risk behaviors (Cochran, Stewart, Ginzler, & Cauce, 2002; Tyler, 2013; Whitebeck, Chen, Hoyt, Tyler, & Johnson, 2004). Homeless youth also have poorer academic scores and higher instances of school drop out because of challenges with improper housing.

Due to lack of parental support and appropriate shelter, homeless LGB youth are at an increased risk for major depressive episodes, posttraumatic stress disorder, suicidal ideation, and suicidal attempts (Whitebeck et al., 2004). LGB people are more likely to experience substance abuse problems when they perceive their family members and other important people in their life as not accepting of their sexual orientation (Rosario, Schrimshaw, & Hunter, 2012). With such negative outcomes due to homelessness, the importance of parental support for the youth's sexual orientation is paramount.

Summary

Available literature shows the importance of self-acceptance and parental acceptance for all individuals, regardless of sexual orientation. However, when LGB individuals feel supported by friends and family members, they often experience positive health outcomes. There is a lack of research literature that specifically addresses parental acceptance for a LGB person's sexual orientation, rather than general acceptance for the person. In addition, the research literature does not include studies that investigate parental acceptance as a moderator of self-acceptance and well-being nor do studies compare differences between maternal and paternal acceptance. By addressing this gap in the literature, the researcher hoped to better understand the phenomena of parental acceptance for LGB people and their experiences of perceived parental acceptance.

Chapter 3: METHODOLOGY

Overview

This chapter focuses on the methodology this study employed. The study used previously created and validated instruments as well as researcher-created scales to score levels of perceived maternal and paternal acceptance, self-acceptance, self-esteem, positive relations with others, happiness, and satisfaction with life. The purpose of this study was to investigate how perceived parental acceptance for a lesbian, gay, or bisexual person's sexual orientation correlated with well-being and/or moderated the relationship between self-acceptance and well-being outcomes. Furthermore, the recruitment protocols and participant population data are included in this chapter. Approval was obtained from Duquesne University's Institutional Review Board (IRB) in order to conduct this study. Relevant IRB documents can be found in Appendices A and B.

Research Investigation

Research Questions

This study's primary research questions were created to investigate the following questions:

1. Does perceived maternal and/or paternal acceptance correlate with higher well-being outcomes?
2. Does perceived maternal and/or paternal acceptance for a LGB person's sexual orientation moderate the relationship between self-acceptance and well-being outcomes?
3. Is perceived maternal or paternal support more important for moderating the relationship between self-acceptance and well-being outcomes?

Hypotheses

The hypotheses were developed based on a thorough review of the literature. In the current research literature, few studies look at sexual orientation and well-being outcomes. No available research studies have investigated the difference between maternal and paternal support for a LGB person's sexual orientation. However, research regarding general parental support has determined if the LGB person feels unsupported or unloved by their parents, they may be forced to act non-authentically (Weinstein et al., 2012) and experience problems with self-esteem and well-being (Roth et al., 2009). If families react positively to the family member's sexual orientation, it serves as a protective factor for family relationships and the health of the person (Elizur & Ziv, 2001; Padilla, Crisp, & Rew, 2010).

Therefore, this study hypothesizes:

HA1. Perceived maternal and paternal acceptance for a LGB person's sexual orientation will correlate with higher well-being outcomes.

HA2. LGB participants who perceive their parents as non-accepting of their sexual orientation will report lower levels of self-acceptance and lower well-being scores than LGB participants who perceived that their parents are more accepting of their sexual orientation.

HA3. Perceived maternal and paternal acceptance for a LGB person's sexual orientation will moderate the relationship between self-acceptance and well-being for lesbian, gay, and bisexual participants at different rates. The well-being of LBG people and the influence of perceived parental acceptance is currently unknown, therefore this study will investigate if perceived parental acceptance for an LGB individual's sexual orientation differs based on parent gender or average perceived parental acceptance.

Procedures

Data was collected from adults (ages 18+) who self-identified their sexual orientation to be lesbian, gay, or bisexual. Each of the participants reported that their parents were aware of their sexual orientation and they had experiences with acceptance or non-acceptance for their sexual orientation within the family. Participants were recruited from the social media site, Twitter, and by direct email message. The participants were from the United States as well as outside of the United States.

Human Participants and Ethics Precautions

The subjects' responses were anonymously collected. Participation in this study involved minimal risk, and was not thought to exceed risk occurring in everyday life. Although the researcher could potentially have had access to the names of possible participants' Twitter accounts, this information is publically available. The researcher was not privy to the data collected in any way that can be traced back to the individuals so as to preserve the anonymity of the participants. The participants were able to log into the Survey Monkey site and respond to the survey. Participants were not identified by name or by Twitter account information. Upon approval from Duquesne University's Institutional Review Board, data collection occurred between the dates of March 2, 2014 and August 2, 2014.

Recruitment Procedures

Recruitment for participants was carried out electronically via social media and email messages. Participants were solicited to participate through requests sent out by a Twitter account, @Imgayandokay. The site is run by researcher Sarah Dalton and has a following of LGB individuals, agencies, and organizations. The messages, also known as "Tweets," were 140 characters or less posted on the @Imgayandokay site asking for participation. The requests

included a link to the electronic survey (See Appendix A for solicitation messages). Upon clicking on the link to the survey, participants were presented with the Informed Consent information (see Appendix B for Participant Consent Statement), which they read and decided whether or not to participate. If they continued with the survey, they were asked to select a box signifying their consent.

Participants were also recruited through direct email messages, which contained a brief description of the study and an electronic link, which they could use if they wanted to voluntarily participate. Email messages were sent out to LGB-related groups and organizations in order to ask for participation (See Appendix B for recruitment email). Twitter and email recipients who chose to participate in the study were prompted to follow the electronic link to the online survey. Once the link was accessed, participants were directed to an informed consent page. By selecting a bubble at the bottom of the consent form, participants indicated acknowledgment of the consent and were permitted to access the survey. No identifying information (e.g., name, address, email address, etc.) was collected from participants to ensure the anonymity of the participants.

Participants

The participant data used for this research was previously collected as part of a larger study designed to broadly investigate relations among self-acceptance, parental acceptance of sexual orientation, and well-being, which was intentionally designed to enable the researcher to address the present research questions. Each of the participants identified as lesbian, gay, and bisexual (LGB) individuals, age 18 years old or older. Though LGB is only one section of the overall lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ) population, the purpose

of using LGB participants was to focus on those with a minority sexual orientation, rather than gender identity.

In order to compare perceived maternal and paternal acceptance, only participants with both a mother and a father were used for this research. Participants could be from any country, though the United States made up a majority of the sample. This sample procedure is purposive and convenient as the Twitter followers are both interested in the topic of sexual orientation and they are conveniently available to the researcher. Though the sample cannot be generalized to the entire LGB population, it will offer important insight into the research topic.

During the five month period that the survey was available to the public on the website Survey Monkey, 507 participants began the study with 303 completing it in its entirety. Of the 303 participants, 221 met the desired participant population of an individual who identified as lesbian, gay, or bisexual and had a parent composition that included a mother and a father. Any participant that did not complete the survey, did not identify as LGB, or did not come from a family with a mother and a father were removed from the participant sample. The entire sample included 221 participants who identified as LGB and had a mother and a father.

Methodology

To answer this study's primary research questions, a quantitative method of investigation was employed because it allowed for a large participant population to rate their experiences of perceived parental acceptance as opposed to fewer subjects in qualitative research. Previously validated scales and researcher-created measures were used to rate participants' perceived parental acceptance. This study followed the scientific method format of research to investigate theory, hypothesize an explanation for those observations, test prediction, collect and process data, and make final conclusions. Though quantitative research does not expand the researcher's

understanding of individual experiences of acceptance, it best fit the purpose and research questions of this study.

In this study, the researcher utilized one methodological design in which participants provided their perceptions of parental acceptance and its impact on self-acceptance and well-being outcomes. The study's participants included participants who identified as LGB individuals who were at least 18 years of age. Descriptive statistics were used to report the participant population, average perceived maternal and paternal acceptance, and average parental acceptance. A series of multivariate regressions were conducted to identify potentially statistically significant interactions and predictions between perceived parental acceptance, self-acceptance and well-being outcomes. Each of the regression analyses models were used to determine how perceived parental acceptance impacts self-acceptance and well-being.

Research Design

Instrumentation. At present, there is not one empirically validated scale to measure the constructs necessary to answer all of the research questions of this study. For this reason, the investigator developed a questionnaire that has been tailored to the particular needs of the study. The researcher created a portion of the scale to focus on perceived parental acceptance for a LGB person's sexual orientation, which currently does not exist in the research literature. In addition, Ryff's (1989) empirically validated Scale of Psychological Well-being was used to measure self-acceptance and the well-being outcome of positive relations with others. Ryff's scale of self-acceptance was slightly modified to meet the needs of parental acceptance for one's sexual orientation. As few words as possible were changed from the original scale questions to address the construct of parental acceptance for sexual orientation. Lyubomirsky and Lepper's Subjective Happiness Scale (1999), Rosenberg's Self Esteem Scale (1965), and Diener,

Emmons, Larsen, and Griffin's Satisfaction with Life Scale (1985) were used as well-being indicators.

Ryff's scales of psychological well-being. Ryff's Scale of Psychological Well-Being consists of six 14-item scales to measure autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Ryff also has a 20-item, 9-item, and 3-item form for each scale. However, the 3-item scales have low internal consistency and are not recommended for high quality assessment of well-being. The test can be given in a sit-down, phone, or by mail format. No supervision is needed while taking the test. The test participant should be aware that the test requires some self-reflection, which could be uncomfortable for some. For the purposes of this research, only the self-acceptance and positive relations with others scales will be used. These scales were selected as they best addressed the research questions for the present study.

In her 1989 validation study, Ryff used 321 participants of various ages. The sample was relatively healthy, well educated, and financially comfortable (Ryff, 1989). The participants were given the 20-item scales and they were asked to rate each question on a scale of 1 to 6. The 6 scales each demonstrated good construct validity, as well as internal consistency and test-retest reliability. After conducting this study, Ryff's results showed internal consistency and test-retest reliability for her scales. In a second study conducted by Ryff and Keyes (1995), they tested a sample of adults ages 25 and older. Confirmatory factor analyses supported the 6-factor model. The study found that age and sex differences were the same as Ryff's 1989 study, and the scale was valid and reliable for use.

The internal consistency coefficients for the 20-item parent scale are as follows: self-acceptance, $\alpha = .93$ and positive relations, $\alpha = .91$ (Ryff, 1989). The test-retest reliability for the 20-item scale is as follows: self-acceptance, $r = .85$; and positive relations with others, $r = .83$.

Test reviews of Ryff's Scale of Psychological Well-Being point to its significance in the fields of counseling and psychology (Springer & Hauser, 2006). However, some limitations have been identified that include that it is a self-report instrument, it cannot be used as a solitary test of well-being, and the validity of the test has only been studied on adults ages 25 or older. Additionally, the factor structure has been brought into question (Abbot, Ploubidis, Huppert, Kuh, Wadsworth & Croudace, 2006; Springer & Hauser, 2003).

Sample self-acceptance scale questions.

1. When I look at the story of my life, I am pleased with how things have turned out.
2. In general, I feel confident and positive about myself.
3. I feel like many of the people I know have gotten more out of life than I have.

Sample positive relations with others scale questions.

1. Most people see me as loving and affectionate.
2. Maintaining close relationships has been difficult and frustrating for me.
3. I often feel lonely because I have few close friends with whom to share my concerns.

Parental acceptance of sexual orientation. A scale measuring parental acceptance for one's sexual orientation does not exist in the present research literature. Therefore, as one measure of parental acceptance for a LGB person's sexual orientation, the researcher used Ryff's (1989) Scales of Psychological Well-being and adapted the self-acceptance measure to reflect parental acceptance. As few words as possible were changed in each question to keep the validity of the original scale intact.

Sample parental acceptance of sexual orientation scale questions.

1. When my parents look at the story of my life, they are pleased with how things have turned out.

2. In general, my parents feel confident and positive about my sexual orientation

3. I feel like many of the people I know have gotten more support for their sexual orientation out of their parents than I have.

In addition to the Ryff (1989) adjusted questions to reflect parental acceptance of one's sexual orientation, the researcher developed questions addressing parental acceptance for one's sexual orientation that were not addressed in the Ryff adjusted scale. Though the adjusted Ryff scale reflected parental acceptance, it did not include nuanced subjects important for the topic. Therefore, the researcher created an additional 12 questions to add to the survey instrument. These questions were based on the researcher's own observation of LGB experiences as well as discussions with knowledgeable informants. After the questions were created, they were presented to a group of five LGB identified persons who reviewed them for relevance and importance in their lives.

Sample parental acceptance of sexual orientation researcher-created scale questions.

1. My parents accept my sexual orientation.
2. My parents make me feel bad about who I am romantically interested in.
3. My parents lie about who I am in a relationship with.
4. My parents tell others that I am single to cover up my sexual orientation.
5. I feel comfortable inviting my significant other(s) to family events.
6. My parents speak positively about my partner(s).
7. My parents include my partner(s) in conversation when my partner(s) is/are present.

8. My parents ask questions showing interest in my significant other.

9. I feel comfortable showing affection to my partner when my parents are present.

10. My partner is welcome in my parents' home.

11. My parents forbid my significant other(s) from coming into their home.

12. My parents refuse to be around my partner(s) and me when we are together.

Subjective happiness scale. Lyubomirsky and Lepper's (1999) Measure of Subjective Happiness was developed and validated in 14 studies with 2,732 participants from late adolescence through adulthood in the United States as well as Russia. The scale was found to have high internal consistency, "good to excellent reliability," and based on convergent and discriminate validity confirmed that the scale is an excellent measure of subjective happiness (Lyubomirsky & Lepper, 1999, p. 137). The scale responses are on a 7-point Likert scale, which are added together and averaged for a composite score of global subjective happiness. The possible scores range from 1.0 to 7.0, with higher scores showing greater happiness.

When validating the Subjective Happiness Scale, five measures of happiness and well-being were used. Each of the validation samples completed one to four of the happiness measures in order to validate the researched scale. To address discriminant validity, student samples reported their grade point average and SAT scores. Low correlations were found with these unrelated constructs. In addition to happiness scales, and school grades, stressful life events experienced within the last six months were also assessed.

The results of the validation study showed internal consistency for the four items of the scale, including Cronbach's alpha reliability. The mean of the four alphas was 0.86 and each of the four items of the scale loaded onto a single factor. The test-retest reliability showed scale stability over time and ranged from 0.55 to 0.90. To assess convergent validity, the scale was

correlated with other measures of happiness and well-being. The scales correlated in the range of 0.52 to 0.72. Correlations with related scale constructs were moderate, with a mean of 0.51.

Overall, The Subjective Happiness Scale is brief but shows solid psychometric properties. It has high internal consistency with stability over time. The scale correlates highly with other measures of happiness and "moderately with constructs theoretically and empirically related to happiness and well-being" (Lyubomirsky & Lepper, 1999, p. 148). The scale is appropriate to use as a measure of subjective happiness.

Sample subjective happiness scale questions.

1. In general, I consider myself: not a very happy person.

2. Compared with most of my peers, I consider myself: less happy.

3. Some people are generally very happy. They enjoy life regardless of what is going on, getting the most out of everything. To what extent does this characterization describe you?

Rosenberg's self-esteem scale. The concept of self-esteem is complex and is often coupled with disagreement about the construct (Tafarodia & Swann, 2001). Rosenberg's Self Esteem Scale (SES) demonstrates strong psychometric properties as a unitary construct. The 10-item scale uses a 4-point Likert- type agree and disagree scale to measure self-esteem and was originally intended for use with high school students. Since its original creation, the scale has been used with a diverse population of participants including adults. The SES has a Guttman scale coefficient of reproducibility of .92, which shows excellent internal consistency (Rosenberg, 1979). Test-retest reliability over a two-week period shows correlations of .85 and .88, which shows construct stability. In addition, the scale shows concurrent, predictive, and construct validity with known groups and it correlates with other measures of self-esteem.

Sample Rosenberg's self-esteem scale questions.

1. I feel that I am a person of worth, at least on an equal plane with others.
2. I feel that I have a number of good qualities.
3. All in all, I am included to feel that I am a failure.

Satisfaction with life scale. The Satisfaction with Life Scale (1985) (SWLS), created by Diener, Emmons, Larsen, and Griffin, was created to assess global life satisfaction. The SWLS can be used by diverse age groups and it has been shown to have strong psychometric properties, including high internal consistency and reliability (Diener, Emmons, Larsen, & Griffin, 1985). The SWLS correlates moderately to highly with other measures of well-being.

The SWLS has five items, and the responses are on a 7-point Likert scale. This scale uses agree and disagree answers to rate the responses. In one validation study, the test-retest correlation after two months was .82 with a coefficient alpha of .87, and factor analysis showed one factor, which accounted for 66% of the variance (Diener, Emmons, Larsen, & Griffin, 1985). The SWLS correlated moderately with other subjective well-being scales, which showed that people who are satisfied with their life are typically free from diagnosable mental illnesses. Validation results replicated across samples of nursing home residents, people unable to leave their home, former businessmen, and religiously oriented women.

Sample satisfaction with life scale questions.

1. In most ways my life is close to my ideal.
2. The conditions of my life are excellent.
3. I am satisfied with my life.

Demographics. In addition to the previously mentioned scales, demographic questions were asked to gain a better understanding of the participants. The researcher was primarily

interested gender, sexual orientation, and type of parent composition. However, additional questions were asked as part of the original data collection for future research projects.

Sample demographic questions.

1. Your identified gender is:
   A. Male B. Female C. Transgender
   D. Self-Describe: _____

2. Highest level of completed education:
   A. Some high school
   B. High school graduate
   C. Some college
   D. College graduate
   E. Advanced degree (e.g., master's, doctoral)

3. My age is _____

4. Race/Ethnicity (Choose all that apply)
   A. African American B. Asian/Pacific Islander C. Caucasian
   D. Hispanic E. Native American
   F. Other _____

5. Which of the following best represents your political orientation?
   A. Extremely Liberal B. Liberal
   C. Slightly Liberal D. Moderate/Middle of Road
   E. Slightly Conservative F. Conservative
   G. Extremely Conservative H. I don't know/haven't thought about it

6. In which state do you currently reside? (Please write out) _____

7. How would you describe the area in which you live?
   A. Urban B. Suburban C. Rural

8. I identify my sexual orientation as (Circle all that apply)
   A. Straight B. Lesbian C. Gay
   D. Bisexual E. Transgender F. Queer
   G. Questioning H. Other (Please list): _____

9. To what degree do you self-identify as part of the LGBTQ community?

   A. I do not self-identify as part of the LGBTQ community
   B. I somewhat self-identify as part of the LGBTQ community
   C. I highly self-identify as part of the LGBTQ community

10. You grew up in a home with which of these parent compositions: (Please select one)
    A. Single Mother B. Single Father C. Mother and Father
    D. Mother and Step-Father E. Father and Step-Mother
    F. Same-gendered parents G. Other: Please identify: _____

Test administration. The survey instrument was originally available to possible participants on a public online survey website, SurveyMonkey, for a period of five months. The researcher publicized that the survey would take participants an average of 15 to 20 minutes to complete. The electronic survey was available to anyone who had the survey link. The researcher recruited participants on the social media network, Twitter and by direct email message.

A Twitter account developed by the researcher, @Imgayandokay, had a following of approximately 1,400 individuals, agencies, and organizations at the time of the original data collection. This Twitter account was the primary form of recruitment for the participant data. The Twitter messages were public postings that anyone on Twitter could see. Twitter was the primary recruitment method because it reaches a large audience interested in the same subject. Those who saw the survey on Twitter were directed to a publically available online survey website, where the possible participant decided whether or not to complete the survey. Participants read and agreed to the consent form before beginning the survey. There were no incentives offered for participating in the study. The previously collected data was then used to answer the primary researcher questions of the present study.

Data cleaning

During the five month period that the survey was available to the public on the website Survey Monkey, 507 participants began the study with 303 completing it in its entirety. Any participants who began the study but did not complete it were removed. In addition, participants who skipped any question were removed from the participant responses. This was done so that

each of the responses was complete and could be analyzed for the purposes of this study. Most participants who did not complete the survey stopped answering questions at the beginning of the survey, therefore it was not possible to fill in the information using statistical procedures. Of the 303 completed surveys, 221 participants identified as lesbian, gay, or bisexual and had a parent composition that included a mother and a father. Anyone that identified as transgender, queer, questioning, or other were removed. All participants who came from single parent households were also removed because the researcher was investigating the impact of maternal and paternal acceptance.

After the data was entirely cleaned, 221 participants made up the final sample. Before analyses could be performed, each of the scales (i.e., self-acceptance, parental acceptance, and well-being scales) were scored appropriately and given one composite score. Each scale had unique scoring instructions including reverse scoring and scoring only certain questions. After they were each scored, a composite score was created that gave one simple number for understanding each of the variables. These composite scores were used for each of the analyses to better understand parental acceptance for a LGB person's sexual orientation.

After scoring each of the scales appropriately, the variables then needed to be centered. Centering allows the main effects of the variables to be interpretable. The variables were centered by taking the variable and subtracting the mean. These values were included in a new variable with the centered label, for example, centered maternal average acceptance (CMOMAVG).

Following the data centering, the researcher created interaction terms, which can be found through multiplication of two variables (e.g., X1 * X2). A moderator effect can be represented as an interaction between an independent variable of interest (i.e., self-acceptance)

and a factor that creates the appropriate conditions (i.e., parental acceptance) (Baron & Kenny, 1986). Interaction terms were created for perceived maternal acceptance and self-acceptance as well as paternal acceptance and self-acceptance. This interaction term was then used in the regression, along with the original variables. The researcher looked for statistically significant *b* coefficient for the interaction term, which shows significant interaction between the two variables (e.g., X1 * X2) as predictors of Y (Warner, 2013).

Statistical assumptions

Before any analyses were conducted, the researcher investigated and confirmed that all statistical assumptions had been met. The assumption of normality, meaning that the distribution of the test is normally distributed, was checked using skewness and kurtosis values from the descriptive statistics output. Skewness was within the acceptable range of +/- 2 and kurtosis values were within the acceptable range of +/-7 (Warner, 2013). Scatter plots were also used to look at the data points and determine if the assumption of normality had been met. The scatter plots were also used to test linearity and make sure there is a linear correlation between the dependent and independent variables. Homogeneity of variance was checked by making sure that the variables of interest were not highly correlated. This means that there is a relative absence of multicollinearity. Finally, the researcher looked for outliers in the participant responses. No participant responses were removed as outliers because any extreme values were removed during the data cleaning process. Visual inspection of the scatter plots confirmed each of the assumptions.

Due to the creation of parental acceptance scales from literature-based knowledge, the researcher conducted reliability analyses for each of the parental acceptance scales. The internal consistency coefficient for the 21-item perceived maternal acceptance scale was $\alpha = .875$ and the

internal consistency coefficient for the 21-item perceived paternal acceptance scale was α= .880. This was important to check because the perceived parental acceptance scales were created from a combination of previously validated scales as well as researcher-created questions.

Analyses

Research question #1. The purpose of the study's first research question was to determine if perceived maternal and/or paternal acceptance would correlate with higher well-being outcomes. In order to find out if perceived maternal and/or paternal acceptance correlated with the well-being outcomes, a correlation analysis was run to obtain a linear equation in order to predict how much well-being is contained in perceived maternal and paternal acceptance (Mertler & Vannatta, 2002). The correlation between these variables explained how much the dependent variables (DV= well-being (positive relations with others [RELOTHERS]; happiness [HAPPINESS]; self-esteem [SELFESTEEM]; satisfaction with life [SATLIFE]) were contained in the independent variable (IV= perceived parental acceptance for sexual orientation [MOMAVG] and [DADAVG]). These correlations were used to compare if higher perceived maternal acceptance and/or paternal acceptance scores would correlate with higher well-being outcomes.

Research question #2. The study's second research question investigated if perceived maternal or paternal acceptance for a LGB person's sexual orientation moderated the relationship between self-acceptance and well-being outcomes. A moderator variable is a "qualitative (e.g., sex, race, class) or quantitative (e.g., level of reward) variable that affects the direction and/or strength of the relation between an independent or predictor variable and a dependent or criterion variable" (Baron & Kenny, 1986, p. 1173). To answer this question, the researcher ran multiple regression analyses, which then created models for each well-being variable. While conducting

all of the analyses, the researcher took into consideration desirable circumstances for the moderator variable which include being uncorrelated with the predictor and dependent variable. This allows for the interaction term to be clearly interpreted (Baron & Kenny, 1986).

The eight moderation models included a separate model for perceived maternal acceptance and each of the four well-being indicators and a separate model for perceived paternal acceptance and each of the four well-being indicators. From each of the eight created moderation models, the researcher then determined if perceived maternal and/or paternal acceptance moderated self-acceptance and each of the well-being indicators.

Research question #3. To answer the third research question, the researcher looked at the series of regression analyses which were conducted for the second research question. These models were analyzed to determine if perceived maternal or paternal acceptance was more important for moderating the relationship between self-acceptance and well-being. Using separate parental scores was important for this research question because it allowed the researcher to investigate if any differences exist between maternal and paternal support for a child's sexual orientation. Each of the eight regression analyses created a model showing one aspect of maternal and paternal acceptance as it relates to self-acceptance and the well-being outcomes. These models were then compared to see if maternal or paternal acceptance moderated the relationship between self-acceptance and well-being in that specific model.

As a follow up analysis and to further understand parental acceptance, a perceived average acceptance score was created. The purpose of this score was to determine if average parental acceptance moderated self-acceptance and well-being in a similar or dissimilar way than separate perceived maternal and paternal acceptance scores. The average parental acceptance

variable was used to create four new models with each of the well-being outcome variables to see if perceived average parental acceptance moderated self-acceptance and well-being.

Summary

The previous method section outlines this study's research questions, methodology, instrumentation, scales, and analyses. Through correlation and regression analyses, the researcher hoped to gain a better understanding of the phenomena of parental acceptance for lesbian, gay, and bisexual people and the relationship between parental acceptance, self-acceptance, and well-being. The researcher sought to identify models in which perceived maternal, paternal, and average parental acceptance for one's sexual orientation correlated with well-being and/or moderated the relationship between self-acceptance and well-being. Through this investigation, the researcher's purpose was to add to the available literature about LGB sexual orientations and the importance of parental acceptance for a LGB individual's well-being.

Chapter 4: RESULTS

Overview

The purpose of this study was to determine whether perceived parental acceptance for a lesbian, gay, or bisexual (LGB) child's sexual orientation correlated with well-being and/or moderated the relationship between the LGB person's levels of self-acceptance and well-being. This chapter reports descriptive statistics, data responses, and regression models created through statistical analyses. The data included in this section have been analyzed using a correlation analysis and a series of regression analyses to better understand if perceived maternal, paternal, and average parental acceptance correlated with and/or moderated self- acceptance and well-being outcomes. Information has been organized according to the study's three research questions and hypotheses.

Response rate

Over a period of five months, the survey instrument was available on a publically accessible survey website, Survey Monkey. Participants were solicited through a LGB-related Twitter handle, @Imgayandokay, during this period of time. Due to the nature of a social media-related recruitment tool, it is unclear how many participants saw the survey or had access to the instrument. However, 507 participants began the study with 303 (59.8%) completing it in its entirety. Of the completed surveys, 221 participants met the desired participant population and therefore were used for the present study. The survey responses were originally collected as part of a larger and more general study to investigate the lives of lesbian, gay, bisexual, transgender, and queer/questioning people. For the purposes of the present research, only participants who identified as lesbian, gay, and bisexual, had experiences with maternal and paternal parental acceptance or non-acceptance, and were at least 18 years old were included in the sample. All

incomplete surveys, as well as participants who did not meet the desired participant population were removed.

Analysis of the sample

During the five month period that the survey was available to the public, 507 participants began the study with 303 completing it in its entirety. Of the 303 completed surveys, 221 participants identified as lesbian, gay, or bisexual and had a family composition of a mother and father. All participants who identified as transgender, queer, questioning, or other were removed. Also, participants who did not complete the survey or did not have a mother and a father were removed. Of the incomplete surveys, most of the participants stopped answering questions at the second or third question, leaving too many incomplete answers for it to be used in the sample. For purposes of clarity, participants who skipped any number of questions were also removed.

Table 1

Orientation and Family Crosstabulation

Orientation	Mother and Father	Mother and Step-Father	Father and Step-Mother	Total
Lesbian	84	7	2	93
Gay	79	7	1	87
Bisexual	35	5	1	41
Total	198	19	4	221

Of the 221 completed surveys for individuals who identified as LGB and had a family type that included a mother and a father, 42.1% (*N*= 93) identified as lesbian, 39.4% (*N*= 87) identified as gay, and 18.6% (*N*= 41) identified as bisexual. If participants identified as transgender, queer, or questioning and/or came from a family without a maternal and paternal parental figure, they were removed from the sample. From the participants who met the desired

family composition, 89.6% (*N*= 198) came from a family with a mother and a father, 0.09% (*N*= 19) from a family with a mother and a step-father, and 0.02% (*N*= 4) from a family with a father and step-mother. After elimination of incomplete data, participants who did not identify as LGB and a filter to only include participants who had a maternal and paternal parent family, the final sample included 221 participants.

Research Question 1. Does perceived maternal and/or paternal acceptance correlate with higher well-being outcomes?

HA1: Perceived maternal and paternal support for a LGB person's sexual orientation will correlate with higher well-being outcomes.

Descriptive statistics. To begin to answer the first research question, descriptive statistics were gathered on each of the well-being outcome variables. The total number of participants totaled 221 and each of the mean scores are reported in Table 2. Descriptive statistics of each well-being variable showed a mean of approximately 4 with self-esteem the highest (*M*= 4.678, *SD*= 1.03) and positive relations with others the lowest (*M*= 4.239, *SD*= .817). Perceived maternal acceptance had a higher mean (*M*= 4.813, *SD*= 1.234) than perceived paternal acceptance (*M*= 4.655, *SD*= 1.254).

Table 2

Descriptive Statistics

Variables	*n*	Mean	Standard Deviation
Maternal Acceptance	221	4.813	1.234
Paternal Acceptance	221	4.655	1.254
Self-Acceptance	221	4.589	.742
Positive Relations with Others	221	4.239	.817
Happiness	221	4.488	.804
Self Esteem	221	4.678	1.031
Satisfaction with Life	221	4.294	1.244

Correlation Analysis. A correlation analysis was run to describe the degree and direction of the relationship between perceived maternal and perceived paternal acceptance and the well-being indicators. To investigate the first research question, a simple correlation was run to better understand how well well-being can be predicted from perceived maternal and perceived paternal acceptance (Mertler & Vannatta, 2002). The correlation between these variables explains how much the dependent variables (*DV*= well-being (positive relations with others [RELOTHERS]; happiness [HAPPINESS]; self-esteem [SELFESTEEM]; satisfaction with life [SATLIFE]) is contained in the independent variable (*IV*= perceived parental acceptance for sexual orientation [MOMAVG] and [DADAVG]).

Perceived average maternal acceptance was significantly and positively correlated with all of the well-being variables including positive relations with others (r= .230), which accounted for 5.3% of the variance (p= .001) in positive relations with others. Perceived average maternal acceptance was correlated with happiness (r= .161), which accounted for 2.6% of the variance (p= .016) in happiness. Perceived average maternal acceptance was correlated with self-esteem (r= .180), which accounted for 3.2% of the variance (p= .007) in self-esteem. Perceived average

maternal acceptance was correlated with satisfaction with life (r= .212), which accounted for 4.5% of the variance (p= .002) in satisfaction with life.

Perceived average paternal acceptance was correlated with positive relations with others (r= .270), which accounted for 7.3% of the variance (p= <.001) in positive relations with others. Perceived average paternal acceptance was correlated with happiness (r= .183), which accounted for 3.3% of the variance (p= .006) in happiness. Perceived average paternal acceptance was correlated with self-esteem (r=.235), which accounted for 5.5% of the variance (p= <.001) in self-esteem. Perceived average paternal acceptance was correlated with satisfaction with life (r= .263), which accounted for 6.9% of the variance (p= <.001) in satisfaction with life.

Self-acceptance was significantly and positively correlated with perceived maternal acceptance (r= .160, p= .017) and perceived paternal acceptance (r= .256, p< .001). This significant correlation could lead to a spurious effect for the interaction term in future analyses.

Table 3

Correlation Matrix

	MOM AVG	DAD AVG	SELF ACCEPT	REL OTHERS	HAPPI NESS	SELF ESTEEM	SATLIFE
MOMAVG							
Pearson Corr.	-						
Sig. (2-tailed)							
DADAVG							
Pearson Corr.	.639**	-					
Sig. (2-tailed)	.000						
SELFACCEPT							
Pearson Corr.	.160 *	.256**	-				
Sig. (2-tailed)	.017	.000					
RELOTHERS							
Pearson Corr.	.230**	.270**	.587**	-			
Sig. (2-tailed)	.001	.000	.000				
HAPPINESS							
Pearson Corr.	.161	.183	.710**	.471**	-		
Sig. (2-tailed)	.016	.006	.000	.000			
SELFESTEEM							
Pearson Corr.	.180**	.235**	.835**	.592**	.663**	-	
Sig. (2-tailed)	.007	.000	.000	.000	.000		
SATLIFE							
Pearson Corr.	.212**	.263**	.835**	.591**	.759**	.778**	-
Sig. (2-tailed)	.002	.000	.000	.000	.000	.000	

Note. ** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).
221 participants were used in this correlation matrix.

Scatterplots. When looking at the perceived maternal and paternal acceptance and well-being scatterplots, it is important to note the extent to which the points are scattered around the line, the slope of the regression line, and the point at which the line crosses the Y-axis (Mertler & Vannatta, 2002; Sprinthall, 2000). Scatterplots were created for perceived maternal and paternal acceptance and each of the well-being variables. The scatterplots offer a visual representation of

the slope of the regression line, which is helpful because it shows the comparison between perceived maternal and paternal acceptance with each of the well-being indicators: positive relations with others, happiness, self-esteem, and satisfaction with life.

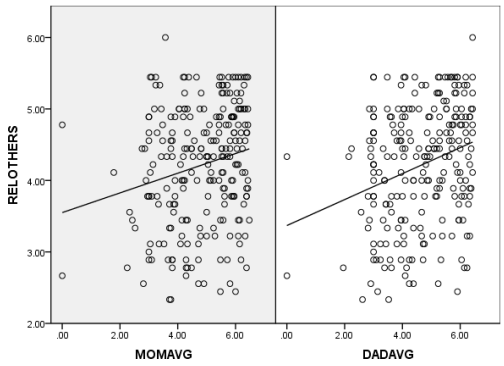

Figure 1: Maternal and Paternal Acceptance and Positive Relations with Others. This figure illustrates the comparison of maternal and paternal average acceptance and positive relations with others.

In the Figure 1 scatterplot comparing perceived maternal and paternal acceptance with positive relations with others, perceived maternal acceptance was correlated with positive relations with others (r= .230, p= .001). Paternal acceptance was correlated with positive relations with others positive relations with others (r= .270, p< .001).

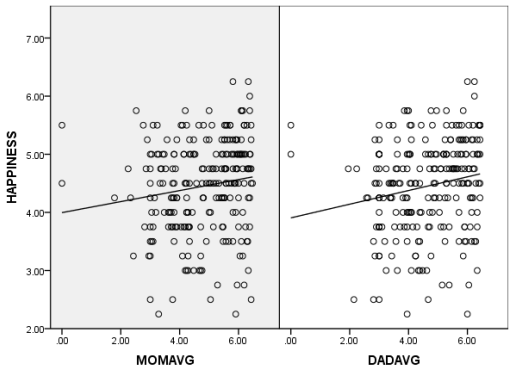

Figure 2: Maternal and Paternal Acceptance and Happiness. This figure illustrates the comparison of maternal and paternal average acceptance and happiness.

In the Figure 2 scatterplot comparing perceived maternal and paternal acceptance with happiness, perceived maternal acceptance was correlated with happiness (r= .161, p= .161). Paternal acceptance was correlated with happiness (r= .183, p= .006).

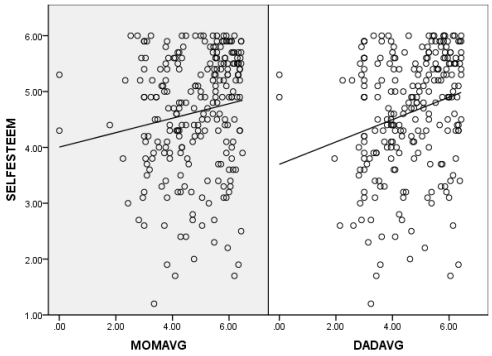

Figure 3: Maternal and Paternal Acceptance and Self-esteem. This figure illustrates the comparison of maternal and paternal average acceptance and self-esteem.

In the Figure 3 scatterplot comparing perceived maternal and paternal acceptance with self-esteem, perceived maternal acceptance was correlated with self-esteem (r= .180, p= .007). Paternal acceptance was correlated with self-esteem (r= .235, p< .001).

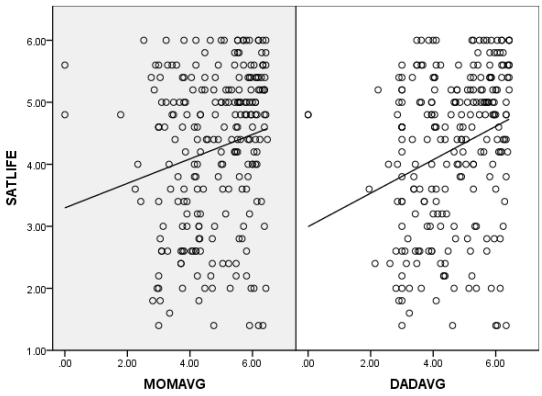

Figure 4: Maternal and Paternal Acceptance and Satisfaction with Life. This figure illustrates the comparison of maternal and paternal average acceptance and Satisfaction with Life.

In the Figure 4 scatterplot comparing perceived maternal and paternal acceptance with satisfaction with life, perceived maternal acceptance was correlated with satisfaction with life (*r*= .212, p= .002). Paternal acceptance was correlated with satisfaction with life (*r*= .263. p< .001)

Research Question 2: Does perceived maternal and/or paternal acceptance for a LGB person's sexual orientation moderate the relationship between self-acceptance and well-being outcomes?

HA2. LGB participants who perceive their parents as non-accepting of their sexual orientation will report lower levels of self-acceptance and lower well-being scores than LGB participants who perceive that their parents are more accepting of their sexual orientation.

In order to understand if perceived maternal or paternal acceptance for a LGB person's sexual orientation moderates the relationship between self-acceptance and well-being outcomes, a series of regression analyses were conducted. Each of the regression analyses created a model showing one aspect of maternal and paternal acceptance as it relates to self-acceptance and the four well-being outcomes; positive relations with others, happiness, self-esteem, and satisfaction

with life. These models were then used to determine if perceived maternal or paternal acceptance moderated the relationship between self-acceptance and well-being in that specific model. In order to create these models, interaction terms were created. The interaction terms were calculated by taking perceived maternal and paternal average acceptance multiplied by self-acceptance. If the interaction term was found to be significant, then maternal and/or paternal acceptance moderated the relationship between self-acceptance and the well-being outcome.

In each of the models, the ANOVA table presents the F-test and corresponding level of significance for each step in the model. The test examines the degree to which the relationship between the dependent variable and independent variables is linear (Mertler & Vannatta, 2002). If the ANOVA table shows that the F-test is significant, it means that the relationship is linear and therefore the model significantly predicts the dependent variable.

Model 1: Self-acceptance, average perceived maternal acceptance, positive relations with others

Table 4

Model 1 Summary Table

Model	*R*	*R Square*	Adjusted *R* Square	Std. Error of the Estimate
1	.608	.369	.360	.653

Note. Predictors: Interaction of self-acceptance and paternal acceptance, self-acceptance, and maternal average acceptance.

Table 5

Model 1 ANOVA Table

Model	*df*	*F*	*p*
1			
Regression	3	42.331	.000
Residual	217		
Total	220		

Note. Dependent variable: Positive Relations with Others, Predictors: Interaction of self-acceptance and maternal acceptance, self-acceptance, and maternal average acceptance.

The self-acceptance, average perceived maternal acceptance, and positive relations with others model summary table showed how much self-acceptance and perceived maternal acceptance predict positive relations with others. The R^2 represents the degree of variance accounted for by the combination of the two independent variables (self-acceptance and maternal average acceptance), where R^2= .369. In model 1, the ANOVA table showed that the F-statistic was significant, meaning that the relationship between the variables was linear and therefore the model significantly predicted the dependent variable, positive relations with others.

Table 6

Model 1 Regression Table

Model	*B*	Std. Error	Beta	*t*	*p*
1					
CMOMAVG	.087	.036	.131	2.378	.018
	.631	.061	.573	10.426	.000
CSELFxMOM					
	.071	.049	.078	1.431	.154
CSELFxMOM					

Note. Dependent variable: Positive Relations with Others

A forward multiple regression was conducted to determine which independent variables (self-acceptance [CSELFACCEPT]; maternal average acceptance [CMOMAVG]; the interaction

of maternal average acceptance and self-acceptance [CSELFxMOM]) were predictors of the dependent variable, positive relations with others ([RELOTHERS]). Regression results indicated an overall model of two predictors (self-acceptance and maternal average acceptance) that significantly predicted positive relations with others, R^2= .369, R^2 *adj*= .360, F (3, 217) = 42.331, p< .001. This model accounted for 36.9% of the variance in positive relations with others. Positive relations with others was strongly related to self-acceptance (B= .631, t= 10.426, p< .001) and simultaneously moderately related to perceived maternal acceptance (B= .087, t= 2.38, p= .018). The interaction term of self-acceptance and perceived maternal acceptance (CSELFxMOM) was not significant (t= 1.431, p= .154). Since the interaction was not significant, this analysis did not provide evidence that perceived maternal acceptance moderates the relationship between self-acceptance and positive relations with others.

Table 7

Model 1 Excluded Variables

Variable	*t*	*p*
CSELFxMOM	1.431	.154

Note. Excluded variable: Interaction of self-acceptance and maternal acceptance (CSELFxMOM)

Model 2: Self-acceptance, average perceived maternal acceptance, satisfaction with life

Table 8

Model 2 Summary Table

Model	*R*	*R Square*	Adjusted *R* Square	Std. Error of the Estimate
1	.835	.697	.696	.686
2	.839	.703	.700	.681

Note. Predictors: Self-acceptance and average maternal acceptance

Table 9

Model 2 ANOVA Table

Model	*df*	*F*	*p*
1			
Regression	1	503.623	.000
Residual	219		
Total	220		
2			
Regression	2	258.241	.000
Residual	218		
Total	220		

Note. Dependent variable: Satisfaction with Life, Predictors: Self-acceptance and average maternal acceptance

Table 10

Model 2 Regression Table

Model	*B*	Std. Error	Beta	*t*	*p*
1					
CSELFACCEPT	1.399	.062	.835	22.442	.000
2					
SELFACCEPT	1.377	.063	.822	21.991	.000
CMOMAVG	.081	.038	.080	2.143	.033

Note. Dependent variable: Satisfaction with life

The self-acceptance, average perceived maternal acceptance, and satisfaction with life model summary showed how much self-acceptance and perceived maternal acceptance predicted satisfaction with life. The R^2 represents the degree of variance accounted for by the combination of the two independent variables (self-acceptance and perceived maternal average acceptance), where R^2= .703.

A forward multiple regression was conducted to determine the accuracy of the independent variables (self-acceptance [CSELFACCEPT], maternal average acceptance

[CMOMAVG], and the interaction of maternal average acceptance and self-acceptance [CSELFxMOM] predicting the dependent variable, satisfaction with life (SATLIFE). Regression results indicated that the overall model significantly predicted satisfaction with life, R^2= .703, R^2adj= .700, F (2, 218) = 258.241, p< .001. This model accounted for 70.3% of variance in satisfaction with life.

Satisfaction with life was strongly related to self-acceptance (B= 1.377, t= 21.991, p< .001) and simultaneously moderately related to perceived maternal acceptance (B= .081, t= 2.143, p= .033). The interaction term of self-acceptance and perceived maternal acceptance (CSELFxMOM) was not significant (t= .234, p= .815). Since this interaction was not significant, this analysis did not provide evidence that perceived maternal acceptance moderates the relationship between self-acceptance and satisfaction with life.

Table 11

Model 2 Excluded Variables

Variable	*t*	*p*
CSELFxMOM	.234	.815

Note. Excluded variable: Interaction of self-acceptance and maternal acceptance (CSELFxMOM)

Model 3: Self-acceptance, average perceived maternal acceptance, self-esteem

Table 12

Model 3 Summary Table

Model	*R*	*R Square*	Adjusted *R* Square	Std. Error of the Estimate
1	.835	.697	.696	.569

Note. Predictors: Self-acceptance

Table 13

Model 3 ANOVA Table

Model	*df*	*F*	*p*
1			
Regression	1	503.739	.000
Residual	219		
Total	220		

Note. Dependent variable: Self Esteem, Predictors: Self-acceptance

Table 14

Model 3 Regression Table

Model	*B*	Std. Error	Beta	*t*	*p*
1					
CSELFACCEPT	1.160	.052	.835	22.442	.000

Note. Dependent variable: Self Esteem

The self-acceptance, average perceived maternal acceptance, and self-esteem model summary showed how much self-acceptance and perceived maternal acceptance predicted self-esteem. The R^2 represents the degree of variance accounted for by the combination of the two independent variables (self-acceptance and maternal average acceptance), where R^2= .697.

A forward multiple regression was conducted to determine the accuracy of the independent variables (self-acceptance [CSELFACCEPT], maternal average perceived acceptance [CMOMAVG], and the interaction of maternal average acceptance and self-acceptance [CSELFxMOM] as predictors of the dependent variable, self-esteem ([SELFESTEEM]). Regression results indicated that the overall model significantly predicted self-esteem, R^2= .697, R^2adj= .696, F (1, 219) = 503.739, p< .001. This model accounted for 69.7% of variance in self-esteem. Self-esteem was strongly related to self-acceptance (B= 1.160,

t= 22.444, *p*< .001) but was not related to perceived maternal acceptance ([CMOMAVG]) (*t*= 1.264, *p*= .208). The interaction term of self-acceptance and perceived maternal acceptance (CSELFxMOM) was not significant (*t*= .396, *p*= .693). Since this interaction was not significant, this analysis did not provide evidence that perceived maternal acceptance moderates the relationship between self-acceptance and self-esteem.

Table 15

Model 3 Excluded Variables

Variable	*t*	*p*
CMOMAVG	1.264	.208
CSELFxMOM	.396	.693

Note. Excluded variable: Average maternal acceptance (CMOMAVG) and the interaction of self-acceptance and maternal acceptance (CSELFxMOM).

Model 4: Self-acceptance, average perceived maternal acceptance, happiness

Table 16

Model 4 Summary Table

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.710	.504	.502	.568

Note. Predictors: Self acceptance

Table 17

Model 4 ANOVA Table

Model	*df*	*F*	*p*
1			
Regression	1	222.634	.000
Residual	219		
Total	220		

Note. Dependent variable: Happiness, Predictors: Self acceptance

Table 18

Model 4 Regression Table

Model	*B*	Std. Error	Beta	*t*	*p*
1					
CSELFACCEPT	.769	.052	.710	14.921	.000

Note. Dependent variable: Happiness

The self-acceptance, average perceived maternal acceptance, and happiness model showed how much self-acceptance and perceived maternal acceptance predicted happiness. The R^2 represents the degree of variance accounted for by the combination of the two independent variables (self-acceptance and maternal average acceptance), where R^2= .504.

A forward multiple regression was conducted to determine the accuracy of the independent variables (self-acceptance [CSELFACCEPT], maternal average acceptance [CMOMAVG], and the interaction of maternal average acceptance and self-acceptance [CSELFxMOM] as predictors of the dependent variable, happiness ([HAPPINESS]). Regression results indicated that the overall model significantly predicted happiness, R^2= .504, R^2adj= .502, F (1, 219) = 222.634, p< .001. This model accounted for 50.4% of variance in satisfaction with life.

Happiness was strongly related to self-acceptance (*B*= .769, *t*= 14.921, *p*< .001). Perceived maternal acceptance ([CMOMAVG]) was not significant (*t*= 1.018, *p*= .310) as well as the interaction term of self-acceptance and perceived maternal acceptance (CSELFxMOM) (*t*= 1.030, *p*= .304). Since the interaction was not significant, this analysis did not provide evidence that perceived maternal acceptance moderates the relationship between self-acceptance and happiness.

Table 19

Model 4 Excluded Variables

Variable	*t*	*p*
CMOMAVG	1.018	.310
CSELFxMOM	1.030	.304

Note. Excluded variable: Average maternal acceptance (CMOMAVG) and the interaction of self-acceptance and maternal acceptance (CSELFxMOM).

Model 5: Self-acceptance, average perceived paternal acceptance, positive relation with others

Table 20

Model 5 Summary Table

Model	*R*	*R Square*	Adjusted *R* Square	Std. Error of the Estimate
1	.587	.344	.341	.6631
2	.600	.359	.354	.657

Note. Predictors: Self-acceptance and average paternal acceptance

Table 21

Model 5 ANOVA Table

Model	*df*	*F*	*p*
1			
Regression	1	114.895	.000
Residual	219		
Total	220		
2			
Regression	2	61.167	.000
Residual	218		
Total	220		

Note. Dependent variable: Positive relations with others, Predictors: Self-acceptance and average paternal acceptance

Table 22

Model 5 Regression Table

Model	*B*	Std. Error	Beta	*t*	*p*
1					
CSELFACCEPT	.646	.060	.587	10.719	.000
2					
CSELFACCEPT	.610	.062	.554	9.877	.000
CDADAVG	.084	.037	.128	2.286	.023

Note. Dependent variable: Positive relations with others

The self-acceptance, average perceived paternal acceptance, and positive relations with others model showed how much self-acceptance and paternal acceptance predicted positive relations with others. The R^2 represented the degree of variance accounted for by the combination of the two independent variables (self-acceptance and perceived paternal average acceptance). When self-acceptance and positive relations with others were compared in model 1,

the R^2= .344. However, more of the model was explained when average perceived paternal acceptance was added (R^2= .359) in model 2.

A forward multiple regression was conducted to determine the accuracy of the independent variables (self-acceptance [CSELFACCEPT], perceived paternal average acceptance [CDADAVG], and the interaction of perceived paternal average acceptance and self-acceptance [CSELFxDAD] predicting the dependent variable, positive relations with others ([RELOTHERS]). Regression results indicated that the overall model significantly predicted positive relations with others, R^2= .359, R^2adj= .354, F (2, 218) = 61.167, p< .001. This model accounted for 35.9% of variance in positive relations with others.

Positive relations with others was strongly related to self-acceptance (B= .610, t= 9.877, p< .001) while simultaneously moderately related to perceived paternal acceptance (B= .084, t= 2.286, p= .023). The interaction of self-acceptance and perceived paternal acceptance (CSELFxDAD) (t= 1.575, p= .117) was not significant. Since this interaction was not significant, this analysis did not provide evidence that perceived paternal acceptance moderates the relationship between self-acceptance and positive relations with others.

Table 23

Model 5 Excluded Variables

Variable	*t*	*p*
CSELFxDAD	1.575	.117

Note. Excluded variable: Interaction of self-acceptance and paternal acceptance (CSELFxDAD)

Model 6: Self-acceptance, average perceived paternal acceptance, satisfaction with life

Table 24

Model 6 Summary Table

Model	*R*	*R Square*	Adjusted *R* Square	Std. Error of the Estimate
1	.835	.697	.696	.686

Note. Predictors: Self-acceptance

Table 25

Model 6 ANOVA Table

Model	*df*	*F*	*p*
1			
Regression	1	503.623	.000
Residual	219		
Total	220		

Note. Dependent variable: Satisfaction with life, Predictors: Self-acceptance

Table 26

Model 6 Regression Table

Model	*B*	Std. Error	Beta	*t*	*p*
1					
CSELFACCEPT	1.399	.062	.835	22.442	.000

Note. Dependent variable: Satisfaction with life

The self-acceptance, average perceived paternal acceptance, and satisfaction with life model showed how much self-acceptance and perceived paternal acceptance predict satisfaction with life. The R^2 represents the degree of variance accounted for by the combination of the two

independent variables (self-acceptance and paternal average acceptance). When self-acceptance and satisfaction with life were compared, the R^2= .697.

A forward multiple regression was conducted to determine the accuracy of the independent variables (self-acceptance [CSELFACCEPT], average perceived paternal acceptance [CDADAVG], and the interaction of average perceived paternal acceptance and self-acceptance [CSELFxDAD] predicting the dependent variable, satisfaction with life ([SATLIFE]). Regression results indicated that the overall model significantly predicted satisfaction with life, R^2= .697, R^2adj= .696, F (1, 219) = 503.623, p< .001. This model accounted for 69.7% of variance in satisfaction with life.

Satisfaction with life was strongly related to self-acceptance (B= 1.399, t= 22.442, p< .001) but was not related to perceived average paternal acceptance (t= 1.379, p= .169). The interaction term of self-acceptance and perceived paternal acceptance (CSELFxDAD) (t= 1.412, p= .159) was not significant. Since this interaction was not significant, this analysis did not provide evidence that perceived paternal acceptance moderates the relationship between self-acceptance and satisfaction with life.

Table 27

Model 6 Excluded Variables

Variable	*t*	*p*
CDADAVG	1.379	.169
CSELFxDAD	1.412	.159

Note. Excluded variable: Average paternal acceptance (CDADAVG) and the interaction of self-acceptance and paternal acceptance (CSELFxDAD).

Model 7: Self-acceptance, average perceived paternal acceptance, self esteem

Table 28

Model 7 Summary Table

Model	*R*	*R Square*	Adjusted *R* Square	Std. Error of the Estimate
1	.835	.697	.696	.569

Note. Predictors: Self-acceptance

Table 29

Model 7 ANOVA Table

Model	*df*	*F*	*p*
1			
Regression	1	503.739	.000
Residual	219		
Total	220		

Note. Dependent variable: Self-esteem, Predictors: Self-acceptance

Table 30

Model 7 Regression Table

Model	*B*	Std. Error	Beta	*t*	*p*
1					
CSELFACCEPT	1.160	.052	.835	22.444	.000

Note. Dependent variable: Self esteem

The self-acceptance, average perceived paternal acceptance, and self-esteem model showed how much self-acceptance and perceived paternal acceptance predicted self-esteem. The R^2 represents the degree of variance accounted for by the combination of the two independent

variables (self-acceptance and paternal average acceptance). When self-acceptance and self-esteem were compared, the R^2= .697.

A forward multiple regression was conducted to determine the accuracy of the independent variables (self-acceptance [CSELFACCEPT], average perceived paternal acceptance [CDADAVG], and the interaction of perceived paternal average acceptance and self-acceptance [CSELFxDAD] as predictors of the dependent variable, self-esteem ([SELFESTEEM]). Regression results indicated that the overall model significantly predicted self-esteem, R^2= .697, R^2adj= .696, F (1, 219) = 503.739, p< .001. This model accounted for 69.7% of variance in self-esteem.

Self-esteem was strongly related to self-acceptance (B= 1.160, t= 22.444, p< .001) but was not related to average perceived paternal acceptance (t= .604, p= .546). The interaction term of self-acceptance and paternal acceptance (CSELFxDAD) (t= -.092, p= .926) was also not significant. Since this interaction was not significant, this analysis did not provide evidence that perceived paternal acceptance moderates the relationship between self-acceptance and self-esteem.

Table 31

Model 7 Excluded Variables

Variable	*t*	*p*
CDADAVG	.604	.546
CSELFxDAD	-.092	.926

Note. Excluded variable: Average paternal acceptance (CDADAVG) and the interaction of self-acceptance and paternal acceptance (CSELFxDAD).

Model 8: Self-Acceptance, average perceived paternal acceptance, happiness

Table 32

Model 8 Summary Table

Model	*R*	*R Square*	Adjusted *R* Square	Std. Error of the Estimate
1	.710	.504	.502	.568

Note. Predictors: Self-acceptance

Table 33

Model 8 ANOVA Table

Model	*df*	*F*	*p*
1			
Regression	1	222.634	.000
Residual	219		
Total	220		

Note. Dependent variable: Happiness, Predictors: Self-acceptance

Table 34

Model 8 Regression Table

Model	*B*	Std. Error	Beta	*t*	*p*
1					
CSELFACCEPT	.769	.052	.710	14.921	.000

Note. Dependent variable: Happiness

The self-acceptance, average perceived paternal acceptance, and happiness model showed how much self-acceptance and perceived paternal acceptance predict happiness. The R^2 represents the degree of variance accounted for by the combination of the two independent

variables (self-acceptance and paternal average acceptance). When self-acceptance and happiness were compared, the R^2= .504.

A forward multiple regression was conducted to determine the accuracy of the independent variables (self-acceptance [CSELFACCEPT], perceived paternal average acceptance [CDADAVG], and the interaction of paternal average acceptance and self-acceptance [CSELFxDAD] are predictors of the dependent variable, happiness ([HAPPINESS]). Regression results indicated that the overall model significantly predicted happiness, R^2= .504, R^2adj= .502, F (1, 219) = 222.634, p< .001. This model accounted for 50.4% of variance in happiness.

Happiness was strongly related to self-acceptance (B= .769, t= 14.921, p< .001) but was not related to average perceived paternal acceptance (t= .038, p= .970). The interaction term of self-acceptance and perceived paternal acceptance (CSELFxDAD) (t= 1.185, p= .237) was not significant. Since this interaction was not significant, this analysis did not provide evidence that perceived paternal acceptance moderates the relationship between self-acceptance and happiness.

Table 35

Model 8 Excluded Variables

Variable	*t*	*p*
CDADAVG	.038	.970
CSELFxDAD	1.185	.237

Note. Excluded variable: Average paternal acceptance (CDADAVG) and the interaction of self-acceptance and paternal acceptance (CSELFxDAD).

Research Question 3: Is perceived maternal or paternal acceptance more important for moderating the relationship between self-acceptance and well-being outcomes?

HA3. Maternal and paternal support for a LGB person's sexual orientation will moderate the relationship between self-acceptance and well-being for lesbian, gay, and

bisexual participants at different rates. The well-being of LGB persons and the influence of parental support is currently unknown, therefore this study will investigate if parental acceptance for an LGB individual's sexual orientation varies by the parent gender and this has a different impact upon a LGB individual's feelings of acceptance and well-being.

To look at the average of perceived paternal acceptance and perceived maternal acceptance, a parental average variable was created. The average parental acceptance score was found by taking the average perceived maternal and paternal acceptance scores and adding them together before dividing by two. This new average parental acceptance score was then centered by taking the variable and subtracting the mean. An interaction term was created to calculate the interaction of self-acceptance and average parental acceptance. A series of regression analyses were run to determine if average parental acceptance (defined as the average of maternal and paternal acceptance) moderates self-acceptance and each of the well-being outcomes.

The tables below include parental average acceptance (PARAVG) scores for each of the sexual orientation groups (i.e. lesbian, gay, and bisexual) and report their means and standard deviations. The correlation table shows how average parental acceptance correlates with each of the variables. Average parental acceptance correlated with positive relations with others (r= .276), which accounted for 7.6% ($p < .001$) in the variance in positive relations with others. Average parental acceptance correlated with happiness (r= .191), which accounted for 3.6% ($p = .004$) of the variance in happiness. Average parental acceptance correlated with self-esteem (r= .230), which accounted for 5.3% ($p = .001$) of the variance in self-esteem. Average parental acceptance correlated with satisfaction with life (r= .262), which accounted for 6.9% of the variance in satisfaction with life. Each of these correlations were within the small correlation effect size range as defined by Cohen (1988).

Table 36

Correlation Matrix

	PAR AVG	SELF ACCEPT	REL OTHERS	HAPPI NESS	SELF ESTEEM	SATLIFE
PARAVG						
Pearson Corr.	-					
Sig. (2-tailed)						
SELFACCEPT						
Pearson Corr.	.230**	-				
Sig. (2-tailed)	.001					
RELOTHERS						
Pearson Corr.	.276**	.276**	-			
Sig. (2-tailed)	.000	.000				
HAPPINESS						
Pearson Corr.	.191	.191**	.471**	-		
Sig. (2-tailed)	.004	.004	.000			
SELFESTEEM						
Pearson Corr.	.230**	.230**	.592**	.663**	-	
Sig. (2-tailed)	.000	.001	.000	.000		
SATLIFE						
Pearson Corr.	.262**	.262**	.591**	.759**	.778**	-
Sig. (2-tailed)	.000	.000	.000	.000	.000	

Note. ** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).
221 participants were used in this correlation matrix.

Model 9: Self-acceptance, average parental acceptance, positive relations with others

Table 37

Model 9 Summary Table

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.587	.344	.341	.663
2	.604	.465	.359	.654

Note. Predictors: Self-acceptance and average parental acceptance

Table 38

Model 9 ANOVA Table

Model	*df*	*F*	*p*
1			
Regression	1	114.895	.000
Residual	219		
Total	220		
2			
Regression	2	62.718	.000
Residual	218		
Total	220		

Note. Dependent variable: Positive relations with others, Predictors: Self-acceptance and average parental acceptance

Table 39

Model 9 Regression Table

Model	*B*	Std. Error	Beta	*t*	*p*
1					
CSELFACCEPT	.646	.060	.587	10.719	.000
2					
CSELFACCEPT	.608	.061	.552	9.959	.000
CPARAVG	.108	.040	.149	2.694	.008

Note. Dependent variable: Positive relations with others

The self-acceptance, average parental acceptance, and positive relations with others model showed how much self-acceptance and average parental acceptance predicted positive relations with others. The R^2 represented the degree of variance accounted for by the combination of the two independent variables (self-acceptance and average parental average acceptance). When self-acceptance and positive relations with others were compared in model 1, the R^2= .344. However, more of the model was explained when average parental acceptance was added (R^2= .365) in model 2.

A forward multiple regression was conducted to determine the accuracy of the independent variables (self-acceptance [CSELFACCEPT], average parental acceptance [CPARAVG], and the interaction of average parental acceptance and self-acceptance [CSELFxCPAR] predicting the dependent variable, positive relations with others ([RELOTHERS]). Regression results indicated that the overall model significantly predicted positive relations with others, R^2= .365, R^2adj= .359, F (2, 218) = 62.718, p< .001. This model accounted for 36.5% of variance in positive relations with others.

Positive relations with others was strongly related to self-acceptance (B= .608, t= 9.959, p< .001) while simultaneously moderately related to average parental acceptance (B= .108, t= 2.694, p= .008). The interaction of self-acceptance and average parental acceptance (CSELFxCPAR) (t= 1.627, p= .105) was not significant. Since this interaction was not significant, this analysis did not provide evidence that average parental acceptance moderates the relationship between self-acceptance and positive relations with others.

Table 40

Model 9 Excluded Variables

Variable	*t*	*p*
CSELFxCPARAVG	1.627	.105

Note. Excluded variable: Interaction of self-acceptance and average parental acceptance (CSELFxCPARAVG).

Model 10: Self-acceptance, average parental acceptance, satisfaction with life

Table 41

Model 10 Summary Table

Model	*R*	*R Square*	Adjusted *R* Square	Std. Error of the Estimate
1	.835	.697	.696	.686

Note. Predictors: Self-acceptance

Table 42

Model 10 ANOVA Table

Model	*df*	*F*	*p*
1			
Regression	1	503.623	.000
Residual	219		
Total	220		

Note. Dependent variable: Satisfaction with life, Predictors: Self-acceptance

Table 43

Model 10 Regression Table

Model	*B*	Std. Error	Beta	*t*	*p*
1 CSELFACCEPT	1.399	.062	.835	22.442	.000

Note. Dependent variable: Satisfaction with life

The self-acceptance, average parental acceptance, and satisfaction with life model showed how much self-acceptance and average parental acceptance predicted satisfaction with life. The R^2 represents the degree of variance accounted for by the combination of the two independent variables (self-acceptance and average parental acceptance). When self-acceptance and satisfaction with life were compared, the R^2= .697.

A forward multiple regression was conducted to determine the accuracy of the independent variables (self-acceptance [CSELFACCEPT], average parental acceptance [CPARAVG], and the interaction of average parental acceptance and self-acceptance [CSELFxCPAR] predicting the dependent variable, satisfaction with life ([SATLIFE]). Regression results indicated that the overall model significantly predicted satisfaction with life, R^2= .697, R^2adj= .696, F (1, 219) = 503.623, p< .001. This model accounted for 69.7% of variance in satisfaction with life.

Satisfaction with life was strongly related to self-acceptance (B= 1.399, t= 22.442, p< .001) but was not related to average parental acceptance (t= 1.956, p= .052). The interaction term of self-acceptance and average parental acceptance (CSELFxCPAR) (t= 1.024, p= .307) was not significant. Since this interaction was not significant, this analysis did not provide

evidence that average parental acceptance moderates the relationship between self-acceptance and satisfaction with life.

Table 44

Model 10 Excluded Variables

Variable	*t*	*p*
CPARAVG	1.956	.052
CSELFxCPAR	1.024	.307

Note. Excluded variable: Average parental acceptance (CPARAVG) and the interaction of self-acceptance and paternal acceptance (CSELFxCPAR).

Model 11: Self-acceptance, average parental acceptance, self-esteem

Table 45

Model 11 Summary Table

Model	*R*	*R Square*	Adjusted *R* Square	Std. Error of the Estimate
1	.835	.697	.696	.569

Note. Predictors: Self-acceptance

Table 46

Model 11 ANOVA Table

Model	*df*	*F*	*p*
1			
Regression	1	503.739	.000
Residual	219		
Total	220		

Note. Dependent variable: Self-esteem, Predictors: Self-acceptance

Table 47

Model 11 Regression Table

Model	*B*	Std. Error	Beta	*t*	*p*
1 CSELFACCEPT	1.160	.052	.835	22.444	.000

Note. Dependent variable: Happiness

The self-acceptance, average parental acceptance, and self-esteem model showed how much self-acceptance and average parental acceptance predicted self-esteem. The R^2 represents the degree of variance accounted for by the combination of the two independent variables (self-acceptance and average parental acceptance). When self-acceptance and self-esteem were compared, the R^2= .697.

A forward multiple regression was conducted to determine the accuracy of the independent variables (self-acceptance [CSELFACCEPT], average parental acceptance [CPARAVG], and the interaction of average parental acceptance and self-acceptance [CSELFxCPAR] as predictors of the dependent variable, self-esteem ([SELFESTEEM]). Regression results indicated that the overall model significantly predicted self-esteem, R^2= .697, R^2adj= .696, F (1, 219) = 503.739, p< .001. This model accounted for 69.7% of variance in self-esteem.

Self-esteem was strongly related to self-acceptance (B= 1.160, t= 22.444, p< .001) but was not related to average parental acceptance (t= 1.036, p= .301). The interaction term of self-acceptance and average parental acceptance (CSELFxCPAR) (t= .164, p= .870) was also not significant. Since this interaction was not significant, this analysis did not provide evidence that average parental acceptance moderates the relationship between self-acceptance and self-esteem.

Table 48

Model 11 Excluded Variables

Variable	*t*	*p*
CPARAVG	1.036	.301
CSELFxPAR	.164	.870

Note. Excluded variable: Average parental acceptance (CPARAVG) and the interaction of self-acceptance and paternal acceptance (CSELFxPAR).

Model 12: Self-acceptance, average parental acceptance, happiness

Table 49

Model 12 Summary Table

Model	*R*	*R Square*	Adjusted *R* Square	Std. Error of the Estimate
1	.710	.504	.502	.568

Note. Predictors: Self-acceptance

Table 50

Model 12 ANOVA Table

Model	*df*	*F*	*p*
1			
Regression	1	222.634	.000
Residual	219		
Total	220		

Note. Dependent variable: Happiness, Predictors: Self-acceptance

Table 51

Model 12 Regression Table

Model	*B*	Std. Error	Beta	*t*	*p*
1 CSELFACCEPT	.769	.052	.710	14.921	.000

Note. Dependent variable: Happiness

The self-acceptance, average parental acceptance, and happiness model showed how much self-acceptance and average parental acceptance predict happiness. The R^2 represents the degree of variance accounted for by the combination of the two independent variables (self-acceptance and average parental acceptance). When self-acceptance and happiness were compared, the R^2= .504.

A forward multiple regression was conducted to determine the accuracy of the independent variables (self-acceptance [CSELFACCEPT], average parental acceptance [CPARAVG], and the interaction of average parental acceptance and self-acceptance [CSELFxCPAR] are predictors of the dependent variable, happiness ([HAPPINESS]). Regression results indicated that the overall model significantly predicted happiness, R^2= .504, R^2adj= .502, F (1, 219) = 222.634, p< .001. This model accounted for 50.4% of variance in happiness.

Happiness was strongly related to self-acceptance (B= .769, t= 14.921, p< .001) but was not related to average parental acceptance (t= .586, p= .559). The interaction term of self-acceptance and average parental acceptance (CSELFxCPAR) (t= 1.200, p= .231) was not significant. Since this interaction was not significant, this analysis did not provide evidence that average parental acceptance moderates the relationship between self-acceptance and happiness.

Table 52

Model 12 Excluded Variables

Variable	*t*	*p*
CPARAVG	.586	.559
CSELFxPAR	1.200	.231

Note. Excluded variable: Average parental acceptance (CPARAVG) and the interaction of self-acceptance and paternal acceptance (CSELFxPAR).

Conclusions

A correlation analysis was conducted to determine if higher maternal and/or paternal acceptance scores predicted higher self-esteem and well-being (i.e. positive relations with others, happiness, self-esteem, and satisfaction with life). The results of the correlation indicated that both perceived maternal and paternal acceptance were statistically and positively correlated with each of the well-being indicators. Perceived maternal acceptance and perceived paternal acceptance were significantly and positively correlated with positive relations with others, happiness, self-esteem, and satisfaction with life. Multiple regression analyses were conducted to investigate if perceived maternal, perceived paternal, and/or average parental acceptance moderated the relationship between self-acceptance and well-being. Perceived maternal acceptance and perceived paternal acceptance were not moderators of self-acceptance and well-being. Average parental acceptance also was not a moderator of self-acceptance and well-being. Neither perceived maternal acceptance nor perceived paternal acceptance was more important for moderating the relationship between self-acceptance and well-being as neither of them were significant moderators of the relationship.

Chapter 5: DISCUSSION

Overview

The purpose of this study was to determine whether perceived maternal, paternal, and/or average parental acceptance for a lesbian, gay, or bisexual (LGB) child's sexual orientation correlated with well-being and/or moderated the relationship between self-acceptance and well-being (i.e. positive relations with others, happiness, self-esteem, and satisfaction with life). The results of the study have answered each of the three primary research questions, which are discussed in this chapter. This chapter presents a summary of the study's findings, conclusions of the results, limitations of the study, and suggestions for further research.

Summary of the study

For the first research question, the results of the correlation analysis determined that perceived maternal and paternal acceptance were both significantly and positively correlated each of the well-being outcomes. Meaning that both perceived maternal and paternal acceptance were significant predictors of the well-being outcomes. Though the correlations were statistically significant, they all were within the small effect size range (Cohen, 1988).

In the second research question, eight regression analyses were conducted to investigate if perceived maternal and/or perceived paternal acceptance moderated the relationship between self-acceptance and well-being. Perceived maternal acceptance and perceived paternal acceptance were not moderators of self-acceptance and any of the well-being indicators. The interactions of perceived average maternal acceptance and self-acceptance with positive relations with others, happiness, self-esteem, and satisfaction with life were not significant as well as the interactions of perceived average paternal acceptance and self-acceptance with positive relations with others, happiness, self-esteem, and satisfaction with life. None of the interaction terms were significant to the models, therefore meaning that perceived maternal and paternal

acceptance were not moderators of self-acceptance and any of the well-being indicators. Though perceived maternal and paternal acceptance were not moderators of self-acceptance and wellbeing, perceived average maternal and paternal acceptance did significantly predict each of the well-being outcomes.

The third research question was to determine if perceived maternal or paternal acceptance was more important for moderating self-acceptance and well-being. However, the second research question found that neither perceived maternal nor paternal acceptance was a moderator of self-acceptance and well-being. Therefore, the researcher created an average parental acceptance variable to investigate if average parental acceptance moderated self-acceptance and well-being. Four additional moderation models were created for average parental acceptance and each of the well-being variables. The interactions of average parental acceptance and self-acceptance with each of the well-being variables were not significant. However, the interaction did significantly predict each of the well-being variables. These results show that average parental acceptance is not a better moderator of self-acceptance and well-being than the individual perceived maternal and paternal acceptance scores.

Conclusions

Analysis of the Sample

During the survey collection period, 303 out of 507 (59.8%) participants completed the study in its entirety. One issue to note with the participant sample was the Twitter population who may have had access to the survey. It is unknown how many participants could have seen the Twitter solicitations through the researcher's direct tweets or from social media passing the tweet along. It is only known how many participants began and completed the survey. Therefore, a percentage of surveys completed as compared to the entire LGB population is not

possible. However, of the participants who took the survey, 221 met the study's desired participant population.

The sample included 93 participants who identified as lesbian, 87 who identified as gay, and 41 who identified as bisexual. For the sample's family composition, 221 participants came from families with mothers and fathers, which was required for the study. All participants who came from single parent families were eliminated from the study because they did not allow for a parental average score to be analyzed from the data.

A noteworthy concern for the participant population is the 204 participants who started the survey but did not finish it. This could be due to the length of the survey, it was too time consuming, the person did not fit the desired participant population, emotional thoughts or unresolved issues brought up by the survey, or a variety of other reasons. It is thought that the length of the survey and time commitment to finish it in its entirety was a deterrent for at least some of these participants.

Research Question and Hypothesis #1

To date, no research studies have investigated parental acceptance for a lesbian, gay, or bisexual (LGB) person's sexual orientation, rather than acceptance for the LGB person in general (Savin-Williams & Ream, 2003). This distinction is important because understanding how parental acceptance interacts and moderates the relationship between self-acceptance and well-being could add additional understanding to the phenomena of LGB well-being and parental experiences. Therefore, the first research question investigated if perceived maternal and/or paternal acceptance correlated with higher well-being outcomes. It was hypothesized that increased perceived maternal and paternal acceptance for a LGB person's sexual orientation would correlate with higher well-being outcomes.

Perceived maternal acceptance was correlated with positive relations with others (r= .230, p= .001), happiness (r= .161, p= .016), self-esteem (r= .180, p=.007), and satisfaction with life (r= .212, p= .002). Perceived paternal acceptance was correlated with positive relations with others (r= .270, p< .001), happiness (r= .183, p= .006), self-esteem (r= .235, p< .001), and satisfaction with life (r= .263, p< .001). Both perceived maternal and paternal acceptance were significantly and positively correlated with all of the well-being outcomes.

There currently is little research literature to support why maternal or paternal acceptance would be more statistically significant than the other. However, when considering previous findings that LGB people typically tell their mother of their sexual orientation before their father (Boxer, Cook, & Herdt, 1991; D'Augelli, 1991) and fathers are often more rejecting of the child's sexual orientation (Savin-Williams, 1990), it might explain some of the differences between perceived maternal and paternal acceptance. If LGB people feel acceptance from their father, they may experience more positive well-being outcomes. The difference between perceived maternal and paternal acceptance adds a unique understanding of the impact of paternal acceptance for LGB people and it is important for future research and understanding of the interaction of maternal and paternal acceptance.

Though each of the perceived parental acceptance correlations were found to be statistically significant, they all fell within the small effect size range (Cohen, 1988). Meaning that they do not have a large, or even moderate effect, on the well-being outcomes. The small amount of research literature about perceived parental acceptance for a LGB person's sexual orientation makes it difficult to compare the present study to past research. However, one study that specifically looked at acceptance for one's sexual orientation, found that acceptance predicts higher self-esteem, social support, and general health (Ryan et al., 2010). This study focused on

family acceptance rather than parental acceptance, however it found that family acceptance was associated with positive mental and physical health. The findings from Ryan et al. (2010) may suggest that family, rather than parental support, for one's sexual orientation is more important for positive well-being. Perhaps if a LGB person has the support of their siblings, grandparents, cousin, or other family members in combination with parental acceptance, it is more important for positive well-being outcomes.

Other studies support that general family acceptance is important for self-acceptance, well-being, and combating victimization in various social systems (Davidson & Demaray, 2007; Poteat, Mereish, DiGiovanni, & Koenig, 2011; Shilo & Savaya, 2011). Family acceptance has also been found to positively impact self-acceptance of one's sexual orientation (Shilo & Savaya, 2011) while lack of family acceptance has substance abuse outcomes (Rosario, Schrimshaw, & Hunter, 2012), attempted suicide, and sexual risk behaviors (Ryan, Huebner, Diaz, & Sanchez, 2009). Previous studies indicate that family support is important for predicting positive well-being outcomes, however, perhaps parental acceptance for one's sexual orientation is not as important as perceived family general acceptance of the LGB person for predicting well-being outcomes.

Previous research has found that peer and social support is also important for LGB well-being, two groups that were not researched in the present study. One study found that LGB adolescents are more likely to rely on their peers for support and therefore may not reveal their sexual orientation to their parents (Muñoz-Plaza, Quinn, & Rounds, 2002). Even if they have revealed their sexual orientation, some parents of LGB people do not feel comfortable talking about the topic and therefore avoid it altogether (Freedman, 2003). This increases the need for peer and social support outside of the family.

For all adolescents, peer support is an important part of the developmental process (Crosnoe, 2000). Peer support is especially important for LGB adolescents because peers are often told of the LGB person's sexual orientation before the parents (Cass, 1996; Meyer, 2003; Troiden 1989). This makes acceptance from both parents and peers a concern as LGB youth disclose their sexual orientation (LaSala, 2010). The importance of peer support may explain why the present study had low effect sized correlations for perceived parental acceptance. If the study had included perceived peer support as a predictor of well-being and a moderator of self-acceptance and well-being, perhaps the correlations would have been more significant.

Other studies say that peer support is important but so is social contact with other LGB individuals. Meeting other LGB people increases acceptance, provides an opportunity to have a LGB role model, and provides friendships with others who identify as LGB (D'Augelli, 2006). With other LGB friends and peer support, development, social skills, and romantic relationships are often possible (Collins, Welsh, & Furman, 2009). However, not all LGB peers have access to social and peer supports and therefore, they may experience negative mental health and social implications.

One possible way that LGB adolescents can be supported is within their school systems. Students in middle or high schools may attend Gay-Straight Alliance (GSA) meetings, which serve as a protective factor against discrimination and stigmatization (Kosciw, Greytak, Palmer, & Boesen, 2013). Unfortunately, only 50.3% of student reported that their school had a GSA. The positive impact of GSAs include less homophobic remarks from students and school staff, more positive interventions by school staff, and lower victimization related LGB sexual orientation. Students in supportive school environments report less physical harassment, physical assaults, and experiences of harassment and negative effects. Overall, school

environments that are supportive and may have GSAs, can help support more positive mental health outcomes and student well-beings.

In addition to peer support, overall social support is linked to positive self-esteem, collective self-esteem, and decreased depression and loneliness (Grossman, D'Augelli, & Hershberger, 2000; Williams, Connolly, Pepler, & Craig, 2005). Social supports are important for improving well-being outcomes and positive mental health for LGB individuals (Ueno, 2005). In some cases of discrimination, social supports may moderate the impact of discrimination for mental health and well-being outcomes (Ueno, 2005) or serve as a general protective factor for LGB persons (Anhalt & Morris, 2003).

In the present study, perceived parental acceptance had a small effect size for predicting all of the well-being outcomes and was not a moderator of self-acceptance and well-being. The study leaves room for further investigation of what variable has a moderate or high effect size for predicting well-being. With general family support, peer support, LGB friends, and accepting school environments, LGB people may have more positive well-being outcomes. However, the present study did not investigate these issues, which might have led to lower correlations.

Research Question and Hypothesis #2

The study's second research question investigated how perceived maternal or paternal acceptance for a LGB person's sexual orientation moderated the relationship between self-acceptance and well-being outcomes. It was hypothesized that LGB participants who perceived their parents as non-accepting of their sexual orientation would report lower levels of self-acceptance and lower well-being scores than LGB participants who reported that their parents were more accepting of their sexual orientation.

A series of eight moderation models were created by running separate regression analyses

for each of the well-being variables for perceived maternal and paternal acceptance. Results found that perceived maternal and paternal acceptance did not moderate self-acceptance and any of the well-being outcomes. The interactions of maternal acceptance and self-acceptance with positive relations with others, happiness, self-esteem, and satisfaction with life were not significant as well as the interactions of perceived average paternal acceptance and self-acceptance with positive relations with others, happiness, self-esteem, and satisfaction with life.

When looking at each of the well-being outcomes individually, the interaction of perceived maternal acceptance and self-acceptance was closer to being statistically significant than perceived paternal acceptance for the self-esteem (p= .693) well-being indicator. However, the interaction of perceived paternal acceptance and self-acceptance was closer to being statistically significant than perceived maternal acceptance for positive relations with others (p= .117), satisfaction with life (p= .159), and happiness (p= .237).

Though none of the interactions were found to be significant and maternal and paternal acceptance did not moderate self-acceptance and well-being, looking at which well-being outcomes were closer to significant points out a noteworthy finding. Perceived maternal acceptance appeared to be more important for the LGB person's self-esteem, which could be described as the way someone gets along with themselves. Perceived paternal acceptance was found to be more important for positive relations with others, life satisfaction and happiness, which speaks to getting along with others, enjoying life, and having overall life satisfaction. While perceived maternal acceptance seems to help LGB people get along with themselves, perceived paternal acceptance appears to be important for getting along with others, life satisfaction, and happiness. The differences between maternal and paternal acceptance is important because depending on how the LGB person perceives his or her parents, the well-

being outcomes are impacted.

In a recent study that investigated if parental acceptance for one's sexual orientation moderated the associations between minority stress (i.e. internalized homonegativity, rejection sensitivity, and discrimination) and depressive symptoms, the results found that parental acceptance did not moderate discrimination and depressive symptoms (Feinstein, Wadsworth, Davila, & Goldfried, 2014). This study's findings suggest that parental acceptance for one's sexual orientation may be a protective factor against negative thoughts and feelings, but not discrimination. Minority stress was associated with higher depressive symptoms regardless of the amount of family support that the LGB person received. The study also suggests that a supportive family may improve the LGB person's well-being, even if the family is unable to support the person's sexual orientation. This study shows that parental acceptance is important for well-being, even if they are unable to support the sexual orientation.

Though Feinstein, Wadsworth, Davila, and Goldfried's (2014) study investigated parental acceptance moderation in a different way, it supports the present study's findings that parental acceptance for one's sexual orientation does not always moderate negative outcomes, however, it is important for LGB well-being. If a LGB person has a family who is not accepting of their sexual orientation, but are generally supportive of the person, he or she may need to maintain their self-acceptance and well-being with social supports. This further points to the importance of general family acceptance and peer and social support for LGB well-being. It also relates to the present study's findings that there might be more than parental acceptance that predicts well-being and moderates self-acceptance and well-being.

Research Question and Hypothesis #3

The third research question was created to understand if perceived maternal or perceived

paternal acceptance was more important for moderating the relationship between self-acceptance and well-being outcomes. It was hypothesized that both maternal and paternal acceptance for a LGB person's sexual orientation would moderate the relationship between self-acceptance and well-being for lesbian, gay, and bisexual participants at different rates. This research question and hypothesis was created because the well-being of LBG persons and the influence of parental support is not found in the research literature. The researcher wanted to investigate if parental acceptance for an LGB individual's sexual orientation varied by the parent gender and if this had an impact upon a LGB individual's feelings of acceptance and well-being.

The findings in research question two indicated that perceived maternal and paternal acceptance for a LGB person's sexual orientation do not moderate self-acceptance and any of the wellbeing indicators. Therefore, there is not a direct answer for the third research question. If neither maternal nor paternal acceptance is a moderator, then one is not more or less significant for moderating the relationship between self-acceptance and well-being.

Due to the lack of significance found in the second and third research questions, the researcher created an average parental acceptance variable. The purpose of this variable was to understand if an average of parental acceptance, rather than separate perceived maternal and paternal acceptance, was significant for moderating self-acceptance and well-being. Though it is unclear with an average parental acceptance score if both parents were perceived to be equally accepting or if their acceptance was on both ends of the acceptance scales, the average acceptance score still adds a valuable information about how acceptance impacts self-acceptance and well-being.

The third research question found that average parental acceptance was not a moderator for self-acceptance and well-being. The interaction of self-acceptance and average parental

acceptance was not significant for positive relations with others, happiness, self-esteem, or satisfaction with life. None of the interaction terms were significant signifying that it was not a moderator variable.

Though average parental acceptance was not a moderator for self-acceptance or well-being, it allowed the researcher to gain additional insight into the phenomena of perceived parental acceptance. This study showed that perceived maternal, paternal, and average parental acceptance did not moderate self-acceptance and well-being. However, each of the models significantly predicted the well-being outcomes, though with a low effect size (Cohen, 1988). This means that while there is not a moderation relationship, parental acceptance is still important for the correlation and prediction of well-being outcomes.

With average parental acceptance serving as a significant predictor of well-being, though with a low effect size, it creates questions about what variables would have a moderate or high effect size and/or be moderators of self-acceptance and well-being. It is possible that overall family support, general social support, and peer support may have significantly added to the moderation models and should be tested in future research inquiries. However, no research studies are currently available to the researcher to explain why average parental acceptance is not a moderator of self-acceptance and well-being. Perhaps the definition of average parental acceptance leaves room for further investigation.

Limitations

In this research study, as with all research, limitations may have impacted the data and results. This study had potential limitations in the areas of recruitment, instrumentation, and analysis. Though precautions were taken to minimize any error or limitations, it is possible that

some limitations were present during the data collection and analysis, which are explained below.

Recruitment

One of this study's primary research limitations was the recruitment of participants through the social media website, Twitter, and email solicitation. It is possible that the participants who saw the survey via Twitter were already searching for acceptance-related information or topics trending in the Tweet hashtags (#) such as #LGBTQ, #lesbian, #gay, #bisexual, #sexual orientation, and #parental acceptance. Perhaps the participants were searching for additional support and came across the survey. Experiences that would lead a person to need additional online acceptance might have had a negative family acceptance experience, which may have impacted their survey responses. Conversely, the participants may have felt extremely supported by their parents and were looking for a way to support a LGBTQ-focused researcher and/or topic. In either instance, recruiting from these sources may have skewed the type of participant population that was willing to complete the survey.

In addition to participant's experiences of parental support, the recruitment method does not allow for a population-based response. It is unknown how many lesbian, gay, and bisexual people exist in the United States, though it is estimated that approximately 3.4% of Americans identify as LGBTQ (Gates & Newport, 2013). Therefore, this study was unable to report a percentage of survey responses for the entire LGB population. Also, the researcher does not know how many potential participants saw the survey and did not answer it. Due to the nature of a social media driven recruitment method, there is no way to know how many people the survey reached. However, the researcher was looking for a group of people who identified as LGB and

had experiences of parental acceptance or non-acceptance. Therefore, the participants used for this research met the needs of the study.

Instrumentation

Instrumentation was also a concern in this study as the parental acceptance for a child's sexual orientation scale has not been validated. Ryff's (1989) Scale of Psychological Well-being has been previously validated and the present researcher modified it to address sexual orientation. However, the scale has not been validated with participants who identify as LGB considering acceptance from their parents. Additionally, the researcher's created scale of parental acceptance was self-created and has not been validated. Having a portion of the survey instrument that contained non-validated scales could have potentially impacted the results of the survey.

Instrument scoring errors could have also be a source of error in the research data and results. Each subscale was scored carefully and in accordance with its particular scoring requirements. However, human error could be present in the scoring and calculations of each subscale and therefore reflected in the final results.

Analysis error

Human error might also be a concern in the analysis of the descriptive statistics and regression analyses. To reduce any error, the researcher ran each analysis two times and checked to make sure the results were the same. The researcher also consulted a professional in the field of statistics to make sure each of the analyses were conducted appropriately. However, the technical nature of running each regression analysis could have potentially left room for human error.

Recommendations for future research

The LGB-related research literature significantly lacks studies which address parental acceptance for one's sexual orientation. Research related to LGB people tends to focus on the topics of HIV/AIDS (Institute of Medicine Committee, 2011), the mental health implications of systematic discrimination and lack of support (Page, Lindahal, & Malik, 2013; Conron, Mimiaga, & Landers, 2010; Williams & Mohammed, 2009; Yip, Gee, & Takeuchi, 2008), and experiences of LGB students being bullied in schools (Poteat & Espelage, 2009). Few studies investigate LGB persons from a protective factors and positive outlook such as the present study. This study sought to understand how perceived parental acceptance for a LGB person's sexual orientation would impact self-acceptance, self-esteem, positive relations with others, happiness, and satisfaction with life.

This study found that perceived paternal acceptance was more significantly correlated with each of the well-being indicators than perceived maternal acceptance. While this study did not find perceived maternal nor perceived paternal acceptance to be a moderator of self-acceptance and well-being, the results showed significance in perceived average maternal and paternal acceptance. Perceived maternal acceptance appeared to be more important for the LGB person's self-esteem, which could be described as the way someone gets along with themselves. Perceived paternal acceptance was found to be more important for positive relations with others, life satisfaction, and happiness, which speaks to enjoying life and having overall life satisfaction. There are no available research studies that indicate why paternal and maternal acceptance predict the well-being indicators that they were found to in this study. Future research should further investigate the differences between perceived maternal and paternal acceptance as well as

average parental acceptance to better understand how parents impact the LGB person's well-being.

In addition to lack of significant interactions for self-acceptance and perceived maternal and paternal acceptance, the average parental acceptance scores were not moderators of self-acceptance and well-being. None of the interactions were found to be significant, therefore meaning that average parental acceptance is not a moderator of the relationship. However, looking at the average parental acceptance score and creating additional moderation models gives a more in-depth look into the phenomena of parental acceptance for LGB children. Future research investigations would significantly benefit the research literature and would be a valuable addition to this research study. With more understanding of LGB experiences, especially related to family and parental relationships, lives of LGB people will be positively impacted.

Definition of parental acceptance

In the present study, the researcher referred to parental acceptance as the average of maternal and paternal acceptance. However, the average acceptance score does not show the nuances of how perceived maternal and paternal acceptance influence the average acceptance score. Therefore, this investigation does not know if an average parental acceptance score of five is actually a maternal score of five and a paternal score of five, a maternal score of one and a paternal score of ten, or any other parental combination. It is possible that participants see their parents as more accepting if the parents simply agree on their level of acceptance, though there is not any research literature available to the researcher to support this idea. Other participants might find life dissatisfying if one parent is extremely accepting and the other is not.

Understanding how perceived maternal and paternal acceptance work together as a parental average score should be investigated in future studies.

Parental acceptance education

The findings of research question number one show that both average maternal and paternal acceptance significantly and positively correlate with each of the well-being indicators. Meaning that higher parental acceptance was correlated with higher well-being. Though there is little research about maternal and paternal acceptance for one's sexual orientation, fathers are typically told of the child's sexual orientation after mothers (D'Augelli, 1991; Remafedi, 1987) and are often less accepting (Savin-Williams, 1990). Further investigation is needed to understand why fathers are told of their child's sexual orientation after mothers and why they are typically less accepting. Additional research would be valuable to helping professions such as counseling, which work with LGB people and their families. If helping professionals are able to work with parents to become more accepting and understanding their child's sexual orientation, perhaps this will improve self-acceptance and well-being for the LGB person. In addition, the finding is important for educational programs, trainings, and for understanding family systems with LGB children.

Scale validation

As there currently is not a validated parental acceptance for one's sexual orientation scale, future research would benefit from a validated scale, perhaps using the researcher's created scales. This scale potentially could be useful to parents rating their feelings about the LGB child, in therapy with parents of LGB children, and in many other settings. The benefits of having a validated scale that allows parents to reflect upon their acceptance of their LGB child

may help in the family's entire acceptance process. A validated scale would also be important for future research and interpreting the future results.

Participant population

Future research would benefit from larger participant populations to increase the power in each analysis. The current study's findings show significance in the perceived maternal and paternal acceptance scores in many of the models, though they do not show moderation. However, with a larger participant population, future research may find perceived parental acceptance to be a significant moderator of self-acceptance and well-being.

A second participant population limitation was that the study's participant population was open to all people with access to the social media site, Twitter. Future research should limit the participant sample to a specific population. For example, future studies might focus on LGB persons who live in a certain area, came out at a specific time, are of a similar age, or have other similar experiences. This way, the results might be more applicable to the participant population that is researched. Due to the limited research literature about LGB persons and experiences of parental acceptance, nearly any follow up study with a specific participant population and its experiences would be unique to available literature.

A significant gap in the research literature includes studies of acceptance for transgender people, specifically quantitative studies (Clements-Nolle, Marx, Guzman, & Katz, 2001; Clements-Nolle, Marx, & Katz, 2006). Follow up studies might include the unique personal and family experiences of transgender individuals and how parental acceptance impacts their lives. Similar to the present study, the research literature would benefit from studies investigating perceived parental acceptance for a transgender child's gender identification and representation. Though lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) people are often

referred to as a community of non-heterosexual and non-cisgender people, there is a vast lack of understanding of the transgender community.

In addition to transgender community research, the bisexual community requires additional investigation. One study to investigate bisexual individuals found that they have a different level of connectedness to the LGBTQ community (Frost & Meyer, 2012) and may feel less connected to the LGBTQ community than lesbians and gay men (Balsam & Mohr, 2007). This level of connectedness is an interesting variable to investigate further. Perhaps family and even parental acceptance is not as important for bisexual individuals as community connectedness might be. In addition, bisexual individuals are often misunderstood and misrepresented in society and therefore this community experiences additional stressors (Mustanski, Garofalo, & Emerson, 2010; Ochs, 1996). With future investigation about individuals who are sexually attracted to both genders, it will help society, educational systems, and the overall experiences of diverse people to find more acceptance and happiness in their lives.

Qualitative investigation

In addition to quantitative studies and validation research, qualitative research would be exceptionally beneficial to LGB persons and their parents. Investigative research to determine what qualities, actions, comments, or behaviors LGB persons look for in their parents would add to the research literature. A better understanding of how LGB persons determine if their parents are accepting or non-accepting as well as how those behaviors impact the well-being of the LGBTQ person are important to understand in a more comprehensive manner.

While the current research looked at the impact of perceived parental acceptance and the impact on the LGB person's well-being, qualitative research investigating parents' view of their

own acceptance would be beneficial. After better understanding how parents portray and perceive their acceptance of their LGBTQ child, it would be interesting to relate the results to child-focused studies such as the present one. This would give a more comprehensive understanding of how a LGBTQ child interacts with parents and how parents also perceive the relationship.

Summary

Prior research often does not address parental acceptance for a LGB person's sexual orientation, rather than acceptance for the person as a whole. This study sought to fill a current gap in the research literature by investigating the impact of perceived parental acceptance for a LGB person's sexual orientation correlated with and/or moderated the relationship between self-acceptance and well-being. The study found that perceived paternal acceptance was more correlated to each of the well-being indicators than perceived maternal acceptance. Neither perceived maternal nor paternal acceptance was a moderator of self-acceptance and well-being. However, the interaction of perceived paternal acceptance and self-acceptance was closer to be being significant than was perceived maternal acceptance for positive relations with others, life satisfaction, happiness. Meanwhile, the interaction of perceived maternal acceptance and self-acceptance was more significant than perceived paternal acceptance for self-esteem. Average parental acceptance was also not a moderator of self-acceptance and well-being. None of the interaction terms were found to be significant, meaning, that average parental acceptance does not moderate the relationship between self-acceptance and well-being. Though average maternal, paternal, and average parental acceptance are not moderators of self-acceptance and well-being, this study adds to the available research literature by producing a study that investigates the topic of LGB acceptance and parental experiences, a topic often excluded from

the literature. With future investigations about this topic, hopefully the lives of LGB people will continue to improve.

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Appendix A: Twitter Solicitations

Are you at least 18 years old & identify as #LGBTQ? Please take our survey at: surveymonkey.com

Do you identify as #lesbian & are at least 18 years old? #LGBTQ Please take our survey at: surveymonkey.com

Do you identify as #gay & are at least 18 years old? #LGBTQ Please take our survey at:surveymonkey.com

Do you identify as #bisexual & are at least 18 years old? #LGBTQ Please take our survey at:surveymonkey.com

Do you identify as #transgender & are at least 18 years old? #LGBTQ Please take our survey at:surveymonkey.com

Do you identify as #queer & are at least 18 years old? #LGBTQ Please take our survey at: surveymonkey.com

Please help w/ a #research project focusing on #LGBTQ persons children at: surveymonkey.com

Research to look at #LGBTQ persons & parents. If 18 y/o+, please complete at: surveymonkey.com

Do you identify as #LGBTQ & want to help with a research project? Please complete this 15 min. survey at: surveymonkey.com

Are you a #LGBTQ person at least 18 years old & have 15 minutes to spare? Please complete our survey at: surveymonkey.com

We are looking for at least 300 #LGBTQ adults to complete our survey at surveymonkey.com Please share!

We are still looking for more #LGBTQ survey participants. Please take our survey at surveymonkey.com if you are at least 18 years old

APPENDIX B – PARTICIPANT CONSENT/ASSENT STATEMENT/RECRUITMENT EMAIL

DUQUESNE UNIVERSITY

600 FORBES AVENUE ♦ PITTSBURGH, PA 15282

Dear Participant:

In an attempt to investigate how the life experiences of Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) individuals, we are completing a study in which we are asking you to complete a survey, which should take approximately 15-20 minutes to complete. This is the only request that will be made of you.

It is important to note that your survey responses will be anonymous. Further, participation in the project will require no monetary cost to you.

This project has been approved by the Duquesne University Institutional Review Board for the Protection of Human Subjects. In accordance with its standards, there is minimal risk. Please be aware that even if you agree to participate in this study, you are free to withdraw at any time during or at the completion of the survey, but once your responses are entered in the data set they will part of anonymous database and cannot be withdrawn. Although your participation is solicited, it is strictly voluntary. All information received will be incorporated into group data. Your responses will be kept for a period of five years.

If you have any questions, require additional information, or would like a summary of the results of this research at no cost, please feel free to contact the researchers listed below. You may also contact Dr. Linda Goodfellow, Chair of the Duquesne University Institutional Review Board (412)-396-6326, if you have any questions about your right as a participant in this study. If you choose not to participate, please disregard this e-mail.

If you are 18 years or older, and agree to provide your consent to participate in the study, please complete the corresponding survey.

We appreciate your time and cooperation and look forward to receiving your response.

Sincerely,

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