THE RELATIONSHIP OF PARENTAL ATTACHMENT,

PARENTAL SUPPORT, AND PARENTAL

ACCEPTANCE OF LGB IDENTITY WITH SELF-

COMPASSION AND EMOTIONAL DISTRESS

By

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The rights of lesbian, gay, and bisexual (LGB) individuals have come to the forefront of
many debates in today's society, causing several LGB individuals to experience rejection
and discrimination from many sources, including their parents (i.e. Elizur & Ziv, 2001).
This lack of acceptance has been shown to increase the emotional distress of LGB
individuals (Elizur & Ziv, 2001; Darby-Mullins & Murdock, 2007). The concept of self-
compassion has been correlated with lower levels of depression and anxiety (Neff &
McGehee, 2011). However, no research to date has used this concept among a sample of
LGB individuals. Therefore, this study attempts to fill this gap in the self-compassion
literature and explores the relationship between parental variables and self-compassion.
Specifically, this study examined the effect parental attachment, parental support,
parental acceptance of LGB identity and level of outness has on self-compassion and
emotional distress. The sample was comprised of 98 individuals who identify as lesbian,
gay, or bisexual. Participants were recruited through an online survey using a multiple
formats, including lists serves through the Tulsa Equality Network and the Cimarron
Alliance. Levels of parental attachment, parental support, parental acceptance of LGB
identity by one's mother and level of outness were positively correlated to level of self-
compassion. Participants' level of emotional distress was negatively correlated to level of
parental attachment, parental support, parental acceptance of LGB identity, and level of
outness. Additionally, one's level of self-compassion was negatively correlated with level
of emotional distress. The results of this study have several beneficial implications,
including providing insight into the factors affecting an LGB individual's well-being and
levels of self-compassion as well as introducing research involving non-heterosexual
samples to the field of self-compassion.

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CHAPTER I

INTRODUCTION

The human rights movement in the 21st century has been devoted to the rights of gay,

lesbian, and bisexual individuals. Gay, lesbian, and bisexual (LGB) individuals have

experienced discrimination and oppression in U.S. society and only recently have there

been substantial changes in the sociopolitical climate to support LGB rights. While more

and more people are disclosing their gay identities, there continues to be a struggle for

family and cultural acceptance, understanding, and connection for gay, lesbian, and

bisexual individuals (Elizur & Ziv, 2001). It has been theorized that there are protective

factors for LGB individuals to cope with the coming out process and a sense of self-

acceptance and compassion as gay/lesbian/bisexual including, but not limited to, parental

and peer acceptance and support, teacher/mentor acceptance and support, and the support

and acceptance of a confidant (i.e. someone they received advice from and turn to for

support; Eisenberg & Resnick, 2006; Vincke & Van Herringen, 2002). While there is

some evidence that parental acceptance, support, and attachment is related to distress for

LGB individuals

(D'Amico & Julien, 2012), no researchers to date have explored how parental

acceptance, support, and attachment are related to self-compassion and emotional distress

for LGB individuals, which is the focus of the present study. The concepts of parental

acceptance of LGB identity and general parental support are introduced first, followed by

the constructs of parental attachment and outness (the degree to which an individual is

open about his/her sexual orientation to family members and others), and last of all, self-

compassion and emotional distress.

Parental Acceptance of LGB Identity

Parental acceptance of one's gay identity refers to participants' perceptions of the

extent in which parents approve or reject their LGB child's (participants') sexual

orientation (Elizur & Ziv, 2001). This concept has been identified in studies as both

parental support of LGB identity and parental acceptance of LGB identity. For the

purposes of this study, the term *parental acceptance of LGB identity* will be used. Only a

few studies regarding parental acceptance of LGB identity have been conducted. Family

acceptance of LGB identity has a positive influence on identity formation, self-esteem,

and positive health outcomes (Ryan et al., 2010), such as well-being (i.e. Shilo & Savaya,

2011) less psychological distress (i.e., less risk of depression; Elizur & Ziv, 2001) and

appears to protect against negative health outcomes (e.g. acquiring HIV, substance abuse;

Ryan et al., 2010).

Parental acceptance of one's LGB identity is a relatively new construct and

currently only two questionnaires have been developed to measure this construct. In the

present study, parental acceptance of one's LGB identity is measured using the Parental

Support for Sexual Orientation Scale questionnaire developed by Mohr and Fassinger (1997).

To date, no research has been conducted to explore how parental acceptance of LGB identity is related to the experiences of self-compassion in LGB individuals, which is explored in the present study.

Parental Support

Parental support refers to perceived general family support from mothers and fathers (e.g., moral support and companionship; Elizur & Ziv, 2001). Much of the research in this area has addressed general parental support of heterosexual individuals and the relationship of perceived parental support with psychological distress and substance use issues for heterosexual individuals (Needham & Austin, 2010). A minimal number of studies to date have been conducted to explore correlates of parental support for LGB individuals. In one study, homosexual individuals reported lower levels of parental support in general than their heterosexual counterparts (Needham & Austin, 2010). It is not clear as to the reasons for this finding, but certainly, coming out to parents may have an impact on the level of parental support LGB people might perceive or experience. To date, researchers have found that levels of parental support are significantly and positively related to gay men's' identity formation and mental health (i.e., less risk of depression and anxiety; Elizur & Ziv, 2001; Darby-Mullins & Murdock, 2007).

More research is needed to explore the factors associated with perceived parental support for LGB individuals. In this study, parental support, along with parental acceptance of LGB identity and parental attachment, are explored in relation to self-

compassion and distress in LGB individuals. In the next section, parental attachment is defined.

Parental Attachment

Bowlby (1969, p. 194) defined general attachment as "the seeking and maintaining proximity to another individual." Bowlby and others, including Ainsworth, focused primarily on parent-infant attachments and interactions. However, this concept has been extended to the relationship between adolescents and their parents, otherwise known as parental attachment, which has been defined as "an enduring affectional bond of substantial intensity" with one's parents (Armsden & Greenberg, 1987, p. 428). Attachments toward significant others, including dating/life partners and spouses have also been explored in the research literature (e.g., Hazan & Shaver, 1987; Bartholomew & Horowitz, 1991; Feeney & Noller, 1990).

For the current study, *parental attachment* is defined as one's perceived relationship with his/her mother figure and father figure, in terms of trust, communication, and connection in general (Armsden and Greenberg, 1987).

Parental attachment also includes feelings of perceived responsiveness and sensitivity on the parents' part to one's own needs (Mohr & Fassinger, 2003). In the theoretical and research literature, attachment styles can be characterized as either insecure or secure (Ainsworth et al., 1978; Mohr & Fassinger, 2003). Individuals with an insecure attachment style may be labeled as anxious due to higher levels of sensitivity to abandonment or rejection from an attachment figure, while those who are considered to be avoidant exhibit a lack of trust in others and attempt to deny their need for an

attachment figure. Conversely, individuals with secure attachment styles exhibit low levels of both anxiety and avoidance (Mohr & Fassinger, 2003).

There is some research evidence that LGB individuals struggle with parental attachment issues due, in large part, to being self-identified as gay, lesbian, or bisexual. After the disclosure of one's sexual orientation to parental figures, many LGB individuals are afraid of or encounter rejection from their parents and/or guardians (Mohr & Fassinger, 2003). There is evidence that LGB individuals who perceived their childhood attachment to their parents to be more secure also felt more supported by their parents when they came out compared to those who reported more insecure attachments to parents (Mohr & Fassinger, 2003). In another study, LGB individuals reported more parental detachment (i.e., the belief that one's relationship with his/her parental figures does not affect one's self-image), less secure attachments to parents, and lower levels of self-esteem compared to heterosexual individuals (Wilson et al., 2011). Carnelley, Hepper, Hicks, & Turner (2011) found that LGB individuals who reported secure attachment styles with their parents growing up were more likely to feel accepted by their parents after disclosing that they were gay and reported having a secure romantic attachment in their current relationships with partners.

For the purposes of the present study, parental attachment is measured using the Inventory of Parental and Peer Attachment developed by Armsden and Greenberg (1987).

Self-compassion

While self-esteem has been a focus in the psychological literature as an important outcome variable, there is emerging evidence that self-esteem is associated with negative qualities and attributes, such as maladaptive coping strategies (e.g. Neff, 2009) and

narcissism (Twenge, 2006). The concept of *self-compassion* holds many similarities to self-esteem with fewer of the negative qualities associated with self-esteem, such as social comparison, self- rumination, closed-mindedness, anger, and public self-consciousness (Neff, 2009).

Self-compassion is a relatively new construct defined by three polarity components: (a) self-kindness versus self-judgment, (b) a sense of common humanity versus isolation, and (c) mindfulness versus over-identification (Neff, 2003). The concept of self-kindness can be seen in those individuals who have tendency to be caring and understanding towards themselves, instead of critical and judgmental, when presented with life's obstacles. Common humanity refers to the ability to see one's struggles and imperfections as a part of the human condition, not solely their own problem. Finally, individuals who exhibit mindfulness are able to recognize their current states of being and emotions without discounting or over-thinking them.

Self-compassion has been found to mediate the relationship between attachment anxiety and subjective well-being and it (self-compassion) has been negatively correlated with attachment anxiety in a sample of heterosexual individuals (Wei, Liao, Ku, & Shaffer, 2011).

In a study of straight adolescents and young adults, self-compassion was negatively correlated with depression and anxiety, but was positively correlated with social connectedness, maternal support, positive family functioning, and attachment styles (Neff & McGehee, 2011). In romantic relationships for heterosexual individuals, one's level of self-compassion was found to correlate positively with the perception of their partner's level of self-compassion, as well as relationship satisfaction, and secure

attachment styles in general (Neff & Beretvas, 2012). In another study, self-compassion among heterosexual individuals has been associated with less trait shame and less masculine norm adherence (Reilly, Rochlen, & Awad, 2013).

To date, few researchers have explored the experiences of self-compassion in LGB individuals, which is the focus of the present study. The Self-Compassion Scale, developed by Neff (2003), is used to measure the construct of self-compassion.

Emotional Distress and Outness

It is not surprising that LGB individuals have experienced a significant amount of *emotional distress* including depression, anxiety, and stress about coming out as gay, lesbian, or bisexual in our societies today (D'Amico & Julien, 2012). There is research evidence to support that LGB adolescents and adults experience significantly more psychological distress, such as depression, anxiety, and stress, compared to heterosexual individuals (Cochran, Sullivan, & Mays, 2003; Meyer, 1995), due, in large part, to the oppression and discrimination they have experienced over the years. Psychological distress in LGB individuals has been associated with a number of variables including higher levels of suicidal ideation, substance abuse, and acquiring HIV (Needham & Austin, 2010; Ryan, et al., 2009). Given the discrimination of LGB individuals in many cultures throughout the world, it is no wonder that LGB individuals struggle with issues of self-esteem, loneliness, and emotional distress (Elizur & Ziv, 2001; Cochran, Sullivan, & Mays, 2003).

In addition to the daily discrimination of people in the LGB communities, how out a person is as LGB and how identified a person is in their gay identity development can influence their well-being (Halpin & Allen, 2004, D'Amico & Julien, 2012). In one

study, it was found that gay men experience significantly less self-esteem, happiness, and life satisfaction and significantly more loneliness in the middle of their homosexual identity formation, with the highest levels of psychosocial well-being evident in the first and final stages of their gay identity formation (Halpin & Allen, 2004).

For the purposes of this study, emotional distress refers to levels of depression, anxiety, and stress as measured by the total score of the DASS-21 (Lovibond, & Lovibond, 1995). A few researchers have used the DASS-21 in their studies of LGB individuals, primarily focusing on the depression subscale of the measure (Zakalik & Meifen, 2006; McLaren, 2009). For this study, one's level of *outness* is defined as the degree to which an individual is open about his/her sexual orientation to family members and others and is measured by the Outness Inventory (Mohr & Fassinger, 2000).

Statement of the Problem

To date, no researchers have conducted studies to explore correlates and predictors of self-compassion in LGB individuals. Being compassionate towards oneself may be a very important coping strategy for LGB individuals given societal pressures to be straight, given anti-gay propaganda in our society, as well as LGB individuals' concerns for support and acceptance from parents, peers, and society at large.

Purpose of the study

The purposes of the present study are to 1) explore the relationship of parental attachment, parental acceptance of LGB identity, and parental support with self-compassion and emotional distress (i.e., less depression, anxiety, and stress) in a sample of LGB individuals, 2) to explore the relationship between self-compassion and emotional distress among LGB individuals, and 3) explore the relationship of outness as

an LGB individual with the main study variables (i.e., parental variables, self-compassion, and emotional distress).

As modeled in Figure 1, the research questions for this study are:

1) What is the relationship of parental attachment (i.e., mother and father attachment), parental acceptance of one's LGB identity, parental support, and level of outness with self-compassion (total score on SCS) in a sample of individuals who self-identify as lesbian, gay, or bisexual?,

2) What is the relationship of parental attachment (i.e., mother and father attachment), parental acceptance of one's LGB identity, parental support, and level of outness with emotional distress (total score on the DASS21) in a sample of individuals who self-identify as LGB?,

3) What is the relationship between self-compassion (total score on SCS) and emotional distress (total score on the DASS21) in a sample of individuals who self-identify as LGB?

CHAPTER II

METHODOLOGY

Participants

The sample consisted of 98 individuals who self-identify as non-heterosexual as well as male (61.2%, n = 60) or female (38.8%, n = 28). Participant recruitment was completed through convenience sampling utilizing multiple formats. Participants' age ranged from 18 to 66, with a mean age of 29.77 (SD = 10.19). The majority of participants identified as white (81.6%, n = 80), while the remaining sample population was comprised of individuals who identified as African American (2.1%, n = 2), Hispanic/Latino (1.1%, n = 1), Asian/Pacific Islander (2%, n = 2), Native American (1%, n = 1), Mixed (7.1%, n = 7), and Other (1%, n = 1). The majority of participants had earned a Master's degree (24.5%, n = 24), and the overall sample having earned at least a college undergraduate degree (70.1%, n = 68). Overall demographic characteristics can be found in Table 1.

Measures

      Demographics Page. A series of demographic questions were used to obtain information from the participants regarding certain demographic information including, but not limited to, age, gender, race/ethnicity, and sexual orientation.

      Self-Compassion Scale (SCS; Neff, 2003). The SCS is a 26-item questionnaire comprised of six subscales measuring *self-kindness* (i.e., kindness directed toward oneself; "I try to be loving towards myself when I'm feeling emotional pain"), *self-judgment* (i.e., tendency to be judgmental towards oneself; "I'm disapproving and judgmental about my own flaws and inadequacies"), *common humanity* (i.e., feeling a sense of belonging and connection and that you are part of everyday human experiences; "When things are going badly for me, I see the difficulties as part of life that everyone goes through"), *isolation* (i.e., feeling disconnected from others' experiences; "When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world"), *mindfulness* (i.e.., being in the moment; "When something upsets me, I try to keep my emotions in balance"), and *over-identified* (i.e., tendency to focus on one's feelings to an extreme; "When I'm feeling down I tend to obsess and fixate on everything that's wrong"). There are 5 items for the self-kindness and self-judgment subscales and 4 items for the common humanity, isolation, mindfulness, and over-identification subscales.

      Responses to each item are based on a 5-point Likert-scale ranging from 1 (almost never) to 5 (almost always). Subscale scores are computed by calculating the mean of subscale item responses. To compute a total self-compassion score, the negative subscale items from the self-judgment, isolation, and over-identification subscales are reverse

scored. Then a total mean is computed by summing all the subscales. For the purpose of this study, the total SCS score will be used in the analyses.

The SCS was normed on 391 southwestern university undergraduate students, who were primarily heterosexual. Neff conducted an exploratory factor analysis on this data, which resulted in a three-component solution, 1) self-kindness versus self-judgment, 2) common humanity versus isolation, 3) mindfulness versus over-identification. A confirmatory analysis was conducted and a two-factor model was found for each original component, resulting in six-factor solution (Neff, 2003), which are the six scales of the SCS. In most studies, the overall SCS mean score is used (e.g., Neff, Kirkpatrick, Rude, 2007; Neff & Beretvas, 2012; Wei, Liao, Ku, & Shaffer, 2011).

There is research evidence that the SCS is a reliable measure of self-compassion. In one study, test-retest reliability estimates for the overall SCS score and the subscales were as follows: .93 for the Overall score, .88 for Kindness, .88 for Self-judgment, .80 for Common Humanity, .85 for Isolation, .88 for Over-Identification, and .80 for Mindfulness (Neff, 2003).

The convergent validity of the SCS is evident in that self-compassion was significantly and positively correlated with Social Connectedness, r = .41, p < .01, as well as significantly and negatively correlated with Self-Criticism as measured by the Depressive Experiences Questionnaire, r = -.65, p < .01. Self-compassion was positively related to self-esteem (r = .59), self-acceptance (r = .62), self-determination (r = .43), autonomy (r = .42), competence (r = .52), and relatedness (r = .25; Neff, 2003.)

The SCS was found to significantly predict multiple mental health outcomes.

Self-compassion has been significantly and positively related to satisfaction with life (r = .45), but also significantly and negatively related to depression (r = -.51), trait anxiety (r = -.65), rumination (r = -.50), and perfectionism (r = -.57).

Overall, women were found to have lower overall self-compassion scores compared to men in her heterosexual sample (Neff, 2003). Given these findings, potential gender difference in self-compassion for this LGB sample may be explored as a preliminary analysis. If statistically significant gender differences are evident, then gender will be a variable that will be statistically controlled in proposed analyses mentioned in a latter section of this chapter.

Depression Anxiety Stress Scales (DASS-21; Lovibond, & Lovibond, 1995). The DASS-21 is a 21-item self-report questionnaire comprised of three subscales designed to measure *Depression* (i.e., I couldn't seem to experience any positive feelings at all), *Anxiety* (i.e., I was aware of a dryness of my mouth), and Stress (i.e. I found it hard to wind down), with seven items per subscale. Participants select their responses from a 4-point Likert scale ranging from 0, "Did not apply to me at all," to 3, "Applied to me very much, or most of the time." An overall score as well as subscale scores can be calculated.

Based on the internal consistency reliability estimates for the LGB sample, it will be determined whether or not the overall score or the subscale scores will be used for the analyses of this study. The current plan is to use the overall score of the DASS21 for this LGB sample.

In one study, the internal consistency reliability estimates (Cronbach alphas) for the DASS-21 Depression, Anxiety, Stress, and Total scales were .94 for the Depression

scale, .87 for the Anxiety scale, .91 for the Stress scale, and .93 for the Total scale (Clark & Winterowd, 2012). The overall scale has good concurrent validity with other measures of depression and anxiety, including the Beck Anxiety Inventory, Beck Depression Inventory, and State-Trait Inventory (Antony et al. 1998).

Perceived Social Support from Family (PSS-Fa; Procidano, & Heller, 1983). The PSS-Fa contains 20 self-report items that measure participants' perceived level of support from family members (e.g., "My family is sensitive to my personal needs") using 3 possible answers: Yes, No, or Don't Know. In this original format, participants' responses indicating a positive social support are scored with a 1 and totaled allowing for potential scores ranging from 0 (no perceived social support) to 20 (complete perceived social support). However, for the purpose of this study, participants indicated their level of agreement from 1 (strongly disagree) to 5 (strongly agree) allowing for total scores to range from 20 to 100, with higher scores indicating more perceived support.

The PSS-Fa was found to have good internal consistency reliability. The Cronbach alpha for the overall score was .90 (Procidano & Heller, 1983). A factor analysis on the PSS-Fa resulted in a one-factor solution, thus providing evidence of its construct validity. Convergent and divergent validity are evident in that the PSS-Fa has been positively related to social competence ($r = .35$) and negatively related to psychological distress ($r = -.29$; Procidano & Heller, 1983). Test-retest reliabilities range from .80 to .86 for PSS-Fa. The PSS scales have high internal consistency; alpha coefficients for the PSS-Fa range from .88 to .91 (Procidano & Heller, 1983).

Inventory of Parent and Peer Attachment (IPPA; Armsden, & Greenberg, 1987). The IPPA was developed to assess individual's perceptions of the positive and

negative affective and cognitive dimensions of relationships with their parents (mother and father attachment) and close friends (peer attachment). In the current study, the Mother and Father Attachment subscales were used which assessed participants' perceived level of attachment to their mothers (or maternal figures) and fathers (or paternal figures) respectively. Each subscale is comprised of 25 questions (e.g. "My mother/father respects my feelings", "My mother/father expects too much from me"). Participants respond to each item using a 5-point Likert scale, ranging from 1 (Almost Never or Never True) to 5 (Almost Always or Always True). Reverse-scoring the negatively worded items will be conducted and then the response values for each item will be summed for the Mother and Father Attachment Scales on the IPPA. While there are three subscales of the IPPA for mothers and fathers: 1) degree of mutual trust , 2) quality of communication, and 3) level of anger and alienation, for the purposes of the present study, the total score will be used, as most researchers have found that the overall score is more reliable than the subscale scores (Armsden, & Greenberg, 1987).

The IPPA is a reliable and valid measure of parental and peer attachment. In terms of the reliability of the IPPA, internal reliability estimates (Cronbach alphas) were .87 for the Mother Attachment scale and .89 for the Father Attachment scale. The IPPA subscales (indicating more secure attachments) have been positively correlated with one's perceptions of their family environment, self-concept, emotional well-being, as well as parent and peer utilization (Armsden & Greenberg, 1987), thus providing evidence of the convergent validity of this measure. Among late adolescents, parental attachment scores were moderately to highly related with Family and Social Self scores from the Tennessee Self Concept Scale and with most subscales on the Family

Environmental Scale (Armsden & Greenberg, 1987). Internal consistency reliability estimates will be calculated for the overall Mother Attachment scores and Father Attachment scores for the current study as well as for the scale scores for the other measures used in this study.

Outness Inventory (OI; Mohr & Fassigner, 2000). The OI assesses the degree to which LGB respondents are open about their sexual orientation to different groups of people in their lives including mothers, fathers, coworkers, and friends. The OI consists of 11 items that are rated using a 7-point Likert scale, 1 being the "person definitely does not know about your sexual orientation status" to 7 being the "person definitely knows about your sexual orientation status, and it is openly talked about." The OI includes three subscales: 1) Out to Family, 2) Out to World, and 3) Out to Religion. For the purposes of this study, the overall score will be used as well as the Out to Family subscale for certain analyses.

The Cronbach alpha for the OI was .88 that was found in a sample 512 LGB adults (Mohr & Fassigner, 1997). Internal reliability estimates for the subscales has been found to range from .74 to .97 (Mohr & Fassigner, 2000) and .92 for the overall score (Belmonte, 2011). Convergent validity for public outness is evident in that it has been associated with the need for a certain degree of interaction with heterosexual individuals as well as the need for privacy. Also, evidence for discriminant validity had been found in that participants whose parents practiced anti-gay religions did not differ in their level of public outness, but differed in their level of outness to their family, compared to those who did not have parents practicing such religions (Mohr & Fassigner, 2003).

Parental Support for Sexual Orientation Scale (PSOS; Mohr & Fassinger, 1997). The PSOS measures the degree to which participants perceive their parents to be supportive of their LGB identity. The scale contains 18 items. Nine items assess perceived support from mother regarding their LGB identity and nine parallel items assess father's level of support for their LGB identity, using a 7-point Likert scale (1 = disagree strongly, 7 = agree strongly). Sample items include "Coming out to my mother has been a very painful process for me" and "My father is very supportive of my current relationship." The negatively worded items are reversed scored and then the sum of the items can be calculated, with higher scores indicating stronger parental acceptance of the participant's LGB identity and lower scores representing less perceived acceptance of participant's LGB identity. Separate scores can be calculated for the mother scale, the father scale, and the overall scale. For the purposes of the present study, we will use the overall score in the analyses. However, the separate subscales for mother and father may be used in post-hoc analyses.

To avoid confusion regarding the constructs of this study, the overall score of PSOS will be refer to level of parental acceptance of LGB identity and the PSS-Fa score (general support from mother and father)) will be known as parental support.

The internal consistency of the PSOS scale scores are .92, .91, and .93 for the mother subscale, father subscale, and overall scale scores respectively (Mohr & Fassinger, 2003). The Mohr and Fassinger (2003) are the only researchers to date to use this measure. These researchers found that parental support for their children's' LGB identity was positively associated with less parental involvement in anti-gay religious

institutions (Mohr & Fassinger, 2003). More data needs to be collected to confirm the convergent and discriminant validity of this measure.

Procedure

Participants will be recruited online in multiple ways, including list serves through the Tulsa Equality Center and Cimarron Alliance. Participants will be invited to participate in a study exploring experiences with their parents and levels of emotional distress for gay, lesbian, and bisexual individuals. Each participant will complete a self-report questionnaire online comprised of the six questionnaires, including PSS-Fa, IPPA, PSSOS, SCS, DASS-21, OI as well as a demographic page.

Participants will be told that they can choose or not and they can choose to end their participation at any time. Participants will be informed that participation in this study will take approximately 60 minutes and that their individual responses will not be shared with others, including their instructors and that a summary of all of the participants, as a group, will be reported in the research findings, not individual participant responses. (See Appendix L for the Informed Consent Form.)

Proposed Analyses

Means and standard deviations for the questionnaire scores will be calculated for the entire sample. Pearson correlational analyses will be conducted to explore the bivariate relationships between and among the main study variables including the overall scores for Mother Attachment, Father Attachment, Parental Acceptance of LGB Identity, Parental Support (PSS-Fa), Self-compassion, the DASS-21 (overall score), and the Outness Scale.

A series of multiple regression analyses will be conducted to explore the linear relationships of parental attachment, parental acceptance, and parental support with self-compassion and emotional distress. Parental attachment, parental acceptance, and parental support will be the predictor variables and self-compassion total scores and DASS21 total scores will be the criterion variables in the multiple regression analyses.

Research question 1: What is the relationship of parental attachment (i.e., mother and father attachment), parental acceptance of one's LGB identity, and parental support and level of outness with self-compassion (total score on SCS) in a sample of individuals who self-identify as lesbian, gay, or bisexual? A multiple regression analysis will be conducted with mother and father attachment, parental acceptance of one's sexual orientation, and parental support (from mother and father) as the predictor variables (four predictors) and the overall self-compassion score as the criterion variable.

Research question 2: What is the relationship of parental attachment (mother and father attachment), parental acceptance, parental support and level of outness with emotional distress (total score on the DASS21)? In the first multiple regression analysis to answer this research question, mother and father attachment, parental acceptance of one's sexual orientation, and parental support will be the predictor variables (four predictors) and the overall DASS21 score will be the criterion variable.

Research question 3: What is the relationship between self-compassion and emotional distress? Pearson correlational analyses will be conducted, using the total scores of the Self-Compassion Scale (SCS) and the DASS-21 (i.e., overall moods including depression, anxiety, and stress). Bivariate correlations between the self-

compassion total score and the subscale scores of depression, anxiety, and stress will also

be performed.

CHAPTER III

RESULTS

Hypotheses:

1) *Parental acceptance of their sexual orientation, parental attachment, parental support as well as level of outness will significantly predict LGB individuals' level of self-compassion.*

2) *Parental acceptance of their sexual orientation, parental attachment, parental support as well as level of outness will significantly predict LGB individuals' level of emotional distress.*

3) *A significant negative correlation will be formed between LGB individuals' level of self-compassion and level of emotional distress.*

Data Analysis Strategy

The data analysis included descriptive statistics, Pearson correlational analyses, multiple regression analyses, and hierarchical regression analyses to examine correlations between variables, significance of the regression model in total, the significance of each individual predictor variable, and the influence of variables after controlling for level of outness. Overall, statistical significance was evaluated at the $p < .05$ level.

Preliminary Analyses

Prior to conducting an analysis of the data, the data was screened and scale reliability was assessed.

Data screening. The data file was screened for proper participant demographics (male/female, non-heterosexual, 18 years or older) and missing data points in order to determine inclusion in the study. Those participants (n = 27) who failed to complete the survey and/or were missing more than 10% an individual scale or the survey overall were not included in the analysis of the data. However, those participants with an unsubstantial amount of data missing were included in the study and their missing data points were accounted for by inputting the mean score for that particular variable. Of the 135 participants who completed the study, 98 met the criteria to be included in the study analysis.

Measure reliability. Values for internal consistency were conducted for each of the scales listed in the *Measures* section. For the DASS21, the internal consistency reliabilities were acceptable levels for the scale overall ($\alpha = .94$), the Depression subscale ($\alpha = .90$), the Stress subscale ($\alpha = .84$), and the Anxiety subscale ($\alpha = .81$). The Cronbach alphas for the IPPA mother and father subscales were $\alpha = .97$ and $\alpha = .96$, respectively. Acceptable internal reliabilities were also found for the PSSO mother ($\alpha = .94$) and father ($\alpha = .93$), the PSSFA ($\alpha = .96$), the SCS ($\alpha = .94$), and the OI ($\alpha = .86$).

Analyses

Two-tailed Pearson correlational analyses were conducted to evaluate the bivariate relationships between and among the parental variables (parental attachment styles, parental support, and parental acceptance of sexual orientation), outness, and

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levels of self-compassion and emotional distress. Table 2 provides descriptive statistics and inter-correlations among the study variables.

Correlations between self-compassion and parental variables. Level of self-compassion was significantly related to levels of mother ($r = .35$, $p < .001$) and father ($r = .306$, $p < .01$) attachment, mother's acceptance of sexual orientation ($r = .28$, $p < .01$), and perceived parental support ($r = .25$, $p < .05$). These significant correlations indicate that those LGB individuals, who have a closer attachment to their mother/father, feel that their sexual orientation is accepted by their mother, and/or perceive their parents to be supportive of them are likely to have higher levels of self-compassion. One's perceived acceptance of sexual orientation from father was not found to be correlated with level of self-compassion.

Correlations between emotional distress and parental variables. Lower levels of emotional distress were significantly and negatively related to levels of mother ($r = -.29$, $p < .01$) and father ($r = -.38$, $p < .001$) attachment, mother's ($r = -.34$, $p < .01$) and father's ($r = -.28$, $p < .01$) acceptance of sexual orientation, and perceived parental support ($r = -.24$, $p < .05$). Participants who indicated higher levels of depression, stress, and anxiety were less likely to view their parents as being supportive, to perceive that their sexuality was accepted by their parents, and to feel a close attachment to their parents.

Correlation between emotional distress and self-compassion. Level of self-compassion was found to be significantly negatively correlated with the overall score for the level of emotional distress ($r = -.57$, $p < .001$), as well as the Depression subscale ($r = -.56$, $p < .001$), the Stress subscale ($r = -.53$, $p < .001$), and the Anxiety subscale ($r = -.35$,

p < .001). These results indicate that those with a higher level of self-compassion are likely to have lower levels of depression, stress, and anxiety.

Correlations with level of outness. Level of outness was found to be significantly correlated with every variable; self-compassion ($r = .34$, p < .01), emotional distress ($r = -.31$, p < .01), mother's attachment ($r = .28$, p < .01), father's attachment ($r = .25$, p < .01), mother's acceptance of sexual orientation ($r = .49$, p < .001), father's acceptance of sexual orientation ($r = .4$, p < .001), and parental support ($r = .21$, p < .05). These significant correlations indicate that those who have disclosed their sexual orientation more are also more likely to have a higher level of self-compassion, report lower levels of depression, anxiety and stress, have a closer attachment to their parents, feel their parents are more accepting of their sexual orientation, and feel overall more supported by their parents.

Multiple regression. A series of regressions were conducted to explore the linear relationships of parental attachment, parental acceptance of sexual orientation, parental support and level of outness, which served as the predictor variables, with self-compassion and emotional distress. The multiple regression model using all of the predictor variables was found to be significant for self-compassion, $R^2 = .27$, $F(6, 81) = 4.96$, $p < .001$, as well as for emotional distress, $R^2 = .27$, $F(6, 81) = 5.087$, $p < .001$, indicating that the parental variables, taken as a whole, and level of outness accounted for a significant amount of variance in levels of self-compassion and emotional distress.

A review of the beta weights was conducted to determine if each predictor variable had a significant unique contribution to the regression model. The level of outness was found to be significant in the self-compassion model (beta = .34, $p = .003$)

and the emotional distress model (beta = -.27, p = .018), indicating that participants who had higher levels of outness were expected to have higher levels of self-compassion and lower levels of depression, anxiety, and stress. Also, among the emotional distress model, attachment to the father (beta = -.36, p = .014), was found to have a significantly negative beta weight, indicating that individuals who perceived to have a higher level of attachment to their father were expected to have lower levels of emotional distress.

CHAPTER IV

DISCUSSION

Many gay, lesbian, and bisexual individuals experience disapproval and feelings

of disconnection during their coming out process from those around them, including their

parental figures, resulting in an increase in emotional distress, including depression,

suicidal ideation, as well as substance abuse (Elizur & Ziv, 2001; Needham & Austin,

2010; Eisenberg & Resnick, 2006). While a number of potential protective factors have

been identified, such as parental acceptance, support, and attachment, as protecting LGB

individuals from emotional distress (D'Amico & Julien, 2012), there has been no

research to date exploring the relationship between these same protective factors and

levels of self-compassion. In an effort to fill this apparent void in research, the current

study explored the relationship between parental acceptance of one's LGB identity,

parental attachment, and parental support have on one's level of self-compassion. More

specifically, the current research was intended to help better understand three questions:

(a) what is the relationship of parental attachment, parental acceptance of one's LGB

identity, and parental support with self-compassion?, (b) what is the relationship of

parental attachment, parental acceptance of one's LGB identity, and parental support

with emotional distress? (c), what is the relationship between self-compassion and emotional distress among individuals who self-identify as LGB?

Hypotheses

The hypotheses under investigation were: *1) Parental acceptance of their sexual orientation, parental attachment, parental support as well as level of outness will significantly predict LGB individuals level of self-compassion; 2) parental acceptance of their sexual orientation, parental attachment, parental support as well as level of outness will significantly predict LGB individuals level of emotional distress; 3) a significant negative correlation will be formed between LGB individuals level of self-compassion and level of emotional distress.* The hypotheses were supported. The model, as a whole, for both self-compassion as well as emotional distress was statistically significant, demonstrating that together, the parental variables and level of outness account for a significant amount of variance in level of self-compassion and emotional distress among LGB individuals. Also, it was found that a significant negative correlation existed between an LGB individual's level of self-compassion and level of emotional distress.

Parental Acceptance of LGB identity

LGB individuals who reported feeling accepted by their mother and father in terms of their sexual orientation were more likely to report feeling less emotional distress, consistent with result from previous research (Elizur & Ziv, 2001). In terms of self-compassion however, only mother's acceptance of LGB identity was more likely to lead participants to indicate higher levels of self-compassion.

Parental Support

Individuals who felt more socially supported by their parents were less likely to experience emotional distress, comparable to outcomes in previous research (Darby-Mullins & Murdock, 2007). More perceived parental support was also related to higher levels of self-compassion among the participants.

Parental Attachment

Participants who felt a closer attachment to their mother as well as their father reported experiencing less emotional distress compared to those who were not as attached to their parents. This finding is in line with previous research finding suggesting that those who feel more attached to their parents exhibit lower levels of anxiety, a part of emotional distress (Mohr & Fassinger, 2003). More self-compassion was felt by those individuals who reported a higher level of attachment with their parents.

Outness

Similar to previous studies, one's level of outness also appears to play a significant role in this study. The more out an individual reports being the more likely they are to have a higher level of self-compassion. Comparable to previous findings (Halpin & Allen, 2004; D'Amico & Julien, 2012), having a greater level of outness was negatively associated with emotional distress, meaning the more out the individual was the less emotional distress they reported.

Self-Compassion and Emotional Distress

Similar to previous research (Neff & McGehee, 2011), in this study the relationship between self-compassion and level of emotional distress was negatively

correlated, with higher levels of self-compassion predicting lower levels of emotional distress.

Limitations

The current study contains several limitations that should be taken into account. First, the generalizability of the research to a larger population is limited due to the use of convenience sampling of a very specific group from multiple sources. The purpose of the study was to investigate the experiences of lesbian, gay, and bisexual individuals. Therefore, the results cannot be applied to individuals who identify as heterosexual. Also, the demographic characteristics limit generalizability due to the homogeneity in race, age, education level, and sexual orientation. Eighty-eight percent of participants identify as white, 57.1% identify as gay, 66.3% are between the ages of 18 and 30, 61.2% are male, and 97.9% of participants have at least had some college education. The ability to generalize the findings of this study to other races, genders, age groups, education levels, and other non-heterosexual orientations is inhibited by such a sample.

Further limitations could be attributed to the use of self-report data. Self-reported data may influence results due to participants potentially responding to items in a socially desirable way, the participants' current emotional state, and participant bias. An example may be participant's current mood toward their father influencing responses on the Inventory of Parental and Peer Attachment Father Subscale items. Also, participants may have wanted to select responses that would be positively viewed by others, such as not indicated appropriate responses on the Depression, Anxiety, and Stress Scale items, especially those dealing with self-worth.

Additionally, the results are correlational, therefore not allowing for causal relationships to be made in regards to the interactions between self-compassion and emotional distress with the parental variables and level of outness.

Implications of Findings

Several implications can be identified with the findings of the study. Given that no research to date has been conducted to investigate levels of self-compassion among non-heterosexual populations, this study adds new information to the field of self-compassion and LGB studies. Much of the previous research on self-compassion has heterosexual populations and its effects. The current study provides further insight in the factors that influence the overall well-being of LGB individuals.

Furthermore, the present research provides additional insight on variables that can influence one's level of self-compassion. Understanding the potential effects of these variables, parental acceptance of LGB identity, parental support, parental attachment, and level of outness, can aid in the identification of at risk members of the LGB community. Given that these results can help identify factors affecting self-compassion and emotional distress, practical implications for mental health service providers can be provided. The findings suggest that those LGB individuals who experience less support, acceptance, and attachment are at a greater risk for lower self-compassion and more emotional distress. Assuming that this is the case, these individuals may be in greater need of counseling services as a result of increased levels of depression, anxiety, and stress. Focusing on the variables investigated in this study (parental acceptance, support, attachment and level of outness) may provide ways to minimize clients' level of emotional distress and increase level of self-compassion. Specifically, if the client is experiencing negative reactions

from their parental figures, level of outness with others, such as friends, peers, and teachers, has been shown to function as a protective factor against emotional distress (Eisenber & Resnick, 2006; Vincke & Van Herringen, 2002). Knowing this, mental health providers can help clients identify and potentially come out to individuals who would be accepting and supportive of their sexual orientation.

Future Directions

Given that this study is the first to investigate the relationship between self-compassion and LGB individuals, further research is necessary in this area. Generalizability of the current findings is impeded due to the use of a homogenous sample. Future research should focus on using a more diverse sample, investigating differences among age, race, education level, genders, and sexual orientations in terms of self-compassion and emotional distress. The majority of the sample identified as gay males, however previous research has shown that individuals who identify as bisexual exhibit lower levels of well-being and mental health compared to lesbian and gay individuals (Shilo & Savaya, 2011). Also, it has been found that those individuals who identify as queer are twice as likely to report lifetime suicide attempts when compared to their LGB counterparts (Ryan et al. 2010). Therefore, future research could focus on those who identify as a sexual orientation other than gay.

Additionally, given that 27% of the variance in levels of self-compassion as well as levels of emotional distress was accounted for by the linear regression model in the study, a significant amount of information pertaining to the factors affecting self-compassion and emotional distress is still in need of being studied. Future studies could

investigate other variables that could potentially correlate to self-compassion and emotional distress.

Future research in this area is imperative as the LGB movement continues to grow and more individuals are faced with a lack of acceptance and discrimination. Development of this topic can help in reducing emotional distress among the LGB population by finding potential ways to help cope and find acceptance, both with the self and others.

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APPENDICES

Appendix A

Extended Review of the Literature

The purposes of the present study are to explore the relationship of parental attachment, parental acceptance of LGB identity, and parental support with self-compassion and emotional distress, the relationship between self-compassion and emotional distress among LGB individuals, and how level of outness as LGB relates to the parental variables mentioned above, self-compassion, and emotional distress. In this review of the literature, a summary of the theories and research related to parental attachment, parental support of LGB identity, parental support, self-compassion, and emotional distress in LGB individuals will be explored.

Parental Acceptance of LGB Identity

Parental Acceptance of LGB Identity refers participants' perception of the extent in which parents approve or reject their LGB child's (participants') sexual orientation (Elizur & Ziv, 2001).

Parental Acceptance-Rejection Theory. According to the Parental Acceptance-Rejection Theory, rejection from a significant individual will have negative effects on the functioning of the rejected individual (Rohner, 2008).

Ryan et al. (2010) researched the role of family acceptance as a protective factor for LGBT college students. The study sample consisted of 245 LGBT individuals between the ages of 21-25. It was hypothesized that acceptance from parents would be associated with positive adjustments and decreased mental health and behavior health risks, including depression, substance abuse, decreased depression, sexual risk behavior, suicidal ideation.

Family acceptance was measured by creating a 55-item list taken from interviews with 53 participants about descriptions of family interactions and experiences related to gender identity and expression, sexual orientation, religion, and school. The items (e.g., 'How often did any of your parents talk openly about your sexuality?") were rated using a 4 point scale (0 = never to 3 = many times) to assess the frequency of the actions. Demographics were assessed using items for sexuality, immigrant status, childhood religious affiliation, childhood family religiosity, and parents' occupational status. Participant health and adjustment was measured using a 10-item self-esteem scale from Rosenberg (1965), a 12-item social support scale, the Center for Epidemiological Studies Depression scale, a 4-item substance abuse measure, sexual risk behavior measure of reporting unprotected sex in the last 6 months, and suicidal thoughts or behaviors with 2 items.

The results showed no gender differences or sexual orientation group differences (i.e., gay men, lesbians, and bisexual individuals) in parental acceptance, however, the characteristics of the family, such as ethnicity, immigration, religion, and occupation status, influenced differences in levels of parental acceptance.

It was found that family acceptance in participants was positively associated with health outcomes such as self-esteem, general health, and social support and was negatively associated with health outcomes such as suicidal attempts and ideation, depression, and substance abuse. Those who identified themselves as queer were more than twice as likely to report lifetime suicide attempts compared to participants who identified as gay, lesbian, or bisexual.

Shilo and Savaya (2011) explored the relationship of perceived social support and social acceptance from family and friends on LGB mental health and identity development. The researchers hypothesized that social support and social acceptance from family and friends of one's sexual orientation would be positively related to LGB participants' well-being, sexual orientation self-acceptance and disclosure of one's sexuality, and negatively related with psychological distress. It was also hypothesized that family support would have stronger influences on participants' self-acceptance, disclosure, and mental health compared to support of friends. It was expected that lesbians and gay men in this study would report more social support and acceptance from family and friends, more positive mental health outcomes, more open disclosure of one's sexual orientation, and more self-acceptance compared to bisexual participants. It was also expected that adolescents would report more difficulties in these areas compared to the young adults in this sample

Their sample included 461 self-identified LGB participants from Israel (233 male, 228 female) between the ages of 16 and 23. Direct contact, Internet, and snowballing procedures were used to collect information from the participants. Three hundred and thirty-nine participants identified as gay or lesbian and the rest (n = 122) identified as

bisexual. The participants were divided into "adolescents" (ages 16-18.5 and no military service) and "young adults" (18-23).

Mental health was assessed using the Mental Health Inventory (Veit & Ware, 1983), in which two indices were used, psychological well-being and psychological distress, with higher scores on each index representing greater well-being and more psychological distress, while lower scores represent lower levels of well-being and lower levels of psychological distress, respectfully. LGB Self-Acceptance was assessed using the Bell and Weinberg (1978) LGB Self-acceptance Questionnaire. Sexual orientation disclosure was assessed with a 20-item inventory developed by Ravitz (1981). Social support from family and friends was assessed with a questionnaire developed by Abbey, Abramis, and Caplan (1985). Acceptance of sexual orientation by family and friends was assessed using a scale developed by Ross (1985).

Family support, friend support, and friend acceptance significantly correlated with participants' well-being, self-acceptance, disclosure, and mental health. Family support was significantly and positively correlated with LGB participants' mental health. Public disclosure of sexual orientation was found to be related to support and acceptance from friends and not from their families whereas LGB self-acceptance is significantly related to family acceptance and not friend acceptance. Bisexual participants were found to have lower levels of well-being and self-acceptance and lower levels of mental health compared to gay and lesbian participants, potentially due to suspicion and distrust of bisexual individuals both in and out of the LGB community. Adolescents reported lower levels of disclosure of their sexual orientation, more mental health, and less family acceptance than young adults. Limitations of the study include the limited sample size,

lack of generalizability (only Israelis), and perceptions were retrospective, providing opportunities for bias.

Further studies need to be conducted to better understand how support and acceptance from family and friends may be related to the coming out process as well as one's self-acceptance as LGB and overall well-being, which is a focus of the present thesis project, especially how these variables relate to self-compassion and overall levels of depression, anxiety, and stress.

One study has been conducted to explore parental reactions to the coming out process and parental attachment in relation to LGB individuals' romantic relationships/attachments (Carnelley, Hepper, Hicks, & Turner, 2011). It was hypothesized that: 1) people would be more likely to come out to their parents if they perceived their parents to be more accepting and "independence-encouraging" (Carnelley et al., p. 221) while they were growing up and parents would react more positively to the disclosure; 2) parental acceptance would related to lower attachment avoidance; 3) parental overprotection would be related to high attachment anxiety; 4) early parental acceptance and encouragement of would be positively associated with trust and optimism, and would be mediated by less avoidance and anxiety in one's romantic attachment; and 5) positive parental reactions to LGB disclosure would be positively associated with secure romantic attachments.

A total of 309 LGB individuals participated in this survey study. Participants' romantic attachments were assessed by self-report and attachment anxiety and avoidance were assessed using the Experiences in Close Relationships Scale (Brennan et al., 1998), and a self-report measure was developed for this study to explore whether participants

had come out to their parents and for how long. Robinson et al.'s (1989) measure was used to assess parents' reactions to their coming out process. Parental acceptance and independence-encouragement while growing up was evaluated with the Mother, Father, and Peer scales developed by Epstein (1983). Trust in romantic relationships was measured with a scale developed by Rempel, Holmes, and Zanna (1985) assessing faith, dependability, and predictability of current partners, while optimism in romantic relationships was measured with a 6-item scale from Carnelley and Janoff-Bulman (1992).

The results of the study supported all of the hypotheses. However, with regards to the last hypothesis (i.e., positive reactions to disclosure from parents would correlate with secure romantic attachment), it was only partially supported with mother's negative reactions predicting men's (but not women's) romantic attachment anxiety. Also, father's past acceptance did not predict whether the participants were out to their father, however the mother's past acceptance did predict disclosure, with more acceptance leading to a higher probability of disclosure. This points to the importance of LGB individuals' relationships with their mothers more so than their fathers in terms of acceptance and reactions to the coming out process

Limitations of this study include the use of self-report measures to assess parents' perceptions of their LGB. Future studies should collect data from the family members directly to assess their levels of acceptance as well as the quality of parent-LGB individuals' relationships. Another limitation of this study is found with the sample population of 309 consisting of 256 individuals out to their mothers and 205 out to their

fathers. Being largely comprised of individuals who are out can potentially skew the results by not including closeted individuals.

While a number of studies have compared perceived parental acceptance of sexual orientation and participants' well-being, there have yet to be any studies conducted to investigate the relationship of parental acceptance and self-compassion. While parental rejection has been shown to contribute to higher levels of depression, higher levels of self-compassion have been shown to be positively correlated with lower levels of depression (Neff & McGehee, 2011). Thus, the current study may identify self-compassion as a safeguard of poor mental health when parental rejection occurs.

Parental Support

Parental support refers to perceived general family support from mothers and fathers (i.e. moral support and companionship) whereas parental acceptance of one's gay identity refers to participants' perception of the extent in which parents approve or reject their LGB child's sexual orientation (Elizur & Ziv, 2001).

While there is ample evidence of the positive impact of parental support on the well-being of straight/heterosexual individuals, more research is needed to explore how parental support relates to gay/lesbian/bisexual psychosocial development and distress. To date, only a few researchers have studied parental support and outness as well as emotional distress in the LGB community (Elizur & Ziv, 2001; Needham & Austin, 2010; Darby-Mullin & Murdock, 2007) and found that parental support can have a positive impact on the mental health and well-being of gay/lesbian/bisexual individuals, particularly emotional well-being. In one study, parental support was positively related to

mental health outcomes of adolescent youth, regardless of their sexual orientation (Needham & Austin, 2010).

Elizur & Ziv (2001) researched the potential effects that family support and family acceptance can have on gay male identity and psychological adjustment. Participants consisted of 114 gay men in Israel, ranging in age from 16 to 55 years of age. Researchers hypothesized that: family support would have a positive effect on mental health and self-esteem that would be partially or wholly mediated by family acceptance; that family acceptance would have a positive effect on mental health and self-esteem that is partially or wholly mediated by gay male identity formation; that family support would have a positive effect on gay male identity formation and family knowledge of gay orientation that would be mediated by family acceptance; and that family acceptance would have a positive effect on gay male identity formation that would be partially or wholly mediated by family knowledge.

Participants completed questionnaires that assess their gay male identity (State Allocation Measure; Cass, 1984), their perception of family support (Perceived Social Support from Family scale; Procidano & Heller, 1983), their family's acceptance and knowledge of gay orientation (Ross, 1985), mental health (Mental Health Inventory; Veit & Ware, 1983), and self-esteem (Rosenberg Self-Esteem Inventory, Rosenberg, 1965).

Their research findings indicated that supportive families are more likely to be accepting of gay orientation in general. In addition, family support has an effect on gay men's psychological adjustment that is partially mediated by family acceptance, and the effects of family support on identity formation and family knowledge are fully mediated

by family acceptance, while the effect of family acceptance on identity formation is partly mediated by family knowledge.

Needham and Austin (2010) conducted a qualitative, longitudinal investigation (3 waves of interviews over 8 years starting when participants were in 7th-8th grade) of the relationship between perceived parental support and health related outcomes in a sample of 11,153 LGB and straight young adults. It was hypothesized that, when compared to their heterosexual counterparts, LGB young adults would report lower levels of perceived parental support as well as higher levels of depression, suicidal ideation, heavier alcohol consumption, and use of drugs over time.

In wave 3 of the project, respondents were asked to identify their sexual orientation as gay, bisexual, or heterosexual. Respondent's perceived maternal and paternal support was assessed using a questionnaire previously used by the researchers (Needham, 2008) that measures how close respondents feel to their parents, how loving and warm their parents were, and if they enjoy spending time with their parents. To assess depression, the Center for Epidemiological Studies – Depression Scale (CES-D) was used. Suicidal thoughts were evaluated by asking the respondents if they had serious thoughts of committing suicide in the past 12 months. Heavy alcohol consumption was assessed by how frequently the individual reported drinking 5 or more alcoholic beverages in a row. Asking participants if they had used drugs in the past 30 days assessed drug use.

The results of the study supported the first hypothesis in that gay men, lesbians, and bisexual women reported lower levels of parental support compared to their heterosexual counterparts; however the hypothesis was not supported for bisexual men.

In regards to the second hypothesis, lesbians and bisexual women report having higher levels of depression, suicidal ideation, and substance abuse in comparison to heterosexual individuals. Results for gay and bisexual men did not support the second hypothesis, suggesting similar health outcomes for young men, regardless of sexuality. Perceived parental support was found to be negatively associated with poorer health outcomes for both men and women, regardless of their sexual orientation. In other words, less perceived parental support was associated with more depression, suicidality, marijuana use, and hard drug use.

Darby – Mullins and Murdock (2007) studied the effects the family environment (i.e. conflict, cohesion, and parental support) has on LGB adolescents' self-acceptance and emotional adjustment. A total of 102 LGB adolescents between the ages of 15 and 19 participated in this study. It was hypothesized that the LGB participant's family environment, in particular, less conflict, more cohesion, and more parental support would be positively related with self-acceptance and emotional adjustment. Also, in regards to parental attitudes towards LGB orientations, it was hypothesized that they would be positively related to self-acceptance and emotional adjustment above and beyond the influence of the family.

Participants completed the Lesbian and Gay Identity Scale (Mohr & Fassinger, 2000) to assess self-acceptance of sexual orientation. A scale created by Buhrmester (1990) was used to assess levels of emotional adjustment, specifically depression and anxiety. The participants' relationship with their family was measured with the Family Environment Scale (Moos & Moos, 1986) and perceived parental support was evaluated using the Social Support Scale for Children and Adolescents (Harter, 1985). The parents'

attitude subscale of the Lesbian, Gay, and Bisexual Youth Parent Survey (Elze, 1999) assessed perceived parental attitudes towards homosexuality.

There were no significant correlations between family environment subscales and self-acceptance in LGB youth. However, the general family environment, as hypothesized, was found to significantly predict emotional adjustment of these LGB adolescents. When taken into consideration with the family environment, parental attitudes did not add further to the understanding of self-acceptance, however parental attitudes did predict additional variance for emotional adjustment above and beyond what family environment explains. In summary, LGB adolescents' family environment and their parental attitudes toward homosexuality have an impact on the emotional adjustment of LGB youth. Of interest, neither family environment nor parental attitudes had an impact on self-acceptance of one's gay/lesbian/bisexual identity. Researchers attributed the presence of a peer support group of both LGB and non-LGB individuals as a potential confounding variable for this finding.

Parental Attachment

Bowlby (1969, p. 194) defined general attachment as "the seeking and maintaining proximity to another individual". That concept has since been applied to the relationship between adolescents and their parents as parental attachment, defined as "an enduring affectional bond of substantial intensity" (Armsden & Greenberg, 1987, p. 428). Individual attachment styles can be characterized as either insecure or secure (Mohr & Fassinger, 2003). Individuals with an insecure attachment style may be labeled as anxious due to higher levels of sensitivity to abandonment or rejection from an attachment figure, while those who are considered to be avoidant exhibit a lack of trust in others and attempt

to deny their need for an attachment figure. Conversely, individuals with secure attachment styles exhibit low levels of both anxiety and avoidance (Mohr & Fassinger, 2003).

Few studies to date have been conducted to explore the relationship of parental attachment and well-being in LGB individuals and/or sexual orientation group differences in parental attachment and family connectedness (Wilson, Zeng, & Blackburn, 2011; Holtzen, Kenny, & Mahalik, 1995; Eisenberg & Resnick, 2006). In one study, LGB individuals reported less secure attachments to parents and more detachments to parents compared to heterosexual individuals (Wilson et al, 2011). In another study, LGB youth reported less family connectedness and less caring from teachers and other adults compared to heterosexual youth. However, family connectedness and caring from teachers and adults can serve as protective factors to prevent suicidal behavior (Holtzen, Kenny, & Mahalik, 1995). In another study, secure parental attachments in LGB youth were positively associated with the length of time since coming out to parents as well as negatively associated with dysfunctional attitudes about oneself in general (Eisenberg & Resnick, 2006)

Wilson, Zeng, and Blackburn (2011) examined the differences between heterosexual and LGBTQ individuals in terms of their parental attachment (i.e. the belief that one's relationship with their parental figures are an important part of their self-image), parental detachment (i.e. the belief that one's relationship with their parental figures does not affect their self-image), and self-esteem. Participants consisted of 604 individuals from 33 states of the U.S. and 5 countries abroad. Their ages ranged from 16 to 45+ years old. Participants' self-reported sexual orientation identities were as follows:

50.6% were heterosexual, 10.7% lesbian, 26.1% gay, 8.9% bisexual, 1.2% transgender, and 1.8% were questioning their sexual orientation. It was hypothesized that there would be no difference between heterosexuals and LGBT individuals in terms of parental attachment and parental detachment. However, it was hypothesized that LGBT individuals would have lower self-esteem when compared to their heterosexual counterparts.

Participants completed an on-line survey that was modified from a similar survey used by Pomerantz, Qin, Wang, and Chen (2009) and consisted of 26 questions, divided into a demographic section and two more sections evaluating parental attachment and detachment and self-esteem.

The results supported the second hypothesis, indicating that heterosexual participants reported higher levels of self-esteem than the LGBTQ participants. However, the first hypothesis was not supported. LGBT individuals experienced more parental detachment and less secure parental attachments compared to the heterosexuals surveyed. Bisexuals reported the lowest self-esteem levels and the highest level of parental detachment compared to both the LGBT and heterosexual participants.

These findings suggest that the support groups, especially parental support, an LGBT individual has can play a significant role in their mental health, thus effective in coping with the challenges many LGBT individuals face when coming out. Further research could focus on bisexual individuals and the specific issues they are facing, resulting in low levels of self-esteem and high levels of parental detachment.

In another study, Holtzen, Kenny, and Mahalik, 1995 explored lesbian and gay individuals' level of parental attachment in relation to disclosures of their sexual

orientation to parents as well as potential dysfunctional cognitions (i.e., negative thoughts about self, others, and the future). A total of 113 participants who self-identified as lesbian or gay were recruited from a nationwide group of attendees of Parents and Friends of Lesbians and Gays (PFLAG) and students at state universities who were members of schools' LGBTQ support groups. It was hypothesized that secure parental attachments would be positively associated with participants' disclosure of their sexual orientation to their parents and the amount of time since their disclosure. It was also hypothesized that secure parental attachments would be inversely related to reported dysfunctional cognitions.

Participants completed the Parental Attachment Questionnaire (PAQ; Kenny, 1987) to measure their perceived current relationships with their parents. Cognitive resiliency and depressive symptoms were measured using the total score from the Short Form A of the Dysfunctional Attitude Scale (DAS; Weiss-man & Beck, 1978). Participants were also asked to complete a short demographics questionnaire and to provide information regarding if they had come out to their parents and, if so, when they came out to their parents.

The results of the study supported the hypothesis that a secure attachment to parents was associated with participants' disclosure of their sexual orientation to their parents. There was also a positive correlation between the amount of time of disclosure regarding their sexual orientation and parental attachment security, with most relationships becoming more secure as time progressed. Thus, regardless of the perceived level of attachment security at time of disclosure, the level of parental attachment security increased the longer the participant had been out to their parents.

Secure parental attachments were negatively correlated with reported general cognitive dysfunction, supporting their second hypothesis.

A study involving 21,927 participants, 2,255 of whom identified as having same-sex experiences, in grades 9th to 12th, completed a survey to explore the relationship of certain protective factors, such as family connectedness (i.e., feeling that parents care for them and their well-being), teacher caring (i.e., the belief that teachers and school faculty care for the participants), other adult caring (i.e., the belief that significant community members, pastors and other adults relatives, care for their well-being), and school safety (i.e., the perception that no harm will occur at school) with thoughts of suicide (Eisenberg & Resnick, 2006).

It was hypothesized that those students who reported higher levels of each of these protective factors would be less likely to have a history of suicidal ideation and attempts. It was also hypothesized that LGB youth would report higher rates of suicidal ideation and attempts compared to non-LGB youth (heterosexual).

Data was collected using specific questions from the Minnesota Student Survey (MSS, 2004) from school districts throughout the state. The questions focused on each of the four protective factors as well as identifying suicidal history and sexual orientation.

The results of this study supported the hypothesis that LGB youth were reported to be at greater risk for suicidal ideation and attempts than their heterosexual counterparts. LGB youth also reported less family connectedness, less caring from teachers and other adults, and fewer feelings of safety in the schools compared to heterosexual youth. However, family connectedness, teacher and adult caring, and perceptions of feeling safe in their schools helped protect LGB youth from engaging in

suicidal behaviors, thus reinforcing the importance of protective factors for LGB youth and their well-being, including their feelings about living through adversity.

Outness and Emotional Distress

For the purpose of this study one's level of outness is defined as the degree to which an individual is open about his/her sexual orientation and emotional distress will be defined as the level of overall distress including levels of depression, anxiety, and stress.

Halpin and Allen (2004) researched the psychosocial well-being changes that gay men experience during the different stages of Cass's Homosexuality Identity Formation (1979). They surveyed 425 gay men regarding their current stage of identity formation as well as their psychological well-being. The researchers hypothesized a linear relationship for the gay identity formation stages with overall psychosocial well-being, with earlier stages showing more loneliness and lower levels of self-esteem, happiness, and life satisfaction, and later stages exhibiting more connection and enhanced self-esteem, happiness, and life satisfaction.

The Gay Identity Questionnaire (Brady & Buses, 1994) assessed the stage of identity formation the participant was in (i.e., Identity Confusion, Identity Confusion, Identity Tolerance, Identity Acceptance, Identity Pride, Identity Synthesis). The Depression – Happiness scale (McGreal & Joseph, 1993) measured how happy or depressed the participants were, with higher scores reflecting more happiness and less depression. Life satisfaction was evaluated using the Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985), with higher scores indicating greater life satisfaction. Loneliness was measured with the UCLA Loneliness Scale, with higher

scores indicating more feelings of loneliness (Russell, Peplau, & Ferguson, 1978); and

participants' levels of self-esteem was assessed with the Index of Self-Esteem (Hudson,

1982), with higher scores representing more positive self-esteem levels.

There was a significant positive relationship between stages of gay identity

development and psychosocial well-being (i.e., higher levels of self-esteem, happiness,

and life satisfaction and lower levels of loneliness); however, these relationships were

curvilinear in nature rather than linear in nature. Participants reported more positive

psychosocial well-being (i.e., higher levels of self-esteem, happiness, and life satisfaction

and lower levels of loneliness) in the first stages (i.e., Identity Confusion, Identity

Comparison) and last stages (i.e., Identity Pride, Identity Synthesis) of Cass's identity

formation and the lowest levels of psychosocial well-being in the middle stages, creating

a "U" shape (curvilinear) function. In the middle stages (i.e., Identity Tolerance, Identity

Acceptance) participants reported the lowest levels of self-esteem, happiness, and

satisfaction with life, as well as the highest levels of loneliness. The researchers attributed

this function to a lack of understanding of the developing identity in the first stages, thus

the full negative effect of their sexuality has yet to develop. Meaning, participants in the

first stages have yet to fully accept their gay identity and thus the negativity associated

with it has yet to affect them.

D'Amico and Julien (2012) explored the relationships between disclosure of

sexual orientation (out versus not out) and adjustment issues for gay, lesbian, and

bisexual youth in Israel. Participants (n =164; $M= 20.29$, $SD= (2.81)$) were asked about

their perceived relationships with their parents during their childhood, their experiences

of coming out to their parents and their adjustment afterwards, including their

psychological maladjustment, LGB identity formation, and drug and alcohol consumption.

They completed the Parental Acceptance and Rejection Questionnaire (measured perceived level of general acceptance as a child; Rohner, 1990), the Scope and Prevalence of Anti-Lesbian/Gay Victimization (i.e., level of rejection from family members and others regarding their sexuality/sexual orientation; Pilkington & D'Augelli, 1995), Acceptance of One's Sexual Orientation Scale (i.e., level of discomfort with one's sexual orientation; Otis et al, 2002), Fears Associated with the Disclosure and Affirmation of One's Sexual Orientation Scale (Otis et al., 2002), and Attitudes toward Homosexuality Scale (measuring their attitudes and discomfort with being gay; Leitner & Cado, 1982). Participants' sexual orientation expression was assessed by asking (1) what age participants were first aware of their same-gender attractions; (2) when they first disclosed to someone their same-sex attractions and who that person was; and (3) when they first disclosed to their parents. Mental health indicators, suicidal ideations, and drug/alcohol consumption were measured using the total score from 14 items the Quebec Health Survey (Daveluy et al., 2000). To measure parental acceptance of their sexual orientation, participants were asked, "How accepting of your sexual orientation is your mother/father?" and responses ranged from 1 to 5.

Researchers found that gay youth who had disclosed their sexual orientation to their parents reported higher levels of acceptance from their parents during childhood and lower levels of rejection from their fathers, when compared to undisclosed individuals. Female youth, compared to male youth, reported higher levels of childhood paternal acceptance and lower level of parental rejection. Males, when compared to females,

showed higher level of maternal acceptance during childhood. Father's acceptance of participants' sexual orientation was negatively associated with mother's acceptance of participants' sexual orientation for male participants only. Levels of drug and alcohol abuse were found to be higher among the participants who had not disclosed their sexual orientation to their parents compared to those who had disclosed their sexual orientation. More perceived parental rejection during childhood was associated with higher levels of gay identity maladjustment and psychological maladjustment.

Implications of the study include the need for helping professionals to help demystify LGB identity and reinforce parental acceptance behaviors because, as the results demonstrates, acceptance by parents plays an important role in the youth's future identity and psychological development. Future studies need to be conducted to explore the relationship between concealment of one's sexual orientation and substance use problems for LGB individuals. This study focused on Israeli participants. Therefore, we do not know if these findings will generalize to samples of LGB participants from other cultures.

Mohr and Fassinger (2003) explored how relational patterns influence an LGB individual's ability accept their sexual identity and to come out to others. Participants were chosen via email and newspaper solicitation resulting in a total of 489 participants, 288 of who identified as lesbians and 201 of who identified as gay males. The age of the participants ranged from 18 to 68 years old ($M = 36.28$; $SD = 9.45$). They were predominantly White (84.9%), as well as from multiple regions of the North American continent. Participants reported that they had been in a romantic relationship for at least 2 months or longer.

Participants' perception of their childhood relationships with their parents was measured by 3 items developed by Hazan and Shaver (1987). Parental support of the participants' disclosure of being a lesbian or gay was measured using an 18-item scale previously developed by Mohr and Fassinger (1997). In this scale, nine of the items measured perceived support from mother and the other nine measured the perceived support from the father, each item being assess on a 7-point scale indicating degree of agreement with the statement (higher scores representing more perceived support/agreement). The participants' current general attachment style was assessed using that Adult Attachment Scale (Collins & Read, 1990) as well as the Relationship Questionnaire (Bartholomew & Horowitz, 1991). Participants' perceptions of their LGB identity were assessed using the Lesbian Gay Identity Scale (LGIS; Mohr & Fassinger, 2000) and the Outness Inventory (OI; Mohr & Fassinger, 2000), with higher scores on the OI representing a higher level of disclosure of one's sexual orientation to others and higher scores on the LGIS representing more negativity towards one's own LGB identity. Moderator variables were measured as well. Gender was taken into account, as was parental religious affiliation. Packets of survey questions and the measures were sent to the participants who expressed interest in the study. Upon completion, measures were then returned to the researchers and analyzed.

Lesbian and gay individuals who had difficulties accepting their sexual orientation were more likely to exhibit a pattern of high avoidance and high anxiety (fearful avoidance) compared to those who accepted their sexual orientation. Participants with an avoidant attachment style were found to exhibit lower levels of public outness as lesbian or gay. The relationship between an avoidant attachment style and negative LGB

identity was stronger among men than women, thus women were more trusting of others thus more supported and accepting of their LGB identity compared to men. Perceived support from fathers was positively correlated with levels of public outness and negatively correlated with negative LGB identity acceptance. Ratings of mothers' caring sensitivity during the participant's childhood were negatively associated with general avoidant attachment styles and ratings of father caring sensitivity during the participant's childhood were negatively associated with general anxious attachment styles. Mother caring sensitivity had indirect but not direct effects on outness and negative LGB identity, while the fathers' caring sensitivity had a direct effect on level of outness and negative LGB identity.

Limitations of the study include that the sample was predominantly White and most participants were open and comfortable enough with their sexual orientation to respond to solicitations to participate in the study. Also, all participants were in a relationship for at least two months, leaving out single LGB individuals from the study. The age group was rather large (i.e., range of 50 years; 18-68); restricting the age range may produce different results based on generational issues as well as the fact that younger respondents may still be dependent on their parents, thus potentially affecting their responses to some measures, such as parental attachment and parental support of their LGB identity.

Future researchers could investigate the relative contribution of mother and father variables (e.g., attitudes, expressed support, attachment) to family dynamics involving children's' LGB sexual orientation, as well as to the emotional adjustment of LGB children.

Self-Compassion

Self-compassion is an adaptive way of relating to the self when considering personal inadequacies or difficult life circumstances (Neff, Kirkpatrick, & Rude, 2007)). Self-compassion allows one to be kind and understanding towards oneself instead of critical during moments, particularly negative life moments; knowing that the obstacles one faces are faced by many in the world and they are not alone in their struggle; and allowing oneself to be aware of their emotions but to not ruminate on them (Neff, 2004). Current research has demonstrated that self-compassion can act as a mediator between attachment anxiety and subjective well-being, as well as have a negative correlation with attachment anxiety in straight individuals (Wei, Liao, Ku, & Shaffer, 2011). Self-compassion has also been found to be negatively correlated with depression and anxiety as well as positively correlated with social connectedness, maternal support, positive family functioning, and attachment styles among straight adolescents (Neff & McGehee, 2011). Among romantic relationships for heterosexual individuals, one's level of self-compassion is positively associated with perceptions of their partner's level of self-compassion, as well as relationship satisfaction, and secure attachment styles in general (Neff & Beretvas, 2012). Also, self-compassion among heterosexual individuals has been associated with less trait shame and less masculine norm adherence (Reilly, Rochlen, & Awad, 2013).

There have yet to be any studies conducted investigating the influence of self-compassion among LGB individuals. Therefore, some of the research literature on correlates of self-compassion in heterosexual individuals will be summarized next.

Reilly, Rochlen, and Awad (2013) surveyed 145 heterosexual men on the effect that trait shaming and adhering to masculine norms has on the individual's level of self-compassion and self-esteem. Researchers hypothesized that there would be a negative correlation between self-compassion and both adherence to masculine norms and traits shame, while there would be a small, replicated positive correlation between the latter two variables and self-esteem levels. It was also hypothesized that internalized experiences of shame would moderate the levels between masculine norms and self-compassion. A final hypothesis was made regarding masculine norm adherence and self-esteem, predicting that the relationship between the two variables, at higher levels of trait shame, would be stronger and positive because confirming to masculine norms would boost the participant's self-esteem.

The participants completed a survey comprised of the Self-Compassion Scale Short Form (Raes, Pommier, Neff, & Van Gucht 2011) to assess participants' level of self-compassion, the Conformity to Masculine Norms Inventory 22 Item Short (Hamilton & Mahalik, 2009) to measure behaviors, attitudes, and conformity to masculine male norms common in the United States, the Internalized Shame Scale (Cook, 1987) measures the rate and frequency in which participants experience feelings and thoughts relating to shame and negative self-evaluation.

The research indicated lower levels of trait shame and lower levels of masculine norm adherence were correlated with higher levels of self-compassion. Regardless of level of masculine norm adherence, men with more trait shame had lower levels of self-compassion compared to men with less trait shame.

Wei, Liao, Ku, and Shaffer (2011) completed two studies, the first with 195 college students and the second with 136 community adults, to assess if self-compassion operated as a mediator between attachment anxiety and participant's subjective well-being and if empathy was a mediator between attachment avoidance and well-being. It was hypothesized that those with more attachment anxiety would be less self-compassionate and thus their subjective well-being would be lower. Those with less empathy and exhibiting more attachment avoidance were hypothesized to have a lower subjective well-being.

The research in both studies used the Experiences in Close Relationship Scale (Brenan, Clark, & Shaver, 1998) to assess attachment, the Self-Compassion Scale (Neff, 2003a) to measure self-compassion, and the Balanced Emotional Empathy Scale, (Mehrabian, 2000) which assessed participants' level of empathy towards others. Participants' subjective well-being was assessed using several measurements including the Oxford Happiness Questionnaire (Hills & Argyle, 2002) to measure participant happiness, the Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985) to measure life satisfaction, and the Positive Affect and Negative Affect subscales of the Positive and Negative Affect Schedule (Watson, Clark, & Tellegen, 1988) to measure participants' positive and negative emotional experiences.

In both studies, results indicated that attachment anxiety and subjective well-being were significantly mediated by self-compassion, with a negative relationship between attachment anxiety and self-compassion being established. The second hypothesis was supported as well, with empathy being a significant mediator in the relationship between attachment avoidance and subjective well-being, with those

exhibiting more attachment avoidance demonstrating less empathy towards others and a lower level of subjective well-being.

Limitations of the study include the self-report format used as well as the research design of these studies being correlational in nature. Also, other models must be studied before they can be ruled out. Future research should pursue these models as well as examine the effects of self-compassion and empathy training on well-being.

Neff and McGehee (2010) surveyed a sample of 235 adolescents and 287 young adults to study the effects of self-compassion on participants' psychological resilience and overall well-being. The researchers hypothesized that higher levels of self-compassion would provide similar psychological benefits as found with adults with maternal support, family functioning, attachment styles, and the personal fable being used to predict level of self-compassion.

The researchers utilized the Self-Compassion Scale (Neff, 2003) to assess each participants' level of self-compassion, the Beck Depression Inventory (Beck & Steer, 1987) to evaluate level of depressive symptoms in participants, the Spielberger State-Trait Anxiety Inventory Trait form (Spielberger, Gorsuch, & Lushene, 1970) which measures trait anxiety, the Social Connectedness Scale (Lee & Robins, 1995) which assess the level of interpersonal closeness participants feel with family and friends, the Family Message Measure (Stark, Schmidt, & Joiner, 1996) which assesses perceptions of maternal support, and family functioning was measured using the Index of Family Relations (Hudson, 1992). The study also used the Relationship Questionnaire (Bartholomew & Horowitz, 1991) to assess participants' type of attachment style, as well

as the personal uniqueness subscale of the New Personal Fable Scale (Lapsley et al., 1989) to assess participants' feelings of uniqueness.

Overall, the results proved to be similar between both the adolescent sample and the sample of young adults surveyed. Higher levels of self-compassion were associated with lower levels of depression and anxiety as well as higher levels of social connectedness. Self-compassion was also positively correlated with maternal support, positive family functioning, and more secure attachment styles. Lower levels of self-compassion was associated with higher scores on the New Personal Fable Scale, thus individuals with lower levels of self-compassion reported higher levels of believing the experiences they have are unique to them.

This study had several limitations being that the survey was largely comprised of White, middle-class participants. In addition, this study was correlational in nature and therefore no causality between and among the study variables could be inferred.

Neff and Beretvas (2013) surveyed a sample of 104 heterosexual couples that had been in a relationship for a year or more to study the correlates of self-compassion in partners of romantic relationships. The first hypothesis was that higher levels of self-compassion would be positively correlated with relational well-being, defined as self-worth, positive affect, the ability to express opinions, and authenticity. It was also hypothesized that more productive actions towards relational patterns, fewer destructive relationship behaviors, and greater relationship satisfaction would be associated with higher levels of self-compassion. Neff and Beretvas predicted self-compassion, more so than self-esteem, would be related to relationship satisfaction and constructive relationship behaviors. Self-compassion was predicted to be positively associated with

secure attachment styles, and that self-compassion would be negatively associated with preoccupied and fearful attachment styles.

Participants completed a self-report survey that contained two versions of the Self-Compassion Scale (SCS; Neff, 2003) to measure 1) levels of self-compassion for the participants themselves as well as 2) perceptions of their partners' level of self-compassion, and the 10-item Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965) to measure levels of self-esteem. Relational well-being was measured with a scale adapted from previous research (Harter, Waters, & Whitesell, 1998; Neff & Harter, 2003). The Intimate Bond Measure (IBM; Wilhelm & Parker, 1988) assessed level of caring as well as controlling relationship behavior. Dimensions of autonomy (individual freedoms in the relationship) and relatedness (level of connection) were assessed using the Autonomy and Relatedness Inventory (ARI; Hall & Kiernan, 1992). The Conflict Tactics Scale (Straus & Gelles, 1990) surveyed individuals' perceptions of their partner's verbal aggression in the relationship. Relationship satisfaction was measured with the Relationship Assessment Scale (RAS; Hendrick, Dicke, & Hendrick, 1998). And finally, the Relationship Questionnaire (RQ; Bartholomew & Horowitz, 1991) was used to assess attachment styles.

The first hypothesis of this study was supported. Perceived level of partners' self-compassion was positively correlated with self-reported levels of self-compassion. When partner attachment was controlled for in the analyses, self-compassion significantly predicted relationship satisfaction. The results also supported the hypothesis that secure attachment style would positively correlate with self-compassion, while fearful and

preoccupied styles would be negatively correlated with self-compassion. Overall, self-compassion levels were significantly and positively related to overall relationship quality.

Limitations of this study included the use of self-report measures and the low internal consistency reliability of the detachment and relatedness scales. Future research could be conducted to explore the relationship of these constructs with committed LGBT couples.

Raque-Bogdan et.al. (2011) explored the relationships between adult attachment styles in close relationships, mattering, self-compassion, physical health, and mental health in a sample of undergraduate university students. It was hypothesized that avoidant and anxious attachment styles would be negatively associated with self-compassion, mattering, and health, both mental and physical in nature. The researchers also proposed that ratings of mental and physical health would be positively correlated with ratings of self-compassion and mattering. Their third hypothesis was that the relationship between attachment styles and mental and physical health would be moderated by levels of self-compassion and mattering.

These researchers surveyed 208 undergraduate students online using the Experiences in Close Relationships-Revised (ECR-R; Fraley, Waller, & Brennan, 2000) to measure adult attachment and the Self-Compassion Scale (SCS; Neff, 2003a) to assess levels of self-compassion. Perceptions that one matters in this world was measured by the Mattering Scale (MS; Elliot, et al., 2004), and mental and physical health was assessed with the Medical Outcomes Short Form Version 2 Health Survey (SF-12v2; Ware, Kosinski, & Keller, 1996).

The results partially supported the third hypothesis with self-compassion and mattering partially moderating the relationship between attachment and mental health, but not for physical health. Attachment avoidance, as hypothesized, was negatively correlated with self-compassion and mattering. Attachment avoidance and anxiety were negatively associated with mental health indicators, but not for physical health, thus partially supporting the first hypothesis. The second hypothesis was partially supported with self-compassion and mattering being significantly and positively related to mental health. Only mattering, as a construct, significantly related to physical health.

Neff, Rude, and Kirkpatrick (2007) completed a study surveying 177 university students enrolled in an educational psychology course. Participants were asked to complete a self-report questionnaire. The researchers hypothesized that the results would indicate an overlap between self-compassion and the big five personality factor(s). It was also expected that well-being would be predicted by self-compassion, after accounting for shared variance with personality traits.

The self-report questionnaire included the Self-Compassion Scale (SCS; Neff, 2003a), which assessed the six different aspects of self-compassion, and the Three-Dimensional Wisdom Scale (3D-WS; Ardelt, 2003), which measured 3 aspects of wisdom (i.e., cognitive, reflective, and affective). Individual's active involvement in changing and developing as a person was evaluated with the Personal Growth Initiative Scale (PGIS; Robitschek, 1998). Participants also completed the Curiosity and Exploration Inventory (CEI; Kashdan, Rose, & Fincham, 2004), which measured how much participants strive for novel information and experiences. They also completed the Subjective Happiness Scale (SHS; Lyubomirsky & Lepper, 1999) assessed participants'

level of happiness. Optimism was measured with the Life Orientation Test-Revised

(LOT-R; Scheier, Carver, & Bridges, 1994). The Positive and Negative Affect Schedule

(PANAS, Watson, Clark, & Tellegren, 1988) was also part of the survey, which

measured participants' negative affect (i.e. upset, nervous) and positive affect (i.e.

excited, proud). Last, personality characteristics were measured using the NEO Five-

Factor Inventory, Form S (NEO-FFI S; Costa, McCrae, 1992).

Results of the study indicated that self-compassion was positively associated with

happiness and optimism, positive affect, affective and reflective wisdom, personal

initiative, curiosity, and exploration, and negatively associated with negative affect. Self-

compassion was significantly related to aspects of personality, including a negative

relationship with neuroticism, and positive relationships with agreeableness,

extroversion, and conscientiousness. However, self-compassion was not related to

openness to experience (from the NEO-FFI).

In summary, no researchers to date have explored the correlates of self-

compassion in LGBT individuals, so the research on self-compassion in heterosexual

 samples was summarized in this review of the literature. The research exploring the

factors associated with parental variables, including parental attachment, parental

acceptance, and parental support of LGBT individuals is also in its infancy. The purpose

of the present study was to address these gaps in the research literature to explore the

family/ relationship factors that might be associated with self-compassion and emotional

distress in LGB individuals.

Appendix B

Tables

Table 1

Sample Demographic Characteristics (N=98)

Characteristic		*n*	*%*
Gender			
	Male	60	61.2
	Female	38	38.8
Race			
	Black/African-American Non-Hispanic	2	2.1
	Caucasian/White/European American	80	81.6
	Hispanic/Latino(a)	1	1.1
	Asian/Pacific Islander	2	2.0
	Native American	1	1.0
	Mixed	7	7.1
	Other	1	1.0
Sexual/Affectional Orientation			
	Gay	56	57.1
	Lesbian	17	17.3
	Bisexual	14	14.3
	Questioning	1	1.0
	Other	9	9.2
Age			
	18	2	2.0
	19	3	3.1
	20	4	4.1
	21	6	6.1

Characteristic		*n*	*%*
Age (cont'd)			
	22	6	6.1
	23	12	12.2
	24	7	7.1
	25	8	8.2
	26	7	7.1
	27	4	4.1
	28	3	3.1
	29	2	2.0
	30	1	1.0
	31	4	4.1
	32	1	1.0
	33	2	2.0
	34	1	1.0
	35	2	2.0
	36	2	2.0
	38	2	2.0
	39	2	2.0
	41	1	1.0
	42	2	2.0
	45	2	2.0
	46	2	2.0
	47	1	1.0
	49	1	1.0
	50	3	3.1
	51	2	2.0
	53	1	1.0
	54	1	1.0
	66	1	1.0

Characteristic			*n*	*%*
*All ages not listed had a frequency of 0.				
Education Level				
	High School Graduate/GED		2	2.0
	Current College Freshmen		3	3.1
	Current College Sophomore		5	5.1
	Current College Junior		7	7.1
	Current College Senior		12	12.2
	College Graduate		21	21.4
	Currently Graduate Student		13	13.3
	Master's Degree		24	24.5
	PhD or Professional Degree		10	10.2

Table 2

Bivariate Correlations between SCS, DASS, IPPAM, IPPAF, PSSOM, PSSOF, PSSAFA and OI and Descriptive Characteristics

Variables	Mean	SD	1	2	3	4	5	6	7	8
1. SCS	72.77	18.56	1	-.57**	.35**	.31**	.28**	.20	.34**	.34**
2. DASS	37.61	11.40		1	-.29**	-.38**	-.34**	-.28**	-.24*	-.29**
3. IPPAM	85.80	24.15			1	.46**	.68**	..49**	.83**	.28**
4. IPPAF	74.18	23.92				1	.39**	.65*	.63**	.25*
5. PSSOM	44.91	15.73					1	.67**	.57**	.45**
6. PSSOF	41.10	14.82						1	.58**	.40**
7. PSSFA	59.97	19.97							1	.21*
8. OI	5.07	1.03								1

Note. *p* < .05; **p* < .001 SCS = Self-Compassion Scale; DASS = Depression, Anxiety, Stress Scales; IPPAM = Inventory of Parent and Peer Attachment – Mother; IPPAF = Inventory of Parent and Peer Attachment – Father; PSSOM = Parental Sexual Orientation Support – Mother; PSSOF = Parental Sexual Orientation Support – Father; PSSFA = Perceived Social Support – Family

Appendix C

Figures

Figure 1: Theoretical structural model. Rectangles depict measured variables, and ovals depict dependent variables. The arrows represent direction of associations between the variables.
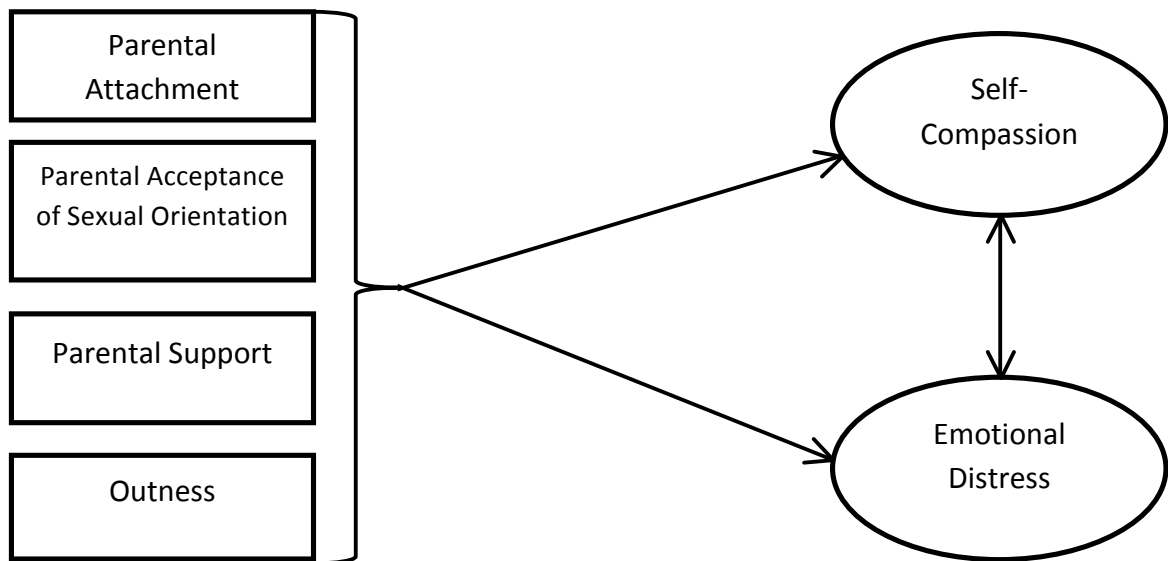
Appendix D

Demographic Questions

What is your gender?   ____Male   ____Female   ____Transgender

Please rate your gender identity from 1 (non-transgender) to 7 (transgender).

                    1   2   3   4   5   6   7
Non-transgender   Transgender

What is your age? _____

What is your highest educational attainment?
___ Less than high school graduate
___ High school graduate or GED
___Current College freshman
___Current College sophomore
___Current College junior
___Current College senior
___College graduate
___Currently pursuing a graduate degree
___Master's degree
___PhD or professional degree (MD, JD, etc.)

What is your race/ethnicity? (Check all that apply)
        Caucasian/White/European American
        African American
        Hispanic/Latino
        Asian/Pacific Islander
        Native American
        Other (please specify)_____

What is your sexual/affectional orientation? (check one box)
        Gay
        Lesbian
        Bisexual
        Questioning
        Other

Please rate your sexual/affectional orientation form 1(strictly Gay/Lesbian) to 7(strictly Straight).

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Gay/Lesbian | | | Bisexual | | | Straight |

Who would you consider your caregiver(s) growing up? (Check up to 2 boxes)
1. Mother
2. Father
3. Grandmother
4. Grandfather
5. Aunt
6. Uncle
7. Sibling

Please rate your mother's political standing from 1 (Very Liberal) to 7 (Very Conservative).

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Very Liberal | | | | | | Very Conservative |

Please rate your father's political standing from 1 (Very Liberal) to 7 (Very Conservative).

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Very Liberal | | | | | | Very Conservative |

Have your parents been involved with a religious organization that is against lesbian, gay, or bisexual sexual/affectional orientations?

Yes   No

What is your family's estimated annual income level?
____Less than $10,000
____$10,001 to $15,000
____$15,001 to $20,000
____$20,001 to $25,000
____$25,001to $30,000
____$30,001 to $40,000
____$40,001 to $50,000
____$50,001 to $60,000

____$60,001 to $70,000
____$70,001 to $80,000
____$80,001 or more

Appendix E

Self-Compassion Scale

Please read each statement carefully before answering. Indicate how often you behave in the stated manner, using the following scale:

Almost never				Almost always
1	2	3	4	5

1. I'm disapproving and judgmental about my own flaws and inadequacies.

    1   2   3   4   5

2. When I'm feeling down I tend to obsess and fixate on everything that's wrong.

    1   2   3   4   5

3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.

    1   2   3   4   5

4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.

    1   2   3   4   5

5. I try to be loving towards myself when I'm feeling emotional pain.

    1   2   3   4   5

6. When I fail at something important to me I become consumed by feelings of inadequacy.

    1   2   3   4   5

7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.

    1   2   3   4   5

8. When times are really difficult, I tend to be tough on myself.

    1   2   3   4   5

9. When something upsets me I try to keep my emotions in balance.

    1   2   3   4   5

10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.

    1   2   3   4   5

11. I'm intolerant and impatient towards those aspects of my personality I don't like.

    1   2   3   4   5

12. When I'm going through a very hard time, I give myself the caring and tenderness I need.

    1   2   3   4   5

13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.

    1   2   3   4   5

14. When something painful happens I try to take a balanced view of the situation.

    1   2   3   4   5

15. I try to see my failings as part of the human condition.

    1   2   3   4   5

16. When I see aspects of myself that I don't like, I get down on myself.

    1   2   3   4   5

17. When I fail at something important to me I try to keep things in perspective.

    1   2   3   4   5

18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.

    1   2   3   4   5

19. I'm kind to myself when I'm experiencing suffering.

    1   2   3   4   5

20. When something upsets me I get carried away with my feelings.

    1   2   3   4   5

21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.

    1   2   3   4   5

22. When I'm feeling down I try to approach my feelings with curiosity and openness.

    1   2   3   4   5

23. I'm tolerant of my own flaws and inadequacies.

    1   2   3   4   5

24. When something painful happens I tend to blow the incident out of proportion.

    1   2   3   4   5

25. When I fail at something that's important to me, I tend to feel alone in my failure.

    1   2   3   4   5

26. I try to be understanding and patient towards those aspects of my personality I
    don't like.

    1   2   3   4   5

Appendix F

Depression, Anxiety, Stress Scales

Please read each statement and select a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all
1 Applied to me to some degree, or some of the time
2 Applied to me to a considerable degree, or a good part of time
3 Applied to me very much, or most of the time

1. I found it hard to wind down.

    0   1   2   3

2. I was aware of dryness of my mouth

    0   1   2   3

3. I couldn't seem to experience any positive feeling at all.

    0   1   2   3

4. I experienced breathing difficulty (e.g. Excessively rapid breathing, breathlessness in the absence of physical exertion)

    0   1   2   3

5. I found it difficult to work up the initiative to do things

    0   1   2   3

6. I tend to over-react to situations

    0   1   2   3

7. I experienced trembling (e.g. In the hands)

    0   1   2   3

8. I felt that I was using a lot of nervous energy

    0   1   2   3

9. I was worried about situations in which I might panic and make a fool of myself.

    0   1   2   3

10. I felt that I had nothing to look forward to.

 0   1   2   3

11. I found myself getting agitated.

 0   1   2   3

12. I found it difficult to relax.

 0   1   2   3

13. I felt down-hearted and blue.

 0   1   2   3

14. I was intolerant of anything that kept me from getting on with what I was doing.

 0   1   2   3

15. I felt close to panic.

 0   1   2   3

16. I was unable to become enthusiastic about anything.

 0   1   2   3

17. I felt I wasn't worth much as a person

 0   1   2   3

18. I felt that I was rather touchy.

 0   1   2   3

19. I was aware of the action of my heart in the absence of physical exertion (e.g. Sense of heart rate increase, heart missing a beat.)

 0   1   2   3

20. I felt scared without any good reason.

 0   1   2   3

21. I felt that life was meaningless.

 0   1   2   3

Appendix G

Perceived Social Support: Family Subscale

The statements which follow refer to feelings and experiences which occur to most people at one time or another in their relationships with their parents or parental figures. For each statement please rate your response from:

Strongly Disagree				Strongly Agree
1	2	3	4	5

1. My parents give me the moral support I need.

    1   2   3   4   5

2. I get good ideas about how to do things or make things from my parents.

    1   2   3   4   5

3. Most other people are closer to their parents than I am.

    1   2   3   4   5

4. When I confide in my parents, I get the idea that it makes them uncomfortable.

    1   2   3   4   5

5. My parents enjoy hearing about what I think.

    1   2   3   4   5

6. My parents share many of my interests.

    1   2   3   4   5

7. My parents come to me when they have problems or need advice.

    1   2   3   4   5

8. I rely on my parents for emotional support.

    1   2   3   4   5

9. I could go to my parents if I were just feeling down, without feeling funny about it later.

    1   2   3   4   5

10. My parents and I are open about what we think about things.

    1   2   3   4   5

11. My parents are sensitive to personal needs.

 1 2 3 4 5

12. My parents come to me for emotional support.

 1 2 3 4 5

13. My parents are good at helping me solve problems.

 1 2 3 4 5

14. I have a deep sharing relationship with my parents.

 1 2 3 4 5

15. My parents get good ideas about how to do things or make things from me.

 1 2 3 4 5

16. When I confide in my parents, it makes me uncomfortable.

 1 2 3 4 5

17. My parents seek me out for companionship.

 1 2 3 4 5

18. I think that my parents feel that I am good at helping them solve problems.

 1 2 3 4 5

19. I don't have a relationship with my parents that is as close as other people's relationships with their parents.

 1 2 3 4 5

20. I wish my parents were much different.

 1 2 3 4 5

Appendix H

Inventory of Parental and Peer Attachment: Mother Subscale

Some of the following statements ask about your feelings about your mother or the person who has acted as your mother. If you have more than one person acting as your mother (e.g. a natural mother and a step-mother) answer the questions for the one you feel has most influenced you.

Please read each statement and indicate the number that tells how true the statement is for you now from:

Almost Never or Never True	Not Very Often True	Some-times True	Often True	Almost Always or Always True
1	2	3	4	5

1. My mother respects my feelings.

1	2	3	4	5

2. I feel my mother does a good job as my mother.

1	2	3	4	5

3. I wish I had a different mother.

1	2	3	4	5

4. My mother accepts me as I am.

1	2	3	4	5

5. I like to get my mother's point of view on things I'm concerned about.

1	2	3	4	5

6. I feel it's no use letting my feelings show around my mother.

1	2	3	4	5

7. My mother can tell when I'm upset about something.

1	2	3	4	5

8. Talking over my problems with my mother makes me feel ashamed or foolish.

1	2	3	4	5

9. My mother expects too much from me.

1	2	3	4	5

10. I get upset easily around my mother.

1	2	3	4	5

11. I get upset a lot more than my mother knows about.

    1   2   3   4   5

12. When we discuss things, my mother cares about my point of view.

    1   2   3   4   5

13. My mother trusts my judgment.

    1   2   3   4   5

14. My mother has her own problems, so I don't bother her with mine.

    1   2   3   4   5

15. My mother helps me to understand myself better.

    1   2   3   4   5

16. I tell my mother about my problems and troubles.

    1   2   3   4   5

17. I feel angry with my mother.

    1   2   3   4   5

18. I don't get much attention from my mother.

    1   2   3   4   5

19. My mother helps me to talk about my difficulties.

    1   2   3   4   5

20. My mother understands me

    1   2   3   4   5

21. When I am angry about something, my mother tries to be understanding.

    1   2   3   4   5

22. I trust my mother.

    1   2   3   4   5

23. My mother doesn't understand what I'm going through these days.

    1   2   3   4   5

24. I can count on my mother when I need to get something off my chest.

    1   2   3   4   5

25. If my mother knows something is bothering me, she asks me about it.

    1   2   3   4   5

Appendix I

Inventory of Parental and Peer Attachment: Father Subscale

Some of the following statements ask about your feelings about your father or the person who has acted as your father. If you have more than one person acting as your father (e.g. a natural father and a step-father) answer the questions for the one you feel has most influenced you.

Please read each statement and indicate the number that tells how true the statement is for you now from:

Almost Never or Never True	Not Very Often True	Some-times True	Often True	Almost Always or Always True
1	2	3	4	5

1. My father respects my feelings.

   1   2   3   4   5

2. I feel my father does a good job as my father.

   1   2   3   4   5

3. I wish I had a different father.

   1   2   3   4   5

4. My father accepts me as I am.

   1   2   3   4   5

5. I like to get my father's point of view on things I'm concerned about.

   1   2   3   4   5

6. I feel it's no use letting my feelings show around my father.

   1   2   3   4   5

7. My father can tell when I'm upset about something.

   1   2   3   4   5

8. Talking over my problems with my father makes me feel ashamed or foolish.

   1   2   3   4   5

9. My father expects too much from me.

   1   2   3   4   5

10. I get upset easily around my father.

   1   2   3   4   5

11. I get upset a lot more than my father knows about.

    1   2   3   4   5

12. When we discuss things, my father cares about my point of view.

    1   2   3   4   5

13. My father trusts my judgment.

    1   2   3   4   5

14. My father has her own problems, so I don't bother her with mine.

    1   2   3   4   5

15. My father helps me to understand myself better.

    1   2   3   4   5

16. I tell my father about my problems and troubles.

    1   2   3   4   5

17. I feel angry with my father.

    1   2   3   4   5

18. I don't get much attention from my father.

    1   2   3   4   5

19. My father helps me to talk about my difficulties.

    1   2   3   4   5

20. My father understands me.

    1   2   3   4   5

21. When I am angry about something, my father tries to be understanding.

    1   2   3   4   5

22. I trust my father.

    1   2   3   4   5

23. My father doesn't understand what I'm going through these days.

    1   2   3   4   5

24. I can count on my father when I need to get something off my chest.

    1   2   3   4   5

25. If my father knows something is bothering me, she asks me about it.

    1   2   3   4   5

Appendix J

Parental Support for Sexual Orientation Scale

For each of the following statements, mark the response that best indicates your experiences of parental support in relation to your sexual orientation and same-sex romantic relationships.

1----------2----------3----------4----------5----------6----------7
Disagree   Agree
Strongly   Strongly

1. Coming out to my mother has been a very painful process for me.

    1   2   3   4   5   6   7

2. My mother is very supportive of my current relationship.

    1   2   3   4   5   6   7

3. My mother has become a real support regarding my sexual orientation.

    1   2   3   4   5   6   7

4. My mother does not recognize my sexual orientation as legitimate.

    1   2   3   4   5   6   7

5. My mother has welcomed my partner as much as if she or he were of the opposite sex.

    1   2   3   4   5   6   7

6. I feel like I will never live up to my mother's expectations of me because of my sexual orientation.

    1   2   3   4   5   6   7

7. I feel I have failed my mother by being a lesbian, gay, or bisexual person.

    1   2   3   4   5   6   7

8. I fear that my mother will never accept my sexual orientation.

       1   2   3   4   5   6   7

9. Being a lesbian, gay, or bisexual person has destroyed my relationship with my mother.

       1   2   3   4   5   6   7

10. Coming out to my father has been a very painful process for me.

       1   2   3   4   5   6   7

11. My father is very supportive of my current relationship.

       1   2   3   4   5   6   7

12. My father has become a real support regarding my sexual orientation.

       1   2   3   4   5   6   7

13. My father does not recognize my sexual orientation as legitimate.

       1   2   3   4   5   6   7

14. My father has welcomed my partner as much as if she or he were of the opposite sex.

       1   2   3   4   5   6   7

15. I feel like I will never live up to my father's expectations of me because of my sexual orientation.

       1   2   3   4   5   6   7

16. I feel I have failed my father by being a lesbian, gay, or bisexual person.

       1   2   3   4   5   6   7

17. I fear that my father will never accept my sexual orientation.

       1   2   3   4   5   6   7

18. Being a lesbian, gay, or bisexual person has destroyed my relationship with my father.

                  1   2   3   4   5   6   7

Appendix K

Outness Inventory

Use the following rating scale to indicate how open you are about your sexual orientation to the people listed below. Try to respond to all of the items, but leave items blank if they do not apply to you.

1 = person definitely does NOT know about your sexual orientation status
2 = person might know about your sexual orientation status, but it is NEVER talked about
3 = person probably knows about your sexual orientation status, but it is NEVER talked about
4 = person probably knows about your sexual orientation status, but it is RARELY talked about
5 = person definitely knows about your sexual orientation status, but it is RARELY talked about
6 = person definitely knows about your sexual orientation status, and it is SOMETIMES talked about
7 = person definitely knows about your sexual orientation status, and it is OPENLY talked about
0 = not applicable to your situation; there is no such person or group of people in your life

1. mother	1	2	3	4	5	6	7	0
2. father	1	2	3	4	5	6	7	0
3. siblings (sisters, brothers)	1	2	3	4	5	6	7	0
4. extended family/relatives	1	2	3	4	5	6	7	0
5. my new straight friends	1	2	3	4	5	6	7	0
6. my work peers	1	2	3	4	5	6	7	0
7. my work supervisor(s)	1	2	3	4	5	6	7	0
8. members of my religious community (e.g., church, temple)	1	2	3	4	5	6	7	0
9. leaders of my religious community (e.g., church, temple)	1	2	3	4	5	6	7	0
10. strangers, new acquaintances	1	2	3	4	5	6	7	0
11. my old heterosexual friends	1	2	3	4	5	6	7	0

Appendix L

Informed Consent

We would like to invite you to participate in a survey study exploring factors associated with self-compassion and emotional well-being in gay, lesbian, and bisexual individuals. In particular, we want to explore how your relationship with your parents and the level of support and acceptance you experienced from them relates to your feelings about yourself and your emotions. This is the first study of its kind to look at self-compassion on the LGB community.

       Participation will involve completing a survey which should take no more than 30 minutes to complete. Your responses will be anonymous. We will not ask you to write your name anywhere on the survey so there is no way to connect your responses to your identity. When you select your survey response, they will go directly to a data file and a summary of the group findings may be reported in a research manuscript in a publication journal as well as in professional research presentations. No individual participants will be identified in the summary of the findings. Note that Qualtrics has specific privacy policies of their own. If you have concerns you should consult this service directly. Qualtrics' privacy statement is provided at: http://qualtrics.com/privacy-statement.

       If you are participating in this survey and are receiving credit for a class, you will be guided to a separate website to provide your name and contact information for your instructors purposes only to know that you participated in this study for class credit. Your instructor will not have access to your survey responses.

       The benefits of participating are many. We hope that the results of this study will help us better understand the family and personal factors that relate to self-compassion and emotional well-being in LGB individuals.

       There are no foreseeable risks in participating in the study. You may view some of the questions as personal or sensitive in nature regarding your level of outness and/or your relationship with your parents, your emotions, and your level of outness as a LGB individual.

       By selecting "submit" below and filling out the survey, you are agreeing to participate in the study.

       If you have any questions or concerns about this research project at Oklahoma State University, please contact Clinton Marks, B.S. at clinton.marks@okstate.edu or Dr. Carrie Winterowd, Ph.D. at (405) 744-6040 or at carrie.winterowd.@okstate.edu. This study has been approved by the Oklahoma State University Institutional Review Board to ensure the ethical nature of this study as well as your human rights as a research participant. If you have questions about your rights as a participant in this study, you may also contact Dr. Shelia Kennison, Chair of the Institutional Review Board at OSU at 405-744-3377 or irb@okstate.edu. Thank you for your willingness to assist us with this very important research project.

       If you agree to participate, please click the submit below to begin the survey. You can choose to end your participation at any time, however if you end your participation credit will not be granted.

Appendix M

IRB Approval

Oklahoma State University Institutional Review Board

Date: Thursday, May 22, 2014

IRB Application No   ED1484

Proposal Title: The Relationship of Parental Attachment, Parental Support, and Parental Acceptance of LGB Identity with Self-Compassion and Well-Being in LGBT Individuals

Reviewed and   Exempt
Processed as:

Status Recommended by Reviewer(s): Approved   Protocol Expires: 5/21/2017

Principal
Investigator(s):
Clinton Marks   Carrie Winterowd
434 Willard   434 Willard
Stillwater, OK 74078   Stillwater, OK 74078

The IRB application referenced above has been approved. It is the judgment of the reviewers that the rights and welfare of individuals who may be asked to participate in this study will be respected, and that the research will be conducted in a manner consistent with the IRB requirements as outlined in section 45 CFR 46.
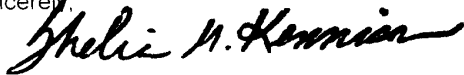
✗The final versions of any printed recruitment, consent and assent documents bearing the IRB approval stamp are attached to this letter. These are the versions that must be used during the study.

As Principal Investigator, it is your responsibility to do the following:

1.Conduct this study exactly as it has been approved. Any modifications to the research protocol must be submitted with the appropriate signatures for IRB approval. Protocol modifications requiring approval may include changes to the title, PI advisor, funding status or sponsor, subject population composition or size, recruitment, inclusion/exclusion criteria, research site, research procedures and consent/assent process or forms
2.Submit a request for continuation if the study extends beyond the approval period. This continuation must receive IRB review and approval before the research can continue.
3.Report any adverse events to the IRB Chair promptly. Adverse events are those which are unanticipated and impact the subjects during the course of the research; and
4.Notify the IRB office in writing when your research project is complete.

Please note that approved protocols are subject to monitoring by the IRB and that the IRB office has the authority to inspect research records associated with this protocol at any time. If you have questions about the IRB procedures or need any assistance from the Board, please contact Dawnett Watkins 219 Cordell North (phone: 405-744-5700, dawnett.watkins@okstate.edu).

Sincerely,

Shelia Kennison, Chair
Institutional Review Board

VITA

Clinton M. Marks

Candidate for the Degree of

Master of Science

Thesis: THE RELATIONSHIP OF PARENTAL ATTACHMENT, PARENTAL
SUPPORT, AND PARENTAL ACCEPTANCE OF LGB IDENTITY WITH
SELF-COMPASSION AND EMOTIONAL DISTRESS

Major Field: Counseling Psychology

Biographical:

    Education:

    Completed the requirements for the Master of Science in Counseling
Psychology at Oklahoma State University, Stillwater, Oklahoma in December,
2014.

    Completed the requirements for the Bachelor of Science in your Psychology at
Purdue University, West Lafayette, Indiana in May, 2012.

    Experience:
- Counseling Intern, Oklahoma State University- Tulsa Counseling Center,
Tulsa, Oklahoma, 2013-2014

    Professional Memberships:
- American Counseling Association (ACA)