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**Interpersonal relationships and psychological well-being:
Insights from therapeutic practice, scholarship and research**

Sarah J. Arnold



Portfolio submitted in fulfilment of the
Professional Doctorate in Counselling Psychology (DPsych)
Department of Psychology, City University London

January 2015



**THE FOLLOWING PART OF THIS THESIS HAS BEEN
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pp 42-71: **Part two: Published article.** “Coming out” during adolescence: how do
parent’s attitudes towards non-heterosexuality affect the mental health
and well-being of their lesbian, gay, or bisexual offspring?

Table of Contents

Interpersonal relationships and psychological well-being: Insights from therapeutic practice, scholarship and research

Title page.....1

Acknowledgements8

City University London declaration.....9

Preface10

PART ONE: Client case study

Understanding emotional dysregulation: A cognitive-behavioural psychotherapy client study

Title page13

Introduction and the start of therapy.....14

Rationale for the selection of this case..... 14

Summary of CBT and rationale for its use 14

Context of the work 17

The referral 18

Convening the first session 18

The presenting problem..... 18

Assessment and formulation of the problem 19

Negotiating a contract and therapeutic aims 22

Summary of Bella's biographical details 23

The development of the therapy.....23

<i>The pattern of therapy</i>	<i>23</i>
<i>The therapeutic plan and main techniques used.....</i>	<i>23</i>
<i>The therapeutic process, key content issues, and changes in the therapeutic process over time.....</i>	<i>25</i>
<i>Difficulties in the work and making use of supervision</i>	<i>29</i>
<i>Changes in the formulation and the therapeutic plan</i>	<i>30</i>
The conclusion of the therapy and the review	31
<i>The therapeutic ending.....</i>	<i>31</i>
<i>Evaluation of the work</i>	<i>32</i>
<i>Arrangements for follow-up and liaison with other professionals.....</i>	<i>32</i>
<i>New learning about psychotherapeutic practice and theory</i>	<i>33</i>
<i>Learning from the case about myself as a therapist</i>	<i>34</i>
References	35
Appendix.....	39

PART TWO: Published article

‘Coming Out’ during adolescence: How do parental attitudes towards non-heterosexuality affect the mental health and well-being of their lesbian, gay, or bisexual offspring?

Title page	40
Abstract and key words	40
Introduction	40
<i>Rationale.....</i>	<i>42</i>
<i>Review procedures.....</i>	<i>44</i>
Sexual orientation identity: What it is and why it matters	45
The mental health of LGB adolescents pre-disclosure: The effect of parental	

attitudes towards non-heterosexuality	46
The mental health of LGB adolescents post-disclosure: The effect of parental attitudes towards non-heterosexuality	49
<i>Negative parental responses</i>	<i>49</i>
<i>Positive parental responses</i>	<i>52</i>
Implication for clinical practice and research.....	56
<i>Summary.....</i>	<i>56</i>
<i>Implications for clinical practice</i>	<i>57</i>
<i>Future research.....</i>	<i>60</i>
Conclusion.....	62
References	64
Reference for the present article	71

PART THREE: Doctoral research

The phenomenon of sexuality-related family estrangement: An Interpretative phenomenological analysis of LGB adults' experiences

Title page	72
Abstract and key words	73
Introduction	74
Defining and understanding same-sex sexual attraction.....	74
A brief history of changing attitudes towards non-heterosexuality.....	76
Homophobia and heterosexism within contemporary society	77
Homophobia and heterosexism within families.....	79
The significance of family attachment relationships and family context on psychosocial development.....	86
Family conflict and interpersonal rejection	88
Defining and understanding family estrangement.....	91
Sexuality-related family estrangement: Positioning the current study	94

<i>Aims of the current study and research question</i>	96
Methodology	97
Rationale for a qualitative approach	97
Epistemological position and selection of Interpretative Phenomenological	
Analysis (IPA)	98
Epistemological reflexivity	100
IPA: Philosophical underpinnings and key theoretical tenets	102
Research design	107
<i>Constructing the interview schedule</i>	107
<i>Pilot study</i>	108
<i>Sampling and inclusion criteria</i>	110
<i>Recruitment process</i>	113
<i>Participants</i>	114
<i>The interview procedure</i>	115
<i>Ethical considerations</i>	116
<i>Data handling</i>	118
<i>Transcription</i>	118
<i>Analytical strategy</i>	118
An assessment of quality, integrity and validity	121
The process, practice and value of reflexivity	125
Analysis	129
Contextualizing the findings	129
Introducing the findings	131
Master theme one: Perspectives on estrangement	132
<i>The unwanted self</i>	132
<i>Estrangement as lacking closeness and support</i>	136
<i>Change and loss</i>	139

<i>Estranged in comparison to others.....</i>	<i>143</i>
Master theme two: Consequences of estrangement	147
<i>Compromised mental health and well-being</i>	<i>147</i>
<i>Challenging emotions.....</i>	<i>152</i>
Master theme three: Coping with estrangement.....	159
<i>Thought and emotion suppression</i>	<i>160</i>
<i>Choice and personal autonomy: The decision to live for oneself</i>	<i>163</i>
<i>The need to protect oneself.....</i>	<i>166</i>
<i>Compensatory relationships as positive coping</i>	<i>169</i>
Discussion	174
Illuminating participants' experience of sexuality-related family estrangement with existent literature.....	174
<i>Perspectives on estrangement</i>	<i>174</i>
<i>Consequences of estrangement</i>	<i>175</i>
<i>Coping with estrangement.....</i>	<i>183</i>
Implications for Counselling Psychology practice with estranged LGB individuals.....	187
<i>Understanding the influence of context</i>	<i>187</i>
<i>The issue of parental attitudinal change and its impact upon therapy</i>	<i>189</i>
<i>Pluralistic practice with estranged LGB clients: Improving emotion regulation and assertiveness skills.....</i>	<i>191</i>
<i>The importance of sexuality-related social support</i>	<i>193</i>
<i>Working with rejection-sensitive individuals.....</i>	<i>194</i>
Epistemological reflexivity	195
Future research	197
Conclusion.....	201
References	203

Appendices.....	224
<i>Appendix A: Interview Schedule</i>	<i>224</i>
<i>Appendix B: Constructing the interview schedule</i>	<i>225</i>
<i>Appendix C: Pilot study information sheet</i>	<i>229</i>
<i>Appendix D: Pilot study consent form</i>	<i>231</i>
<i>Appendix E: Pilot study debriefing sheet</i>	<i>233</i>
<i>Appendix F: Research flyer</i>	<i>234</i>
<i>Appendix G: Gscene advert (screenshot).....</i>	<i>235</i>
<i>Appendix H: Participant information sheet</i>	<i>236</i>
<i>Appendix I: Participant consent form</i>	<i>238</i>
<i>Appendix J: Check list.....</i>	<i>241</i>
<i>Appendix K: Key points relayed to participants about the principle of the interview and what to expect</i>	<i>243</i>
<i>Appendix L: Letter of thanks: Debriefing sheet</i>	<i>244</i>
<i>Appendix M: Sources of support.....</i>	<i>245</i>
<i>Appendix N: Demographics questionnaire</i>	<i>247</i>
<i>Appendix O: Results summary for participants</i>	<i>252</i>
<i>Appendix P: Screen-shot example - analysis of Samantha's interview</i>	<i>254</i>
<i>Appendix Q: Screen-shot example - table of superordinate themes for Zach.....</i>	<i>255</i>
<i>Appendix R: Extract from Annie's interview, detailing her use of assertiveness to negotiate new relational boundaries with her mum</i>	<i>256</i>

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Finally, Belle. I would be amiss without mentioning you. You will never know what your company means to me. Thank you.

City University London declaration

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Preface

The practices of psychological therapy, academic scholarship and research are three fundamental spheres of the profession of Counselling Psychology. Through each interrelated lens that we adopt, we endeavour to understand human lived experience - its nature, subjective meaning and impact - in its various complexities. In this Doctoral portfolio, I offer an example of my work as a Counselling Psychologist in each of these spheres.

In 'PART ONE: A client case study', I explore the lived experience of emotional dysregulation through my lens as a therapist. I introduce you to Bella: a young woman who described her presenting problem as "being overwhelmed by my thoughts and feelings so I can't do, or cope with, the things I need to do". I adopted a formulation-driven, transdiagnostic approach to Cognitive-Behavioural Therapy with Bella, and offer insight into our therapeutic journey together. The work aimed to help Bella understand and tolerate her difficult emotions, and teach her adaptive behavioural strategies for modulating her emotional arousal. The goal was to lessen her primary symptoms of depression and anxiety so they no longer negatively impacted upon her functioning in life. Bella and I developed a strong therapeutic bond during the course of this work, which I believe was necessary for positive change to occur. I reflect upon the nature and function of our therapeutic relationship in the paper, as well as what I have learned about myself as a therapist from the work.

In 'PART TWO: A published article', I explore the lived experience of "coming out" as non-heterosexual during adolescence through my lens as an academic. Specifically, I sought to understand how parents' attitudes towards non-heterosexuality affect the mental health and well-being of their lesbian, gay, or bisexual (LGB) offspring via an in-depth critical review of existent literature on the topic. The findings suggest that parents' negative attitudes towards non-heterosexuality are associated with psychological conflict, emotional distress, mental health problems, and youth homelessness in LGB adolescents. Conversely, sexuality-specific family acceptance and support during adolescence is associated with positive mental health and well-

being in LGB offspring. The review highlights the need for therapeutic interventions that facilitate family acceptance, encourage parents to actively support their LGB offspring, and strengthen the parent-child relationship. Recommendations for future research are offered. Writing and publishing this critical literature review illuminated my professional interest in research with sexual minority people, and ignited my desire to learn more about the struggles and triumphs experienced by this population.

In 'PART THREE: Doctoral research', I explore the lived experience of sexuality-related family estrangement through my lens as a researcher. In an attempt to understand what it is like to experience this rejection-related phenomenon, I have conducted an Interpretative Phenomenological Analysis of eight individuals' experiences of it. The findings yield fruitful insights into individuals' perspectives of their estrangement, its impact upon their mental health and well-being, the emotional consequences, and how they manage these. Sociocultural context and pre-existing family dynamics emerge as significant factors required to situate and meaningfully interpret individuals' experiences of the phenomenon. In the discussion, key findings are discussed in relation to existent literature in the field. Particular attention is paid to how the findings can be used to inform Counselling Psychology practice with LGB people who are estranged from their families-of-origin because of sexual stigma. Recommendations for future research are suggested. Designing, implementing and writing up this piece of research has been an enriching process. It has taught me valuable research skills, given me in-depth insight into an important phenomenon that can affect LGB people, and has inspired me to continue seeking ways in which to understand and effectively support gender and sexual minority individuals in my therapeutic practice as a Psychologist.

Each constituent part of this portfolio is joined by the interrelated themes of interpersonal relationships and psychological well-being, with varying emphasis. These themes are integral issues within the discipline of Counselling Psychology, and are issues which greatly interest me as a professional. I view interpersonal relationships as having the power to both hurt and heal; I am intrigued by the impact interpersonal relationships can have upon individuals' psychological well-being. This

is evidenced in part one as I critically explore the quality of my therapeutic relationship with Bella, and use it to facilitate the development of her emotion regulation skills. In parts two and three of this portfolio, I witness and discuss the significant impact parents attitudes (towards non-heterosexuality) can have upon their LGB offspring's psychological well-being and the parent-offspring relationship.

**Understanding emotional dysregulation:
A cognitive-behavioural psychotherapy client study**

Sarah J. Arnold

All names and identifiable information have been changed to uphold the client's right to anonymity and confidentiality.

“Coming out” during adolescence: How do parent’s attitudes towards non-heterosexuality affect the mental health and well-being of their lesbian, gay, or bisexual offspring?

Sarah J. Arnold

“Coming out” during adolescence: How do parent’s attitudes towards non-heterosexuality affect the mental health and well-being of their lesbian, gay, or bisexual offspring?

Abstract

The developmental context of lesbian, gay and bisexual (LGB) adolescents remains significantly under-researched, despite reliable evidence that parents significantly affect the mental health and well-being of their offspring. This literature review suggests that negative parental attitudes towards non-heterosexuality are associated with youth homelessness, psychological conflict and mental health problems in LGB adolescents. Conversely, sexuality-specific family acceptance and support during adolescence appears to be associated with positive mental health outcomes and higher levels of well-being in LGB offspring. The review highlights the need for parent-based psychological interventions which facilitate parental acceptance and encourage active support of non-heterosexual offspring. Recommendations for future research are offered.

Keywords Non-heterosexual; LGB; parental attitudes; mental health; acceptance; rejection

Introduction

Disclosing ones lesbian, gay, or bisexual (LGB) identity to others, commonly referred to as “coming out”, involves a complex developmental process of intrapsychic and interpersonal acknowledgement and transformation (Davies, 1996). Due to the heteronormative assumption that all children will grow up to be heterosexual (Herek, Gillis & Cogan, 2009), lesbian, gay, and bisexual (LGB) individuals are often required to correct this supposition by telling the people in their lives that they in fact identify themselves as LGB, not as heterosexual. The literature on non-

**The phenomenon of sexuality-related family estrangement:
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Abstract

Research has highlighted that a substantial minority of lesbian, gay, and bisexual (LGB) individuals are rejected (overtly and/or covertly) by their families because of sexual stigma. As such, LGB individuals may become estranged from their families-of-origin (LaSala, 2010). However, no rigorous qualitative research has focused on this issue. The present study addresses this gap in the literature and offers insight into the phenomenon of sexuality-related family estrangement, via a sample of eight LGB adults (aged 18-41) currently experiencing it. The data was collected through individual, semi-structured interviews (60-90 minutes long). A pilot (n= 2) was conducted first to ensure the interview questions were effective, clear and sensitive. The data was analysed using Interpretative Phenomenological Analysis (Smith & Osborn, 2007). The findings provide insight into individuals' perspectives on estrangement, the consequences of estrangement, and coping with estrangement. The implications for Counselling Psychology practice with estranged LGB individuals is discussed. Ideas for future research are offered. Personal and epistemological reflexivity have been of paramount importance throughout this research (Willig, 2008) and are explored in detail.

Key words: Family estrangement; non-heterosexual; LGB; negative parental attitudes; acceptance; rejection; loss

Introduction

In order to situate the present study within a meaningful context, I will introduce the topic of same-sex sexual attraction, discuss anti-LGB prejudice within contemporary society, and within families, and explore its impact on LGB people. I move to highlight the importance of family attachment relationships, discuss the issues of family conflict and interpersonal rejection, and review the small body of existent literature on family estrangement. I then introduce the topic of sexuality-related family estrangement and state the aims and research question of the present study.

Defining and understanding same-sex sexual attraction

The term 'sexual orientation' refers to an individual's sexuality-related predispositions (e.g., sexual attraction, arousal and fantasy), as well as emotional and affectional attraction, towards others of the same gender or opposite gender (American Psychological Association, 2010; Worthington & Reynolds, 2009). Same-sex sexual attraction may or may not involve same-sex sexual behaviours. Furthermore, individuals may or may not wish to incorporate this element of their personhood into their personal and social identity (Davies, 1996c). For those who do, the terms 'lesbian' (for women attracted to women), 'gay' (for people attracted to the same gender), and 'bisexual' (for people attracted to more than one gender) are commonly used, both within society and academic literature (see American Psychological Association, 2010; Coyle & Kitzinger, 2002). The term 'sexual orientation identity' (SOI) refers "to one's conscious recognition, identification, and self-labelling (e.g., gay, lesbian, bisexual, queer, heterosexual) with respect to one's sexual predispositions" (Worthington & Reynolds, 2009, p.44). The acronyms 'SOI' (sexual orientation identity) and 'LGB' (lesbian, gay, bisexual), as well as the umbrella term 'non-heterosexual', will be used throughout this paper to refer to LGB people. Notably, other labels exist and are used by people who do not identify as heterosexual, e.g., queer (see Moradi, Mohr, Worthington, & Fassinger, 2009). However, for reasons discussed in the methodology section of this paper, the present study pertains to self-identified LGB people exclusively.

Homosexuality and bisexuality are universally occurring phenomena in all cultures across the world, and have existed throughout recorded history (Davies & Neal, 1996). While it is difficult to reliably estimate prevalence, tentative figures suggest between five and seven percent of the UK population openly identify as LGB, with a larger number of people having had same-sex sexual experiences and/or same-sex romantic relationships (Davies & Neal, 1996; Stonewall, 2014). Current academic literature posits an LGB SOI is the result of a complex interaction between various social, environmental, cognitive, affective and biological factors (Davies & Neal, 1996, Rivers, 2002). With regard to the latter, genetics and pre-natal hormones have been implicated by biomedical researchers as factors that may influence same-sex sexual attraction (Davies & Neal, 2009; Rivers, 2002). Moradi et al. (2009) state that SOI may be conceptualised from an essentialist perspective, i.e., as a categorical phenomenon that is fixed, stable and fundamental to an individual's biological constitution. Others view SOI from a social constructionist perspective, i.e., LGB categories are arbitrary demarcations, and sexual proclivities are fluid and changeable across time and context (Moradi et al., 2009; Tolman & Diamond, 2001). Preliminary evidence suggests there are substantive individual differences in the relative stability/fluidity of SOI; SOI remains stable for some and in others it can change (Rosario, Schrimshaw, Hunter, & Braun, 2006).

Essentialism has been used as an emancipatory claim by activists who assert an LGB SOI is 'not a choice' - therefore individuals should not be discriminated against (Kitzinger & Cole, 2002). Unfortunately this stance holds the subtle inference non-heterosexuality may still be wrong, but should be accepted because individuals 'cannot help it'. Social constructionist arguments have been unhelpfully adopted too, by those who view non-heterosexuality as changeable - therefore the active choice to 'go against nature' and societal norms can be corrected/changed, via 'reparative therapy' for example (see Davies & Neal, 1996; Kitzinger & Cole, 2002). Neither perspective appear to have been utilised in a helpful way. If non-heterosexuality is truly accepted and affirmed as equal to heterosexuality (and vice versa), one could argue it should not matter whether a person's SOI may change or not. Moreover, if it were to be a choice - it would be an equally valid and healthy one. This notion of

choice, however, is important because there is growing social and psychological consensus that same-sex sexual attraction itself is not a choice. The individual may only choose whether or not they wish to act upon it (see Davies & Neal, 1996). SOI is of critical importance because it defines with whom we are most likely to meet our basic human needs for intimacy, love and romantic attachment - factors deemed essential for healthy psychological development (Arnold, 2012).

A brief history of changing attitudes towards non-heterosexuality

Homosexuality and bisexuality were illegal and viewed as mental illnesses within the psychological community and Western society at large for over a century. Based upon the notion of homosexuality as a sickness, sin and/or undesirable perversion, 'cures' have included neurosurgery, peripheral hormone injections, aversion therapy, psychoanalysis, religious exorcism and prayer, and heterosexual assertiveness training (Davies and Neal, 1996). Evelyn Hooker's (1957) seminal research showing no psychological differences between homosexual and heterosexual men was the first study that caused mental health professionals to question the societal assumption that non-heterosexuality was wrong and indicative of mental illness (Davies, 1996a). This finding, coupled with the decriminalisation of homosexual acts in private between two consenting adults in 1967 and the gay civil rights protests from 1968 onwards, prompted the APA to remove homosexuality from the Diagnostic and Statistical Manual of Mental Disorders (IV) in 1973, thereby declassifying it as a mental disorder (Davies & Neal, 1996). Much later, in 1992, the UK removed homosexuality from the International Classification of Diseases IV (Warwick & Aggleton, 2002).

Today, homosexual behaviour and self-identification as LGB has different cultural meanings and ramifications according to individuals' sociocultural context. In some cultures and societies, for example in subsects of UK society, being LGB is now approved of and celebrated (e.g., pride parades). Within respected circles of mental health professionals, it is agreed that homosexuality and bisexuality are normal, natural variants of human sexuality that cannot, nor need not, be changed. An LGB SOI is considered an equally valid means of sexual expression and lifestyle as

heterosexuality (Davies, 1996b). Various guidelines for an affirmative approach to psychological therapy with LGB clients have been created by professional bodies, including the American Psychological Association (2000) and British Psychological Society (2012) to ensure (as far as possible) LGB individuals are protected from discrimination in therapy. LGB people are now protected by common law (e.g., the Equality Act, 2010) and afforded social equality from a socio-political perspective (e.g., with same-sex marriage legalised in April 2014 in the UK). However, non-heterosexuality is not accepted within all Western sociocultural contexts and subsects of society. Some people, particularly orthodox religious communities and those from conservative backgrounds, still object to homosexuality on religious and/or moral grounds (Arnold, 2012).

Homophobia and heterosexism within contemporary society

Although we have seen a significant positive shift in societal attitudes towards non-heterosexuality and LGB individuals, it is important not to overgeneralise this. In pockets of contemporary society and within certain sociocultural groups, negative attitudes and behaviours towards LGB people have not diminished. Many LGB people from a variety of sociocultural backgrounds still experience substantive hostility and discrimination, triggered by their alternative SOI (Herek, Cogan, & Gillis, 2009). Moradi et al. (2009) highlight that there are still public claims within contemporary Western societies that LGB individuals are immoral, unhealthy and not deserving of equal rights (e.g., marriage) because they are not heterosexual.

Various terms have been used within the literature to describe the negative attitudes surrounding non-heterosexuality, including homophobia (e.g., Weinberg, 1972), biphobia (e.g., Eady, Dobinson & Ross, 2010), heterosexism (e.g., Sears, 1997), homonegativity (e.g., Mohr & Fassinger, 2000), and binegativity (e.g., Eady et al., 2010). In an attempt to unify these variations in discourse, Herek et al. (2009) offer the term sexual stigma to encapsulate all of the above, i.e. “to refer broadly to the negative regard, inferior status, and relative powerlessness that society collectively accords anyone associated with non-heterosexual behaviours, identity, relationships, or communities” (pp. 33). The terms sexual stigma, homophobia, biphobia and

heterosexism will be referenced in this paper. 'Homophobia' refers to the feelings of anxiety, dread, disgust, aversion, anger, discomfort, and/or fear some heterosexual people experience in response to thoughts of/exposure to LGB people. Negative attitudes (about same-sex sexual behaviour, LGB identity, same-sex relationships and the LGB community as a whole) can lead to verbal rejection: for example, anti-gay/anti-bisexual taunting; discrimination: such as denying LGB people equal access to resources such as employment; and physical harm: including assault, rape and murder (Davies, 1996a). The term 'heterosexism' refers to the ideology that assumes heterosexuality is a superior way of being, as "evidenced in the exclusion, by omission or design, of non-heterosexual persons in policies, procedures, events, or activities" (Sears, 1997, pp.16).

A growing body of research is focusing on how social stigma and minority stress affect the mental health and well-being of LGB individuals (e.g., Denton, Rostosky, & Danner, 2014; Grant, Smith, & Ingram, 2004; Meyer, 2003; Moradi, van den Berg, & Epting, 2009; Rosario, Schrimshaw, Hunter, & Gwadz, 2002; Szymanski, 2009; Kuyper & Fokkema, 2011). The findings have consistently demonstrated LGB individuals experience psychological distress as a consequence of the prejudice and discrimination they face because of their stigmatized status within society (Denton, et al., 2014). Many independent researchers cite this as an explanation for why LGB people appear to experience poorer mental health and well-being than heterosexual people (e.g., see Meyer, 2003).

Davies (1996a) asserts all LGB people will have internalised negative messages about their sexuality to some extent. For those who grow up and live in a particularly homophobic, biphobic and heterosexist sociocultural context, the realisation that they themselves might be LGB can cause extreme psychological distress: feelings of shame and self-loathing towards one's SOI (internalised homophobia or biphobia) can result in low self-esteem, depression, self-mutilation, suicidal ideation and suicide (Rivers, 2002). Moradi et al. (2009) explain that internalised sexual stigma can cause LGB people to separate their LGB identity from themselves, manifesting as ego fragmentation and dissonance between their self-concept and LGB identity. Internalised sexual stigma can also evoke identity denigration, self-devaluation, self-

hatred and despair (Moradi et al., 2009). Kuyper and Fokkema (2011) found Dutch LGBs with a higher level of internalised homonegativity/binegativity and those who more often encountered negative reactions from others about their SOI reported more mental health problems.

Homophobia and heterosexism within families⁴

Various academic disciplines provide multiple definitions and understandings of what 'family' means (see Crosbie-Burnett & Klein, 2010). Sucov (2006) offers a definition most relevant to the present study. She describes family as: any group of persons closely related by blood or marriage [or choice], as spouses, parents, sons, daughters, siblings, uncles, aunts, cousins, grandparents and in-laws – “whether dwelling together or apart, respected or rejected, estranged or reconciled”. (Sucov, 2006, p.2). Sucov (2006) conceptualises a person's family as a system consisting of three dynamically interrelated, interdependent dimensions. The first involves the structural, emotional and behavioural elements of the family, including the size and shape of the family, as well as family dynamics and attachment relationships. The second refers to the family's historical legacy, their religious, sociocultural and ethnic heritage and family traditions. The third pertains to the family's core values, ethical and moral standards of behaviour. According to Sucov (2006), changes in one dimension will evoke changes in others; changes in one person's way of being will impact the others. Each individual has their own life and sequence of development, yet is inextricably bound with the lives of others within the family (Sucov, 2006).

In line with Bronfenbrenner's (1979) ecological model of human development, Stanton (2010) reminds us there are a multitude of individual, interpersonal and macrosystemic factors that will influence family dynamics and relationships: individual factors such as SOI, age, gender, individual development in context, intelligence, attachment, psychobiology, personal value systems; interpersonal factors such as couple relations, parent-child relations, sibling relations, social network, family strengths; and macrosystemic factors such as social norms, religion,

⁴ The term 'families' and 'family' within the context of this paper refers to individuals' families-of-origin, i.e., birth parents and those related by blood or marriage, unless stated otherwise.

politics, socioeconomic status, work and culture. Family can be usefully viewed as a microcosm of the society in which it is situated. Societal norms, standards and morals, internalised by parents, are taught to children and in turn internalised by offspring (Reimer, 2009).

Due to the heteronormative assumption that all children will grow up to be heterosexual (Herek et al., 2009), when an individual realises they are 'different' (LGB) they are faced with two key developmental tasks: one, deciding how and when to share this information with others, particularly family members; two, how and when to seek and form same-sex romantic attachments with others. This often, but not exclusively, occurs during adolescence/early adulthood while the individual is still living with family (Rivers, 2002). Disclosing one's LGB SOI to others (commonly referred to as "coming out") involves both intrapsychic and interpersonal awareness and transformation (Davies, 1996c). Due to the importance of family relationships, when homophobia/biphobia and heterosexist societal values are expressed within the family home, coming out may become a frightening prospect. Literature suggests LGB offspring from principally traditional, conservative families who exhibit high levels of religious orthodoxy are particularly likely to fear and experience non-acceptance/rejection from their parents compared to those from more liberal/non-religious households (see Arnold, 2012).

While some parents are instantly accepting and supportive of their offspring's LGB SOI (Ben-Ari, 1995), based upon the available literature, these individuals appear to be in the minority. Common initial affective reactions from parents include feelings of shock, confusion, shame, disappointment, regret, guilt, grief, sadness, loss, anger, and resentment (Pilkington & D'Augelli, 1995; Rivers, 2002; Salzburg, 2004; Savin-Williams & Dube, 1998). Negative attitudes may include: the belief non-heterosexuality is against God's wishes/sinful; the belief non-heterosexuality is sick, unnatural/perverted; the belief non-heterosexuality is a sad/inferior experience to heterosexuality; the belief LGB relationships can only be shallow, short-lived, or sexual; the belief LGB parenting/family lives are not of equivalent value to heterosexual peoples'; the belief bisexual people can/will become homosexual or heterosexual (Davies, 1996b).

While some families adapt, experience positive attitudinal change and strengthen after learning they have an LGB family member (LaSala, 2010), others victimise, reject and even disown the LGB person (Pilkington & D'Augelli, 1995; Ryan, Huebner, Diaz, & Sanchez, 2009); Willoughby & Doty, 2010). Some LGB people are covertly rejected, e.g., through the withdrawal of affection or via exclusion from family activities (Rivers, 2002); others are overtly rejected and evicted/asked to leave the family home (Cull, Platzer, & Balloch, 2006; Dunne, Prendergast, & Telford, 2002; The Albert Kennedy Trust, 2010a). Cull et al. (2006) assert that some LGB young people choose to leave due to homophobia/biphobia and heterosexism within the family home. These authors highlight the irony inherent in the word 'choose', given LGB offspring do not choose - and typically cannot alter - the sexual stigma they experience. Willoughby and Malik (2006, as cited by Willoughby & Doty, 2010) found that nine percent of parents called their child derogatory names, five percent asked their child to leave, and eight percent withdrew financial support after learning their child was LGB. Across the small body of literature which exists on LGB youth/young adult homelessness specifically, several authors highlight that sexual stigma within families plays an important role in triggering a housing crisis for a sizable minority of LGB individuals (Cochran, Stewart, Ginzler, & Cauce, 2002; Cull et al., 2006; Dunne et al., 2002; The Albert Kennedy Trust, 2010b).

Humans are innately social, relational beings with a strong aversion to being rejected, excluded or disapproved of (Leary, 2001). Common emotional reactions to interpersonal rejection include sadness, loneliness, hurt feelings, jealousy, guilt and shame, embarrassment and social anxiety (see Leary, Koch, & Hechenbleikner, 2001). Of the available literature in this field, several noteworthy theories and studies offer insight into the psychosocial consequences of being rejected by one's family. For example, studies grounded in Parental Acceptance-Rejection Theory (PART) have found that an offspring's perception of being rejected by a parent/s is associated with unipolar depression, depressed affect, low self-esteem, maladaptive coping styles, behaviour problems and substance abuse (e.g., Rohner & Britner, 2002; Rohner, 2004; Rohner, Melendez, & Krammer-Rickaby, 2008). Conversely, Rohner and Britner (2002) found that parental acceptance is associated with pro-

social behaviour, healthy peer relationships, well-being, and low levels of psychological distress. These findings have been replicated both cross-culturally and intra-culturally, attesting to the robustness and validity of PART (Rohner & Britner, 2002). Attachment theory (Bowlby, 1969) further suggests the absence or withdrawal of love may render offspring vulnerable to psychopathology and poor self-esteem. In contrast, loving and accepting parental attitudes and behaviours have been associated with positive psychological outcomes, such as self-esteem, autonomy and emotional security (Smith, Cowie, & Blades, 2003). It is only relatively recently that researchers have begun to apply this knowledge to LGB individuals.

Across the small body of literature available currently, a striking association has been found between familial rejection and psychological adjustment/negative mental outcomes in LGB individuals (e.g., Diamond, Shilo, Jurgensen, D'Augelli, Samarova, & White, 2011; Ryan et al., 2009; Pachankis, Goldfried, & Ramrattan, 2008). For instance, Ryan et al. (2009) examined the relationship between family rejection of LGB young adults and their mental health and psychosocial well-being. A sample of 224 White and Latino individuals aged 21-25 were recruited from local social and community venues. Individuals self-identified as LGB and were surveyed using questionnaire measures that assessed family rejection, mental health, suicide attempts, substance use and abuse, and sexual risk behaviour. The results found individuals who reported higher levels of family rejection were 8.4 times more likely to report attempting suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having unprotected sexual intercourse, compared with LGB peers from families who reported low or no family rejection. While the study cannot determine causality because of its design, it does establish a clear link between specific parental/caregiver rejecting behaviours and negative health problems in LGB young adults (Ryan et al. 2009).

Diamond et al. (2011) state that when parents reject, disengage from, invalidate or otherwise express discomfort with their offspring's SOI, the message is conveyed that something is wrong with them and their SOI is undesirable. Diamond et al. (2011) assessed how ten depressed and suicidal LGB adolescents (15-19) understand

the causes of their distress via interview. The quality of the offspring-parent relationship as a risk or protective factor was explored. Participants were from various ethnicities, including African-American, Jamaican, Hispanic and biracial. The data was analysed using the Consensual Qualitative Research method. The results found adolescents viewed family rejection of their SOI and LGB-related victimisation (e.g., at school, from peers) as common causes of their psychological distress. Almost all participants reported wishing for parental acceptance of their SOI and closer relationships with their parents. The authors state that a larger sample size would have increased their confidence in the stability of their findings and afforded the opportunity to examine potential moderating variables, such as type of SOI. Nevertheless, the findings strongly implicate the role of family rejection in LGB individuals' mental health difficulties.

Research on identity development and parental rejection suggests LGB individuals who have been rejected because of their sexuality may be particularly vulnerable to intrapsychic conflicts (Diamond et al., 2011; Pachankis et al., 2008). For instance, Pachankis et al. (2008) sampled 150 participants who self-identified as gay male (predominantly) and bisexual but mostly gay; their mean age was 35. Ethnicities included Black/African American, White/Caucasian American, Latino/Hispanic American, and 'Other Ethnicities'. The authors explain that, after establishing a reliable and valid measure of gay-related rejection sensitivity, they used this to test the mediating effect of internalized homophobia on the relationship between parental rejection of one's SOI and individuals' sensitivity to future gay-related rejection. They found gay males whom experienced parental rejection of their SOI exhibited rejection sensitivity/fear of future interpersonal rejection, impaired self-esteem, unassertive interpersonal behaviour, emotional instability and negative worldview - thereby highlighting the impact parental rejection can have on gay males' cognitive-affective-behavioural functioning and psychological adjustment via internalised homophobia. Davies (1996) states that feelings of internalised shame and guilt are common among LGB people if their LGB identity is not accepted and affirmed by others.

Conversely, parental support and positive parental attitudes towards non-heterosexuality have emerged as significant correlates of positive mental health and well-being/adjustment in LGB individuals (Elizur & Ziv, 2001; Needham & Austin, 2010; Teasdale & Bradley-Engen, 2010; Sheets & Mohr, 2009; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). Ryan et al. (2010) assessed the role of family acceptance as a protective factor for the mental health and well-being of LGB, transgender and queer-identified young adults (aged 21-25). The sample of 245 White and Latino individuals were recruited from local social and community venues. Individuals self-identified as LGB, transgender and queer, and were surveyed using questionnaire measures that assessed family acceptance, social support, depression, substance abuse, sexual risk behaviour, and suicidal thoughts or behaviours. The findings showed that family acceptance was associated with greater self-esteem, social support and general health; it protected against depression, substance abuse, and suicidal ideation and attempts. The authors identified characteristics of families, including ethnicity, religiosity and socioeconomic status as factors influencing family acceptance. Latino, immigrant and religious families, and families of low socioeconomic status were found to be the least accepting. Ryan et al. (2010) acknowledge their sample is not representative of the LGBT population, and therefore findings cannot be generalised. The study was also retrospective, allowing the possibility of recall bias to influence findings. The results do, however, find a clear positive association between family acceptance and young LGB(TQ) adults' mental and physical health.

Elizur and Ziv (2001) explored the interrelations between gay male identity formation, family support, family acceptance and family knowledge of SOI, and mental health and self-esteem in a sample of 114 Israeli gay males aged 16-55. A conceptual path model was proposed and tested. They found family support/acceptance positively influenced the process of SOI disclosure; and both general family support and SOI-specific support had a significant positive effect on the psychological adjustment of gay men, i.e., they experienced lower levels of distress, and higher levels of well-being and self-esteem. Elizur and Ziv (2001) highlight the relationship between family support/acceptance and psychological adjustment is moderated by the perceived importance of family relationships.

Diamond et al. (2011) state that when parents accept their offspring's SOI as a valuable and integral part of their being, they not only validate them but are also better positioned to support them with the challenges associated with being an individual with a stigmatized SOI. "Perceptions of social support may provide a sense of validation, social integration, and integrity that can serve as a counterweight to the adverse effects of the negative climate for LGB individuals" (Sheets & Mohr, 2009, p.152). Doty, Willoughby, Lindahl and Malik (2010) highlight the importance of sexuality-related social support specifically, and found it significantly facilitated positive coping with sexuality-related stressors. Notably, these authors found support for sexuality stress was less available from family and heterosexual friends than support for other stressors. Goldfried and Goldfried (2001) position parental support and acceptance as critical in the lives of LGB individuals, and highlight the profound loss of family support many LGB individuals live with. These authors highlight that family acceptance can take time, and requires corrective experiences in the form of positive exposure to LGB individuals. Indeed, heterosexuals who have had positive contact with LGB people are likely to hold more favourable attitudes towards homosexuality (Herek & Glunt, 1993).

LaSala (2010) writes in detail about the coming out process and families adjustment to this in his book 'Coming Out, Coming Home', which is based upon his qualitative research study. LaSala interviewed a multicultural sample of sixty-five self-identified LGB youth (aged 14-25) and seventy-six of their parents. Participants were recruited via adverts in local newspapers and online, on Craigslist, PFLAG (Parents, Families, and Friends of Lesbians and Gays), and other community organisations. Interviews were audio-taped, transcribed and analysed using a combination of cross-case analysis and Grounded Theory methods. In an effort to enhance reliability, a research assistant re-coded portions of the interview transcripts, yielding a mean agreement rate of 94.5%. The findings form a narrative account of the adjustment stages families go through: the majority moved from 'sensitization' to the prospect of an LGB SOI, through 'discovery' and initial negative reactions, into tolerance, 'recovery' and acceptance of their children's SOI. The parents who were the most accepting utilised an open-minded confidante to talk to about their experience of

having an LGB child; others attended a support group (PFLAG) which also facilitated acceptance and hope that their LGB child could live a happy, fulfilling life as a non-heterosexual person. Factors associated with the offspring (e.g., their development in school and friendships) also influenced parents' adjustment. If offspring were perceived as happy, confident and developing positively in these areas, parents appeared reassured and this facilitated adjustment and acceptance. Offspring who were not rejected by their parents felt grateful for this; this also reciprocally renewed and reinforced the parent-offspring bond, facilitating further adjustment in the 'recovery stage'. LaSala acknowledges the sociocultural contexts that shaped parents' negative attitudes towards homosexuality and bisexuality. However, he found that, once parents were educated about LGB issues, the majority were able to relate better with their children and experienced renewed relational closeness.

Unfortunately, not all the families in LaSala's study were able to adjust and strengthen. LaSala cited one negative case example for whom adjustment and acceptance were not achieved: after one mother's twenty-one-year-old daughter came out to her, she threw her out of the house. Notably, this mother and daughter experienced an array of other relational difficulties, including the daughter's drug use, academic and behavioural problems and running away from home. Additional factors that appeared to impede parents' adjustment included: 1) the child 'appearing gay' and cross-gendered behaviour, which caused parents to worry they/their child would be targets of stigma-based discrimination; 2) 'failure to launch', when parents perceived their offspring as struggling in life (e.g., with depression, or not having a direction in life), which parents typically blamed on their SOI; 3) boys' sexual behaviour, which evoked fears of their sons contracting HIV.

The significance of family attachment relationships and family context on psychosocial development

According to Attachment theory (Bowlby, 1969), all humans are born with the innate propensity to form close affectional bonds with family in order to promote survival and achieve and maintain a sense of security. Family relationships, particularly those with primary caregivers, are understood to scaffold and develop our sense of self

and who we are in relation to others and the world. A large body of empirical evidence posits that the nature and quality of parent-child interactions during infancy and childhood are key. Responsive, sensitive and reliable caregiving in infancy is associated with a sense of interpersonal security (Ainsworth, 1973), and the formation of positive 'internal working models' (schemas) of the self as worthy of love, and others as reliable, trustworthy and warm (Bowlby, 1969). The inverse has been found with repeatedly inconsistent, intrusive, abusive or rejecting parenting (Ainsworth, 1973).

Four main 'types' of parent-child attachment relationships have been identified and empirically supported: secure, insecure-ambivalent, insecure-avoidant and insecure-disorganised (Bowlby, 1969; Ainsworth, Blehar, Waters, & Wall, 1978; Main, 1986). These attachment styles tend to be relatively stable across an individual's lifetime, and influence self-image, perception of others and ways of relating to others in adulthood - particularly in romantic relationships (see Ainsworth, 1991; Bartholomew & Horowitz, 1991; Hazan & Shaver, 1987). The following adult attachment styles are now understood and widely supported: secure; anxious/preoccupied, dismissive/avoidant and fearful/avoidant (Ainsworth, 1991; Bartholomew & Horowitz, 1991; Hazan & Shaver, 1987). Byng-Hall (2008) highlights family patterns correspond with patterns of attachment. I.e., adaptable families typically reflect attachment security; disengaged families equate with insecure/avoidant patterns; enmeshed families reflect insecure/ambivalent patterns.

A large body of literature links attachment styles to mental health and well-being (see Mikulincer & Shaver, 2005, 2006). Zalik and Meifen Wei (2006) view attachment theory as an important conceptual framework for understanding how individuals with different attachment dimensions (e.g., anxiety/avoidance) respond to stress and regulate their emotions. Mohr and Fassinger (2000) found attachment anxiety in gay males had a strong positive association with perceived SOI discrimination. Given the significance of family attachment relationships, it is noteworthy to highlight that researchers have only recently turned their attention to the family context of LGB people to explore its relative impact upon their mental health and well-being:

“family relationships are a backdrop that is under-examined” (Horn, Kosciw, & Russell, 2009, p.864).

Erikson's (1959) stage-based theory of psychosocial development is another key conceptual framework that illuminates the influence and changing functions of family relationships in individuals' psychosocial development. Erikson viewed human development in terms of eight sequential psychosocial tasks/crises the individual must negotiate in turn in order to attain various psychosocial skills or 'virtues'. Stages one to five typically occur within the family context. In Erikson's first psychosocial stage ('Trust vs. mistrust'), the infant negotiates its first psychological task of learning to trust. Erikson posits that if primary caregivers are responsive and meet their needs, the infant will learn to trust and attain a sense of hope. If not, the inverse occurs. As the child develops through infancy, into toddlerhood, preschool and childhood, the virtues of will, purpose, and competency are developed, respectively, if corresponding psychosocial crises are managed with success. During adolescence, in stage five, the child negotiates the important process of forming their own identity (in 'identity vs. role confusion'). As the individual moves into young adulthood, they will seek and form meaningful romantic relationships with others ('intimacy vs. isolation') and may form their own family. Again, if these stages are negotiated with success, fidelity and love will be attained. Notably, Goldberg (2010) states that LGB identity formation may occur in tandem with the development of same-sex sexual relationships for LGB people. Through middle to late adulthood, the virtue of care will be achieved if the individual can successfully negotiate the stage of 'generativity vs. stagnation'. In later life, 'ego integrity vs. despair' offers the chance to develop wisdom (Erikson, 1959). While the role and function of family relationships evolve, they remain of great significance; "We are born and nurtured, we develop, mature, and die within the sphere of our families." (Sucov, 2006, p.7). Sucov (2006) states in an optimal family environment, there is a flexible interchange between separation and attachment so the child can develop an autonomous identity while sustaining connections with family members. She explains an individual can experience a spectrum of possible positions in relation to their family, from excessive enmeshment to estrangement.

Family conflict and interpersonal rejection

Family conflict and interpersonal rejection are two interrelated areas of research associated with family estrangement (Agillias, 2013; Leary, 2001). The presence of tensions and conflict within parent-child relationships is well documented (Birditt, Miller, Fingerman, & Lefkowitz, 2009; Burke, Woszidlo, & Segrin, 2012). Burke et al. (2012) explain that family conflict is an inevitable occurrence in families due to the proximity, time and resources family members typically share, and should be considered a normal aspect of family communication within reason. The authors posit that good social and communication skills are essential within families to facilitate positive conflict resolution when arguments, disagreements and conflict do occur; individuals with deficits in social and communication skills may struggle to do this effectively. Notably, individual factors associated with the parent, such as an aggressive personality (e.g., Horwitz, Ganiban, Spotts, Lichtenstein, Reiss, & Neiderhiser, 2011) and the offspring, for instance avoidant communication (e.g., Mazur & Hubbard, 2004) can shape and maintain family conflict. Kim (2006) examined the factors that delineate family differences in overcoming ruptures in the parent-adolescent relationship. The findings showed parents' alcohol use, high levels of parent-child conflict, family economic hardship during adolescence, and adolescents' depression/delinquent behaviour increase the risk of estrangement from the family-of-origin and termination of the parent-child relationship. Conversely, parent-child closeness during adolescence and shared religiosity were factors protecting against estrangement and maintained the relationship beyond adolescence. Recchia, Ross and Vickar (2010) highlight the issue of power within parent-child dynamics is important to consider because it is certainly often assumed that parents hold greater power within the relationship than offspring do. Clarke, Preston, Raksin and Bengtson (1999) explored the types of conflicts and tensions between older parents and adult children and the issues evoking these. They found communication and interaction style differences, habits and lifestyle choices, and differences in political, religious and ideological beliefs were common areas of conflict. Some issues evoking family conflict may be easier to resolve than others, irrespective of social skill or communication abilities. Nevertheless, Burke et al. (2012) highlight that when communication is poor and family members fail to

achieve conflict resolution, it can have destructive consequences for their relationships. Gottman (1994) states that conflict behaviours of criticism, contempt, withdrawal ('stonewalling') and defensiveness can have catastrophic negative effects on close relationships. Lee (2010) highlights that unresolved family conflict involving the repeated experiencing of criticism, blame and arguments may negatively impact the individuals involved and adversely affect family cohesiveness. Interpersonal rejection may occur if family members are unable to resolve their conflict.

Leary (2001) explains that human beings have an innate need to belong, an aversion to being rejected, and a drive to form and maintain close, positive interpersonal relationships with significant others (particularly family members). Leary (2001) states acceptance and rejection are often dichotomised in academic literature, which is unhelpful because it does not acknowledge their individual variance. In order to address this, Leary (1990, as cited by Leary, 2001) has described different degrees with which one may be accepted or rejected (behaviourally): see Table 1.

Status	Definition
Maximal inclusion	Others make an effort to seek out the individual
Active inclusion	Others welcome the individual (but do not seek him or her out)
Passive inclusion	Others allow the individual to be included
Ambivalence	Others do not care whether the individual is included or excluded
Passive exclusion	Others ignore the individual
Active exclusion	Others avoid the individual
Maximal exclusion	Others physically reject, ostracise, abandon, or banish the individual

Table 1. A seven-category index of inclusionary-status (Leary, 2001).

Leary (2001) uses the term 'relational evaluation' to describe the psychological component of interpersonal acceptance-rejection: i.e., "the degree to which a person regards his or her relationship with another individual as valuable, important, or close" (p.6). Acceptance involves high levels of relational evaluation; the inverse is the case for rejection. Leary explains that some of the strongest emotional responses to interpersonal rejection are evoked when we perceive someone as not valuing a relationship with us as much as we value the relationship with them; or when the relative value of a relationship appears to have declined in the eyes of the other, e.g., being treated in a formal or superficial manner by someone with whom you used to be close. Leary states that low relational evaluation or relational devaluation is always accompanied with unwanted feelings, such as sadness, anxiety, hurt, guilt and shame, when the recipient desires a close relationship with the rejecting other. Levy, Ayduk, and Downey (2001) posit rejection may evoke internalising reactions too, such as depression, self-blame and low self-esteem.

Miller and Kaiser (2001) view interpersonal rejection and stigma as intimately related, i.e., stigmatised people may be rejected because others do not approve of or like their social identity. These individuals often develop physical and psychological coping strategies, e.g., modifying their way of being around prejudiced people, withdrawal/emotional disengagement, dis-identification with life-domains in which they fare poorly, and devaluing the importance of acceptance from the other (Miller & Kaiser, 2001).

Defining and understanding family estrangement

Literature directly exploring the issue of family estrangement is scarce. A thorough search of academic literature was conducted with the key words *family estrangement* inputted into various databases and search engines. Journals pertaining to family psychology, counselling and clinical psychology, developmental psychology and family therapy were all explored. With poor results, the search net was widened to include disciplines other than psychology, e.g., social work. Only three research studies exploring peoples lived experiences of estrangement were

found (Agillias, 2013; Agillias, 2011⁵; Jerrome, 1994). A few further books and articles of relevance were located. A Google™ search of the words *family estrangement* yielded results of many articles, blogs and support groups about the phenomenon, along with calls for research into the area from fellow professionals, e.g. Counselling Psychologist Dr Robinson, at the annual conference of the British Psychological Society's Division of Counselling Psychology in London (2014).

Agillias (2013) explains estrangement can be physical, emotional or both. "Physical estrangement is when one or more family members cease all contact - including visits, mail, and telephone calls - with other family members. Emotional estrangement is when family members maintain some perfunctory contact that is characterized by infrequency, discomfort, and dissatisfaction. Emotionally estranged family members do not share intimacy, warmth, or trust and avoid potentially divisive topics" (Agillias, 2013, p.309). The author explains that estrangement occurs when at least one party chooses to remove themselves emotionally and/or physically from their family situation in order to prevent additional emotional hurt or perceived rejection. Various intrafamilial and interpersonal factors may intersect with this decision. Bowen (1978) coined the term 'cut-off' to describe the physical and or/emotional distancing people may engage in to try to reduce the anxiety associated with interpersonal conflict. Alternatively, a family member may become estranged because they are 'cast-out' from the family unit, i.e., rejected and ostracised (Agillias, 2013). Ostracism, e.g. being disowned by ones parents, is considered particularly devastating; "Being disowned, perhaps more than any other form of ostracism, deprives individuals of their strongest, most permanent bonds and the roots to which their existence is tied." (Williams & Zadro, 2001, p.49). Agillias (2013) states a sense of traumatic shock, anger, hurt devastation and numbness are common emotional consequences of rejection involving ostracism and exclusion. Bowen (1978) posits that cut-off may evoke equally challenging, similar emotions because the issues associated with the conflict/estrangement remain unresolved. Sucov (2006) states individuals often remain emotionally enmeshed with those whom they are estranged from. Agillias (2013) cites enmeshed relationships, intrafamilial abuse, unrealistic/unfulfilled family expectations, perceived betrayal,

⁵ I was unable to gain full text access to this paper.

challenges to the family value system or cultural belief system, and life stressors such as deaths or divorce all as possible reasons for family estrangement. For example, "Outrage may be evoked by a choice of lifestyle that contracts the expectations and values of the family." (Sucov 2006, p.12).

Agillias (2013) explored the lived experiences of twenty-five older people (aged 61-80), estranged from their adult children, via in-depth interviews. Participants' ethnicity was not reported. Data was analysed using the NVivo software package, in conjunction with Interpretative Phenomenological Analysis and hermeneutic phenomenological inquiry. The findings revealed many participants experienced estrangement as a significant loss with symptoms of grief. Initial responses included feelings of shock and anxiety, behaviours such as crying, and cognitions of disbelief. Feelings of anger, sadness, frustration and disappointment were mixed with/followed individuals' initial responses. Behavioural responses included contacting, searching for, and looking out for their estranged children. A cognitive preoccupation with the estrangement was also found. Participants spoke of their emotional pain as a sustained sense of hurt; their grief was viewed as both an intrapersonal and interpersonal process that was ambiguous and inconclusive with no predetermined outcome or endpoint. Participants experienced their children as physically absent but very much present in their lives psychologically due to personal memories and social reminders. Moreover, the potential/hope of reconciliation seemed to interrupt their ability to mourn the loss of the relationship with their child. Participants also experienced a collective sense of their loss and grief as disenfranchised and not recognised due to the stigma associated with having an estranged child. Dominant ideologies about the parent-child relationship as 'essential, natural, and universal' appeared to heighten participants' perception of estrangement as unnatural by comparison (Agillias, 2013). The retrospective nature of the accounts as well as only being able to include those who could speak openly about their estrangement were considered limitations of the study by the author. Agillias notes the estranged children were not interviewed, meaning only the parents 'side of the story' was explored. Nevertheless, the findings offer good insight into their lived experiences of being estranged. Agillias highlights the importance of viewing the experience of estrangement within its particular sociocultural and

historical milieu. E.g., participants were influenced by others to experience estrangement as stigmatised and 'not normal'.

Jerrome (1994) drew data from life-history interviews, undertaken for a study about aging and family life. Utilising a case study design, Jerrome focused on elucidating two families lived experiences of estrangement (from parents' perspectives). Estrangement ranged from complete cut-off, to infrequent contact. Husband-wife dyads were found to take precedence over parent-child relationships, which appeared to be a chief cause of estrangement. Both sets of parents experienced a sense of pain and frustration about the poor communication with their children, as well as ambivalence surrounding their children's autonomy and lack of time for them. Pride and the need for equality (in terms of attempting reconciliation) appeared to maintain the estrangement. Like Agillias, Jerrome highlights the complex interplay between personal, social, societal, and structural factors in individuals' experiences of estrangement. Jerrome draws attention to poor communication patterns, clashing perspectives, lack of developmental synchronicity and poor awareness of the needs of the other as issues that could be fruitfully explored in family therapy with estranged individuals.

Dattilio and Nichols (2011) discuss their work with clients who have intentionally separated from their families and become estranged over hurt feelings and family disputes. The authors recommend the use of cognitive-behavioural techniques (cognitive restructuring and behavioural modification) combined with a systemic approach to provide estranged family members with the skills needed to mediate emotionally charged conversations, facilitate more effective communication and behavioural exchange, and helpfully restructure their thinking and perceptions of each other. The authors underscore that understanding the unique dynamics and mechanisms that cause specific families to become estranged is essential.

Sexuality-related family estrangement: Positioning the current study

The growing body of literature on parental rejection, LaSala's negative case example and his findings of factors which hinder parental acceptance, remind us that not all

parents are able to positively adjust to their child's LGB SOI. This raises questions about what happens to these families – to the individuals whose parents are unable to accept them. Much has been written about LGB individuals creating 'families-of-choice' because they are alienated from their family-of-origin (e.g., Goldfried & Goldfried, 2001; Riggle, Whitman, Olson, Rostosky, & Strong, 2008; Satterfield & Crabb, 2010; Laird & Green, 1996; Westin, 1992). For example, Riggle et al. (2008) highlight that in response to familial rejection, many non-heterosexual people form networks of supportive others, e.g., with partners and friends who accept and affirm their SOI.

So what is it like for those who become estranged from their families because their families cannot accept their LGB SOI? Beyond research which explores parents' initial reactions and the coming out process, studies on what happens afterwards and how the families adjust (if at all) are "sparse and scattered" (Heatherington & Lavner, 2008, p.329). I could not find any qualitative research that explores the phenomenon of sexuality-related family estrangement. Indeed, there appears to be little research on the topic of family estrangement generally. Various papers mention sexuality-related family rejection as a source of psychological distress/mental health difficulties for sexual minority individuals (e.g., Ryan et al., 2009). Murphy, Rawlings and Howe (2002) identified 'estrangement from family' as an important therapeutic issue when working with LGB clients that psychologists would benefit from training on. One clinical case study by Satterfield and Crabb (2010) discusses cognitive-behavioural therapy for depression in an older gay man they call 'B'. Mr. B was born and raised in a low-middle income, conservative, rural setting. Homophobic familial attitudes towards homosexuality appeared to evoke substantive internal conflict: "I was a queer kid, and I've gotten lifelong messages, starting as early as I can recall, that big parts of me, even my core, had to be hidden if I was to be loved or survive. This takes a toll and taught me that the real me is unlovable and that the public me is false." (Satterfield & Crabb, p.50). B became estranged from his conservative Christian family. Sexuality-related family estrangement was viewed as a factor contributing to his depression, but it was not the focus of therapy. The issue was not discussed in detail by the researchers. Google™ searches of the keywords *LGBT family rejection*; *LGBT family rejection and estrangement*; and *LGBT family*

estrangement yield pages of anecdotal stories, blogs and articles written by people who have experienced the phenomenon. In light of this, it is surprising the topic appears to have eluded further, detailed academic investigation.

At present we know little about the roles of homophobia, heterosexism and rejection in the experience of sexuality-related family estrangement, and seemingly know nothing about how the phenomenon is perceived by those who have experienced it. While there are some emerging offerings about how to help families 'come to terms with' having a non-heterosexual family member via therapy (see Willoughby & Doty, 2010), and the suggested use of an integrated (cognitive-behavioural-systemic) approach for reuniting estranged family members (see Dattilio & Nichols, 2011), no theories or guidelines could be found that facilitate understanding and illuminate therapeutic process for clinicians working with LGB individuals who experience sexuality-related family estrangement.

Aims of the current study and research question

Supportive family relationships are crucial to individuals' health and well-being (Goldfried & Goldfried, 2001). Antonucci and Jackson (2007) state this makes the subject of family relationships, family conflict and ruptures over the lifespan of instant relevance to the discipline of Counselling Psychology and the clinicians who practice it. The present study intends to answer the research question: What is it like to experience sexuality-related family estrangement? Given so little appears to be known, a broad, exploratory question was deemed most appropriate and useful. It was hoped insights would be gained into what the experience is like... how it feels for the individual... what it means to them... The ultimate aim was to offer mental health professionals, Counselling Psychologists in particular, insight into the experience of sexuality-related family estrangement that could be fruitfully utilised in therapeutic practice to best meet the needs of this client group. It is hoped the findings might spark further interest in this research area.

Methodology

In this chapter, I discuss my rationale for selecting a qualitative approach, explain why I chose Interpretative Phenomenological Analysis (IPA) and what it is, and discuss the epistemological position espoused. I move to describe, in detail, how the research was conducted and the reasoning underpinning this. An assessment of the quality, integrity and validity of the research is offered. I end with a reflexive piece about how my personhood has shaped the research process and my understanding of the phenomenon.

Rationale for a qualitative approach

Bhati, Hoyt and Huffman (2014) explain that quantitative and qualitative research paradigms hold contrasting assumptions about the nature of knowledge and what kinds of questions lead to useful insights about human nature/experience. Quantitative methods take a nomothetic, positivist approach that seeks to produce objective, generalisable knowledge (Willig, 2008). This position has been widely criticised as reductionist because it cannot adequately encompass the complexity and subjectivity of human experience (see Chalmers, 1999; Giorgi & Giorgi, 2008).

By contrast, qualitative researchers “seek to synthesize and understand the contextual, subjective experiences of their participants” (Bhati et al., 2014, p. 100). Qualitative research findings are richly descriptive, co-constructed between the researcher and participants, and respect the complexity of phenomena (Bhati et al., 2014; McLeod, 2003). While qualitative methods are not without criticism (see Willig, 2008), an ideographic, qualitative approach was considered most appropriate to meet the aims posed by this study.

Creswell, Hanson, Clark and Morales (2007) state that axiology (inclusion of one’s values) is an additional factor which should influence the research approach selected. Certainly, qualitative research holds intuitive appeal because it is synonymous with the values espoused by the discipline of Counselling Psychology.

McLeod (2003) suggests qualitative research is particularly suitable for Counselling Psychologists because it utilises core clinical skills of empathy and congruence, and the ability to form professional, ethical relationships with others. McLeod (2003) highlights that over the past decade, qualitative research has become increasingly visible within Counselling Psychology textbooks and academic publications, reflecting its growing endorsement as legitimate and valuable.

Epistemological position and selection of Interpretative Phenomenological Analysis (IPA)

Willig (2008) states that, when aiming to produce new knowledge via research, the researcher must consider the assumptions they hold about the nature of the world (ontology) and how they can know these things (epistemology). It is recommended a researcher reflect upon their position from the outset, because it will affect their choice of research method, as well as how the data is viewed and analysed (Willig, 2008). As I engaged in this reflexive process, I concluded two key points: One, I believe there is a real world 'out there', governed by scientific laws, which exists independently of my perception of it. Two, I view my understanding of the world 'out there' as a construction, shaped by my internal working models of myself, the world and others. I view 'reality' through this lens, which influences my perception of it and all I experience.

Epistemological positions adopted within qualitative research range from naïve realist - the belief that research data can offer true/undistorted representations about a 'knowable' objective reality, to radical relativist - the belief that reality is relative to our social/cultural/linguistic construction of it; ideas of 'truth' and 'knowledge' are rejected (Willig, 2008). Willig (2008) explains there are a range of positions in between these two extremes which combine a realist ambition to say something meaningful about the nature of reality, whilst acknowledging direct, unbiased access to reality is not possible. She describes one such position as that of a critical realist.

“Critical realists... retain an ontological realism (there is a real world that exists independently of our perceptions, theories, and constructions) while accepting a form of epistemological constructivism and relativism (our understanding of this world is inevitably a construction from our own perspectives and standpoint”) (Maxwell, 2012, P.5). This position ‘fit’ very well with my personal ontological and epistemological beliefs. Moreover it was amenable to my research question and aims. It supports the notion of sexuality-related family estrangement as a ‘real’ phenomenon, whilst accounting for the various ways it may be perceived, experienced and to a degree, constructed.

According to Creswell et al. (2007), ‘Essence questions’ about lived experience (What is it like? What does it mean to the individual? etc.,) can be answered with phenomenological investigation. There are several different phenomenological methodologies, including descriptive, hermeneutic, lifeworld, Interpretative Phenomenological Analysis (IPA), first-person and reflexive relational approaches (see Finlay, 2011). IPA seemed particularly suited to this research. Smith and Osborn (2007) state “IPA is a suitable approach when one is trying to find out how individuals are perceiving the particular situations they are facing, how they are making sense of their personal and social world. IPA is especially useful when one is concerned with complexity, process or novelty” (p.55).

IPA has no automatic epistemological position (Smith, 2004). Larkin, Watts and Clifton (2006) view its epistemological openness as a strength, suggesting it facilitates rich analyses which can offer insight into multiple aspects (e.g., discursive, affective, behavioural and cognitive) of a phenomenon. Due to its positioning within the qualitative paradigm, IPA automatically rejects epistemologies in line with the ‘scientific method’ of knowledge production, i.e., positivism, empiricism and hypothetico-deductivism. These emphasize dualism, the idea that the researcher and topic are independent, and the belief that the participant/topic can be studied without bias (Ponterotto, 2005). IPA proved highly compatible with my axiology and epistemological position as a critical realist. IPA recognises the researcher’s use of self in the research process and views this as essential for making sense of another person’s experience (Willig, 2008). IPA begins from the realist assumption that

people's accounts tell us something about their thoughts, feelings, and experiences. However, its interest lies in the individual's subjective experience of the world, rather than the 'objective' nature of this (Willig, 2008). IPA recognises individuals can experience similar conditions in radically different ways because their experience will be mediated and shaped by their perception of that experience (Willig, 2008).

Notably, Madill, Jordan and Shirley (2000) highlight critical realism has much in common with constructionist positions that subscribe to a relativist ontology. Social constructionism, for example, views human experience as a socially constructed entity, "mediated historically, culturally and linguistically..." (Willig, 2008, p.7). While IPA does not explore how language is used to construct people's reality, per se, it does acknowledge that language can both give expression to and influence experience. Eatough and Smith (2006) argue IPA can be described as taking "a light constructionist stance" (p.485), which is a position that has also influenced the present study. I view sociocultural context as crucial to understanding participants' experiences of sexuality-related family estrangement. I perceive sexual stigma as socially constructed and see it as inextricably linked with the phenomenon under investigation.

Epistemological reflexivity

IPA and the integrative epistemological position described above facilitated detailed exploration of participants' perceptions of their experiences of estrangement. Furthermore, I have been able to illuminate the relationships between participants' discourse, cognitions, affect and behaviours, and understand how these have shaped their meaning-making activities and their view of themselves as a 'being-in-the-world'. However, this is one approach of several that could have been chosen. An important element of epistemological reflexivity involves considering how the question/topic could have been investigated differently, and how this might offer a different understanding of the phenomenon (Willig, 2008). Discourse Analysis (DA), Narrative Analysis (NA), Case Study (CS), and Grounded Theory (GT) were each considered and compared with IPA.

DA yields knowledge about how discourse is constructed, its functions and consequences. DA views language as constructing reality - not reflecting it (Willig, 2008). Willig (2008) describes DA as radically non-cognitive; it does not address subjective issues concerning one's sense of self, intentionality, self-awareness or autobiographical memories. While DA and IPA share an interest in discourse, IPA recognises the role of cognitions and affect, and uses linguistics to understand how individuals make sense of their experiences. DA would have offered insight into how individuals who have experienced sexuality-related family estrangement use language to construct accounts of their experiences. However, this research aims for a more rounded understanding of participants' experiences; DA was therefore unsuitable.

NA involves analysis of the subtle and complex ways in which meaning is constructed in the stories people tell about their experiences, as well as the kinds of stories they tell. Unlike IPA/grounded theory which reduce participants' narratives into themes (categories) to assess fundamental content, NA analyses the structure of the narrative sequence in order to derive meaning, questioning why the story was told that way (McLeod, 2003). The present study is less concerned with the ways in which people organise their experiences of estrangement, and more interested in what being estranged is like from their subjective perspective. McLeod (2003) adds that some narrative researchers may interview several participants in order to gain a sense of the phenomenon, and then present their conclusions via an in-depth analysis of a single case. IPA offered scope to analyse several cases in great detail and look across them in order to explore the convergence and divergence between individuals. Both NA and CS were rejected because both felt too narrow in their focus.

GT was given the greatest consideration because it offers the opportunity to build a new theory about a given phenomenon, grounded in the experiential data. This is something phenomenological methods do not do, and which McLeod (2003) states is a constraint. GT could offer insight into participants' experiences of sexuality-related family rejection over time and the specific stages and phases involved in this (Creswell et al., 2007). Both IPA and GT focus on meaning-making, however GT

typically answers 'process questions' (Creswell et al., 2007) and takes a more contextualised and dynamic approach in order to map social processes/relationships and their consequences for participants. IPA is more concerned with the psychological texture and meaning of participants' perspectives, rather than the contextual causes or consequences of a phenomenon per se (Willig, 2008). In further contrast, GT is about generalizability through new theory whereas IPA uses small samples to offer insight into how a certain group of people make sense of their experiences within a certain context. Willig (2008) states, "It is, of course, possible to combine the two perspectives and to attempt to capture the lived experience of participants and to explain its quality in terms of wider social processes and their consequences. It could be argued that this would indeed be required in order to gain a full understanding of social psychological phenomena" (p.45). With no time constraint and more research experience, this would have been my preferred option. However, I decided to err on the side of caution, as advised by Smith, Flowers, and Larkin (2009) who state that the novice researcher should gain experience and skill with more simple research designs before attempting those that are more complex. IPA was ultimately selected over all other methods because it held the greatest intuitive appeal and it offered the best 'fit' with my axiology, experience, epistemological position and research aims.

IPA: Philosophical underpinnings and key theoretical tenets

IPA is an experiential qualitative approach to researching lived experience, developed and articulated by Jonathan Smith in the mid-1990s. Its two aims, as described by Larkin et al. (2006), are: to understand and 'give voice' to participants' experiences, their cares and concerns (the phenomenological component); and to contextualize and 'make sense of' these from a psychological standpoint (the interpretative component). In order to understand how these two interrelated aims are achieved, we must grasp the philosophical underpinnings of IPA and two key theoretical tenets: Phenomenology and Hermeneutics. Each will be discussed in turn, along with the relative contributions of phenomenological/hermeneutic philosophers: Husserl, Schleiermacher, Heidegger and Sartre. I will then move to consider its other important theoretical tenet: Ideography.

Phenomenology is the study of things as they appear in our experience. Phenomenology is interested in how knowledge of the world is grasped by humans, via consciousness, attention (awareness) and perception (Gee, 2011). A key focus of phenomenological investigation is Husserl's (1970) concept of the 'life-world': i.e., "the world of objects around us as we perceive them, and our experience of our self, body and relationships" (Finlay, 2008, p.1). IPA endeavours to understand and describe 'what it is like' in participants' life-world, with regard to a specific event, process or relationship (phenomenon). Husserl believed that, in order to examine lived experience (a participant's life-world), we must identify and then set aside (bracket) our 'natural attitude' (i.e., preconceptions, everyday understandings, assumptions, biases, etc. about how we think things are), in order to understand 'what it is like' through the eyes of another and be open to the phenomenon as it appears (Finlay, 2008; Smith et al., 2009). Finlay (2008) highlights the aim is not to try to be objective/unbiased per se. By bracketing and adopting a 'phenomenological attitude' in place of one's natural attitude, the researcher is simply trying to focus on how the participant perceives things, untainted by what they think they already know (Gee, 2011; Finlay, 2008; Smith et al., 2009). As the researcher does this and tries to see the object in a new light, an attempt is made to perceive 'the things themselves' and demarcate and describe the 'essences of a phenomenon' as they appear in participants' consciousnesses (Smith et al., 2009). This process is called 'eidetic reduction' (Finlay, 2008; Giorgi and Giorgi, 2003; Smith et al., 2009).

While IPA endeavours to examine participants' experience from their own perspective, it understands the insight gained from the analysis is always an *interpretation* of participants' experience (Larkin et al., 2006; Willig, 2008). It is here that IPA's second theoretical tenet comes into focus: Hermeneutics, i.e., the study of how we understand and interpret our world (Gee, 2011). Although phenomenology and hermeneutics developed as two distinct philosophical movements (Shinebourne, 2011), IPA subscribes to the Heideggerian perspective that phenomenological inquiry is a hermeneutic process in and of itself (Smith et al., 2009). IPA recognises that our understanding of participants' experiences can only ever be partial because a) it is dependent upon what the participant tells us about their experiences, and b) their

experience is perceived through our experiential lens and interpreted thusly. Smith et al. (2009) refers to this process as a 'double-hermeneutic': i.e., "the researcher is trying to make sense of the participant trying to make sense of what is happening to them." (p.3). The relationship between researcher and participant is interdependent. As such, Ponterotto (2005) states that it is fallacious to think one could eliminate bias or divorce the researcher's values and lived experience from the research process. Indeed, I have utilised my life-world and sense-making abilities to derive meaning from the data. Nevertheless, I consistently endeavoured to adopt a phenomenological attitude when working with the data in order to get 'as close to' participants' understanding of their experiences as possible.

Smith et al. (2009) advise the IPA researcher to adopt a hermeneutic stance of both 'empathy' and 'questioning'. That is, the researcher should aim to gain an empathic 'insider's perspective', whilst also looking at the experience from different angles, asking questions and puzzling over what the person has said (Smith et al., 2009). The text is 'interrogated' and interpreted, allowing us to reveal or uncover taken-for-granted or latent aspects of the experience, integral to the phenomenon, which may otherwise remain hidden (Ashworth, 2003; Shinebourne, 2011). Schleiermacher (1998, as cited by Smith et al., 2009) viewed interpretation as an art, drawing upon intuition and one's senses in order to understand the speaker and their text. Schleiermacher believed that if one engages in a comprehensive, detailed and holistic analysis of these things, then one may be left with "an understanding of the utterer better than he understands himself" (as cited in Smith et al., 2009, p.22). Smith et al. (2009) state that interpretations of one's data may be judged as appropriate providing they are tentative and seek to 'draw out' or 'disclose' the meaning of the experience as it is understood by the participant (Smith et al., 2009).

IPA's conceptualisation of interpretation has also been significantly shaped by the work of Sartre (1956/1943). According to Smith et al. (2009), Sartre posits that an individual's perception of their world is influenced by the relative presence or absence of others, i.e., if something/someone is absent that we expect to be present, or present that we expect to be absent, it shapes our view of a particular experience. Similarly, the presence/absence/experience of interpersonal features of

experience - such as emotions - only make sense when viewed within an interpersonal context.

Larkin et al. (2006) explain that, in addition to establishing how the phenomenon has been understood by the participant, the researcher must also address the related concern: 'what does it mean for this person, in this context?' "IPA's interpretative component contextualises these claims within their cultural and physical environments, and then attempts to make sense of the mutually constitutive relationship between 'person' and 'world' from within a psychological framework" (Larkin et al., 2006, p.117). Shinebourne (2011) highlights IPA has been deeply influenced by the phenomenological (and existential) perspectives of Heidegger, Merleau-Ponty and Sartre, all of whom view individuals as embodied and embedded within a particular historical and sociocultural context.

Heidegger (1962/1927) in particular highlighted the roles of context, consciousness and interpretation in shaping people's meaning-making activities. Heidegger viewed humans as being 'thrown into' a world of objects, relationships, language, culture and time from which they cannot be detached: i.e., the very nature of being a 'human-being' requires us to experience life within a context of some kind (Finlay, 2008; Larkin et al. 2012). This idea is captured by Heidegger's term 'Dasein', meaning 'there-being' or 'being-there': human-beings cannot be divorced from context (Larkin, et al., 2012). This idea of 'intersubjectivity' is important in IPA, because it is through this relatedness with others and the world that we come to know ourselves, others and our world. "Our understandings of our experiences are woven from the fabric of our many and varied relationships with others" (Smith et al., 2009, p.194). Therefore, we must recognise the intersubjective relationship between the participant and their context (i.e., objects, relationships, language, culture and time), the relationship between the researcher and their context, and the relationship between the researcher's context and their understanding of the participant-in-context.

Heidegger's work illuminates the complex intersubjective relationship between the researcher's life-world and their understanding of the participant's life-world. It

reminds us of two key issues pertinent to IPA: One, the researcher's 'fore-conceptions', i.e., their prior experiences, assumptions, expectations, pre-conceptions, culture, historical perspective, imagination and so forth are essential tools needed to understand participants' experiences; therefore, the process of bracketing can only ever be partially achieved (Smith et al., 2009). Two, not only will our fore-conceptions shape our interpretation of the 'new thing', but our engagement with this will tell us which fore-conceptions we need to bracket, and which we need to use to make sense of it (Smith et al., 2009). This is why Smith et al. (2009) describe bracketing in IPA as a dynamic and cyclical process.

An equally dynamic and cyclical process, central to interpretation in IPA, is that of 'the hermeneutic circle' (Smith et al., 2009). This concept dictates that, in order to understand a person's experience as a whole, you must look to its parts (e.g., the meanings embedded within single words); and in order to understand its parts, you must look to the whole (e.g., the theme as a whole, the narrative as a whole, the person-in-context, etc.). It is this process of moving back and forth between different parts of the text, viewing them from different vantage points, which makes IPA such a thorough and iterative analytic experience. Finlay (2002b) advises an equally circular process of 'hermeneutic reflection' throughout the research process, i.e., "of continually reflecting upon our interpretations of both our experience and the phenomena being studied to try to go beyond the partiality of our initial understandings" (p.3).

In addition to phenomenology and hermeneutics, Smith et al. (2009) state that ideography has had a major influence upon IPA theory and practice. Put simply, IPA is idiographic - it offers detailed, nuanced analyses of how particular people have experienced particular phenomena in a particular context (Smith et al., 2009). For this reason, IPA studies utilise small, purposefully selected samples in order to honour their commitment to in-depth, rich analysis of personal perspectives (Smith et al., 2009). Smith et al. (2009) explain IPA ultimately aims to say something meaningful about a phenomenon of interest, via the examination of people's lived experience of it. Researchers may make some general claims about a phenomenon,

but will offer these with a cautious tone - acknowledging that experience is uniquely embodied, perspectival and situated within a particular context (Smith et al., 2009).

Research design

The aim of this research was to gain insight into what it is like to experience the phenomenon of sexuality-related family estrangement. Smith et al. (2009) state there are several suitable means of data collection, but in-depth interviews typically yield the richest accounts of peoples experiences, i.e., they “facilitate the elucidation of stories, thoughts and feelings about the target phenomenon. They are also consonant with an intimate focus on one person’s experience and therefore are optimal for most IPA studies” (p.56). Semi-structured interviews are particularly appropriate, and were selected over highly structured/unstructured interviews because they facilitate a comfortable interaction, guided by a loose agenda (Smith et al., 2009; Willig, 2008). Smith et al. (2009) and Reid, Flowers and Larkin (2005) state semi-structured one-to-one interviews tend to be the preferred means of data collection when research aims to elicit detailed stories, thoughts and feelings from participants about a particular topic. Each participant who met the inclusion criteria was interviewed via one, one-to-one, semi-structured interview. Each interview was then transcribed verbatim and analysed according to the principles of IPA.

Constructing the interview schedule

Smith et al. (2009) recommend the researcher think about the range of topics they want the interview schedule to cover and then formulate questions based upon these. Analysis of the interview data should enable the researcher to answer their research question (Smith et al., 2009). I am aware that the interview questions were shaped by my fore-conceptions, and that this will influence the findings (Larkin et al., 2006). Great care was taken to ensure the questions were coherent, clear, in keeping with the principles of IPA, and not leading or unhelpfully shaped by my fore-conceptions. The interview schedule was redrafted several times following personal reflection upon my fore-conceptions, and conversations with my research supervisor and peers. Reflection, bracketing and the adoption of a phenomenological attitude

were recursive and critical aspects of this process (Smith et al., 2009). The final interview schedule (see Appendix A) consisted of 13 open-ended, expansive and non-directive questions, designed to encourage the participant to share intimate details about their experience of estrangement (Smith et al., 2009; Willig, 2008). For an explanation of its construction, please see Appendix B.

Pilot study

Two pilot interviews were conducted for precautionary reasons: One, to assess the appropriateness of the interview schedule with respect to logistical issues (i.e., time-frame, suitability of the interview room, and my familiarity with the interview schedule and process). Two, to examine the suitability of the question sequence, question clarity and sensitivity/appropriateness. This was assessed via feedback from the participants and personal reflection. As Fassinger (2005) observes, pilot testing interview questions is rarely mentioned in literature yet incredibly useful because it prevents confusion and curtailed responses from participants. Although both pilot participants offered only positive feedback and the interview procedure and questions were not changed, this was a very important exercise in order to develop a 'clear and confident' interviewing style (Smith et al., 2009). See appendices C-E, L, M and N for forms given to/completed by pilot participants.

Both interviews were transcribed and subjected to preliminary analysis to assess whether the interview questions yielded suitably rich data. The data was rich and confirmed both the presence of the phenomenon and my motivation for conducting the study. A quote from Alex (pseudonym) illustrates how serious the implications of estrangement were for her historically:

"Having no one to talk to or no one that would accept it, it's hard not to turn it on yourself, think that there is something wrong with you, that you are sick in the head. And not really know what to do. And think why, why am I here, why, what's the point in having, in living? Like, it's like, no one loves me, no one cares about me, no-one accepts me [...] So, I had many many thoughts of killing myself." (Alex, p.18, lines 11-19)

Alex experienced a lack of acceptance and rejection from her family when she came out to them aged 19. Within the context of her Christian family, *“gay people were sick and disgusting”* (Alex, p.2, line 4) and homosexuality was a *“sin”* (Alex, p.31, line 16). She ran away from home because of her family’s way of being and did not return. She explained that her religion prevented her from acting upon her suicidal thoughts. Since then, her family relationships have been tremulous but she reported they have improved. She still feels estranged from her family with regard to her sexuality because they still do not accept it. It has been twelve years.

Vivian also experienced a lack of acceptance and rejection from her family when she came out to them aged 14. She reported that her parents view homosexual people as *“these strange things that nature has messed up...”* (Vivian, p.35, lines 5-6). She reported her father likened homosexuality to paedophilia and bestiality. She ran away from home because of her parents’ homophobia. She and her family went through a process of trying to re-negotiate their relationships, but this was unsuccessful. She reported *“they just could never love me the way that I wanted them to. Well really, just accept me, ‘cos love without acceptance is, I think, a useless thing”* (Vivian, p.9, lines 6-8). Vivian has no contact at all with her family now. She says this about her situation:

“I feel like an orphan I would say, like I never really had parents, I don’t know, like, I’ve never had an actual connection [...] somehow I was made, I was born, but I was never with, like, a tribe. I mean a family is like your own people, the people that will look after you and you look after them [...] I’ve made my own tribe now, my wife, my friends. My actual people, who understand me and love me for who I am” (Vivian, p.28, lines 1-8).

Unfortunately, I was unable to use the pilot participants’ data in the final sample because the participants were already known to me through others. Notably, both participants independently volunteered for the study and met all the recruitment criteria. Neither had prior knowledge of the interview schedule and I knew little about their experiences. However, following a conversation with my research

supervisor, it was agreed they should not be included in the main study's analysis so as not to contaminate the data. This precaution prevented the possibility that participants' responses, and the subsequent analysis, could be shaped by the fact the participants are known to me.

Sampling and inclusion criteria

In line with the principles of IPA, a relatively homogenous sample of eight participants were selected purposively (Smith et al., 2009; Willig, 2008). Smith et al. (2009) explain that "participants are selected on the basis that they can grant us access to a particular perspective on the phenomena under study" (p. 49). This facilitates a thorough understanding of each individual's experience, as well as examination of the convergence and divergence between individuals (Smith et al. 2009). Smith and Osborn (2007) add that a homogenous sample helps ensure, as far as reasonably practicable, that only one phenomenon is present and being described. Therefore, all participants were required to meet each of the following seven inclusion criteria:

One, 'identify as either lesbian, gay or bisexual'. These terms are pervasively used and understood in contemporary society (reflected in academic psychological literature) to describe non-heterosexual individuals' SOI. Worthington and Reynolds (2009) reviewed research on LGB issues in psychology and found the most common method for assessing participants SOI in research was to request self-identification. This method provides a universally recognised label/variable for non-heterosexual participants in research (Worthington & Reynolds, 2009).

Two, 'be cisgender'. The acronym LGBT (Lesbian, gay, bisexual and transgender) is a common umbrella term for the categorization and grouping together of non-heterosexual individuals, used cross-culturally in contemporary society and within academic literature on sexual minority issues. The American Psychological Association (APA, 2011) defines Transgender individuals as "persons whose gender identity, gender expression, or behavior does not conform to that typically associated with the sex to which they were assigned at birth" (p.1). However, sexual

orientation and gender identity are two separate (albeit overlapping) constructs (American Psychological Association, 2010; Moradi et al., 2009), i.e., an individual can be transgender and identify as heterosexual, lesbian, gay or bisexual. Therefore, in order to eliminate the risk of confounding gender issues (e.g., gender identity) with sexual orientation issues (e.g., same-sex sexual attraction), and to enhance the homogeneity of the sample, the inclusion criteria excluded transgender people.

Albeit necessary, the choice to exclude transgender individuals from taking part in this study is unfortunate because: a) there is a critical lack of understanding, research and uniquely tailored support services available for transgender individuals, and b) preliminary evidence supports the assertion that transgender persons also experience prejudice, discrimination, lack of acceptance/rejection from family members and family estrangement (Koken, Bimbi, & Parsons 2009; Moradi et al., 2009; The Albert Kennedy Trust, 2010a).

Three, 'be aged between 18-41 years old'. In line with Erikson's (1959) theory of psychosocial development, early/middle adulthood is a time when individuals typically focus on seeking and maintaining satisfying adult romantic relationships. Given the research topic pertains to adult sexuality, and indirectly to adult romantic attachment relationships, I thought it would be particularly interesting to recruit adults who are negotiating this salient developmental period. It seemed relevant, and provided another means of enhancing the homogeneity of the sample. Since Erikson (1959) did not specify an age range, I selected ages 18-41⁶.

Although the research question is applicable to those under 18, it was decided that: a) Erikson's theory provides a good rationale for only including those over the age of 18, and b) it may be problematic for estranged individuals to gain consent from their parents to participate in the study. Consequently the decision was made to prohibit individuals under 18 from participating.

⁶ Smith et al. (2009) assert researchers should think carefully about their 'ideal' sample in terms of homogeneity, but if recruitment is problematic they should consider expansion of their inclusion criteria. It is for this reason the age range of participants was widened from 18-35 (as seen on the flyers) to 18-41.

Four, 'fluently speak and understand English'. "Language is the means by which participants (attempt to) communicate their experiences to the researcher" (Willig, 2008, p.66). Inherent is the assumption that language can provide access to cognitions, describe and give expression to a person's experiences (Willig, 2008). Because analysis of language is the primary means through which understanding and meaning are elucidated, it seemed crucial to recruit participants who believe they have adequate linguistic capability to capture and convey their experiences in English.

Five, 'define yourself as estranged from your family⁷ because of negative family attitudes towards your sexuality'. IPA is concerned with participants' subjective experience of a situation/event. Therefore, in keeping with the epistemological and ontological stance of this research, participants were asked to define themselves as 'estranged'. This position also informed the sixth criteria.

Six, 'feel rejected or not accepted by your family'. Smith et al. (2009) recommend making the group as uniform as possible according to obvious factors relevant to the phenomenon under investigation. Consequently, participants were recruited who shared the self-identified affective experience of feeling not accepted or rejected by one or more family members, within the context of estrangement. This increased the homogeneity of the sample and facilitated contextualised examination of psychological variability within the group (Smith et al., 2009).

Seven, 'feel able to talk about your experiences with me'. It was assumed individuals who volunteered to take part wanted to talk about their experiences of estrangement, and would be able to articulate these at interview. Nevertheless, due to the sensitive nature of the topic under investigation, this inclusion criteria was deemed a necessary safeguard. Its aim was to highlight that the topic might be emotionally challenging and evocative for participants, without claiming why or how.

Recruitment process

⁷ The word 'Family' in inclusion criteria five and six refers to the participant's experience of one or more of their family members.

Flyers advertising the research were created to recruit participants (see Appendix F). A thorough Internet search identified multiple local venues and community organisations which were approached, told about the research and given flyers, including LGBT charities, LGBT religious organisations/churches, LGBT bars and clubs, counselling organisations, mental health charities, homeless charities, and the local university. A Facebook account was set up and frequently used to advertise the research Online. A Twitter account and a Gaydar Girls account were also created, and an advert was placed in a local LGB online magazine to further reinforce its presence (see Appendix G).

Seventeen individuals expressed interest in participating. The majority made contact via email following seeing the flyers. I sent each potential participant an email thanking them for their interest, included details about myself, the study and its inclusion criteria, and what to expect in terms of time commitment and the interview. Once eligibility was confirmed (via email correspondence), a telephone conversation was arranged to assess their suitability. This was deemed an important safeguard for all parties. Smith et al. (2009) highlight “one must always evaluate the extent to which simply *talking about* sensitive issues might constitute ‘harm’ for any particular participant group” (p.53). Risk was assessed in an informal and conversational manner, prompted by the seventh inclusion criterion. Direct questions were asked about their current state of being and their ability to speak about their estrangement. The content of answers, as well as their tone, cadence and pauses in speech were all considered in relation to clinical knowledge. Notably, all those whom I spoke to said they felt psychologically able to think and speak about their experiences of sexuality-related family estrangement; I noted no cause for concern with any of the individuals I spoke with. The informal telephone assessment was chosen over a formal method of evaluation because it was more in keeping with the ethos of the research. It was decided that actively suicidal individuals should not be permitted to participate.

Once it was mutually agreed that participation in the study was safe and appropriate, the time, date and venue of the interview was agreed. An email was

sent to confirm this. Between the telephone screening conversations and interviews, the drop-out rate was zero.

Participants

All participants met all seven inclusion criteria. In order to report on the homogeneity of the sample in greater detail, and further contextualise individuals' experiences, demographic information was collected. The most relevant data has been collated in the table below.

Pseudonym	Age	Gender	Sexual orientation Identity (SOI)	Ethnic origin and nationality	Age the individual realised their SOI	Age when family learnt of their SOI	Current relationship status
Samantha	34	Female	Lesbian	Caucasian White British	14	21	No regular partner
Connor	29	Male	Bisexual	Caucasian White British/Irish	19	22	One regular partner with casual partners as well
Annie	41	Female	Lesbian	Caucasian White British	23	23	One regular partner
Chris	20	Male	Gay	Caucasian White British	15	18	No regular partner
Ann	35	Female	Lesbian	Caucasian Polish	6	22	One regular partner
Zach	18	Male	Gay	Caucasian White British	8	15	No regular partner

Louise	37	Female	Lesbian	Caucasian White British	14	28	One regular partner
John	23	Male	Gay	Caucasian White British	9	14	One regular partner with casual partners as well

The research describes the experiences of eight adults aged 18-41. The participants were all Caucasian; the majority were white British with the exception of one female Polish participant, and another who described himself as white British and Irish. Participants ranged from 6-23 years old when they first realised they were non-heterosexual. Participants ranged from 14-28 years old when their families learnt of their SOI. With the exclusion of Annie, all participants in the final sample had a passage of time between realising their SOI and their families learning of this (ranging from 3-16 years). The majority of participants (five) have a regular romantic partner; three described themselves as single with no partner.

The interview procedure

Participants were met outside the venue by myself and accompanied to the quiet, comfortable interview room. Participants were given time to settle and then asked to read the participant information sheet (see Appendix H). Following their agreement to continue, they were asked to read and sign two copies of the consent form (see Appendix I) to evidence their fully informed consent; one was kept by myself, the other by the participant. While the participant completed this paperwork, I reviewed my checklist (see Appendix J). When both were ready, following the guidance outlined in Smith et al. (2009), several key points were relayed about the principles of the interview and what to expect (see Appendix K). After this, the interview began. Each interview was recorded with two recording devices: an Olympus digital voice recorder DM-450 and an Olympus digital voice recorder WS-100. A pre-agreed time-frame of 60-90 minutes indicated the

boundaries of the interview, contained the participant, and allowed sufficient time to explore participants' experiences in detail. The interview schedule guided the course of the interviews, but was not adhered to rigidly. In some cases, the interview schedule was adapted (i.e., re-ordered) spontaneously to facilitate the natural unfolding of the participants' stories (Willig & Stainton Rogers, 2008). Interesting and novel topics/avenues that arose naturally were noted and explored sensitively at appropriate junctures.

Each participant was then thoroughly debriefed, given a formal letter of thanks (see Appendix L) and a hand-out of sources of support should they feel they need it (see Appendix M). Ten to fifty minutes were allocated for each debriefing, with most lasting approximately 15 minutes. Demographic data was collected at the end of each interview using a simple questionnaire (see Appendix N). Participants were then escorted to the exit and thanked again for their time and support. All participants volunteered to take part and received no payment for doing so.

Ethical considerations

As a Counselling Psychologist, I am bound to adhere to the 'Code of Ethics and Conduct' provided by the British Psychological Society (2009), and the 'Standards of Proficiency for Practitioner Psychologists' outlined by the Health and Care Professions Council (2009). In addition, this research upheld the ethical principles of: respect for the autonomy and dignity of persons; scientific value; social responsibility; and maximising benefit and minimising harm - outlined by the British Psychological Society in their 'Code of Human Research Ethics' (2010) document. As such, I ensured all gave their fully informed consent, there was no deception, harm was avoided, all had the right to withdraw without fear of penalization, debriefing was undertaken after the data collection, their ability to access any publications that arise from the data was made clear, and participants' anonymity was upheld (Smith et al., 2009). Participants were offered a short summary of the main findings, in line with them giving their fully informed consent. All participants wanted this summary, which has been emailed to them (see Appendix O).

The study was granted full ethical clearance by City University London. However, forethought was given to the possibility that unforeseen ethical dilemmas and risk issues could surface at any point during the interview process (Willig, 2008). Therefore, I remained attuned to this possibility. Fassinger (2005) notes that semi-structured interviews may result in unpredicted self-disclosures and unexpected narratives when the topic under discussion is of a deeply personal nature. Consequently, debriefing after each interview included ample time for further discussion of any distressing issues and facilitated signposting to appropriate sources of support (Smith et al., 2009). This was deemed essential to ensure ethically sound research practice. I remained aware of the 'quasi-therapeutic relationship' (Willig, 2008) that can occur between researcher and participant during in-depth qualitative interviews and debriefing. I remained mindful of my role as a researcher, not as a therapist per se, and ensured that appropriate boundaries were sensitively upheld.

At this point it seems relevant to state that the literature suggests there are higher rates of mental health problems in the LGB community, compared with the heterosexual community (See Balsam, Beauchaine, Mickey, & Rothblum, 2005; Meyer, 2003). Moreover, research also posits a link between family rejection/lack of acceptance and mental health difficulties (see Arnold, 2012 for a review). This was kept in mind and reflected via the careful screening of participants, risk-awareness, and thorough debriefing. However, it was not over-emphasised because the study's inclusion criteria ensured (as far as reasonably practicable) that participants were psychologically fit to take part.

Forethought was given to the possibility that the interviews could evoke conscious/unconscious personal material and emotional discomfort within myself too. It was decided in advance that any such issues would be noticed with mindful awareness and acceptance, bracketed, and discussed later with my research supervisor/a personal therapist. With regard to physical safety, I conducted all interviews in a community venue on days when others were in the building. Each room was equipped with a panic alarm, I had access to a mobile telephone, and I sat in the chair closest to the door for ease of exit. These were deemed reasonable personal safeguards.

Data handling

Following each interview, the recording was transferred from the device to my personal laptop; a back-up was stored on an external hard-drive. Each digital file was titled with the participant's pseudonym, and a key detailing which name corresponded with whom was created and stored separately. All research-related documents were kept in a locked filing cabinet. The laptop was also locked away when not in use. All paper and electronic research-related documents/records will be retained for seven years. This allows adequate time to write, amend, and possibly publish the research. All paper documents will then be shredded and all electronic documents deleted.

Transcription

IPA necessitates a verbatim, numbered transcript of each interview (Smith et al., 2009). Interviews were transcribed to include pauses, false starts, laughter, sighs and other expressive verbal sounds to enable the data to remain as true as possible to the original account for the purpose of analysis. All names and identifying features were changed to protect participants' anonymity. Each transcript was transferred onto an excel spreadsheet, ready for analysis.

Analytical strategy

Smith et al. (2009) assert IPA can be thought of as a sensibility - an approach to exploring lived experience based upon the principles of phenomenology, ideography, hermeneutics and reflexivity - rather than a specific set of procedural steps per se. However, due to its flexibility and ambiguity, some authors have mapped out and shared their understanding of the analytical steps involved (see Smith et al., 2009; Willig, 2008). Smith et al. (2009) recommend novice researchers follow their suggested steps to help them develop a 'good enough' analysis. I adhered to this, using both Smith et al. (2009) and Willig (2008) as my guides.

Stage one involved 'reading and re-reading'. With the first audio-accompanied reading, I sat and absorbed the text as spoken by the participant. With the re-reading, I kept my reflective journal accessible in which I wrote initial notes, first impressions and free associations about each interview/participant, recollections of the interview process, observations about the transcript, and identified and bracketed relevant fore-conceptions. I paused the audio to make notes, with remaining reflections noted at the end. This process facilitated the shift from my natural attitude to a phenomenological one (Smith et al., 2009).

Stage two involved careful and systematic examination of the text, each time re-reading it with a different focus, making exploratory colour-coded notes in the right-hand column of the spreadsheet. As I engaged with the text, I imagined the participant's voice (Smith et al., 2009). First, I read with a descriptive focus. Descriptive comments (in black) were made about the 'face-value' content. Notes were made about the objects of concern in the participant's life-world (e.g., relationships, processes, events and principles) and what these were like for them (Smith et al., 2009). Re-reading these notes gave me a good impression of the participant's narrative as a whole, at face-value (Gee, 2011).

The transcript was then re-read with a linguistic focus and notes were made (in green) about the participant's use of language, i.e., pronoun use, pauses, laughter, the function of language, repetition, tone, metaphor, fluency and so forth (Smith et al., 2009). I had the recording playing again with this re-read, since it facilitated my linguistic analysis.

The text was re-read with an interrogative focus. Conceptual/psychological comments were made (in red) about what key objects of concern might mean to the participant. I thought logically and creatively about the content, paralinguistic features, absences and so forth, asked questions of it and considered it in context. The aim was to move beyond the superficial towards a deeper, more interpretative understanding of the participant's experiences. To my surprise, the interpretative process felt very natural and intuitive. I ensured each interpretation was grounded within the text - not imported from outside theory (Smith et al., 2009). I used my

own experiences of family rejection and estrangement as a touch-stone to help me ask questions of the text and enhance my empathic understanding of their experience (Smith et al., 2009).

Stage three involved re-reading my completed colour-coded notes, and chronologically identifying 'emergent themes' which characterised/represented something essential about each section of the text (Smith et al., 2009; Willig, 2008). These were typed in the left hand column. The themes incorporated both the participant's original words and my interpretation. See Appendix P for an example of stages one-three.

Stage four involved printing out the emergent themes, cutting them up, and working with them on a large table in order to identify the core aspects of the person's experience. Themes were grouped together in accordance with guidance from Smith et al. Some clustered together naturally and were given a superordinate title (a process called 'abstraction'). Some attained superordinate status because others clustered under them ('subsumption'). 'Polarization' identified oppositional relationships between themes. 'Contextualisation' grouped themes according to particular moments/events. 'Numeration' assessed how frequently similar themes emerged, which according to Smith et al. (2009) can be an indication of their relative importance. The themes were also examined with a more interpretative lens and grouped accordingly (Smith et al., 2009). This explorative process of grouping like-with-like was undertaken until saturation was achieved (Smith, 2004). Notably, during this process some themes were discarded because they were not relevant, not well-represented in the text, or marginal to the phenomenon (Willig, 2008). All superordinate themes were checked and determined to be grounded firmly within the data (Willig, 2008). The superordinate themes were then compiled in a table (see Appendix Q for an example).

Throughout this process, I operated from within the hermeneutic circle (Smith et al., 2009). As I moved through this process my fore-conceptions changed and my understanding of each participant evolved. New knowledge was noted and

bracketed as far as reasonably practicable. Reflexivity and a phenomenological attitude became a way of being.

Stage five saw me repeat steps one to four for each of the other seven participants. It was a time-consuming and demanding process, but I was committed to thoroughness to enhance the validity of my findings (Yardley, 2000). In line with Smith et al. (2009), I endeavoured to view each participant with an open mind to honour the ideographic nature of IPA. However, as Smith et al. (2009) highlight, “you will inevitably be influenced by what you have already found... your fore-structures have changed” (p.100). I was mindful of this and continued to repeatedly follow the rigorous steps outlined by Smith et al. (2009) to allow new themes to emerge/develop.

Stage six involved printing the superordinate themes for each of the eight participants. I used different coloured paper so I could easily identify participants, e.g., Connor was yellow, Chris was green, etc. I then used abstraction, subsumption and contextualisation as well as interpretative grouping of themes to identify the most potent issues (master themes) shared by all. I was left with a framework of four master themes, with subthemes under each, which formed the narrative structure of my results section.

The final stage was the process of writing up my findings. Within this, key themes were discussed in turn, analysed further and interpreted with supportive quotes from the participants (Smith et al., 2009). The findings have been explicated with existent literature in the discussion section of this paper.

An assessment of quality, integrity and validity

Smith et al. (2009) highlight the growing consensus amongst qualitative researchers that it is inappropriate to assess the quality, integrity and validity of qualitative research using positivist (quantitative) criteria (see Finlay, 2006; Smith et al., 2009). Finlay (2006) argues qualitative research must be evaluated against criteria which reflect the goals and ideals of qualitative research. Of the various evaluative

guidelines produced (see Finlay, 2006 for a review; Smith et al., 2009; Yardley, 2000), Yardley's (2000) criteria were selected to assess this research. Yardley's criteria was selected over others because they are comprehensive and pluralistic, i.e., not wedded to a particular method and epistemological position (Finlay, 2006).

Yardley (2000) argues good quality qualitative research should show "sensitivity to context" (p.219). This is demonstrated as follows: First, via sensitive awareness of relevant literature, theory and empirical data (Yardley, 2000). From its conceptualisation and construction, throughout the analysis and write up, sensitivity has been shown to what is already known about the subject of sexuality-related family estrangement, and transparent statements have been made about how this has shaped the research. In the discussion section of this paper, the findings of this study are considered in relation to existent literature in order to situate this research within a meaningful context (Smith et al., 2009).

Second, via sensitivity to sociocultural context, including "normative, ideological, historical, linguistic and socioeconomic influences on the beliefs, objectives, expectations and talk of all participants (including those of the investigator)" (Yardley, 2000, p.220). It is important to recognise the sociocultural context in which this research has occurred. Historically, non-heterosexuality was criminalised and pathologised; some members of contemporary society still view LGB people through this lens. However, today, within the United Kingdom, same-sex marriage is now legal (April, 2014); LGB people are allowed to serve openly in the military; the age of sexual consent has been equalised; many major cities host pride festivals in celebration of gender and sexual diversity; LGBT people are protected from discrimination under the Equality Act (2010); the United Nations support human rights for all people and state they are against international laws that discriminate against LGBT people (United Nations, 2014); and the official stance within psychology in the UK is that non-heterosexuality is not pathological and no 'treatment' is required.

Paradoxically, those interviewed for this research have experienced homophobia/biphobia within their family context – and yet have embedded

themselves within a sociocultural context which speaks of growing acceptance and positive change. It is the fact that only some individuals are afforded acceptance (within their family and society) which is the 'grist' this research acknowledges and explores. Through reflection upon my fore-conceptions, I recognised this context may add something to participants' experience of the phenomenon. I wondered whether it would be easier for such individuals if no-one's family were accepting, i.e., there may be solidarity inherent within the shared experience of estrangement this way. These fore-conceptions were identified, explored in my research journal and bracketed. Notably, the interview context was very pro-LGB too. The interviews took place in a counselling room gifted without charge by a local LGBT charity, and I identified as a lesbian researcher from the outset. It was hoped the goal of establishing rapport and trust with participants would be facilitated by the fact I positively identify as a member of the LGB community (Fassinger, 2005) and the venue was LGB-friendly.

A third aspect of sensitivity to context refers to sensitivity to participants' perspectives. Both Yardley (2000) and Smith et al. (2009) highlight the importance of showing empathy, helping the participant feel at ease, recognising the power dynamics between participant and researcher (during the interview process and the analytic process), and respecting the participant's voice by grounding all interpretations in the original data and allowing readers of the research to check these via the provision of illustrative quotes. Each person who participated in this study was treated with the utmost respect and sensitivity - a consequence of my personal ethical code, training as a Counselling Psychologist, affirmative stance to gender and sexual diversity, commitment to ethical research practice, and perception of each participant as a valued experiential expert.

Next, Yardley (2000) states good research should show "commitment and rigour" (p.219). Yardley is referring to the importance of in-depth engagement with the topic, methodological competence and skill, thorough data collection and depth/breadth of analysis (Yardley, 2000). I have designed and implemented the present study with the utmost care and attention to detail. The sample and research method were appropriately selected to answer the research question (Smith et al.,

2009), and a transparent, coherent rationale for each was offered. Each interview was conducted with similar rigor and attention to detail. I offer an analysis that is rigorous, systematic, and in keeping with the principles of IPA.

Yardley (2000) states good research should also show “transparency and coherence” (p.219) so the reader can see exactly what has been undertaken, how and why (Yardley, 2008). Consequently, I have offered clear descriptions of each stage of the research process, a transparent discussion of the methods used, details of my analytical process, clear and comprehensive findings, as well as reflexivity in which I consider the influence of my personhood on the research (Yardley, 2000). All drafts of this report and various stages of data analysis have been saved to evidence my process via a clear ‘paper trail’ to facilitate audit (Meyrick 2006; Smith et al., 2009). Moreover, each participant will be provided with a general summary of the findings.

Yardley’s final principle pertains to the “impact and importance” (Yardley, 2000, p.219) of the research. As Smith et al. (2009) neatly summarize, “she makes the important point that however well a piece of research is conducted, a test of its real validity lies in whether it tells the reader something interesting, important or useful”. As a Counselling Psychologist, researcher, and advocate of LGBT issues, I am committed to producing good quality research that will, I hope, be read by fellow professionals. I believe the findings of this study are valuable and can be used to inform Counselling Psychology practice with LGB individuals who are estranged from their families-of-origin because of sexual stigma.

Smith et al. (2009) suggest an additional way of assessing validity is to subject one’s analysis to a mini-audit, conducted by the researcher’s supervisor. This enables various facets of the research to be checked and assessed in terms of their coherence and appropriateness by someone other than the researcher. This was agreed and undertaken by my research supervisor as an additional means to enhance the validity of the research.

The process, practice and value of reflexivity

“Reflexivity can be defined as thoughtful, conscious self-awareness. Reflexive analysis in research encompasses continual evaluation of subjective responses, intersubjective dynamics, and the research process itself” (Finlay, 2002a, p.532). As qualitative researchers, we are viewed as co-constructing the knowledge we create (Finlay, 2002a). As such, Shaw (2010) view reflexivity as integral to experiential qualitative research in psychology. Finlay (2002a) states reflexivity enables public scrutiny of the integrity of the research and enhances trustworthiness of the findings because the researcher offers crucial insight into their decision-making processes and engagement with the research itself. Reflexive analysis was fully embraced and utilised throughout this research - from its conception, to its design, throughout the data collection, and during the analysis and write-up. The key aspects of this journey will be summarised here. First, I will discuss how my personhood shaped the topic choice and facilitated hermeneutic reflection. Second, I will comment upon how my professional identity as a Counselling Psychologist shaped the interview process. Third, I will explain how use of a reflective research diary facilitated the research process.

Finlay (2002a) states personal reflexivity should begin the moment your research idea is conceived. She believes researchers should reflect upon their motivations, interests and assumptions about the topic, as well as their relationship to it, in order to identify fore-conceptions that might skew the research in particular directions (Finlay, 2002a). From the outset it was clear my own values, experiences, interests and political commitments shaped my choice of topic. I am keenly interested in sexual minority issues as a practitioner, researcher and self-identified lesbian. I came out when I was 20; my sister had already disclosed her lesbian identity to our parents (she is five years my junior and came out when she was 14). My parents reacted with homophobia when they learnt of my SOI: my mother poignantly questioned ‘what she had done wrong’ to have two lesbian daughters. Over a two to three month period, I felt very estranged from my parents. My sister, partner and friends were profoundly supportive. Thankfully, with time, my parents moved towards tolerance and then offered me their acceptance. Ten years on, I can say with great happiness that my parents fully accept my SOI and have welcomed my current partner into their lives and hearts. I am aware that others are not so lucky; I

consider this research an important opportunity to raise awareness of, and illuminate, their experience of this phenomenon.

In addition to it shaping my choice of topic, my personhood and personal experiences positively influenced my ability to engage in hermeneutic reflection (Shaw, 2010). My experiences of estrangement provided me with an empathic touchstone - I could enter the lifeworld of my participants through our shared experience of estrangement, and look at the world through this lens, briefly, thereby enhancing my empathic understanding of their experiences and my ability to interpret these (Shaw, 2010).

My professional identity as a Counselling Psychologist also significantly influenced my methodology, in particular the interview process. The following points were noted where this became most salient: One, my automatic use of active listening skills (to understand the individual's internal frame of reference) and silence (to facilitate reflection). Two, I found it quite easy to adopt a phenomenological attitude because I do this at times in clinical practice. Three, my experience in risk assessment and compassionate attitude towards human distress were also a significant help. Although no participant required clinical risk management per se, some cried during their interviews whilst speaking about their experiences. My training facilitated their emotional containment and ensured empathic, ethical research practice. Four, in my clinical practice I view myself as 'expert' in terms of my psychological knowledge and the patient as the 'experiential expert' - what emerges in therapy is collaboratively co-constructed. This way of thinking was consonant and desirable within the research context (Smith et al., 2009), and I felt at ease with this way of being. A related reflexive concern is the power imbalance between researcher and participant (Finlay, 2002a). I managed this much in the same way I manage the power imbalance between myself and my clients: I stated that I viewed them as the experiential expert and I would follow their lead. By doing this, I believe I demonstrated the respect I hold for the individual prepared to share their private thoughts and feelings with me.

While reflections one to four were experienced as positive consequences of my professional identity, number five pertains to a hindrance. In my clinical work I often 'reflect back' patients' words to demonstrate empathy and my understanding of their perspectives (Nelson-Jones, 2008). In IPA research, however, the act of offering meaning-oriented replies (Kvale, 1996) is discouraged and viewed as unhelpful because it interrupts the participant's narrative flow and may lead them to certain responses (Smith et al., 2009; Englander, 2012). Englander (2012) explains it is not consonant with the principles of IPA to do this and it may contaminate the data. Although I managed to notice and resist the urge to reflect back participants' verbal content, and refrained from remarking on process issues such as their body language, this required constant conscious effort. It was tiring and somewhat frustrating to experience this push-pull between myself as a therapist and myself as a researcher; I wonder whether it inhibited my ability to be fully present with participants at times because of the cognitive effort it involved.

In line with Wall, Glen, Mitchinson and Poole (2004) I kept a reflective research diary. Finlay (2002b) agrees it is vital for the researcher to find some way of analysing how subjective and intersubjective elements influence the research. Keeping a diary facilitated 'pre-reflective preparation' (Wall et al., 2004) as I used it to identify unhelpful fore-conceptions which may have otherwise interfered with the research process and my understanding of the phenomenon being investigated. This helped me realise fore-conceptions that shaped my recruitment criteria, and fore-conceptions that influenced my research strategy, e.g., knowledge of increased risk of mental health difficulties in LGB people informed the risk assessment procedure. I learnt how to skilfully bracket my fore-conceptions, which facilitated phenomenological reflection and the adoption of a phenomenological attitude (Shaw, 2010). By recognising and bracketing my presuppositions, I believe I was able to make closer contact with participants' experience of the phenomenon, as it was experienced by them.

I also used my diary to identify fore-conceptions I did not wish to bracket. For instance, my belief that homosexuality and bisexuality are normal, natural variants of human sexuality - a view shared by the British Psychological Society and other

professional bodies. I do not think it is necessary or possible to change someone's sexual orientation. I view sexual stigma as unnecessary and sad. Whilst I did not make these beliefs explicit, writing them in my diary helped me to realise that my affirmative stance on LGB issues will have been conveyed to those I interviewed through my way of being. Indeed, I think these beliefs played a crucial role in my ability to put participants at ease, establish rapport and facilitate the trust required to obtain good data (Smith et al., 2009). Finlay (2002a) explains that who we are, how we are perceived, and our way of being with participants (including what we do and do not say) will affect participants' responses and influence the direction of our findings.

I used my diary fruitfully in other ways too. I wrote free associations about participants after interview and during the analytic process, which allowed me to enter their life-world more fully and facilitated critical thinking about their experiences and the phenomenon. I made notes on the process of the research itself and troubled-shooted about problems I encountered, which reduced confusion and facilitated decision-making.

My role in this research has been central in influencing the design of the study, and the collection, selection and interpretation of the data (Finlay, 2002a). Reflexivity has proven essential to facilitate my understanding of sexuality-related family estrangement and the research process itself (Watt, 2007). Reflexivity is an intrinsic part of good quality IPA (Smith et al., 2009; Larkin et al., 2006; Willig, 2008).

Analysis

IPA is concerned with exploring, describing, interpreting and situating people's experiences in context (Larkin et al., 2006). This is essential to understand "what it means' for the participants to have expressed these feelings and concerns in this particular situation." (Larkin et al., 2006, p.104). As such, I will first offer some context within which to meaningfully situate the findings. I then introduce the findings, before offering a detailed analysis of each theme.

Contextualising the findings

Sociocultural context and family context emerged as inextricably linked with all participants' experiences of estrangement. Sociocultural context was viewed as negatively shaping parents' attitudes towards non-heterosexuality via their upbringing, Christian religious beliefs and/or social norms in accordance with their place of living (which was largely rural). Several participants spoke of poor/no visibility of LGB individuals as a factor maintaining familial sexual stigma and anti-LGB prejudice. Parental homophobia/biphobia and heterosexism were stated as the primary reasons for estrangement. The absence/relative invisibility of non-heterosexuality within individuals' sociocultural landscape also appeared to negatively shape participants' experiences of being non-heterosexual and estranged, via lack of similar others for sexuality-related social support and no LGB role models. Several participants appeared more able to cope with their experience of estrangement following re-locating to a more LGB-friendly place of living, where there were opportunities for LGB-specific support and socialization. Notably, several participants suggested that moving away from their families-of-origin increased their self-acceptance; e.g., "that's when I started to realise that I didn't have to feel guilty or ashamed or wrong about the way I was". (Chris, 573-575).

Participants' experiences were also viewed as embedded within their family context. All participants reported relationship difficulties with their parents pre-coming out. Issues included: Poor communication (all); parents' characters were viewed as problematic by some (e.g., Louise, Zach and Annie experienced their mums as

narcissistic and unempathic, Annie experienced her parents as controlling, Ann found her parents narrow-minded); parent's behaviours were viewed as problematic (e.g., Samantha's mum was an alcoholic with depression, Jon described his dad as violent, Zach's parents and Louise's mum were experienced as emotionally detached: not warm or tactile; Louise struggled with her mum's incongruence); arguments unrelated to SOI frequently occurred (for Chris, Annie, Ann, and Zach). These pre-existing problematic family dynamics appeared to interact with individuals' experiences of sexuality-related family estrangement.

With a degree of variance, coming out appeared to function as a catalyst, worsening pre-existing family dynamics whilst adding a new dimension to the family's difficulties. The fact that individuals' LGB SOI could not be changed added an additional layer of complexity. Zach explained: "There were problems to begin with, but those problems could have been solved. Sexuality was the point where, actually, this can't be solved. Because it can't be changed". (Zach, 1867-1874). All participants described their parents' initial reactions to their SOI as negative, discernible by homophobia/biphobia and shaped by established family dynamics. All parents were experienced as wanting their offspring to change and be heterosexual. Minimal communication about the issue, unhelpful parental assumptions about non-heterosexuality, homophobia/biphobia, requesting that their SOI be kept a secret, and/or avoidance of the issue constituted the negative parental reactions experienced by Zach, Samantha and Connor. All participants initially seemed to struggle to effectively and assertively communicate with their parents about the issue of their SOI. Jon, Chris, Louise, Ann and Annie all experienced significant conflict over their SOI with their parents, in addition to a dynamic of avoidance/inauthentic communication.

Post-coming out, poor communication and avoidance/conflict over SOI continued and featured in all participants' accounts of estrangement. These dynamics centred on the issue of change: Parents wanted the offspring to change and be heterosexual; offspring wanted the parent to change and be accepting. This led to unsuccessful efforts to change the other, and appeared to reinforce relational dynamics and difficulties. These themes were considered important facets of estrangement. Due to

space limitations in this paper however, these themes will not be explored in greater detail because they were considered less novel than the other findings.

Introducing the findings

A clear, full and systematic narrative account about participants' experiences of sexuality-related family estrangement will now be presented. In accordance with Smith et al. (2009), this was done without reference to existent literature with the aim of getting "as 'close' to the participant's view as is possible" (Larkin et al., 2006, p.104). Analytic commentary supported by raw data extracts endeavours to transparently capture and meaningfully interpret participants' lived experiences (Smith et al., 2009). Critical interrogation of individuals' accounts is intended to enhance, not occlude, their voices. Therefore, a tentative interpretative stance has been adopted (Willig, 2009). The symbol [...] indicates a participant's speech has been removed: mainly due to space limitations, although on occasion it enhanced participants' voices - offering greater clarity of point. Care was taken not to misrepresent individuals' experiences. All identifying information has been altered or transparently concealed to maintain confidentiality.

The findings have been organised into the following framework:

Master theme one: Perspectives on estrangement

The unwanted self

Estrangement as lacking closeness and support

Change and loss

Estranged in comparison to others

Master theme two: Consequences of estrangement

Compromised mental health and well-being

Challenging emotions

Master theme three: Coping with estrangement

Thought and emotion suppression

Choice and personal autonomy: The decision to live for oneself

The need to protect oneself

Compensatory relationships as positive coping

Master theme one: Perspectives on estrangement

What is it like to experience sexuality-related family estrangement? In this section, I explore how participants have understood their experience of estrangement, i.e., what it means to them to be estranged. This, according to Larkin et al. (2012), is a primary aim of IPA. In *'The unwanted self'*, I gain insight into participants' shared experience of feeling unwanted by their parents. In *'Estrangement as lacking closeness and support'*, I explore participants' understanding of what family means to them and the ways in which the parent-offspring relationship has been negatively affected by sexual stigma. In *'Change and loss'*, I discover more about how SOI-disclosure changed the parent-offspring relationship and the sense of loss that has co-occurred with this. I also learn that the prospect of parental attitudinal change significantly shaped individuals' experience of estrangement. Finally, in *'Estranged in comparison to others'*, I recognise how participants' perspectives on their estrangement were formed by comparing themselves with others.

The unwanted self

All eight participants referenced their parents' prizing and preferring heterosexuality, and all spoke about heteronormativity, heterosexuality and procreation within a heterosexual relationship as what their parents wanted for them. As an apparent consequence of this, and their non-heterosexuality, all participants seemed to share the belief that the person they are is not whom their parent/s want them to be. This idea of the self as unwanted recurred within participants' narratives, often as they spoke about parental expectations, preferences, and/or ways of being which rendered them feeling unwanted in some way. For instance, Zach said:

“... they said that they don’t approve of it and therefore they’re not going to speak about it. But [...] I heard them discussing it between themselves. ‘Oh, what are we going to do? Oh, it’s probably a phase. Oh, he’ll get over it. Oh, he’ll get a girlfriend. Oh, we’ll introduce him to this nice girl down the road ...’ [...] they’re trying to prevent [pause] they’re trying to put me into their idea of who I should be. And therefore they are dismissing who I am” (Zach, 1684-1698).

His parent’s refusal to discuss the issue openly with him, coupled with the belief they wanted to prevent/alter his SOI, would likely have sent Zach the message that his SOI is undesirable and unwelcome, causing him to feel dismissed and unwanted. Zach elaborated:

“They wanted to bring me in line with their ideal son. Whereas actually what they were doing was they were making, they were pushing me further, further, further and further away from that ideology. Um, of, um, a straight son who gets married who does all of these great things.” (Zach, 1832-1839).

As Zach repeated the word ‘further’, I sensed vast emotional distance between them. It seemed the more Zach perceived his parents as trying to change him, the more dismissed, emotionally distant and unwanted he felt. As he spoke of himself as increasingly divorced from their ideal son who does “all of these great things”, I got the sense Zach experienced his parents’ unaccepting way of being as damaging his ability to develop and thrive.

Zach experienced ideological rejection of his SOI and personhood, and physical rejection as his parents signed him over to the care of social services. Zach seems to view his unchangeable SOI as the catalyst which prompted his parents’ final rejection:

“...it was the fixed point at which they said ‘D’y’know what? He’s not really our son any more ... Off he goes’. Signed section 28” (Zach, 1819-1822).

Like Zach, Louise reported feeling rejected by her mum. Reflecting upon her mum’s way of being towards her, she explained:

“There is that, that bit of me that goes ‘yeah, I’m not accepted’ but there’s also a bit of me that goes, like, ‘actually what your behaviour says to me is that you’re rejecting’. Like, ‘you, you, you don’t want ... Not that you don’t want me but you don’t want what I am and who I am; you don’t want the person that I am’. So, y’know, you want a daughter but you don’t want what I’ve got to offer”. (Louise, 909-917).

As Louise stuttered and denied the idea of mum not wanting her, I got the sense that this possibility was painful for her to entertain. As she replaces the word ‘me’ with ‘what I am’ and ‘who I am’, I got the sense that these phrases were perhaps less personal and therefore more psychologically palatable. One could argue however, that if her mum is rejecting what and who she is, her mum is actually rejecting her.

Annie offers insight into why this kind of rejection is so challenging to comprehend and manage:

“I suppose what made it worse because, was because ... it was more about who I was in the core of me [...] my identity. It was my, it was basically saying: ‘Change your identity or we want nothing to do with you.’ And that feels even a step further than: ‘Make the job choice I think you should make. Or we’re not gonna support you.’ You know, it’s that, it felt worse even than that”. (Annie, 242-260).

The word ‘core’, “The part of something that is central to its existence or character” (Oxford Dictionaries, 2015), indicates how deeply Annie’s SOI is entwined with her personhood, and how deeply she felt their rejection of her.

Unlike Annie, sexuality is not a big part of Zach’s identity:

“I mean, my sexuality isn’t a big part of me. My parents assume that it is all of me. [...] And therefore, they’re basically saying ‘because of this tiny part of you, we’re not going to accept any of you’. Not the science, not the, not the, not the, the achievements. All they’re going to see of me is their gay son. They’re not going to see their son”. (Zach, 1664-1678).

I experienced Zach's self as chronically unseen and dismissed by his parents – he seemed to view his SOI as occluding his parent's ability to see, want and love him as a person. As Zach stuttered, I sensed how painful this seemed for him.

Samantha appeared to share this sense of feeling unwanted and unseen by her Dad:

“‘Cause he's just disappeared, forgot about me and my brother. Erm, 'cause he's not even talking to my brother and he hasn't done anything wrong. My dad's a bit of a stuck up pig, I think. Selfish. He wants a perfect life, y'know, perfect family and we are not that perfect. Like, I'm gay, my brother: he's got a disability. [...] my dad just feels ashamed of all of that. He wants y'know, a family that's totally perfect, that's gonna have a really decent job and family, kids and all that. Which he can get with us if he actually talks to us, sees us”.
(Samantha, 297-309).

As Samantha speaks of her brother not having “done anything wrong”, there is a subtle inference that she has; it seems as if, not consciously, Samantha may view her homosexuality as wrong and deserving of abandonment. As she continues to refer to her understanding of her dad's expectations, I get the sense that she views being gay as imperfect and herself as ‘not good enough’ for dad. It seems there is a wish for her dad to see her - not only to see her physically by making contact, but also to see her potential as a person aside from her SOI.

Like Samantha, Jon makes reference to his dad's heteronormative preferences and expectations, both using the word ‘perfect’ to describe the family they perceive their parents want:

“...perfect, y'know, father and grandfather and all that and as soon as he found out that, y'know, I was gay [...] it wasn't what he had envisioned; he wanted me to be what he envisioned, and do what he wanted and that wasn't part of that”. (Jon, 598-905).

Ann spoke of her parents' distress at her not living the heterosexual, heteronormative life they envisioned for her:

“I would hear from my mother how [...] my dad is crying because of me and I’ve done this and [...] they keep on thinking what have they done wrong and why am I who I am...” (Ann, 107-112).

Again, the message appears to be that the person Ann is not whom her parents wanted her to be. Chris reports similarly:

“I guess as hard as I try I’m still not gonna be the sort of person that my mum wants me to be [...] – she wants grandkids now and she wants me to sort of get married to a woman and she wants it so bad still, and as much as she tries to sort of be okay with it now, I still know that’s inherently what she wants”. (Chris, 883-902).

Although Chris and his mum have made positive progress in their relationship, he believes with certainty that his mum would prefer him to be heterosexual. Indeed, even though some participants maintain superficial contact with their families, this sense of themselves as unwanted remains. Connor refers to a kind of ‘tolerance with conditions’ he now experiences with his mum, because of her biphobia. He describes it as:

“... this uncomfortable, in between place where I’m allowed to be at home provided that it’s within the parameters that’s set... [long pause]” (Connor, 962-965).

This idea of conditional parental acceptance and support seems an uncomfortable, emotionally painful notion for Connor; I noted in our interview how, when he paused at this point, he had tears in his eyes.

Estrangement as lacking emotional closeness and support

All participants described a deficiency/absence of emotional closeness and support in their relationships with their parents. This experience seemed in opposition to participants’ understanding of what family ‘should’ mean. For instance, Zach said:

“Yeah, because family is meant to be support. I mean, that’s the entire reason humans, or any primates, go into a group. It’s for support”. (Zach, 897-908).

I got the sense Zach viewed his parents as failing to fulfil the ideology of family. Zach's use of the word 'meant' and his reference to emotional support highlights this an aspect of family lacking for him. With the same word, 'meant', Chris gives similar insight into his perspective of family and what he is lacking, describing parents as "people you're meant to be closest with" (Chris, 259-210).

Adding to our picture of what estrangement means to these participants, Connor explains:

"I systematically don't have certain conversations ... I recognise the fact that I can only go home under certain circumstances and at certain points. Erm, and I really like the fact that in certain circumstances I feel like I can rely on my family, but I am angry and upset about the fact that isn't in all circumstances. And, there are things that my sisters have been able to take that I would consider to be a pretty natural thing within a family, that I don't feel like I can do. So, in my case it's just ... It's not a complete blanket silence, it's just the fact that certain, certain things in my life – my relationship ... erm, don't get brought home". (Connor, 49-67).

For Connor, it seems, family 'should be' unconditionally welcoming and supportive, open to discussions about offspring's romantic relationships. This is not part of Connor's experience of family, which is emotionally evocative for him - suggesting a wish for things to be different. Connor seems to negotiate this reality and his mum's biphobia by withholding parts of himself and his life. I got the sense here, and from Connor's narrative as a whole, that this inability to share personal information about his romantic relationship with his mum is part of what maintains their estrangement.

Parental homophobia and biphobia appeared to negatively affect the offspring-parent relationship both pre- and post-coming out. For example, Chris said:

"...but I couldn't... I just never felt as close because of her attitudes, I guess, and that was even before I told her" (Chris, 210-212).

Ann encapsulated participants' experiences well when she explained why parental homophobia negatively impacted her relationship with her mum after she had come out:

“I guess that’s where the detachment is because it’s not easy to have somebody in your life close to you emotionally when you know how they really feel about you in relation to your sexuality [...] So, so that’s why there’s a kind of natural distance between me and my mum now, because she’s not somebody that I’d go to for support. I know she doesn’t approve, I know she doesn’t affirm who I am, who Rebecca [daughter] is, what our family makeup is, so, so I don’t go to her for anything really. So, she’s on the fringes of my life. We have contact but it’s not much more than that really”. (Annie, 1591-1608)

Annie seems to position her mum as the outsider because of her homophobic attitudes. Annie’s reference to detachment suggests a degree of intentionality: separating herself from her mum in an attempt to protect herself from homophobic disapproval. Not going to her mum for support may maintain this natural distance between them, again serving a self-protective function.

All eight participants experienced a lack of parental support and closeness. For Zach, Samantha (with her dad) and Jon, their experience of estrangement progressed from a lack of support and closeness to an absence of these components of family entirely. Zach’s parents’ signed him over to the care of social services, Samantha’s dad abandoned her, moving away with no explanation or means of contact, and Jon’s dad stopped talking to him completely. This sense of absence and detachment is very present in Zach’s description of what it means to him to be estranged:

“So, ‘estranged’ for me means kind of separated from your family emotionally and intellectually. Not necessarily physically, although I am. (Zach, 22-24).

Zach’s way of speaking here seems to reflect the emotional separation he feels from his parents. His tone was curt, his definition cutting and clear about what is now absent. Although Annie was able to superficially reform her relationship with her mum, she too described this sense of absence – a deficit in closeness and support – which she described as the most difficult aspect of estrangement:

“...the absence of emotional support, so sort of feeling ... just that sort of emotional support that you, that you expect and hope to get from your mum,

really, y’know, the holding of you, in all of who you are – that, the absence of that, I would say”. (Annie, 1281-1289).

Like Annie, Samantha (with her mum), Connor, and Ann all maintain superficial relationships with their parents now, characterised by an absence of closeness, lack of support and superficial conversation that typically avoids the topic of SOI in order to prevent conflict. Ann describes this as:

“...the compromise that we’ve arrived at: that they don’t ... Yeah ‘cause I’ve sort of, I’ve just, I’ve given up on trying to explain things to them or ... and I think that they’ve, sort of, given up on trying to make me, I don’t know, change me, so it’s ... I don’t know, it’s just sad”. (Ann, 145-151).

As Ann spoke I felt a strong sense of loss and a wish for things to be different, in spite of her saying she has now “given up”.

Change and loss

Post-coming out, all participants described a negative change in their relationship with their parent/s which involved an inherent sense of loss. Chris explains:

“...so much changed when I told her [...] she didn’t even wanna talk to me ever again and that sort of thing. I think that’s the worst, just realising how much something like that can impact your family life”. (Chris, 973-980).

Even though Chris had a poor relationship with his mum at the time, coming out appeared to function as a catalyst causing the rest of their relationship to disintegrate very quickly into no contact at all. Notably, Annie, Zach, Samantha (with both mum and dad), and Jon all shared this experience. Chris uses the phrase “that’s the worst” at various point in his narrative to describe aspects of his experience that have been particularly challenging to adapt to. The extreme impact coming out had on his relationship with his mum seems to be another example of this.

Samantha also spoke of a clear change in her relationship with her dad:

“When I came out he was different. He wasn’t as nice as he used to be. Y’know, we used to go to car boot sales together and I used to love it. Just

buying silly little things really cheap. [...] And, I did actually miss that, Cause that was sort of our thing [...] No matter what the weather was like. But it was our thing. And, yeah, we didn't get to do that after that. It all stopped". (Samantha, 695-707).

Like Chris, the impact of relational change seemed sudden for Samantha, and her words evoke a sense of losing something precious as she repeats it was "our thing" (even though she explains earlier in her narrative that she and her dad were not that close anymore). Samantha's reference to the fact they would go, always, irrespective of the weather, highlights how impenetrable this activity was; it illuminates the gravity and impact that her SOI had on their relationship.

For Samantha (with dad), Zach (with both parents) and Jon (with dad), contact was severed permanently by the parent/s and the relationship was lost. Louise currently has no contact with her mum because of her mum's way of being towards her SOI; it is uncertain whether this loss will be temporary or permanent. For Samantha (with mum), Chris and Annie, contact has been re-established after an initial period of the parent withdrawing contact post-coming out.

Although Ann, Annie and Connor still have contact with their parents, it is superficial; there is a sense of loss here too. For example, Ann said:

"...there's a part of my life that's always gonna be missing [...] I, it's almost like I don't, I don't have, I don't have parents or I don't have a brother ... And I'm sort of, yeah, I'm, I'm sort of on my own, really. In this sense" (Ann, 1468-1474).

For Ann, a superficial relationship, without the elements of closeness, support and open communication, seems "almost" akin to not having a family at all. As Ann speaks, she seems to believe, with certainty, that her parents will never be accepting of her SOI. I felt a strong sense of Ann's loss; not only their loss of closeness, but also an apparent loss of hope for positive change.

Indeed, part of what appeared to shape participants' experience of estrangement was whether or not they viewed positive attitudinal change within their parents as possible. This influenced whether they viewed the relational loss as permanent or

temporary, and shaped their perception of whether/how the relationship could be reformed/improved.

A strong sociocultural undercurrent appeared to influence both parents' attitudes towards non-heterosexuality and participants' belief in the prospect of attitudinal change. For example, Ann explains:

"...I can't possibly imagine taking my parents to gay pride and getting them to understand that there's other ways of being and living and it's all socially constructed [...] I dunno if there was this contraption they had in The Matrix where you shove someone's head into this and get them to learn all this, and sort of and see and understand, yeah, maybe, but it's just not ... 'Cause they, I dunno, they live their lives in, in one way and it's, yeah, I don't think they can ever be different". (Ann, 1196-1211).

Ann's reference to the science-fiction fantasy film 'The Matrix' serves to illuminate just how impossible she views change to be; as if the prospect of her parents accepting her will only ever be a fantasy. Like Ann, most participants appeared to experience a loss of hope for positive change (excluding Chris, Samantha - with her mum, and Louise). As Connor discussed his feelings about his mum's lack of acceptance of his relationship, he explicitly articulated a sense of loss, but did not seem to know what it pertained to:

"...sometimes I feel sad and loss, um, of ... something. Which is interesting because I don't actually know what that thing is". (Connor, 1319-1921).

Viewed within the context of his narrative as a whole, Connor has been wanting and trying to facilitate acceptance in his mum for years, to no avail. He has been instructed by his dad to stop now on the grounds that continuing to raise the issue may endanger his mum's health. Therefore, Connor may be experiencing a loss of hope as he begins to realise that positive attitudinal change may never be possible.

Zach makes explicit reference to this idea:

"... I'd always hoped that my family would, one day, be accepting or involve me in the family in a way that was productive and accept me for everything I was and accept my boyfriends – were I to have any [...] ... Suddenly realising

that, actually, that's never gonna be possible, was what I was most upset about. Rather than actually losing the family. Because it was such a painful situation that, actually, I didn't mind it not being there any more". (Zach, 1058-1069).

Ann also describes this loss of hope for acceptance:

"I dunno, like I just wish ... I dunno I just wish ... But I don't, um, do I still wish that? Probably not. I was about to say that I wish that they would somehow understand, but I think that the saddest thing of all is that I've actually – no, like now I've kind of, I've given up on this [...]" (Ann, 771-774).

Her repetition of "I just wish", coupled with the indefinite meaning of "probably" suggests to me that Ann does still want acceptance. However, it is possible that the lack of hope she is experiencing may have caused her to 'give up on' wishing for understanding and acceptance from her parents.

Annie too exhibited this sense of giving up on the idea that things may change for the better:

"I think I've grieved the loss of the family I didn't have, actually". (Annie, 1547-1548).

It seems Annie has gone through a process of 'letting go' of the hope she held. I infer an acceptance of her reality here too, as she recognises the family she didn't have, but perhaps always wanted.

The desire for acceptance and parental support united all participants. However, the hope that this would in fact be possible was only clearly present in Chris:

"Maybe the more and more my mum, or I can show my mum that it's ok, it's healthy, it's normal, the more she'll accept it. But that's what I hope anyway..." (Chris, 868-871).

Although hope for positive relational change is clearly alive in Chris's experience of estrangement, it seems tentative – suggested by his use of words like 'maybe' and 'but'. This fits with the uncertainty inherent in the notion hope, in and of itself as "A feeling of expectation and desire for a particular thing to happen" (Oxford Dictionaries, 2015).

In spite of this uncertainty, and unlike the others, Chris has experienced substantial positive attitudinal change in his mum. He offers insight into his understanding of how positive exposure to his partner facilitated this change:

“...her attitude now has changed a lot because of James. ‘Cos when she finally, sort of, awkwardly bumped into him and had to start having conversations with him [...] she was sort of, forced into ... See it wasn’t ‘forced into accepting it’, it was more ‘forced into realising that it wasn’t a problem’. [...] She’s still not amazing with it, but in comparison to three years ago it’s a world of difference [...] she still, winces if I ever mention anything about marrying someone or scoffs if I mention anything about one day having kids, but she can be in the same room with me and she can ask ‘how, how’s James?’”. (Chris, 373-401).

Although his mum is still not accepting, tolerance is increasing. Described as “a world of difference”, it seems as though her tolerance has significantly impacted upon Chris’s experience of estrangement from his mum.

Estranged in comparison to others

Contrast was a salient theme emerging in all eight individuals’ narratives. Recurrently, participants’ experiences of family were compared to others’, and it was through this comparison process that areas of relational dysfunction/deficit were illuminated. For instance, Louise’s attention was drawn to the poor communication and ineffective conflict resolution in her relationship with her mum by observing her partner parenting her children:

“...I’ve got to see a very different side of parenting. I think that probably is what sort of raised my awareness of it all”. (Louise, 124-127).

Communication seems to be an important issue for Chris too, highlighted by contrast:

“I think it’s important when you put in a comparison to how other people are. So if you say ‘estranged’ with your family, I could compare myself and my relationships of my family and my mum compared to my friends’ [...] how

they're open around their parents and different discussions they can have, and how they're comfortable". (Chris, 23-33).

Chris's reference to how "open" and "comfortable" others are with their families suggests these are areas of particular difficulty for him with his mum. Contrast reveals other deficits and difficulties in Chris's lifeworld too:

"...not being close with my family, I've sort of like, become parts of other people's families [...] why the fuck can't I just have a family like this, that I'm included in, that I'm a part of? It's just 'cause I don't fit in into my own I'm constantly thrown between all these different people who think 'Uuh, Chris, uhh he can come'. It's lovely, I'm not saying I never had a good time or anything, but all I wanted was like my own, my own family unit where people, we support each other and we can talk to each other and we know actually about each other's lives and not constantly lying and pretending I'm someone else. I think that's the hardest thing, it's not just the being gay side of it, but the actual not having the same family relationships as everyone else around you" (Chris, 593-615).

Although Chris has been welcomed by friends' families, it seems as though he desperately wants to experience this sense of inclusion and belonging within a family of his own - his depth of feeling illuminated as he repeats the words "my own". There is a tone of anger and frustration as he articulates this wish. As Chris describes himself as "constantly thrown between all these different people who think 'Uuh, Chris, uhh he can come'", there is an inference of himself as the unwanted, almost a burden. There is a sense of his lack of choice too, of unwanted chaos, as I think of the word 'thrown' and its definition: to "Push or force (someone or something) violently and suddenly into a particular physical position or state" (Oxford Dictionaries, 2015). I think of Chris being 'thrown', with little choice, between feeling rejected (by his family) and feeling accepted (by friends' families). There is a sense of isolation too, as Chris talks about how challenging it is "not having the same family relationships as everyone else".

Samantha articulates a similar experience:

"I had ... some girlfriends I used to go and see their family and see, like, they were actual mum and dad together, happy family, and they were happy to have their daughter there with her girlfriend. And, y'know, they weren't anti-gay. They liked it, and they loved me. They always used to feed me a lot. Which was fine by me; I was quite happy with that. And, you know, I used to get hugs and stuff from a lot of them which I never actually had... from my mum and dad. It just would've been nice if I had that. A nice family that actually was fine with it all and treated me the same as everyone else. [...] It made me feel sad and alone a bit, but I also felt a bit happy 'cause they were actually being nice to me, which made me feel good". (Samantha, 417-426).

Like Chris, the experience of being with accepting others evokes emotional ambivalence. It also highlights the family dynamics, nurturance, acceptance, equality and love lacking within Samantha's own family. Like Chris, there is a wish things were different.

The same illumination of deficit and emotional ambivalence is present as Ann makes reference to contrast:

"...there's been I think a number of, like, older female friends that I've had and, and I've heard it on quite a few occasions from these women [...] how they would love to have a daughter like me. Or like how they wish I was their daughter 'cause I'm so fucking brilliant and funny and ... And it's like, it feels so, like really nice and amazing, kind of, and I got this acceptance and brilliant relationships with women elsewhere [pause] but [sighs] it's like, yeah, there's always this, this, this, when this happens there's a part of me that gets really, really sad 'cause I'm thinking, like, 'why is it that my mother is, would like to, like my mother swap me like this for [...] the daughters that her friends have [...] some stupid cows there who get married or they had problem child or they do something ... And it's not like even, I say it in a really kind of harsh way, but it's not like I'm even upset about it, it's like 'good for them!' I mean, like, I'm happy for all these people and let them just have, yeah, healthy children and good lives and everything but, like, I don't really think that it needs to be [...] imposed on everybody indiscriminately". (Ann, 825-841).

As Ann spoke, her voice raised and she appeared angry and upset. Like Chris, there is a strong sense of Ann feeling unwanted and an angry wish for things to be different. In this extract, comparison evokes distress not only via the experience of being accepted by other 'mother figures' but not her own. Ann seems to feel unfavourably compared to her mothers' friends' more traditional heterosexual daughters, which also evokes distress. She appears to perceive the value her mum places on heterosexual relationships as nonsensical, and seems angry that her mum continues to force these heteronormative ideals onto her. There is a sense of misdirected anger as Ann refers to the "stupid cows" her mum seems to value. I sense Ann wishes her mum would value her like that, and feels angry and sad that she does not.

Like Chris, Samantha and Ann, lack of parental acceptance was highlighted for Annie via contrast with accepting supportive others. She said this as she spoke of her parents' homophobic reaction to her pregnancy:

"...people at work, friends, Sally's family, everybody was just flooding us with all this joy and then here's my parents and the contrast was just like: 'fucking hell' [...] It highlighted all the things I've ever thought about them in terms of how little they can really be there for me, it was just like the final straw after a lifetime of that kind of shit". (Annie, 932-954).

For Annie, this reaction appeared to illuminate not only their lack of support in the present, but recurrently and historically too. Similarly, contrast highlighted a specific area of deficiency for Zach, a lack of closeness, whilst prompting more general reflection upon his parents' way of being historically:

"...when other people speak to me about their parents and how close they are with their parents, I think, 'Actually, d'y'know what, my mother and father haven't fulfilled the role of being parents'. [...] They've done an awful job and I've done this in spite of them, not because of them. Um. And I think I'm going to be in spite of them in everything I do for the rest of my life". (Zach, 1917-1932).

As with Chris, Ann and Annie, contrast seemed to evoke some anger for Zach as it highlights the deficit in closeness and general lack of positive caregiving he has experienced. Zach views his parents as failing at "being parents". Notably, this

extract was taken from a section of the interview in which Zach was talking about the depression, anorexia and suicidal ideation he has experienced as a consequence of his estrangement. When he says, “I think I’m going to be in spite of them”, I believe there is a powerful inference that he will in fact ‘be’, he will survive and he will live, in spite of this painful experience.

For all the participants discussed thus far, the comparisons came from outside their families, from friend’s families and parent figures. For Jon and Connor, comparison functioned within their own family, illuminating the stark contrast between accepting and rejecting family members. For Jon, this experience has been like having “two different families” (Jon, 781). For Connor, his dad’s acceptance and positive reaction to his SOI caused him to realise a painful loss of closeness with his mum:

“... I think it also made me realise that somewhere along the lines I had ... it clarified that I had stopped being very close to my mother maybe five years beforehand...” (Connor, 457-461).

There were long pauses in speech as Connor said this. This, coupled with him saying how they are no longer ‘very close’, evoked a painful sense of loss and sadness.

All participants experienced challenging psychological consequences in response to dysfunction/deficit in their family relationships. In the next section, I explore these in greater detail.

Master theme two: Consequences of estrangement

What is it like to experience sexuality-related family estrangement? In *‘Compromised mental health and well-being’*, I gain insight into the mental health and socio-emotional difficulties some have experienced as a consequence of estrangement. In *‘Challenging emotions’*, I consider the aversive effect of estrangement on individuals’ emotional well-being, and explore how some conceptualised their emotional processing of estrangement as grief.

Six participants experienced consequences of estrangement that were viewed as negative and undesirable for their mental health and well-being. Zach, Jon and Samantha all experienced depression; Jon encapsulated their collective experience well as he explained:

“...I think [pause] you know having anyone who’s meant to be that close to you being so negative and, y’know, not accepting who you are, I think that would affect anyone, y’know, um, badly. [...] it affects me, y’know, like I have depression, I don’t know the root of it [...] [pause] y’know I can’t say that is the cause or that isn’t the cause but I think that helps towards it maybe [...] That’s how it kind of affects you long term”. (Jon, 800-811).

Jon reported low mood, lethargy, a feeling that life is hard and that he is worthless. While Jon seemed reluctant to identify a causal link with certainty between his experience of depression and his experience of estrangement, he alludes to the idea they are connected for him. Hesitant blaming of his father for his mental health difficulties occurred at several points in Jon’s narrative. For instance:

“...I can’t say what the root cause is – but, y’know, I’d say it has had a negative exper-, you know, it’s deteriorated my mental health, y’know. I’m still not over it. I’m getting better, but I’m still not over it”. (Jon, 901-905).

I got the sense, from engaging with Jon, that estrangement has had a negative effect on his mental health and that this was quite painful for Jon to acknowledge. It seemed as if part of him wanted to blame his dad, but refrained from doing so, perhaps because it may evoke additional thoughts and feelings which may be challenging to manage.

Samantha told me she still has depression. She was unclear about whether she perceives this as related to her current experience of estrangement, but linked it very clearly to her historical experiences. She explained that, during the earlier stages of estrangement, with both her mum and dad, she would pretend to be straight to “keep my family happy” (Samantha, 129). Samantha experienced depression, extreme stress, and stress-related breathing problems as a consequence of this. Annie, Jon, Chris, Louise and Ann all engaged in inauthentic behaviour to try to please their families/meet their conditions of worth. For Ann, inauthenticity

seemed particularly detrimental to her mental health and well-being. Speaking about her use of therapy to cope with the psychological consequences of estrangement and its associated experiences, she explained:

“... having sex with men that I didn’t really want to: that’s really something that is probably hardest for me to, um, forgive myself [...] just understanding where this [pause] why I was doing this kind of makes it easier for me to, like, yeah, just move on and not, not, not, yeah ... Not want to, I dunno, pour bleach on me...” (Ann, 1582-1590).

Like Samantha, Ann was trying to keep her family happy to the detriment of herself. Ann’s reference to therapy as helping her not want to “pour bleach” on herself highlights the gravity of her emotional pain and the inclination to harm herself as a consequence. As she stuttered, I got the sense that perhaps this was still hard for her to speak about. Both Ann and Zach experienced deep sadness as well as a range of self-harming behaviours and suicidal thoughts as a consequence of their estrangement. Zach said:

“...when I was estranged with family during the beginning of my foster care I felt incredibly depressed, I felt suicidal, I did self-harm...” (Zach, 1049-1052).

Zach reported additional self-harm in the form of anorexia. When asked what he thought his anorexia was about, he said:

“...it was the wanting to die but not the courage to do it. I mean I, I took trains a lot and I used to stand on the edge of the platform hoping that the edge of the train would suck me under so I wouldn’t have to jump”. (Zach, 1190-1196).

For Zach, anorexia seemed to represent the wish to die and an attempt to cope with the psychological pain he was experiencing at the time. As Zach spoke about his struggles historically, his parents’ absence was present in his words:

“Um, and I, I do think that, at that point I didn’t want to put the effort in because I didn’t have the effort in me. Um, and I thought it would be a better option to just, kind of, accept that I’d had a good run and go ... Than to, basically, ‘cause I knew that working towards my hopes or my dreams would

be so difficult and so painful in accepting what had happened to me". (Zach, 1222-1230).

For Zach, the idea of suicide seemed easier than the prospect of trying to cope with, and accept, his estrangement and the experience of sexual abuse associated with this. Ann also reported contemplating suicide. For Ann, it seemed to symbolise a means of escape from the emotional challenge of being homosexual within her family and sociocultural context at the time:

"...I had my first homosexual experience at, I dunno, at some ridiculous fucking age – that, again, I felt really shameful about it, and I felt really fucking freaked out about, because obviously it wasn't something ever I could just tell anybody about or ... or do anything [...] ... I just feel really, really sorry for myself just that I, um, like when I think back about how sort of tormented and ... and ... and angry and sad and sort of guilty I've been feeling for many, many years ... it's like, 'Jesus Christ' [...] I did really think about fucking suicide (Ann, 956-973).

Ann seemed in disbelief almost, as she reflected upon the emotional consequences of her estrangement with me. I gained greater insight into her experiences as she spoke of the self-destructive sexual relationships with men she engaged in:

"... seriously being gay in Poland at that time was just fucking awful. And then, so I think I had also a phase of just doing some sort of like, self-destructive relationships with men who [...] were actually completely wrong for, for anybody really [...] Just almost, I think, just to piss my mother off. Just so that, actually, 'Want me to fucking have a boyfriend? I'll have a boyfriend – the one that you can never fucking accept.' So I went – which was pointless, again, but, yeah, [...] that was I think my pattern: to hurt my mother for not loving me the way I ... want her to. I would hurt myself, really, so that she would actually see it and feel some of this pain". (Ann, 411-429).

Ann was living in a sociocultural context that was very homophobic; her family were also homophobic. Although Ann's behaviour served no positive purpose, her explanation illuminates its "point". It seemed to be an expression of her anger, an attempt to elicit her mum's empathy, as well as perhaps a means of trying to survive

her context at the time. Notably, Ann's tense changes, from the past, to the present and back to the past, as she speaks of her mum not loving her "the way I ... want her to". Her shift to the present here suggests that the desire for her mum to love and support her unconditionally is still a feeling Ann experiences.

Well-being was additionally compromised by estrangement because it rendered two individuals vulnerable to sexual/physical abuse with no family support system in place. With a tone of anger and implication of blame, Zach explained:

"...it caused me to put myself in vulnerable situations where I could – where I was – sexually assaulted. [...] Where I was put into a position where I felt there was no other option than to, basically, starve myself. That was all linked to sexuality. [...] It was linked to the fact that they couldn't accept me for who I was and therefore they started to break down the relationship..." (Zach, 1784-1796).

He added:

"I mean, I know, I know your study isn't exactly on the sexual abuse but it was because I didn't have that support network in place with my family that I didn't actually tell anyone". (Zach 1947-1951).

As Zach described himself as 'put into a position', I got the sense of the lack of choice he may have felt - he could not change his SOI; he had no choice when his parents signed him over to social services; he did not choose to be abused by older men who convinced him to engage in sexual acts with them. Not having secure attachment relationships with his parents, it seems, left Zach unsupported, isolated and vulnerable.

Chris recalled abusive interactions with his first boyfriend, which echoed similar issues of lack of support, isolation, and vulnerability:

"I had, my first boyfriend was quite abusive to me and sort of ... it's the sort of thing you would go home and have family support from but I didn't and so I had my other family of course and but when it came down to the crunch of it, I was too young to sort of understand what was happening and they wanted me to tell the police and I remember a comment from them saying 'If

it was Jennie we would've called the police by now, he would be, like, all of these things would've been put in place, but because you're not our kid, like, we can't make you do anything. We can't force you to.' So I had to, sort of, make all of these decisions from such a young age on my own just 'cause I wasn't at home. So I think that was a big thing as well" (Chris, 990-1007).

Chris described it as "terrifying" (Chris, 1013) making such important decisions at a young age without the support of his mum. Like Zach, Chris had no support or SOI-related guidance from his family because of their estrangement. While Chris did not elaborate upon the impact this had on his wellbeing, his reference to it as "a big thing" indicates its significance.

Challenging emotions

All participants experienced emotions in response to their estrangement that seemed undesirable, unwanted and challenging to cope with. Individuals' anxiety, sadness, shame, guilt, anger, and grief will each be discussed in turn.

Two participants experienced anxiety and apparent rejection-sensitivity as an emotional consequence of their estrangement. Annie encapsulates her own and Louise's experience well:

"...that split-second decision whether to come out to somebody, there is always a sense of 'How are they gonna take it?' that I carry through my life. [...] So there is obviously a degree of fear for me around being rejected by people and I'm sure, y'know, that comes from the whole context of the society we live in, but also, I'm sure, it's been influenced by my experiences with my family – absolutely, I know it has. 'Cause it sometimes feels like: my god, if your own family can't even accept you, you know, what hope have you got of anybody else accepting you? So it has had an impact". (Annie, 300-314)

Annie grounds her fear of rejection in contemporary society, indicating a perception of society as containing homophobia with the prospect of rejection. Nevertheless, she clearly links her fear of rejection with her experience of estrangement and claims her rejection sensitivity is a consequence of this. Annie seems to position family as

the people that 'should' most likely be accepting; the fact they are not seems to severely shake her faith in the likelihood of others accepting her.

All eight participants shared the experience of sadness in response to their estrangement. For all, this sadness was in relation to their parents' unaccepting way of being. Jon explained:

"'Cause it makes you feel bad that your father doesn't want to be a father figure to you, you know, doesn't accept you for who you are". (Jon, 645-648).

Jon's sadness seemed related to his dad's lack of acceptance and active rejection of him. This experience was similar for Zach and Samantha. Samantha said:

"'Cause after that she stopped talking to me [...] [I: How did that make you feel?] Sad. Upset [...] I didn't hear anything for quite some time". (Samantha, 179-185).

Although Samantha's mum began talking to her again (after about a year), there is a sense of loss connected with her sadness. This sense of loss with sadness was noted as Connor spoke of his inability to have a traditional wedding with full family involvement due to his mum's homophobia, and as Chris spoke of the loss of three years of his life in which he and his mum were not talking.

What appears to heighten Louise's sadness is her belief that her mum does not care enough to try to repair their relationship/reduce their estrangement.

"...I find it a bit sad that, y'know, she's not more giving and more, um, you know wanting to do anything about it, really, you know. Um, and I think, but I think [pause] I, I don't think I've ever really lived up to her expectations". (Louise, 1489-1464).

Louise appears to blame herself for her mum's way of being, which may have contributed to her sadness. Inherent in Louise's words too, it seems, is a wish for things to be different - the desire for positive relational change. This desire was present in all participants' narratives and seemed very much linked with their sadness; Chris, for example, said:

"...when I did see her it would be upsetting because it goes back to the whole I wish that we could just function like a normal family". (Chris, 719-722)

Feelings of shame and guilt featured heavily in six participants' narratives. Samantha, Ann, Annie, Louise and Chris all refer to parental homophobia and it's evocation of shame within them. Chris recalled his mum's homophobic reaction when he spoke about the prospect of same-sex marriage in his future:

"...she pulled this most disgusted face and made this noise, and it made me feel just horrible [...] like I was 16 again and hiding it. And I felt guilty again and ashamed and I just didn't say anything to her – I couldn't and I just, she doesn't, I don't think she knows how much that sort of thing affects me". (Chris, 428-435).

His mum's reaction appeared to affect Chris deeply - as if he felt her homonegativity, internalised it and then felt negative towards his SOI himself. Annie encapsulated this idea well when she said:

"...I probably did sort of then carry some of the shame that they were clearly feeling in relation to, to my sexuality". (Annie, 264-266).

Like Chris, Annie suggests she introjected her parents' homophobia, causing her to experience their shame. Several participants explained that their parents wanted their SOI to remain a secret and spoke of a strong sense of their parents' shame. Both Annie and Louise state the importance of no longer hiding their SOI or avoiding it in conversation, so as not to collude with the idea that non-heterosexuality is shameful.

For Connor, shame manifests a little differently. He explained:

"...pity is easier for me to deal with. Erm, sometimes I feel shame, but I've ... because of the ridiculousness of how poor my relationship is with my fam ... my mother. [...] I feel shame because I'm not sure I could've done anything differently but part of me thinks that I should've been able to, to fix this". (Connor, 1327-1335).

Connor's use of the word "fix" highlights his experience of their relationship as broken, in need of repair. His reference to pity as "easier" seems to suggest his shame that he cannot mend their relationship particularly challenging to experience and cope with.

Both Chris and Ann also experienced intense guilt. As they spoke about this, there was a striking parallel between them. Chris said:

“... there’s still guilt though [...] Erm, I guess as hard as I try I’m still not gonna be the sort of person that my mum wants to be...” (Chris, 883-885).

Ann said:

“...I call it ‘guilt trip’, so I do my annual guilt trip to see them, see all the relatives [...] I know that it’s important for my, my parents and I, I sort of feel still there’s a part of me that feels really bad for kind of, I don’t know, not being the, the daughter they wanted...” (Ann, 56-65).

Both Chris and Ann appear to experience guilt because they view themselves as not what their parents wanted. Indeed, this sense of the self as unwanted was shared by all participants. For Chris and Ann certainly, a feeling of guilt is attached to this. Zach, by contrast experienced increasing anger in response to feeling unwanted by his parents. As they tried to bring him in line with their ‘ideal heterosexual son’, it seems he felt increasingly punished, angry and pushed away:

“...either sub-consciously or consciously, they were trying to punish me for this fixed aspect of me. [...] It, basically, all it did was made me angrier and angrier and more apart and more apart.” (Zach, 1824-1831).

Looking to the definition of the word ‘punish’: “to subject to pain, loss, confinement, or death as a penalty for some offense or fault” (Oxford Dictionaries, 2015), it seems Zach experienced his SOI as a fault to be corrected in his parents’ eyes. I got the sense Zach felt helpless, increasingly angry, estranged, and rejected for a facet of himself that he could not change.

All eight participants shared the experience of anger/frustration in response to their estrangement. The majority reported conflict and arguments with their parents over their SOI, involving these emotions as their estrangement escalated. Participants’ anger and frustration centred around two key issues: their parent’s homophobic and biphobic attitudes and their unaccepting/rejecting ways of being towards them. Reflecting upon her mum’s way of being, Louise said:

“...that’s the emotion that I link with my, with my estrangement from my mum. Y’know, I’m, I’m angry. And, erm, and I, and I don’t feel that there’s any acknowledgement of that from her”. (Louise, 1430-1434).

She elaborated:

“I want her to acknowledge her behaviour and what it is that she does [pause]. And [pause] and, yeah, and that, and the fact that she doesn’t makes me angry [...] That probably is what makes me go, like, ‘I don’t want anything to do with you y’know, you’re, I’ll take that choice away from you, if you like’”. (Louise, 937-946).

Louise is referring to the lack of acceptance and insidious homonegativity she perceives from her mum, which she says her mum now refuses to admit. Her anger was palpable as she spoke. It is possible Louise may feel hurt because she views her mum as having a choice in her way of being. The belief her mum is choosing not to acknowledge her homophobic way of being and is not trying to heal their relationship may have caused Louise to feel rejected and hurt. It is possible that Louise may be defending herself with anger, against what she perceives as her mum’s lack of care, by now rejecting her.

Like Louise, Connor also wants his mum to change her behaviour. He feels angry and frustrated that she won’t accept his same-sex relationship and refuses to welcome his partner into the family home:

“It’s really frustrating to me and it’s rude, because even if she had a good, legitimate reason for detesting him, erm, she should shut the hell up and be polite. [...] the polite thing to do would be to extend an invitation, grit your teeth and get on with it, because everybody else has accepted it and she should.” (Connor, 938-947).

It seems Connor holds an angry wish for things to be different and a feeling of frustration that things have not changed. At the core of Connor’s frustration seems to be an unfulfilled wish for acceptance. Jon appears to identify with Connor’s frustration:

“...the denial [...] won’t accept you for who you are, I think that was the most difficult. Erm, frustrating, y’know, so frustrating you having your father deny who you are...” (Jon, 788-792).

Exposure to her mum’s refusal to talk about her SOI, coupled with her mum’s outspoken homophobia, appears to evoke significant anger within Ann:

“...she told me ‘never talk to me about it again’ so I fucking didn’t and then [...] she would sort of go on about someone else like basically ‘lesba’, and, like ‘no man wanted her’ or some other fucking bullshit that people say”. (Ann, 653-659).

Parental homophobia and lack of parental support elicited anger in Annie too:

“...anger was probably the biggest, the biggest feeling. Anger that I couldn’t, I couldn’t make my own choices, y’know, or wasn’t, sort of, being supported in making my own choices and ... and angry that I was being ... described as something ... distasteful and perverse and disgusting and not right and all those things”. (Ann, 350-356).

Annie seemed to view her anger as a consequence of the choice she made to defend herself against her parents’ homophobia:

“...to be on the receiving end of that degree of homophobia. I guess it can kinda do one of two things: it can, it can, it can convince you that those things about you are true or it can make you fight back, and I fought back, but it meant that there was an awful lot of anger in the relationship and a refusal – me refusing to take on board their crap. But of course I’m sure I did to an extent because to be rejected for who you are is gonna have an effect...” (Annie, 357-367).

It seems that, as hard as Annie fought to defend herself against her parents’ homophobia, there is part of her that has been negatively affected by it. As she stutters and repeats the words “it can”, it is clear that parental homophobia certainly has challenging emotional consequences for Annie, and for the others.

Notably, for Annie and Ann, anger seemed the more prevalent emotion in the earlier stages of their estrangement. For Ann, sadness seems more prevalent presently for

Annie, there is a sense of emotional detachment now. Several participants conceptualised the various emotions experienced in response to their estrangement as grief. Talking about the suicidal despair, depression and anger he felt when he realised his reality of family (rejection and abandonment) would never match his ideology of family (unconditional love and acceptance), Zach said:

“I did go through, kind of, I think you’d call it the seven stages of grief, almost”. (Zach, 1052-1053).

This sense of loss and subsequent grief Zach experienced upon realising his family situation would not change was not unique to him. Annie also makes several references to the experience of grief as a consequence of estrangement and described the following adjustment process:

“...it’s been years of err, wishing they were different, crying because they’re not different, getting angry ‘cause they’re not different, trying to force them to be different, arguing with them, erm ... Cutting all contact or being cut away from them as though denying they even exist. Err, which kinda feels like a grieving process, y’know, it’s all the things you might sort of work through and feel and process and it feels like I’ve been doing all that and somehow come to a place where I know they’re not gonna be different”. (Annie, 1574-1585).

Annie seems to have “grieved the loss of the family I didn’t have” (Annie, 1547-1548) and reached a place of acceptance, but not liking, of her mum’s homophobia. She also appears to have accepted that, while her mum is homophobic, they can only ever have a superficial relationship. Taken within the context of her narrative as a whole, this seems to be positive for Annie’s mental health and wellbeing. Ann, Zach and Connor, by contrast, still seem to be struggling to process their estrangement. For Ann, trying to accept her estrangement seems a painful endeavour, still not achieved. She was crying as she explained:

“Um, yeah, so this is to me means estranged is having the, sort of, fake [pause] superficial, weird, but still intense relationship where kind of, um [pause] yeah, well, I think, I still haven’t – well – I made some progress but it

still really, really hurt – really hurts – and it’s, it’s just ... I dunno”. (Ann, 268-275).

Zach reported acceptance of his family situation now, yet his speech indicated a struggle still:

“And I was very disappointed in them. And now I feel very disappointed in them, but, er, once again it’s just something that happens. I’m accepting of it. And I’m really angry at myself for accepting it ... Because I know I shouldn’t accept it because it’s a bad thing.” (Zach, 1706-1713).

Speaking of his estrangement and his mum’s homophobia, Connor explained:

“I’m still actually no closer to understanding what on earth goes on in her head. Erm, all I know is that [...] it is gonna have an impact on things in the future whether they be marriage, deaths, whatever. Erm, and I just need to work out how to deal with that, really.” Connor, 1717-1727).

Connor does not seem to be able to fully process, and therefore come to accept, his mum’s way of being because he does not understand it. While he seems to acknowledge the need for acceptance here, he does not know how to reach this place. Instead he appears to use suppression to cope:

“...it’s just one of these things where you really need to accept that that is gonna have an impact on your behaviour but really not think about it”. (Connor, 1666-1669).

Master theme three: Coping with estrangement

In master theme four, I discuss the ways in which individuals’ coped with their estrangement – thereby answering the final dimension of my research question: What is it like to experience sexuality-related family estrangement? In *‘Thought and emotion suppression’*, I explore participants’ use of psychological suppression to manage challenging thoughts, feelings and memories, and gain insight into its efficacy. In *‘Choice and personal autonomy: The decision to live for oneself’*, I explore participants’ journey from inauthenticity into authenticity as they embrace their SOI against their parents’ wishes and decide to live life in accordance with their own

wants and needs. In *'The need to protect oneself'*, I learn how participants experienced and acted upon their need for self-protection in response to estrangement. In *'Compensatory relationships as positive coping'*, I explore how participants formed relationships with supportive others as a means of meeting various unmet needs, seemingly facilitating coping.

Thought and emotion suppression

Suppression was an avoidant coping strategy used by seven out of eight participants to manage psychologically challenging thoughts, feelings and emotionally-laden memories. Louise, Zach and Chris each made reference to its use and its efficacy. Louise said:

“Y’know I put it away, y’know, it’s there, it’s boxed up. Um, and I think, you know, I’d done a lot of that: ‘I’m not dealing with that. I’ll just put that, put that away and, kind of, then I don’t have to think about it’. And, you know, I, I do, I think things do come back up again and they do get you and, y’know, not necessarily when you’re expecting it”. (Louise, 1977-1984).

Louise acknowledges this as a way of avoiding emotionally-laden thoughts and speaks in the first person about this as a familiar and well-used means of coping. Her perspective changes as she then speaks more generally about how suppression does not stop challenging thoughts from resurfacing. I got the sense Louise was distancing herself from this potentially threatening prospect. Like Louise, Zach suggests the need to keep away that which is threatening:

“...as long as I can go from day to day, and put an outwardly positive appearance, that’s fine. Because if you, if you tell a lie enough times it becomes, kind of, a personal truth. Um. And I can kind of lock that bit away from me and, back of the brain, and it won’t really come up too often, um, and when it does come up I can deal with it. Whereas if it were to come up all the time, I probably couldn’t”. (Zach, 1987-1996).

A positive façade seems to enable Zach to cope with daily living. He appears to lock away the very idea of this as a façade, thereby keeping unwanted

thoughts/feelings/memories away from him. His use of the word “lock” evokes the idea he wants to control that which he finds threatening by keeping it under metaphorical lock and key. There is the sense that challenging issues do still arise for Zach, but he is able to cope with them because they are infrequent; there is acknowledgement that if they were more frequent, he would struggle.

Evidencing Louise’s belief that “things do come back up again and they do get you”, Chris speaks of his experience:

“...I could just block out that whole part of my life and just pretend like it never happened, and I could go on, being myself and living my life [...]. So at first it was happy, but then the more and more I saw other people with their families [...] that’s when it got a bit shit. [...] once I got really upset because I just realised that I didn’t – ‘cos I had this thing in my head where I hated her, so it was fine, so I didn’t have to think about it. But when I remember once I met with her I erm, we had quite a nice time actually and ... and then I got really upset because it just didn’t make sense of why she can’t just be ok with me...” (Chris, 747-778).

Context and the contrast of other happy families thwarted Chris’s defence, as did the realisation that he did not actually hate his mum. With this, it seems, came extreme sadness and a wish for acceptance, which may have been the painful thoughts and feelings from which he was trying to protect his psyche. Pretending his estrangement didn’t exist was only a temporary ‘fix’ for Chris; it did not appear to be sustainable or effective in the longer-term because Chris was unable to avoid being reminded of it.

Like Chris, Samantha found contrast emotionally evocative:

“I used to get really upset, used to cry a lot, erm, walk around the street or sit on a bus and see a happy family – it would make me a bit upset. Erm, over the years I wasn’t as bad, I just started dealing with it. Guess I was sort of pushing it down a little bit. I just kept moving on, trying to forget about it and just kept thinking that one day I’m gonna have a family and I’m gonna treat them right, no matter ... what they are”. (Samantha, 438-447).

In response to the upset caused by contrast and thoughts of her estrangement, Samantha seemed to utilize a mix of suppression with positive self-talk as coping. Zach and Jon also demonstrated this:

“Whenever I remember something that I’m trying to repress [...] I go, ‘No, not doing that’. And I go off and do something else. Or ... I open a book or I do something else to take my mind off of it and I suppress that memory”. (Zach, 2000-2005).

“I kind of just diss- disassociate myself from it. I try and disassociate my cu-, ‘cause I have a very nice life now. You know, I disassociate all those negative memories from my memory. I push it back, you know, which probably isn’t a healthy thing but it’s the way I deal with it. It’s just: put it in a box, lock it away and say ‘that was the past, that’s happened, you’re in a lovely life now’. So that’s how I deal with it, you know”. (Jon, 468-477).

Zach spoke with assuredness as he relayed his ability to not engage with challenging memories and refocus on something else, seemingly more positive. As Jon stuttered and used words like “kind of” and “I try”, I got the sense he found this task harder. His phrase “push it back” brought images to mind of his challenging thoughts and feelings pushing against his defence. Jon echoes both Zach and Louise as he speaks of the need to box up and lock away emotionally challenging memories. Jon alludes to the idea that suppression is not conducive to positive mental health and well-being; I wondered how much Jon had actually processed and come to terms with what had happened to him.

Speaking about his current family situation, Connor appeared to acknowledge the importance of trying to face the impact estrangement has had upon him:

“...my family situation [...] has a major impact on me. And sometimes I don’t acknowledge that, erm, in fact I do my best not to ever acknowledge that. [...] So it’s probably just nice to hear myself talk for a while”. (Connor, 25-33).

Ann supported Connor’s notion that talking holds cathartic benefit as she moved in her narrative from talking about smoking cannabis to “just not think and not, um, yeah just be cut off” (Ann, 1508-1509), to talking about how she began more

fruitfully addressing her estrangement in personal therapy. Ann seemed to find therapy a helpful coping tool:

“...the reason why I’ve been in therapy was just, really, talk about my family, [...] and sort of try to find, um, a way I can be happy and I can not feel so guilty. [...] ...and I’m really happy that I have done this and I have had a brilliant therapist who did really help me understand many things...” (Ann, 1513-1524).

Personal therapy seemed superior to suppression because it offered Ann a more sustainable means of managing the challenging thoughts, emotions, and memories associated with her estrangement.

Choice and personal autonomy: The decision to live for oneself

This theme was clearly present in seven individuals’ accounts. It reflects participants’ decision to acknowledge their SOI in the face of parental disapproval, and live life authentically and congruently in line with their own wants and needs. Historically, Annie, Jon, Samantha, Chris, Ann, and Louise all pretended to be heterosexual in the presence of their parents before their SOI became known. Annie offers insight into why she, and the others, exhibited this behaviour:

“...I pretended that we were living together as friends [...] that came from a fear of losing the relationship with my parents because I knew it was probably pretty inevitable. And I just wasn’t quite ready to deal with that...” (Annie, 273-281).

Inauthenticity appeared to shield Annie from the prospect of complete family estrangement before she was ready to cope with it. Zach acknowledges the choice Annie made, and like Annie appeared to view complete rejection as a certainty once his SOI became known:

“I, I basically had a choice between living a lie or living myself... [...] ...my parents being told by the deputy head, um, it had already let the cat out of the bag and no matter how I would – how I could have pretended to be that

straight son, they would have known it was a lie. And so ... whatever I did, to be honest, they were gonna push me away anyway". (Zach, 1842-1865).

For those who did engage in inauthenticity to protect themselves from worsening estrangement and rejection, the experience proved unsustainable and negative; it evoked physical illness and depression in Samantha and depression in Jon, and Chris felt increasingly angry and confined. Ann would rather die than live an inauthentic life:

"I'd definitely kill myself if I was living there, in that town, married to some fucking guy and with, I dunno, a bunch of children. I'd kill myself. I'd hate that life". (Ann, 1241-1246).

Ann recalled times of questioning why she did not come out sooner, before offering insight into the lack of choice she seemed to experience at the time:

"...thinking, 'Why the fuck did I not come out when I was sixteen and just, yeah, and just say "fuck you all"?' and it was, but it was, just, really – I dunno, I just didn't think it was an option. It just didn't seem to be an option then, in that town, in this family..." (Ann, 327-332).

Ann contextualises her experience by referencing her family and sociocultural contexts as significant factors that seemed to negatively influence her sense of freedom and ability to be authentic, i.e., openly gay, at that time. It was only later that Ann experienced a sense of choice about how she could live her life:

"And I think ... It hit me years after that, [...] I didn't have to, sort of, choose between being with a guy that my mother wants me to be or being with some [...] bastard that my mother doesn't want me to be. But, actually, I had other options. I was like 'oh', and this was real freedom..." (Ann, 464-479).

Empowered with "real freedom", Ann was able to liberate herself from the deadlock of family conflict over her SOI, be her authentic self, move abroad and live life for herself. It seems fortunate that Ann was at an age and developmental stage where she was able to do this. Annie reinforces the idea that developmental context is a critical factor shaping one's experience of estrangement and management of this:

“...I think if I’d’ve realised my sexuality earlier in life my life would’ve been worse in terms of if I’d’ve been living at home for example. That would’ve been horrendous. [...] I think they would’ve shipped me off to some psychiatrist...” (Annie, 123-131).

Like Ann, Annie, Zach, and Chris all make reference to the idea of choice and decided to live life authentically, for themselves, in the face of estrangement. Chris indicates how clear but challenging this decision was for him:

“...it was horrible and it was the choice of pretending to be straight and having a normal-ish happy life or being gay and not having family life. It was, I had to sort of choose between which one I wanted and for me it was always gonna be being myself and just having to cut them off...” (Chris, 804-817).

Ann said:

“...it’s a really massive, like, I dunno massive part of my life in the way that, kind of, I had to give up and not have and, I dunno, it just feels really, yeah, I dunno, just sad. Um, and [sighs, becoming tearful]...” (Ann, 818-823).

Both Chris and Ann use the words “I had to”, suggesting that while they had a choice technically, both felt as if they had no choice but to sacrifice family life to be themselves. All participants seemed to have been faced with a similar dilemma: come out, live authenticity and have no family life - or live authentically with a superficial family life with certain terms and conditions, e.g. not being close, or discussing their SOI, like Connor, Louise and Ann.

Unlike the others, Annie was able to take an active role in shaping how she wanted her relationship with her mum to be. Simultaneously she demonstrated acceptance of that which she cannot change:

“...yes I can set expectations and boundaries about what I expect from them in terms of behaviour, and I’m quite right to do that, to protect myself, I can’t actually change them. They’re not gonna be different. I have to accept that. And then I’ve got a choice to make: are you in my life or not? And to what degree?” (Annie, 1586-1593).

I experienced Annie as empowered, able to sever the relationship now if she needs to because she has done it before. She is now consciously choosing to have a relationship with her mum that is more equal. Of all the participants, Annie appears the only one who has reached the end point of her grieving process and achieved acceptance of her estrangement. She accepts but does not like her mum's homophobia and is no longer trying to change her, or hoping she will change. Her mum is now keeping her homophobic attitudes to herself in exchange for a relationship with her daughter and granddaughter. This felt very positive for Annie. She seemed to need to face her fear of losing the relationship, have space from it and grieve, in order to return to it with a stronger sense of herself and her boundaries:

“...the fact that I went away, I guess has enabled me to grieve the loss of it and then come back to it differently”. (Annie, 1622-1630).

For the others, I felt a strong sense of them still struggling to cope with the reality of their estrangement. For instance, Ann said:

“...So my current partner: I met her mum, well, it's not been an easy kind of road there but now ... I've met her mum, and like I know that my mother will, it's, it's basically – and I made this choice and I think I'm, I'm, I'm better with this now than I used to be, but, like, I know that if or when I get, um, married to a woman my family are not gonna come; they're not gonna be there...” (Ann, 457-497).

The contrast of her partner's mum becoming more tolerant seems to highlight the painful unchanging reality of her own family situation. As she owned her choice to live authentically, I got the implicit sense that she views herself as somehow choosing estrangement as a consequence of this. As she stuttered and said “I think I'm, I'm, I'm better with this now than I used to be”, her tone and broken speech throughout seemed to highlight the experience as a painful struggle still.

The need to protect oneself

This theme emerged in all participants' narratives. Self-protection was frequently achieved via withholding the self, i.e., actively avoiding conversing about SOI-related topics, and by avoidance of/physical separation from family, i.e., minimal/no contact, minimal/no communication. For instance, Ann began withholding herself and not sharing with her mum as emotional self-protection:

"...sometimes I feel like I'm ... now lying to her ... but after I told her like, listen, 'I have a girlfriend I wanna be with' and I tried to have this conversation several times and her response was just, was so fucking hurtful that, I was like, 'I actually, just, don't want to have this conversation again' because it's not going anywhere..." (Ann, 165-172).

Ann also separated herself physically too:

"...so my decision really to live in a different country is mostly so that I have this physical space between us so that it kind of, I can actually be who I wanna be and without just this constantly seeing, being in my face that I've just, I dunno, damaged all the people by my choices..." (Ann, 303-310).

Physical separation appeared essential to allow Ann to be her authentic self without such frequent reminders that who she is is not accepted and viewed as detrimental to her family. It seemed to help Ann feel less guilty too. Louise did the same. She began withholding to avoid conflict and challenging emotions, such as anger, and finally distanced herself from her mum to protect herself from mistreatment. She offered insight into her reasoning:

"...for me it's a little bit about taking back a bit of control and sort of managing the situation and saying, y'know, I don't want to be treated the way that you treat me, so I'm gonna distance myself from you". (Louise, 31-35).

As I built up a picture of what exactly individuals were protecting themselves from, the theme of challenging emotions, evoked by conflict and parental homophobia/biphobia, emerged for all. In addition to feelings of anger and upset, Zach, Connor, and Annie were all protecting themselves from anxiety. For instance, Zach said:

“I cannot stay around my parents too long. And I, I find it physically uncomfortable to be there. Makes my skin crawl”. (Zach, 1628-1631).

It seemed as if being around his parents was unpleasant and frightening for Zach, and it was this feeling of physical anxiety he was trying to protect himself from. Annie explained how she too was trying to protect herself (and her baby) from anxiety, as well as various other challenging emotions, by not sharing SOI-related information with her parents:

“I think it was a self-preservation thing and a baby preservation thing. It was kinda like ‘I can’t, I can’t do this to myself or the baby I’m carrying because I know there’s gonna be a bad reaction and I don’t feel like I want to have that. So I’ll do what I can to avoid it.’ [...] I was trying to protect myself from the conflict, the anxiety, the stress, the anger. I knew it would flood me with a load of negative feelings...” (Annie, 727-750).

There is an implicit sense of conflictual negative interactions with her mum as damaging, for both her and her baby. Annie’s use of the word ‘preservation’ supports this idea of her trying to maintain psychological safety for herself and her child, as well as the notion that parental homophobia is harmful.

For Chris, familial homophobia evoked feelings of being ‘not normal’. Chris seemed to find this very psychologically threatening and detrimental, and therefore avoided family contact as self-protection:

“...I don’t wanna feel different. I think that’s a lot of the reason why I separate myself from my family so much ‘cause it does come up a lot. [...] just that feeling of ‘I’m not normal’, I’d rather just not risk it, I’d rather just avoid them. So that’s generally what I do...” (Chris, 506-515)

Chris also separated himself from his family to reduce the frequency of feeling guilty, sad and angry about his estrangement. Like Ann and Chris, Samantha physically separated herself from her family to reduce feelings of inauthenticity, enabling her to be her authentic self without judgement.

Zach appeared to view the component of physical separation, involved in his estrangement, as beneficial for his well-being in the long-term:

“Being in the family was such a bad, a bad situation that losing my family, or, or being estranged from my family, wasn’t a bad thing. In the long run. In the short run, it was horrible...” (Zach, 1073-1077).

Jon supported this idea, and actually recommended intentional physical separation from homophobic family members as self-protection. He explained:

“...separating yourself from that negative experience, y’know, not having to deal with it, ‘cause I think dealing with it is just as bad as, y’know, um, having that...” (Jon, 878-883).

Jon appears to view the task of trying to cope with the emotional consequences of estrangement as just as negative as the experience of being estranged. He appears to view intentional physical separation as a means of positive coping.

Both Annie and Louise appeared to use assertiveness in conjunction with the initiation of physical separation to maintain their personal boundaries and protect themselves emotionally from parental homophobia. Annie said:

“...I then detached from her and was able to sort of stand in my own place, separate from her and not get drawn into anything and not, not feel I have to justify myself, so and lay my boundaries. And have a clearer idea of what was acceptable to me and what wasn’t, and be able to articulate that in quite an assertive way, that wasn’t conflict ridden, but also wasn’t conceding or sacrificing myself”. (Annie, 1429-1438).

For Annie, it seemed essential that any contact she did share with her mum would no longer be detrimental to her well-being. Assertiveness seemed to facilitate this need.

Compensatory relationships as positive coping

All participants formed important relationships with friends, partners and/or parent-figures that appeared to meet particular needs that were previously unmet as a feature of their estrangement. Speaking about how his poor relationship with his mum makes him feel, Connor said:

“...sometimes I feel defiant because I have built adult relationships with other people who have taken on parental relationships with me”. (Connor, 1322-1325).

Connor’s use of the word “defiant” evokes a sense of him as coping by refusing to settle for a relationship that does not meet his needs - instead forming relationships with those that do:

“Lilly was able and willing to look after me and was much more likely to be somebody that I can communicate with about the fact that I thought my relationship was likely to implode”. (Connor, 1215-1219).

Connor seems to place value upon, and highlight his need for, nurturance and communication about issues relating to his same-sex romantic relationship. Taken within the context of his narrative as a whole, open communication and nurturance are two key areas which are deficient in Connor’s relationship with his mum.

Annie spoke of the closeness and support she derives from her compensatory relationships, with the inference that she is unable to experience this with her own parents because of their attitudes towards her SOI:

“...the people who are closest to us and who’ve been our sort of family and support network aren’t actually people who’ve got blood ties with – it’s friends who we’ve got much closer relationships to or with than with my parents, because of sexuality in a nutshell...”. (Annie, 38-51).

Jon and Ann both speak of alternative parent-figures providing them with a sense of support and acceptance, lacking from their parents. Jon explains:

“...it makes you feel negative about yourself because, y’know, you’re not what your parents wanted you to be, they don’t accept you, y’know, so. That’s why I seeked a father figure in my par- my mum’s partner at the time and y’know, my stepdad now, erm, because he wasn’t there for me, he never was, so [pause] y’know, I have somebody else instead...” (Jon, 635-644).

In an attempt to feel less negative about himself, perhaps, Jon appears to have sought the acceptance and support needed from his dad in an alternative father-

figure. This seems to be a positive, compensatory experience for Jon, which may serve to validate his self as wanted and lovable.

Zach attends an LGBT community group as a means of coping with the absence of family relationships in his life. Earlier in his narrative, Zach spoke of a socio-emotional deficit he perceives to be a consequence of not having positive functional relationships with his parents. Zach seems to view the community group as a surrogate parent, which he hopes will aid his psychosocial development:

“I hope that [LGBT charity, name omitted] can, kind of, develop me. ‘Cause they’re very, very good at doing that. To hopefully having a relationship with somebody”. (Zach, 2043-2046).

Samantha also spoke of attending an LGBT youth group, which seemed to positively affect her socio-emotional development. In addition, Samantha speaks about relationships with accepting others facilitating feelings of safety, security, relatedness and the ability to be her authentic self without negative judgement:

“It was actually really nice, seeing other people – like me – just being their selves, without anyone saying it’s wrong. And we just felt safe. I always felt safe when I was there, and welcomed. And they helped me understand quite a lot of things. More about my sexuality. Stuff I didn’t really understand, you know, like safe sex; they helped me with that, to understand that, and relationships a bit”. (Samantha, 867-875).

Like the others, the aspects Samantha highlights are those of personal significance in her experience of estrangement. At various points in Samantha’s narrative, I got the sense that she felt unsafe at home with her mum and insecure in her relationship with her dad.

Positive relationships with supportive others helped both Samantha and Chris to show, and be accepted for, their authentic selves. Chris spoke of living with surrogate family as a very positive experience:

“I can’t describe, how good it felt to just be open and be myself...” (Chris, 273-274).

Like Samantha and Ann, Chris seems to surround himself with accepting others as a means of reducing the challenging emotions associated with estrangement:

“...the people I associate myself with, I am normal, in, and the people I live with and the people that I’m friends with it’s just not a thing. And then when I’m in a situation where I feel so distant from normality it’s, it’s horrible-feeling. And it, er, just, it’s only around my family I think that I am made to feel so different”. Chris, 461-470).

Chris, Connor, and Jon also had a positive relationship with an accepting parent which seemed to facilitate coping. For example, Connor used his dad as counterbalance to help manage his stressful relationship with his mum:

“This is just another conversation that we had along the road and one that calmed me down from stress from a situation that my mother had caused. That was a very familiar feeling because obviously that has happened a lot.” (Connor, 488-493).

For Jon, the support he received from his mum appeared to have been life-saving:

“I think, y’know, my mental health would be ten times worse. I probably wouldn’t be here, y’know, kind of thing, y’know, it’s my mum who saved me almost, y’know. I think, y’know, I wouldn’t have been able to survive without that positive influence in my life. If they’d both been negative I think I wouldn’t have [pause] wanted to stay around, be alive, you know, that kind of thing. (Jon, 959-973).

Jon seems to view his positive relationship with his mum as buffering against the negative impact his dad’s rejection had on his mental health. More than this, it seems he would not have wanted to, or in actuality not have been able to, survive without his mum and her positive influence on him.

Both Louise and Annie utilised their partners in coping. Louise seemed to derive clarity of thought, guidance and support from her partner. Annie highlighted the function her partner served:

“...because I’d met somebody. I was getting support from my partner, so it was actually easier to deal with – being estranged from my parents – because

I had my partner. Whereas if I had been sort of going through this, I dunno, when I was 17 on my own, y'know, in a, in a situation in life maybe where I couldn't, y'know, be independent financially or I didn't have a relationship to support me, it would've been harder". (Annie, 230-240).

Annie's partner appears to have played a key role in helping her cope with estrangement. As Annie references issues including maturity, financial independence, and having a romantic relationship as a source of support, it highlights the significance of life-stage as a contextual factor shaping her experience of estrangement. This, I believe, is pertinent to all individuals in this study.

Discussion

In this chapter, I use existent literature to illuminate participants' perspectives on estrangement, the consequences of estrangement, and their coping with estrangement – the master themes found to encapsulate their experience. I move to discuss the implications of these findings for Counselling Psychology practice with estranged LGB individuals. I then discuss epistemological reflexivity, and offer ideas for future research, before concluding.

Illuminating participants' experience of sexuality-related family estrangement with existent literature

Perspectives on estrangement

Individuals appeared to view themselves as unwanted, and characterised their relationships with their parents as lacking closeness and missing sexuality-related support due to sexual stigma. Miller and Kaiser (2001) assert stigma and interpersonal rejection are intimately related, and cite a stigmatized social identity as a reason why minority group individuals may be rejected by others. The influence of socio-cultural context is particularly pertinent here, since families' negative attitudes towards non-heterosexuality can be viewed as introjected and constructed from existent societal perspectives. Indeed, parents' attitudes appeared to reflect prejudicial societal perceptions that non-heterosexuality is wrong/unnatural (homophobia/biphobia) and inferior to heterosexuality (heterosexism). In line with Festinger's social comparison theory (1950, as cited by Corcoran, Crusius, & Mussweiler, 2011), parents were perceived as unfavourably comparing their offspring with heterosexual others and wanting their offspring to change and 'be heterosexual' (the SOI perceived as superior and preferable). Parents' homophobic, biphobic, and heterosexist attitudes appeared to render offspring feeling unwanted and inadequate, foster their lack of closeness, create a family environment with no sexuality-related social support, and prohibit offspring sharing aspects of themselves relating to their SOI or seeking support. Corcoran et al. (2011) describe humans' proclivity for social comparisons (comparing oneself with others) as a fundamental

mechanism that influences individuals' judgements, behaviours and experiences. It was evidenced again via participants' tendency to compare their experience of family with others', which illuminated specific areas of deficit/difficulty in their own families' functioning/relationships. This in turn appeared to shape/influence how participants felt about their estrangement, and how they processed it.

All participants perceived their estrangement as a significant loss. This sense of loss pertained to: a) a loss of hope for positive attitudinal change in the majority of individuals; b) a loss of the ability to feel close to their parents: prompted by a change in their relationship quality after their SOI became known, unresolved conflict over their SOI, poor communication over the "issue" of their SOI, and a negative shift in perceived relational evaluation by parents; and c) in some cases, an actual loss of the corporal parent-child relationship, via ostracism and abandonment, after their SOI became known. Agllias (2013) studied the lived experiences of twenty-five parents estranged from their adult children and uncovered a similar theme of 'the grief and loss of family estrangement'. The participants experienced estrangement as a chronic traumatic loss that they did not choose, which they found difficult to cope with. They experienced the loss of their parent-child relationship as stigmatized by society, and their grief reactions to this loss as disenfranchised (Agllias, 2013). Similarly, in the present study, some participants reported feeling isolated and abnormal because of their family estrangement; there was an implicit, pervasive perception within the group that one 'should' be close with one's family, feel supported by them, and be able to communicate with them and turn to them for support.

Consequences of estrangement

All participants experienced a variety of challenging emotions associated with their perception of estrangement, including anxiety, shame and guilt, sadness and anger/frustration. According to Leary et al. (2001), and Williams and Zadro (2001), these are some of the typical emotions associated with interpersonal rejection. Two participants spoke of fearing others will not accept/reject them, which they related to their experiences of family rejection and heightened subsequent awareness of societal homophobia. Leary et al. (2001) describes social anxiety as an in-built anticipatory response to the possibility of low relational evaluation. If the individual

desires acceptance from another but fears they will not be valued or make the desired impression (e.g., due to sexual stigma), social anxiety is evoked. Pachankis et al. (2008) explain that “When social minority individuals show more signs of psychological distress than shown by heterosexuals, it is most often in domains consistent with the unique stressors they face as devalued, sometimes rejected, members of society” (p.306). Pachankis et al. (2008) add that social anxiety and rejection sensitivity are related constructs because both influence rejection-related information processing, heighten emotional arousal and influence behaviour in social situations. Notably, Pachankis et al. found gay men who had experienced parental rejection of their SOI exhibited increased sensitivity to future gay-related rejection, which negatively affected their cognitive-affective-behavioural functioning via unassertive interpersonal behaviour and internalised homophobia.

Shame and guilt were experienced by over half the participants as emotional consequences of their estrangement. This attests to the relationship between estrangement and rejection, as Leary et al. (2001) highlight that shame and guilt are inherently social, emotional reactions to interpersonal rejection. The authors explain that individuals tend to experience guilt when their behaviour leads another to relationally devalue them; and shame when they think others’ judgements of their character/abilities may lead to relational devaluation. Relational devaluation typically occurs because particular events violate others’ moral standards (Leary et al., 2001). Participants’ guilt and shame in the present study could be viewed as a consequence of their LGB SOI breaching their parents’ moral standards and beliefs about what constitutes a normal, healthy SOI and way of living. All participants experienced and perceived relational devaluation by their parents because of this. Several participants experienced shame and guilt because they viewed themselves as not what their parents’ desire. The implication of deficiency here could, theoretically, lead the shameful individual to view himself/herself as flawed, immoral and/or objectionable (Leary et al., 2001). Indeed, there were indications of internalised homo/binegativity and introjected parental shame in several participants’ narratives. Leary et al. (2001) explain that “other people have the power to make us feel ashamed and guilty even when we do not think we did anything wrong” (p.156).

All participants experienced anger/frustration as an emotional consequence of their estrangement. Anger is a complex emotion, ranging from mild irritation to extreme rage, with multiple subjective context-dependant triggers (Sell, 2011). Various explanations of anger and its triggers are present in academic psychological literature. Of these, several offer useful insights into these participants' anger/frustration in the interpersonal context of estrangement. For example, Fitness (2001) states perceptions of "unjustness" accompany feelings of anger in most relational contexts. The theme of unfairness/injustice pervaded several participants' narratives (Samantha, Connor and Chris in particular) regarding their parents' homophobic/biphobic ways of being in contrast to accepting others, which was linked with expressions of frustration/anger. Carver and Harmon-Jones (2009) refer to this as anger in response to a violation of "what ought to be". Williams and Zadro (2001) state that anger, frustration, depression and despair are common reactions to ostracism (maximal exclusion). Zach, Jon and Samantha experienced maximal exclusion in the form of abandonment by their parents; each of these individuals experienced anger, frustration, depression and despair as consequences of their estrangement. Their anger could be conceptualised as a consequence of being slighted or hurt by intentional acts of another person (Carver & Harmon-Jones, 2009). Carver and Harmon-Jones (2009) state that anger can also be a consequence of feeling blocked from moving toward a desired goal. Notably, Chris, Ann, Annie, Louise, Zach and Connor all spoke of feeling angry/frustrated in their pursuit to attain parental acceptance. Only Chris moved closer towards this goal; all other participants were positioned as having to cope with the reality that their parents would not change to become supportive and accepting.

Sadness was an emotional experience shared by all participants. Leary et al. (2001) states sadness is a common emotional response to social loss, characterised by perceived relational devaluation (one's sense that the other does not value them or the relationship they offer). While the degree of relational loss varied between participants, all appeared to have experienced real and perceived relational devaluation as a consequence of sexual stigma. For instance, at the time of interview, Louise had no contact with her mum (loss) and believed that her mum does not care enough about their relationship to want to repair it (perceived

relational devaluation), thereby experiencing sadness. Some participants still had superficial contact with their parents, yet also seemed to experience a similar sense of sadness. Leary et al. (2001) explain that people may experience sadness in response to family rifts because an important aspect (relational closeness) is lost, even though the relationship itself remains. This notion illuminates Ann, Connor and Annie's particular experiences of sadness in response to their estrangement.

Both Zach and Annie explicitly conceptualised the emotional distress and varied emotions they felt in response to their estrangement as grief, and viewed their losses as permanent. Leick and Davidsen-Nielson (1991) highlight that feelings of loss, resulting in grief, can be triggered by many situations besides the death of a loved one. Leahy et al. (2001) use the word "grief" to describe one's emotional reaction to the loss of a relationship that seems permanent. Agillias (2013) suggests that only when the loss is perceived as permanent can the individual begin to process the loss and adjust to it via grief. Stage models of grief illuminate the psychological challenges/emotions people typically experience following the loss of a close relationship. For instance, Kübler-Ross (1969) offered a model conceptualising the emotional stages of grief as: denial, anger, bargaining, depression, and acceptance. Worden (2003) offered a more flexible alternative to Kübler-Ross's fixed-sequential stage model of grief – i.e., a conceptualisation of grief involving four main tasks that can be addressed individually or simultaneously and revisited. These are: Accepting the reality of the loss; processing the pain of grief; adjusting to an environment/world without the deceased; and emotionally relocating the deceased and moving forward in life, e.g., finding an enduring connection to the person, whilst progressing in one's own life (Worden, 2003). Both models suggest a 'passing through' the phases/stages in order to process and resolve the emotions associated with the loss and attain acceptance of one's loss (Worden, 2003).

No research could be found on how individuals who experience interpersonal loss in the form of estrangement process their grief. It is unknown what aspects of these models may apply to individuals who are grieving for the loss of a relationship when the person is still alive. Nevertheless, the findings of this study offer some insight. In Zach's case, he lost both relationships with both parents entirely (via parental abandonment) and viewed his family situation as irreparable. Annie lost the option

of having a close, supportive relationship with her mum because of her mum's unyielding homophobic, heterosexist attitudes. Annie said her mum has explicitly told her that she will never accept her SOI. Annie explained that she realised she had to accept this, and grieved the loss (of the relationship she wishes they had) accordingly. Although Zach and Annie both said they have come to accept their estrangement, Zach demonstrated residual anger towards his parents and anger towards himself for being 'accepting' of their way of being that indicated otherwise. By contrast, Annie appeared to have processed the pain associated with her loss and accepted it as her reality, adjusted to an environment without her mum (e.g., creating a family-of-choice), and demonstrated the ability to separate herself from mum and 'relocate' their relationship as a superficial one with certain conditions (i.e., mum was no longer allowed to voice her homophobic views if she wanted contact with Annie and her family), whilst moving forward with her own life. Anecdotally speaking, Annie appears to have achieved each of Worden's tasks and 'come to terms with' the loss involved in her estrangement. Moreover, although Annie makes no reference to depression in her narrative, she does refer to herself experiencing all the emotions in Kübler-Ross's (1969) model of grief. Notably, Annie refers to sadness instead of depression.

Ann appears to have begun grieving her loss and seemed deeply involved in processing the pain associated with her estrangement. She seemed to have a clear understanding of the sociocultural, religious roots of her parents' negative attitudes, appeared to view their attitudes as fixed, spoke of her sadness often and cried several times during her interview at moments pertaining to her loss of closeness with her parents and loss of hope for change. Connor, by contrast, still seemed to be adjusting to the idea that he is no longer close with his mum. He also appeared to be trying to grasp the potential reality that his mum may not ever become accepting.

In light of the findings of Leary et al. (2001) and Agllias (2013), it is possible that individuals must view their loss as permanent/improbable of change before they can begin to grieve. This may explain why Louise and Chris did not seem to be grieving. Louise and her mum were still trapped in SOI-related conflict and, although they were not speaking, Louise still wanted her mum to change. Chris is the only participant who has experienced some positive attitudinal change within his Mum.

As such, when I asked Chris how he found talking about his estrangement, he replied:

“Erm, it hasn’t been that bad because I know my relationship’s got so much better. And I sort of, there’s light at the end of the tunnel, sort of thing now, may be one day me and my mum can actually, sort of, my mum will be completely ok with it...” (Chris, 1056-1060).

Chris was the only participant who indicated a clear sense of hope that parental acceptance may be a possibility for him one day, with time and continued positive exposure to his partner. From his statement quoted above, and in light of his narrative as a whole, it could be suggested that Chris experienced his estrangement as less distressing and more manageable to talk about because he has hope that his relationship with his mum will continue to improve, and with time he may attain her acceptance. Speaking about family estrangement, Sucov (2006) contends that “When one’s family is involved, there is always a shred of hope that the destructive elements can be transformed, that the persons will eventually work out a compromise or partial resolution” (p.19). This may not be the case for those experiencing sexuality-related family estrangement - an assumption based upon the experiences of participants in this study. Hope for family renewal and closeness (including SOI-related support and acceptance) appeared to be contingent upon the relative rigidity/flexibility of parents’ negative attitudes towards non-heterosexuality - as well as family members’ desire for change. For the majority of individuals, their parents’ perceptions of non-heterosexuality were viewed as steadfastly negative, which seemed to extinguish their hope for positive attitudinal change and relational renewal.

Six participants experienced consequences of estrangement that were viewed as negative and undesirable for their mental health and well-being. Zach, Jon and Samantha were all ostracised, i.e., “excluded and ignored” (Wesselmann, Nairne, & Williams, 2012, p.309) by their parents; all experienced depression, despair and anger/frustration in response to their abandonment. Faulkner and Williams (1995, as cited by Williams & Zadro, 2001) conducted an interview study on the effects of prolonged exposure to ostracism and found anger, frustration and despair were feelings evoked by ostracism. Qualitative research evidence suggests chronic

ostracism can lead to negative psychological consequences (Wesselmann et al., 2012; Williams, 2001; Williams, 2009). For instance, Williams (2009) posits that ostracism which continues for a sustained period of time will atrophy individuals' basic human needs to: belong (alienation), have self-esteem (depression), experience a sense of control (learned helplessness) and have a meaningful existence (worthlessness). Jon in particular spoke of his need to separate himself from his father who refused to acknowledge his gay SOI and began ignoring him (ostracism). Jon advocated physical separation as a positive, self-protective means of coping with his father's way of being. This behaviour and position is supported Miller and Kaiser (2001) who state physical avoidance/withdrawal is a commonly used by stigmatized people to cope with rejection. Williams (2009) add that people often will attempt to cope with the emotional pain and ego-threat inherent in rejection by diminishing the significance of the ostracism/person, and/or engaging in thoughts and behaviours that enhance feelings of a meaningful existence, belonging, self-esteem, and sense of control. In line with this, Jon, Zach, and Samantha each denigrated their parents and engaged in cognitive/behavioural activities that could be construed as endeavours to combat the negative effects of ostracism and facilitate attainment of their needs for belonging, self-esteem, control and a meaningful existence, e.g., working hard to attain professional success (Zach), becoming actively involved in an LGBT charity (Jon), and resolving to 'do things differently' when having a family (Samantha).

Both Ann and Zach spoke of their self-harming behaviours and suicidal thoughts in response to their estrangement. Rivers (2002) highlights that incidences of suicidal ideation and suicide attempts are considerably higher in sexual minorities than the general population. No literature was found illuminating the relationship between mental health difficulties in LGB individuals and sexuality-related family estrangement. However, there is literature which has found an association between minority stress (societal sexual stigma) and mental health difficulties, including suicidality, in LGB people (see Denton, Rostosky, & Danner, 2014; Meyer, 2003; Safren & Heimberg, 1999); and between familial rejection and mental health difficulties, including suicidality, in LGB people (see Goldfried & Goldfried, 2001; Ryan et al., 2009). Family rejection and feeling different/unaccepted by society both

appear to place LGB individuals at an elevated risk of suicide compared to heterosexual individuals. Rivers (2002) suggests that it is the combined effect of societal and familial homophobia which is likely to influence individuals' tendency towards self-destructive behaviours. Hershberger and D'Augelli (1995) surveyed LGB youths aged 15-21 and found family acceptance and self-acceptance mediated the relationship found between homophobic/biphobic victimisation and self-destructive behaviours (mental health difficulties and suicidality). Notably, both family rejection/lack of acceptance and sexual stigma (within families and society) are risk factors for suicidality present in individuals' experience of sexuality-related family estrangement in the present study. For instance, it seems Ann was exposed to parental rejection and substantive sexual stigma, both within the family home and in the sociocultural context in which she lived. As already mentioned, Ann reported a range of self-harming behaviours, depression and suicidal thoughts as a consequence of her estrangement. Satterfield and Crabb (2010) adopt a social-learning perspective as they explain that "negative models and broader societal messages teach fear and aversion of LGB persons who are perceived as a "threat" to marriage, families, and moral or religious values. For LGB persons, these chronic stressors are likely to shape negative thoughts about the self (e.g., internalized homophobia), the world (e.g., it is an unsafe, uncaring place), and the future (i.e., the negative cognitive triad)" (Satterfield & Crabb, 2010, p.48). Possession of a negative cognitive triad is a feature of depression (Beck, Rush, Shaw, & Emery, 1979).

Chris and Zach's experiences of sexuality-related family estrangement appeared to render them unsupported, isolated and vulnerable to physical/sexual abuse as they transitioned into young adulthood. This negatively impacted their well-being. Needham and Austin (2010) state LGB individuals typically report lower levels of parental support during young adulthood, which offers insight into why they have worse health-related outcomes than heterosexual peers (Needham & Austin, 2010). Ryan et al. (2009) found an association between parental rejection and sexual health risk in LGB young adults. Goldfried and Goldfried (2001) attest that parental support is important in the lives of LGB individuals because it facilitates psychological well-being, can reduce the psychological distress associated with sexual stigma and victimization, and encourages self-acceptance.

Coping with estrangement

The findings illuminated four main coping responses to sexuality-related family estrangement. One: The majority used thought and emotion suppression to manage challenging thoughts, feelings and memories associated with their estrangement. Amstadter and Vernon (2009) describe thought suppression as a thought control technique, designed to protect the ego and subdue/extinguish unwanted thoughts - particularly those pertaining to traumatic events (Amir, Kaplin, Efroni, Levine, Benjamin, & Kotler, 1997). There is a large body of literature that suggests thought suppression can be counter-productive, as it (typically) paradoxically increases the frequency of distressing thoughts, and is associated with mental health difficulties (e.g., Amstadter & Vernon, 2009; Wenzlaff & Wegner, 2000). Emotion suppression is another avoidant coping strategy, used to modulate and reduce/extinguish unwanted emotions deemed challenging or psychologically threatening (Amstadter & Vernon, 2009). The authors state that individuals with mood and anxiety disorders appear to use emotion suppression more frequently than non-clinical individuals, and claim its use is related to greater intensity of negative affect. Hatzenbuehler, Nolen-Hoeksema, and Dovidio (2012) experimentally assessed the role of emotion suppression in modulating stigma-associated distress in LGB people. They found that suppression was an emotion-regulation strategy used by LGB participants in response to stigma-related events; more suppression predicted greater distress in response to stigma stressors, and as such suppression was believed to have negative consequences for LGB individuals' mental health and wellbeing. The authors additionally state that suppression may be an unhelpful coping strategy because it does not communicate to others that sexual stigma has occurred, and increases the likelihood the perpetrators will not change their actions in future. These findings may be important to bear in mind when considering LGB individuals' use of thought and/or emotion suppression to modulate the affect associated with sexuality-related family estrangement. Certainly, several participants in this study appeared to recognise that thought and/or emotion suppression is unsuccessful for stopping challenging thoughts from resurfacing, and ineffective at modulating distress long-term. The only individual who did not report the use of thought and emotion suppression was Annie. Annie is the only individual who appears to have 'come to

terms with' her family estrangement. Notably, Ann appeared to replace her tendency for avoidant coping (including suppression) with the more adaptive strategy of exploring her painful experience of sexuality-related family estrangement in personal therapy, which she found very helpful.

Two: All made the decision to embrace their SOI (against their parents' wishes) and live life in accordance with their own wants and needs. While not all participants in the present study came out voluntarily, all chose to stay out and identify themselves as an LGB individual. LGB identity disclosure enables individuals to socialise with other LGB people and form meaningful (sexual/non-sexual) relationships with them (Davies, 1996c). Davies (1996c) states that this is essential to the development of self-esteem, self-confidence and a positive LGB self-image. Markowe (2002) explored lesbians' reasons for coming out and found the need for authenticity and integrity motivated individuals to disclose their SOI. "Being yourself" and "not having to pretend" were considered the main benefits of coming out (p.73). The participants in the present study echoed similar needs and reasons for staying out: e.g., to be authentic, not having to pretend to be straight, personal freedom and autonomy. Inauthenticity was considered a stressful, negative experience by all who partook in it. Markowe (2002) asserts that feeling unable to share one's LGB SOI with others is stressful because it is a fundamental aspect of oneself. All participants in the present study were faced with the same dilemma: be 'out', live authentically and have no family relationships at all; or live authentically with superficial family relationship that have certain terms and conditions, e.g., not openly discussing their SOI. Either way, participants were faced with a traumatic loss to cope with.

Three: All exhibited the need to protect themselves from their parents' homophobic, heterosexist attitudes. Emotional self-protection was achieved via withholding the self, i.e., avoiding conversing about SOI-related topics; and by avoidance of/physical separation from family, i.e., minimal/no contact or communication. The literature on interpersonal rejection illuminates the possible reasons behind these behaviours. For example, Leary et al. (2001) posit that both sadness and shame typically involve the action tendencies of inactivity and social withdrawal, which offers some insight into participants' avoidance/withdrawal. The authors note, "With-drawal may be most common when people perceive that they can do little to re-establish the

interpersonal connections” (Leary et al., 2001, p.161). Sommer (2001) states withdrawal can be used to distance oneself cognitively and behaviourally from others who may be perceived as critical or fault-finding. Sommer (2001) states the aim of such avoidant coping strategies is to shield the ego from events that threaten to lower self-esteem. Sommer explains that interpersonal rejection is the greatest threat to an individual’s self-esteem. Not only does rejection signify the loss of a meaningful relationship - the termination of which may be devastating; it also may be interpreted as a sign that one lacks/no longer possesses desirable personal qualities, thereby posing a strong threat to one’s overall self-worth. The threat to self-esteem is maximal when the rejector is someone close to the rejected because they have intimate knowledge about them and are therefore considered ‘qualified’ to make such evaluations. As such, rejection by intimates, as the individuals in this study have experienced, may be harder for individuals to dismiss/discredit compared to rejection by non-intimates (Sommer, 2001). The threat to LGB individuals’ self-esteem as a consequence of parental rejection may therefore be particularly great.

Sommer (2001) cites a body of research which posits individuals with low self-esteem are more likely to use self-protection strategies to avoid situations that risk ‘exposing’ their perceived deficiencies or weaknesses. Self-enhancement cognitive/behavioural strategies, by contrast, typically used by those with high self-esteem, attempt to refute the negative implications of rejection by enhancing their own and others’ opinions of them. It would be presumptuous to assume all the individuals in this study have low self-esteem because they engaged in self-protection (avoidance) strategies. It is reasonable to assume it may be very difficult to ‘enhance’ parental opinions via self-enhancement strategies if parental attitudes towards non-heterosexuality are unyieldingly negative and rooted in sexual stigma. Miller and Kaiser (2001) support this position and argue that physical and psychological avoidance coping strategies are not necessarily indicative of low self-esteem, or a deficiency in social skills, when the person possesses a stigmatized social identity. The authors state withdrawal or disengagement can be adaptive; it may be unnecessarily detrimental for a stigmatized person to engage in interactions with bigoted others. Stigmatized people with high self-worth may utilise physical and/or psychological strategies as rational, strategic means by which to cope with

prejudice. They may cease caring and stop seeking acceptance from prejudiced individuals, and instead affiliate with stigmatized others because these relationships are more highly valued/meet their needs more. Miller and Kaiser (2001) assert that avoidance strategies can be viewed as part of the repertoire of skills stigmatized individuals have developed to cope effectively with prejudice and stigma-based rejection. They do however note that it is often difficult to determine whether avoidance is a fear-based withdrawal prompted by negative models of the self (low self-esteem), or a dismissive-type withdrawal based upon positive models of the self (high self-esteem).

Four: All individuals appeared to form positive/nurturing relationships with supportive others as a means of coping. Doing so appeared to meet their needs for acceptance, sexuality-related social support and open communication about SOI-related issues. Leary et al. (2001) conceptualise this as a common reaction to relational devaluation - seeking alternative relationships in which individuals' will be more highly valued is an action tendency typically associated with sadness and hurt feelings. They add that withdrawal may function as a "time-out" to allow the individual to reassess their situation; Annie certainly made reference to this notion. Seeking alternative fulfilling relationships with others appears to be an adaptive behaviour, since "the human quest for belongingness is typically satisfied by developing and maintaining a small number of intimate relationships" (Sommer, 2001, p.172). Leary (2001) states humans have evolved with an in-built tendency to seek and need social acceptance because close interpersonal relationships promoted survival and reproduction among our ancestors. Satterfield and Crabb (2010) assert that LGB people are often forced to broaden their social networks and expand their conceptualisation of whom they consider to be family because of the increased likelihood of familial rejection when they come out or otherwise 'disappoint' family expectations. This appears to be the case for those whom participated in the present study. A great deal has been written about LGB 'families-of-choice': often created as a consequence of LGB individuals' alienation from their family-of-origin due to sexual stigma. Goldfried and Goldfried (2001) highlight that "although there are clearly important benefits that can be obtained from such networks, they cannot replace the shared history and ties one has with family members" (p.690). This assumption is

anecdotally supported by several participants in this study. For example, when Chris remarked:

“...not being close with my family, I’ve sort of like, become parts of other people’s families [...] It’s lovely, I’m not saying I never had a good time or anything, but all I wanted was like my own, my own family unit where people, we support each other and we can talk to each other and we know actually about each other’s lives [...] I think that’s the hardest thing, it’s not just the being gay side of it, but the actual not having the same family relationships as everyone else around you” (Chris, 593-615).

Chris highlights an important point here: the impact of social comparisons. As noted previously, participants’ proclivity to compare their experience of family with others’ seemed particularly prevalent when they were in the company of accepting others. Therefore, while positive supportive relationships seem to be protective, positive and adaptive in one sense, they also appear to trigger negative affect in participants via contrast - reminding individuals of what they do not have but wish they had within their own families: family support and acceptance.

Implications for Counselling Psychology practice with estranged LGB individuals

Understanding the influence of context

Counselling psychologists take a holistic approach to understanding the development and maintenance of human psychological distress (Du Plock, 2010), and use formulation, a system of co-operative inquiry, to facilitate this (Milton, Craven, & Coyle, 2010). Dattilio and Nichols (2011) confirm it is essential for clinicians to develop a clear understanding of the unique relational dynamics and mechanisms that have caused the family to become estranged. Based upon the data derived from this study, clinicians are advised to carefully explore pre-existing family dynamics and styles of communication, as these appeared to significantly interact with, and influence, participants’ experience of sexuality-related family estrangement. All participants’ reported relationship difficulties with their parents pre-coming out, a negative ‘coming-out’ experience with family, and conflict/poor communication with family over their SOI and related issues. Ben-Ari (1995) found

that family dynamics prior to the discovery of homosexuality were related to relational dynamics post-discovery (for both offspring and parents). Willoughby, Malik and Lindahl (2006) found that gay men from cohesive, adaptable, authoritative families prior to coming out perceived their parents' reactions as less negative than those from disconnected, rigid, and authoritarian families. It would be essential to understand how particular family dynamics and modes of communication have contributed to the estrangement in order to create an effective, contextualised formulation of the family's/individual's difficulties.

Several participants in this study (implicitly/explicitly) highlight the importance of considering how an LGB individual's developmental context may interact with their experience of estrangement. Notably, adolescence and early adulthood is the most common time for LGB individuals to disclose their SOI to their family: "when families are still a major source of financial, psychological, and social support" (Heatherington & Lavner, 2008, p.330). Annie highlighted the role of developmental context in her experience of estrangement and her management of this. She explained that she was fortunate she realised her SOI a little later, had the support of her partner, and was at a stage in her life where she could be independent. Zach by contrast, experienced estrangement at a much earlier stage in his psychosocial development and was signed over to social services by his parents, which he found incredibly traumatic. Davies (1996d) states it is common for young LGB people to be mistreated by their families, and that some young people are placed into local authority care when parents reject their sexuality. It is important to note at this point that some authors, for example Sucov (2006), suggest that counsellors working with clients who are exposed to particularly dysfunctional, damaging interpersonal family dynamics may "advise them to cut off from their family of origin in order to preserve their sanity and build a more healthy sense of self" (p.19). Clinicians must proceed with extreme caution if they advise an LGB individual to cut off from their family of origin as Sucov (2006) suggests; the individual must have an alternative, strong interpersonal support network to help them cope with their experience of estrangement and facilitate positive health and well-being.

Milton et al. (2010) state Counselling Psychologists locate clients' behaviour and experience within a biographical, developmental and social context in order to more

fully understand how a particular difficulty is being experienced. Sucov (2006) highlights the importance of considering the family itself in the context of its life cycle and the evolving relationships shared between its members, the role of third parties, and factors such as moral values, religious convictions, cultural and ethnic identification - all of which will influence the structural, emotional and behavioural aspects of the family system, and how the family grows and changes (Sucov, 2006). Agllias (2013) attests to the importance of considering the family's difficulties within their particular historical and socio-political milieu in order to understand the external factors which have contributed to the development of estrangement. This is particularly salient for clinicians working with the phenomenon of sexuality-related family estrangement - given how, in this study, societal attitudes towards non-heterosexuality and religious doctrine appear to have negatively influenced parents' attitudes towards their LGB offspring, and contributed to conflict and relational disintegration.

The issue of parental attitudinal change and its impact upon therapy

Counselling psychologists privilege how clients' perceive and attribute meaning to their phenomenological realities (Milton et al., 2010). As such, a key issue for clinicians working with this client group to ascertain is whether or not positive relational change is perceived as possible. This would presumably affect the type of therapy ascertained as most suitable, and shape the client's therapeutic goals. For individuals who experience a sense of hope for acceptance and conflict resolution, and view their parents' beliefs as changeable, clinicians may wish to consider the possibility of reuniting estranged family members using a cognitive-behavioural-systemic approach (see Dattilio & Nichols, 2011). As mentioned in the introduction to this paper, Dattilio and Nichols worked with individuals who had intentionally separated from their families over conflict and hurt feelings. The authors successfully employed various cognitive-behavioural and systemic therapy techniques to mediate emotionally charged responses, facilitate effective communication and behavioural change, and restructure individuals' thinking and perception of each other.

All participants in the present study appeared to experience communication difficulties with their parents (e.g., avoidance/conflict related to their SOI) and challenging emotions pertaining to their sense of themselves as not accepted/rejected/unwanted. Moreover, several participants spoke of unhelpful parental assumptions about non-heterosexuality which appeared to influence their estrangement. For instance, Chris's mum "didn't think that was possible for gay people" (Chris, 500-501) to be in love and happy (until she was gradually exposed to her son's love for his male partner and their happy relationship). LaSala (2010) found that parental fears and worries (e.g., HIV risk, fears of discrimination, and offspring 'looking too gay' etc.), grounded in myths and prejudice, can hinder their adjustment process. Therapy (both individual and family therapy) may offer a mediated arena in which communication and adaptive emotional expression can be facilitated between family members, and unhelpful assumptions can be ameliorated via reparative, accurate psychoeducation about non-heterosexuality. LaSala found that parental education to correct unhelpful assumptions, as well as finding empathic, non-judgemental supportive others to talk to, were two key factors that improved parents' attitudes and facilitated family recovery following the coming out 'crisis'. Saltzberg (1996) recommend family therapy as the intervention of choice for facilitating parental acceptance of their LGB children. Goldfried and Goldfried (2001), LaSala (2010) and Ryan et al. (2009) highlight the utility of community support programmes/groups, such as PFLAG, which could be used as an adjunct to therapy to support parents, reduce stigma and foster acceptance. LaSala states individuals must develop the ability to question and think critically about prevailing societal norms, and understand that these 'norms' are unnecessarily restrictive and narrow, if they are to feel psychologically healthy and resilient. Working with receptive families and individual family members, helping them to find their way through prejudicial societal discourse and enabling them to reconnect with each other, may ameliorate the lack of relational closeness and sexuality-related support individuals in the present study experienced.

For the majority of participants however, positive relational change was viewed as improbable/not possible due to the rigidity of parental attitudes towards non-heterosexuality. As such, clinicians working with estranged LGB individuals in this

position would need to take a very different therapeutic approach since it is unlikely the family would attend therapy. Based upon the findings of this study, clinicians may wish to consider the utility of grief work to help LGB individuals' process and adjust to the loss of their family relationships as they once were. Worden's (2003) stage model may be of particular use. Levy, Ayduk and Downey (2001) assert some research has provided evidence that encouraging individuals to adopt the view that people can change and valued others can become less rejecting may be helpful. They state findings suggest people who view human nature as malleable are less prone to engage in detrimental attributions and judgements. I argue that this stance may interfere with the individual's ability to grieve their loss if they hold hope that change will happen when it is not likely/possible. An important task for the clinician working with this client group is to help the individual adjust to the reality of their family situation. Individuals should not be offered false hope, nor should their hope be extinguished if it is present; clinicians may need to 'sit with' the client's uncertainty and help them tolerate it - if the prospect of positive parental attitudinal change remains uncertain. It may be important to help the client to understand the role of sociocultural prejudice in their parents' rejection of them: "Rejection may hurt less if the stigmatized person knows that it was motivated by prejudice and does not reflect his or her personal shortcomings" (Miller & Kaiser, 2001, p.197). Notably, both Chris and Ann appeared more able to view their parents through a lens of compassion when they spoke of their negative attitudes as caused by society and their anti-LGB upbringing.

Pluralistic practice with estranged LGB clients: Improving emotion regulation and assertiveness skills

The discipline of Counselling Psychology is rooted in humanistic values and prioritises the therapeutic relationship (Strawbridge & Woolfe, 2010), based upon empirical evidence which highlights that a strong therapeutic relationship is consistently associated with better treatment outcomes (see Hardy, Cahill & Barkham, 2007). In light of the threat parental rejection appears to pose for individuals' self-esteem, it seems particularly important to help the client realise that they are a worthwhile, valued person with many desirable qualities to offer others - contrary to what

messages they may have internalised from significant others. The development of a strong therapeutic relationship in which the individual is offered the clinicians respect, validation and acceptance via the core conditions of empathy, unconditional positive regard and congruence would be of particular importance to facilitate such healing (Greenberg, 2007). Greenberg (2007) states that the creation of a strong therapeutic bond between therapist and client will help the individual feel safe and validated so they can explore their painful thoughts and feelings in depth without fear of criticism or being shamed. A validating therapeutic relationship is considered essential for positive affect regulation (see Greenberg, 2007).

The findings of this study suggest that sexuality-related family estrangement is an emotionally laden, challenging experience that may negatively impact individuals' mental health and well-being. As such, all clients may benefit from interventions which facilitate their emotion regulation and distress tolerance skills. Due to the multi-modal training of Counselling Psychologists, clinicians are free to take a pluralistic stance to their work with estranged LGB individuals: i.e., Cooper and McLeod (2007, as cited by Ashley, 2010) describe pluralism as a position which posits "no theoretical, methodological or epistemological approach is 'truer' than another [...] different people are likely to find different meanings or practices useful at different times" (Ashley, 2010, p.125). This opens up a variety of therapeutic models and modalities clinicians may wish to consider and draw upon. Dialectical Behaviour Therapy techniques may help modify myths individuals hold about their challenging emotions and teach useful distress tolerance skills; compassion-focused therapy techniques may help individuals self-soothe and modify fearful or shame-based emotional schemas; cognitive-restructuring can provide individuals with strategies to modify unhelpful cognitive appraisals that may be worsening their emotional difficulties; mindfulness techniques may help individuals recognise that their challenging emotions can be experienced with acceptance and without judgment and need not be controlled or suppressed (see Leahy, Tirsch, & Napolitano, 2011). Widening client's coping skills repertoire to include more adaptive emotion regulation strategies may reduce the use of avoidant-coping strategies like thought and/or emotion suppression, which research suggests is not helpful, healthy or effective (e.g., Amstadter & Vernon, 2009).

Based upon the findings of this study, and in light of existent literature on interpersonal rejection, estranged clients may present with extreme sadness, guilt, shame, social anxiety, hurt feelings, loneliness and/or embarrassment in response to their family's rejection of them (Leary et al., 2001). Leary et al. highlight that suicidal ideation and attempts are common amongst people who have experienced profound relational devaluation, inherent in interpersonal rejection. As such, clinicians must be mindful of risk issues each session and should conduct a thorough risk assessment at the beginning of the work (and intermittently as appropriate) to assess suicide risk/vulnerability and protective factors for these individuals.

The findings also suggest individuals may benefit from assertiveness training to enhance their communication skills, and help them lay appropriate psychological and behavioural boundaries to protect their self-worth (as much as possible) from familial homophobia/biphobia - should contact with rejecting family members still be experienced. Assertiveness training is an empirically supported means by which individuals can become more assertive and self-esteem can be bolstered (e.g., Lina, Shiahb, Changc, Laid, Wange, & Chou, 2004), and is within the remit of the Counselling Psychologist. Of the individuals trying to maintain (superficial) relationships with their parents, Annie was the only one who reported using assertiveness to openly address the issue of her LGB SOI and parental homophobia. The others used avoidance-based strategies such as not talking about the issue with their parents to avoid conflict, which could be detrimental to their self-esteem. Annie, by stark contrast, separated from her parents, was prepared to never see them again, grieved the loss of their relationship and then came back to the relationship feeling stronger and able to assertively "set expectations and boundaries about what I expect from them in terms of behaviour [...] to protect myself" (Annie, 1586-1589). See Appendix R for a verbatim extract from Annie's interview offering particular insight into how she used assertiveness to elicit behavioural change within her mum.

The importance of sexuality-related social support

Goldstein (2010) highlights Counselling Psychology as both a person- and community- oriented discipline, which attends to both the individual, and the social, political, and economic community in which the individual is embedded. Based upon the findings of this study, and existent literature on the importance of community/social support for LGB people, clinicians should encourage individuals to form meaningful relationships with accepting others and/or positive connections with sexual minority community resources like support LGBT groups. Miller and Kaiser (2001) assert that selective affiliation (e.g., having similar others to share stigma-related concerns with) and positive group identity are extremely important to the well-being of stigmatised people. To feel accepted by a group is a basic human need, essential for psychological well-being (Miller & Kaiser, 2001). Without a supportive LGB community, the risk of internalised homophobia/biphobia increases because there is no positive community voice to counteract the consequences of heterosexism (Sherry, 2007). The participants in the present study all formed alternative relationships with accepting others which appeared to offer alternative sources via which they could meet their needs for acceptance, support, and open communication about their SOI and related issues. Jon highlighted his relationship with his accepting parent was life-saving and prevented his suicide; others utilised partners, friends, and LGBT support groups to facilitate positive coping. Sexuality-specific social support may buffer against the negative emotional effects of sexuality-related family estrangement. However, it is important to be aware that support and acceptance from others may highlight what LGB individuals are lacking within their family relationships, which may elicit additional challenging emotions that will need to be recognised, validated and adaptively managed. Therapeutic support can facilitate this also. In addition, clinicians may wish to consider how insecure attachment working models, internalised homophobia/biphobia and rejection sensitivity may impact upon individuals' tendency to seek the social support they need. Sherry (2007) suggests insecure attachment schemas, for example, may prevent individuals from seeking out a supportive LGB community.

Working with rejection-sensitive individuals

Manafi (2010) promotes a relational stance to Counselling Psychology practice and an understanding of the 'relational matrix' human beings form. The findings of the present study suggest that at least two individuals experienced social anxiety and heightened rejection sensitivity (RS) as emotional consequences of sexuality-related family estrangement. Levy, Ayduk and Downey (2001) state there is a clear association between exposure to parenting that communicated rejection and the expectation of rejection which influences people's feelings, cognitions and behaviours in future interpersonal relationships. There is a growing body of literature which posits an association between high RS and negative behavioural and interpersonal outcomes. Individuals' cognitive-affective processing disposition to anxiously expect rejection, and overreact to rejection, may create a self-fulfilling prophecy effect and damage interpersonal bonds (see Levy et al., 2001). Given the importance of positive interpersonal relationships, particularly for this client group, clinicians may wish to be aware of the possible negative impact RS may have on LGB individuals' interpersonal relationships with others. Clients may require additional therapeutic support to help them recognise their RS, and not let it negatively impact upon their relationships with others. A warm, supportive therapeutic relationship may be a particularly powerful medium to facilitate this.

Epistemological reflexivity

The present research has achieved its aim to produce both descriptions and insight into what it is like to experience sexuality-related family estrangement, via those who have experienced the phenomenon directly. The knowledge created during the interviews was interrelational and intersubjective, i.e., actively created and co-authored between researcher and participant (Kvale, 2009). It was created through the lens of a critical realist; it is assumed the interview data tells us something about what it is 'really like' to experience sexuality-related family estrangement, whilst acknowledging that the data gathered cannot grant us access to the participants' reality directly (Willig, 2008). The methodology used positions itself in the ontological 'middle ground' between realism and relativism (Willig, 2008). Therefore the findings may be viewed as both unearthed and co-constructed through an interpretive process (a double hermeneutic).

Smith et al. (2009) states IPA findings can be considered further and illuminated through theoretical generalizability, i.e., in relation to existing professional and experiential knowledge. The authors explain that IPA does not avoid making generalisations from findings, but does so with caution – locating findings within the particular context they were found. An additional aim was to produce helpful insights which may be used to guide and illuminate therapeutic practice with LGB individuals who are estranged from their family-of-origin due to familial sexual stigma. Willig (2008) explains that qualitative phenomenological research in particular can be profitably used to inform recommendations for improved practice with clients in Counselling Psychology. Qualitative researchers exploring interpersonal phenomena seek “to show that findings can be transferred and may have meaning or relevance if applied to other individuals, contexts and situations” (Finlay, 2006, p.320). This too has been achieved, which Smith et al. (2009) attest is a mark of quality in IPA.

Nevertheless, the study does have some practical and conceptual limitations. The research focused on the experiences of LGB offspring to gather rich insight into their lived experiences of sexuality-related family estrangement. It was presumed unlikely the parents of these individuals would have taken part. However, this provides a one-sided account of the phenomenon from the perspective of the offspring only. Although this was the intention, one could argue that to understand the phenomenon more completely, interviews should also be conducted with individuals’ parents. Willig (2008) adds that in order to understand a phenomenon fully, we need to understand what conditions gave rise to the phenomenon in the first place and why. IPA describes and documents the lived experiences of participants but does not adequately explain them (Willig, 2008). Triangulation of approaches, e.g., Grounded Theory with IPA, would be required to achieve this (Willig, 2008).

Only one bisexual participant was successfully recruited for the study, meaning that bisexual individuals’ experiences of estrangement were not adequately explored. In retrospect, bisexual-specific organisations could have been targeted in order to attempt to recruit more bisexual individuals. The umbrella term LGB is used in the present research, yet it could be argued that the findings may not be applicable to

bisexual people's experiences of estrangement. More research is needed to illuminate what it is like to be bisexual and experience sexuality-related family estrangement.

The recruitment criteria and interview method may have prevented some individuals who felt particularly distressed or overwhelmed by their estrangement from participating. Those who volunteered felt able to speak about their experiences and therefore, it can be assumed, were managing to cope with their estrangement. This will have influenced the nature of the findings. One is left to wonder what sexuality-related family estrangement may be like for those struggling more intensely to cope with it.

IPA analysis begins with the assumption that people's accounts tell us something about their experiences via their expression of private thoughts and feelings. Language is the medium of interview research (Kvale, 2009). However, not all individuals are able to use language in a way that effectively communicates the richness of their experiences (Willig, 2008). Moreover, one could argue that "an interview transcript... tells us more about the ways in which an individual talks about a particular experience... than about the experience itself" (Willig, 2008, p.67). These points call into question the function and representational validity of language, as well as the appropriateness of the accounts (Willig, 2008). Furthermore, the accounts reflect only what participants wished to/felt able to share. Social desirability as well as personal comfort levels regarding speaking about certain aspects of their experiences may have selectively influenced what individuals talked about. It may also be argued the study held the potential for recall bias since the accounts were retrospective (Ryan et al., 2010). However, Markowe (2002) asserts that autobiographical memory and retrospective reports can be accurate and stable.

IPA utilises a relatively small sample size to retain its commitment to the ideographic, while enabling convergence and divergence between participants to be studied (Smith et al., 2009). However, Collins and Nicolson (2002, as cited by Brocki & Wearden, 2006) argue that in its search for connections and dissimilarities between cases it "misses a potentially richer seam of data, that of a contextualised, unfolding and sequential account within a single interview" (Brocki & Wearden, 2006, p.627). This resonated with my analytic experience, and at times I felt I was

sacrificing some depth for breadth. Brocki and Wearden (2006) recommend greater ideographic focus with more attention paid to the sequential nature of an individual account.

Future research

The ideology of family remains a dominant feature, an institution, in contemporary society. Estranged individuals may feel alienated from their families and from the ideology of what they perceive family 'should' be. Familial estrangement including ostracism goes against dominant social discourses of family-of-origin bonds as close, unbreakable, unconditional and universal (Agllias, 2013). Several participants in the present study referenced this idea. Sustained familial ostracism (disownment/abandonment) was a reality for Jon, Samantha and Zach in this research. Participants perceived this to be a consequence of familial sexual stigma and appeared to find the experience very distressing. It was a key feature of their experience of sexuality-related family estrangement. Williams and Zadro (2001) highlight that parental rejection involving maximal exclusion (i.e., being ostracised, disowned/abandoned) is a potentially devastating experience that is significantly under-researched. Research into this facet of sexuality-related family estrangement is greatly needed: How and why does this occur? What are the psychosocial consequences? What impact does this have on individuals' mental health and wellbeing? What are the long-term consequences of stigma-based ostracism? How do individuals cope with sustained family ostracism?

The present study created data and insight into examples of other family members' accepting attitudes, what these were, and why they were valued by offspring⁸. For example, Jon spoke quite extensively about his mum (always being willing to talk about issues of sex and sexuality; conveying her acceptance of homosexuality even before he came out) which he reported made him feel safe, unconditionally loved and accepted. Chris spoke of his surrogate family's attitude toward his SOI: "it wasn't an issue, it wasn't a thing at all, I was just normal" (Chris, 247-248); Connor referred to his dad's attitude similarly. Both appeared to perceive this liberal, relaxed,

⁸ Note, these facets of the findings were not explored in greater detail because they did not pertain to the research question nor to the aim of the study.

normalising stance to their SOI by significant others as positive and desirable. Studies may wish to explore intra-familial dynamics whereby one parent is accepting and one is rejecting in greater detail. This may yield useful insights into these dynamics, supportive parental behaviours that promote well-being, and the protective role one accepting parent may play to buffer against the impact of the rejecting parent (as evidenced in Jon's case). Moreover, Chris provided a negative example of a parent's attitudes gradually changing to become more tolerant. Qualitative research which focuses on the factors that contribute to positive attitudinal change, and the processes involved in this change, may offer insight into how positive change may occur (and be evoked) within the context of estrangement.

Although the issue did not emerge as a fully-fledged theme, some participants perceived estrangement as having some positive consequences for them. For instance, Annie explained estrangement has ignited passion within her to fight for the rights of non-heterosexual people and said it positively shaped her career choices. Annie works with non-heterosexual people in her career; she explained that this has provided an avenue to positively channel her experiences of estrangement and it appears to have facilitated coping. Louise reflected similarly that her experiences of estrangement have made her more reflective and empathic as a person, which has had a positive impact on her career in health and social care. Ann referenced the idiom: "what doesn't kill you makes you stronger" (Ann, 1544-1545); there was a sense of pride as Ann continued to speak of herself as consciously choosing who she wants to be and how she wants to live within the context of her family's disapproval. For Ann, estrangement appears to have illuminated positive issues pertaining to her identity and the conscious thought that has gone into shaping this. The concepts of stress-related growth (see Cox, Dewaele, Houtte, & Vincke, 2011) and post-traumatic growth (see Joseph, 2011) appear to be of relevance here. Cox et al. (2011) assert people may reflect upon stressful or traumatic experiences and view them as a learning process. As such, growth may occur in a variety of psychological areas including enhanced knowledge, the acquisition of coping skills, a sense of personal strength due to 'surviving' a challenging experience, and/or a more positive self-concept. Studies investigating stress-related growth frame it as an adaptive coping-strategy, which positively

affects mental health (Cox et al., 2011). This idea was anecdotally supported by some participants in the present study. Future research may wish to explore in what ways sexuality-related family estrangement may evoke post-traumatic growth/stress-related growth within particular individuals. Understanding how some have achieved this may help clinicians to support those who are struggling with sexuality-related family estrangement to find elements of positivity within this negative experience.

Being authentic and developing one's LGB SOI is considered positive and important for mental health and well-being (See Markowe, 2002; Mohr & Fassinger, 2003; Rivers, 2002; Davies, 1996). Being rejected/not accepted and not supported by one's family of origin is considered negative for mental health and wellbeing (e.g., Goldfried & Goldfried, 2001; Ryan et al., 2009). Participants in the present study appear to have experienced factors that should theoretically enhance their mental health and well-being, and factors that may damage it. This research offers some insight into how individuals perceive their experience of sexuality-related family estrangement, its emotional consequences and impact upon individuals' mental health and well-being, and how individuals cope with the experience. However, further research is greatly needed to understand the impact sexuality-related family estrangement may have on individuals' interpersonal and intrapersonal functioning, and the needs and issues particular to this client group. This is essential before effective, evidence-based treatment guidelines for clinicians working with this client group can be properly formulated.

Longitudinal phenomenological research may offer greater understanding of individuals' lived experiences of estrangement over time, and interesting insights into processes of change and coping. Fruitful insights may be gained from qualitative research exploring the coming out experience in greater detail (i.e., how the individual came out and to whom) to ascertain if/how the coming out experience may interact with family estrangement. Additional studies could explore ethnic minority people's experiences of sexuality-related family estrangement to gain insight into the similarities and differences between individuals from a variety of cultural backgrounds. This may be particularly pertinent given several authors suggest black and minority ethnic (BME) individuals and those from highly religious and/or particularly conservative families may be at greater risk of sexuality-related

rejection than Caucasian individuals from liberal, non-religious families (see Arnold, 2012). Notably, there were no BME individuals sampled in the present study. Researchers exploring the phenomenon may also consider expanding their sampling to include sexual minority individuals who do not ascribe to an LGB identity, e.g., those who consider themselves queer, pansexual, etc. A study by Ryan et al. (2010) on family acceptance found queer individuals were more than twice as likely to report earlier suicide attempts than their LGB counterparts. The authors posit that a lack of 'fit'/identification with the LGB community and its stereotypes may be a factor in these individuals' elevated suicide risk.

The acronym LGBT commonly used to describe sexual minority individuals includes people who are transgender. As mentioned earlier in this paper, transgender people may also identify as LGB in addition to their experience of being trans. Preliminary evidence suggests transgender individuals also experience stigma-based family rejection and abuse by their families in relation to their gender identity and sexual expression (Ryan et al. 2010; Koken et al., 2009). Koken et al. (2009) found many trans women they interviewed were rejected and forced out of their homes during adolescence/chose to leave, which increased their risk of poverty, homelessness and associated negative outcomes. Transgender individuals are a group at high risk for compromised health and negative mental health outcomes (e.g., Ryan et al., 2010; Garofalo, Deleon, Osmer, Doll, & Harper, 2006). Trans-related family estrangement presumably would be an unspoken consequence of familial rejection which requires researchers' attention.

Conclusion

The present research study offers in-depth insight into the lived experiences of eight LGB individuals (aged 18-41) who have experienced the phenomenon of sexuality-related family estrangement. It is hoped that this study will add to the growing body of research which highlights and explores the specialist issues and needs of LGB individuals. The ability to 'recognise social contexts and discrimination' is espoused in the very definition of Counselling Psychology, according to The Division of Counselling Psychology's Professional Practice Guidelines (2005). Although we have

made great strides towards affirmative understanding and equality, I believe there is still much to be done - within the field of Counselling Psychology, within mental health systems, and within the wider community. The very existence of the phenomenon of sexuality-related family estrangement attests to this.

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Appendices

Appendix A: Interview Schedule

Question Schedule

- 1. Why did you decide to take part in this research?**
- 2. You've identified yourself as 'estranged' from your family. The word estranged can mean different things to different people... So I understand - can you tell me what the word estranged means to you?**
- 3. What was life like for you before your family learnt you are gay?**
- 4. Can you tell me about your families attitudes towards homosexuality/bisexuality?**
- 5. Can you tell me about your experiences of feeling rejected/not accepted by your family?** (Possible prompts: How did they react when they learnt you are gay? What was that like for you? How did you feel?)
- 6. Why do you think your family/X reacted the way they did when they learnt about your sexuality?**
- 7. How long have you felt estranged from your family for?**
- 8. Can you tell me about your experience of family estrangement?** (Possible prompts: Do you have any contact with family members? What, if any, are the most difficult aspects of this experience for you?)
- 9. Can you tell me about how you have been since feeling estranged from your family?** (Possible prompts: What is life like for you? What is it like to feel estranged from your family? What effect, if any, has this had on your well-being?)
- 10. How do you feel about your sexuality?**
- 11. What thoughts and feelings come to mind now when you think about your family?**
- 12. Is there anything you would like to say more about, or anything else you would like to say that we have not talked about?**
- 13. We're coming towards the end of the interview now. How have you found it?** (Prompt: Can you tell me a bit more about that?)

Appendix B: Constructing the interview schedule

The first question asked why they volunteered to take part. Willig (2008) states the researcher should know what the interview means to the participant in order to fully understand their contribution. Moreover, both Smith et al. (2009) and Willig (2008) explain it is important to build rapport and 'build up to' more personal/sensitive questions gradually. For these reasons, coupled with it seeming like a logical place to start (Smith et al., 2009), this was the first question.

The second question aimed to establish what the word 'estranged' meant to each participant; I wanted to understand their understanding of the word because the same word can mean different things to different people (Sucov, 2006). To elucidate their viewpoint, and avoid misunderstandings, it felt important to explicitly ascertain this. According to Spradley (1979) as cited by Willig (2008), this is a 'structural' question because it typically prompts the participant to demonstrate the cognitive frameworks of meaning they use to make sense of their life-world.

The third 'descriptive' question (Smith et al., 2009; Willig, 2008) aimed to ascertain what family life was like before their family learnt of their SOI. Willig (2008) explains that descriptive questions ask for biographical information, anecdotes, life-histories and so forth. It was hoped this would provide a sense of their family dynamics and attachment relationships in order to meaningfully situate participants' experience of estrangement within their family context. Notably, the question was worded carefully so as not to presume the individual 'came out' as LGB - rather somehow their SOI became known. I was mindful of my fore-conception that there would be a negative change in family relationships following their SOI becoming known, and bracketed this. I am aware of a body of literature which suggests families can and do have strong affective, cognitive and behavioural reactions to learning a family member is non-heterosexual, and that these reactions can disrupt and in some cases destroy family relationships (Arnold, 2012).

The fourth question asked the participant to share their understanding of their family's attitudes towards non-heterosexuality. Follow-up prompts then investigated (as appropriate) participants' perception and experiences of these. I considered family attitudes as core to the phenomenon of sexuality-related family estrangement. I held the assumption that negative family attitudes contribute to family estrangement within this context, but refrained from presuming how. This question is both 'descriptive' and 'circular', i.e., asking what someone thinks about what someone else thinks (Smith et al., 2009).

The fifth question asked participants to describe their experiences of feeling rejected or not accepted by their family. This question was both 'narrative' and 'descriptive' (Smith et al., 2009) to facilitate participants' sharing their story. The question transparently assumes that feeling rejected/not accepted is part of participants' experience of family estrangement, and this is reflected in the recruitment criteria. However, I did not wish to speculate how the two are linked, but rather learn this from the participants.

The sixth question asked why they think certain family member/s reacted the way they did when they learnt about their sexuality. Both 'structural' and 'circular' (Willig, 2008; Smith et al., 2009), it was aimed to elucidate their understanding of their family's attitudes and behaviours towards them.

The seventh 'descriptive' question (Smith et al., 2009) aimed to encourage participants to reflect upon, and share, how long they have felt estranged for. It was asked with curiosity to further clarify and contextualise their experience of estrangement.

The eighth question was both 'narrative' and 'descriptive' (Smith et al., 2009); participants were asked to describe their experiences of feeling estranged from their family. Englander (2012) states that gaining a description of a situation in which the participant has experienced the phenomenon is vital for discovering the meaning of the phenomenon. Therefore, participants were asked to recall and share a specific

situation if they did not do so without prompting. Like questions four and five, this question was directly related to an inclusion criteria.

The ninth 'evaluative' question (Willig, 2008; Smith et al., 2009) enquired about how the participant has been since feeling estranged from their family. This abstract question was inspired by Smith et al. (2009) who states that such a question is an attempt to gain insight into what life has been like for the individual, without limiting the expression of their experience to one area of their life or certain feelings, thoughts or behaviours. I was aware of my particular curiosity about whether estrangement had any effect on their mental health and well-being. However, this was explored only if mental health was spoken about or alluded to by the participant.

The tenth 'evaluative' question (Willig, 2008; Smith et al., 2009) asked how the participant feels about their sexuality. Willig (2008) states evaluative questions explicitly ask how the interviewee feels about someone or something. The question was intentionally open and non-leading to facilitate expression of what it is like to live as them in their life-world (Smith et al., 2009). It was considered relevant because literature suggests that: a) how we perceive and express our sexuality is intrinsic to our way of being in the world (Arnold, 2012); b) sexual stigma and homophobic attitudes from others can become internalised and negatively affect the self-esteem, self-worth and self-acceptance of LGB people (Herek et al., 2009). This knowledge was also bracketed as much as possible.

The eleventh 'evaluative' question (Willig, 2008; Smith et al., 2009) asked the participant to share what thoughts and feelings come to mind now when they think about their family. The rationale for this was to ascertain their perception of their family, with the aim of building a fuller picture of their estrangement as it is presently.

The twelfth question asked if there is anything else the participant would like to say more about, or anything that had not yet been spoken about. This highlighted my position of being led by the participant - the experiential expert (Smith et al., 2009).

The thirteenth question alerted the participant to the end of the interview and helped both parties identify critical issues that have come up for the participant as a consequence of the interview process. These were followed up via formal debriefing to ensure the participant was safeguarded and the interview process was ethically mindful.



Participant Information Sheet: Pilot

Pilot interview for: 'An interview study exploring 18-41 year olds experiences of sexuality-related family estrangement'

Dear Participant,

My name is Sarah Arnold. I am a Counselling Psychologist in training, currently studying at City University London on their Doctorate programme. I am conducting a research study about LGB adults (aged 18-41) who feel rejected/not accepted and estranged from their family because of negative family attitudes towards their sexuality.

The ultimate aim of this study is to give mental health professionals a better idea of how to effectively support LGB individuals who are struggling with the experience and consequences of sexuality-related family estrangement. Learning about your personal experiences and hearing your insights would be really helpful and greatly valued.

If you choose to participate in this study, you will take part in an individual interview (60-90 minutes long) in which you will be invited to discuss your experiences of family rejection/lack of acceptance and estrangement. The interview will be tape-recorded and analysed to help me assess whether the interview questions are sensitive, clear and effective. If the questions are effective, I should be able to fully understand the key aspects of your experiences.

In order to participate in this pilot study, you must feel psychologically able to talk about your experiences. However, talking about such personal topics could evoke unexpectedly painful memories for you. For this reason, all participants will be given the opportunity to discuss how they found talking about these things at the end of the interview, in addition to receiving a hand-out detailing sources of support. I will also ask you for your thoughts on the

effectiveness about the interview questions, and how you felt about the interview process after the interview.

It is important to highlight that participation in this study is completely voluntary; you have the right to withdraw at any time. If you think you might find it distressing to talk about these subjects, I would strongly suggest you do not participate in this research.

The research will be written up in the form of a dissertation and submitted to my university. It is hoped that the research may be published in an academic journal upon completion. Your name (and the names of anyone else you mention) will NOT be used in my dissertation, or in any publication that follows. You will be asked to select a fake name (pseudonym) for yourself. All identifiable information about you will be changed.

If you would like to take part in this study, please continue to read and sign the consent form attached. Feel free to ask me any questions you might have about the research before signing it. By signing the consent form, you will be confirming that you fully understand what the study is about, and what is required of you as a participant.

Thank you for taking the time to read this, and for considering taking part!

*Kind regards,
Sarah Arnold
[Lead researcher]*

Any queries or questions,
please do not hesitate to contact me (Sarah Arnold) at
[REDACTED]
or my research supervisor (Dr Susan Strauss) at
[REDACTED]



Pilot interview for: 'An interview study exploring 18-41 year olds experiences of sexuality-related family estrangement'

Please Initial

to indicate your consent



1) I have read and fully understood the information sheet about the proposed research, and understand my role as a participant in the pilot interview. I also understand that I must: a) NOT share information with any potential participants outside of this study.	
2) I understand that my personal identity, responses, and suggestions will be anonymized and kept strictly confidential.	
3) I understand that my interview will be tape-recorded and listened to by the researcher. I am aware that the recording and any research notes made by the researcher on the contents of this pilot interview will be stored safely in a locked file, and destroyed after seven years.	
4) I understand that my participation in this research is voluntary, and I may withdraw myself at any time. If the researcher is concerned that I am at risk of harming myself or anyone else, I understand this will be discussed with me at an appropriate juncture. The researcher's supervisor may be consulted where necessary.	
5) I have had adequate time to ask any questions I have about the research. I am aware that I will receive a handout detailing sources of	

support (that I can contact independently) after the study.	
6) I understand that the findings of this study will be submitted as part of the researcher's Doctorate in Counselling Psychology at City University London. I am also aware that the research could be submitted for publication in an academic journal.	
7) I understand that the researcher will automatically send me a summary of the results via e-mail after the study has been completed. I consent to giving the researcher my e-mail address. My e-mail address is: 	
8) I give my fully informed consent to take part in this pilot interview. I understand that my participation in this part of the research means my data will not be used in the main study.	

NOTE: This consent form will be kept separately from all other records relating to the research, in accordance with the British Psychological Society's (2009) ethical principles for research with human participants.

Name of Participant:..... **Date:**.....

Signature:.....

The researcher hereby agrees to comply fully with all of the statements detailed above.

Name of Researcher:..... **Date:**.....

Signature:.....



Thank you

Dear Participant,

Many thanks for taking part in this pilot interview and being willing to share your thoughts and feelings about the interview questions I have developed. By taking part in this research, it is anticipated that you will help mental health professionals better understand what it is like to experience sexuality-related family estrangement. I sincerely hope the findings of this study will help clinicians to effectively support those who are struggling with this issue.

The research will be written up in the form of a dissertation and submitted to my university. The research may be published in an academic journal at a later date. I would like to reassure you that all your information, including your name, names of others you have mentioned, and any other identifying features will be kept completely confidential and anonymous. After I have completed the research, I will e-mail you a summary of the results. This is purely for your own interest and information. If you change your mind and feel you would like to withdraw your information from the study, please e-mail myself [REDACTED] or my research supervisor Dr Susan Strauss [REDACTED] within seven days of your interview. After seven days, you will not be able to withdraw your data.

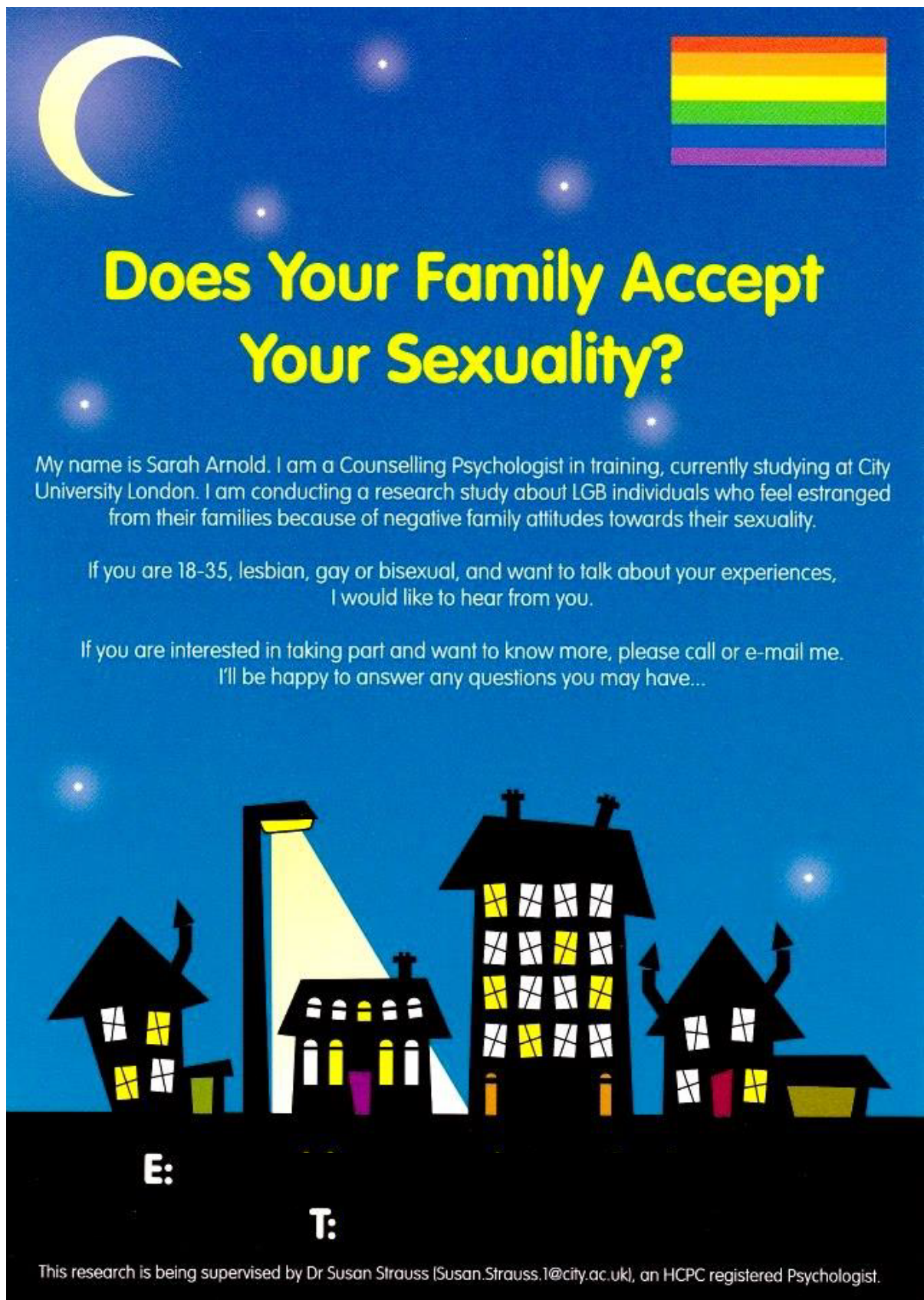
If you would like to talk to someone further about your experiences, please feel free to either ask me about your options or consult the handout of resources that you have been given.

Thanks again for your feedback and suggestions!

Kind regards,

Sarah Arnold MBPsS

- Researcher and trainee Counselling Psychologist



The flyer has a dark blue background with a crescent moon and stars in the top left. A rainbow flag is in the top right. The title 'Does Your Family Accept Your Sexuality?' is in large yellow font. Below it, a paragraph in white text introduces Sarah Arnold, a Counselling Psychologist in training at City University London, who is conducting a research study on LGB individuals who feel estranged from their families. Two lines of white text invite participation from 18-35 year olds who are lesbian, gay, or bisexual. Another line of white text provides contact information. At the bottom, there is a silhouette of a town with houses and a lighthouse. Below the town, the letters 'E:' and 'T:' are displayed in white. At the very bottom, a line of white text states that the research is supervised by Dr Susan Strauss, an HCPC registered Psychologist.

Does Your Family Accept Your Sexuality?

My name is Sarah Arnold. I am a Counselling Psychologist in training, currently studying at City University London. I am conducting a research study about LGB individuals who feel estranged from their families because of negative family attitudes towards their sexuality.

If you are 18-35, lesbian, gay or bisexual, and want to talk about your experiences, I would like to hear from you.

If you are interested in taking part and want to know more, please call or e-mail me. I'll be happy to answer any questions you may have...

E:

T:

This research is being supervised by Dr Susan Strauss (Susan.Strauss.1@city.ac.uk), an HCPC registered Psychologist.

<http://gscene.com/news/lgb-research-study/>

LGB Research Study

Posted On 26 Nov 2013 By : Graham Robson

Sarah Arnold, a Counselling Psychologist student currently studying a Doctorate at City University London, is conducting an interview research study about LGB young adults (aged 18-41) who feel rejected, not accepted and estranged from their family because of negative family attitudes towards their sexuality.



Participants who decide they wish to take part will undertake an individual interview (60-90 minutes long) with Sarah in which they will be invited to talk about their experiences of family rejection and estrangement. The interview will be tape-recorded, written up and studied to enable Sarah to understand the key aspects of the person's experiences.

The ultimate aim of this study is to give mental health professionals a better idea of how to effectively support LGB adults who are struggling with the psychological consequences of family estrangement.

Sarah said: "Sadly this is still something many LGB experience. This research aims to get our voices heard!"

"I live in Brighton but I can and do commute into London. I am looking for individuals in London, greater London and the South of England too. Obviously it's easier if individuals are local to Brighton & Hove or East Sussex, but not essential."

"I am interviewing now and need more participants to make this research hard hitting! Please spread the word and get in touch!"

The study has received ethical clearance by City University's research ethics board. It is being supervised by Dr Susan Strauss who is an HCPC registered Psychologist and lecturer at City University. She works within the Counselling Psychology department at City University.

All participants' personal identity and interview responses will be kept strictly confidential. All names and identifying features of anyone mentioned in the interview will be anonymised.

To get involved, **EMAIL:**





Participant Information Sheet

An interview study exploring 18-41 year olds experiences of sexuality-related family estrangement

Dear Participant,

My name is Sarah Arnold. I am a Counselling Psychologist in training, currently studying at City University London on their Doctorate programme. I am conducting a research study about LGB adults (aged 18-41) who feel rejected/not accepted and estranged from their family because of negative family attitudes towards their sexuality.

The ultimate aim of this study is to give mental health professionals a better idea of how to effectively support LGB individuals who are struggling with the experience and consequences of such family estrangement. Learning about your personal experiences and hearing your insights would be really helpful and greatly valued.

If you choose to participate in this study, you will take part in an individual interview (60-90 minutes long) in which you will be invited to discuss your experiences of family rejection/lack of acceptance and estrangement. The interview will be tape-recorded, written up and studied to enable me to understand the key aspects of your experiences.

In order to participate in this study, you must feel psychologically able to talk about your experiences. Nevertheless, talking about such personal topics could evoke unexpectedly painful memories for you. For this reason, all participants will be given the opportunity to discuss how they found talking about these things at the end of the interview, in addition to receiving a handout detailing sources of support. It is also important to highlight that participation in this study is completely voluntary; you have the right to withdraw at any

time. If you think you might find it distressing to talk about these subjects, I would strongly suggest you do not participate in this research.

The research will be written up in the form of a dissertation and submitted to my university. It is hoped that the research may be published in an academic journal upon completion. Your name (and the names of anyone else you mention) will NOT be used in my dissertation, or in any publication that follows. You will be asked to select a fake name (pseudonym) for yourself. All identifiable information about you will be changed.

If you would like to take part in this study, please continue to read the consent form attached. Feel free to ask me any questions you might have about the research before signing it. By signing the consent form, you will be confirming that you fully understand what the study is about, and what is required of you as a participant.

Thank you for taking the time to read this, and for considering taking part!

Kind regards,

Sarah Arnold.

[Lead researcher]

Any queries or questions,
please do not hesitate to contact me (Sarah Arnold) at

██

or my research supervisor (Dr Susan Strauss) at

██



CITY UNIVERSITY
LONDON

Consent form: For interview participants

An interview study exploring 18-41 year olds experiences of sexuality-related family estrangement

Please Initial
to indicate your consent



1) I have read and fully understood the information sheet for the above study.	
2) I understand that my personal identity and interview responses will be kept strictly confidential. All names and identifying features of anyone mentioned in my interview will be anonymized.	
3) I understand that my interview will be tape-recorded and transcribed by the researcher. I am aware that these materials will be stored safely in a locked file, and destroyed after seven years.	
4) I understand that the tape-recordings of any unfinished interviews, and any research notes, will be destroyed straight away.	
5) I understand that my participation in this study is voluntary. I am aware that I am free to withdraw myself and my information from the study; if I decide to do so, I must notify the researcher of this via e-mail [REDACTED] within seven days of my interview. After seven days, I understand I will not be able to withdraw my data.	

6) If the researcher is concerned that I am at risk of harming myself or anyone else, I understand this will be discussed with me at the time of interview. The researcher's supervisor may be consulted where necessary.	
7) I have had adequate time to ask any questions I have about the research. I am aware that I will receive a handout detailing sources of support (that I can contact independently) after the study.	
8) I understand that the findings of this study will be submitted as part of the researcher's Doctorate in Counselling Psychology at City University London. I am also aware that the research could be submitted for publication in an academic journal.	
9) I understand that the researcher will automatically send me a summary of the results via e-mail after the study has been completed. I consent to giving the researcher my e-mail address. My e-mail address is: 	
10) I give my fully informed consent to take part in the above study.	

NOTE: This consent form will be kept separately from all other records relating to the research, in accordance with the British Psychological Society's (2009) ethical principles for research with human participants.

Name of Participant:..... **Date:**.....

Signature:.....

The researcher hereby agrees to comply fully with all of the statements detailed above.

Name of Researcher:..... **Date:**.....

Signature:.....

Any queries or questions,
please do not hesitate to contact me (Sarah Arnold) at

[REDACTED]

or my research supervisor (Dr Susan Strauss) at

[REDACTED]

Appendix J: Checklist

Checklist before interview:

- ☐ x2 glasses of water; room temperature comfortable; tissues on side table; lighting appropriate
- ☐ Check phone is on silent
- ☐ Give information sheet
- ☐ Give x2 consent forms to sign
- ☐ Notepad and pen for note-taking during
- ☐ Agree alias (before/after)
- ☐ Dictaphones on x2

Introduce the principles of the interview: (in line with Smith et al., 2009, p.63-)

- There are **no right or wrong answers** - this interview is an **exploration of your experiences**
- My hope is that you are able to talk as freely and honestly as you can about **what your experience of estrangement has been like for you**
- It may seem like a one-sided conversation – I'll say very little; some questions may seem obvious but I need to ask them in this way to because **I am trying to make sense of how you understand things**
- **Take your time thinking and talking**
- **I will make notes** about things that I want to ask you about - as a reminder to myself, so I don't interrupt you. Notes will be kept securely and shredded when no longer needed.

Start time:

Estimated end time:

Actual end time:

Checklist post-interview:

- ☐ Thorough debrief and give letter of thanks
- ☐ Give useful resources hand-out
- ☐ Time for questions
- ☐ Demographic Questionnaire
- ☐ Got alias?
- ☐ Will send an email summary of the results, post-assessment.

Appendix K: Key points relayed to participants about the principles of the interview and what to expect

First, it was made clear there are no right or wrong answers; the interview was framed as an opportunity to tell their story, express their thoughts and feelings, and explore their experiences as they understand them (Smith et al., 2009). It was hoped participants would talk as freely and as openly as possible about what their experiences have been like for them; this was verbalised in the spirit of transparency, with the hope of enhancing their understanding of the interview's purpose.

Second, Smith et al. (2009) recommend highlighting to the participant that it might seem like a one-sided conversation: the researcher will say very little. Furthermore, they suggest explaining that some questions might seem quite obvious, but this is because the researcher is trying to make sense of how the participant makes sense of things. Willig (2008) adds that encouraging participants to 'state the obvious', elucidates their implicit assumptions and perceptions, thus offering greater insight into their reality as they see it. These points were explained.

Third, participants were told to take their time thinking and talking (Smith et al., 2009). It was highlighted that they are viewed as the experiential expert, and I would follow their concerns and tangents. Fourth, participants were made aware I would make notes of key words/topics/phrases I want to learn more about (Smith et al., 2009). This was to help me remember, and later explore, important/interesting aspects of the participant's experiences without interrupting the flow of their narrative. It was clearly stated these notes will be stored confidentially.



Thank you

Dear Participant,

Many thanks for taking part in this interview and for being willing to share your experiences! By taking part in this research, it is anticipated that you will help mental health professionals gain better insight into the experience and consequences of negative family attitudes towards a person's sexuality, and what it is like to feel estranged because of this. I sincerely hope the insights gained will offer clinicians greater understanding of how to effectively support people who are struggling with this issue.

The research will be written up in the form of a dissertation and submitted to my university. The research may be published in an academic journal at a later date. I would like to reassure you that all your information, including your name, names of others you have mentioned, and any other identifying features will be kept completely confidential and anonymous. After I have completed the research, I will e-mail you a summary of the results. This is purely for your own interest and information. If you change your mind and feel you would like to withdraw your information from the study, please e-mail myself [REDACTED] or my research supervisor Dr Susan Strauss [REDACTED] within seven days of your interview. After seven days, you will not be able to withdraw your data.

If you would like to talk to someone further about your experiences, please feel free to either ask me about your options or consult the handout of resources that you have been given.

*Best wishes,
Sarah Arnold.*

- Researcher, trainee Counselling Psychologist, and graduate member of the British Psychological Society



Useful resources: Sources of support

Therapy can help you to understand yourself more fully and cope more effectively with anything that is disrupting your life or worrying you. *What kind of things might someone bring to therapy?* Some examples include...

- The process of 'coming out' to others
- Family rejection and intolerance
- Family estrangement
- Emotional distress due to prejudice and discrimination
- Difficulty accepting one's sexuality
- Romantic relationship issues
- Career changes
- Religious and spirituality conflicts
- Sexual problems
- LGBT hate crime
- Domestic violence
- Depression and low mood
- Anxiety, panic, and stress
- Difficulties at work / school / college / university
- Self-esteem and confidence issues
- Sexual, physical and emotional abuse
- Bereavement
- Sleeplessness
- Substance misuse
- LGBT parenting issues
- Managing emotion
- Eating problems
- Identity confusion
- Self-harm
- Suicidal thoughts

The next steps:

If you decide you would like therapy, the next step is to find a therapist with whom you feel comfortable. You can **go to your GP** and ask if they know of a suitable service; they may be able to make a referral for you. Alternatively, you can find a therapist yourself. Some work within organisations, others work independently.

How to find registered therapist:

- The British Psychological Society: www.bps.co.uk
- The British Association for Counselling and Psychotherapy: www.bacp.co.uk
- The Directory of Pink Clinicians : <http://www.pinktherapy.com/en-gb/findatherapist.aspx>

Please note that the cost of therapy can vary. If you are concerned about this, it may be helpful to consult the Internet or your local Citizens Advice Bureau about low cost psychological therapy. Some therapists charge on a 'sliding scale', meaning they charge less for people with little/no income; it is always worth asking the therapist/organisation about this.

For **IMMEDIATE HELP**, information, and support:

- **The Samaritans** is a charity that provides a confidential, 24 hour listening service, 7 days a week, for anyone in crisis who needs emotional support -
Tel: 08457 90 90 90
- **The LGBT Switchboard Brighton** offers information, emotional support, and a referral service for LGB people, transsexual people, or those questioning their sexuality. Helpline: everyday from 5pm - Tel: 01273 20 40 50 / Website: <http://switchboard.org.uk/projects/helpline/>

Any queries or questions,
please do not hesitate to contact me (Sarah Arnold) at

[REDACTED]

or my research supervisor (Dr Susan Strauss) at

[REDACTED]



Demographics Questionnaire

Please complete the following short demographics questionnaire. This questionnaire is simply designed to enable me to a) put your experiences in context; b) tell those who read my research something about the cross-section of people that the study involves. None of the information you give will ever be used to identify you; your identity will be kept completely anonymous. While I would very much appreciate your taking the time to answer these questions, you do not have to. Feel free to leave any of them blank if you want to.

What is your age now?	
How old were you when you realised you were L/G/B?	
How old were you when your family learnt you are L/G/B?	
What is your gender?	<i>(Please tick as appropriate)</i>
Female	☐
Male	☐
Please describe your sexual orientation:	<i>(Please tick as appropriate)</i>
Bisexual	☐
Gay	☐
Lesbian	☐
How would you describe your nationality? (e.g., British) <i>Please state all if more than one:</i>	

How would you describe your ethnic origin?	<i>(Please tick as appropriate)</i>
Arab	☐
Asian	☐
Black	☐
Hispanic	☐
Indigenous / Aboriginal	☐
Latino	☐
Caucasian	☐
Multiracial	☐
Unknown	☐
Other	☐
What is your current legal marital status?	<i>(Please tick as appropriate)</i>
Single	☐
Living together – Cohabiting	☐
Married	☐
Civil Partnership	☐
Divorced	☐
Separated - Awaiting divorce	☐
Widowed	☐
Other - Please specify:	
What is your current relationship status?	<i>(Please tick as appropriate)</i>
No regular partner	☐
One regular partner	☐

One casual partner	☐
More than one casual partner	☐
One regular partner with casual partners as well	☐
Other - Please specify:	
Which of the following best describes the area you live in?	<i>(Please tick as appropriate)</i>
Urban (in a large city/town)	☐
Suburban (on the outskirts of a city/town)	☐
Rural (countryside)	☐
Do you have any children?	<i>(Please tick as appropriate)</i>
Yes	☐
No	☐
If yes, please state how many children you have:	
Are you religious?	<i>(Please tick as appropriate)</i>
Yes	☐
No	☐
If yes, please state your religion:	
If yes, how important is your religion to you?	<i>(Please tick as appropriate)</i>
Very important	☐
Quite important	☐
Important	☐
Not very important	☐

Not at all important	☐
What's your <u>highest level</u> of education? [Adapted from www.ofqual.gov.uk]	<i>(Please tick as appropriate)</i>
None	☐
Basic schooling (no GCSE's or equivalent)	☐
GCSE's; Key Skills Level 1 and 2; BTEC Diplomas level 1 and 2; NVQ level 1 and 2	☐
AS/A levels; Key Skills level 3; BTEC Diplomas Level 3; NVQ level 3	☐
Certificates of Higher Education; BTEC Professional Diplomas; NVQ level 4	☐
HNCs and HNDs; Other higher diplomas	☐
BA/BSc degree; BTEC Advanced Professional Diplomas	☐
Postgraduate Masters; NVQ level 5	☐
Postgraduate PhD; Doctorate	☐
Other: Please describe	
Are you currently employed?	<i>(Please tick as appropriate)</i>
	YES ☐
	NO ☐
If yes, please state your current occupation:	

If no, have you been employed in the past?	<i>(Please tick as appropriate)</i>
	YES ☐
	NO ☐
If yes, please state your previous occupation:	

Thank you!

Any queries or questions,
please do not hesitate to contact me (Sarah Arnold) at

████████████████████

or my research supervisor (Dr Susan Strauss) at

████████████████████

Appendix O: Results summary for participants

Dear [insert participant's name],

I am writing to you, as promised, to offer a short general summary of the key findings from the study you participated in about sexuality-related family estrangement. The study aimed to answer the research question: **What is it like to experience sexuality-related family estrangement?** Your interview data was analysed using a research method called Interpretative Phenomenological Analysis (see Smith, Flowers, & Larkin, 2009) to help me understand the key aspects of your experiences. Three main 'themes' emerged from the analysis. These were as follows:

Theme one: 'Perspectives on estrangement'

The unwanted self – Many spoke of their parents wanting them to be heterosexual, which evoked a sense of themselves as not being what their parents wanted/feeling not good enough. All participants either alluded to or spoke directly about a wish that their parents would be accepting of them.

Estrangement as lacking closeness and support – All viewed their relationship with their parent/s as lacking closeness and support due to parents' negative attitudes towards non-heterosexuality.

Change and loss – Many participants spoke of a sense of their relationships with family changing after their sexual orientation became known. Some participants experienced a complete loss of their relationships with their parents. Others are only able to share superficial relationships with their parent/s now because of their family's negative attitudes. Whether or not parents' attitudes are likely/able to change seemed of crucial importance to people's experience of being estranged.

Estranged in comparison to others – The experience of estrangement was heightened when compared to others' family relationships. Happy families were emotionally evocative for some participants to see.

Theme two: 'Consequences of estrangement'

Compromised mental health and well-being – Several participants experienced issues such as depression, and anxiety about being rejected by others.

Challenging emotions – All individuals experienced challenging and changing emotions in response to their experience of estrangement. The emotions discussed included: sadness, frustration, anger, shame, guilt, and self-blame (note: not all emotions were experienced by all participants). Some participants spoke of experiencing a grief-like process in response to their estrangement.

Theme three: 'Coping with estrangement'

Thought and emotion suppression – Many spoke of trying not to think about their experiences; some spoke about trying to focus on the positive aspects of life instead.

Choice and personal autonomy: The decision to live for oneself – All individuals made the difficult decision to live an openly non-heterosexual life, even though it is not approved of by their family/a specific family member.

The need to protect oneself – Many participants spoke of distancing themselves from homophobic family members, physically and/or emotionally to protect themselves from negative family attitudes and the challenging emotions these attitudes can evoke.

Compensatory relationships as positive coping – Many participants spoke of relationships with significant others, e.g. friends/parent-figures, etc., which seemed important to them. These close relationships with others appeared to facilitate coping with estrangement. Some spoke of attending an LGBT charity which provided an alternative source of hope/support.

Should you have any questions about these findings, please do not hesitate to contact me at this email address: [REDACTED].

Thank you again for participating in this study. I really appreciated you taking the time to talk to me about your experiences.

Warm wishes,

Sarah Arnold.

Appendix P: Screen-shot example - analysis of Samantha's interview

295		I: How do you feel about that?	
296	anger over abandonment (feeling forgotten about)	S: Really, really pissed off. [I: pissed off?] Yeah.	She feels pissed off, angry dad left and abandoned her repetition of 'really' emphasising depth of feeling
297		'Cause he's just disappeared, forgot about me and	She feels forgotten about
298		my brother. Erm, 'Cause he's not even talking to my	Dad isn't even talking to her brother, and she said he hasn't done anything wrong (suggesting she has)
299	homosexuality as wrong (deserving of abandonment?)	brother and he hasn't done anything wrong. My	homosexuality as deserving of abandonment?
300		dad's a bit of a stuck up pig, I think. Selfish. He	Described dad as a stuck up pig and selfish selfish: lacking consideration of another's feelings for personal gain Possible perception dad hasn't thought of how his abandonment feels for her?
301	self as not good enough for parent / unwanted	wants a perfect life, y'know, perfect family and we	She thinks Dad wants a perfect life and perfect family perfect: having all the required/desired qualities, elements, characteristics Self and SOI as unwanted. Heterosexuality as perfect?
302	gay as imperfect	are not that perfect. Like, I'm gay, my brother: he's	She thinks she and her brother are not that perfect in her dad's eyes
303		got a disability. Erm, so he can't really do that much	She sees herself as not perfect (not good enough?) because she is gay
304		In life. [I: mm] But I think he can, he's fine. But my	She thinks her dad thinks her brother can't do much in life because of his disability, but she thinks he can, he's fine. The same for her but re. her SOI? Homosexuality akin to a disability?
305	perception of parental shame	dad just feels ashamed of all of that. He wants	She thinks her dad feels ashamed of them, of her homosexuality and her brother's disability
306	self as not good enough for parent / unwanted	y'know, a family that's totally perfect, that's gonna	She thinks he wants a family that is totally perfect Repeated use of the word perfect
307		have a really decent job and family, kids and all	Perfect to her/to dad (?) means a really decent job, grandchildren, and 'all that' ? All what... the stereotypical 'perfect' family?
308	Feels unseen by dad; belief dad does not recognise her potential	that. Which he can get with us if he actually talks to	Self as unseen by dad.
309	A wish to be seen by dad, physically and as a person	us. sees us.	Desire for dad to see her physically, and see who she is/can be as a person - aside from her SOI

Appendix Q: Screen-shot example - table of superordinate themes for Zach

Table of themes for Zach		
Superordinate theme	Emergent theme	Line number
Estrangement as loss (of hope)	The hope of being accepted and included, now lost	1058-1069
	loss of hope for his future and depression, triggered by family separation	1137-1151
Self as rejected	parental rejection of his SOI equals parental rejection of him as a person	1644-1651
	parental rejection as a certainty	1860-1867
	Mother and father signing him over to social services as distressing: a painful rejection	709-718;1645-1647;675-677
	Feels misunderstood by his parents, very rejected and dismissed (self as unseen)	1664-1678
Comparisons with others	Multiple parental actions caused him to feel hurt, rejected and unloved	1914-1917
	Comparisons with others' functional happy families as highlighting their dysfunction/poor parenting	1917-1930
	The family as broken beyond repair	738-742
Change as not possible	Family relationships as irretrievably damaged post coming out	1879-1887
	The possibility of reparation and change existed with everything except his SOI	1816-1822; 1870-1874
	Stale-mate over the issue of SOI making family relationships irreparable: He cannot change his SOI; parents are not accepting of his personhood/SOI	1804-1816
	sense of injustice in having to cope/accept estrangement: an unfulfilled wish to punish parents (unable to)	1738-1742
Injustice	Acceptance as an unfair reality	176-1764
	Coping with parental rejection by matching theirs, rejecting them too	706-711
Grieving the loss	Grieving for the family he never had but always wanted	1049-1057
	Coping with the reality of his family situation as different stages/phases of grief (loneliness; depression; anger; self-harm)	1158-1159
	Sadness and grieving with the realisation his family situation will not change (loss of hope)	1058-1069
	Forced separation from family linked to self-starvation and suicidal ideation (a need for control)	1789-1792
	suicide considered historically as easier than trying to manage and accept past pain	1224-1230; 1234-1240
	Anorexia as the wish to die, but not having the courage to commit suicide	1190-1196
Isolation	the lost, lonely and isolated, estranged child: past and present	1126-1128
	Self as isolated, with no experience of a positive relational bond to his parents	880-884
	Very lonely and isolated, grieving for the loss of his family (in foster care)	1116-1119
	Self as feeling very detached from the human race (unable to positively identify as gay)	963-965
	Self as an outsider	1251-1254
	self as accepting of his isolation	1208-1214
	estrangement as severely damaging his sense of self and way of being in the world (isolation)	2056-2072
	estrangement as relief from a negative, painful family situation	1064-1069
Estrangement as positive	A painful relief to be signed over into care, able to live independently away from family	721-722
	Separation as a relief from distress: facilitating personal autonomy and control	734-738
	estrangement as emotionally challenging in the short-term, but preferable in the long-term to remaining within his negative family situation	1073-1077

Appendix R: Extract from Annie's interview, detailing her use of assertiveness to negotiate new relational boundaries with her mum

"And that, I mean I basically said to her, y'know: 'You can feel what you like about my sexuality, about my relationship, about the fact that we've had a baby together – you're entitled to your feelings, you're entitled to your thoughts, what you're not entitled to is voicing them to us, actually, 'cause we don't want to hear it and we're not going to hear it, and we absolutely don't want Rebecca [her daughter] hearing that kind of stuff. So you've got a choice to make: if you want a relationship with us, you need to zip it basically and if you can't, then there's no relationship. And it was hard work, I mean it took about an hour and a half of defensiveness, arguing, 'you're backing me into a corner', 'that's hypocritical, I should be able to say how I feel'. Y'know, she wouldn't back down and we just kept on holding our line: 'that's how it is, yes, we are backing you into a corner, that's how it is, if you want a relationship with us, that's how it's gonna be, so it's your choice.' And in the end we got a very reluctant 'I suppose so' kind of answer, so I thought, alright, ok, we all know where we stand then. And it's the first time really, ever, that it's shifted the power in my relationship with my mum, actually, because it's not on her terms anymore and although I know that she still has the same feelings about my sexuality, and y'know, the homophobia hasn't gone away – I'm not stupid – but we're sort of managing a relationship that's a bit cordial, courteous, superficial and that, those things, she's not allowed to say those things anymore". (Annie, 1240-1274).