Attributions and Emotional Reactions to the Identity Disclosure ("Coming Out") of a Homosexual Child*

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This study examined factors that contribute to parental rejection of gay and lesbian youth. College students (N = 356) were asked to imagine being the parent of an adolescent son who recently disclosed that he was gay. Consistent with study hypotheses and based on attribution and moral affect theory, results of regression analyses indicated that greater perceptions of control over homosexuality, higher proneness to experience shame, and lower proneness to experience guilt were associated with increasing negative reactions toward an imagined homosexual child. Also in line with study hypotheses, greater willingness to offer help to the hypothetical child was predicted by lower perceptions of control over homosexuality, less intensely unfavorable emotional reactions, less proneness to experience guilt, and greater reported likelihood of experiencing affection toward him. Theoretical and clinical implications of this research are discussed.


Adolescence is a period that can be marked by great physical and emotional turmoil and dangerous acting-out behaviors (for example, substance abuse, serious street crimes; see McCord, 1990). For gay and lesbian youth, this period of turmoil may be intensified by having to deal with the social and practical effects of having a socially stigmatized identity (Hetrick & Martin, 1987). Interestingly, although to a certain extent society seems to value and encourage the individuation process that adolescents undertake, society also delineates clear boundaries for what is considered “normal” and “acceptable” behavior (Blumenfeld, 1992). Our society often views homosexuality as a “lifestyle” outside of the boundaries of acceptability, which leaves many gay and lesbian youth feeling marginalized and with limited social support (Radkowsky & Siegel, 1997). Thus, although it may be developmentally crucial for adolescents to receive support from common or natural social networks such as family members, gay youth may experience the opposite: rejec-

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tion by their parents and other close relatives (D'Augelli & Hershberger, 1993; Hammelman, 1993; Remafedi, 1994).

It is critical to understand the factors that contribute to parental reactions to having an adolescent child disclose a homosexual identity. Mounting evidence indicates that parental rejection is a major health-risk factor for sexual minority youth (Hammelman, 1993; Hetrick & Martin, 1987; Savin-Williams & Dubé, 1998). In particular, studies report that gay and lesbian youth who are rejected by their parents experience an array of emotional, psychosocial, and health-related problems (see Radkowsky & Siegel, 1997). Some of the most widely cited problems include increased levels of isolation, loneliness, depression, suicide, homelessness, prostitution, and sexually transmitted infections (Gibson, 1989; Hammelman, 1993; Hetrick & Martin, 1987; Radkowsky & Siegel, 1997; Remafedi, 1994). Several studies indicate that isolation resulting from parental rejection is one of the greatest problems facing gay and lesbian youth (see D'Augelli & Hershberger, 1993; Feldman, 1989; Hetrick & Martin, 1987; Savin-Williams, 1989). In their seminal study, Hetrick and Martin found that, in addition to rejection from parents and peers, many gay and lesbian youths are “kicked out” after disclosing their homosexual identity to parents. In turn, the developmental impact of disclosure is compounded because leaving home prematurely is associated with increased risks of delinquent and other maladaptive behaviors (Blumenfeld, 1992).

In contrast, there is evidence that gay and lesbian youth who perceive their parents as accepting of their homosexuality exhibit far fewer of the self-deprecating behaviors discussed above, and report higher levels of self-esteem than gay and lesbian youth who perceive their parents as less accepting (Savin-Williams, 1989). To date, however, the specific factors that contribute to parental support or rejection of gay and lesbian youth are not well understood. This is an area in need of further study in light of strong evidence linking parental rejection of sexual minority youth to higher prevalence of psychosocial and health risks and greater acting-out behavior.

**Attribution Theory**

Attribution theory (Weiner, 1980, 1986) may help to provide a framework for more fully understanding factors that contribute to parents’ reactions following the disclosure of a child’s homosexual identity. For instance, Weiner (1980) has a well-developed model which predicts that perceptions of one’s ability to control the causes of an event will mediate the affective responses associated with that event. In conducting his research, Weiner presented participants in one of his studies with a vignette of a man stumbling and falling down. Participants’ perceptions of controllability were manipulated by informing half of them that the man fell because of an illness, and the other half that he fell because he was intoxicated. As predicted, Weiner found that participants told that the event was caused by a controllable factor (intoxication) were more likely to report rejecting or negative feelings, less sympathy, and less willingness to help the man than were participants told that the event was caused by uncontrollable factors (physical illness).

A few studies (Brewin, MacCarthy, Duda, & Vaughn, 1991; Weisman, López, Kanno, & Jenkins, 1993; Weisman, Nuechterlein, Goldstein, & Snyder, 1998) have applied attribution theory to understand better how families react to mental illness in a relative. For example, Weisman et al. (1993) found that family members of patients with schizophrenia who perceived the cause of the disorder to be under the patient’s control were more critical of their relatives than were family
members who attributed the cause to factors outside the patient's control. Weisman et al. (1993) also found that attributions of controllability were correlated with negative affective responses. That is, family members who perceived schizophrenia to be under the patient's control expressed more negative emotions toward the patient, such as anger and annoyance, than did family members who perceived the illness to be outside of the patient's control. Weisman and López (1997) later replicated the main findings from the Weisman et al. (1993) study in an analog sample of college students who were asked to imagine being the hypothetical relative of a patient with schizophrenia. This may suggest that there is some congruence between actual relatives' reactions to a family member's perceived adversity and the expected reactions of the general public when asked to imagine facing similar circumstances.

One study has applied attribution theory to understand better the reactions to homosexuality. Whitley (1990) explored the relationship between heterosexuals' attributions about the causes of homosexuality and their emotions toward gays and lesbians. Consistent with findings from relatives of schizophrenics (Weisman et al., 1993), Whitley found that college students who believed that homosexuality was under an individual's control, reported feeling more negative emotions toward the person than did those who believed that homosexuality was not under an individual's control. Aguero, Block, and Byrne (1984) also found that people who believed that homosexuality was biologically determined (that is, outside the individual's control), held less negative attitudes toward gay people than those who believed that homosexuality was a personal choice (under the individual's control).

**Parental Shame and Guilt**

In addition to attribution styles, there are other intrapsychic and contextual factors that probably help to explain the nature of parents' reactions to having a homosexual child. For example, when parents find out that their child is homosexual, they are likely to judge their children's sexual orientation against cultural and personal standards of what is acceptable and unacceptable (Blumenfeld, 1992). Based on normative cultural beliefs about homosexuality, it is not surprising that gay and lesbian people are commonly judged negatively because their "lifestyle" defies moral "standards." As Hetrick and Martin (1987) eloquently stated, homosexuality is often viewed as a "sin" or a "crime against nature." According to Tangney (1991), the process of judging interpersonal events is partly mediated by emotional experiences, which she refers to as "moral affect." Specifically, moral affect includes personality characteristics such as proneness to experience shame and proneness to experience guilt. Tangney postulates that these affective states directly influence our interpretations of interpersonal events and serve to motivate us to take reparative actions, or to react unfavorably in response to interpersonal events perceived as negative.

Shame and guilt have been found to play an important function in maintaining socially sanctioned behaviors, and often lead to different ways of responding to interpersonal conflict (Barret, 1995; Lewis, 1971; Tangney, Wagner, Hill-Brow, et al., 1996). According to Tangney, when shamed, a person's object of concern is the entire self. Shame elicits an overall negative evaluation of the self ("I am a bad person for doing such a horrible thing"). Moreover, the shamed person often experiences feelings of worthlessness and powerlessness and an overall sense of exposure associated with a desire to hide.
(Lewis, 1971; Tangney et al., 1996). In contrast, Tangney purports that guilt produces a sense of regret over a bad act. When experiencing guilt, the person’s focal concern is with a specific negative behavior and not with the entire self—“I did something bad” (Lewis, 1971; Tangney et al., 1996). According to Tangney et al., guilt often elicits tension, remorse, and regret, typically producing a desire to undo or repair the perceived negative behavior.

Shame and guilt-proneness have also been studied as personality characteristics (traits) that lead to differential patterns of responding to interpersonal conflict (Tangney, 1991; Tangney et al., 1996). For example, proneness to shame and guilt appear to mediate emotional experiences and reactions to others (Tangney et al., 1996; Wicker, Payne, & Morgan, 1983). Tangney et al. (1996) found that shame-prone people tend to experience high levels of anger arousal, lack of trust, and a tendency to externalize blame. Shame is also related to indirect ways of expressing anger by either projecting blame outside the self or by hiding from others. Consequently, shame-prone individuals appear to accept less responsibility for their actions and exhibit low levels of empathy. Specifically, shame reduces a person’s capacity to experience empathy by placing the focus of attention away from others’ experience and by having an extreme focus on the self (Reimer, 1996). In contrast, proneness to guilt has been negatively correlated with externalization of blame, interpersonal anger, and hostility (Tangney et al., 1996).

In relation to homosexuality, several researchers have alluded to the fact that parents often experience shame and guilt as a result of a child’s disclosure that he or she is gay (see Ben-Ari, 1995; Hom, 1994; Zuger, 1980). However, in the current literature on parental reactions following disclosure, the terms shame and guilt are often used interchangeably, even though psychological theory and research studies indicate that these are quite different affective experiences (Tangney, 1991). In addition, despite references to these emotions following disclosure, no empirical study to date has directly assessed the specific role that shame and guilt may play in parents’ reactions to a child’s homosexuality.

The above findings suggest that proneness to shame and proneness to guilt may lead to different ways of experiencing and handling interpersonal events such as a child disclosing his homosexuality. Considering general cultural attitudes about homosexuality and the theory outlined above, it seems plausible that the shame-prone parent will be more concerned with how others perceive his or her parenting (that is, producing a “faulty” homosexual child), than with his or her child’s own difficulties in coming to terms with a socially stigmatized identity. Shame-prone parents are more likely to be concerned with mentally undoing some aspect of themselves (“If I had done this differently, then . . .”) rather than with trying to understand their child’s experience and responding empathically.

Guilt-prone parents, however, may be more likely to respond to a child’s disclosure by focusing on the homosexuality per se rather than by responding with an overall negative evaluation of themselves or of their child. According to Tangney (1995), guilt-prone individuals’ sense of self remains unified and they are more likely to focus on the impact of their behavior on others rather than with others’ evaluation of themselves (e.g., “I did something wrong to cause my child’s homosexuality”). This often leads to feelings of remorse and regret that motivate a desire to repair a “perceived” interpersonal wrong-doing. As such, being prone to experiencing guilt (as opposed to shame) is likely to facilitate parents’ ability to be
supportive in spite of difficulties in accepting their child’s sexual orientation.

This study will examine the unique contributions that shame and guilt have in parental reactions following disclosure of homosexuality in a child. Consistent with Tangney’s (1991) model, parents who are more prone to experience shame are expected to show less empathy and to respond more negatively to a child’s disclosure of a homosexual identity than guilt-prone parents.

**Parental Help-Giving**

In addition to examining the role that parents’ attributions about homosexuality and proneness to experience shame and guilt have in parental reactions following disclosure, another important goal of this study is to determine how these factors influence help-giving behavior. Both attribution theory and moral emotions theory would seem to provide a useful framework for predicting help-giving behavior in parents of homosexual children.

Several studies offer support for an attribution model of understanding help-giving behavior (Betancourt, 1990; Reisenzein, 1986; Schmidt & Weiner, 1988). For example, Schmidt and Weiner examined how perceived controllability and emotional reactions such as anger and sympathy relate to help-giving behavior. The authors found that participants who perceived the cause of another person’s misfortune to be under his or her personal control expressed more anger and less pity toward the hypothetical person, and reported less willingness to help him. Perceptions of uncontrollability were associated with more sympathy and more willingness to help the person. Following from attribution theory, parents who perceive their child’s homosexuality to be under his or her control (e.g., motivated by peer influence or the need to seek attention) may be less likely to offer help than parents who believe that homosexuality is outside their child’s control (caused by biological factors).

Similarly, moral emotion theory predicts that compared to guilt-prone individuals, shame-prone individuals are more likely to respond to another person’s perceived negative situation by projecting blame (Tangney, 1995). In line with attribution theory, they may also be less inclined to help the individual in need. Relating this to homosexuality, gay children who disclose their homosexual identity to shame-prone parents may encounter less support and may also be offered less direct help from their parents than children who have guilt-prone parents.

**Specific Aims and Hypotheses**

This study uses an analog model in which individuals are asked to imagine being the parent of homosexual child. Based on the literature reviewed above, it is hypothesized that participants with stronger beliefs that homosexuality is under their imagined child’s control, with a greater tendency to experience shame, and with a lesser tendency to experience guilt, will have more unfavorable emotional reactions toward the imagined homosexual child. Similarly, stronger beliefs that homosexuality is outside an imagined child’s control, a lesser tendency to experience shame, and a greater tendency to experience guilt, are hypothesized to be associated with more favorable emotional reactions toward the imagined homosexual child.

Finally, it is hypothesized that increased willingness to offer help to an imagined homosexual child will be associated with the following factors: (1) a greater tendency to perceive homosexuality as outside a child’s personal control; (2) a lesser proneness to experience shame; (3) a greater proneness to experience guilt; (4) a decreased tendency to report unfavorable emotional reactions,
and (5) an increased tendency to report favorable emotional reactions.

METHOD

Participants

Participants consisted of 356 undergraduate psychology students attending the University of Massachusetts Boston, a large state university with a multiethnic student body. Participants were recruited through the general research participant pool from Introductory Psychology and other more advanced undergraduate psychology courses. There were 239 females (67.3%) and 116 males (32.7%). Participants’ ages ranged from 17 to 59 with a mean of 23.84 years (SD = 6.34). Subjects were from diverse ethnic backgrounds including 210 (59%) White/Caucasians; 49 (13.8%) Asian/Asian-Americans; 38 (10.7%) Black/African-Americans; 25 (7%) Latino/a/Hispanic-Americans; and 31 (8.7%) from various other ethnic groups (e.g., Native-Americans, bi-racial).

Three hundred and twenty-eight (93.4%) subjects identified as being heterosexual; 14 (4.0%) identified as being bisexual; and 9 (2.6%) identified as being homosexual. The sample also included 33 (9.3%) participants who reported being parents. This group ranged in age from 18 to 59, with a mean age of 30.66 (SD = 10.29). Ten (32.3%) parents reported having infants and toddlers; seven (22.6%) reported having preschool-age children; six (19.4%) reported having elementary-age children; five (16.2%) reported having middle- and high-school children; and 3 (9.7%) reported having post-high-school children.

Procedure

Participants were informed that the purpose of this study was to explore parents’ reactions to their children’s personal issues. They were then given a take-home packet that consisted of two vignettes and a series of paper-and-pencil questionnaires. This was an analog study simulating a parental experience and did not require subjects to be parents. Participants were asked to imagine that they were the parent of a teenage child who had come to them with an upsetting personal issue.

The vignettes were presented in the same order to all participants in a two-step process. In the first vignette, participants were asked to read a brief description of a 16-year-old boy named Bill. The purpose of this description was to help participants create a mental representation of an imagined son. Participants then read a second vignette about how their “son” Bill disclosed to them that he is homosexual. Participants read this vignette as if they were telling a story to a very close friend. Again, the goal was to help participants imagine themselves as parents. After reading the vignettes, participants completed a packet of questionnaires including the following: Test of Self-Conscious Affect (TOSCA; Tangney, Wagner, Galvas, & Gramzow, 1989), a variation of Russell’s (1982) Causal Dimension Scale, an affect rating scale (Weisman and López, 1997), and a helping behavior scale developed specifically for this study. Upon completion of the questionnaires, all subjects were given a debriefing statement explaining in greater detail the purpose of the study.

Measures

Attributions

Attributions were measured using a variation of Russell’s (1982) Causal Dimension Scale, which assesses the attributions people make about the causes of a particular event/situation. It includes three subscales that assess perceptions of controllability, intentionality, and responsibility. Scores from each subscale can range from 1 to 9. The scale was mod-
ified to focus on participant's attributions regarding the causes of homosexuality as the specified situation. The internal reliability of this scale was (Cronbach's alpha) .83. Total scale scores were obtained by adding all three individual subscale scores and then dividing by three. Total scale scores ranged from 1 to 9 with a mean of 2.69 (SD = 1.93).

Shame and Guilt

Proneness to shame and proneness to guilt were measured using the Test of Self-Conscious Affect (TOSCA; Tangney et al., 1989). The TOSCA measures are composed of 15 brief scenarios (10 negative and 5 positive in valence) that respondents are likely to encounter in day-to-day life. Each scenario is followed by a number of associated responses, which capture phenomenological aspects of shame and guilt. Respondents are asked to rate, on a 5-point Likert scale, the likelihood that they will act in the manner indicated. The TOSCA allows for the possibility that respondents may report both shame and guilt in a given situation. In the present study, the internal reliability (Cronbach's alpha) for the shame scale was .75 and the guilt scale was .69. Shame scale scores ranged from 18 to 66 with a mean of 42.18 (SD = 9.02). Guilt scale scores for the entire sample ranged from 31 to 73 with a mean of 57.86 (SD = 7.16).

Affect

To assess emotional reactions, participants completed an emotion rating scale developed by Weisman and López (1997). This scale consists of 5 unfavorable emotional reactions (anger, frustration, hatred, shame, and fury) and 5 favorable emotional reactions (sympathy, affection, pity, worry, and sorrow) rated on a 9-point Likert scale ranging from 1 (no feeling of the stated emotion) to 9 (a great deal of the stated emotion). The present study followed Weisman et al. (1993) in conceptualizing worry, sorrow, and pity as positive emotions. Although participants are likely to experience these emotions as unpleasant, research findings suggest that they represent favorable feelings toward another person in the form of compassion and caring (Jenkins, Kano, de la Selva, & Santana, 1986; Leff & Vaughn, 1985; Weisman et al., 1993).

Results from factor analysis with varimax rotation, using principal component analysis, offered support for a two-factor (favorable and unfavorable) emotion rating scale, using 9 out of the 10 emotions listed above. Factor loadings from this analysis are presented in Table 1. Factor 1 appears to represent an unfavorable emotion factor with fury, shame, anger, hatred, and frustration loading highest on this factor. Factor 2 appears to represent a "compassion factor" with sorrow, worry, pity, and sympathy loading highest on this factor. Affection did not appear to load on either factor. As such, this emotion will be examined independently. Unfavorable emotions scale scores ranged from 1.0 to 8.80 with a mean of 3.21 (SD = 2.01) and an internal reliability (Cronbach's alpha) of .87. Favorable/compassion emotions scale scores ranged from 1.0 to 9.0 with a mean of 5.32 (SD = 1.73) and an internal reliability of .62.

| Table 1 |
| VariMAX Rotated Factor Matrix for Emotions |

<table>
<thead>
<tr>
<th></th>
<th>Factor 1</th>
<th>Factor 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fury</td>
<td>79</td>
<td>35</td>
</tr>
<tr>
<td>Shame</td>
<td>77</td>
<td>40</td>
</tr>
<tr>
<td>Anger</td>
<td>74</td>
<td>38</td>
</tr>
<tr>
<td>Hatred</td>
<td>70</td>
<td>19</td>
</tr>
<tr>
<td>Frustration</td>
<td>57</td>
<td>.53</td>
</tr>
<tr>
<td>Affection</td>
<td>75</td>
<td>.01</td>
</tr>
<tr>
<td>Sorrow</td>
<td>34</td>
<td>.74</td>
</tr>
<tr>
<td>Worry</td>
<td>01</td>
<td>71</td>
</tr>
<tr>
<td>Pity</td>
<td>26</td>
<td>67</td>
</tr>
<tr>
<td>Sympathy</td>
<td>61</td>
<td>55</td>
</tr>
<tr>
<td>Eigenvalues</td>
<td>4.58</td>
<td>1.69</td>
</tr>
</tbody>
</table>
Help-Giving Behavior

Help-giving behavior was measured using a 7-item Parental Help-Giving Scale (PHGS) developed for this study. This scale included seven positive items thought to foster and promote the healthy acceptance of a homosexual identity (e.g., “I would encourage my son to discuss with me his experiences of being a gay adolescent”). Respondents were asked to rate the likelihood that they would offer help in the manner indicated using a 5-point Likert scale ranging from 1 (not likely) to 5 (very likely). The internal reliability of this scale (Cronbach’s alpha) was .72. Total scale scores ranged from 1.0 to 5.0 with a mean of 3.63 (SD = .81).

Demographic Information

Participants also completed a questionnaire that asked them about general demographic information such as race, age, and sexual orientation.

RESULTS

Three separate regression analyses were conducted in order to test this study’s main hypotheses. To test hypothesis 1, unfavorable emotional reactions were regressed on guilt-proneness, shame-proneness, and attributions of controlability. Consistent with expectations, greater perceived control over homosexuality, greater proneness to experience shame, and less proneness to experience guilt were all significantly associated with greater unfavorable emotional reactions toward an imagined homosexual child ($F = 55.78, p < .001$; see Table 2). This model accounted for 33% of the variance in unfavorable emotional reactions.

To examine hypothesis 2, compassionate emotional reactions were regressed on guilt-proneness, shame-proneness, and attributions of controlability. Opposite to what was expected, results indicated that greater shame and greater attributions of controlability were both significantly associated with a greater valence of compassionate emotional reactions ($F = 5.96, p = .001$; see Table 3). In other words, greater proneness to experience shame and a greater likelihood to attribute the cause of homosexuality to be under an imagined child’s control, were associated with greater sentiments reflecting compassion in the form of pity, sorrow, worry, and sympathy toward the hypothetical son. This model accounted for 5% of the variance in compassionate emotional reactions. Also contrary to expectations (as shown in Table 3), guilt was not a significant predictor of favorable emotions.

To test the third hypothesis, a regression equation was conducted in which help-giving was regressed on shame-proneness, guilt-proneness, attributions of controlability, compassionate emotional reactions, unfavorable emotional reactions, and affection. As hypothesized, results indicated that decreasing attributions of controlability, decreasing unfavorable emotions, increasing proneness to experience guilt, and increasing affection all significantly predicted a greater willingness to offer help to an imagined homosexual child ($F = 36.86, p < .001$, see Table 3).
Table 4). This model accounted for 40% of the variance in help-giving behavior. Contrary to expectations, as shown in Table 4, shame proneness and compassionate emotional reactions were not significant predictors of help-giving behavior.

**Affection**

As stated above, the role of affection was examined independently because results from the factor analyses revealed that this emotion is distinct from the other compassionate emotional reactions examined. Hypothesis 2 was examined, substituting affection for compassionate emotional reactions. Specifically, affection was regressed on guilt-proneness, shame-proneness, and attributions of controllability. Consistent with expectations, decreasing attributions of controllability and increasing guilt significantly predicted a positive feeling in the form of affection toward an imagined homosexual child ($F = 25.82, p < .001$; see Table 5). Contrary to expectations, decreased shame was not a significant predictor of affection. This model accounted for 18% of the variance in affection.

**Gender**

This study also examined the effect of gender on reactions to homosexuality. Significant gender differences were observed on attributions of controllability ($M_{\text{Males}} = 3.32, M_{\text{Females}} = 2.37, t(352) = 4.47, p = .000$). Specifically, males, compared to females, had a greater tendency to attribute the cause of homosexuality to be under an imagined child's control. Similarly, males had a greater tendency to report unfavorable emotions toward an imagined son's disclosure of a homosexual identity ($M_{\text{Males}} = 3.62, M_{\text{Females}} = 3.02, t(351) = 2.62, p = .009$). In contrast, females reported significantly greater affection toward an imagined homosexual child than did males ($M_{\text{Males}} = 7.37, M_{\text{Females}} = 6.19, t(350) = 4.49, p = .000$). Females also reported a greater proneness to experience shame ($M_{\text{Females}} = 43.77, M_{\text{Males}} = 39.00, t(345) = 4.79, p = .000$), a greater proneness to experience guilt ($M_{\text{Females}} = 59.29, M_{\text{Males}} = 55.04, t(344) = 5.40, p = .000$), and an overall greater willingness to offer help to an imagined gay child ($M_{\text{Females}} = 4.05, M_{\text{Males}} = 3.58, t(344) = 6.11, p = .000$). However, there were no significant differences between females and males in the amount of reported favorable/compassionate emotional reactions toward a homosexual son.

**Race**

An ANOVA revealed significant differences between racial groups in attributions of controllability, $F(3, 317) = 18.91$, $p = .000$; negative emotional reactions, $F(3, 317) = 19.99$, $p = .000$; and help-giving, $F(3, 310) = 21.93$, $p = .000$. Follow-up simple effects tests showed that African-Americans and Asian-Americans reported greater attributions of causality,
greater negative emotional reactions, and a lesser willingness to help an imagined homosexual child than did Whites (see Table 6). That is, African-Americans and Asian-Americans were more likely to believe that homosexuality was under an imagined child’s control, reacted more negatively to disclosure, and were less willing to offer help. No significant differences were found between Latino(a) and White participants. There were also no significant racial differences in shame proneness, guilt proneness, favorable/compassionate emotional reactions, and affection.

Because we found some interesting racial and gender patterns as discussed above, we re-ran the full model predicting help giving behavior with these two variables included as predictors. This model accounted for 60% of the variance in helping behavior. As can be seen in Table 7, the overall pattern of significance remained the same as that presented in Table 4, except that guilt was no longer a significant predictor. Consistent with the pattern described above, gender was a significant predictor of help-giving behavior (see Table 7) in the full model, however, race was not.

### Table 7
 Voll Model Predicting Help-Giving Behavior (Including All Primary Variables)

<table>
<thead>
<tr>
<th>Model</th>
<th>Beta</th>
<th>T</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Shame</td>
<td>.025</td>
<td>.604</td>
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</tr>
<tr>
<td>Guilt</td>
<td>.076</td>
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<tr>
<td>Attributions</td>
<td>.256</td>
<td>5.45†</td>
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<tr>
<td>Unfavorable Emotions</td>
<td>-.386</td>
<td>-6.90§</td>
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<tr>
<td>Favorable Emotions</td>
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<tr>
<td>Affection</td>
<td>1.92</td>
<td>3.75*§</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>-.047</td>
<td>-1.16</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>.129</td>
<td>3.19**</td>
<td></td>
</tr>
</tbody>
</table>

* †p < .01

### Sexual Orientation

Given the nature of this study, participants' sexual orientation was also examined to assess whether this factor predicted responses to an imagined homosexual child. For the purpose of this analysis, and because of the small number of participants who reported being homosexual and bisexual, these two groups were collapsed into one category “non-heterosexual” and compared with participants who reported being heterosexual. Results of this analysis indicated significant differences between heterosexuals and non-heterosexuals on degree of affection.

### Table 6

<table>
<thead>
<tr>
<th></th>
<th>Race</th>
<th>Mean</th>
<th>Mean Difference*</th>
</tr>
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<tbody>
<tr>
<td>Attributions²</td>
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<td></td>
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<tr>
<td></td>
<td>African-American</td>
<td>3.6</td>
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</tr>
<tr>
<td></td>
<td>Asian-American</td>
<td>3.7</td>
<td>-1.6</td>
</tr>
<tr>
<td>Negative Emotional Reactions</td>
<td>White</td>
<td>2.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>African-American</td>
<td>4.5</td>
<td>-1.9</td>
</tr>
<tr>
<td></td>
<td>Asian-American</td>
<td>3.4</td>
<td>-1.5</td>
</tr>
<tr>
<td>Help-Giving³</td>
<td>White</td>
<td>4.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>African-American</td>
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<tr>
<td></td>
<td>Asian-American</td>
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<td>7</td>
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</tbody>
</table>

*Note: All differences are significant at the p < .01 level. * Racial mean differences are in relation to African-Americans and Asian-Americans being compared to Whites. ² Higher means represent greater attributions of controllability. ³ Higher means represent greater reported willingness to offer help.
help-giving behavior, and negative emotional reactions toward an imagined homosexual child. Specifically, when compared to their heterosexual counterparts, non-heterosexual participants reported greater affection ($M_{\text{non-Heterosexuals}} = 8.52$, $M_{\text{Heterosexuals}} = 6.88$, $t(346) = 3.24$, $p = .001$), greater willingness to help an imagined homosexual child ($M_{\text{non-Heterosexuals}} = 4.27$, $M_{\text{Heterosexuals}} = 3.88$, $t(341) = 2.62$, $p = .009$), and lesser negative emotional reactions ($M_{\text{non-Heterosexuals}} = 2.13$, $M_{\text{Heterosexuals}} = 3.29$, $t(347) = -2.27$, $p = .007$). No significant differences were observed between heterosexuals and non-heterosexuals on attributions of controllability, shame-proneness, guilt-proneness, and favorable/compassionate emotional reactions.

**Parents and Non-Parents**

There were no significant differences between parents and non-parents on any of the variables assessed.

**DISCUSSION**

This study examined factors that predict reactions to the identity disclosure of a homosexual child. Consistent with Weiner’s (1986) attributional theory and with study hypotheses, it was found that greater perceptions of control over the cause of homosexuality were associated with more unfavorable feelings toward a hypothetical gay son. In other words, results indicated that, at least in an analog setting, the intensity of unfavorable emotional reactions is greater when the child’s behavior (being homosexual) is perceived as something he could control.

Also in line with expectations and with Weiner’s theory, participants who had a lesser tendency to view their imagined child as responsible for his homosexuality reported greater affection toward him. However, contrary to expectations, support was not found for Weiner’s model with respect to compassionate feelings. It is important to point out that the compassionate emotion scale used in this study had a lower internal reliability than its counterpart, the unfavorable emotion scale. On the one hand, it is possible that the four emotions tapped in this scale (sorrow, worry, pity, and sympathy) actually reflect slightly different constructs. The variable of affection, on the other hand, may in fact reflect a more truly positive feeling toward the child. This sense of genuine warmth and caring might be more consistent with the sentiment captured in Weiner’s model.

In this study, similar to negative emotional reactions, increasing compassionate emotional reactions were also associated with greater shame and greater attributions of controllability. One way to understand these results is that the compassionate emotion scale used in this study was comprised of emotions that could be perceived as having either negative or positive valence depending on the specific attributions that individuals make about homosexuality. In other words, each individual emotion (that is, sorrow, worry, pity, and sympathy) appears to be sufficiently ambiguous that it requires a context to determine its valence. For example, feeling “sorrow” toward a gay child could be elicited by parents’ attributions about homosexuality as a less-than-desirable “lifestyle,” or because they identify with the child’s struggle in coming to terms with a socially stigmatized identity. In the first instance, sorrow might be more negative in valence because it reflects parents’ negative judgments about having a homosexual child. In the second situation, sorrow might be more positive in valence as it reflects a level of compassion or appreciation for the child’s struggle. In other words, predicting the specific role of these emotions is difficult because the valence of these emotions seems to be determined by various
factors such as parental beliefs about homosexuality.

To the authors' knowledge, ours is the first study that examined the role of shame-proneness and guilt-proneness in parental reactions following a child's disclosure of homosexuality. Consistent with study hypotheses and following Tangney's (1991) moral emotion theory, participants who were more prone to experience shame and less prone to experience guilt reported greater unfavorable emotional reactions toward an imagined homosexual child. Also in line with expectations and consistent with Tangney's (1991) theory, shame-prone participants were more likely to experience unfavorable emotions toward their imagined gay son than guilt-prone participants. In other words, when compared to guilt-prone participants, shame-prone participants reported feeling greater fury, anger, hatred, and frustration toward their imagined child. These findings highlight the unique role that shame- and guilt-proneness may have in mediating parental reactions to having a gay child. Specifically, feelings of shame appear to diminish parents' capacity for empathy and may motivate an avoidance response to the shame-eliciting situation (that is, having a homosexual child) in the form of negative emotional reactions (Tangney, 1995). In other words, in contrast to guilt-proneness, shame-proneness is associated with a tendency toward reporting higher levels of anger and less sympathy toward the imagined gay son.

Another important goal of this study was to better understand factors that predict help-giving behavior toward an imagined homosexual child. In line with the study hypotheses, participants who were more guilt-prone, and who were more likely to perceive homosexuality to be outside their imagined child's control, reported greater willingness to offer help to their child. Also consistent with expectations, participants who reported feeling greater affection and less intense unfavorable emotions for the imagined gay son also reported a greater willingness to offer him help. From these findings, it appears that parents' attributions about the cause of homosexuality and their proneness to experience guilt may mediate their ability and/or willingness to offer help to a gay child.

Results from this study also suggest that gender is associated with parental reactions to homosexuality in a child. It was found that females reported greater affection toward their imagined homosexual child and were more likely to report willingness to offer him help. Men were more likely than women to report that homosexuality was within their imagined child's personal control. This finding is consistent with most of the existing psychological literature, which suggests that males are more internal in their attributions of control than are females (Furnham, 1984). Males also had a greater tendency than females to have negative emotional reactions to the identity disclosure of an imagined gay child. Morin and Garfinkle (1978) propose that heterosexual men's extreme negative attitudes toward gay men might be due to greater sex-role investment. As such, having a gay child may pose a threat to heterosexual men's sense of masculinity. This might be interpreted in light of Freud's (1926, p. 91) view of homophobia whereby it was described as a consequence of a repressed sense of danger in men because of fear that they might qualify as the object of the homosexual's target. In other words, men more than women, may have difficulty separating the perceived problem (e.g., a child's or another person's homosexuality) from the self. Although outside of the scope of the current study, future research should examine the ways in which parental gender interacts with parental attributions, shame-proneness.
and guilt-proneness. The current analyses suggest that a more detailed examination of these interactive processes might yield important implications for differential support of mothers and fathers of homosexual youth.

Results of this study also suggest that race may be associated with parental reactions to a child's disclosure of a homosexual identity. Specifically, findings from this study revealed that as compared to Whites, African-Americans and Asian-Americans were more likely to attribute the cause of homosexuality to be under the imagined child's personal control, had greater unfavorable emotional reactions, and reported less willingness to offer him help. This may be partly due to the fact that the gay movement is more public in the White culture than in ethnic minority cultures (Monteiro & Fuqua, 1993/1994). For example, there is more exposure to homosexuality in pop culture including music, television, and movies. There also appears to be greater social taboos about homosexuality among certain cultural groups, perhaps elucidating why several ethnic minorities such as African- and Chinese-Americans report higher levels of homophobia than do Whites (Kapac, 1998; Monteiro & Fuqua, 1993/1994; Savin-Williams, 1999; Waldner, Sikka, & Baig, 1999).

This study also examined how being gay oneself might influence attributions and emotional reactions to the disclosure of homosexuality in a child. Results indicate that, regardless of attributions about the cause of homosexuality, participants who self-identified as homosexual or bisexual had fewer unfavorable emotional reactions, reported greater affection, and were more willing to offer help to an imagined homosexual child. Not surprisingly, the shared experience of being a sexual minority may account for the more empathic responses of non-heterosexuals, irrespective of individual personality characteristics.

**Treatment implications**

Provided that our findings are confirmed in followup studies of actual families of parents with homosexual children, our findings may have several clinical implications. Specifically, the present findings suggest that treatment approaches that target parental attributions about the cause of homosexuality may be effective in helping parents adjust to having a homosexual child. Widely held cultural beliefs about the cause of homosexuality may prove useful in helping parents adjust to having a homosexual child. Providing parents with factual information about the causes of homosexuality may prove useful in helping parents shift blame away from their children as well as away from themselves. For example, informing parents that the exact cause of homosexuality is unclear and that many scientists believe that homosexuality is the result of both organic and situational factors may enhance treatment. Helping parents understand that homosexuality is likely rooted in a combination of biological and environmental factors that are outside of their own and of their child's personal control may be a first step in reducing blaming and critical attributions about the cause of their child’s homosexuality.

Similarly, the finding in this study that shame-proneness is associated with both greater controllability attributions and negative emotional reactions (such as anger) toward an imagined homosexual child suggests that a successful family intervention should directly address parental shame. This may be particularly important since studies indicate that a hostile and critical family atmosphere is detrimental to the emotional well-being of vulnerable individuals, such as those adjusting to a stigmatized identity (Gart-
land & Day, 1999; Hooley, 1987; Kavanagh, 1992; van Furth, van Strien, Martina-Lovetta, et al., 1996). As such, helping parents identify, understand, and work through their feelings of shame may enhance family interventions. In contrast to shame, guilt was associated with greater reported affection toward a homosexual child as well as greater willingness to offer help. Assisting parents in channeling their guilt productively could prove to be a useful way to maximize their ability to empathize and be supportive during their child’s identity disclosure process.

The finding that men expressed more unfavorable emotions than women points to the need for developing psychoeducational interventions that specifically target father’s emotional reactions regarding a son’s homosexuality. Special effort should be made to recruit fathers to participate in family-focused interventions where, early on, they can develop better skills in order to cope with having a homosexual child. Encouraging fathers to discuss their views about gender roles, gender identity, and sexual orientation, may be useful in helping to decrease some of the negative emotions and blaming attributions that heterosexual fathers are prone to feel about having a gay son.

Race and cultural background are two other important aspects to consider when working with parents who are coping with homosexuality since they appear to influence reactions toward gay people. An important first step when working with parents of various ethnic and cultural backgrounds is to understand their beliefs about homosexuality. Providers should attempt to clarify what the specific cultural meaning of having a gay family member is for each client, in order to develop appropriate family interventions. More importantly, given that homosexuality in a child can elicit greater emotional reactions in certain ethnic groups, providers need to be especially attuned to negative and unhealthy reactions from minority parents.

The observation that homosexuals are more supportive of other homosexuals suggests that special effort should be made to put gay and lesbian youth into contact with adults of same-sex orientation, especially given the increased psychosocial risks for isolation from and rejection by parents and peers, as discussed above. Perhaps encouraging programs such as Big Brothers and Big Sisters to have special mentor relationships pairing gay and lesbian youth with older gay brothers and lesbian sisters are in order. Findings from this analog study may also point to the potential (and often rejected) benefits of having gay and lesbian individuals serve as parents. Encouraging gay and lesbian individuals to become foster or adoptive parents could offer gay children who are rejected by their biological parents a unique opportunity for developing in a supportive and loving home environment. Local departments of social services may also facilitate this by developing specialized foster care programs for gay and lesbian youth where they are matched with other homosexual individuals or couples for foster services.

Limitations and Conclusions

One limitation of this study is that actual parents of gay children were not assessed. Research participants may have difficulty imagining being a parent of a gay child. For instance, in a real-life situation, favorable and unfavorable parental reactions to a child’s disclosure of a homosexual identity may be experienced with more intensity than in a simulated setting. Also, the mediating role of guilt- and shame-proneness may be intensified in a real-life situation when there is a “real” perceived threat to one’s identity. Findings from an analog study should be considered a first step that can yield only informed hypotheses about what we
might expect in a real-life setting. Studies that examine attributions and shame- and guilt-proneness in actual parents of gay and lesbian youth are needed to assess the generalizability of these findings.

Another limitation of this study is that only participants’ reactions to having a gay son were examined. Parental reactions to a lesbian, bisexual, or trans-gendered child were not explored. As such, findings from this study cannot be generalized to these populations. Studies that assess the role of shame- and guilt-proneness in parental reactions specific to lesbian, bisexual, and trans-gendered youths are also needed.

Finally, this study is limited in that we did not examine perceptions of homosexuality from the perspective of a positive life choice. That is, nowhere in our survey did we offer participants the opportunity to express positive constructions of their child’s sexual preference and willingness to “come-out.” An example of this might include the feeling of pride or respect for a youngster’s willingness to make their sexual orientation public within a largely homophobic society. This is certainly an area worthy of future investigation.

In summary, results from this study suggest that the way parents understand the causes of homosexuality and their proneness to experience shame and/or guilt can provide important information about factors associated with parental rejection. An important future direction in expanding knowledge about parents’ reactions to a child’s homosexuality is to explore in more detail the relationship between attributions, guilt- and shame-proneness to parental help-giving behavior. Understanding how these emotions influence specific kinds of assistance (for example, financial vs. emotional) parents are willing to give to their gay child could be useful in devising more focused therapeutic interventions. In conclusion, clinicians should not underestimate the perceived crisis that “coming out” can engender in unsuspecting parents. By deepening our understanding of how parents react to having a homosexual child, mental health professionals can more effectively help parents adjust to the “coming-out” process and may also maximize the opportunities for gay and lesbian youths to lead healthy and productive lives in the context of more emotionally supportive family environments. Clinicians are encouraged to turn to the growing family literature on the topic (Garnets, Hancock, Cochran, et al., 1998; LaSala, 2000; Sue & Sue, 1998), which can better aid them in shepherding families through the initial stages of the coming-out crisis.

REFERENCES


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