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## Negotiating Emotional Support: Sober Gay Latinos and their Families

**Homero E. del Pino,**

Psychiatry and Human Behavior, Charles R. Drew University of Medicine and Science, 1731 E. 120<sup>th</sup> St., Building N, Los Angeles, CA 90059, United States, Phone: (323) 357-3434, Fax: (323) 357-3477, homerodelpino@cdrewu.edu

Psychiatry and Biobehavioral Sciences, David Geffen School of Medicine at UCLA, Los Angeles, CA 90095, United States

**Mignon R. Moore,**

UCLA Department of Sociology, 264 Haines Hall, Box 951551, Los Angeles, CA 90095-1551, United States, Phone: (310) 206-9678, Fax: (310) 206-9838, moore@soc.ucla.edu

**William J. McCuller,**

Medical Sciences Institute, 1731 E. 120<sup>th</sup> St., Building N, Los Angeles, CA 90059, United States, Phone: (323) 357-3484, Fax: (323) 357-3477, jasonmcculler@cdrewu.edu

**Richard Zaldívar,** and

The Wall-Las Memorias Project, 930 Colorado Blvd. Suite 3, Los Angeles, CA 90041, United States, Phone: (323) 257-1056, Fax: (323) 257-1095, rzaldivar@thewallasmemorias.org

**Alison A. Moore**

Division of Geriatrics, David Geffen School of Medicine at UCLA, 10945 Le Conte Avenue, Suite 2339, Los Angeles, CA 90095, United States, Phone: (310) 825-8253, Fax: (310) 794-2199, aamoore@mednet.ucla.edu

### Abstract

This study explores how sober gay Latino men obtain support from their families. Familial ties can be a protective health factor, yet many gay Latinos experience rejection from family members because of their sexuality. There are very few studies that examine the extent and quality of emotional support from kin for this population. Understanding family dynamics within the context of recovery and sexuality can increase our understanding of how to leverage family ties to develop alcohol abuse interventions. The study was conducted semi-structured interviews with 30 sober gay Latinos using a grounded theory approach. Analyses of the qualitative data identified the following themes: Family values shaped the participants' perception of their range of choices and emotional responses; participants reported feeling loved and supported even when sexuality was not discussed with parents; and family support for sobriety is essential. Findings suggest that familial ties shape perceptions of support and importance of disclosing sexual identity. Family support often results from agreements about sexual identity disclosure, and some families can overcome cultural and religious taboos on sexuality. Future studies should investigate families that

negotiate acceptance with their gay members, and whether they exhibit heterosexual biases that may influence the psychological stress of gay Latino men who wish to be sober.

### Keywords

gay; Latino; alcohol abuse; family; sobriety

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Problem drinking among Latinos is a health problem associated with exposure to social disadvantages, such as poverty and racial/ethnic stigma (Mulia, Ye, Zemore, & Greenfield, 2008). Problem drinking occurs when someone exceeds the drinking guidelines set by the National Institute on Alcohol Abuse and Alcoholism (2005) (more than four drinks on a single day or more than 14 in a given week for men and more than three drinks on a single day or more than 7 in a given week for women under the age of 65) and simultaneously experiences negative social consequences (legal, relationship, health, or work) or multiple symptoms meeting alcohol dependence criteria (Mulia et al., 2008). While drinking, and particularly heavy drinking, declines with increasing age in Whites (Karlman, Zhou, Reuben, Greendale, & Moore, 2006), heavy drinking persists in Latinos until they are in their 60s, (Caetano, Ramisetty-Mikler, & Rodriguez, 2008, 2009). Although Whites have higher rates of alcohol abuse and dependency than Latinos (Grant et al., 2004), compared to other ethnic groups, Latinos have higher rates of health conditions associated with alcohol abuse including cancer, unintentional injuries, and chronic liver disease/cirrhosis (National Center for Health Statistics, 2012). These are often comorbid with depression and anxiety (Vega, Sribney, & Achara-Abrahams, 2003). Latinos often engage in a pattern of low frequency, high levels of drinking per occasion, (Alvarez, 2001), and U.S.-born Latinos have higher rates of alcohol abuse than foreign-born Latinos (Szlafarski, Cubbins, & Ying, 2011).

However, Latinos' distinct configuration of family ties, characterized by closeness with nuclear and extended family members throughout the lifespan (Ayón, Marsiglia, & Bermudez-Parsai, 2010; Cauce & Domenech-Rodriguez, 2000; Guilamo-Ramos et al., 2007), has been shown to protect against illicit drug use and alcohol misuse (Dillon, De La Rosa, Sastre, & Ibañez, 2012; Gil, Wagner, & Vega, 2000; Unger et al., 2002). A decrease or loss of family support— either because of disruptions in family ties (less cohesion or more conflict) or because of social assimilation— predicts greater lifetime prevalence and higher rates of substance use disorder (defined as abuse or dependence on alcohol or illicit drugs in the Diagnostic and Statistical Manual [DSM-IV-TR])(Canino, Vega, Sribney, Warner, & Alegria, 2008). Family support can promote positive long-term outcomes for Latinos committed to refraining from using alcohol or illicit substances (Alvarez, Jason, Davis, Olson, & Ferrari, 2009). Indeed, family support often provides a significant level of protection from health risks that result from social disadvantages (Garcia Coll, 1990) and mitigates the impact of physical and emotional stress (Marín & Marín, 1991).

Yet some Latino men encounter difficulty accessing family support because of their same-sex sexual orientation. The religious and cultural stigmatization of their sexuality, coupled with their loyalty to their families, lead many to accept an imposed “code of silence”

concerning their sexual orientation out of fear of shaming or humiliating their families (Díaz, 1998). This silence brings its own set of stressors and negative health impacts (Díaz, 1998; Frost & Myer, 2009). Moreover, this disruption in, or loss of, family ties explains in part why gay individuals are more likely than their heterosexual counterparts to abuse drugs and alcohol and why they continue to do so into older age (Centers for Disease Control and Prevention, 2013; McCabe, Hughes, Bostwick, West, & Boyd, 2009; Ostrow & Stall, 2008).

Even among younger cohorts and across race/ethnicity, family rejection plays a significant role in the substance use behaviors and mental health needs of gay and bisexual men and women. Potoczniak, Crosbie-Burnett, and Saltzburg (2009) showed that gay and bisexual young adults' overwhelming emotional response to anticipated disclosure of sexual orientation was fear that their familial relationships would be damaged. Ryan, Huebner, Díaz, and Sánchez (2009) found that gay and bisexual young adults who reported higher levels of family rejection during adolescence were 3.4 times more likely to use illegal drugs, 5.9 times more likely to report high levels of depression, and 8.4 times more likely to report having attempted suicide, compared with peers who reported no or low levels of family rejection. In the same study, Latino men reported the highest number of negative family reactions to their sexual orientation in adolescence (Ryan et al., 2009). Less familial support means less emotional support for coping with other health problems that are disproportionately present in gay men, such as depression, Human Immunodeficiency Virus (HIV) infection, and childhood sexual abuse (Stall et al., 2003). Additionally, this means less help in overcoming substance use disorders and reaping other positive health outcomes associated with staying sober, such as fewer HIV risk behaviors (Shoptaw & Frosch, 2000).

No recently published studies specifically examine the quality of family support for gay Latino men in recovery, nor do they analyze the potential influence of homophobia in the ways kin offer support to this population. Homophobia, the socially-based set of negative attitudes and beliefs about homosexuality, may influence how and to what extent families provide support, such as not accepting romantic partners or refusing to discuss their sexuality for religious reasons (Díaz, 1998; Díaz, Ayala, Bein, Henne, & Marin, 2001; Frost & Meyer, 2009). This paper presents findings from a pilot study exploring the motivation for and quality of familial support among a cohort of gay Latino men committed to sobriety, aged 30–59 years old. It also presents findings on how family values and culture provide meaning and shape gay Latino men's perceptions of choices and emotional responses available to them when they interact with their families. We hypothesized that the participants' sexuality would be an obstacle in their family members' ability or interest in providing optimal support. However, the data suggest that while at times many of our respondents were disappointed with the lack of support they received when they first disclosed their sexual orientation, over time families found ways to keep their ties intact and expressed support in ways that were unexpected, though welcomed by the participants. If properly understood, these insights could be used to develop family-level interventions that address issues of recovery and sexuality by increasing family support available to gay Latinos who wish to achieve or maintain sobriety.

## Method

### Overview

We used an ethnographic qualitative approach consisting of semi-structured interviews to explore how study participants interpreted their experiences of familial support or rejection both for the purposes of recovery and for disclosure of sexual identity. Semi-structured interviews are effective in revealing the emotional and symbolic meanings of family acceptance or rejection often missed by typical survey approaches (Blieszner & Hamon, 1992). The semi-structured interview approach allows each participant the freedom to describe his experiences, in his own words, and enables the interviewer to further clarify participant responses.

### Participants

To recruit gay Latino men we used a variety of methods, such as posting flyers at 12-step centers, contacting agencies throughout Los Angeles County that serve gay Latino men or sober gay men, and chain sampling ( $N=30$ ). We planned to recruit men in the following age categories: 30–39 ( $n=10$ ), 40–49 ( $n=10$ ), and 50–59 ( $n=10$ ). We partnered with a community-based organization to help with, and to facilitate, the recruitment of participants. This community-based organization promotes wellness among Latino populations by providing substance abuse and HIV prevention education programs. Participants who completed the study were asked to refer their friends. Participants had to meet the following inclusion criteria: (1) self-identify as Latino; (2) self-identify as gay; (3) be between the ages of 30–59; (4) have a history of alcohol abuse or dependence; (5) identify as sober for at least the prior 30 days (sobriety is defined as “complete abstinence from alcohol, and all illicit and nonprescribed drugs”) (What is recovery?, 2009); and (6) be in regular contact with his family and friends (communication at least once per month). Most of the interviews were conducted in a private office at a nearby university. Other interviews were conducted at locations convenient for participants, including a local coffee shops or centers sponsoring Alcoholics Anonymous (AA) meetings. Participants gave verbal and written consent for audio-recording the interviews, and all except one were conducted in English. One interview was conducted in Spanish and then translated into English. Each participant received \$50 for participating in the study and an additional \$20 for each friend he referred. The referral incentive was limited to two friends who had to qualify for and complete the study.

### Data Collection

Between April 16, 2012 and June 30, 2012, the principal investigator (PI) and the research associate (RA) conducted semi-structured, face-to-face interviews each lasting approximately one hour. Participants were asked about: (1) their perceptions of whether and how family members support their efforts to be sober (e.g., “How do your siblings support your efforts to be sober?”); (2) their experiences of how their families handled their sexual identity disclosure (e.g., “How did your parents react when they found out that you are gay?”); and (3) their perceptions of whether their sexual orientation influenced how their family supported them (e.g., “How has your being gay affected how your siblings support you?”). (See appendix A.) Participants also completed a demographic questionnaire with items inquiring about age, birth country, relationship status, and birth order.

**Data Analysis**—We used SAS software, Version 9.2 of the SAS System for Windows, to calculate demographic characteristics. Interview transcripts were entered into Atlas.ti (Muhr, 1991), a data management program for qualitative data analysis. We coded the interviews and interpreted them through an inductive and data-driven, grounded-theory method (Charmaz, 2006; Glaser & Strauss, 1967) that involved an iterative process of taxonomic organization, content analyses, and code mapping. The multidisciplinary research team composed of the principal investigator, the research associate, and a volunteer research assistant coded transcripts through repeated examinations of the text. The text was first broken down into fragments and “clustered” around single words or phrases. Clusters of text were coded and organized into a hierarchy of categories at consecutively higher levels of abstraction to build thematic content. We employed a constructivist paradigm in which the findings were “created” by exploiting the “variable and personal” nature of social constructs to refine individual constructs by comparing and contrasting them (Guba & Lincoln, 1994). We coded the data and then sorted them by theme (e.g., centrality of family, parental support). We then reviewed and refined the codes in order to identify the major themes. Using the constant comparative method of analysis (Strauss & Corbin, 1994), the themes were then compared within and across interviews. Additionally, we used pseudonyms throughout the manuscript to maintain participants’ anonymity.

## Results

### Participant Characteristics

Thirty sober, gay Latino men aged 30–54, completed the individual interviews and questionnaires. Table 1 shows that 21 of the 30 participants were born in the United States (70%), that about half of the participants ( $n=14$ ) had been sober for less than one year, and that 20% ( $n=6$ ) had been sober for more than five years. Five reported currently being in romantic relationship with another man and that 20% ( $n=6$ ) had children. Sixty percent ( $n=18$ ) were HIV-positive and two thirds ( $n=20$ ) had been diagnosed with a mental health disorder, mostly depression and anxiety.

### Thematic Analysis

The majority of participants reported that drinking alcohol enabled them to cope with their sexuality and anticipated or actual family rejection. None of them reported currently being completely cut-off from all contact with their immediate family. While some may have initially experienced rejection when they first disclosed their sexual orientation, they now report varying degrees of acceptance from different family members.

Our analyses focused on the various relationship dimensions that gay Latino men in recovery have with their families. The following themes surfaced: (1) the influence of family values on choices and emotional responses; (2) actual parental acceptance and what the participants considered parental acceptance; and (3) what the participants identified as familial emotional support for their sobriety. Although these themes will be discussed individually, it should be noted that participants reported experiencing these simultaneously. For instance, the type of support a participant receives from his father for his sexual identity affects how the participant perceives his father’s support for his sobriety and how he

experiences and interprets his parents' ambivalence between acceptance and outright rejection of his sexual identity.

We explore each of the themes and identify the variation in how the participants experienced and coped with family rejection or support. We then consider how these interactions shed light on an often-overlooked aspect of family and culture: that they help family members create meaning in their lives. Culture refers to patterns of human behavior that include the language, thoughts, and communications, as well as prescribed actions, customs, beliefs, and values (Cross, Bazron, Dennis, & Isaacs, 1989). All these aspects of culture help its members create meaning in their lives by shaping their perception of what courses of action are open to them and what source of support matters most.

The importance the participants placed on emotional support from family members can be seen as an expression of cultural beliefs and values about the role of family in their lives. By emotional support, we mean the provision of care, empathy, love, and trust, as well as overt expressions of admiration and trust (Langford, Bowsher, Maloney, & Lillis, 1997). Their description of the support they received from their families resonated with the ways the literature describes family values as they are configured for Latinos across cultures. This includes material and emotional obligations to one's family; reliance (and dependence) on the family; and the role of the family as referent for appropriate attitudes, behaviors, and values (Ayón et al. 2010; Cauce & Domenech-Rodriguez, 2000; Guilamo-Ramos et al. 2007).

Although we recognize the importance of the participants' cultures in our analysis of the data, we suggest that cultural practices are not valuable in and of themselves— as in the case of slavery in the United States, which was once a cultural practice – but that they are valuable because they help members determine *meaning* for their lives and their actions (Kymlicka, 1995). We also recognize that the family structures of other racial, ethnic, and cultural groups may have similar characteristics, so describing families in this way may not be unique to Latinos. However, we wish to explore the specific ways in which this configuration of family values shapes the context in which gay Latino men seek familial support for their sobriety, fully bearing in mind that family constructs may differ across the various Latino nationalities.

**Influence of Family Values on Choices and Emotional Responses**—The first theme we identified was how the centrality of the family in the participants' lives fundamentally shaped how they interpreted anticipated or actual rejection related to their sexuality, the meaning they assigned to disrupting or severing their family ties, and how their family values precluded available options for coping with familial rejection. Most of the participants shared that they experienced shame, fear, or pain when they realized that they were sexually attracted to men and when they expected to be rejected, or when they were actually rejected, by their families because they were gay. They reported using alcohol and drugs as a result to cope with these feelings. Alex (aged 50) told us that drinking helped him to cope with his sexual feelings for men because, "I was ashamed of it, I was confused with it.... It was just bad then. It was really taboo." Believing that their sexual feelings were bad and shameful led many to anticipate being rejected by their families. JC, 39 years old

and sober for almost 9 years, talked about how he was “drinking and drinking” to hide who he was from his parents, and that his drinking began in high school. He struggled at times to find the right words to summarize what he and others saw as the consequences of family rejection:

My major fear was my parents were not gonna accept me, number one, and that I was gonna be like one of these other gay persons that kind of lives their lives alone because their family has not accepted [them]. I didn't want to be that. That was one of my fears.... And knowing that, that I would be alone without – it was just like – it was very hard.

James, aged 31, reported that he was initially “shut out from everybody” in his family when they found out that he was gay. He went on to say with great depth of emotion, “[I started using alcohol to] mask the pain because it was unbearable.... You really don't know what to do. I kind of feel like I was murdered in a way.” Charlie, 46 years old, echoed this profound sense of loss upon disclosure of his sexual orientation to family members, as well as the use of alcohol to cope with these feelings. He claimed that feeling shame and guilt over being gay, “[Pushes you] to numb those feelings and the only way that you can numb those feelings is by drinking and using drugs.” He started drinking when he was 16 years old and living in Mexico. He came to the United States at the age of 21, leaving behind his parents and two younger siblings. He came to the U.S. not out of financial necessity, but “to have my freedom being gay.” He emphatically asserted that “[had I received] emotional support from my family I probably wouldn't have moved to the United States.” Instead of support, he experienced “isolation and no support from my family and [it made me] drink more for sure.”

These data reveal the *centrality* of family in the lives of the participants. They show the importance and value placed on family ties, how disclosure of sexual orientation can weaken or sever these ties, and the profound effect this had on their emotional wellbeing and decision-making. Reactions to family rejection ranged from seeing it as the beginning of a lonely life or feeling murdered, as JC and James respectively shared. The availability of familial emotional support could make the difference between either staying in one's birth country or immigrating to the United States, as Charlie did. This centrality of family for wellbeing and decision-making reflects the internalization of the cultural values that make families the referent for attitudes and behaviors. It also explains in part why for most of the participants responses such as, “Accept me as I am or I'm out of here,” or any of its variants, were precluded from their range of choices for dealing with family rejection.

We noticed that it was not easy to tease out the actual sequence of events of when the participants came out to their families. Most of the men told their families outright about their sexuality, but in other cases, their sexual orientation was revealed when they were caught in a sexual encounter, when a parent suspected their son was gay, or when a sibling “outed” them. For example, Bert, who is 51 years old, shared that when he was in his early 20s, “my mom caught [us] making out in the house when she had left for the store... and she saw from the window and was very upset.” Others had a parent who suspected that they were gay when they were still teenagers and either told them so or questioned them about it. Steven told his mother that he was gay at age 14. When asked about his mother's reaction,

he said, “My mom was ok with it. She always kind of knew.” Unlike Steven’s mother, Tony’s mother questioned his sexuality when he was a senior in high school. His mother kept asking him over and over whether he was gay. “‘Are you gay?’ ‘No, I’m not,’ you know, all this back and forth and [finally] I say, ‘Fine, I’m gay.’” Sometimes their siblings told their parents before they had a chance to do so themselves or were even ready to do so. Juanito shared that he had come out in college, but that “[My brother] told my mother... [she] got very angry and confronted me.”

Even when the men told their families of their sexual orientation, it remains difficult to construct an accurate timeline of coming out because they came out to different family members at different times. For example, Jaime, 37 years old, shared that his parents were the last to know that he was gay. “Prior to [telling my parents] my cousins knew, my family, my friends, but not my parents.... I was always open [with my friends]. My cousins, I never hid [being gay].” Cargo, 30 years old, told his older sister that he was gay when they were both still in high school. “Before my entire family knew, my sister knew... [she said] ‘I love you either way.’”

**Interpreted and Actual Parental Acceptance**—The second theme we noted concerned how parental acceptance of their gay sons could not be easily categorized and how the parents’ actions were often interpreted as acceptance. The participants reported a range of responses from their parents and varying degrees of acceptance after they disclosed their sexual orientation. Some parents preferred not to talk openly about the revelation, while others rejected the respondent outright or expressed shame. Here we analyze three pathways of parental acceptance to shed light on how parents of adult gay Latino men process what acceptance means for them and whether and how they choose to remain connected to their children as a result. Our analysis also includes how respondents interpret their parents’ different behaviors as signs of acceptance.

**Acceptance over time:** Many of the parents who accepted their son’s sexual identity did so over time and by wrestling with and revising in their thinking the schemas they initially held about gay men. Ricky, who is 50 years old, told his father that he was gay when he was 16 years old. Ricky’s father never told him how upset he was and, “[H]e never showed his disappointment to me.” He recalls, “I remember him saying, when we had the talk, ‘[That] as long as you’re happy, then okay.’ And that was his main thing.” At that time, Ricky had a boyfriend with whom he would go on to have a 20-year relationship. His father “[A]ccepted him as his other son, his White son.” Today Ricky is single, but he says that his 75 year-old father, “Wants me to have another boyfriend. He wants to make sure I’m happy, that there’s someone special in my life.” Another participant, Juanito, also in his 50s, shared that his mother would tell him that being gay was a sin and anti-Christian. However, Juanito told us, “She came around. Actually, before she died, she told me she was pro gay marriage. And she was about 80 [years old].”

Our findings show that over time some parents may become accepting and supportive of their son’s sexual orientation and that their actions may be interpreted as being supportive. Ricky interpreted his father’s initial behaviour of never expressing disappointment and verbalizing that he wants his son to be happy as signs of parental acceptance. The father’s



attitudes changed over time, from disappointment and passive support for Ricky's happiness ("as long as you're happy, then ok") to wanting Ricky to have a boyfriend, "someone special," so he can be happy. Unlike Ricky, Juanito's mother did initially express disapproval and moral condemnation. Her views changed from moral opprobrium to fully supporting gay marriage by the time she was 80 years old. In this case, Juanito did not have to interpret any of his mother's behaviors as supportive because she made her support known explicitly.

**Love without acceptance of sexual orientation:** Other participants reported that while their parents had not changed their negative views on homosexuality from the time they first disclosed their own sexual orientation, they still felt loved despite this lack of acceptance. Bori, 52 years old, has been sober for 41 months and was living in transitional housing. He told us that his mother

[I]s not very open to homosexuality, you know? So I have to give her that respect. It's good enough that she supports me and she loves me unconditionally, but I don't have to force her to accept the fact that I'm gay.

Likewise, Alex said, "[My parents] don't say much about [my being gay] anymore. I mean they're my parents. They still love me." Toby, who is 54 years old and sober for 3 years, shared that his father was always affectionate [*cariñoso*], but that he stopped talking to him for several months after he disclosed his sexual orientation. As time passed, however, his father's attitude changed.

Although he never told me he accepted me as homosexual... he started talking to me again and he started hugging me and kissing me as he used to do before. I see that as a way of showing me that he accepted me as homosexual.

The parents' unwillingness to talk about gay sexuality may be attributed to their age, and hence their general reluctance to talk openly about sex and sexuality. As Bori says, he has to "give [his mother] that respect." He interprets the type of support his mother provides and the love she shows to him as "good enough." For Bori, the fact that his mother "is not very open to homosexuality" in no way diminishes his feeling that "she loves me unconditionally." Alex reports a similar experience of feeling loved even though his parents no longer talk about his being gay. His statement, "I mean they're my parents. They still love me," indicates that he takes his ties with his parents to be sufficiently strong to withstand the silence about his sexuality. Toby told us explicitly that his father's expressions of physical affection were his father's way of "showing me that he accepted me as homosexual," even though his father never told him so verbally. The type of parental relationship that these gay Latino men talked about seems to make their asserting their gay identities and demanding acceptance unnecessary because they already feel loved, even unconditionally loved. This shows that some parents can communicate love for their gay sons even when they hold negative views about same-sex sexual relationships, and that the feelings they express are received in a positive way.

**Acceptance with limits on disclosure:** Other participants reported that they felt accepted by their parents on the condition that they refrain from disclosing their sexual orientation to

extended family members (grandparents, nephews, nieces). Tony, who is 37 years old and has been sober for four years, had an explicit agreement with his 67-year old mother and older sister. He reported that he does not have to hide being gay from his family and that they talk about his having a boyfriend someday, yet there are limits.

**Tony:** The only thing they request right now is, [being gay] is not a shameful thing, [but] it is just that [my mother and sister] don't [want me to] tell my nephew yet....

**Interviewer:** How old is he?

**Tony:** He is going to be 18 this year... he's going... to [college] in the fall.... So when he's ready, when he is 20 [years old], I will let him know, but right now it's never been needed [to discuss my sexual identity]. So when he is ready [I will tell him that I'm gay.]

Moi is 46 years old, was born in Mexico, and has lived in the United States for 30 years. He has been sober for five years. He believes that his mother accepts his sexual orientation, even though she tried to limit to whom he disclosed when he was younger. When he would travel back to Mexico, his mother would tell him, "Don't go see my sisters or my family... because they say things." Moi would ask her to clarify what she meant, but his mom would simply repeat, "You know, those things." Moi told us, "[I would say to her], 'I don't know. If you don't tell me, I don't know.' But I knew what she was talking about."

These data show how some parents convey a certain level of acceptance of their son's sexual orientation by saying something like "being gay is not a shameful thing" and discussing their son's romantic life, yet also try to limit to whom and when their gay son could disclose his sexual orientation, implying that there *is* something shameful about being gay. More troubling, however, is that unlike Moi who challenged his mother, Tony saw nothing wrong with his mother's request and readily agreed to delay telling his nephew that he is gay until his nephew is "more mature" and at age 20 than 18. Like Tony, other participants also reported acquiescing to such requests.

These findings are in line with other studies showing that for gay Latinos, family acceptance is often only achieved by agreeing to never openly discuss their sexual orientation (Cauce & Domenech Rodríguez, 2000). We suggest, however, that efforts to limit disclosure of sexual orientation further stigmatizes the participant's sexual identity because the family treats it as "other" and differently than a heterosexual identity. We found that parental and more general familial acceptance, particularly from older family members, can be ambiguous and is experienced as an on-going process that often tests and pushes boundaries. Nevertheless, in order to prevent complete rejection, it is often a process that gay men in sobriety are willing to undertake.

**Summary of parental acceptance:** We have demonstrated not only the range of responses that participants encountered from their parents upon disclosure of their sexual orientation, but also how the participants interpreted some of their parents' behaviors as forms of acceptance. Participants reported feeling loved and accepted – whether their parents were pro gay sexuality, against gay sexuality, or unwilling to discuss or have the participant disclose his sexual orientation to others. We found that parental acceptance and the

participants' interpretation of certain behaviors as acceptance in these contexts is nuanced, varies by degrees, and often evolves over time. These data also challenge simplistic beliefs that parents of an older generation are *uniformly* unlikely to accept an adult son's gay identity, that Latino fathers are particularly unsupportive of gay sons, and that individuals who possess strong religious beliefs necessarily reject and condemn their gay children. Even parents who chose never to discuss their sons' sexuality managed to communicate a level of acceptance *that their sons regarded as sufficient*. This speaks to the commitment of both parties to maintain their familial bonds even when the status of gay identity is called into question.

**Emotional Support for Sobriety**—The participants left no doubt about how their families could motivate them to stay sober. Bert, 51 years old, has struggled with staying sober. He had been recently hospitalized for 12 days as a result of a relapse after almost seven years of sobriety. He was sober for 71 days at the time of the interview and spoke about the support he received from his family during his time in the hospital:

[A]nd me seeing this really protective side of [my family] that I hadn't seen in a long time, and their love and their perseverance... and it's the best support that we can have when we feel loved [by our families], and that's the only way we're going to feel – [the only way to feel that] I'm going to be okay is to be around other people that love me and be around people that want me around, and people that I want around.

The support the men look for from their families is not always tangible. When asked about how his family supports his efforts to stay sober, JC replied, “[B]y being there and just by knowing that they love me and they accept me. That’s the only thing that matters to me, and that they trust me.” Some saw their ethnic backgrounds and the family values they entail, as being helpful. Tom, 54 years old, comes from a large family, which includes four brothers and five sisters. Tom has been sober for three months. He told us that his sister is “very active in my sobriety” because she calls him daily to check on his sobriety and to make sure that he is in contact with his AA sponsor. He attributes this level of support and involvement to his culture and family. “I think in our community, the Latino community, if we have support from our families, there’s no better support.” He goes on to explain:

I believe I'm more connected to the Latino community than I am to the gay community if you take it and separate it because I've always been family oriented... It's a whole family value that I don't think exists as much in the white community. Even a lot of mixed relationships turn out children who aren't geared to what I believe to be our lifestyle. I think it's their loss. I really do. I'm so lucky for my family.

In this context, the data show that “seeing [the] protective side” of family and “their love and perseverance” can strengthen a person's resolve to stay sober. Claims like “the only thing that matters” is the family's love and acceptance and “if we have support from our families, there's no better support” stress the importance of familial support over other sources of support. Coupled with remarks about feeling closer to the Latino community than to the gay community, the data make clear from whom and from where these men prefer to

receive support in their recovery efforts. These data imply that the close involvement of family members in recovery efforts, such as receiving their mother's blessings before going to AA meetings, reminders to attend such meetings, and siblings praying for them to stay sober, provided a powerful motivator for these men to continue to stay sober. These data also tell us that some gay Latino men believe they will find the support they need to stay sober within ethnic communities that are heterosexual and based in kinship.

## DISCUSSION AND IMPLICATIONS

Similar to other studies on Latino families, substance abuse, and the intersection of ethnicity and sexuality, our results show not only the important and potentially protective role that families fulfill in the lives of gay Latino men, but also the detrimental effect of familial rejection due to their sexual orientation (Dillon et al., 2012; Ryan et al., 2009; Mulia et al., 2008; Díaz 1998). Our findings challenge us to think more carefully about the ways in which culture and families shape how gay Latino men interpret certain familial behaviors as acceptance, and also shape their perception of their options vis-à-vis where and from whom they seek support for their sobriety. Although it is not surprising that culture and families shape behaviors, we often fail to delve deeper into how families and cultures bestow *meaning* upon members' behaviors and relationships and shape their members' perception of their options. For example, because of the priority placed on families and ethnic communities as sources of support for recovery efforts, some gay Latinos will find it challenging to avail themselves of the sources of support available in the larger gay community.

Culture may partially explain not only why familial rejection mattered so much to our participants, but also why families that had difficulties with gay sexuality nevertheless stayed connected with the participants. We want to suggest that gay Latino men who are cut off from their families experience more than a loss of personal relationships, but a fundamental, if not existential, loss of resources to make sense of their lives. As Bert indicated, for example, his mother's acceptance changed the meaning and significance of his being gay for the whole family.

The "meaning-making" aspect of the various Latino cultures and family configurations may also explain why some of the men interpreted a range of familial behaviors as expressions of love and acceptance, and hence why they reported being loved and accepted even when their families had challenges with, or felt ambivalent about, their being gay. It may also help us to understand how families remained loyal to these gay men, even when they had difficulties accepting their gay identities. We believe that this was possible *because* of shared family values and because these values constrained not only the participants' worldviews, but also those of their families. Rather than explain the family's loyalty by claiming that alcoholism is perceived as a bigger problem than sexual orientation, we think it provides a richer picture of family dynamics if we take seriously the ambivalence that they experienced and expressed, and conclude that in some cases sexual identity may not be a problem *per se*, but rather an issue with which families do not know how to deal with, dislike, or disapprove. Parents modeled how to maintain a family relationship for the long run in the face of not seeing eye-to-eye on an issue. There is no ranking of problems, for example, that being an

alcoholic is worse than being gay. There is only one problem: alcoholism. Hence, ensuring culturally appropriate and family-based emotional support for both sobriety and sexual orientation could potentially alter the health outcomes and emotional wellbeing not only of gay Latino men, but also that of their families by strengthening familial ties associated with positive health outcomes.

### Practice Implications

Our study has various practice implications for alcohol and substance abuse treatment service providers. First, providing culturally responsive social support for gay Latino men wishing to remain sober may require deepening our understanding of their particular family values. Although there are similarities, the formation, strength, and meaning of family bonds will differ among Latinos across the diaspora. Nonetheless, it is worth exploring these differences with and among the various Latino clients. The clients' family values might allow very little room for them to make their sexual identities more important than their ethnic identity. More importantly, their emphasis on the superiority of familial support implies that other sources of support might be perceived as limited in their ability to provide the emotional and "meaning-making" resources needed to deal with familial rejection and sobriety maintenance. The clients' family values and connection with their families matter because family dynamics, especially in the early stages of sobriety, can either increase or decrease the possibility of relapse (Captain, 1989).

Second, it is important to work with clients to identify subtle expressions of homophobia by their families and how these may impact them emotionally. Even when clients claim that they feel accepted and loved despite familial disapproval of their being gay or requests to limit disclosing their sexual orientation, it would be worth keeping in mind that clients may still internalize latent expressions of homophobia. Exploring the ways in which their families express love and support may uncover the compromises that clients make for the sake of keeping in touch with their families. We can help clients to think about whether these compromises are healthy, whether they have adjusted their expectations regarding how they should be treated, and whether psychological costs are incurred by their being silent in order to achieve a certain level of family acceptance. In these cases, we suggest emphasizing and building upon a family's efforts to be supportive, thus keeping the conversation within the clients' family framework. Just as important, we should consider how implicit, negative beliefs about being gay might also undermine a family's *sincere* efforts to be supportive and loving. Some families may not be fully cognizant of the implications of asking a gay family member not to disclose his sexual orientation. Further study is thus required to assess whether and how well-intentioned families with implicit negative views about gay sexual orientation may inadvertently undermine both the support they offer as well as the client's efforts to stay sober.

Third, we believe that an intervention for gay Latino men would do well to include their siblings and even their parents, regardless of the parent's age or gender. Motivational interviewing techniques would be a good fit to work with families that experience ambivalence about their loved one's sexual orientation. This ambivalence might provide an opportunity for the family members of gay Latino men to acknowledge how wrestling with

the issue of sexuality is itself a form of cultural resistance and how by doing so they have a chance to redefine what love, acceptance, and support means for their family. Having a gay son may be the opportunity for families to make explicit what family loyalty and love actually mean to them in order to guide how they address this challenge as a family.

### Limitations

The limitations of this study are an overrepresentation of men in the early stages of recovery (less than one year), its exclusive focus on men who have contact with their families, a small sample size (N=30), and that two thirds of the respondents reported having mental health issues. Thus, the results may not capture or accurately represent the perspectives of other groups of sober gay Latino men and their experiences with their families.

### CONCLUSION

The experiences reported by the gay Latino men in this study demonstrate the complicated family dynamics these men navigate to access familial emotional support to help them stay sober. Our findings indicate: (1) how gay Latino men's cultural background and family ties shape their choices and emotional responses; (2) actions interpreted as familial acceptance do not always include acceptance of a gay sexual orientation; and (3) that emotional support from family members matters more than other sources of support, and that any support should be provided within a cultural framework that gives precedence to Latino men's ethnic identities and family values. We expect that integrating gay Latino men back into their family will not only benefit them, but their families as well.

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## APPENDIX A

### Interview Guide

#### Individual

1. Is there anything that could have prevented you from abusing alcohol?
2. How has your sexuality contributed to your abusing alcohol?
3. How has your sexuality contributed to your seeking sobriety?



**Parents**

1. Is there anything that your parents could have done to prevent you from abusing alcohol?
2. How do/did your parents support your efforts to live a sober life?
3. How has your sexuality influenced how your parents support you?
4. How do/did your parents respond to your sexuality?
5. How do/did your parents respond to your sobriety?

**Siblings**

1. Is there anything that your siblings could have done to prevent you from abusing alcohol?
2. How do/did your siblings support your efforts to live a sober life?
3. How has your sexuality influenced how your siblings support you?
4. How do/did your siblings respond to your sexuality?
5. How do/did your siblings respond to your sobriety?

**Friends/Social Network**

1. Is there anything that your friends or social network could have done to prevent you from abusing alcohol?
2. How do/did your friends or social network support your efforts to live a sober life?
3. How has your sexuality influenced how your friends or social network support you?
4. How do/did your friends or social network respond to your sexuality?
5. How do/did your friends or social network respond to your sobriety?

**Table 1**

Socio-demographic and health-related characteristics (n =30)

Characteristics	10 Men in 30s Total n (%)	10 Men in 40s Total n (%)	10 Men in 50s Total n (%)
<i>Birthplace</i>			
United States	9 (90%)	5 (50%)	7 (70%)
Mexico	1 (10%)	3 (30%)	1 (10%)
Belize		1 (10%)	
Perú		1 (10%)	
Ecuador			1 (10%)
Puerto Rico			1 (10%)
<i>Length of sobriety</i>			
< 1 year	7 (70%)	3 (30%)	4 (40%)
1 – 5 years	1 (10%)	5 (50%)	4 (20%)
> 5 years	2 (20%)	2 (20%)	2 (20%)
<i>Number of siblings</i>			
<i>Brothers</i>			
1	2	4	3
2	4	2	3
3	1	3	2
4	1	0	2
5+	0	0	0
<i>Sisters</i>			
1	3	3	2
2	2	4	1
3	2	1	3
4	1	1	3
5+	0	1	1
<i>Number of gay or lesbian siblings</i>	0	1	7
<i>In long term relationship with a man</i>	2 (20%)	3 (30%)	0 (0%)
<i>Previously married to a woman</i>	1 (10%)	5 (50%)	0 (0%)
<i>Children</i>			
Know about sobriety	2 (100%)	2 (100%)	2 (100%)
Know about sexual identity	1 (50%)	2 (100%)	1 (50%)
<i>HIV-positive</i>			
< 5 years	2	2	1
6–14 years	4	1	4
15+ years	0	0	4
<i>Diagnosed with mental health disorder, e.g., depression, anxiety</i>	7 (70%)	6 (60%)	7 (70%)
<i>Liver problem related to alcohol use</i>	1 (10%)	1 (10%)	3 (30%)