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When a child comes out: factors influencing the possible experience of a traumatic event in parents

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INTRODUCTION

The relationship between children and parents is socially and emotionally crucial, as it is biologically necessary. (Bowlby, 1988). While caring for their children, parents build a detailed picture of their child's future and devolve a great deal of emotional energy into these expectations (Yamamoto & Holloway, 2010). Thus, whenever something happens to disattend these preconceived ideas, it may cause parents to experience great disappointment and confusion (Saltzburg, 2007). For example, parents report experiencing feelings of grief, confusion, and loss after learning that their child is a part of the LGBTQIA+ community, as they are forced to give up on the heteronormative life they had envisioned (Goodrich, 2009).

This thesis aims to explore this reported reaction and examine its consequences. The hypothesis that led to the development of the current study is that parents experience their child coming out as a stressful and life-changing event on par with the loss of a close person. To assess whether such a hypothesis may be true, it was decided to investigate how parents process and integrate the disclosure of their child's sexual orientation or gender identity and integrate it with their own life narrative and how successful their efforts in meaning-making are. These results would then be compared to those of bereaved individuals who lost someone in the previous two years. Moreover, this research aims to investigate what personal, psychological, and socio-demographic characteristics may affect parental experience following the event of a child disclosing their identity.

To achieve the stated goals, an ad hoc online questionnaire was created, consisting of several questions meant to collect personal information about the participants and scales

measuring the integration of a stressful event (ISLES), social aspects of meaning-making (SMILES), their alexithymia levels (TAS-20), and their adherence to a traditional gender role belief system (GRBS). An original Italian translation of the latter scale was devised and validated through Confirmatory Factor Analysis, as none previously existed.

The first chapter of this work will provide an overview and explanation of what is commonly referred to as coming out, the psychological and social dynamics governing it, its importance in the life of LGBTQIA+ individuals, and the consequences of different parental reactions. This chapter will also include an in-depth explanation of what is currently known about parental experiences following the disclosure of a child's sexual orientation or gender identity minority status.

The second chapter will explore the concepts of integration of a stressful event and social meaning-making, the understanding of which is necessary to answer the question at the basis of the primary purpose of this study. Moreover, the chapter will also contain reviews of the most pertinent literature on alexithymia and gender role belief system and stereotypes, allowing the reader to better understand some of the most essential variables considered in this research.

The third chapter will present the current research at the core of this thesis. After a brief overview of the difference between qualitative and quantitative methodology, it will include a description of how the participant sample was recruited and the contents of the online questionnaire. Following this explanation, there will be an extensive description of the statistical data analysis and its consequent results.

The following chapter will discuss the implications of such results and whether these findings match or complement the preexisting scientific literature. Lastly, the fifth chapter

will summarize the essential information and crucial points of this research, acknowledge

its limitations, and recommend possible avenues for future research suggested by its

insights.

CHAPTER I

1.1 Coming Out and Consequences of Parental Responses

Active disclosure of one's sexual or gender identity is commonly known as coming out, a reference to the American saying "coming out of the closet" (Kushnick, 2010), and is a fundamental chapter in the lives of individuals belonging to the LGBTQIA+ community. People who do not identify with the gender assigned to them at birth and individuals who consider themselves anything other than heterosexual must live through a continuous process of disclosure, sharing this knowledge with other people, to live openly without needing to hide a part of themselves. This process is crucial for the formation of one's identity, allowing LGBTQIA+ individuals to integrate this facet into their narrative, which is necessary for a healthy and happy life (Erickson, 1959; Erickson, 1982; Legate et al., 2012; Baiocco et al., 2014).

Coming out is often an arduous process, as announcing that they do not fit into heteronormative and cis-normative societal expectations is likely to induce stress, fear, and discomfort for LGBTQIA+ individuals (Rosati et al., 2020). Notably, the source of these feelings is usually related to the expected response to the new information about their identity. Extensive psychological literature has investigated how both positive and negative reactions to someone's coming out may affect them, with a particular focus on parental responses (De Vine, 1984; Boxer et al., 1991; Mattison & McWhirter, 1995; Savin-Williams, 2001; Fields, 2001; Ryan et al., 2010; Needham & Austin, 2010; Broad,

2011; Williams & Chapman, 2012; Bregman et al., 2013; Horn & Wong, 2016; Mills-Koonce, 2018; Ryan et al., 2020; Grossman et al., 2021; Carbone et al., 2022).

Disclosure to one's family is vital to their sexual identity development and integration (D'Augelli et al., 2005), as it is needed to maintain and further develop honest and emotionally meaningful relationships and better integrate the facets of one' self, not needing to uphold different and separate identities (La Sala, 2000). Moreover, living "outside the closet" in the relationship with one's parents has long been shown to induce better psychological health and relationship satisfaction (Gonsiorek & Rudolph, 1991; Caron & Ulin, 1997; La Sala, 2000). Therefore, negative familiar responses to coming out are one of the most often stressors cited as actively damaging the individual physical and psychological wellbeing, as well as having to face discrimination, bullying, and prejudices (Frost et al., 2013; Guzzo et al., 2014; Baiocco et al., 2014). Indeed, the different outcomes of positive and negative responses to one's coming out have been studied and ascertained extensively (Ryan et al., 2009; Broad, 2011; Brown, 2012; Williams & Chapman, 2012; Frost et al., 2013; Puckett et al., 2014; Baiocco et al., 2015; Horn & Wong, 2016; Mills-Koonce et al., 2018; Sakalli et al., 2019; Rosati et al., 2020; Grossman et al., 2021; Carbone et al., 2022).

1.2 Parental Experiences Following Disclosure of their Children's Minority Identity

As psychological and sociological research focused mainly on the experience of LGBTQIA+ individuals and how coming out affected them, the impact of this event on their families has not been studied in as much detail. From the limited research that

investigated the parents' experience, it is possible to infer the potential significance of this event in their lives. Some parents may be going through a coming out process paralleling their child's, as they must develop new identities, crafting new personal narratives as parents of an LGBTQIA+ child (Carbone et al., 2022), but still feeling the need to conceal their new identity (Goodrich, 2009). This pattern of behavior appears to also extend to those parents who immediately show acceptance and support following the disclosure acceptance and supportive behaviors (Trussel, 2017). They also seem to experience an abundance of negative emotions such as loss, fear, hurt, denial, self-blame, shame, guilt, or even despair (Goodrich, 2009).

Multiple studies suggested that parental responses are not fixed and immutable but may change and evolve as time passes. Phillips and Ancis (2008) theorize that the adjustment following the children coming out tends to progress through three broad phases, each having emotional, cognitive, behavioral, moral, and spiritual aspects. Initially, emotionally driven responses dominate the parent's reaction (e.g., shock, denial, incredulity, anxiety, anger, confusion, depression, fear). In the intermediate phase, parents often emphasize cognitive and behavioral strategies (e.g., seeking information about the relevant topics, social support, developing an awareness of the homonegative and transnegative aspects of society, and coming to terms with them) while attending to the emotional issues related to other people's perspectives and their possible judgment. The third and final adjustment phase is ideally characterized by the resolution of moral and spiritual issues, allowing them to fulfill their emotional, social, and moral needs and duties by being able to love their children unconditionally (P-FLAG National, 1998; Phillips & Ancis, 2008; Broad, 2011; Trussel, 2017).

Parenting an LGBTQIA+ child may present a unique opportunity for positive transformation, personal development and growth. Many parents throughout their life grow into their identity as parents of LGBTQIA+ children and work to develop into being more caring and accepting, sometimes even become activists for LGBTQIA+ rights and social justice (Phillips & Ancis, 2007; Broad, 2011). Furthermore, research confirms that experiences of growing past initial negative responses, by crafting new personal narratives as parents of LGBTQIA+ children (Carbone et al., 2022), in order to come to love and care for their children once more are predictive of greater wellbeing (Bauer et al., 2008; Gonzalez et al., 2013).

However, these findings, showing a positive outcome of the disclosure is possible, do not nullify the parents' negative emotions and experiences following their children's disclosure of gender and sexual identity when they come out. An experience often shared by parents of LGBTQIA+ children following their coming out is an undefined feeling of loss and grief. Several studies delineated similar findings even when considering different parent samples. Participants reported feeling a deep sense of sadness, loss, and grief that they could not articulate in detail with any degree of confidence (Fields, 2001; Saltzburg, 2004; Horn & Wong, 2016; Katz-Wise et al., 2016).

When asked to elaborate further on these feelings, some of the parents' most negative experiences focused on the concern for about their child's safety and the loss of the ideal life they had envisioned for them when thinking their children did not belong to the LGBTQIA+ community, the heterosexual dream. This heterosexual dream most often consists of the youth's traditional marriage and the birth of the parent's potential grandchildren (Horn & Wong, 2016). Simply by identifying with a sexual or gender minority identity, their children took themselves out of the traditional narrative of

romance, marriage, and family encouraged by the heteronormativity and cisnormativity pervading societal expectation. By being excluded from this narrative, parents felt like the children they had thought they knew were gone. The feeling of loss and grief was profound enough to be ascribable to the death of a child (Fields, 2001).

Indeed, parents reported feeling profound despair, loss, and grief in the time right after their children came out. These feelings of mourning found their epicenter in the loss of the idealized dreams and plans for themselves and, consequentially, their child, as parents tend to see their offspring as an extension of themselves (Belk, 1988). The epiphany that the actualization of their preconceived dreams not being possible anymore left parents with deep sadness, thrusting them into mourning. Disappointment and regret arose from the belief that their children could not experience the traditional crucial milestones of adolescence as remembered from their own past youth, which is often romanticized and viewed through a rose-tinted lens (Saltzbug, 2007).

An additional facet of this sense of loss seems to find its roots in something similar to anticipatory mourning, which parents appeared to be working through, propelled by the fear of estrangement following disclosure. Especially when lacking knowledge of what it means to belong to a sexual and gender identity minority and about the typical life of LGBTQIA+ individuals, parents felt directionless about how they could maintain a place of prominence in their child's life as they deviated from cisnormative and heteronormative expectations and "left the heterosexual world" (Broad, 2011). A core aspect of these fears may stem from the impossibility of embodying the role of mentor in the life of their children, as parents are expected to do. Disappointing these internalized duties because of the difference in experiences between parent and child may be the cause of the feeling of sadness, guilt, and regret (Saltzburg, 2007).

Similarly, parents reported feeling a confounding combination of fear, anxiety, grief, mourning, guilt, and regret when confronted with the perceived possibility of losing their children to a socially distinct subculture that is infamous for being discriminated against, leading people to leave isolated and dangerous lives. For instance, most parents who witnessed the AIDS epidemic in the 1980s and 1990s in western countries found that a large part of their fears revolved around this kind of danger, equating being LGBTQIA+ with an increased possibility of death (Robinson et al., 1989; Broad, 2011). The idea of parents associating being openly part of the LGBTQIA+ community with an increased risk of danger and even death may find corroboration in the fact that they tend to have a strong emotional response when confronted with the reality of discrimination and hate crimes (Frost et al., 2013).

Alongside this theory, it may also be worth considering that homonegative and transnegative rhetoric and narratives paint being LGBTQIA+ in a negative light, even if indirectly. For example, "bury your gays" is a narrative trope dating back to the 19th century that describes the tendency to depict LGBTQIA+ relationships in which one of the partners dies at the end of the story. Even if born to allow LGBTQIA+ authors to tell LGBTQIA+ stories while escaping social retaliation, for more than a century, this narrative has instead been used to instill in the population heteronormative and cisnormative values and to show the alleged danger of deviating from the "traditional heterosexual life" (Hulan, 2017). Because of this, it may be reasonable to consider these societal elements and similar others as factors enhancing parental fears, anxiety, sadness, and preventive grief and mourning.

CHAPTER II

2.1. Stressful Experiences and Integration

Although the adjectives 'stressful' and 'traumatic' have been interchangeably used in everyday language, these terms indicate two separate psychological concepts. Traumatic events are more often considered in the literature as narrowly defined specific events, including exposure to actual or threatened death, serious injury that compromises the integrity of the body, or sexual violence. These events may affect someone if personally experienced or witnessed, but also by learning that a person close to them has suffered these experiences (American Psychiatric Association [APA], 2013). It is worth noting that this narrow definition is not universally considered sufficient (Wheather & Keane, 2007), but it is still the most commonly used in clinical work.

Stressful life events, also called life event stressors, are defined instead more generally as undesirable, unscheduled, nonnormative, uncontrollable, discrete, or observable events with a generally clear onset and offset that usually indicate significant life changes that have significant negative consequences for physical and psychological well-being (Carlson, 2014). Furthermore, stressful events are situations experienced by an individual as a problem beyond their ability to manage, which hinders their well-being and daily functioning (Ouagazzal et al., 2021). Therefore, the evaluation of stressful events and their impact can be considered dependent on the adaptive abilities and behavioral and physiological adjustments that the individual is capable of to cope with this event (Ouagazzal et al., 2021).

The scientific literature has widely shown how stressful life events have a negative effect on an individual's well-being (Burns & Machin, 2013). Many studies have, in fact, highlighted significant links between the experience of stressful events and negative consequences on the physical and psychological health of the individual (Ouagazzal et al., 2021). The correlation between the experience of stressful events and an increased chance of psychological and somatic disorders (such as diabetes mellitus, depression, schizophrenia, and other disorders related to dissociation) and the emergence of maladaptive behaviors is complex, as it varies according to individual vulnerabilities (Salleh, 2008).

Theorists from many perspectives have conceptualized the maladaptive adjustment to stressful life experiences as arising from an inability to integrate memories of the event into a coherent life story that makes sense and allows for a purposeful future (Holland et al., 2010). Advancements in the field of neurophysiology may corroborate this theory, as researchers have found that memories encoded under conditions of intense stress resist cortical processing and are therefore frequently underorganized (Siegel,1995; van der Kolk & van der Hart, 1991; Holland et al., 2010).

When considering how stressful events can affect an individual, it is also essential to consider a narrative perspective. This difficulty in integrating memories formed under stressful conditions may, in part, signify an impaired ability to organize specific micronarratives into a broader narrative of one's life (Holland et al., 2010). Individuals strive to create a coherent narrative of their life that consolidates their self-understanding, describes a characteristic personal emotional range, establishes their long-term life goals, and guides their engagement and dynamics in the social world (Neimeyer, 2004).

Therefore, the stalling of the continuous strive to create this coherent personal narrative, caused by the difficulty in integrating the micronarratives of the stressful event, can be considered a possible cause of the possible effects that these experiences have on an individual's physical and psychological health and well-being (Holland, 2010).

The integration process of an event is usually described as following two possible pathways. Usually, narratives describing stressful life experiences would be assimilated within one's preexisting self-narratives and models of the world created according to previous life experiences. However, when this process is impaired, as it often happens when experiencing traumatic or even just stressful life events, an individual may not be able to fully make sense of their experience, making it necessary to reconsider and possibly alter one's internal models to accommodate the new discrepant information about themselves and the world around them. (Neimayer et al., 2006; Holland et al., 2010).

Extensive literature reported that individuals who successfully managed the integration process of a stressful event are more likely to experience better adjustment and fewer adverse outcomes (Bellet et al., 2019). Higher levels of integration have been shown to lower the risk of functional disability and general distress (Holland et al., 2010) and higher levels of physical and mental health when controlling for known risk factors (Bellet et al., 2019).

One of the most crucial parts of the integration process of a stressful or traumatic experience is arguably for the individual to try to make meaning of what has happened, to find a reason why the event may fit the narrative of one's life. The process of crafting meaningful narratives of a stressful experience is widely considered crucial to allow an

individual to live and be able to function in daily life with the memories of what happened to them. These experiences challenge how people think about themselves (Park, 2010) and others. Park theorizes that distress can increase when memories of specific stressful events do not align with the current cognitive framework of someone's daily life (Park, 2010). Meaning-making is one possible mechanism that may allow an individual to recover from this misalignment because, theoretically, it facilitates coping and the resolution of stressful experiences in beneficial ways. (Graci et al., 2018). In fact, meaning-making has become an umbrella term that may describe several specific processes and dynamics that contribute to the adaptation and integration of stressful life experiences necessary to recover the individual's well-being (Park & Folkman, 1997).

Although the dynamics of meaning-making have been most extensively studied in individuals living and coping with bereavement after the loss of someone close to them (Neimeyer, 2006; Kneese et al., 2008; Holland et al., 2010; Lichtenthal et al., 2010; Lancaster & Carlson, 2014; Bottomley et al., 2015; Bellet et al., 2019; Testoni et al., 2019; Testoni et al., 2021), its patterns and characteristics appear to resemble closely those following other stressful events (Park & Folkman, 1997; O'Connor, 2003; Triplett et al., 2012; Graci et al., 2018; Ziyan et al., 2021).

As Neimeyer has often proposed, although the integration process and subsequent reconstruction of their worldview requires considerable individual and intrapersonal work, it ultimately requires survivors to recruit social validation for their changed identities. This idea is consistent with long-accepted scientific research that suggests that social support is directly associated with better physical and mental health, general well-

being, and routinely has a protective effect against the impact of adverse and stressful life events (Thoits, 2013).

2.2 Social Meaning-Making, Social Validation and Invalidation

Facets of an individual's stressful experience will inevitably go unrecognized and unarticulated, preventing them from receiving adequate support from the people around them. This is especially true when the stressful experience is non-normative and does not fall neatly into socially preconceived notions of what constitutes an adverse or traumatic event (Neimeyer, 2006). This effect may suggest that social interaction does not always equal social support (Knight et al., 1998). It is possible that social interaction may represent a source of stress and discomfort for the individual, as the people around them may invalidate their feelings and thoughts and become an obstacle to the meaning-making process and, therefore, the healthy integration of the stressful experience (Bellet et al., 2019).

Positive, supportive reactions from others provide direct evidence that the world is still often benevolent and safe, and that they are worthy (O'Connor, 2003). Social support is still consistently identified as buffering the effects of life events on well-being outcomes in clinical samples (Ames & Roitzsch, 2000) and the general population (Falcon, 2009). These results may corroborate the theory that social support is an invaluable asset for people with stressful life events experiences who are trying to find a meaning for what happened and trying to integrate it with their life stories.

Studies with normative grievers corroborate the theory that social support acts as a protective barrier, helping people cope and make sense of what happened (Bottomley et al., 2015). Although it may seem paradoxical, research has found that social interactions intended as support might be experienced negatively during bereavement and, therefore, may affect the bereaved individual unfavorably, especially when they experience it as intrusive or voyeuristic (Burke et al., 2010).

From a social constructionist perspective (Neimeyer et al., 2014), dealing and coping with the aftermath of a stressful life event takes place in a complex social environment. The meaning that individuals make of a stressful life-changing experience is influenced by how others perceive and react to the event and the following distress. In a broader context, the integration and meaning-making processes are affected by the communities' views on the specific events and the societal norms policing how an individual expresses, acts upon, and copes with distress caused by the event. For example, perceived social constraints against disclosure have been shown to inhibit the amount of actually talking about the loss, particularly about loss-related intrusive thoughts (Lepore et al., 1996). These social aspects can either encourage the individual's meaning-making attempts by validating and honoring their distress or inhibit such attempts (Bellet et al., 2019).

Considering that the disclosure of the emotions generated by adverse life events is not permissible in many social relationships and the receptiveness, supportiveness, and potential help of the listener have been shown to be highly important (Kelly & McKillop, 1996), serious issues may emerge when an individual is deprived of it. For those whose experience is linked to a threatening or stigmatizing circumstance (e.g., grieving the death of a child or a loved one to suicide, overdose, or violent trauma) or who have responded

to the experience in a way that is at odds with the dominant cultural discourse, social interactions may risk being especially deleterious to their integration and meaning-making process. This unsupportive behavior may be caused because the event and subsequent distress do not conform to the cultural expectations of how someone should cope with such emotions and experiences. People with this kind of past experience may find themselves more likely to induce avoidance, embarrassment, rejection, or distress in others. Therefore, in the context of meaning-making, social interaction may be validating or invalidating. Thus, the people surrounding the individual may support their attempts to make sense of the experience and how it fits in the broader narrative of their life or hinder their integration and subsequent recovery process necessary for healthy functioning (Holland et al., 2010; Hasson-Ohayon et al., 2017; Bellet et al., 2019).

2.3. Effects of Alexithymic Traits on Integration and Meaning-Making

Many factors may influence the integration of a stressful life event and the sense one makes of it. It stands to reason that an individual's thought pattern and interpersonal and intrapersonal resources may impact how they respond and cope with a life-changing event. The path of acceptance and restructuring one's life narrative to include new identities can be arduous (Stroebe & Schut, 1999). This coping process requiring individuals to change their point of view and renounce previously held beliefs may necessitate introspection and emotional work and can, therefore, be influenced by someone's psychological characteristics.

In 1973, Sifneos coined the term alexithymia to describe several of his patients suffering from illness with several common psychosomatic symptoms. Indeed, many of these

patients shared several difficulties in handling their emotions and non-standard thought processes (e.g., external-oriented thinking). The original theory also included symptoms such as difficulty distinguishing feelings from bodily sensations of arousal and paucity of imagination, but subsequent research has defined these effects as secondary (Goelrich, 2018).

More recent scientific literature has identified several psychological characteristics that may impact the aftermath of a stressful event. Alexithymia is one of such characteristics that may influence someone's response to a life-changing stressful event (Taylor, 1997; Taylor et al., 2000; McCallum et al., 2003; Ogrodniczuk et al., 2005; Deno et al., 2013; Guzzo et al., 2014). Although often mischaracterized, alexithymia is not a mental illness, but rather a description of an individual's mental process related to their own emotions. (Deno et al., 2013). Alexithymia has three main features. Individuals with high levels of alexithymic traits often have difficulty identifying and describing their feelings and emotion, as well as show higher levels of externally oriented thinking than average (Taylor et al., 1997).

Furthermore, individuals displaying high levels of alexithymic traits often also exhibit diminished imaginative capabilities (Prino et al., 2019), a higher propensity to suffer from severe depressive mood disorders and develop conditions such as complicated grief (Kaya & Aydemir, 2021). The fact that alexithymia affects a patient's response to psychotherapy may provide a clue to the cause of these effects (Ogrodniczuk et al., 2005). High levels of alexithymic traits often correlate with less successful psychotherapy outcomes, most likely due to the patient's impaired communication skills and less expression of positive emotion (Ogrodniczuk et al., 2011).

However, self-report measures received criticism for their suitability for measuring internal psychological traits, as individuals with high alexithymia levels may struggle in communicating the presence or absence of the traits being measured (Goelrich, 2018). Even considering this possible drawback, the multifactor structure of this measure is advantageous for assessing the key features of alexithymia: difficulty in understanding and communicating one's emotions and a tendency to externally oriented thinking (Bagby et al., 1994).

Insight into which facet of the alexithymia model may be prevalent or how each of these factors correlates with another variable may present invaluable understanding of the overarching dynamics. For example, when investigating the relationship between social meaning-making and alexithymia, knowing how difficulties in describing emotions, understanding them, and externally oriented thinking each influence the perceived social validation and invalidation may grant far more detailed information (Kooiman et al., 2002).

Therefore, examining an individual's alexithymic traits may prove to be invaluable in contextualizing and understanding parental experiences following a child's disclosure of their minority identity. Because integrating and making meaning of such a possibly stressful and complex event seems to require extensive intrapersonal emotional work, lacking the needed resources may prove to be a key component of what informs the reaction of parents of LGBTQIA+ children.

2.4 Gender Role Beliefs, stereotypes, and attitudes toward non-conforming individuals

Gender stereotypes are widespread beliefs about male and female characteristics, behaviors, and expected social roles (Weinraub et al. 1984). Social role theory proposes that underlying most of the dynamics governing social psychology and behavior. There are descriptive and prescriptive roles and stereotypes about how different groups of individuals should behave (Pica et al., 2018; Yu et al., 2022). In light of this theory, it can be argued that these stereotypes and beliefs may color every relationship and interaction between an individual and the world surrounding them.

An individual's gender role belief system governs how this person thinks men and women should act and whether they should conform to a particular set of expectations regarding their personal qualities and behavior (Kerr & Holden, 1996). According to this binary point of view, standard in the western world, men's identity should revolve around their agency and individual task performance; they should prioritize work and be valued for their competence while dismissing their need for interpersonal connections (Ellemers, 2018). Contrarily, women's identity should revolve around their commonality and care for others; they should prioritize family and be valued for their warmth while sacrificing any possible personal achievement and focusing on raising children (Ellemers, 2018).

People who strongly believe in traditional gender roles and identify with those stereotypes may find it very threatening to be regarded as non-prototypical members of their gender group (Schmitt & Branscombe, 2001). Hence, it that individuals adhering to traditional gender role beliefs are more likely to display strong and disproportionately adverse, or even violent, reactions when exposed to someone who rejects and defies such cultural

expectations (Schmitt & Branscombe, 2001; Parrott et al., 2008; Weaver & Vescio, 2015).

Several studies extensively detailed the link between an individual's more traditional gender role beliefs and their higher likelihood to be more dogmatic, rigid, and intolerant when confronting others, especially those belonging to minority communities (Stark, 1991; Ellemers, 2018; Sakallı et al., 2019). For example, the relationship between gender role beliefs and homonegativity and transnegativity has been thoroughly documented.

Hence, considering a parent's adherence to the traditional western gender role belief system is necessary to fully explore and understand the experience of parents whose children come out, forcing them to acknowledge how they disattend and deviate from those binary expectations.

CHAPTER III

3.1 Objectives and purposes

The primary purpose of the present research is to assess whether the feelings of loss and grief reported in many qualitative studies in the past decades can be confirmed by data acquired with a quantitative methodology over a large sample.

Additionally, the investigation delved into which individual, social, and demographical characteristics may influence this phenomenon and how parents feel and react to their children coming out.

Particular attention was paid to two specific psychological traits. Alexithymia was selected as an avenue of investigation. The research considered whether alexithymia could, in fact, represent a possible source of tempering for these emotions or, at least, that the lack of it may indicate that emotional skill might allow someone to develop better adaptive coping mechanisms.

Furthermore, it was considered worth assessing whether the adherence to a traditional belief system of gender roles and stereotypes may correlate with more maladaptive coping and may be counterproductive in integrating their children's disclosures of identity with their worldview when these do not fit neatly into the old societal boxes.

3.2. Qualitative and quantitative methodology

Most of the research exploring parents' experience of LGBTQIA+ children following the disclosure of their minority identity is based on qualitative analysis methods. Both qualitative and quantitative methods include several types of data analysis and techniques, and they are usually selected to explore different aspects of what is being investigated.

Qualitative methods are usually associated with case studies and must consider contextual and individual factors. The data collected and analyzed with this methodology comprise both the results narrative text analysis of semistructured interviews, focus groups, and participant and non-participant observations. Research using qualitative methods often uses small samples, focuses on specific individuals, events, and contexts, and adopts an idiographic analysis style primarily interested in subjective perceptions and experiences (Gerring, 2017; Gilad, 2021).

Quantitative data analysis includes observational data, coding behavior and other human and nonhuman factors, data surveys that reflect people's perceptions, and different experiments that can take place in different settings (e.g., laboratory, field-based, natural designs) or may make use of surveys and questionnaires. Quantitative research designs tend to investigate a hypothesis that may be extended to a larger population and is based on nomothetic analysis methods that are mainly concerned with objective knowledge of observable factors (Gerring, 2017; Gilad, 2021).

Because of the difference between these approaches, it may be possible that cross-investigating a particular phenomenon with both methods could result in new insightful discoveries that may further the understanding of that subject. As most of the knowledge on parental experiences after a child's coming out comes from qualitative research,

quantitative research may further corroborate these findings and argue that they could apply to the larger general population.

Considering this possibility, the current experiment was developed including quantitative methodology with the goal of substantiating the finding of studies investigating parental experiences after their children's sexual orientation or gender identity disclosure through qualitative methodology.

3.3 Participants

Inclusion criteria to participate in this study included being Italian and having resided in the country stably for most of one's life, and being the parent of an individual self-identifying as belonging to the LGBTQIA+ community who has come out.

The individuals making up the sample studied in this research included 152 women, 40 men, and 2 who identified as "other". Their age ranged from 32 to 78, with the mean being 58.62 (SD=7.75). The majority of participants resided in the northern regions of Italy, although this is likely due to the fact that they are the most populated. It is notable that, although people seem to be fairly equally distributed between cities of different sizes, the people coming from large metropolises represented only 9%. The people composing the sample tended to be politically more left-leaning than the average population, and most of them considered themselves Christians but with different degrees of devotion.

Participants' Gender

	Frequency	Percent	Cumulative Percent
Other	2	1,0	1,0
Female	152	78,4	79,4
Male	40	20,6	100,0

Table 1 Participants' Gender

Participants' Age

Number	Mean	Mode	Median	Min Value	Max value
194	58.62	61	58	32	78

Table 2 Participants' Age

Participants' Education

	Frequency	Percent
No Higher Education	99	51,0
Bachelor's degree or Higher	94	48,5
Other	1	0.5

Table 3 Participants' Education

Participants' Religion

	Frequency	Percent
Christian	136	70,1
Agnostic	23	11,9
Atheist	27	13,9
Other	8	4,1

Table 4 Participants' Religion

Participant's Intensity of Faith		
	Frequency	Percent
Not Very Faithful	55	28,4
Quite Faithful	60	30,9
Very Faithful	39	20,1

Table 5 Participant's Intensity of Faith

Participants' City Size		
	Frequency	Percent
Village	45	23.2
Small Town	58	29.9
Town	45	23.2
City	29	14.9
Metropolis	17	8.8

Table 6 Participants' City Size

Participants' Occupation		
	Frequency	Percent
Employee	96	49.5
Independent contractor / Entrepreneur	24	12.4
Retiree	52	26.8
Homemaker	17	8.8
Other	4	2.1

Table 7 Participants' Occupation

Participants' Yearly Income		
	Frequency	Percent
Lower than 15,000	14	7.2
About 15,000	8	4.1
Lower than 25,000	17	8.8
About 25,000	38	19.6
Lower than 50,000	48	24.7
About 50,000	35	18.0
Lower than 100,000	19	9.8
About 100,000	7	3.6
Higher than 100,000	8	4.1

Table 8 Participants' Yearly Income

Participants Living With a Partner		
	Frequency	Percent
No	46	23.7
Yes	148	76.3

Table 9 Participants Living With a Partner

Participants In a Romantic Relationship		
	Frequency	Percent
No	37	19.1
Yes	157	80.9

Table 10 Participants In a Romantic Relationship

Participants' Political Orientation		
	Frequency	Percent
Right	4	2.1
Center-Right	10	5.2
Center	14	7.2
Center-Left	57	29.4
Left	88	45.9
Far Left	6	3.1
Other	15	7.7

Table 11 Participants' Political Orientation

Children's Gender Identity		
	Frequency	Percent
Woman	61	31.4
Trans Woman	13	6.7
Non-binary	13	6.7
Man	87	44.8
Trans Man	16	8.2
Other	4	2.1

Table 12 Children's Gender Identity

Children's Sexual Orientation

	Frequency	Percent
Bisexual	29	14.9
Heterosexual	15	7.7
Homosexual	137	70.6
Pansexual	7	3.6
Other	6	3.1

Table 13 Children's Sexual Orientation

Time Passed Since Coming Out

	Frequency	Percent
Less than a year	11	5.7
1-2 Years	24	12.4
2-3 Years	23	11.9
3-4 Years	23	11.9
4-5 Years	20	10.3
5-10 Years	43	22.2
More than 10 years	50	25.8

Table 14 Time Passed Since Coming Out

Participants suspecting their children's Gender Identity/Sexual Orientation		
	Frequency	Percent
No	103	53.1
Yes	91	46.9

Table 15 Participants suspecting their children's Gender Identity/Sexual Orientation

Participants having an LGBTQIA+ individual close to them		
	Frequency	Percent
No	106	54.6
Yes	88	45.4

Table 16 Participants having an LGBTQIA+ person close to them

However, it is notable that these data include only those individuals who responded to the questionnaire, as 333 further responses could not be accepted because they were left incomplete and, therefore, could not be considered for data analysis. This phenomenon may be due to the decision to reach the participants primarily by asking their children to decide whether to forward the questionnaire link in order not to cause unnecessary distress.

3.4 Data Collection

For this experiment, participants were recruited online on social media platforms (i.e., Whatsapp, Instagram, Telegram) either through direct messaging or by posting the link on public groups. People received the same message, explaining the general purpose of the research, what characteristics the participants needed to have, the assured anonymity of the responses, and a link to the online questionnaire, which would take about twenty minutes to complete.

Moreover, assistance from several non-profit associations such as Arcigay and Agedo and several social media personalities made it possible to significantly increase the number of complete questionnaire responses by circulating the link to a greater audience. Specifically, members of these associations forwarded the message to their parents and people they personally knew. In addition, these associations sent the message by email to their signed-up mailing list. In the case of Arcigay, they have chosen to send it through a subsection of the association that includes specifically LGBTQIA+ underage youth and their parents. When asked for help, the social media personalities chose to create a temporary post to reach their audience.

3.5 Measures

As mentioned above, in order to thoroughly investigate the aforementioned objectives, an ad hoc questionnaire was devised. Subjects were asked to fill in five different sections. The questionnaire included a page devoted to collecting personal and demographical information, ranging from the subject's gender, age, and political inclinations to their

children's sexual orientation and gender identity, before presenting the subjects with four different measures:

Integration of Stressful Life Experiences Scale (ISLES)

The Integration of Stressful Life Experiences Scale (ISLES) (Holland, Currier, Coleman & Neimeyer, 2010) is a 16-item measure that assesses the degree to which participants have made meaning from a stressful life event. It includes a Likert 5-point response scale (1- strongly agree; 5 - strongly disagree) to respond to 16 items such as "My beliefs and values are less clear since this event." and "I have difficulty integrating this event into my understanding about the world." ISLES assesses the degree to which a stressful life experience has been adaptively incorporated into one's broader life story to promote a sense of internal coherence and foster a secure and hopeful view of the future (Holland et al., 2010). It was created by comparing a sample of individuals who had lost someone close in the previous two years with a control sample of people who had not recently experienced bereavement or any other stressful event. In this study, participants responded to this measure referring to their loss and items were scored so that higher values indicated a more positive meaning made and a better integration of the event. In particular, higher scores on ISLES (indicating greater meaning made and integration of a stressful life event) have been found to be associated with less prolonged grief and psychiatric distress (Holland et al., 2010). This research used the Italian version of the measure, which was recently validated (Neimeyer et al., 2021).

Social Meaning in Life Events Scale (SMILES)

The Social Meaning in Life Events Scale (SMILES) (Bellet et al., 2019) evaluates the degree to which social interactions facilitate or inhibit an individual's ability to make sense of significant stress factors, trauma or loss. It includes a Likert 5-point response scale (1- strongly disagree; 5 - strongly agree) to respond to 24 items such as "I worry that if I shared too much about this event, people might see me differently" and "I avoid sharing the story of this event with others to avoid their criticism and judgment". It was created by comparing a sample of people who had lost someone close in the previous two years with a control sample. Factor analysis revealed a two-factor structure yielding two independent subscales: Social Invalidation (the extent to which the people around them invalidated a mourner's efforts to make meaning) and Social Validation (the extent to which the people around the mourner validated their meaning-making). This research used the Italian version of the measure, which was recently validated (Testoni et al., 2021).

20-item Toronto Alexithymia Scale

The TAS-20 (Bagby et al., 1994) is a self-report measure of alexithymia (Preece et al., 2020). It includes a Likert 5-point response scale (1- strongly disagree; 5 - strongly agree) to respond to 20 items such as "I am often confused about what emotion I am feeling" and "It is difficult for me to find the right words for my feelings". It was designed with a three-factor yielding two independent subscales: Difficulty Identifying Feelings ("When I am upset, I don't know if I am sad, frightened, or angry"); Difficulty Describing Feelings

("It is difficult for me to reveal my innermost feelings even to close friends"); and Externally-Oriented Thinking ("I find the examination of my feelings useful in solving personal problems"). When combined, the scores of these subscales give a total scale score as an overall marker of alexithymia. TAS-20 has generally demonstrated good validity and reliability, though the Externally Oriented Thinking subscale usually has lower internal consistency reliability (Kooiman, Spinhoven & Trijsburg, 2002). This research used the Italian version of the measure, validated by Bressi and her colleagues in 1996.

Gender Roles Beliefs Scale (Short Version)

The Gender Roles Beliefs Scale (GRBS) (Short Version) (Brown & Gladstone, 2012) evaluates the degree to which an individual agrees with the traditional western belief system regarding gender stereotypes and roles. It includes a Likert 7-point response scale (1- strongly agree; 4 – undecided; 7 - strongly disagree) to respond to 10 items such as "Except perhaps in very special circumstances, a man should never allow a woman to pay the taxi, buy the tickets, or pay the check" and "Women should be concerned with their duties of childbearing and house tending, rather than with the desires for professional and business careers". Brown and Gladstone based this scale on the Gender Roles Beliefs Scale (GRBS) (Kerr & Holden,1996). During the meta-analysis, they noticed the emergence of a two-factor structure and chose specific items to maintain this pattern in their version. Factor 1 evaluates beliefs about women's roles in the home and the workplace; Factor 2, on the other hand, evaluates beliefs related to protectionism and chivalry toward women (Brown & Gladstone, 2012). Since an Italian version of this scale

has not yet been validated, this research used a back-to-back translation of the English version, on which a CFA was conducted. The measure shows good fit indices, although only minimal differences emerged when considering the GRBS-short as a one-factor model instead of a two-factor model. Due to these findings, this scale has been analyzed as a single factor measure in this investigation.

3.6 Data Analysis

The data analysis focused, firstly, on the correlation between how parents live the experience of their children's coming out and their social, demographical, and individual characteristics. Parametric tests such as t-test and ANOVA were utilized to compare the ISLES and SMILES averages in relation to the nominal variables with two or k categories. The Pearson correlation coefficient r was used to determine the correlation between the ISLES and SMILES scores with the quantitative variables.

Non-parametric tests such as the Mann-test and the Whitney and Kruskal-Wallis test were used to investigate the comparison of the ranks of the ISLES and SMILES in relation to nominal variables with two or k categories. Spearman's rho correlation coefficient was similarly utilized for correlating the ISLES and SMILES scores with the quantitative variables and ordinal.

The data analysis of this research made use of both parametric and non-parametric tests as a consequence of the inhomogeneity between the groups defined by the levels of the variables describing the socio-demographical characteristics of the participants. Indeed, comparing the results of both types of tests would allow computing far more reliable results.

As mentioned above, the Short Version of the Gender Roles Beliefs Scales (Brown & Gladstone, 2012) does not currently have an Italian version that has been validated. Therefore, in order to be able to make use of this measure in the current study, inserting it into the questionnaire to be presented to participants who were all Italian by design, the back translation technique was utilized.

To confirm the factorial structure of the model, the Confirmatory Factor Analysis (CFA) was used. The adaptation of the model has been evaluated through different indices of fit:

- Chi-Square

- RMSEA

- SMRM

- The relative indices CFI and TLI

The Chi-Square is a test of the goodness of a certain model. Its significance comes from a comparison with the degrees of freedom of the model (Karin Schermelleh-Engel & Helfried Moosbrugger, 2003).

The RMSEA is an absolute index: the closer it is to 0, the more the fit is optimal. If it is lower than 0.05, then the model's fit is good (Karin Schermelleh-Engel & Helfried Moosbrugger, 2003).

The SRMR value must be lower than 0.05 to indicate a good fit (Karin Schermelleh-Engel & Helfried Moosbrugger, 2003).

The CFI and TLI are relative indices and their value is included between 0 and 1. The closer the index value is to the maximum (1), the better the model's fit is. The adaptation can therefore be considered good if these two indices exceed 0. 097 (Karin Schermelleh-Engel & Helfried Moosbrugger, 2003).

The confirmatory factor analysis was conducted both considering the short version of the GRBS as a single-factor model and on the two-factors model, as described by the original authors.

If the CFA results showed no significant difference between the two models, it was decided to utilize the single-factor model in the data analysis for the rest of the study, as the participants' gender roles beliefs are not an object of investigation in the current research.

3.7 Results

3.7.1 ISLES scores comparison with bereaved individuals from the original study

The ISLES scores of the participants were compared to the ones found by Holland and colleagues in 2010. The research sample scored significantly ($t(540)=5.41$, $p<.001$) higher (M=67.84, SD= 14.66) than the bereaved group (M=61.66 SD=12.72), showing that parents of LGBTQIA+ children integrate more adaptively the stressful experience of their offsprings' coming out than people handling loss brought forth by death.

However, since Holland's sample included only people whose loss was relatively new, under two years, it was decided to analyze the scores of those who experienced their children coming out more recently. Individuals who lived with the experience of their children coming out for less than three years scored lower than the complete group (M=65.07, SD=14,67). No statistical significance (t(404)=1.85 p=.065) emerged when comparing the scores of the two groups that lived with the stressful experience for only a short time.

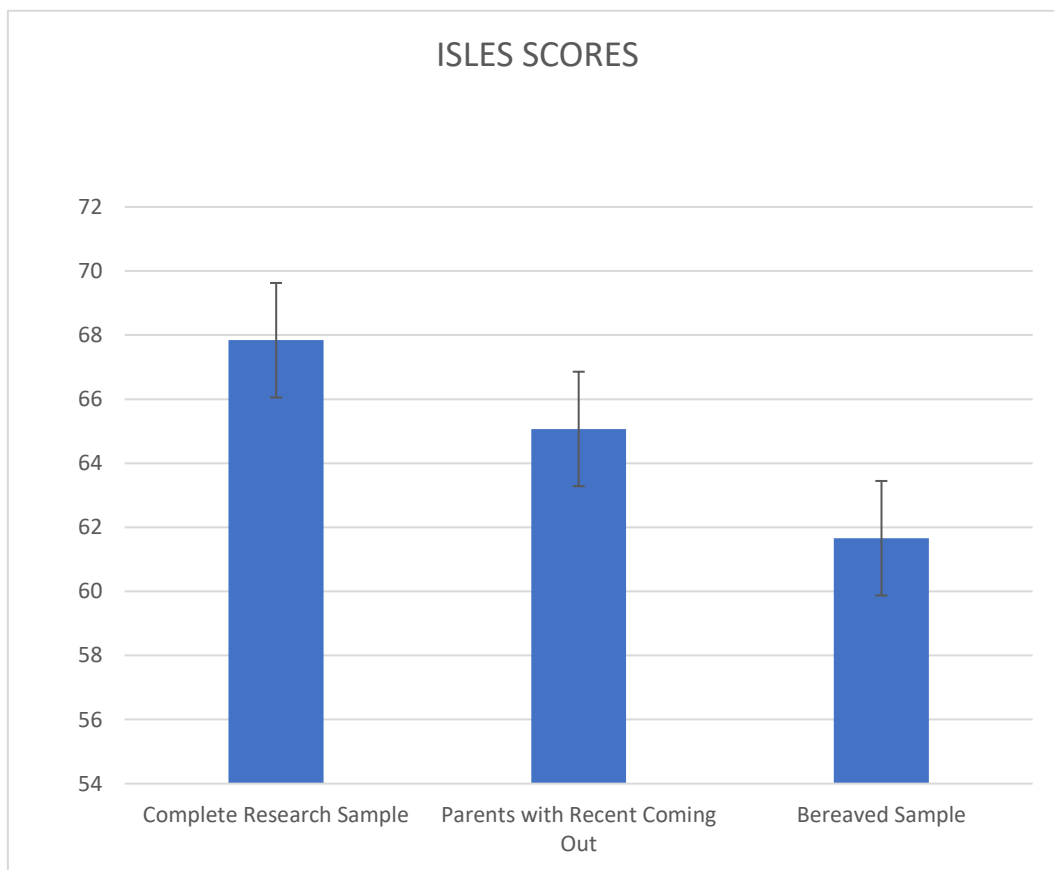*Figure 1 Comparison between ISLES Scores*

3.7.2 SMILES scores comparison with bereaved individuals from the original study

Since SMILES is a two-factor construct, each score was analyzed independently. The main sample's social validation scores from the research sample are significantly $(t(540)=2.40 \ p=.017)$ higher $(M= 3.31 \ SD= 0.89)$ than the bereaved sample $(M= 3.15, SD=0.65)$. In contrast, no significant $(t(404)=0.83 \ p=.406)$ difference appeared when analyzing the data from those whose experience of their children's coming out is more recent in isolation $(M= 3.23, SD= 0.83)$ and those of the bereaved sample. A different pattern appeared regarding the Social Invalidation factor scores. The Social Invalidation values of the entire sample group $(M=2.49, SD= 1.06)$ proved to be non significantly $(t(540)=1.19 \ p=.236)$ dissimilar from those of the bereaved sample $(M= 2.33, SD= 0.70)$. This significance $(t(404)=1.51 \ p=.133)$ also continued when considering only the data from those parents whose children came out only in the previous three years $(M= 2.49, SD= 1)$.
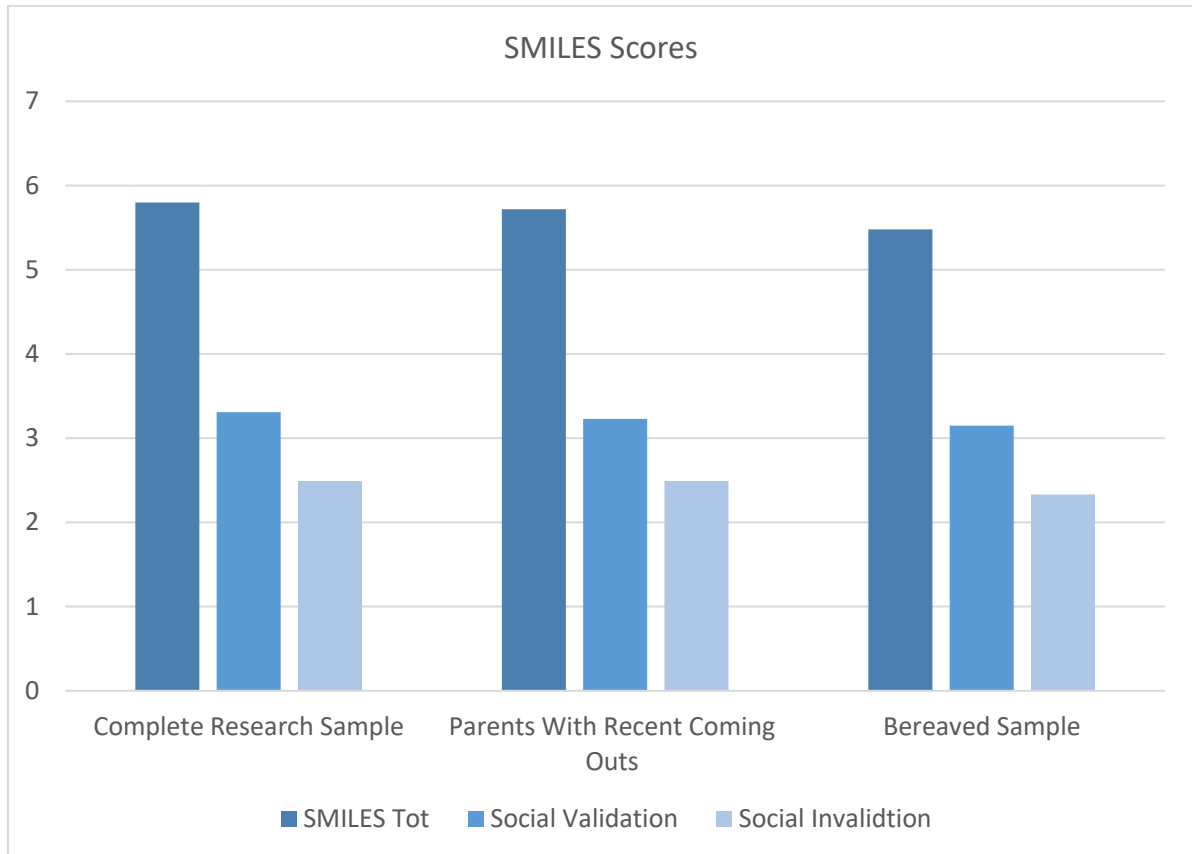
Figure 2. Comparison between SMILES Scores

3.7.3. Correlations with socio-demographical characteristics

The analysis results between the participants' ISLES and SMILES scores and their socio-demographical show a negative correlation between the parent's age and their ISLES scores with the parent's age (r = -.15 p=.039).

There were also differences (t(192)= -1.92, p=.05) based on the parent's suspicion that the child was not heterosexual before they came out on the SMILES Social Invalidation Factor score. Those parents who did not suspect their children to be a part of the LGBTQIA+ community (M = 2.56 DS = 1.12) score higher than those who had already expected it (M = 2.26, SD = 0.97).

The analysis shows a significant positive correlation (rho = .20, p = .009) between the ISLES scores of the participants and a left-wing political orientation. This result was corroborated by the results of non-parametric tests such as the Mann-Whitney U-test and the Wilcoxon W-test.

Differences in ISLES scores presented themselves when considering the variable of having members of the LGTBQ community on ISLES close to the family. Those who answered "Yes", confirming that they have access to someone close who belongs to the LGBTQIA+ community, are higher (RM = 110.06) than those who answered "No" instead (RM = 87.08), denoting they have no one close in a similar situation to their children. These results were corroborated by the results of non-parametric tests such as the Mann-Whitney U-test and the Wilcoxon W-test.

When considering the gender of the participants' children variable, a significant correlation with ISLES emerges only with the Kruskal-Wallis test (Chi-square=10.13 df=4 p=.038). Particularly, post-hoc analysis has shown that those who identify as "trans-woman" have a midrank (RM=65.00), and, therefore, a score that is significantly (p<.05) lower than those who identify with "man" (RM=95.77) and with "woman" (RM=104.86). Individuals with children identifying as "non-binary" have a middle rank (RM=116.86) and, therefore, a score that is significantly (p<.05) higher than those who identify with "trans woman" and "trans man" (RM=78.63).

Differences (F(4,186) = 3.81, p= .005) in the SMILES Social Invalidation Factor score include ones based on the child's gender identity. Those who declared their children's gender identity as "Trans Woman" (M = 3.38, SD = 0.96) have higher scores than both those who declared it to be "Woman" (M = 2.26, DS = 0.99) and of those who declared

their children to identify as "Man" (M = 2.35 DS = 1.00). These results were corroborated by non-parametric tests such as the Mann-Whitney U-test and the Wilcoxon W-test. The results of these tests show that those whose children came out as identifying their gender identity as being a "Trans Woman" (RM = 144.07) have an average score higher than all other categories, "Woman" (RM = 88.43), "Man" (RM = 93.05); "Non-Binary" (RM = 93.07) and "Trans Man" (RM = 96.76).

3.7.4 Correlations between ISLES, SMILES & TAS-20

A strong positive correlation emerges between the SMILES Social Invalidation score and the TAS-20 score (Pearson's r with values between 0.54 and 0.66; Spearman's rho with values between 0.42 and 0.56). There is also a moderate negative correlation between the SMILES Social Validation score and the TAS-20 score (Pearson's r with values between -.33 and -.45; Spearman's rho with values between -0.27 and -0.40). Another moderate negative correlation emerges between the ISLES and TAS-20 scores (Pearson's r with values between -0.09 and -0.20; Spearman's rho with values between -0.25 and -0.33).

	TAS-20	TAS-20 F1	TAS-20 F2	TAS-20 F3
ISLES	-0,16*	-0,140	-0,20**	-0,09
SMILES Social Invalidation	0,66**	0,63**	0,61**	0,54**
SMILES Social Validation	-0,43**	-0,34**	-0,38**	-0,45**

Table 17 Correlations between ISLES, SMILES & TAS-20

	TAS-20 Tot	TAS-20 F1	TAS-20 F2	TAS-20 F3
ISLES	-,33**	-,30**	-,29**	-,25**
SMILES Social Invalidation	,55**	,51**	,56**	,40**
SMILES Social Validation	-,37**	-,27**	-,35**	-,40**

Table 18 Spearman's Rho between ISLES, SMILES & TAS-20

3.7.5 Correlations between ISLES, SMILES & GRBS

The results are rather uneven when investigating the possible correlations between the ISLES, SMILES, and GRBS. A moderate positive correlation emerges between the ISLES and GRBS scores (r = .40; rho = .28). Differently, no significant correlation between the SMILES and GRBS scores result from the statistical analyses.

	Gender Role Beliefs Scale
ISLES	,41**
SMILES Social Invalidation	-0,07
SMILES Social Validation	0,07

Table 19 Correlations between ISLES, SMILES & GRBS

	Gender Role Beliefs Scale
ISLES	,28**
SMILES Social Invalidation	-,12
SMILES Social Validation	,05

Table 20 Spearman's Rho ISLES, SMILES & GRBS

3.7.6 Confirmatory Factor Analysis Results of the Short-GRBS translation

The Chi-Square value is 56.09. Its comparison with the model's degrees of freedom ($\chi2/df$ = 1.602, p = 0.013) shows a good fit.

The RMSEA value is 0.056; therefore, it can be considered good.

The SRMR value is 0.081. Thus, it is still considered acceptable even if it is lower than optimal.

The CFI and TLI are relative indices, and their value is included between 0 and 1. In this case, these indices are higher than said values (CFI= 0.987 and TLI= 0.983) and, thus, they can be considered a good fit.

Considering these results, the confirmatory analyses show the translation used in this study to be a good adaptation of the model, as the indices fit in the ranges established in the literature (Schermelleh-Engel et al., 2003).

The results of this study show that the two-factors model is not significantly better than the alternative version. Considering the aims of this study, the one-factor model was selected to be used in this research, as the GRBS has been chosen to investigate whether beliefs about gender roles affect how parents react to their children coming out and not to study the parent's worldview in this matter.

CFA	Two-factor Model	One-factor Model	Acceptable Fit	Good Fit
χ^2/df	1.321	1.602	< 3	< 2
RMSEA	0.041	0.056	< 0.8	< 0.05
SRMR	0.073	0.081	< 0.10	< 0.05
CFI	0.993	0.987	> 0.95	> 0.97
TLI	0.991	0.983	> 0.95	> 0.97

Table 21 CFA results and comparison of the two models

3.7.7 Mediation Models

When investigating the dynamics underling the considered variables, two different mediation models emerged.

- Dependent variable (Y) = ISLES; Indipendent Variable (X) = GRBS; Mediator (M) = TAS-20.

The indirect effect detected from GRBS on ISLES, through TAS-20, never results significant, although the two direct effects that make up the indirect effect (GRBS→ TAS-20 and TAS→ISLES) are both significant with one of the factors composing TAS-20 (TAS_F2). In particular, the data seem to indicate that those expressing a

greater inclination towards gender equality, those who score higher on the GRBS, have less difficulty describing emotions (B = -0.068, p = 0.044). Consequentially, those who have a less challenging time describing emotions seem to have greater integration of the stressful event of their son's coming-out (B = -0.41 p = .030).
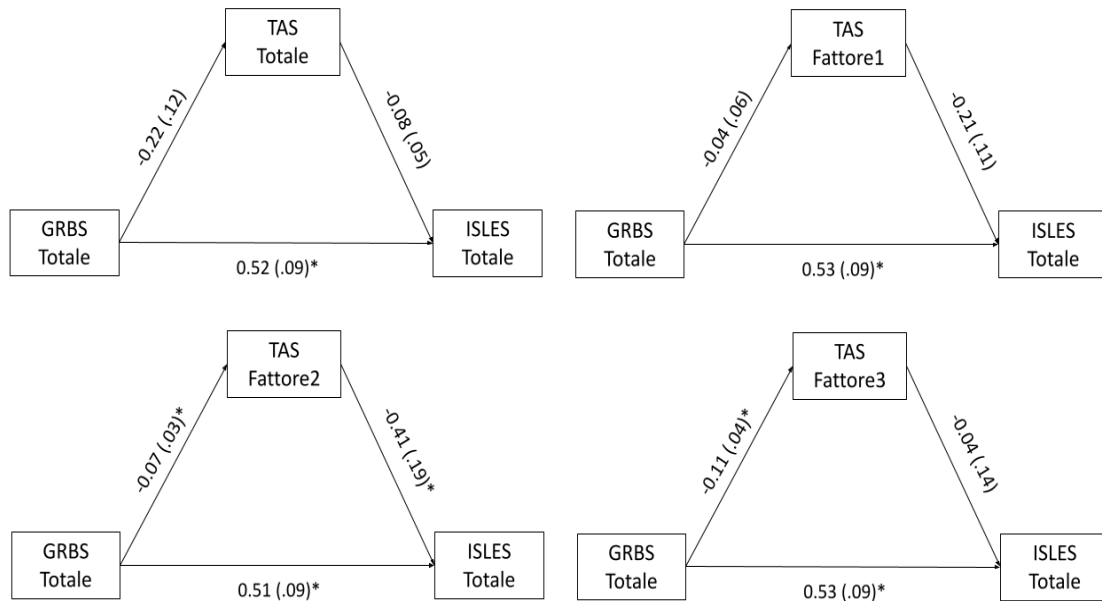

Figure 3. Mediation Models: GRBS→ TAS-20→ ISLES

- Dependent variable (Y) = SMILES; Indipendent variable (X) = GRBS; Mediator (M) = TAS-20.

The indirect effect detected from GRBS on SMILES (considering both factors: Social Validation and Social Invalidation) through TAS is significant for TAS_F2 and TAS_F3. In particular, those who expressed a greater interest towards gender equality show less difficulty in describing emotions and lower levers of outward-oriented thinking (respectively, B = -0.068 p = .044 and B = -0.115 p =0 .010). Those who are

more easily able to describe their emotions and show lower levels of outward-oriented thinking score higher in social validation (respectively, B = -0.074 p < .001 and B = -0.067 p < 0.001) and lower in social invalidation (respectively B = 0.145, p < .001 and B = 0.097, p < 0.001). Resultingly, the indirect effect of GRBS is positive for the Social Validation factor and negative for the Social Invalidation factor of SMILE.
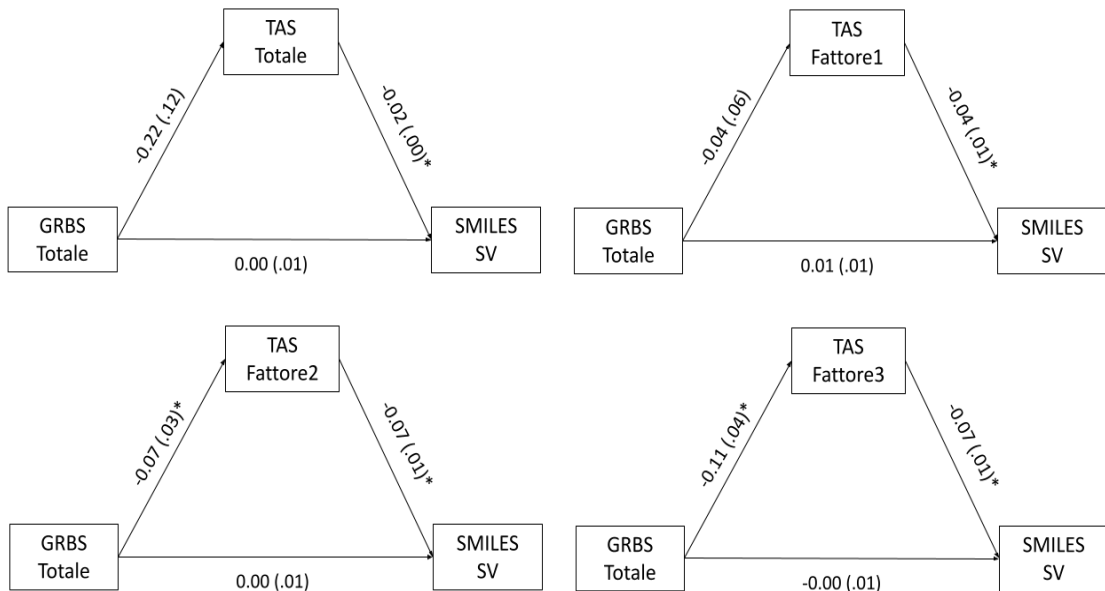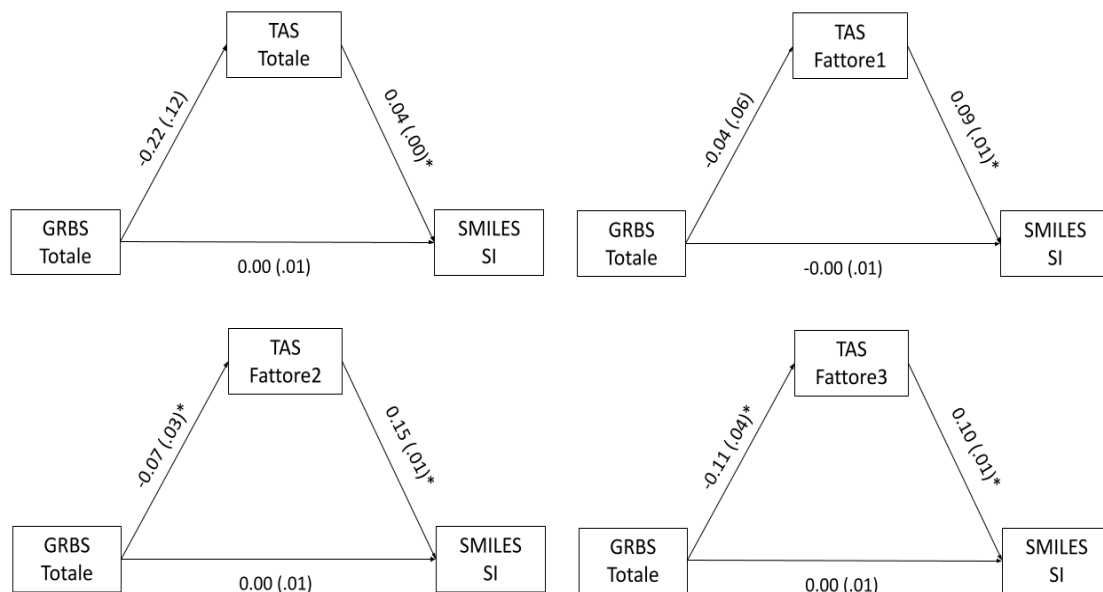

Figure 4. Mediation Models: GRBS→ TAS-20→ SMILES SV

Figure 5. Mediation Models: GRBS→ TAS-20→ SMILES SI

Mediation Model TAS-20									
	ISLES			SMILES SV			SMILES SI		
	B	SE	p-value; 95%IC	B	SE	p-value; 95%IC	B	SE	p-value; 95%IC
GRBS → Outcome	.5211	.0888	<.001*	.0018	.0061	.763	.0018	.0061	.770
GRBS → TAS-20 Tot	-.2207	.1201	.068	-.2207	.1201	.068	-.2207	.1201	.068
TAS-20 → Outcome	-.0829	.0529	.119	-.0236	.0036	.001*	.0437	.0036	.001*
GRBS → TAS-20 → Outcome	.0183	.0192	[-.0061, .0686]	.0052	.003	[-.0004, .0114]	-.0096	.0052	[-.0205, .0000]

Mediation Model TAS-20 Factor 1

	ISLES			SMILES SV			SMILES SI		
	B	SE	p-value; 95%IC	B	SE	p-value; 95%IC	B	SE	p-value; 95%IC
GRBS → Outcome	.5314	.0880	<.001*	.0055	.0063	.384	.0045	.0062	.474
GRBS → TAS F1	-.0381	.0559	.496	-.0381	.0559	.496	-.0381	.0559	.496
TAS F1 → Outcome	-.2087	.1135	.067	-.0402	.0081	<.001*	.0889	.0081	<.001*
GRBS → TAS F1 → Outcome	.0079	.0163	[-.0174, .0483]	.0015	.0025	[-.0003, .0070]	-.0034	.0055	[-.0144, .0072]

Mediation Model TAS-20 Factor 2

	ISLES			SMILES SV			SMILES SI		
	B	SE	p-value; 95%IC	B	SE	p-value; 95%IC	B	SE	p-value; 95%IC
GRBS → Outcome	.5113	.0885	<.001*	.0021	.0063	.744	.002	.0064	.759
GRBS → TAS F2	.0677	.0334	.044*	.0677	.0334	.044*	-.0677	.0334	.044*
TAS F2 → Outcome	-.4142	.1892	.030*	-.0737	.0134	<.001*	.1454	.0137	<.001*
GRBS → TAS F2 → Outcome	.0280	.0212	[-.0014, .0807]	.005	.0028	[-.0002, .0110]*	-.0098	.0048	[-.0195, .-0005]*

Mediation Model TAS-20 Factor 3									
	ISLES			SMILES SV			SMILES SI		
	B	SE	p-value; 95%IC	B	SE	p-value; 95%IC	B	SE	p-value; 95%IC
GRBS → Outcome	.5346	.0902	<.001*	-.0007	.0061	.908	.0033	.0068	.629
GRBS → TAS F3	.1149	.0442	.010*	-.1149	.0442	.010*	-.1149	.0402	.010*
TAS F3 → Outcome	-.0416	.1447	.774	-.0674	.0098	<.001*	.0973	.0110	<.001*
GRBS → TAS F3 → Outcome	.0048	.0194	[-.0061, .0686]	.0077	.0029	[-.0024, .0138]*	-.0112	.0041	[-.0196, -.0033]*

Table 7. Mediation Values

CHAPTER IV

4.1 Discussion

The current research represents a pilot study on parental experiences following a child's disclosure of their sexual and gender identity minority status through quantitative research methods. Quantitative methodology results show that parents whose children came out in the previous three years undergo similar experiences of stressful events integration and social meaning-making compared to bereaved individuals who lost someone in the previous two years. Secondly, results also show how these experiences correlate with socio-demographic and personal psychological characteristics such as age, political orientation, gender identity of the child, alexithymia levels and adherence to a traditional belief system about gender roles and stereotypes, among others. Psychometric analysis also shows the dynamics of how alexithymia levels and beliefs about gender roles and stereotypes interact with each other and may affect parental integration and social meaning-making processes. In addition, in order to quantify the adherence to a traditional belief system about gender roles and stereotypes reliably, confirmatory factor analysis was run on an Italian translation of the Gender Roles Beliefs Scale (Short Version), and its results prove its acceptability.

The results of this study detail how parents of LGBTQIA+ children labor to achieve integration of these new experiences into their personal life narratives similarly to those who grieve a recent loss. The lack of significant differences may indicate that a child's disclosure of sexual orientation or gender identity minority status further represents a

stressful life event, not unlike the death of someone dear. Furthermore, when considering participants who experienced disclosure less recently, the data show that integration and social meaning-making efforts seem to bear fruit over time, allowing them to achieve greater well-being. This is in line with scientific psychological literature that theorizes that parents slowly integrate and make sense of this stressful experience and perceived loss as they grow past the negative feelings associated with it. (Savin-Williams, 2001; Phillips & Ancis, 2008; Goodrich, 2009; Broad, 2011; Trusell, 2017; Carbone et al., 2022). Therefore, considering the results of this investigation, it could be hypothesized that the aftermaths of both the disclosure event and the loss of a dear person follow similar patterns and dynamics.

The time aspect may be inferred by comparing the entire sample group to those who only had their children come out in the previous three years, as it may illustrate the progression over time of the integration and acceptance of this stressful event. Interestingly, the social validation factor for social meaning-making appears to follow the expected pattern of improvement over time. The fact that the social invalidation perceived by parents does not appear to decrease with time, demonstrated by the fact that after many years participants still score similarly to the bereaved sample, may be due to the stigma still surrounding the LGBTQIA+ community. It may be that socially widespread homonegativity and transnegativity, both internalized and made apparent, are the cause of the continuing sense of invalidation parents perceive even many years later (Major & O'Brien, 2005; Broad, 2011; Norton & Herek, 2013; Puckett et al., 2015; Arayasirikul et al., 2022).

Several interesting results emerged regarding the correlation between the socio-demographic characteristics of each participant and how successful they are in their

integration and social meaning-making processes. The age of the participants correlated with consistently lower scores on tests meant to quantify this progress. Such a result may show that older parents find it more challenging to integrate, accept and make meaning of the disclosure of their children's minority status. The notion that older cohorts are more likely to hold stronger homonegative and transnegative opinions, attitudes, beliefs, and stereotypes could explain such findings and indicate that it would be wise to consider older parents as more at risk for struggling to come to terms with their children coming out (Landén and Innala, 2000; King et al., 2009; Norton & Herek, 2013).

Parents who did not suspect that their child belonged to the LGBTQIA+ community seem to experience higher social invalidation levels than those who already knew or even just suspected the truth before their children's active disclosure. On the basis of these data, it could be theorized that, even if only based on suspicion, this knowledge may have allowed parents to begin the integration and meaning-making process beforehand or even gather the social and personal resources needed to facilitate the acceptance of this event.

Political orientation seems to significantly affect the integration of this stressful event achieved by parents. This may be because politically left-leaning individuals are more likely express concern with topics related to social justice and equal rights (Sakalli-Uğurlu et al., 2019). In fact, homonegativity and transnegativity have long been shown to correlate negatively with being politically left-leaning (Sakalli-Uğurlu et al., 2019). Not needing to overcome strong negative beliefs about the LGBTQIA+ community may cause the increased ease of integration of this stressful event. Therefore, these results could suggest that assistance in overcoming such beliefs may represent a possible avenue of investigation for devising new methods of supporting parents in their integration and acceptance journeys.

Similarly, having an LGBTQIA+ individual close to the family seems to correlate with parents having better integration of the disclosure event than those who do not. A possible reason for this difference, suggested by the results of this study, may be twofold. Parents who are friends with LGBTQIA+ people should be less likely to hold strong homonegative and transnegative opinions. Moreover, these parents have at least some positive representation and information on what their child's life could be like, as well as someone they can talk to and guide them who is familiar and intimate with similar situations. Previous studies corroborate such an explanation showing the importance of dialogue and information when integrating being a parent to an LGBTQIA+ child into one's old identity (Phillips & Ancis, 2008; Broad, 2011).

The results of the current research indicate that a child's gender identity appears to significantly affect both their parents' integration process and the invalidation perceived in the social meaning-making journey. The reason parents seem to struggle most when having to accept a transfeminine child may find its roots in the fact that transwomen are often the most discriminated group due to the intersection of transnegative and misogynistic attitudes that are widespread in patriarchal societies (Arayasirikul et al., 2022).

The current study also shows that alexithymia affects the integration and meaning-making process that follows the disclosure of a child's minority status. People with higher alexithymia levels tend to perceive much stronger Social Invalidation, slightly weaker Social Validation, and struggle with integrating the stressful event more than people with lower scores. Arguably, fewer intrapersonal resources to handle, understand and act upon one's feelings coherently may cause an individual to find it more challenging to complete

the integration and meaning-making process following a stressful event (Sifneos, 1973; Taylor, 1997; Goelrich, 2018).

Relevant results emerged when comparing the participants' adhesion to traditional patriarchal gender stereotypes and belief systems with their integration and meaning-making process. The fact that homonegative and transnegative attitudes are often related to traditional sexist beliefs about gender role differences (Sakallı-Uğurlu et al., 2019) may explain this link. Interestingly, no correlation appeared when considering how attitudes towards gender role affect social meaning-making. Considering the results of this research, it could be theorized that beliefs about gender roles may not necessarily impact one's social support system to such an extent to affect the validation or invalidation they receive from the people around them.

Regarding the Italian translation of the results of the GRBS scale, the confirmatory factor analysis confirmed the acceptability of its use in Italy. The Chi-Square, RMSEA, SRMR, CFI, and TLI indices all scored values indicating a good fit for both the one-factor and two-factor models. The original two-factor model proved to be only slightly better than the single-factor model. However, due to the lack of significant difference, the one-factor model was selected to be used in the data analysis being more appropriate for the needs of the current research because of its simplicity.

Further investigation the effect that factors such as alexithymia and adherence to traditional gender role belief systems may have on the integration process and the social aspects of meaning-making required the use of mediation models. Firstly, data analysis focused on a possible indirect effect that adherence to traditional gender role belief systems may have on the integration of this particular stressful event or the social aspects

of meaning-making, with alexithymia levels acting as a mediation. This model was theorized in the current research with the purpose of verifying whether lower intrapersonal and interpersonal resources for managing one's feelings may affect how individuals balance their traditional beliefs with the emotional and intellectual work necessary to achieve healthy integration and acceptance. From the analysis results, no significant indirect effect emerged between parental adherence to traditional gender role belief systems and how they integrated the disclosure event.

The mediation model concerned with how the social validation and invalidation affect the meaning-making process found a significant indirect effect from adherence to traditional gender role belief systems through alexithymia levels. Indeed, considering the results, it seems that parents strongly believing in gender equality tend to report higher levels of Social Validation and lower levels of Social Invalidation. Furthermore, the social meaning-making process results and the belief about gender roles significantly correlate with two components of alexithymia. These results suggest that people who describe their feelings more easily and have lower levels of outward-oriented thinking on average express more interest in gender equality and are more successful in the social aspects of meaning-making. The results of both models may prove helpful in assessing the root cause of a parental struggle, as they may help identify more easily possible obstacles to the integration and acceptance of the event and what is best to fix it.

CHAPTER V

5.1. Conclusion

This research aims to explore the experience of parents whose children disclosed to them their sexual orientation or gender identity minority status. Commonly referred to as "coming out", such disclosure represents a noteworthy event in the life of LGBTQIA+ individuals that plays a significant role in their lives. Little scientific literature has studied how the outcome of a child's coming out may affect their parents.

The primary purpose of this study was to assess whether it was possible to corroborate the findings of previous studies reporting on the experience of parents of LGBTQIA+ children that used qualitative methods and techniques. Through the use of quantitative methodology, this work investigated the claims of several researchers that parents of LGBTQIA+ children experience feelings of confusion, loss, and grief when they come out that are comparable to those following the death of someone close. By asking participants to complete an online questionnaire, the experiment explored psychological dimensions such as the integration of a stressful event and the social aspects of meaning-making, comparing them with the original bereaved sample. Results showed that parents whose children came out recently show similar levels of integration and meaning-making to those of bereaved individuals. In light of such results, it may be that a child disclosing

their sexual orientation and gender identity minority status may represent a stressful and destabilizing event, not entirely dissimilar to the loss of a dear person.

Since the secondary purpose of this study involved exploring what could affect these experiences, the questionnaire also contained questions to gather information about each participant's psychological, personal, and socio-demographical characteristics. The results also showed that personal and socio-demographic characteristics such as age, political views, already knowing someone belonging to the LGBTQIA+ community, and the gender identity of the child may affect the parental experience of integration and meaning-making. Moreover, the current research examined a possible relationship between the participants' alexithymia levels and the degree to which they believe in the traditional gender role stereotypes. According to the results, high alexithymic traits correlate with lower levels of integration of a stressful event and successful social meaning-making. Stronger belief in traditional gender roles, on the other hand, correlates only with lower levels of successful meaning-making, while not significantly affecting the integration process. Furthermore, from the data analysis results, mediation models emerged describing how gender role beliefs may affect the integration process and social meaning-making, with alexithymia playing the role of mediator.

Additionally, the study used an Italian translation of the Gender Role Belief Scale, which appropriateness and validity were confirmed by the results of the Confirmatory Factor Analysis.

5.2 Limitations and Future Research

In order to use a quantitative methodology to demonstrably corroborate findings obtained through qualitative research, this study needed to have a large participant sample (Gerring, 2017; Gilad, 2021). However, the distinct stigma still present in Italian culture surrounding both the LGBTQIA+ community and issues related to psychology and mental health (Munizza et al., 2013; Rosati et al., 2020), finding a large number of participants has proven to be highly challenging.

Due to these difficulties, the participant sample in this experiment could not be made genuinely representative of the Italian population. For instance, more participants reported holding left-leaning political ideals than would be accurate to represent a normally distributed Italian sample. Moreover, the number of mothers that completed the questionnaire is far higher than that of fathers.

As mentioned above, the fact that a child's minority status may be a sensitive subject, the still common homonegative and transnegative attitudes in Italy, and that negative parental responses are not rare following the disclosure are all factors that must be considered when analyzing the difficulties in this study. It stands to reason that those parents who struggle to accept their LGBTQIA+ child the most were far less likely to participate in the experiment. Involuntarily excluding parents with the most difficulties may have influenced the results and caused them to portray a better and healthier situation than what is accurate. Exacerbating this issue, it must be acknowledged that many participants are parents of LGBTQIA+ individuals who actively engage in socially conscious activism and therefore are likely to be better informed than the average Italian person.

Although the findings of this study have already shown the difficulties experienced by parents following the disclosure, there may be further and more severe facets of their

situation needing additional exploration. Indeed, if these findings emerged with a non-completely random sample, further research with a more representative sample may show results even more pronounced. Further research may investigate whether techniques used to help bereaved individuals cope and come to terms with their grief may benefit the integration and social meaning-making process following a child coming out. Future research could also examine whether managing and lowering the perceived social invalidation by showing inclusive and positive representation of LGBTQIA+ individuals and allies may assist in making sense of the event.

If wanting to examine further the association between ideological views and how parents are affected by their children coming out, researchers could focus on examining whether assistance in overcoming such beliefs may represent a possible avenue of investigation in devising new methods for supporting parents in their integration and acceptance journeys. For example, future projects could examine whether dedicated support for working through transnegative and misogynistic attitudes may be the best option to help parents of transwomen achieve healthy levels of integration, social meaning-making, and acceptance. Similarly, to expand on the relationship between alexithymia and how parents react to their children's disclosure, future researchers could test whether encouraging struggling individuals to develop such emotional skills may be crucial to helping them come to terms with their new reality.

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