Biographical Work of Parents of Children with Non-Normative Sexual Orientation and/or Gender Identity

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DOI: https://doi.org/10.18778/1733-8077.20.1.04

Abstract: This paper aims to reconstruct the biographical work (Corbin and Strauss) undertaken by parents of non-normative people. The initiating event of biographical work is the disclosure of a non-normative sexual orientation and/or gender identity by the child. For many parents, this is an event that causes a breakdown of previous schemes of action, a gradual loss of control, and suffering. The empirical data consist of autobiographical narratives of parents of people with non-normative sexual orientation and/or gender identity. The study involved mothers and fathers residing throughout Poland, who were selected according to the snowball procedure. The data were collected through the narrative interview technique and compiled according to the analytical procedure proposed by Fritz Schütze, which is part of the interpretative research paradigm. In the course of four parallel biographical processes (contextualizing, coming to terms, reconstituting identity, and recasting biography), the new experience is integrated into the biography, its consequences are understood and accepted, a coherent identity is reconstituted and a new course for one’s life are charted. The analysis of the narrators’ biographical work has made it possible to identify three categories that organize the course of the parents’ lives and identities—stigma, normalization, and activism.

Keywords: Biographical Work; Narrative Interview; Sexual Orientation; Gender Identity; Coming Out; LGBTQIA; Parents of Non-Normative Children

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Coming out as a person with a non-normative sexual orientation and/or gender identity is an important part of one’s identity development, an affirmation of self-identification in the personal and public sphere. It requires acknowledging one’s membership in the LGBTQIA community, as well as disclosing that to others (Cohen and Savin-Williams 1996). It can be described, among other things, as a model consisting of successive stages (self-awareness, self-labeling, self-disclosure, stabilization of identity, and active involvement in the community) (Coleman 1981/1982) or a process conditioned by one’s subjectivity, interactions, and socio-historical context (D’Augelli 1994). Coming out becomes, for non-normative people, a career, a transformative, ongoing process (Guittar 2013). It is not a one-off event, as it is repeated over a lifetime concerning subsequent individuals (Rhoads 1994). Due to the need for recognition and affirmation of identity, the coming out process is hindered by homonegating processes present in discourses (Russell and Bohan 2006), which result in, among others, fear of rejection (Cohen and Savin-Williams 1996).

Due to the roles parents play in their children’s lives, coming out to them is particularly difficult. Children delay disclosing their non-normative sexual orientation and/or gender identity for fear of hurting or disappointing their parents (Cramer and Roach 1988), weakening bonds, rejection (Hersch 1991), or violence (Savin-Williams 1989). In the first instance, they choose people who are considered open and accepting, usually friends or siblings (Rotheram-Borus and Langabeer 2001). These fears are not unfounded, as parents’ first reactions to coming out are often negative (Robinson, Walters, and Skeen 1989; Savin-Williams and Ream 2003) and accompanied by strong emotions. Shock is indicated above all, but also panic, sadness, shame, guilt, or fear for the child’s safety (Ben-Ari 1995; LaSala 2000). In contrast, reactions indicative of unconditional acceptance and support are less frequent (Savin-Williams and Dubé 1998; D’Augelli 2005).

Negative attitudes and emotions of parents may result from the normative references they adopt that are characteristic of the heteronormative culture resulting homo/transphobia. The concept of heteronormativity makes it possible to analyze the categories of gender and sexuality in relation to power and oppression. Depending on the theoretical basis, it emphasizes oppression against homosexuals (Foucault 1978), hegemonic masculinity or idealized femininity (Butler 1990), or the discrepancy between biological sex and gender performance (Rubin 1984) (Marchia and Sommer 2019). Heteronormativity frames the deemed natural differences between men and women, their respective gender roles, and socially accepted sexual identities, relationships, and behaviors. It legitimizes the claim to conform to a socially accepted norm (Habarth 2015), as well as justifies prejudice or discrimination against people with a non-normative psychosexual orientation (homophobia) or gender identity (transphobia). At the core of transphobia is an essentialist understanding of gender as a biologically determined category, assigned to the individual and immutable (Lombardi 2009). Analysis of the phenomenon of homophobia indicates that it is based on three pillars—sexual stigma (socially shared knowledge of the negative valuing of non-normative identities, non-heterosexual relationships, behaviors, or communities), heterosexism (a cultural ideology embedded in the structure of society and power relations that perpetuates sexual stigma), and sexual prejudice (people’s internalized...
negative attitudes toward otherness) (Herek 2004). Studies of homophobia and transphobia indicate that these attitudes correlate, among others, with right-wing authoritarianism, religious fundamentalism, and hostile sexism (Nagoshi et al. 2008).

The disclosure of a non-normative sexual orientation and/or gender identity by the child results in the parents being forced to confront their worldview, stereotypes, knowledge, and fears. It is possible to identify some factors significant to this process and analyze them in the context of the individual, the dyad (parent-child relationship), and the family (Heatherington and Lavner 2008). From an individual perspective, the parent’s gender (Ben-Ari 1995; D’Augelli, Hershberger, and Pilkington 1998), race and ethnicity (Merighi and Grimes 2000), religion (Newman and Muzzonigro 1993), place of residence, and child’s characteristics, for example, their status in the family or the age at which they came out (Savin-Williams and Dubé 1998), as well as previous suspicions about their non-normativity, may be relevant to the parent’s reaction. From the perspective of the parent-child dyad, the quality of the relationship (Savin-Williams and Ream 2003), attachment (Holtzen, Kenny, and Mahalik 1995), and individuation (Floyd et al. 1999) become salient. Concerning the family system, family cohesion/closeness/support (Waldner and Magruder 1999) and global family climate (Darby-Mullins and Murdock 2007) are important.

The process of parents coming to terms with coming out and their child’s non-normative sexual orientation and/or identity is often described using a linear model of grief (Kübler-Ross 1969). As part of the therapeutic process, parents move through stages—from experiencing emotional shock through denial, anger, bargaining, and depression to acceptance (Robinson, Walters, and Skeen 1989; Strommen 1989; Saltzburg 2004). In the course of working through a difficult experience, parents engage in reflection on the stigma attached to otherness, search for blame, confront heterosexist perceptions and expectations of the child, and confront anxieties about the child’s safety and possible loss ( Bernstein 1990; Saltzburg 2004). A different perspective is provided by narrative therapy, which aims to deconstruct the dominant narrative underpinned by homophobia and heterosexism and then co-create new meanings that build an alternative story. It allows the discovery of storylines concerning sadness and loss, aloneness and marginalization, doubt, and fears of estrangement in the parents’ stories (Saltzburg 2007). Interpretive work can also be associated with destigmatizing stigma, which requires challenging heteronormative conceptions of normality, conventional understandings of gender, gender roles, sexuality, and family, denial of stereotypes, and normalizing actions (Fields 2001). The concept of moral career allows us to look at the identity of parents and the actions they take, arising from the imperative to love and support the child. It reconstructs the process of change that results in heterosexual parents, functioning in traditional families, engaging in public advocacy for the LGBTQIA community, and becoming “radical normals” (Johnson and Best 2012). The basis of a parent’s reconstructed identity may be the image of a proud, heterosexual activist. Before that, however, they undertake identity work that begins with the child’s unexpected coming out. Mother/father becomes aware of their ignorance about non-normativity and the consequences of homophobia and, therefore, seek knowledge, support, and allies among people in a similar situation (Broad 2002). However, parents do not always achieve the degree of acceptance of the new situation that enables their coming out. Consequently, they may re-
main in the “transparent closet,” creating rules of silence about their child’s sexuality and/or identity because they are unable to come to terms with the consequences for themselves and their family. They may also enter the “family closet” and hide their child's non-normativity from those outside their narrow circle (Švab and Kuhar 2014). When analyzing parents’ reactions to coming out, it is also worth taking into account the social, cultural, or historical contexts, which allow us to note the cultural tools and coping strategies available to parents (Martin et al. 2010).

An analysis of the literature indicates that coming out of their children, interpreted in the context of dominant narratives, is a difficult life experience for many parents, associated with unforeseen change, disorientation, disorganization, loss of control, breakdown of current schemes of action, and suffering. These characteristics make it possible to consider it a trajectory experience (Schütze 2006) that affects the course of their biography and identity. The disclosure of a non-normative sexual orientation and/or gender identity by a child requires a cognitive and emotional effort of the parent to accept the sudden change and its consequences, to adapt to the new conditions, to control the situation, and to reconstruct their biography. These activities are part of the concept of biographical work, which consists of four parallel biographical processes—contextualizing, coming to terms, reconstituting identity, and recasting biography (Corbin and Strauss 1985; 1988). Contextualizing involves integrating a new experience into one’s biography, establishing the extent of change and constraints, and anticipating the potential course of the trajectory. Coming to terms is related to understanding and a specific level of acceptance of the conditions and biographical consequences of change. Reconstituting identity is about reconstructing it into a conceptual whole, taking into account constraints on action or reorientation of values. Recasting a biography is about giving biography new directions (Corbin and Strauss 1988).

The concept of biographical work, consistent with the ontological and epistemological assumptions made, will provide an interpretative framework for the empirical data.

The Current Study

This paper aims to reconstruct the biographical work undertaken by parents of non-normative children. From a biographical perspective, identity presupposes a person’s continuity in time and space, a sense of reflexive biographical permanence (Giddens 1991). The autobiographical narrative that constitutes identity can become disintegrated under the influence of new experiences (Rosner 2003), and it is then necessary to reconfigure and reinterpret them in line with different interpretative assumptions (Horsdal 2004). Reconstructed, under the influence of a new experience (e.g., a child's coming out), the personal narrative allows the biographical work of the narrator to be captured.

The data used in this paper come from thirty-two autobiographical narratives of parents of non-normative people. The research sample was selected according to the snowball procedure while taking into account the minimum and maximum contrast strategy derived from theoretical sampling (Glaser and Strauss 1967). The interviewees were initially recruited from organizations for parents of non-normative people in different parts of Poland, but it was then possible to reach narrators not affiliated with these institutions through the first informants. Due to the location of the headquarters of the parents’ organizations, initially, the interviews were con-
ducted in large cities, but, over time, the research area was determined by the places of residence of subsequent narrators, which made it possible to also include the perspective of residents of small towns and villages. Twenty-seven mothers and five fathers of adolescent or adult children representing a spectrum of non-normative orientations and/or gender identities participated in the study. Parents differed in age, education, occupation, marital status, family structure, place of residence, time since coming out of their children, or involvement in activism.

The research focusing on the biographical experiences of parents of LGBTQIA people was set in an interpretative paradigm, with symbolic interactionism (Blumer 1954) as the theoretical basis. Empirical data were collected through a narrative interview technique (Schütze 2008), which consisted of three main phases—spontaneous narration, clarifying (follow-up) questions, and theoretical questions (Hermanns 1987). Meetings with the informants took place at a time and place convenient for them, and the average interview length was about 2.5 hours. With the consent of the narrators, the interviews were audio-recorded and then carefully transcribed. At the same time, the data were anonymized. All the interviewees were informed about data processing and the study procedure, and they gave their consent to take part in the study. The study was positively assessed by the bioethical commission of the University of Lodz.

The application of Fritz Schütze’s integrated concept of the study of autobiographical narratives determined the further steps of the analytical procedure. The analysis of the collected empirical data included—analysis of the communicative schema, structural description of the narrative, analytic abstraction, comparative analysis, generating a theoretical model, and verification of the theoretical model (Schütze 2008). The distinction of communicative schema, the extraction of narrative units, and, based on these, process structures (biographical action schemes, institutional expectation patterns, trajectories of suffering, and biographical metamorphoses) made it possible to capture the narrators’ experiences of the described biographical fragments. The comparison of biographical models indicated a link between biographical processes and the narrators’ ways of dealing with their children's non-normativity. Confronted with new knowledge about their children (after coming out), they performed a cognitive and emotional reordering of their lives in the course of an autobiographical narrative. The fundamental aim of the analysis was to reconstruct the biographical work of parents of non-normative children in the context of four parallel biographical processes (contextualizing, coming to terms, reconstituting identity, and recasting biography).

Findings

Contextualizing

The event that triggered the biographical processes involved in the biographical work was the coming out of the child. In reconstructing the chain of events, the narrators point to this moment as a significant or even turning point for their biography. The planned or spontaneous disclosure of a non-normative sexual orientation and/or gender identity triggered different reactive behaviors from the parents. For the majority of them, coming out came as a complete surprise (only a few confirmed their previous suspicions in this regard) and, therefore, caused an intense experience with violent reactions. In some cases, the emotions were so strong
that the narrators were unable to reconstruct the event, and they spoke of a shock that took away the ability to speak and generated the question, “Why did this happen to me?” When describing their immediate behaviors after becoming aware of the child’s non-normativity, they indicated, among others, outbursts of crying, interrupting the conversation, leaving the room, and comments hurtful to the child (“Why are you doing this to me?”), or hugging the child and reassuring them of the constancy of their feelings. Less emotional reactions were limited to confirming acceptance of the new fact (“I understand”). The activities undertaken at that moment were related to the strength of the emotion felt (surprise, shock) and its sign (positive or negative emotions), but also to the awareness of the importance of the response to the child (“I knew that if I didn’t say anything right away, I would hurt her”). Reconstructing the moment of coming out in retrospect stimulated the narrators’ reflection on their behavior at the time. Some parents admitted that their behavior was homo/transphobic (“I cried, I shouted...I know I behaved badly, but at that moment it was the end of the world for me”), and they were unable to understand their reaction, or overly optimistic:

It was a moment of enthusiasm for me...something is happening with the identity, but we’ll get through it, whereas afterward it was worse, for a week, I was completely off balance.

Nor were their thoughts, emotions, and behaviors always consistent (“I knew I couldn’t hurt her, reject her, but everything was screaming inside me”).

Regardless of the initial reaction, the parents had to incorporate the new experience into their biography, but not everyone was ready to start this work:

I was in a serious condition. I seemingly functioned normally on a day-to-day basis, but I was overwhelmed by black despair. I don’t know why. I thought my heart was going to burst. After work, I just lay there and cried.

Some people only reconnected with their child after some time (“I was not able to talk to my child in person. It was only after a week that I called her”), and others pretended that the coming out had not happened (“I thought she would still change, think things over and change her mind”). The difficult experience generated suffering, disrupted the previous order, and took away control of one’s life. During the following days, weeks, or months, the narrators tried to cope with the change and its consequences.

Parents searched their memory for symptoms or situations that were indicative of their children’s non-normativity but, due to lack of knowledge, had previously been misunderstood or misinterpreted by them:

My son is very handsome. He always brought home girls. I didn’t want to believe him when he said they were just friends. I thought he was so successful.

They found signs in behavior, appearance, or conversations that made a different sense in a new context (“My child never walked around in dresses, didn’t want clothes from the women’s section, didn’t play with dolls, but that didn’t make me suspicious or worried”).

The narrators reflected on the source of the strong, especially negative feelings that accompanied them (“I have no idea why I reacted so badly, probably out of fear. I thought at the time that he wasn’t going to
have an easy life”). Based on previous experience and knowledge, they searched for the source of the child’s non-normativity, often referring to prejudices rooted in their worldview. Driven by a sense of guilt, they most often found the causes in themselves:

I have wondered many times, “Why did this happen to me? What did I do wrong?” Maybe I brought him up badly, or maybe it was because his father wasn’t at home all the time.

They also spoke of unfulfilled expectations resulting from an imagined vision of their children’s lives (“I was convinced she would have a normal life, fall in love, get married, have children”) or a sense of loss (“I had to come to terms with the fact that I would never be a grandma”).

The most common emotion described by parents was fear related to a sense of threat. They feared a lack of understanding from those closest to them or from extended family:

I told my husband that if he had a problem accepting our child, I would move away from him immediately and file for divorce.

My parents are very aged. They don’t know anything until now, and it will stay that way. They don’t need this knowledge and probably won’t understand anything anyway.

They saw potential causes in conflicting values, overtly demonstrated prejudices, or generational differences. They were also accompanied by fear of imagined social ostracism, both toward the child and the family as a whole (“I thought, what will people say, they will point fingers at us now”). Particularly in smaller communities, due to the nature of their functioning (“In our village, everyone knows everything about everyone else. It’s not good to stand out”), the narrators feared gossip, exclusion, or hostility from neighbors, but also physical attacks or property damage (“I was afraid that if it got out, they would set our house on fire”). Similar anxiety manifested itself in the workplace, generating tension, stress, and some difficulties in relationships with co-workers:

I know it was completely irrational, but I had the feeling that everyone already knew. I felt I had this information written on my forehead.

The fear was mainly related to the child’s safety in public spaces, especially in situations where non-normativity was noticeable or could provoke aggressive reactions:

Girls are allowed more. Their queerness is not stigmatized as much. I know it’s silly, but I thought it wasn’t so bad because she could be gay or trans, but I still shuddered every time she went out with a girl. I was afraid they would be attacked by the fact that they were holding hands.

Prejudice, physical and verbal attacks on non-normative people were analyzed in the context of the growing acceptance of this type of behavior in the public space, which was legitimized by the actions of right-wing politicians and representatives of the Catholic Church:

In this country, my child will not know peace. Every day, I hear in the media, from the mouths of high-ranking politicians, that I have a pervert at home who is not a human being but an ideology.

Well, where is the love of neighbor in the church if they can spread hatred from the pulpit?
The coming out of the child caused the narrators to reflect on their faith and religiosity ("I was very religious, but after what I found out about my child from the priest's mouth, I gave up going to church. I can pray anywhere"). Harmful stereotypes, hostility, or expressions of discrimination stopped being about a group of strangers and started being a real threat to their children:

There were comments under the articles and, of course, all hate poured out there. I couldn't accept that they were writing such awful things about people like my daughter. I knew it wasn't true. She is a smart and good person.

Harmful beliefs disseminated in the media or by people in the immediate surroundings started to be taken personally, aroused resentment and anger:

I started to be disturbed by the jokes of my colleagues at work about homosexual people. It hurt me when I listened to it, but I did not yet have enough courage in myself to stand up to them.

The child's disclosure of psychosexual orientation and/or gender identity generated the narrators' reflections on the concept of sex/gender (biological/cultural), as well as on romantic and sexual relationships:

I did not want to imagine my child's relationship...A child's sexuality is difficult even in a hetero relationship...It was easier for me when someone told me that it was necessary to focus attention on feelings and not physicality. My child loved another person.

Shifting the focus from the child's sexual behavior to their relationship with another person did not always bring relief. Parents feared, among others, potential loneliness or amorous disappointment and lack of understanding, acceptance, or rejection:

Visually, she already looks very good, but she has not undergone all the operations, and even the best-performed organ reconstructions will not ensure fertility. I am afraid that she will be alone all her life and will not find a person who accepts her.

The experience of the child's coming out was difficult for the narrators, giving rise to many, often negative emotions, disrupting feelings of constancy and security, causing loss of control and powerlessness. The lack of effective schemes of action did not solve the biographical problem, which affected the relationship with the child, but in the case of the informants, did not lead to a break in the bond. The parents were fighting an internal battle, as the prejudices ingrained in their worldview conflicted with their knowledge of and love for their children. Analyzing their actions and their consequences allowed the parents to imagine scenarios of probable events:

I knew that if I didn't act, his depression would drive him to a suicide attempt because he had already started to cut himself. I had to protect my child. I'd rather have a living son than a dead daughter.

Attempts to understand the situation revealed gaps in the narrators' knowledge of non-normative people, as well as the stereotypes and prejudices they internalized. Most were aware of the existence of a sexual minority ("I was only aware that there were lesbians and gays"), and a few had contact with representatives of the community ("I had a gay friend. He used to come to our house with his partner"), but, in general, their knowledge was limited:
I graduated from medical school, and even there, the subject was treated briefly. I knew the names and brief characteristics, but later found that my knowledge was outdated.

Consequently, they referred to familiar stereotypes, held certain beliefs about the characteristics inherent in non-normative people, and believed that behavior or dress betrayed psychosexual orientation.

Attempts to theoretically work through the experience, to understand and make sense of the situation triggered the need to seek reliable sources of information. A safe and anonymous knowledge resource was the Internet:

I started looking for information on websites. I wondered where it [homosexuality] came from and if it was my fault...I found out good and bad things. Actually, every evening, I was looking for something new. I thought I had already read everything, but I kept looking.

At the same time, some parents start to talk to their children about topics that bother them, treating them as experts:

I was stuck in such a stupor for a long time, but once my son came to me, I sat him down next to me and said, “I can't do this anymore, help me understand it all.”

Children who had been coming to terms with their non-normativity for a long time provided answers, shared materials from LGBTQIA support organizations and talked about meeting specialists or other parents. Meetings with people in a similar situation were preceded by a long reflection and required a public coming out by the parent:

My daughter told me about parents’ meetings. I had been gathering for several months to go there. When I entered the room, no one was there yet, so I thought I still had time to back out. As I was walking toward the door, the other lady came in, so I was already stupid to run away. I stayed, and it was a very good decision.

Talking to other parents was an important part of working through the experience. Finding similar experiences, sharing emotions, discussing difficulties, and looking for solutions provided comprehensive support and also increased the sense of agency.

Coming to Terms

Love for the child and alternative knowledge resources helped the parents to confront their previous way of thinking. Gradually, they reached an appropriate (for them) degree of acceptance of the biographical consequences of their children’s coming out. However, this did not always mean unconditional acceptance of the changed situation. Some returned to their routines and ignored the child’s non-normativity or introduced certain rules for the functioning of the family (e.g., omitting the non-normative child’s partner during meetings attended by the partners of the other children) or disclosure of information:

I immediately said that she could be whoever she wanted, but that she should keep these revelations to herself...I also didn’t want everyone in the neighborhood talking about us.

New experiences or actively acquired knowledge meant that the narrators’ messages and behaviors also changed over time (“I wouldn't do that today, but it happened. I didn’t ask my son if I could tell his
grandparents he is gay”), currently judged by them as homo/transphobic. The source of the feedback was often the children who stated that the parents’ reaction was hurtful to them:

My child tested me a bit because there were these conversations about same-sex marriages, and she asked what I thought and I said I had nothing against marriages, but, of course, I threw in total nonsense that I would probably think about adopting children. She then asked me what it takes for a child to be happy in a family...I hadn’t thought like that before, some patterns I threw around without thinking...I backed off and said I was talking crap.

In relation to new knowledge resources, they were, again, confronted with their expectations of the child (“Where is it written that in exchange for the room and board, she has to provide me with grandchildren? Preferably a boy and a girl. There is no such contract”), and they also found alternative ways of realizing their life plans (“If one day she wants to have children, nothing stands in the way and there are various possibilities, for example, in vitro”). Variation in terms of family structure was associated with vocabulary (“My daughter is planning to get married abroad, and I will have a córková [a feminine term for the daughter’s female spouse]”).

An important issue for accepting the biographical consequences of coming out was the parents’ realization of the irreversibility of the situation (“I waited for it to change. More years passed, and nothing changed, except that our relationship became worse”). Over time, coming out became an event that brought many changes, and they started to notice the positive ones as well. They also appreciated their children’s courage and trust in revealing their secret (“My child’s coming out is a compliment to me that she trusted me and opened up to me”). However, some were accompanied by a sense of guilt for not being the first to find out (“It turned out that his sister had known for a year already”) or only after a few years (“I am very sorry that I found out so late. I could have helped her earlier, and because I didn’t know anything, she was alone with it all”).

The turning point, but also a kind of resolution of the internal conflict, was the recognition that no matter what the circumstances, their child is still the same person (“Nothing has changed in my child. She is still very capable, helpful, has lots of friends, is liked, has her passions and dreams”). They concluded that non-normative sexual orientation and/or gender identity were only one of the many characteristics (although sometimes foregrounded) that characterized their child. In addition, there was a redefinition of the category of a norm concerning psychosexual orientation and/or gender identity. The narrators accepted a spectrum of diverse behaviors and attitudes while, at the same time, recognizing that queerness is not the result of a disorder or illness (“Such people were, are, and will be. It is not their choice or illness, they are simply that way”).

Acceptance of biographical change was linked to the disclosure of one’s identity (as a parent of a non-normative child). Sometimes these were strategically planned coming outs, other times, they occurred in response to a specific situation:

In the beginning, I was very emotional every time I had to tell someone that my child was different. I was afraid of what they would think of me, whether they would reject him or turn away from our whole family...To this day, I have spoken about it many times, and it is much easier for me. I’ve also come to the con-
clusion that I don’t have to explain myself to everyone, especially if it’s not an important person to me. Now, I tell strangers when I want them to think about the nonsense they repeat, but I don’t always have the strength to do it.

When deciding to disclose a non-normative psychosexual orientation and/or gender identity in a wider group (extended family, friends, co-workers, acquaintances, neighbors), the narrators reckoned with the possibility of breaking off the relationship (“What people say indirectly about my child is also a signal for me whether I should continue to maintain contact with them”). Sometimes, they were positively surprised by the reaction (“The grandfather just said he would have a granddaughter from now on”), but there were situations where further contact was hurtful to the child or them and required a strong reaction:

It is difficult to hide the changes that are taking place in my child. My mother-in-law is a great believer, and at every opportunity, I hear what a bad mother I am for supporting this madness, and my child gets a text message from her saying that divine punishment will befall her for all this. There is no point in further contact as nothing will change in this matter.

The lack of tolerance for hostile and discriminatory behavior toward non-normative people was also linked to a reflection on one’s religiosity and membership of religious groups. Many parents talked about giving up their participation in religious practices, while others planned to officially withdraw from the church community (“I started the apostasy procedure. I don’t want to be in a church that hates my child”). In exploring the issue of non-normativity, narrators made contact with parents with similar experiences, non-normative people, or their allies. Meetings through parents’ support groups or LGBTQIA advocacy organizations enabled new social relationships to be built (“My child’s coming out opened the door to the world of diversity for me. I gained a lot of acquaintances and friends”).

Reconstituting Identity and Recasting Biography

The coming out of a child changes the self-identification of the parent, as well as their perception and evaluation by others—concerning becoming the parent of a non-normative person. A sense of continuity is provided by the realization of the parental role and its constitutive elements, such as love for the child, providing care and protection, or comprehensive support (“I love you more than life, and after what you said [after coming out], I can only love you even more”). This also becomes a priority for many narrators and the axis of the activities undertaken, especially in situations where the child has symptoms of depression or self-mutilation. Caring for the child’s well-being requires overcoming one’s fears and numerous parental coming outs, initially in the private sphere, and later also in the public sphere. Counteracting stereotypes and prejudices, reacting to discrimination, taking advocacy action (e.g., on the school premises), or engaging in gender reconciliation procedures are new directions that focus the narrators’ activities:

I stopped caring what people thought of me because my child’s life was at stake. I explain what the situation is, but I don’t care if I offend the teacher if she doesn’t understand that by addressing my child with a deadname, she is hurting him.

Some parents focus their actions only on their children, others become active on behalf of the whole non-normative community, joining alliance organi-
zations and building an identity as a parent-activist. Not every parent, currently reconciled to their child’s non-normativity, was ready to admit their previous homo/transphobic reactions. Detailed analysis of the narrative structure made it possible to identify fading out of awareness that ensured the coherence of the parent’s reconstructed identity (e.g., the coming out experience could not be presented as traumatic because it did not fit into the self-presentation of a supportive, accepting person).

Biographical work and the normalization of the family situation (e.g., the end of the transition procedure) mean that the non-normativity of the child is no longer a primary experience for many people. Parents return to routines (“We live our daily lives normally, and not everything revolves around our child’s sexual orientation. Besides, we have a second child who requires our attention”), they function satisfactorily on a private and professional level, they also experience their children’s successes and failures in the educational sphere (“I am very proud of her because she got into a prestigious university abroad”), professional sphere (“My daughter had to change her job because she was discriminated against in the previous one”), or private sphere (“I am very happy because I am going to be a grandmother”).

Summarizing their narratives, the parents point out the changes in their lives after their child’s coming out, noting some limitations, but also new opportunities. Depending on the course of the biographical work, they focus more strongly on one or the other. The stigma attached to the child is difficult to accept, and a significant change for parents is a greater fear for the child’s safety and future. They stress that prejudice and discrimination will cause their child to eventually decide to leave the country, which will be very difficult for them. Those who, for various reasons, have not chosen to disclose their child’s psychosexual orientation and/or gender identity are burdened by secrecy, self-control during the talks, or forced lies. The personal coming out of narrators, especially at the beginning, is a strong emotional experience and, as a result, some parents have severed ties with people once important to them. The uncertainty, the responsibility for irreversible decisions (e.g., mastectomy), and the internal struggle against ingrained stereotypes and prejudices are difficult.

Contact with non-normativity also triggered several positively valorized changes. The narrators highlighted changes in their worldview, greater sensitivity and attentiveness to manifestations of any discrimination, and the courage to stand up for themselves and confront hurtful points of view. They question their previous fears (“I will become a grandmother thanks to in vitro,” “My daughters are planning to get married abroad”), and they value new acquaintances and involvement in parents’ organization activities. It is also important to be able to help children who do not have the support of their loved ones and to share experiences with parents who are starting their biographical work.

**Conclusion**

In the course of the autobiographical narrative interviews, parents of children with non-normative sexual orientation and/or gender identity created a narrative about their experiences. The narrative became a form of organizing one’s biography, provided with a kind of order and gave it direction. Maintaining a coherent narrative of life required, among others, rooting in the past, integrating new experiences with earlier ones and making sense of
them, resolving emerging contradictions, and indicating the relationship of the current situation to the planned future. In the course of reconstructing events, reflection on them also occurred, leading to a reinterpretation of the situation. Composing a coherent autobiographical story was also indicative of maintaining the integrity of identity and its continuity over time.

The analysis of the autobiographical narrative made it possible to reconstruct the process of biographical work undertaken by the parents. They verbalized the course of their inner work and their way of thinking about reality and themselves. The narrative required them to identify significant fragments of their lives embedded in a specific context (social, cultural, political, and historical) and to indicate their involvement in significant events. In reconstructing the course of events, the narrators indicated that in addition to their activity (including cognitive and emotional), the actions of interacting partners (e.g., the child or other parents from advocacy and support organizations for LGBTQIA people) were equally important in constructing a coherent biography. By reliving specific situations, they could grasp their strategies of action, ways of interpreting reality, or understanding the significance of particular episodes for the course of life. As a result, there was a tying together of experiences into a coherent and unfolding life story over time, which also included the narrators’ self-presentation.

The interpretative frame of the socially dominant narrative (heteronormativity) meant that the disclosure of a non-normative sexual orientation and/or gender identity was considered by the parents as an experience that triggered trajectory potential. Concerning the child’s coming out, there was a revision of their biography—some elements of the biography were altered and others providing continuity were maintained. The biographical work proceeded through four biographical processes—contextualizing, coming to terms, reconstituting identity, and recasting biography, which were easy to distinguish only on an analytical level. There was also some difficulty in comparing and presenting the biographical workflow of different narrators. However, the narratives reveal three categories in which the narrators’ biographies and self-representations are embedded—stigma, normalization, and activism. These categories may characterize particular fragments of life and changes in biography and identity, or one of them becomes the dominant line for the course of life and self-identification.

The biography embedded in the category of stigma refers to heteronormativity as a basis for understanding reality, which, in effect, results in the parents’ prejudice against people with non-normative sexual orientation and/or gender identity. They verbalize their beliefs and judgments in relation to an unspecified group. The emotional bond with the child means that they do not overtly dislike the child, but their actions are often hurtful, and the child’s difference is difficult to accept. Parents ignore the child’s coming out, as well as the biographical problem associated with it, and return to routines. Non-normative sexual orientation and/or gender identity becomes a taboo subject, is not discussed at home, and is not revealed outside the immediate family (cf. “family closet,” “transparent closet”). Attempts to understand the situation are mainly related to identifying causes and apportioning blame. The new experience evokes negative emotions, a sense of loss, and grief, but the parents are not prepared to work through their difficult experiences, which has several consequences for the course of their lives. By ignoring the fact of coming out, parents fail to integrate the new experience into
their biography, to give it meaning and relevance to their story. Their efforts are focused on recovering their lost identity and sense of continuity, but they avoid reconstructing it to take account of the change, resulting in internal tension and lack of coherence.

A biography built on the category of normalization requires parents to challenge heteronormative conceptions of normality, health, or illness and adopt alternative references. For example, the understanding of gender, sexuality, and the definition of family changes. It is important to detach norms from the natural order and point to the process of their social legitimization and cultural embeddedness. The acceptance of non-normativity is linked to the recognition of the legitimacy of diverse patterns of functioning in society. The narrators’ self-presentations are based on the image of a “normal” person who lives according to established rules, fulfills assigned roles, and discharges duties toward the family or society. The parents indicate, among others, their heterosexual orientation, functioning in professional life and conventional family arrangements, as well as the love and care they give to their loved ones. When talking about the child, they emphasized their social adaptation and positively valorized attributes, for example, that the child is a good, valuable person, successful, has a job, passions and dreams, lives in a stable relationship, and is raising a child of their own. In this context, non-normative sexual orientation and/or gender identity, which belong to the private sphere, appear as one of many attributes. Normalization triggers parents to reflect on the sources of gender stereotypes, social pressures to conform to socially accepted (as good and natural) role models, and practices of exclusion of Others. These reflections are the subject of conversations with the interactants, but the narrators do not need to take action in the public space.

A biography organized around the category of activism requires prior normalization. Parental acknowledgment of diversity in sexual orientation and/or gender identity results in a growing disagreement with socially reproduced stereotypes and hostile attitudes toward non-normative people, especially toward their children. Opposition to manifestations of discrimination is generalized to other socially marginalized groups. Discord and frustration give rise to the need to oppose and counteract unequal treatment, which indirectly serves to protect one’s child. The narrators alone, or with other parents, participate in events that bring the voice of non-normative allies into the discourse. This requires the courage to publicly come out and express or argue one’s case, to overcome the fear of negative evaluation, and to find the strength to stand up to others. The narrators make the public aware of the presence of LGBTQIA people in society, their functioning within family arrangements, their rights, and society’s refusal to respect them. They emphasize that their advocacy stems from the imperative to love and protect the child inherent in the role of parent. On this basis, they build an identity as accepting and committed parents by becoming “radical normals.” Some narrators become members of alliance organizations, within which they fulfill their needs, but also co-create a support network and provide a reference group for subsequent parents.

**Acknowledgments**

Part of the research data (10 autobiographical narrative interviews) were collected and transcribed as a result of the scientific activity implementation no. 2021/05/X/HS6/01097 funded by the National Science Center, Poland.
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