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## Experiences of Mothers of LGBTQ Children in Serbia: What Comes After Coming Out?

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## Experiences of Mothers of LGBTQ Children in Serbia: What Comes After Coming Out?

### Abstract

Coming out process is a necessary step for a LGBTQ person in order to develop integrative sexual and transgender identity (Cass, 1984; Manning, 2014). and mental health of LGBTQ people is under strong influence by the family and social support and their reactions to coming out (D'Augelli, 2002; Ryan et al., 2010; Ryan, Legate, & Winstein, 2015). The goal of the present research is to explore what is the experience of mothers of LGBTQ children in Serbia after the children's coming out? Using the Interpretative Phenomenological Analysis (Smith, 2015), this study explored the experience of eight mothers of LGBTQ youth in Serbia after their children came out. From the analysis 4 main themes emerged: *We started a conversation, and then he told me everything: what, how, where* – The context of finding out, *...and that is something very terrifying, that someone could hurt my child because he is what he is* – Mothers' reactions, *"I needed to see that he is completely well"* – Process of adaptation, *"Are we strong enough to bear all that?"* – Parent and family identity. The results have shown that after finding out, mothers have a broad variety of reactions from surprise and shock to anger and sadness (Ben-Ari, 1989), after which the process of accepting child's identity begins. That process was composed of different questions and challenges mothers faced and needed to overcome, either with professional or support from co-parent, with social support and information gathered from children or internet. The adaptation process resulted in integration of child's identity in family's identity, showing a developmental path mothers go through in order to accept child's identity, but also showing possibilities for practical interventions in working with LGBTQ children and their families.

### Keywords

mothers of LGBTQ youth, coming out process, Interpretative Phenomenological Analysis, phenomenological method

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## Experiences of Mothers of LGBTQ Children in Serbia: What Comes After Coming Out?

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Coming out process is a necessary step for a LGBTQ person in order to develop integrative sexual and transgender identity (Cass, 1984; Manning, 2014). and mental health of LGBTQ people is under strong influence by the family and social support and their reactions to coming out (D'Augelli, 2002; Ryan et al., 2010; Ryan, Legate, & Winstein, 2015). The goal of the present research is to explore what is the experience of mothers of LGBTQ children in Serbia after the children's coming out? Using the Interpretative Phenomenological Analysis (Smith, 2015), this study explored the experience of eight mothers of LGBTQ youth in Serbia after their children came out. From the analysis 4 main themes emerged: *We started a conversation, and then he told me everything: what, how, where* – The context of finding out, *...and that is something very terrifying, that someone could hurt my child because he is what he is* – Mothers' reactions, *I needed to see that he is completely well* – Process of adaptation, *Are we strong enough to bear all that?* – Parent and family identity. The results have shown that after finding out, mothers have a broad variety of reactions from surprise and shock to anger and sadness (Ben-Ari, 1989), after which the process of accepting child's identity begins. That process was composed of different questions and challenges mothers faced and needed to overcome, either with professional or support from co-parent, with social support and information gathered from children or internet. The adaptation process resulted in integration of child's identity in family's identity, showing a developmental path mothers go through in order to accept child's identity, but also showing possibilities for practical interventions in working with LGBTQ children and their families.

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### Introduction

The present paper will start with definitions of the phenomena that it covers – coming out process, gender identity and sexual orientation, as well as with the explanations of the context from which it emerges. Further, it will cover the main results from previous research regarding LGBTQ people and their families, after which the methodology used in the research will be explained. The second part of the paper contains the results section that covers themes and subthemes emerged from the study. The last section is dedicated to the discussion of the present findings in context of previous research, cultural differences, guidelines for practitioners, as well as limitations of the present and recommendations for the future research.

Our position as researchers was to understand the experience of parents of LGBTQ children from the perspective of practice, and by exploring and understanding it, to be able to give knowledge to practitioners who work with this population on how they can be of help for

parents and how can they plan their interventions considering specific processes and themes that parents are facing at the moment they seek support. Same knowledge, we believe, can be useful in preparing LGBTQ children when coming out, as supporting them to understand family processes as they face this crisis, which might prevent deeper conflicts and cut offs in these families. Coming out is defined as a complex developmental process of intrapersonal and interpersonal acknowledgment that includes disclosing one's sexual orientation or gender identity to another person (Arnold, 2012). Some authors (Bilodeau & Renn, 2005; Manning, 2014) argue that coming out is a crucial step for LGBTQ persons in developing identity integrity. But, coming out is also dependent on socio-cultural context and cannot be seen as only a sign of developmental processes, but is also conditioned by existing oppression in the society, level to which person values family support, evaluation of costs/benefits of coming out and perceived responses family or society may have to coming out (Elizur & Ziv, 2001; Green, 2000; Hammack, Thompson, & Pilecki, 2009; McCarn & Fassinger, 1996).

The understanding of sexual orientation and gender identity is conditioned by the cultural context in which they are observed (Bayer, 1987; Hammack et al., 2009; Naphy, 2012). Various definitions of sexual orientation and gender identity could be found in the literature. Sexual orientation can be defined as an experience of romantic and/or sexual attraction toward another person (Arnold, 2012). Depending on a person's gender and sex, there are various types of sexual orientations. For the purpose of this paper, it is important to distinguish the experience of attraction toward a same-sex person – lesbians and gays, and the experience of attraction toward another person regardless of their sex and gender – pansexual and queer people, and experience of attraction to both sexes - bisexuals. In this paper we will focus only on lesbian, gay and bisexual children, but it is important to have in mind the diversity of sexual identities, as they may have different impacts than those presented here on families and social environment of these people.

Gender identity is a different phenomenon, although it is related to sexual orientation (Arnold, 2012). In order to define gender identity, it is important to differentiate sex as anatomically, genetically and hormonally conditioned characteristics that the person is born with (Hegedus, 2009), and gender identity as person's subjective, internal experience of their own sex. Person's gender identity and their sex do not always align. For transgender persons, internal experience of their sex is incongruent with biological features of their body (Hegedus, 2009). Transgender identity as an umbrella term includes various identities – gender fluid, gender non-binary, trans women, trans men, etc. In this paper, we will use terms trans and transgender in order to describe all the people whose sense of gender identity is not in alignment with their biological characteristics.

In Serbia, there are no laws regarding same-sex partnership, legal provisions, or procedures for recognizing gender identity. In 2009, Serbia adopted Anti-Discrimination Law that explicitly prohibits discrimination based on sexual orientation or gender identity. In 2012, Serbia's Ministry of Justice incorporated hate crime into draft amendments to the criminal code. If a criminal act is based on hatred for another person's gender, sexual orientation, or gender identity, the court should take it as an aggravating circumstance for sentencing (United Nations Development Program [UNDP], 2017), and those are, to the present, the only two laws that deal with specific needs of this population. Laws that should regulate other areas of life of LGBTQ population in Serbia like marriage, civic partnership, adoption of children, same-sex parenting, etc. are still missing.

Up until 2019, there were only two court sentences for hate crime, even though over 70% of LGBTIQ people in Serbia were exposed to violence and harassment. The social distance towards LGBTQ people in general, and towards LGBTQ people within their own family is at a high level in Serbia (UNDP, 2017). The changes in the social context in Serbia regarding the higher visibility of LGBTQ population in the past 10 years and the subsequent

empowerment of LGBTQ people to come out, as well as the lack of research on this topic in Serbia, necessitated this study.

### **Literature Review**

After the initial research that questioned medicalization of sexual orientation, there was an urge to study the development and experience of gay people, as well as their social surrounding including families (Elizur & Ziv, 2001; Hammack et al., 2009).

Qualitative researchers argue that the meaning families attribute to any event is crucial in understanding the way that event affects the family, which could be studied using phenomenological approach (Burnias, 2014; Crooks, 2003; Green, 2000; Philips, 2007; Willoughby et al., 2008). An internal narrative function as a tool to provide coherence and meaning to one's sense of identity (McAdams & Pals, 2006). As people encounter new events, they tend to incorporate an understanding of those experiences in their life stories in a way that is consistent with their values. Identity is seen as an integrative function in one's personality (McAdams & Pals, 2006), and therefore, the discovery that one's child is gay could be disintegrative and challenging for adaptation, considering that parents' visions of their child's life usually do not include sexual orientation (Philips, 2007).

Qualitative research methods were most frequently used in the field of exploring parents' experience, as there were methodological problems including small number of subjects, while most parents who did participate were members of support groups like PFLAG and others, which affects the generalisability of the results (Green, 2000), as it has been a challenge to get in touch with parents who are open and feel empowered to talk about their experiences. This methodological obstacle has an impact to ability to research and understand the experience of the unaccepting parents, at they are not motivated and open to talk about it, directly affecting the generalisability of the results, but also shedding light on the experience of just one group of parents – the accepting ones. Further, about the processes, themes, emotions and thoughts that unaccepting parents face we conclude from the stories of accepting parents while they remember their own experience from coming out on. That data is, consequently, affected by the quality of memories trough time that has passed. These methodical limitations have a big impact on our knowledge about experience of the less accepting parents, which consequently impact ability to draw conclusions about the whole path parent go through to accept child's LGBTQ identity.

### **Coming out process and family relations**

For lesbians, gay men and transgender persons, the declaration of their sexual orientation or gender identity to their parents can be a severely stressful experience or the biggest challenge in their lives (Bilodeau & Renn, 2005; La Sala, 2000; Manning, 2014). Coming out is also seen as a crucial step toward developing identity integrity (Bilodeau & Renn, 2005; Savin-Williams, 1989; Hammack et al., 2009; Manning, 2014). Research on coming out process showed that LGBTQ persons experience fear when coming out (Savin-Williams, 2003), worry because of potential family rejection, guilt, as well as a desire to protect their family from the crisis, which could erupt as a perceived result of their coming out (Baiocco et al., 2015; Ben-Ari, 1989; Heatherington & Lavner, 2008; La Sala, 2000). Parents' reactions could vary from denial, to anger to acceptance (Burnias, 2014; Ben-Ari, 1995; Goodrich & Gilbride, 2010). Research on the mental health of LGBTQ people shows that their mental health is strongly affected by social and family support (D'Augelli, 2002; Freitas, D'Augelli, Coimbra, & Dontaine, 2016; Ryan et al., 2010; Ryan, Legate, & Weinstein, 2015;). Risk of suicide in the population of LGBTQ people in Serbia is higher for those individuals

whose families express a higher level of conflict and rejection, as well as a lower level of closeness after coming out (Srdanović, 2012). The higher the levels of rejection and conflicts in family are, and the lower the level of closeness in family is after coming out, the greater the risk is for a gay man to commit suicide. Family support is correlated with the development of sexual identity (Biledeau & Renn, 2005), and coming out could result in higher closeness among family member (Heatherington & Lavner, 2008; Pistella et al., 2016; Savin-Williams, 2003). Similar results are found in the studies on trans persons' mental health: they consistently show that the mental health of this subgroup is at even higher risk than the mental health of LGBTQ persons (Ryan et al., 2010).

### **Parents' reactions to coming out – qualitative research perspective**

The initial studies that examined both the reactions of parents and reactions of children showed that most children think that their parents were not aware of their sexual orientation prior to coming out, and that their relationship with parents improved over a period of six months after coming out (Ben-Ari, 1989; Goodrich & Gilbride, 2010). Parents saw their relationship with children as the biggest challenge, and they were mostly worried about the child's future. They also worried about other people's reactions and attitudes, difficulties that children may experience in their life, and their inability to have biological children.

DeVine's model of parents' reaction (DeVine, 1984; Savin-Williams & Dube, 1998; Willoughby, Doty, & Malik, 2008) posited that coming out could be seen as a family crisis, where a family does not have established norms in coping with such crisis. Family could also have strong cultural prohibitions about sexual orientation, as well as different family traits that oppose the integration of the new roles in the family system. These factors affect family cohesiveness, regulative structure, and themes (Baiocco et al., 2015; Willoughby et al., 2008). The model describes five phases that family system goes through (DeVine, 1984; Goodrich & Gilbride, 2010; Savin-Williams & Dube, 1998; Willoughby et al., 2008). After a child's coming out, parents experience shock as the most frequent reaction. The shock is followed by the first phase – denial and isolation, during which parents try to distance themselves from the child in order to ignore new information. The second phase is anger directed toward child or child's peers, God, media, etc. that has a goal to remove the "cause of homosexuality" and revert the situation to the previous state. The third reaction is depression. Authors see depression as the previous stage's anger directed toward the parent itself. During this phase, parents question their role in the development of their child's sexuality and they could begin the mourning for their heterosexual child. Depression is a sign of acceptance, as parents cease to believe that the child's sexual orientation could be changed, which is a necessary step toward the acceptance of child's sexuality. The last phase is acceptance, where the parent is able to see the child beyond his or her sexual orientation, and to integrate this new information in the child's identity. Not all parents go through all stages in a linear manner, and some parents could be fixated in lower stages for a long period, if not indefinitely (Goodrich & Gilbride, 2010; Savin-Williams & Dube, 1998).

Although there is a lack of studies about the families of transgender children, there are visible similarities in both populations of children (Hegedus, 2009; Wahlig, 2015). Coming out process is similar for both groups. There are important differences in the terms of possible medical procedures trans persons can go through, as well as of the length and nature of the transition. Heatherington and Lavner (2008) showed similarities in parents' reactions, although parents of trans children face specific challenges concerning the information about hormonal therapy, surgeries, postoperative treatment, and change of the documents. Parents of trans children, as well as parents of gay children, may react with shock, fear, denial, and families may feel confused, angry and deeply worried, even betrayed (Hegedus, 2009; Wahlig, 2015).

Parents' negative reactions can provoke anxiety, depression, fear, low self-esteem, and suicidal risk in their children. Most frequent questions these parents face are: Is my child mentally ill? What did we do wrong? What will others think? (Hegedus, 2009). Parents who accept their child actively listen to and openly communicate about gender identity, seek out available information, and confront problems of self-disclosure and perceived responsibility. Acceptance strategies are: creating continuity – creating coherent narrative about a child's past, present and future – seeing signs of child's transgender identity since birth; unconditional love, meaning that parents are confident they will love their child regardless of his or her new way of life; moral value – seeing coming out as a moral, sincere and brave deed, necessary for the child to live an authentic life; biological causality – the importance of parents to see the cause of the child's identity in biology, not in the family dysfunction (Crooks, 2003; Hegedus, 2009; Goodrich & Gilbride, 2010).

Harmful strategies include perception of the child as immature, gender identity as a way to hide other problems, and seeing the child through rigid gender roles of male and female. The use of these strategies is often motivated by parent's belief that the child will change their mind and by the fear of the unknown. For these parents, the process of acceptance starts with a reconceptualization of the past and finding signs of child's gender identity in childhood. Like understanding child's gender-atypical behaviour and distress in puberty about the body changes (Hegedus, 2009).

### **Role of the Researcher**

The process of making this study began two years prior to the first draft of it. First time I encountered the theory of systemic family therapy, I started wondering if that theory has explanatory power on specific families, like LGBTQ children's families. As a lesbian woman growing up in Serbia, and experiencing coming out crisis in the past, I felt a need to understand on the theoretical and practical level what is the experience of these families. At the time of the official beginning of the research (e.g., first consultations with the mentor – second researcher) the first big obstacle we faced was finding the participants who were willing to take part in the study. The first goal was to have fathers as participants as well, but the process of finding father who were willing to talk has shown to be too big of an obstacle at the time, as described. Process of contacting and recruiting participants led to me hypnotize about the weight the parents' experience has on families, as many LGBTQ people who I asked to offer participation to the parents were reluctant to do as they didn't want to "open that subject again." This was especially the case for lesbians.

On the other hand, my personal experience with my family and their process of adjustment and acceptance gave me important insights of what may be the challenges these parents face. Here, I must emphasize that the research process had a positive impact on myself as well as on my family members, as I was more opened to ask and understand their personal experiences as I got more and more engaged in literature review and interviews with the parents. By the end of the research process, I have had more insight or how my parents and family members come to be accepting of me as a LGBTQ member in the family.

Talking and interviewing mothers, I was surprised how much of my starting hypothesis about their challenges were not precise, which made me adapt to the new, unexpected, findings with every new interview I did. The level of emotional reactions and themes occurring around social context and level of the fear for child's physical safety were surprising to me, as I had an expectation that processes like grief, shock and others would be the most prominent themes.

After the research has been done, I felt more comfortable to work professionally with these parents, which resulted in a support group for parents of LGBTQ children. Many of the participants from the research decided to come to the support group. For many of them, too,

that was the first time they met other parent and had a chance to talk about their experience and express themselves without fear of being judged. The product of the research for parents in terms of the support group, ability to talk to somebody without fear and meeting other parents for participants, and for me, being for the first time engaged in a process of qualitative research and the knowledge I gained was cathartic and beneficiary both professionally and experientially.

## **Methodology**

### **Study purpose and research question**

This study was conducted as the first author's master thesis. Its purpose was to examine the experiences of mothers of LGBTQ children in Vojvodina, a northern region of Serbia. The researcher contacted parents through local LGBTQ human rights organization and LGBTQ community in Novi Sad, the capital of Vojvodina. Initially, the researcher had aimed to conduct interviews with both parents. Alternative way was for LGBTQ children to ask their parents to participate. However, children's unwillingness to talk about their identity with their parents, especially fathers, shaped both the study purpose and question, as well as the number of participants. Consequently, the research question that guided this study was: What is the experience of coming out for mothers of LGBTQ children in Serbia?

Research (Green, 2000; Koken et al., 2009) show that the culture and ethnicity also have impact on parents' reactions as well as on their adjustment to child's identity. The present research aims to explore the experience of mothers of LGBTQ children in Serbia. To the knowledge of researchers, this study is the first one that explores the topic in Serbia, with its specific cultural and legal context regarding LGBTQ population. The decision to adopt qualitative methodology was based on the previously mentioned limitations of finding participants who are willing to talk about their experience. Second reason for using qualitative, more precisely phenomenological approach, was based on the research question that aims to understand the experience of this population of parents. The third reason was that the most research done in this field until now have used qualitative approach, which gives wide range of themes and results that could be compared with data from current research.

### **Ethical considerations**

Approval to conduct the research was gained through the procedure of approving the research plan at the Department of Psychology, University Novi Sad. The process of approving the plan is done through rigorous structure where professors receive the research plan; evaluate its goal, contribution, quality and ethical questions' and then make a decision if the plan meets the Department's criteria for research implementation.

Privacy of the participants was obtained through an agreement participants made with me at the beginning of the interviews, where it was explained to them that identity will be fully protected by changing the personal information in transcripts, by not using the name of the participants and by explanation of what is the study purpose, what it will the results be used for and where they might be presented (e.g., master thesis, conferences, journal articles). In making agreement, I specially addressed the theme of familiarity with the children of some mothers, where we talked about my ethical and professional boundaries, that prevent me from sharing information with the children. Some mother expressed a desire to share with their children the topics covered during the interview, which I defined as their personal decision to do so if feel a need. All participants agreed to the presented conditions at the beginning of the interviewing process. The data collected during the interviews – audio tapes and transcripts

were collected in a folder on my computer, protected with the password, and the insight in data were available only to me and the second researcher.

Safety of the participants was the obtained by agreement with the participants on how and where the interviews will take place. The unexpected thing that emerged during the interviews was the intensity of emotional reactions some mother had during our conversations. In order to address this issue, I offered to all the participants to stay with me after the interview and to have a counselling session during which I would offer them a psychological support. All mothers felt a need to have the counselling session afterward and had comments on how relieved they felt after the interview and the session. Prolonged contact before and after the interview, as well as participant's familiarity with me due to my contact with children, or due to counselling work we had prior to interviews allowed to get familiar with participants' perspectives, as well as it allowed them to be accustomed with me resulting in increased credibility of the research (Krefting, 1991). Prolonged contact and interviews that were not time limited allowed me to listen and react on stories I heard using active listening and being interested and curious about what lays behind – specific fears, anger, thoughts, worries...being in two roles at once – as a psychologist and a researcher gave me the possibility to deepen the stories, but also made aware of the importance of reflexivity (Krefting, 1991). The process of reflexivity was done by frequent consultation with second researcher and his peer comments and insights on my work and interpretation introducing the triangulation of investigators in the study (Krefting, 1991). Another form of reflexivity I used was during the coding process, when I frequently went back and forth reflecting on how I feel toward the codes that emerged, what theoretical explanations I see in the codes and how by theoretical and personal background contribute to my understanding of the codes, subthemes and themes. My background in therapeutic training helped me with this process, as it was experientially similar to me as the process of counter-transfer analysis in working with clients (Vilig, 2016). After the data has been analysed, the discussion and my interpretation of data was carefully done considering the specific context participants come from, their religiosity, age and marital status, in order to obtain criteria for transferability of the data (Krefting, 1991).

## **Participants**

Participants were invited to join the study through the social media – Facebook and Instagram - as well as through an ad posted in a local LGBTQ organization. Ad contained information about the aim of the research and the interview. 829 persons in total saw the ad on social media, with 90 likes and number of clicks on the post. The researcher, furthermore, contacted the clinic for transgender services, as well as the local psychiatric clinic in order to provide the information about the study and recruit the participants. There were no responses via these strategies. Another strategy was to contact other researchers who had conducted studies about the LGBTQ people in order to spread the information about this study and possibly motivate parents to participate. Information about study was provided to the researcher's network of friends and acquaintances from the LGBTQ community.

After these efforts, the sample of eight mothers was secured. Five mothers agreed to participate based on their child's previous contact with the researcher through counselling. Three more mothers agreed to take part in the study based on the prior contact with the researcher. Two of the mothers were a part of the support group facilitated by the researcher, and one mother came to a counselling session after her son came out to her. Table 1 presents the demographic characteristic of participants and their children.

Table 1  
*Demographic characteristics of participants and their children*

Participant	Mother's age	Child's age	Child's SO/GI	Time passed since coming out	Stage in the child's transition process
1	56	23	Trans man	2 years	Prior to surgery
2	47	17	Trans woman	3 years	Has not started yet
3	44	19	Gay man	2 years	/
4	51	22	Gay man	3 years	/
5	52	28	Bisexual man	6 years	/
6	77	41	Gay man	15 years	/
7	51	21	Gay man	1 year	/
8	39	17	Lesbian	2 years	/

The specific role of mothers in Serbian culture played a significant role in this sample composition. In general, mothers are more engaged in their child upbringing, they are closer to the child, and often have better communication. Fathers, on the other hand, tend to work longer hours outside home, are less attentive to their child's emotional needs, and are generally less engaged in child upbringing (Mihić, Zotović, & Petrović, 2006). The surprising challenge for a researcher was to recruit a mother of a lesbian daughter. It seemed that it was the most uncomfortable for lesbians to bring up the topic of this study to their parents. Researcher's hypothesis is that the reason could be placed on the specific position of women, particularly lesbian, in a Serbian culture, in which lesbians are less visible and also less stigmatized because of the pervasive cultural belief they will change their mind when they meet the "right man." Being a gay man, on the other hand, is seen as a stronger attack on a patriarchal belief system.

### Data Collection and Analysis

In order to address a research question, semi-structured interviews were conducted. Open-ended questions were designed in accordance with the prior research on the experiences of parents of LGBTQ children aiming to explore mothers' feelings and thoughts after coming out, and during the process of adjusting to child's identity. Additional questions were asked according to each participant's experience, maintaining phenomenological insight and curiosity about depth of participants' experience (Viligi, 2016). All interviews were audio-recorded and transcribed. The Interpretative Phenomenological Analysis (IPA, Smith, 2004) was used in the process of data analysis. IPA was deemed as appropriate, since it is

committed to clarifying and elucidating a phenomenon (be that an event, process or relationship) but its interest is in how this process sheds light on experiences as they are lived by an embodied socio-historical situated person. Rather than transcend the particular, IPA aims to grasp the texture and qualities of an experience as it is lived by an experiencing subject. (Eatough & Smith, 2017, p. 197)

Taking the goals of phenomenological research and its sensibility to cultural frames reflected in personal experiences, we choose IPA as the most suitable method for data analysis and

interpretation as it gives a valuable insight to participant's lived experience. Understanding experience from mothers' point of view give opportunity to create practical guidelines taking into consideration specific cultural influence as well as internal process.

After the interviews were transcribed, the first step in data analysis was reading and re-reading the interview transcripts. This helped the researcher to meet with a phenomenon "that is being lived by "a person who determines the characteristics of the phenomenon" (Guerrero-Castañeda et al., 2017, p. 3), as well as to make initial comments on the margins of the text in order to become as familiar as possible with the participants' account (Smith, 2004). Notes included reflections on the data, emerged emotions and impressions, as well as initial interpretations of the data. The initial interpretation gradually led to transforming notes into codes and subthemes using Qualitative Data Analysis program – QDA Minor. The codes were composed from syntagms, sentences or paragraphs that were referring to the same phenomena or topic. For example, the same code *asking for information* were given to the sentence "I read about it" and the paragraph: "He said, 'I know what you need, here are the links.' He knew I will immediately go online to see, to inform myself. He sent me few links that I watched, I listened." At this stage, codes were descriptions of participants' experiences like described, without much relying on psychology research terminology, in order to capture as much as possible authentic participants' experiences. In this phase, reflections were an important part of the analysis as I wanted to bracket my own interpretations from the participants' meaning making. In order to maintain the awareness of the double hermeneutics in IPA, I often consulted thesis advisor (the second author). These conversations played the crucial role in maintaining the rigor of data analysis and interpretation process, as described previously.

I moved repeatedly and cyclically between each newly and previously conducted interview, where the sub-themes already discovered were used in the analysis of new interviews (Smith, 2004). In the light of these newly emerged themes, earlier interviews were re-analyzed, in order to gain deeper understanding of the phenomenon. The themes were connected by using theoretical concepts and results of previously published studies and following the common patterns (Krafting, 1991) that mothers talked about during interviews, making possible for the researcher to interact with the texts in an iterative form (Smith, 2004). As previous research has shown that there could be seen a developmental path of parents' reactions and specific challenges in each step (DeVine, 1984; Savin-Williams & Dube, 1998; Willoughby, Doty, & Malik, 2008), our goal was to understand our data in the same way, by tracking chronology of the mothers' experience and exploring and connecting specific themes that occurred as they moved toward acceptance. Consequently, the final list of cluster themes with subordinate sub-themes attempted to capture the chronology of the mothers' process of adaptation: from their children coming out to major milestones that led to mothers' acceptance of their children's identity. Thus, we became the part of hermeneutic cycle (Paterson & Higgs, 2005; Vilig, 2016).

## Results

Interpretative Phenomenological Analysis of the semi-structured interviews resulted in the emergence of four master themes:

1. *"We started a conversation, and then he told me everything: what, how, where"* – The context of finding out
2. *"...and that is something very terrifying, that someone could hurt my child because he is what he is"* – Mothers' reactions
3. *"I needed to see that he is completely well"* – Process of adaptation
4. *"Are we strong enough to bear all that?"* – Parent and family identity

Themes were extracted with an aim to understand and describe all phases of mothers' experiences. In further pages master themes and sub-themes will be described in more details.

***“We started talking, and then he told me everything: what, how, where” – The context of finding out***

The first master theme is the context in which the coming out has occurred: events and thoughts prior to coming out, the way coming out occurred and the worries about other people's reactions, if they were to find out. The most common way of coming out was through a conversation between a mother and a child. Some mothers noticed that the child's behaviour had changed prior to coming out, they had been worried about it and they were able to recognize how coming out has affected the mother – child relation. They were also worried about other people's reaction if /when they find out.

Prior to coming out, some mothers noticed that their child had started behaving differently. Those changes have been happening for some time as mothers described, and after coming out, the mothers were able to connect the changes to a child's inability to come out, intertwined with child's inner fight to integrate gay or trans identity. All children at the time were “hiding” their identity, and were not ready to talk to the parents, out of fear of rejection as they perceived.

One mother described her trans daughter's behaviour as follows: “During that winter, spring and summer, she started turning off the monitor when I would come into the room. I'd tell her: Don't mess with me when I know all those kids... they have all changed... And then she started to... I noticed she was much more awake at night” A mother of a gay son noticed that her son had difficulties with his classmates: “I saw that it was scary for him to go to school. He gets home, turns off the light, he isn't on the computer, which is quite normal for him to be on a computer non-stop. Then, he wasn't on Skype, he didn't play games, he wasn't in contact with any of them.”

Mothers were able to recognize that something was happening with the child, but did not react initially. It took some time for both mothers and children to start talking about a child's behavior. At that point, these signs of a child's “attempts to hide,” as mothers described it, were not recognized as parts of child's sexual or gender identity. All mothers could remember the way they found out about a child's sexual orientation or gender identity. All but two mothers described this event in detail, such as their feelings and thoughts, child's behaviour, or exact location where the conversation occurred:

Well, he started to talk to me vaguely, because I had figured out that he was no longer in good relations with his best friend and the rest of the classmates, and I wanted to know what was the reason for that. As he began to tell me his story, I asked directly: Is [his best friend] gay? And he said: No, mom, I am.”

On the other hand, two mothers described coming out as a brief event: “Well, he confessed after we already heard about it. After we found out from others. My daughter told me actually. Because he told her in confidence, and then she told me.” And, “Well, she told me. And that is what is most important in the relationship, honesty.”

The use of the words “confessed” and “honesty” could indicate that those two mothers saw child's decision not to come out as lying or hiding, and as something that the child is guilty of – “he confessed.” One mother described her daughter's reactions to her finding out about daughter's transgender identity as if she was defending herself: “...and here she is, on guard, defending herself, and I'm like, what did you say?! Slap!” [She slapped her daughter.]

Reflecting on coming out, three mothers recognized that their children were afraid to come out. One mother described her son's way of talking about his sexual orientation as if he was an old soul, indicating the level of child's distress: "That night, he spoke as if he was 35 – 40 years old. The flow of his thoughts and all that." These segments suggest that it was difficult for children to come out and that they were afraid of parent's rejection, which is outlined in this example: "And I asked: Why didn't you tell me sooner? And he said: Because I was afraid. I was 99% sure that you would accept me the way you did, and one percent that you will throw me out and everything."

In the case of one mother, who had an aggressive reaction toward her trans daughter after finding out, there was a change in the relationship. She said: "That's when it all started. Our relationship was broken. She was angry because of everything. And we talked about it. You know how many times she hated me? And that's how she got to a psychiatric clinic." In this family, upon mother's negative reaction to her daughter's coming out, the child withdrew even more. Withdrawal, poor communication with the mother and the child's suicidality were reasons to place her in the clinic for observation and treatment. At the time, the doctor had a dilemma whether the child was having a psychiatric disorder or it was her reaction to the way coming out had occurred: "And then I saw that it was getting worse, that feeling... She was withdrawing from me. And it affected her sleeping, eating, communication. Simply, she was getting into a state that was horribly alarming for me. That didn't last for long. Every day was very long for me, especially when the night fell." For this mother, the coming out and the short time afterward had traumatizing effects, both for her and for the mother-child relationship. Usage of the words "horribly alarming" describes the extent to which the mother was overwhelmed by the coming out event. In other instances, a mother either did not recognize the negative effect of the coming out, or she did not see coming out as a negative or problematic event: "That was never a problem between him and me."

Making plans on how to come out to the rest of the family and friends was an important theme in the coming out process for these mothers. Some of them made a pact with their children about who has the responsibility to tell to whom: "We made a deal that he will tell his friends and that I will tell the family friends and family." Some mothers had doubts about whether to tell anybody at all and is so, how: "And now, you should choose whom you will tell. Because he was hurt the first time."

One mother told to her bisexual son: "Think about your life direction, drawing attention, think about that. How will you tell, to which degree you will be extreme... extreme in terms of expression, not extreme in terms of diversity, but extreme in proving that you have rights." This conversation indicates that being an openly non-heterosexual man could be easily seen as an extreme act that could provoke other people. Fighting for LGBTQ human rights could also be deemed as extreme act, seen as something negative. In the words of one mother: "Ok. You can fight for your rights, but you always have to respect the ones that don't think like you do." This indicates that the fight for basic human rights in Serbia is a matter of different opinions, as if one's sexual orientation is something others have the right to disagree with. Although this mother is perceived as an accepting mother, she has a level of caution toward openness about one's sexual orientation. It is a common opinion in Serbia that LGBTQ activists and those who are publicly visible are actually people who just seek attention and are not really discriminated against. This kind of discourse could be often found in Serbian public space when there are open media discussions on these subjects. Mothers were also worried about other people's reactions, and some of them were surprised by positive or neutral reactions.

***“...and that is something very terrifying, that someone could hurt my child because he is what he is” – Mothers’ reactions***

The second master theme captures a variety of reactions mothers had regarding a child’s coming out. Most prominent reaction after coming out was fear.

As one mother framed it: “And so I was afraid of physical violence against him. That’s what I was afraid of. All these conversations we had, that was the only thing on my mind, I was afraid of that.” As opposed to the fears for child’s safety, one mother was afraid that her son’s transgender identity could be masking his inner dissatisfaction: “I was afraid. I didn’t want it to happen for him that he has some kind of dissatisfaction and that it seems to him that this is the answer and solution and that he goes through everything (transition) and says: I am still not satisfied, I shouldn’t have done this, I should’ve done something else.”

For one mother, coming out was a challenge in terms of religious morality and condemnation: “When I think of it as a sin, it is hard for me. And I was thinking: will I be like that... I know there is heaven and hell, I don’t doubt that.”

Other frequent reactions included guilt, doubt, desire to protect the child, worry, looking for information. Some mothers, after finding out, felt guilty for child’s sexual orientation or gender identity. Mothers had a dilemma if they had a role in the development of a child’s sexual or gender identity: “At first, I blamed myself. That was my first thought: I had made a mistake.” Some mothers had doubts about the child’s identity: “You always ask yourself: is this it?” This sub-theme is strongly connected to a sub-theme of hope that it will change, that captures mother’s statements describing the period in which they were thinking if and how a child’s identity could be different. One mother described her sadness: “There were tears and persuasions to think about it.” At this point, parents are still looking for an explanation and try to maintain control over the situation by blaming themselves for the child’s identity. They are also worried about child’s future and safety, chances to find a job or if he or she will be discriminated: “those people, don’t get me wrong that I say, ‘those people’... their orientation is different, they always have more problems than good moments.” One mother was worried that her son could sin: “I realized that there was some, maybe, struggles in his life, just so he wouldn’t sin. And if he does, after that time has passed, to be a good person. He doesn’t have to love a girl or get married. I mean, that’s not a condition to save oneself. But still, to walk on the God-pleasing path...” This mother was faced with strong dissonance between her beliefs and son’s identity as a gay man. As an orthodox Christian, her main challenges revolved around morality and sin. It took her a lot of strength to redefine her son’s identity and to try and find arguments in her own moral frame to accept her son. Mothers in this study used a different frame of reference while sharing the same goal - to be able to protect their child. For the orthodox Christian mother, it was important to “pray to God for the son not to get hurt, and if he does, to stand up for himself.” The milestone in this process for this mother was talking to the priest, who advised her not to try to change the son, not to throw him out, but to pray for him “to stand up if he falls.” Another participant was concerned about the child’s suicidality prior to coming out. She had an urge to protect her gay son from discrimination in school in order to protect his mental health. Fear that a child could commit suicide was strong in the case of three mothers. Mothers who had already experienced a child’s depression and suicidality were afraid that it could happen again: “Because I was in a really bad shape during those three months, afraid of everything. First, afraid for his mental health, what’s going to happen, how he will handle it, is he out of that depression of his, that scared me actually.”

A few mothers were angry. One mother was angry with society and with discrimination her son is facing. Two other mothers reacted with anger at coming out itself, both regretting it afterward. A mother whose trans daughter was hospitalized was angry with a psychiatrist and psychologist because they had dilemmas if the child was mentally ill:

So, the psychologists didn't have a clue, but f\*\*k the psychiatrist, you need a psychologist. A psychiatrist is for an illness and this is not an illness. Gosh, when they put you in a situation where you don't know what your child is. And when they put you in a position to doubt your child. That's why I don't like them.

The same mother felt hopeless during a child's hospitalization: "...I didn't see a solution anywhere. I was the one who was on the edge of suicide... Total hopelessness and I don't see that the problem is that big." During this interview, the mother frequently appeared upset, not managing to respond to the questions in complete sentences. The interview segments that felt most chaotic were mother's attempts to tell the story of her child's hospitalization and running away from home, and mother's subsequent negative reactions, including physical violence toward her daughter, when she found out about daughter's identity. She was overwhelmed with negative emotions, which could be seen in her manner of speaking - using strong negative words and superlatives, her gesticulation during the interview, as well as in her statements regarding her emotions: "Disgusting, horrible... But disgusting feeling, disgusting, disgusting, disgusting. The worst ward in the hospital, most stinking, ugliest. The same mother described this period as a completely exhausting, always worrying about the daughter's mental health.

One mother initially ignored her son's sexuality as a way to make him change his mind. One mother felt disappointed after her daughter came out as a lesbian: "I was hurt. Not me actually, but my expectations of her," facing the loss of her expectations. Only one mother reflected on the possibility of having grandchildren. The reason why the mothers in this study did not express grief could lie in the fact that most children were not yet in a developmental stage related to childbearing, as they were still enrolled in educational system and university. One mother whose bisexual son was at stage where he with his partner thought about having a child, perceived that she will, after all, be a grandmother one day, therefore not having a reason to grieve. However, one gay man (41 years old) was at the childbearing stage and his mother talked about not having grandchildren as a challenge, and about sadness she felt for not having grandchildren. Five mothers had reactions of acceptance and expressed love after coming out. Those reactions happened either during coming out or after the shock and surprise were settled.

### ***"I needed to see that he is perfectly fine"* – Process of adaptation**

This master theme captures mothers' process of adaptation after their child's coming out, the challenges they faced and the help they sought for and received. During the adaptation process, mothers had a variety of doubts and ideas about the child's sexual orientation and gender identity, as well as their life in general and romantic relationships in particular. Mothers needed to be assured that the child is healthy and happy, and capable to have a quality life.

One of the three most prominent sub-themes was mothers' awareness about children's sexual orientation and gender identity. Depending on the child's development and family context, some mothers recognized the signs of gender identity or sexuality in children's behaviour prior to coming out. Regardless of mothers' ability to recognize the signs, all mothers were reflecting on the child's developmental history in order to understand if there were some indications of child's LGBTQ identity. This topic was important to them in order to integrate child's past with the present and to understand the child in the context of his or her development: "Only after I had thought about the past, I remembered he never said he had a crush" For those mothers who were attentive to the nuances in their child development, it was easier to understand the child and reject their own doubts. What helped mothers to adapt were social support and available Mothers relied on support from friends who were psychologists and could understand the child's identity in a non-pathological context. The mother who

identified as Orthodox Christian received support from a priest in a monastery where she went to with her son. Two mothers contacted a local LGBTQ human rights organization in order to talk with somebody.

For one mother the important moment was when she found out about other cases of coming out in small towns, where parents reacted violently and threw out the child from their home. Obtaining this information served as a frame of reference, and the mother concluded that her reactions were positive and supportive: "Some stories happened in some small towns where parents reacted differently than I did. And when you hear that, your conscience is clear." Most mothers could recognize the lack of professional support or places they could contact for support. One mother whose trans daughter was hospitalized had an unpleasant experience with health professionals, and not receiving support from them resulted in her feeling of loneliness during the crisis: "Nobody... Nobody gave me... Nobody wanted to deal with it. Simply, it was all very complicated...uhm, unfamiliar to the. Too many things were on my shoulders and I needed help." Similarly, another interviewed mother of a trans boy, reflected on the time of coming out crisis as the time when she needed support, because "we didn't know what to do with each other." Due to the lack of professional support, mothers spoke about the necessity and desire to help other parents that have similar challenges and go through coming out crisis: "This is what is important for me to say: parents need support!" Lack of support, as well as taboos about sexual orientation or gender identity, could result in parents' feeling of isolation. One mother, prior to the interview, never spoke to anyone but her husband and her son about her son being gay: "And that was terrible for me because I was unable to utter it. Even today, I can't: my son is gay. I can't. And that's the only thing that is bothering me, that I am afraid. I can't talk to anyone. I can't." The mother said that it would be very helpful to meet the mother of her son's partner to hear how she dealt with coming out. In this mother's case, the interview had a cathartic effect, considering she could talk to supportive outsider for the first time. After the study was conducted, the mother was invited by the first author to take part in a support group for LGBTQ parents. She and her husband attended one meeting only. But few days after the meeting her son told the first author that his mother contacted his boyfriend's mother and arranged a meeting in order to get to know each other.

Using different comparisons, five mothers reflected on transgender identity and sexual orientation as disorders. Most striking were comparisons that two mothers made between sexual orientation and paedophilia: "I don't have a problem with that. I mean, I have a problem with priests mistreating children, but that has nothing to do with LGBTQ, it has to do with sexual perversion and sick people." Other mother said: "He told me he would leave to a country where same-sex partners can get married and adopt children. But I remember that the monastery priest told me this could lead to paedophilia. Because when people who didn't bear children adopt one..." Explanations that include the pathological context in reflecting on sexuality and transgender identity are part of the Serbian discourse on these phenomena and could be harmful. An alternative way to understand a child's identity is in the context of his/her developmental phase at the time of coming out: "He was already a mature person, not in puberty, but an adolescent who knows what he wants." If a mother interprets a child's developmental phase as a phase of his/her maturity, it is easier for her to accept the child's identity: "I worried most if he was certain about it. I was afraid because he was very young, he is still young, but it was two years ago. He is 25 now." Further, some mothers used different ways to explain the child's identity, consistently avoiding words like gay, lesbian, and trans while trying to describe who the child is now:

"And now she is also that..."

“I accepted that as a group of people who have different psychology or need from the beginning.”

“So, we were either gays or lesbians, but expressed a desire to be something completely different. Literally.”

These lack of words and ways to explain a child’s identity as “that” or as a “group” with different needs can refer to lack to appropriate language to describe child and his identity. Many mothers did not have any knowledge about the LGBTQ population in Serbia and their challenges prior to coming out, as shown in the last quote. For them, it was an uncharted territory.

All the mothers reflected on the “cause” of a child’s sexual orientation and gender identity. At first, they thought they did something wrong: “At first, I blamed myself.” They had alternative explanations, such as that a gay son was disappointed with girls, that a mother did something during pregnancy, or that it was genetically caused. It was important for them to stop asking questions about the cause in order to move forward in the process of acceptance: “Maybe it was my mistake. But then I ask myself: Why is that a mistake? It is how it is, and I should accept it.”

All mothers could also recognize and remember the changes that happened over a period of time. Mother of a trans daughter, who reacted with violence when finding out, noticed that changes included deterioration of the child’s mental health and disruptions in their relationship, especially during the child’s hospitalization. But after some time, it got better: the relationship and her mental health improved. The process of improvements during this time was gradual and included mothers’ insights on different topics: “I needed time to be sure that he is perfectly fine,” “Well, let’s say, I understood how hard it is for them, for LGBTQs,” “If that was his road to happiness, then it was on us to support that. My need to know more changed over time.”

It was important for mothers to remember or to redefine the values they have as parents in order to find again the structure and goals of parenting to guide them through this crisis: “And that was the moment when I, as a mother, and my husband as a father, realized what is important to us.” The quality of child’s romantic relationship, his or her partner’s personality and comparison of homosexual and heterosexual romantic relationships, as well as their desire to be included in child’s life, were also helpful for mothers to redefine their attitudes: “I mean, as if he had a girlfriend, he has a boyfriend and that’s it”; “And that young man is the most wonderful person I met in my life. He is one wonderful human being”; “So, we want to participate in his life to the degree he allows us.”

Reflecting on the social context and child’s future, mothers had concerns. Primarily, they saw the social context in Serbia as hostile, stigmatizing and discriminative toward LGBTQ people, and contemplated moving to another, more liberal country as a solution. They also worried about child’s safety in the current Serbian political and cultural climate, and saw child’s future as more difficult compared to heterosexual population: “I admit one can’t pretend it’s not important when one lives in the Balkans, where those things are the reason for pulling out a knife on a person.” Reflecting on their child’s future, mothers saw future as foreboding and worrisome: “And that was the hardest for me, I knew that a very difficult period in life is ahead of him.”

Sub-themes that captured the experience of trans children’s two mothers were an adaptation to the child’s body and adaptation to using new gender pronouns. For these mothers, it was challenging to start using a different name and different pronoun when referring to their child. This was noted in their verbal explanations and in the sentence constructions during the interview. In the Serbian language, there are different verb suffixes for different genders, as

well as different pronouns, which is why these syntax “errors” are difficult to translate authentically into the English language. Other examples of the same sub-theme are: “And they [professionals] told me that when I talk about the memories when he was a child, that I should also change, talk using a male pronoun. I was trying so hard at the beginning to not misgender him, that I got mixed-up and even referred to myself as “he.” Regarding the child’s changing body prior to sex reassignment surgery, one mother noted that it was hard for her to think of and to explain surgeries and body transformations: “I don’t want to talk about it, I still can’t. After all, that is not my surgery, those are his body parts that will be taken out. I don’t want to think about that.”

### **“Are we strong enough to bear that all?” – Parent and family identity**

Most prominent sub-theme within this master theme was a co-parent relationship. This sub-theme captured mothers’ attitudes and thoughts on fathers’ role in child’s coming out and family acceptance, as well as their cooperation during a crisis. Parents’ strengths and challenges that played out during the family crisis depended on the quality of the co-parent relationship. In the case of divorced parents or when a mother was the first one to find out, mothers worried how their spouse would react to coming out, and if and when children should tell him: “And I couldn’t tell that to my husband, I was afraid how he will react.” Prior to looking for social support outside the family, co-parents supported each other, which helped them to better adapt to a family crisis. The same study showed that fear and anger were related with lower levels of family cohesion, which is notable in this mother’s words, where she is so afraid of husband’s reactions that she cannot tell him. However, the same mother noticed that her spouse had more understanding of the son’s sexual orientation than herself: “And I didn’t need to worry about it so much. Our son eventually told him, and over time, his father accepted him – it is what it is, he is my son.” Acceptance from the co-parent helped this mother to worry less and to better adapt to son’s identity.

Reflecting on the parent – child relationship, mothers recognized the continuity in the relationship. From their perspective, the closeness in the relationship did not change over time. One mother said: “So nothing changed, I still love, tickle, kiss, and hug him, we still choose clothes and hairstyle, we do everything together.” Although mothers claimed that the changes were happening over a period of time after coming out, and that they had different reactions, even a phase of ignoring the situation in case of one mother, they assessed that the essential feeling of love had remained unchanged during the crises: “Well, I didn’t start loving him less or loving him more, you can’t love him more.” Mothers talked about shifting their focus on the essence of their parenting goals. This is how one mother reflected on her tasks in child’s upbringing: “To be a parent is a challenging per se. And it’s a big responsibility, at least the way I have experienced it. It is my job to support my child, because it was my will, not his, to come into the world.”

Mothers reflected on their parental goals and the history of a child’s upbringing as well as family history in general, connecting and integrating the past, the coming out experience, and child’s identity after it. It was important for them to see the child as a whole and to integrate his or her identity in the family history: “Is he ready for it or not? Not just he, all of us. Whole family. Are we strong enough to bear that all? Then we concluded that we are the family that always somehow sticks out and that we’ve taken a couple of life hits.”

## **Discussion**

This study aimed at advancing the knowledge about the experiences of mothers of LGBTQ children prior to and after coming out. There is a lack of research on this topic in

Serbia, and the LGBTQ population remains invisible in the professional and academic literature. Previous studies, as well as the results of this study, show that the experience can vary depending on the social context and the extent of stigmatization of LGBTQ people (Elizur & Ziv, 2001; Green, 2000; Hammack, Thompson, & Pilecki, 2009; McCarn & Fassinger, 1996). Sub-themes captured mothers' worries and fears about their child's physical safety, future prospects, and whether the child can have a family – marriage and children - of their own. Following this, the master theme "*The context of finding out*" has given valuable information about children's mental health, suicidality, and social functioning prior to coming out, as well as information about how mothers' reactions contribute to children's mental health and parent-child relationship after coming out. These sub-themes are in accordance with research about the family function and mental health of LGBTQ people (Arnold, 2012; D'Augelli, 2002; Hegedus, 2009; LaSala, 2000; Ryan et al., 2010; Willoughby, Doty, & Malik, 2008). Prior to coming out, children could distance themselves from mothers, withdraw from peers, and be suicidal without anybody noticing. Regarding this, after finding out, mothers could connect a child's behaviour with the new information and the child's fear of rejection.

Mothers had a variety of reactions to their child's coming out. Some of the reactions are described in previous research and models (Ben-Ari, 1989; De Vine, 1984; Hegedus, 2009; Savin-Williams & Dube, 1998; Willoughby, Doty, & Malik, 2008). Results that differ from previous studies were mothers' most common reaction: fear for the child's safety, due to the hostile cultural and political context the LGBTQ people live in. As opposed to earlier findings (Ben-Ari, 1989; Crooks, 2003; De Vine, 1984; Heatherington & Lavner, 2008; Hegeuds, 2009; Philips, 2007), shock or surprise were not the most common reactions reported in this study. Mothers' fear was related to their perception of the social context as dangerous and hostile toward LGBTQ people. Studies conducted in the US show that parents were concerned about child's safety (Ben-Ari, 1989). The concern as opposed to fear might suggest that intensity and quality of emotional reaction depends on the social context in which phenomenon occurs, in this case, child's minority sexual and gender identity (Elizur & Ziv, 2001; Green, 2000; Hammack, Thompson, & Pilecki, 2009; McCarn & Fassinger, 1996). This was a surprising finding for me, as I didn't expect that fear would be so overwhelming to mothers. Becoming aware of their fear, I dedicated more time during interviews and coding to understand better what were the most frightening elements of their experience, understanding the importance of social context, and the effect it has on these mothers.

Other reactions include mothers' thoughts of their involvement in developing a child's sexuality, the importance of un-stigmatizing and non-pathologizing the LGBTQ people, and the variety of challenges mothers faced after their child's coming out. Mothers of trans children worried about their mental health, which is in accordance with previous research (Heatherington & Lavner, 2008; Hegedus, 2009). For those parents, on their path to acceptance, it is crucial not to perceive child's identity as a mental disorder or another kind of psychological problem, but to re-conceptualize it as a child's strength (Goodrich & Gilbride, 2010; LaSala, 2000).

This study confirmed the earlier research's finding that mothers' initial reactions to coming out have the power to shape the future mother-child relationship (Arnold, 2012; Goodrich & Gilbride, 2010; LaSala, 2000; Willoughby, Doty, & Malik, 2008; Ryan et al., 2010;).

When mothers had strong negative reactions or ignored the new information about the child, the relationship was damaged. Ignoring and not talking about child's identity and coming out are reactions described in De Vine's model (De Vine, 1984; Savin-Williams & Dube, 1998; Willoughby, Doty, & Malik, 2008), in the phases of Bargaining and Depression. The characteristic of the bargaining is that parents do not accept that a child's identity is not changeable, and they can express doubts about his or her identity, hoping that they can do

something to change it. Similarly, some mothers believed that their child's identity is somebody else's fault: "An individual can't know. He blames this one and that one." Guilt is the feeling connected with the phase of Depression. According to DeVine, feeling guilty is a sign of acceptance that child's identity will not change, resulting in parents giving up the strategies to change it.

On the other hand, in dyads where mothers had more positive reactions, it was easier for them to talk with the child and to have open communication, which is characteristic of supportive families. These results support the findings on parents' use of the positive strategies, including the wish to maintain a relationship with the child and to seek social support, as well as to reconsider beliefs about sexual orientation (Crooks, 2003; Goodrich & Gilbride, 2010; Hegedus, 2009; LaSala, 2000).

Processes of adaptation to the child's identity included reaching out for social support, reflecting on the child's development and developmental phase, reflecting on child's identity and trying to define it, and reviving crucial values in child's upbringing in order to accept the child as a whole. These processes, as well as some of the mothers' reactions, were supported by the Model of parents' reactions (De Vine, 1984; Savin-Williams & Dube, 1998; Willoughby, Doty, & Malik, 2008). In mothers' narratives, different themes and sub-themes phases capture stages of De Vine's Model, such as Shock, Denial, Anger, Depression, and Acceptance. Results suggest that mothers of trans children have challenges that last beyond coming out of the crisis and continuing through child's transition and surgeries: using different name and pronoun and adaptation to child's changing body which has been shown in previous research as well (Hegedus, 2009; Wahlig, 2015).

In order for mothers to accept child's identity and to move from unacceptance and questioning if the child will change and where they had made a mistake, to acceptance of the child, it was important to see the child's identity in a different light, attaching more positive meaning the LGBTQ population in general and coming out in particular (Willoughby, Doty & Malik, 2008). This included obtaining positive information about LGBTQ people, seeing the child as happy in a romantic relationship and the child's partner as a supportive and kind person. Seeing child happy again and able to cope with discrimination and previous struggles was also important for mothers in order to adapt. These results are in accordance with previous research (Hegedus, 2009; Wahlig, 2015), which defines positive coping strategies such as perceiving coming out as an act of bravery, creating continuity and coherence in child's identity, and providing the unconditional love. During the coming out crisis, mothers expressed negative coping strategies as well, such as questioning if child's trans identity is just a symptom of deeper psychological problems, and if child's identity and sexual orientation are something that could be altered. Mothers who were able to create an integrative story about child's early development and the present, as well as to include child's experience in family experience as a different and non – normative, could integrate child in the family once again (LaSala, 2000; Philips, 2007; Willoughby, Doty, & Malik, 2008).

The results shed light to practical implications in working with mothers of LGBTQ children in Serbia. Maybe the most important thing a practitioner should be aware of is how cultural context, marginalisation and stigmatisation affect parenting role and the relationship with the child. This is especially important for mothers of trans children who face broader challenges facing medical care through transition, the inability to "hide" child's identity once they start social transitioning and hormonal treatment. Understanding the difficulties these mothers face, as well as helping them to understand, reflect on and normalize their experience, as the research has showed that mothers often feel isolated and unable to talk to anybody because of stigma, can be a crucial moment for a mother not to cut off the child, as in the case of the religious mother who received support from a priest. Practitioners also should keep in mind the time passed from coming out, understanding the phase that mothers are in, and

understanding the main themes mothers are facing during particular phase. Keeping in mind that some mothers, soon after finding out, might need help to redefine child's identity in non-pathological way and helping them understand "how" the child grow up to be gay, relieving them of a potential guilt they feel comes, as the study showed, before the themes like getting familiar with child's partner and integrating him/her in a family. Having in mind specific concerns mothers come with to the counselling and being sensible to their needs, timely opening topics with them and respecting mothers' pace and phase can serve as a safe space for them to share their experience and challenge believes that are preventing them to move on to acceptance.

Other side of the coin for practitioners working with LGBTQ people can be found in knowledge about mothers' processes and help them prepare children to coming out or re-establishing disrupted family relationships.

This study, nevertheless, has methodological limitations. Maybe the most important limitation in achieving the goal of understanding the whole experience of mothers of LGBTQ children is sampling process. The participants in this study were only the mothers who were accepting enough and empowered enough already to be open to talk about their experience. This means that the experience of the less accepting mothers stays out of our knowledge at the moment, as we didn't have a chance to contact them and hear their story. Learning about mothers' experiences was done through opening, analysing, and interpreting memories mothers could recall after first finding out about child's identity. Even though results obtained that way are in accordance with previous research, we think it is important to emphasize the limits of qualitative research methodology in exploring this topic. This methodology requires openness of participants, contact with the researcher and willingness to talk about one's experience, and for the parents who are still in early phases like denial and anger, there is very small possibility that those would take part in qualitative research. Having this in mind, we must be aware of limitations when thinking about the generalization of the presented results to the integrated path all mothers experience, as we could explore the path of the mothers who came to a stage of acceptance in the time of the interview. Understanding the effects social context has on mothers in their process, we think that the generalisation based on our results must be taken with caution, as all mothers but one from our sample were living in cities, and being educated in university, and belonging to middle socio-economic class. We, based on only these results, cannot make conclusions about the experience mothers from smaller towns or village, less educated and in lower socio-economic classes, as the research show us that cultural and educational factors have impact on the parents' experience (LaSala, 2000; Philip, 2007).

Further, we have learned very little about the experience of fathers and co-parents as a unit. We learned about them only through mothers' eyes and their role in the coming out process. The fact that we couldn't include any fathers in our sample, as described, tell us that one co-parent and his experience and effect on the coming out process stays out of our reach in this research. Next research should, therefore, focus on understanding fathers' experience, experience of mothers from different local context and socio-economic class, as well as the experience of co-parents, so that the integrative picture of the parents' processes could be explored.

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