"Will Life Be Difficult for Them?": Thai Parents'/Caregivers' Responses to the Disclosure of Their LGBTQI+ Children's Gender/Sexual Identity

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Abstract

Studies worldwide have indicated that parents/caregivers of LGBTQI+ children experience difficulties understanding their children's gender/sexual identity; this lack of comprehension leads to a lowered quality of life for the children. However, little is known about the experience of parents/caregivers of LGBTQI+ children in Thailand. To fill this knowledge gap and inform future interventions, this qualitative study explores how parents/caregivers of LGBTQI+ people in Thailand respond to and manage the stress of the circumstance. Twelve parents/caregivers (ages: 48–70) of eleven LGBTQI+ people in Thailand responded to a semi-structured, in-depth interview. The interview transcripts were analyzed with an inductive thematic analytical approach, and the results were further discussed under the family stress theoretical framework. Most parents/caregivers initially experienced difficulties in accepting their children's gender/sexual identity and had concerns for their children's future, but subsequently accepted or came to terms with the disclosure. The most common coping mechanism among the participants was rationalizations, which seemed to help them alter the meanings associated with having LGBTQI+ children or emphasize the absence of other stressful events. Family resources such as family cohesion and communication skill seemed to be critical regarding the parents'/caregivers' positive responses. Relationships among families with LGBTQI+ children and their accessibility to relevant information seemed to strengthen family resources. Social interventions to normalize diverse genders/sexualities, eliminate discrimination, and reinforce family resources through general and context-specific approaches are recommended for supporting families with LGBTQI+ children.

Keywords: parents, caregivers, family stress, gender, sexual identity, LGBTQI+, Thai

1. Introduction

Greater well-being, higher self-esteem, life satisfaction, and general favorable health outcomes has been shown to be associated with family acceptance and support among LGBTQI+ youth and young adults (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010; Simons, Schrager, Clark, Belzer, & Olson, 2013), while lowered risks for suicidality, depression, anxiety, and psychological distress among the populations has been predicted (Klein et al., 2022; McConnell, Birkett, & Mustanski, 2015, 2016; Puckett, Matsuno, Dyar, Mustanski, & Newcomb, 2019; Ryan et al., 2010; Simons et al., 2013). Acceptance and support from parents and family also predicted lowered prevalence of high-risk behaviors (i.e., drug abuse, alcohol consumption, smoking, and unprotected sex) among LGBTQI+ youth and young adults (Newcomb, Heinz, Birkett, & Mustanski, 2014; Newcomb, Heinz, & Mustanski, 2012; Padilla, Crisp, & Rew, 2010; Ryan et al., 2010). Meanwhile, LGBTQI+ youth and young adults who reported a higher level of family rejection were more susceptible to risks of suicidality, depression, drug abuse, and high-risk sexual behaviors (Ryan, Huebner, Diaz, & Sanchez, 2009; Yadegarfard, Meinhold-Bergmann, & Ho, 2014).

Despite the wish for their children's well-being, studies have shown that many parents of LGBTQI+ or gender-variant children had difficulties coming to terms with their children's gender/sexual identity (Aramburu

Alegría, 2018; Hill, & Menvielle, 2009; Pullen Sansfaçon, Robichaud, & Dumais-Michaud, 2015; Saltzburg, 2009). A quantitative study by D'Augelli, Grossman, and Starks (2005) found that parents who suspected that their children were LGBTQI+ were more likely to make disparaging comments against the children and that half of the parents had negative reactions when their children came out to them. Initial reactions of parents upon disclosure of their children's gender/sexual identity included disbelief, denial, rejection, hysteria, and physical attacks (Pullen Sansfaçon et al., 2020; Savin-Williams, & Dubé, 1998). Feelings of loss, grief, and mourning were also reported by parents in many studies (Hale, Chertow, Weng, Tabuenca, & Aye, 2021; Pullen Sansfaçon et al., 2020; Saltzburg, 2009). Parents of LGBTQI+ children also reported feeling alone, feeling like outcasts, and feared losing favorable relationships with others in society (Pullen Sansfaçon et al., 2015; Saltzburg, 2009). Allies of transgender persons were also found to be victims of transphobia themselves (Cook-Daniels, 2011, as cited in Pullen Sansfaçon et al., 2015). Studies have shown that while parents of LGBTQI+ children were looking for resources and help to overcome their distress, they encountered difficulties in gaining the support they needed from schools, healthcare providers, and other families with LGBTQI+ children (Johnson, Sikorski, Savage, & Woitaszewski, 2014; Pullen Sansfaçon et al., 2015; Saltzburg, 2009), due to the invisibility and non-recognition of families with LGBTQI+ children, and the lack of knowledge regarding where to obtain support (Pullen Sansfaçon et al., 2020; Pullen Sansfaçon et al., 2015).

Despite these obstacles in seeking support, when it was accessible, parents of LGBTQI+ children regarded help from health professionals, the network of other families, and the LGBTQI+ communities as significant support systems (Johnson et al., 2014; Pullen Sansfaçon et al., 2020; Saltzburg, 2009). Although currently there is a dearth of peer-reviewed studies and evidence-based interventions for families of LGBTQI+ children (Parker, Hirsch, Philbin, & Parker, 2018), organizations and networks of parents and allies of LGBTQI+ people, such as PFLAG (formerly, Parents, Families, and Friends of Lesbians and Gays), has been established in many countries worldwide to help parents and caregivers of LGBTQI+ people through their grief, provide education on topics relevant to gender diversity, and advocate for equal rights (Broad, 2011; FFLAG, 2021; PFLAG, 2022; Wei, & Yan, 2021).

Thai context

Although there are many non-profit organizations in Thailand that are working to support LGBTQI+ people's health and well-being, none of these organizations specifically target the parents and caregivers of LGBTQI+ people (Juntrasook, Ojanen, & Sopitarchasak, 2021). Meanwhile, evidence suggests that Thai LGBTQI+ youth experience victimization and rejection by their parents that adversely affects their well-being (Newman, Prabhu, Akkakanjanasupar, & Tepjan, 2022; Sopitarchasak, Kihara, Soe, & Ono-Kihara, 2017; UNDP and USAID, 2014; Yadegarfard et al., 2014), highlighting the need for support for the parents and caregivers of LGBTQI+ people in Thailand.

In addition, because there is a lack of evidence of how the parents and caregivers of LGBTQI+ people in Thailand are affected by and cope with their children's gender or sexual identity after the subject is disclosed to them, there is no basis to develop evidence-based supporting programs. Despite a study by Suttichainimit and Tuicomepee (2016), which focused on the experiences of homosexual Thai people's siblings, there is scarce literature on the experiences of parents and caregivers of LGBTQI+ children in Thailand designed as educational material and no peer-reviewed research articles on the topic (Juntrasook et al., 2021; Samakkeekarom, Thongchalaem, & Prapavadee, 2021; The Foundation of Transgender Alliance for Human Rights, 2015).

2. Objectives

To provide more evidence that informs social interventions that support the parents/caregivers of LGBTQI+ children, this study aims to understand how parents/caregivers of LGBTQI+ people in Thailand respond to the disclosure of their LGBTQI+ children's gender and/or sexual identity and how they manage-stress under the circumstance.

3. Materials and Methods

This qualitative study is part of the LGBT-4P research project, which aims to study the need for support of the LGBTQI+ population and their parents/caregivers, peers, partners, and health service providers. The research under the project includes studies of the experiences of parents/caregivers, peers, partners, and service providers of LGBTQI+ people. In this article, only the details related to parents/caregivers are presented and discussed. The parents/caregivers who participated in this study were interviewed through semi-structured in-depth interviews, conducted between February and April 2020.

3.1 Interview framework

The participants were interviewed based on guided questions (semi-structured) as follows:

(1) The participants' basic personal information (e.g., age, current province of residence, profession)

(2) How they understand of their LGBTQI+ children's gender/sexual identity (e.g., What is your LGBTQI+ child's gender or sexual identity as they self-identify; How do you understand the term [the child's gender identity or sexual identity]? Why do you think your child is LGBTQI+?)

(3) Their experiences upon realization of their LGBTQI+ children's gender/sexual identity (e.g., When did you know about your child's gender/sexual identity? How do you feel about it? [If there were negative feelings,] how did you cope with it? How do you feel about your child's gender/sexual identity now? How did you live with your child after that? Do you have any concerns about how to act around you child?)

(4) Their experiences with other people in relation with their LGBTQI+ children's gender/sexual identity (e.g., Do other family members/relatives/neighbors know about your child's gender/sexual identity? If so, what were their reactions? Has anyone rejected or discriminated against you and your child because of your child's gender/sexual identity? If so, how do you cope and what kind of support did you seek?)

3.2 Recruitment and sampling

The study included people who (1) were 18 years old or older, (2) were of Thai nationality, and (3) had been a caretaker of a child (e.g., biological offspring, younger siblings, nephews, or nieces) who self-identified as LGBTQI+.

The purposeful sampling method was adopted to recruit the participants from a list of parents who had participated in activities held by the Foundation of Transgender Alliance for Human Rights, and also through personal connections of LGBT-4P project's research team members. The participants were selected to include caretakers of children who identified in six ways: (1) gay men, (2) trans women, (3) lesbians, (4) trans men, (5) intersex persons, and (6) nonbinary individuals. The potential participants were informed about the research project and the objectives of the interviews through phone calls by the research team members. After each potential participant agreed to participate in the interview, the research team members appointed a date, time, and a place for the interview, according to the participant's preference. Participants could choose to participate in a phone interview. Prior to the interviews, research information sheets, along with a consent form, were mailed to the participants. Written, informed consent was obtained from all participants prior to the interviews. The participants were compensated 600 baht for their participation and for transportation to the interview.

3.3 Data collection

The interviews were conducted either in-person or via the phone, per the participant's choice. Before starting each interview session, the participants were again informed about the research's objectives and the interview guidelines. All participants were notified that they could refuse to answer any question and that they could stop the interview at any time. The interviews took approximately 40–60 minutes each and were concluded when information saturation was reached.

Twelve parents/caregivers of eleven LGBTQI+ people participated in this study. Two caregivers of a LGBTQI+ (i.e., a mother and an uncle) participated in an interview together. All interviews were audio-recorded with the participants' informed consent. All audio recordings were transcribed verbatim. All names were replaced

by codes (PR01, PR02, PR03, … PR12) to protect their anonymity. The transcripts and interview records were kept in the research project's cloud storage which was only accessible to the team members.

3.4 Data analysis

The transcripts were systematically analyzed with an inductive thematic analytical approach. Data was initially coded and sorted into themes by two separate researchers (SS and RS). The results were compared, and themes were then revised by refining, combining, dividing, or discarding existing themes. The article was produced after both researchers had agreed on the final themes. Quotes selected to be included in this article were translated into English by the researcher (SS). All third-person pronouns referring to the participants' LGBTQI+ children were translated as gender-neutral pronouns (they/them).

3.5 Ethical approval

The research protocol was reviewed and approved by the Human Research Ethics Committee of Thammasat University (certificate number: 046/2562).

4. Results

Among the twelve participants, the age range was 48 to 70 years old. Two were male; ten were female. Nine participants were living in Bangkok during the time of the interview. Regarding the gender/sexual identity of the participants' children, three are gay men, two trans are women, two lesbians are women, two are trans men, one is an intersex person, and one is a nonbinary person (see Table 1 for details).

Table 1 Participants' basic information

Code	Male/Female	Province	Relationship to their child	Gender/Sexual Identity of the child	Sex assigned at birth
PR01	Female	Bangkok	Sister	Lesbian	Female
PR02	Female	Bangkok	Mother	Gay man	Male
PR03	Female	Bangkok	Mother	Trans man	Female
PR04	Female	Bangkok	Mother	Gay man	Male
PR05	Female	Bangkok	Grandmother	Trans woman	Male
PR06	Male	Bangkok	Father	Trans woman	Male
PR07*	Female	Bangkok	Mother	Gay man	Male
PR08*	Male	Bangkok	Uncle		
PR09	Female	Phayao	Mother	Nonbinary	Female
PR10	Female	Bangkok	Mother	Trans man	Female
PR11	Female	Chiang Rai	Mother	Intersex	Male
PR12	Female	Prachuap Khiri Khan	Mother	Lesbian	Female

*PR07 and PR08 are siblings who raised a child (a gay man) together.

4.1 How caregivers learned about their children' gender/sexual identity

Preconceived notions

Most participants reported speculating that their children might be LGBTQI+ based on their observation of their children's behavior and demeanor. For male children, the observations include not having male friends, playing mostly with female friends, dressing themselves neatly, acting effeminately, being well-behaved, being gentle, and disliking violent play. For female children, the observations included behaving in traditionally

masculine ways, disliking or showing no interest in women's clothes (e.g., skirts), being reserved, having no male friends after puberty.

> "They were well-behaved and a bit girly. They were not into girls. It seemed to me that they might be gay. I took a hint from their demeanor. They could be friends with all the girls, and I thought there were some men who liked them. So, I was pretty sure that they were gay." (PR02, mother of a gay man)

> "I thought about it since they were little. They didn't like playing with boys. They didn't like violent play. They wouldn't do it. When they were two or three years old, they would play with girls all the time." (PR05, grandmother of a trans woman)

> "I noticed something when they were little. I have two [daughters], and that's why comparisons can be made. They did not like fluffy skirts. They only liked simple stuffs [sic]. So, they were totally different from other girls." (PR09, mother of a nonbinary person)

> "I noticed that my child was quite bold, unlike girls." (PR10, mother of a trans man)

From speculation to confirmation

After forming speculations, some caregivers took actions to confirm their conjectures about their children's gender/sexual identity by asking the children directly or having a discussion with their children's teachers. Some waited for the children to come out at the children's volition. Meanwhile, the other participants never inquired or discussed the subject with their children, but rather presumed the speculations to be true.

> "When they were in first or second grade, I observed their demeanors [sic] and asked whether they were a girl or a boy. They said, 'I can be whatever, Mom. What do you want me to be?'" (PR02, mother of a gay man)

> "I suspected that they might be a girl. So, I talked to two of their homeroom teachers from seventh and eighth grade whom they were close to. The teachers said to me, 'Don't you know? They're a girl.' I said I really didn't know. The teachers told me about my child's behaviors [sic] at school which were more telling than [at home]." (PR06, father of a trans woman)

> "I knew for sure when they told me. They were in twelfth grade when they came to talk to me. They said they felt they were not like others, that they felt they were not a girl. They felt that they were a man." (PR03, mother of a trans man)

> "It must be so. I was sure that my child was [gay], because they were not like others. Their demeanor, the way they walked, was not like others." (PR07, mother of a gay man)

4.2 Emotional responses

Most parents/caregivers reported feeling a range of negative emotions upon realization that their children were LGBTQI+. The most common emotions described by the participants were sadness and disappointment.

> "I was sad, but I didn't say anything. Sometimes I was so hurt but I couldn't say it. If I say anything, it would put pressure on them, and they wouldn't talk to me when they're in troubles [sic]." (PR04, mother of a gay man)

> "I had three sons. I was looking forward to having a daughter. I wished for a daughter. As I got them [a trans man], I was disappointed. But what can I do to them? I pondered about it, and then I thought they could be whatever they were. Whatever will be will be." (PR10, mother of a trans man)

> "As a matter of fact, I felt disheartened. My thought was like, 'Are you sure? Is this a good idea? Will you be wasting your time?'" (PR12, mother of a lesbian)

On the other hand, some participants reported no negative emotions upon realizing their children were LGBTQI+.

> "I didn't feel anything. They can do whatever makes them happy as long as it doesn't cause troubles [sic] to others. What's important is being a good person, earning a living, and being no burden to anyone else." (PR01, sister of a lesbian)

"Personally, I was not bothered. I thought it was alright. My child was still a teenager. They could take some time to find their identity, what they really are. I was never against LGBTQI+ people." (PR03, mother of a trans man)

4.3 Concerns for their children

Regardless of whether or not the participants felt sad or disappointed about their children's gender/sexual identity in the beginning, most reported being worried about their children's lives as LGBTQI+ people. Such worries can be grouped into four aspects: (1) discrimination, (2) health, (3) long-term relationship, and (4) emotional instability.

Concerns about discrimination

Many participants indicated their worries about their children being bullied or discriminated by the outside world. Some were especially concerned about their children's career and discrimination in workplace.

"Will life be difficult for them? Because I know that LGBTQI+ people are still not accepted in the society. My child might have more difficulties. I'm worried about how people in the society will react. Will the people be against my child?" (PR03, mother of a trans man)

"What if one day they get bullied? I thought a lot about these things." (PR12, mother of a lesbian)

"The only thing I was worried about was their future. Would their life be stable when they grow up? Would the people at their job shun them because they are like this?" (PR07, mother of a gay man)

Health concerns

Concerns about the health of their LGBTQI+ children, especially for those with children whose sex was assigned male at birth, were primarily about HIV/AIDS and gender-affirming care.

"I'm anxious about AIDS. I can't help thinking about it. How they make love is different. How do they protect themselves? That, I don't know. And I dare not ask. I don't want to bother them." (PR04, mother of a gay man)

"I'm quite worried [about HIV]. I always tell them to be careful. But mostly I won't tell them myself. I'd ask my wife to do instead, because she is more tender. We told them to be careful. But they are young and hormonal. We cannot always know what they do." (PR06, father of a trans woman)

"To turn yourself from a man to a woman, many things will be adjusted, and they might not be perfect. There might be some deficiencies. And I'm mainly concerned about their health" (PR06, father of a trans woman)

"They used to do sports. They used to play tennis, but now they cannot hit the ball. Their father thought they took some freaky medicine, maybe birth control pills. I never asked, but deep down I was also curious whether that was true." (PR11, mother of an intersex person)

Concerns about unsuccessful relationships

Another major concern by most participants was about their children's long-term relationships and family building. Mostly this kind of worry stemmed from the participants' belief that romantic relationships between LGBTQI+ people do not last long, that they are bound to be hurt and disappointed by such relationships, and that they might end up being alone.

"I was worried. I wanted my child to be a woman. I don't want them to struggle in the future. I want them to have someone looking after them. I mean, I want them to have kids and get married." (PR10, mother of a trans man)

"Would men truly like my child? Would they like a trans woman or a real woman? I think it's just puppy love. That's why they like each other now. I'm worried about these stuffs [sic] because I've seen it. This kind of relationships [sic] doesn't last very long." (PR06, father of a trans woman)

(Talking about her child's romantic partner) "On one hand, I think I am relieved that there is somebody taking care of my child for me. But on the other hand, I don't know how long this will last. I don't know how long they can put up with my child, or when they will become bored with my child and go for another person instead." (PR12, mother of a lesbian woman)

"I told them that their life will be like this, that there is no longevity [in LGBTQI+ relationships]. I taught them so. I said, 'Even some straight couples who had kids together can break up. Even when they're old, they can still break up. And when you're like this [being a gay man], it's going to last two months.'" (PR08, uncle of a gay man)

Concerns about emotional instability

There was also a concern about their LGBTQI+ children's emotional stability, that their children were overly sensitive and could become excessively sad or angry. The sources of such concern included direct experiences and hearing about such inclinations from other people.

"When they fall in love, they fall hard. When *toms* [a Thai term for masculine-presenting lesbian] love [sic], they love immensely. That's why I'm concerned. And they are sensitive as well. If they cannot control their emotions, they won't harm other people, but they'd harm themselves." (PR05, grandmother of a trans woman)

"I'm worried about their feelings when they are in love and then lose it. They'd be heartbroken. I'm afraid they will lose their mind. So, I try to teach them. […] Although, if my child were a girl, I would still be worried. But as they are like this, I'm even more worried." (PR06, father of a trans woman)

"I hear that *toms* [a Thai term for masculine-presenting lesbian] are self-indulgent and aggressive, that they might physically assault others, and that they get in and out of relationships capriciously." (PR12, mother of a lesbian)

4.4 Behavioral responses

The participants had four primary behavioral responses after learning their children were LGBTQI+: (1) attempting to convert their children, (2) seeking information about diverse genders/sexual identities, (3) discussing with family members, and (4) consulting other families with LGBTQI+ children.

Attempting to convert their children

Some participants initially tried to change their children into becoming heterosexual by telling them to tone down their behaviors or act more traditionally masculine or feminine, according to their biological sex assigned at birth. Some tried reasoning with their child by telling them how life as an LGBTQI+ person would have hurdles.

"Honestly, I don't want them to be [gay]. I tried to teach them that they are a man so they should listen to men's music, that they shouldn't sing girls' songs. I told them that they should get manly stuffs [sic], maybe something in blue or black, not pink. I tried to teach them, but they didn't listen." (PR07, mother of a gay man)

"I tried. I tried [to make them manlier]. But it didn't work. Their father tried harder than me. He taught them to box, to exercise, and do many other things." (PR11, mother of an intersex person)

"I tried to teach them, but they were stubborn. Like a man, they wouldn't listen. Maybe you can say they are being themselves. I was distressed. I was restless for a while, and then I thought, 'Well, just let them be.'" (PR10, mother of a trans man)

"I said to her that it was going to be a waste of time if they would be in a relationship [as an LGBTQI+ couple], that they'd break up someday anyway." (PR12, mother of a lesbian)

Among the participants, only a pair of caregivers (a mother and her brother, the uncle of a gay man) took their child to see a psychiatrist, hoping to convert the child to be heterosexual.

"We even took them to a hospital, the doctor said they were normal. We wanted the doctor to take care of the issue that they were like this [being gay]. But the doctor didn't. I wanted the doctor to help them recover [from being gay]." (PR07, mother of a gay man)

Seeking information

Upon realizing their children's LGBTQI+ status, some of the participants educated themselves about diverse genders/sexual identities. Learning methods varied among the participants, ranging from reading books

or information on the internet, seeking advice from doctors, learning from their own children, and learning from the LGBTQI+ community.

> "I'd read books about sexual diversity from time to time. Books or the internet. I read about what *tom* [a Thai term for masculine-presenting lesbians] and *dee* [a Thai term for feminine lesbians] are. And there were so many words. It was not like I was researching seriously though. I would read when I find something by chance. It's been 2–3 years." (PR09, mother of a nonbinary child)

> "I consulted a doctor who is my husband's friend. A senior doctor. An obstetrician or something. I was told that it's about having excessive male sex hormone [sic] in the body." (PR10, mother of a trans man)

> "My child started speaking some unfamiliar terms [about various genders]. And it was more than what I knew. So, I started learning, for example about asexual, queer, nonbinary, or gender-fluid. There were many words that I had to ask them what they meant, because I wanted to understand." (PR03, mother of a trans man)

Communication among family members

In an attempt to manage their discontent, some participants sought to discuss the children's gender/sexual identity with family members. Such discussions may have served to help them come to terms with their children's gender/sexual identity, while also providing opportunities for caregivers to prepare a course of action as well as to learn about sexual diversity.

> "We [I and my husband] talked. I said to them that they've never caused us troubles [sic]." (PR04, mother of a gay man)

> (Talking about a discussion with the mother of the child) "We talked about what to do with their future, since they are like this. I thought that we had to do whatever it takes to ensure their best future, to make sure that they will not look so terrible that they would be rejected by people around them." (PR08, uncle of a gay man)

> (Talking about her new husband) "He said it was obvious to him that my child must be [LGBTQI+], because their words were usually unpolished, unlike girls. He said we cannot tell them off because these kinds of children have more male sex hormone [sic]. He said if we tell them off, they'd get sad or upset." (PR10, mother of a trans man)

Meanwhile, positive communication between parents and their LGBTQI+ children seemed to play a vital role in instigating mutual understanding and providing reconciliation in their relationships.

> "I tried to be close to them. I tried to talk to them and ask about how people around them reacted, how they felt, whether there was any problem or whether people around them understand them now that they were transitioning to live as a trans." (PR03, mother of a trans man)

> "We let our child say anything without blaming them, no matter right or wrong. But if it's really bad then we will communicate straightforwardly. As we did so, it made him not afraid of their parents, not sorry for what they are." (PR04, mother of a gay man)

> "I think the happiest person from the situation was my child. They got to tell their mom and dad. They got to reveal their identity. They had been scared all along, but I just didn't know. But as we now show that we are ok with who they are, they are just very happy and the atmosphere is great." (PR06, father of a trans woman)

Consulting other parents/caregivers with LGBTQI+ children

Some parents/caregivers who had trouble coming to terms with their children's gender/sexual identity reached out to other families who had LGBTQI+ children for advice.

> (Talking about his neighbor) "He knew our kid was gay. He could only come to us. He couldn't consult anybody else. He came to us, saying his child was like gay. Same as ours. We shared our problems. We told him not to forbid his child if they're like this, to accept the reality and teach them to be discreet and not to act hideously. Outside of your home, if you're not discreet, some people will be against you. There're people out there who hate LGBTQI+ people. They might hurt you." (PR08, uncle of a gay man)

"I talked to my neighbors about how our children were not quite like others'. Their children were like mine. They consulted me. I also consulted them. I told them not to fret about it. Our children don't smoke. They don't cause troubles [sic]." (PR02, mother of a gay man)

(Talking about a father of his child's schoolmate) "He's highly educated. But he didn't know what to do [about his child's gender]. He asked me what clinic I took my child to [for gender-affirming therapy], so I gave him the info." (PR06, father of a trans woman)

4.5 Making peace with the reality

Among the participants who reported feeling discomfort with their children's gender/sexual identity in the beginning, all subsequently managed to make peace with the circumstance [described as ทำใจ (tam jai) in Thai]. Nonetheless, rather than an understanding and acceptance of sexual diversity, such acquiescence seemed to stem from their perception that nothing further could be done to change their children's identity.

"When they were young, I tried to train them [to be straight], but it didn't work. So, I made peace with it. I didn't know why I should be sad about it. I had to make peace with it. No need to be ashamed." (PR07, mother of a gay man)

"Actually, as a mother, I want them to have a family that will be accepted by the society. But as they already are [LGBTQI+], I don't know what to do." (PR12, mother of a lesbian woman)

"As a mother, I couldn't help thinking about it. But I tried making peace with it. I told myself that my life wasn't difficult. My children are not so bad. So, I let it go." (PR02, mother of a gay man)

4.6 Coping mechanisms: Rationalization

There were three primary patterns of rationalization which were adopted by most participants to help them justify and come to terms with their children's LGBTQI+ status: (1) comparing their children to cisgender heterosexual people whom they perceived as worrisome, (2) resorting to the concept of 'a good person' [described as คนดี (kon dee) in Thai], and (3) focusing on what makes their children happy.

Comparison to worrisome cisgender heterosexual people

By comparing their LGBTQI+ children to cisgender heterosexual people they perceived as troublesome, the caregivers rationalized that having LGBTQI+ children was not as bad as they had initially perceived. Drug abuse, unwanted pregnancy, parents being neglected by their cisgender, heterosexual children, and unhappy marriages were commonly mentioned as examples of problems the caregivers witnessed among cisgender, heterosexual people.

"I could see that daughters [of other families] had troubles. They got pregnant while still studying. Women at the same age [as my child] already got kids. If my child were a [cisgender, heterosexual] woman and got pregnant, it would burden me. If they were a [cisgender, heterosexual] man, they also might knock a girl up. So, it calms my mind that they are like this." (PR05, grandmother of a trans woman)

"I'm not dissing other people's kids, but they are drug addicts. Our child doesn't do drugs and they graduated. I'm happy. They even give me money." (PR02, mother of a gay man)

"It's good that my child doesn't have a wife. All [cisgender, heterosexual] men are obsessed with their wife. But [LGBTQI+] kids love their mom and dad. They're always around their parents. That means I get to have my child close to me." (PR04, mother of a gay man)

As long as they are good people

The most common rationalization mentioned by the caregivers in this study was the idea that their children can be whatever they are as long as they are good people (kon dee). Being a good person in most caregivers' view was about not causing trouble for them, being able to take care of themselves and their family, and not being involved with drugs and alcohol.

"[They can do or be] whatever makes them happy and doesn't cause troubles for others. And what's important is they are a good person." (PR01, sister of a lesbian)

"Most importantly, as I said before, they don't do drugs. If they were a drug addict, stuffs [sic] in my house would have all been gone. They work, earn, and share with us. We should be proud." (PR07, mother of a gay man)

"I'm their mother. To say I never fretted about it would be a lie. I did, but I had to get over it. I had to think that my child has never misbehaved or partied too much to worry me." (PR02, mother of a gay man)

"They're a grown up now and have never caused troubles [sic]. And they're brilliant. They have always been independent. They did well at school. They never caused troubles [sic] to worry me." (PR10, mother of a trans man)

As long as they are happy

Another pattern of rationalization common among the caregivers was the idea that they wanted their LGBTQI+ children to be happy with their lives and that it was their children's right to love whoever they wanted.

"Actually, it's their happiness, not ours. We're not going to be with them until they die. It's their preference. It's their choice. They should have the right to choose who to love." (PR04, mother of a gay man)

"I think their identity is their personal right. I need to respect their identity and opinions, regardless of what they choose to be. I only teach them to do what is right, reasonable, and doesn't cause troubles to others." (PR03, mother of a trans man)

"They can be whatever they want as long as they're happy. I have to let them be. If they were a [cisgender, heterosexual] woman, and if the husband were a playboy, would they be happy?" (PR10, mother of a trans man)

4.7 Facilitating factors: Attitudes of people outside of the family

Many participants talked about how acceptance and positive comments by people outside of their families helped them change and accept their children's gender/sexual identity.

"When I go to the school and get to know someone there, they'd say things like, 'Your child is so smart' or 'How lovely are they?' The teacher also talked about them. So, my husband started to change. […] I started changing how I think about it when my friends talked positively about my child, when people mentioned our family as a role model." (PR04, mother of a gay man)

(Talking about her husband's friends) "They asked my husband why he couldn't accept his own child while he was alright with other LGBTQI+ kids he saw every day. They pointed out that our kid was a good kid who never caused troubles [sic]." (PR11, mother of an intersex person)

"People said I was lucky I didn't have to work since my child was taking a good care of me. They were praising my child. So, I thought I should be proud and stop overthinking about things that shouldn't matter." (PR02, mother of a gay man)

5. Discussion

Despite variability in degrees, most parents/caregivers in this study initially experienced difficulties in accepting their children's gender/sexual identity, but subsequently learned to accept or make peace with it. Although some participants had attempted to convince their children to become cisgender and/or heterosexual, none of these endeavors were successful. The parents/caregivers sought information to learn about diverse genders/sexual identities and how to interact with their children from external sources such as books, the internet, experts, or other parents/caregivers of LGBTQI+ children. Rationalizations were commonly observed among the participants as a coping mechanism which helped them come to terms with their children being LGBTQI+. To better understand the functions of the participants' responses and coping methods, the results of this study will be further discussed under a family stress theoretical framework initially proposed by Hill (1949).

Based on Hill's (1949) family stress theory, and other modifications of the model (Boss, 1992; Boss, & Greenberg, 1984; Lavee, McCubbin, & Patterson, 1985), Willoughby, Doty, and Malik (2008) identified three primary factors proposed to determine how families respond to the disclosure of their LGBTQI+ children's gender/sexual identity: (1) how the events attributed meaning to family members, (2) families' inherent resources to adapt, and (3) other stressors.

Attributed meanings

According to the family stress theory, how a family and its members attribute meaning to an event affects whether, and to what extent, the event will be perceived as stressful (Weber, 2011).

The meaning which the participants in this study ascribed to the disclosure of their children's gender/sexual identity could be inferred from the concerns they had for their children. Upon realizing that their children were LGBTQI+, the participants were anxious that their children would experience discrimination, suffer from unsuccessful relationships, and/or be prone to health issues and emotional instability. These unfavorable consequences, which they attributed to their children being LGBTQI+, might have played a role in creating negative emotional responses (stress) among the participants.

On the other hand, some participants also looked for positive meanings in having LGBTQI+ children, which might have helped lessen their associated stress. For example, the grandmother of a trans woman was glad that she did not have to deal with her grandchild's possible pregnancy and raising children, while the mother of a gay man said it was good that her child didn't have a wife, as his marriage would separate him from her. Considering the family stress theory, additions of such 'pros' of having LGBTQI+ children possibly worked to reshape the meaning attributed to having LGBTQI+ children into more positive ones, leading to lower levels of stress.

Attitudes expressed by people outside of the family toward LGBTQI+ children also seemed to affect the meaning of having LGBTQI+ children. Parents/caregivers who were told by people in their communities, e.g., teachers, neighbors, or family friends, that their LGBTQI+ children were commendable in some respect, were likely to agree and change how they thought and felt about their children's gender/sexual identity. It seemed that affirming comments or displays of acceptance by other people toward their LGBTQI+ children may have created windows of opportunity for the parents/caregivers to re-evaluate how they thought about their children's gender/sexual identity.

Family resources

Researchers have identified several key constructs of family resources, such as cohesion, adaptability, problem-solving, and communication skill, that impacted how families respond to stressors (McCubbin et al., 1980; Patterson, 1988). Studies have shown that families with stronger family resources were more likely to have positive initial responses to their LGBTQI+ children's coming out (Willoughby et al., 2008).

This study found that cohesion and communication played vital roles when parents/caregivers contended with their children's gender/sexual identity. Conversations about their LGBTQI+ children among the parents/caregivers in the family seemed to provide opportunities to vent their discontentment and also to consult each other regarding future actions to adopt. Meanwhile, open and positive conversations between parents/caregivers and LGBTQI+ children about their gender/sexual identity seemed to help the participants develop understanding and acceptance of their children and allow them to have important conversations about their children's sexual health and gender-affirming care.

The participants' family resources seemed to be supported by their relationships with other parents/caregivers of LGBTQI+ children and their accessibility to relevant information, i.e., definitions of diverse genders and sexualities and related topics. Relationships between parents/caregivers of LGBTQI+ children of different families appeared to serve as a platform where they could share knowledge about how to communicate or take care of their children. Such relationships/networks occurred organically without organization, raising

concerns for other parents/caregivers who might not be able to find such support from other families. Nonetheless, experts, books, or the internet, were also mentioned by the participants as useful sources of information.

Pile-up of concurrent stressors

Family stress theory posits that a family's ability to respond to a stressor is undermined by the accumulation of other stressors (Patterson, 1988; Willoughby et al., 2008).

Arguably, some of the rationalizations taken as coping mechanisms by the participants may have been attempts to reduce concurrent stressors. Such rationales as, "as long as they are good people," or "as long as they are happy," are not relevant to genders of the people to whom they were referring, and thus do not alter the meaning of having LGBTQI+ children. It is likely that such rationales served to make having LGBTQI+ children appear less stressful to the parents/caregivers, as it appeased them by emphasizing the absence of other stressors, e.g., the possibility of their children abusing drugs or being unhappy.

Although thinking about the pros of having LGBTQI+ children (attributing positive meanings) and the absence of undesired behaviors (reducing concurrent stressors) might help lower the parents/caregivers' stress, such rationalizations might lead to more pressure on their LGBTQI+ children to "be good" or "be better" (e.g., attain better grades in school or put more effort into looking attractive), to compensate for their gender or sexual identity (Potiwan, & Tongyu, 2010; Sopitarchasak et al., 2015).

Implications

According to the prior discussion based on the family stress theory, interventions which aim to support families with LGBTQI+ children in Thailand should focus on eliminating negative meanings attributed to having LGBTQI+ children and reinforcing their family resources.

Social interventions which aim to eradicate prejudice and discrimination against LGBTQI+ people is critical for changing the meanings attributed to having LGBTQI+ children in Thailand. The results in this study suggest the parents/caregivers seek to alter the attributed meanings, primarily by adding arguably minor pros to the situation (i.e., no burden of grandchildren, having their children in their lives), without resolving major concerns (i.e., discrimination against their children, health and relationship issues, and emotional instability). Although the Gender Equality Act was enacted in 2015, there is confusion as to whether LGBTQ+ people are protected from discrimination under law (Reid, Newman, Lau, Tepjan, & Akkakanjanasupar, 2022) and discrimination against LGBTQI+ people in various contexts (i.e., schools, the workplace, or healthcare facilities) still persevere in the country (Newman, Reid, Tepjan, & Akkakanjanasupar, 2021; Ojanen, Newman, Ratanashevorn, de Lind van Wijngaarden, & Tepjan, 2020; World Bank Group, 2018). Measures against discrimination against LGBTQI+ people, along with education and communication with the public to eliminate prejudice and create empathy toward LGBTQI+ people, should be promoted to ensure an inclusive society and to assuage parents'/caregivers' concerns. Marriage equality, regardless of genders, is likely to allow more same-sex couples to be visible, which could reshape the social perception that people of non-heterosexual genders are capable long-term relationships (Porche, & Purvin, 2008; Reczek, & Umberson, 2012). Currently, there is no evidence indicating that LGBTQI+ people are inherently more emotionally unstable than the general population. Debunking such myths about LGBTQI+ people would be necessary unless new evidence suggesting otherwise emerges.

Reinforcing general family resources, such as family cohesion, communication skill, and adaptability, is critical for promoting parents'/caregivers' positive reactions to the disclosure of their LGBTQI+ children's gender/sexual identity (Willoughby, Malik, & Lindahl, 2006). Moreover, according to the results of this study, context-specific measures relevant to families with LGBTQI+ children, such as facilitating networks of the parents/caregivers of LGBTQI+ children or knowledge dissemination regarding gender diversity and how to take care for LGBTQI+ children, are likely to further strengthen family resources.

Although minimizing general concurrent stressors on an individual level may alleviate the parents'/caregivers' levels of stress, it does not solve the root causes of the stress and thus may only work

temporarily. However, social change on a structural level may help to mitigate accumulative, inequitable stressors encountered by families with LGBTQI+ children more efficiently. For example, expanding universal health care coverage to include gender-affirming care and related procedures, e.g., psychological assessments, would relieve many families with transgender youth from financial stress related to accessible services (Chokrungvaranont et al., 2014).

Analyzing parents'/caregivers' experiences through the family stress theoretical framework gives a more systematic approach to understanding the phenomenon and informs initiatives. Additionally, efforts to change negative narratives about LGBTQI+ people to reinforce family resources and to reduce concurrent stressors need not be carried out separately, but rather can and should occur synergistically and strategically, according to contexts. Changing or creating new laws, as well as changing narratives about LGBTQI+ people, addresses the issue radically; it also takes longer to be accomplished. Meanwhile, support to strengthen family resources and reduce other stressful events would be important for the parents/caregivers of LGBTQI+ children.

Limitations

As the participants were purposefully recruited to include people of different genders/sexual identities, the numbers of the participants in each subgroup were too small to draw conclusions for any specific sexual identity. More research focusing on parents/caregivers of each subgroup will be necessary to understand the experiences specific to parents/caregivers of each gender/sexual identity. Furthermore, parents/caregivers who were highly against their LGBTQI+ children's gender/sexual identity were difficult to reach and thus were not recruited to participate in this study. Also, most participants were from Bangkok where there is higher visibility of LGBTQI+ people, a selection bias was likely to be at work in this study which might have resulted in conservative levels of negative responses by the parents/caregivers.

6. Conclusion

Adjustments in all three aspects of the family stress theoretical framework could be seen in the parents'/caregivers' responses to their children being LGBTQI+: (1) alteration of the meanings attributed to their children's gender/sexual identity, (2) using and strengthening family resources, and (3) reducing perceived concurrent stressors. To further support families and destigmatize having LGBTQI+ children in Thailand, social prejudice and discrimination against LGBTQI+ people must be addressed. Meanwhile, reinforcing family resources through general and context-specific approaches would be important in creating families' resilience to stress.

7. Acknowledgments

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