

Houses folded in on themselves¹

A look at the development of sexual identity in adolescents and young adults in heteronormative families

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ABSTRACT. – This paper presents some scientific contributions on the subject of the development of sexual identity in adolescents and young adults. In the field of psychology, investigating the development of sexual identity is particularly important to understand, plan and implement interventions to support queer children in the internal and external coming out process. Despite the fact that the international scientific world has registered a decline in the phenomena of discrimination and social control in the sporting, academic and school contexts, in 2021 Italy ranked last in the Rainbow Europe Map and Index. According to the Minority Stress Theory, many young people who identify with the queer community experience distal and proximal stressors which can lead to the development of: worry, relationship difficulties and/or anxiety, and depressive states. Among the main causes of this malaise is the internalisation of sexual prejudice, which is spread and perpetrated by the homophobic culture still present in the West. This report identifies the main individual, social and cultural factors affecting the well-being of these sexual minorities in order to design effective support strategies to be implemented in the family environment. Indeed, the family represents the primary social network through which individuals form their cognitions and values, where they initiate their first relationships, experience emotions and feelings, and learn emotional and relational skills, but also the first potential context of exposure and/or education to sexual prejudice. This paper, therefore, focuses on the relationship between: i) the family value system and external coming out; ii) coming out in the family and the level of family cohesion; iii) family support for individual autonomy and the public declaration of one's sexual identity to family members; iv) having a stable romantic relationship and coming out in the family; v) the arrangement of friendships within the queer community, and the public disclosure of one's sexual identity; vi) internalised sexual prejudice, by the adolescent himself and/or his loved ones, and coming out. This review also wishes to encourage an exploratory research project into family units resistant to accepting and welcoming LGBTQIAPF2K+ children, living in our country and referred to as heteronormative Italian families.

Key words: coming out, LGBTQIAPF2K+, families, sexual identity, gender identity, sexual orientation.

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¹ The title is taken from the film 'Now, Voyager' directed in 1942 by Irving Rapper, to identify family realities entrenched in defense of social mores that rarely leave room for any expression of individuality.

Introduction

In the current Italian socio-cultural landscape, which is still pervaded by a homophobic culture (Montano, 2000a; Rigliano, 2018; Couch, 2021; Ilga, 2022), the functioning of individuals and the social groups to which they belong can be interpreted in the light of ‘awareness of differences’ (Heritier, 2002). According to Lèvi Strauss’s pupil, human development is erected on a cognitive dualism which opposes antithetical categories such as hot and cold, living and inert, man and woman (*ibid.*). It is a deeply ingrained categorisation system which possesses an evolutionary motivation associated with women’s potentially fatal childbirth, an effect of the narrowing of the uterine canal resulting from assuming the upright position (Dei, 2016; Fleckinger, 2017). The anthropologist therefore hypothesizes that gender binarism has a biological foundation which is difficult to eradicate, but easy to transmit in everyday social interactions (Heritier, 2002). This theorisation is concretely present in social and internalised homophobia (Montano, 2000b; Brambilla, 2011; Wickham, *et al.*, 2021) and in the social discrimination targeting the queer community in the school, friendship, family and sports contexts (Ross, 2018; Zeeman, 2021; Williams *et al.*, 2021; APA, 2022). Forms of sexual and gender prejudice, in fact, are transmitted by institutions (Montano, 2000), tainting the social environment which surrounds individuals belonging to these minorities, starting with their primary relationships. The family is therefore no longer a ‘shelter in the storm’ but a ‘mountain to climb’ (Zan, 2022). The ‘mountains to climb’ are the family models based on a heterosexual couple, perceived as a symbolic and relational archetype which assumes sexual differences as its foundation, delineating a male role in charge of sustaining the nucleus, in antithesis with the female role, stereotypically relegated to childcare and housekeeping (Rostosky & Riggle 2017; Fleckinger, 2017). It is these ‘units of individuals in reciprocal interaction’ (Burgess, 1926), which we will refer to as heteronormative families, that perpetrate traditions based on gender binarism (Rigliano, 2018; Viola, 2022), androcentrism (Fleckinger, 2017) and procreativism (Ferrari, 2018) which can hinder the free process of experimentation and identity formation of offspring, and the relationships that members have with the outside world (APA, 2021).

Recent studies have shown that the transmission of these stereotypes to children can negatively affect attachment, inducing anxiety or avoidance of establishing an emotional bond with nurturing figures (Diamond *et al.*, 2022); the result is difficulty in self-acceptance (Carastathis *et al.*, 2017; Scrimshaw *et al.*, 2018; Scarborough *et al.*, 2021), generating a potential disconnect between different representations of self as a social actor with multiple affiliations and strong distinctiveness. When adolescents are hostage to these beliefs, they often fail to proceed with self-revelation,

acceptance, integration, and expression of identity, along with the appreciation of their own distinctive traits.

In the course of identity development, however, family values are not passed on to the next generation through an investiture but updated and re-symbolised.

In order to better understand this modification of the family cultural heritage, we can refer to the evolutionary tasks identified by Maggiolini and Pietropolli Charmet (2016): the mentalisation of the sexed body, the construction of one's own system of values and ideals, the separation and identification from the primary niche, the social birth, which allow one to achieve an awareness of the family background and the physical changes taking place in the adolescent's body, through which it is possible to signify and represent the changes taking place.

Realization of these developmental challenges or tasks (Corsano & Musetti, 2012) is connected to the understanding and unveiling of sexual identity underlying the coming-out.

Coming out consists of two distinct, connected but not necessarily consequential developmental moments:

- internal coming out with the definition of oneself as a sexual being (sex), sexually and/or emotionally attracted or not attracted to another individual (sexual orientation), endowed or not endowed with a specific gender connotation (gender identity);
- external coming out regarding the public declaration of these aspects.

It should be emphasised that there are currently multiple family configurations, each encompassing an inherent complexity (Fruggeri, 2018), therefore further investigation is required into the factors underlying the communicative and interactive family exchanges which hinder the coming out.

Method

This study, which ended in September 2022, drew from the Apa Psychinfo database which contains the main scientific publications on coming out and family coming out produced over the last ten years. These studies were selected on the basis of four criteria: focus on coming out/family coming out, significance of the results ($P < 0,01$; $P < 0,05$; $P < 0,001$), year of publication and free accessibility. This sampling exercise led to the analysis of 58 studies concerning:

- Sexual prejudice and coming out (9 results),
- Family relationships and coming out (37 articles),
- Therapeutic proposals to facilitate the family coming out process (8),
- Incidence of sexual prejudice on family coming out (1 article),

- Interventions/strategies/best practices to reduce the impact of sexual prejudice on coming out (3 publications).

An initial examination of the significant results obtained in the present studies, also considering the large sample number, highlights sexual prejudice as one of the main risk factors in coming out (internal and external) (Pistella *et al.*, 2020) and for the well-being of LGBTQICAPF2K+ adolescents and young adults (Brambilla & Tham, 2018). When explicitly or implicitly acted out by the majority at school, college, or in sports contexts, it can lead to the development of internalising factors, emotional disturbances and relationship difficulties, and hinder internal and external coming out (Iborra, 2007; Ansara, 2012; Ryan *et al.*, 2017; Rigliano, 2018; Barnett *et al.*, 2020; APA, 2021; Williams *et al.*, 2021). In this regard, the Table 1 highlights the vari-

Table 1. Representation of factors inhibiting or reinforcing the effect of sexual prejudice on coming out.

Factor investigated	Effect on sexual prejudice			Effect on sample coming out	Sample data
Foundation binding morals (Barnett <i>et al.</i> , 2020)	.06 with P.S. (P<0.001) .19 with P.S.I. (P<0.01)			-.13 (P=0.01) -.29 (P<0.001)	N=117 (18-29 years)
Homophobe culture (King, 2021)	Gay GER 0.662 (P<0.001) PORT 0.673 (P<0.001) UK 0.728 (P<0.001)	Bisexual W. GER 0.537 (P<0.001) PORT 0.668 (P<0.01) UK 0.702 (P<0.001)	Bisexual M. GER 0.347 (P<0.001) PORT 0.294 (P<0.001) UK 0.560 (P<0.001)	Trans GER 1.529 (P<0.001) PORT 1.448 (P<0.01) UK 2.226 (P<0.001)	N.S. N=19.868 (G) N=2.063 (P) N=6.592 (UK) 18-24 years 20.6% (G) 40.91% (P) 28.44% (UK)
Ethnicity (Li <i>et al.</i> , 2017)	N.S.			N.S.	N=21 (18-29 years)
Religion (Rosenkrantz <i>et al.</i> , 2016)	31% Improvement in relationships with family and friends			25% expressed coming out	N=314 (18-30 years)
Contact (Smith <i>et al.</i> , 2009)	-0.23 (P<0.001)	Correlational studies -.25 (P<0.001)	Experimental studies -.26 (P<0.001)	N.S.	N=83
Electronic contact (White, 2019)	-.545 (P<0.01)			N.S.	N=133

Resource: data from a personal review of scientific works published between 2015 and 2022 in the APA Psycinfo database regarding the relationship between sexual prejudice and family coming out.

N.S., not significant.

ables which can reinforce or reduce the negative impact of sexual prejudice on young adults' coming out:

This first framework, although it has the merit of identifying the intervening variables in the coming out process, formulates a question, as well as pointing to the objective of this review: which resources can be found within the family system that can be activated in order to create an initial supportive social network that can follow and provide support along the entire pathway of disclosure and free expression of identity in young LGBTQIA+ people. To this end, the risk and protective factors in family coming out, identified in the scientific literature published between 2010 and 2022, have been listed separately in the Table 1.

In the future, it would be useful to investigate all these aspects in a single, limited geographical area in order to take into account the cultural differences between the participants in these studies, as well as among their authors.

The family coming out

The process of sexual identity formation can be explained by referring to an umbrella term: coming out. This concept refers to the process of identity exploration that passes through the adolescent phase leading to the discovery of sexual orientation, gender identity and biological attributes (APA, 2022).

The first step in this exploratory journey is the internal coming out: an intimate and tortuous navigation within oneself, preparatory to the realisation of an integrated sexual identity (Corbisiero, 2021).

The identification of identity components, when associated with internalised homo-bi-trans-phobia, can lead to: the development of internalising factors (Lori *et al.*, 2018; Scarborough *et al.*, 2021) which may result in suicidal thoughts (D'Augelli, 2002; O.M.S., 2021; APA, 2021); the acquisition of a lower self-esteem or a sense of inferiority (Scarborough *et al.*, 2021); identification with negative stereotypes (Lingiardi, 2007; Coleman, 2011) or the adoption of defence mechanisms (Klein *et al.*, 2015) capable, for example, of causing the subject to 'live a double life', creating severe psychological distress (Montano, 2007).

Several authors believe that internal coming out (and its relative relevance) depends on the subject's experience and the strategies adopted in order to understand, signify and ultimately connect recent discoveries to established representations of the self (Corbisiero, 2021).

For the 'coming out of the closet' (literal translation of the term) to be possible, it is crucial, as well as arduous, to achieve awareness and acceptance of one's sexual characterisation (Klein *et al.*, 2015).

It is only through this achievement that the adolescent can integrate these aspects and break free from the 'condition of secrecy and constraint' which

prevented self-acceptance as a social actor (Calonaci, 2013; Coulombe & Sorbonnière, 2015) and also the public declaration which corresponds to the external coming-out (APA, 2022).

Manning (2015) defines coming out as an ‘interpersonal revelation’. The public disclosure of one’s sexual identity is thus articulated as an interactive and communicative exchange situated in a specific cultural context.

Since the late 1990s, numerous empirical studies have focused on understanding coming out in sports, friendship, school and family environments, and tried to identify variables capable of facilitating or preventing this declaration (Baiocco *et al.*, 2015; Bakacak & Oktem, 2014; Ryan *et al.*, 2017; Pistella *et al.*, 2016; Pistella *et al.*, 2020). The communication of sexual identity to members of our social network, online and/or offline, is considered by some authors as one of the essential components of identity formation (Pistella *et al.*, 2016; Bennett & Donatone, 2020). This two-way communicative and interactive process, in fact, involves the parties in a mutual discovery of otherness that is not explicable as a linear mechanism with a staged development (Plummer, 1975; Ponse, 1978; Cass, 1979; Coleman, 1982; Faderman, 1984). The first work to identify the presence of ‘forward or backward, upward and downward’ microtransitions in coming out is the model of homosexual identity development, by Richard Troiden (1988). The author argues that Cass’s stages of identity development, i.e. confusion, acceptance, tolerance, pride and identity synthesis (Cass, 1979), do not follow one another on the basis of overcoming the previous developmental stage, but follow a spiral movement. Troiden’s model, therefore, comes close to the concept of ‘*developmental plasticity*’, emphasising the spontaneity and flexibility with which an individual can respond to the different environmental stimuli to which he or she is exposed (D’Augelli, 1994). This study has undoubtedly contributed to complexifying the view of sexual identity development and, in this case, of coming out, as an element characterising the individual’s growth. A systematic review of the literature produced by Eliason and Schope (2007), with the aim of identifying elements common to the different staged models of sexual identity development, produced between 1975 and 2005, highlighted five ubiquitous themes:

- feeling of diversity in relation to one’s peers or in relation to heterosexual identity.
- identity formation as a developmental process in progression.
- need for revelation, which identifies coming out as a drive to improve the subject’s state of psychophysical well-being. Coming out, moreover, is thought of as a moral imperative by members of the queer community, as a necessary tool for the ‘promotion of tolerance and inclusiveness, empowering oneself and others’ (Rasmussen, 2004).
- the need for a phase of cultural pride/immersion in which risky conduct or feelings of aversion to dominant cisgender heterosexual outgroups be manifest.

- the need for identity integration/synthesis to allow the individual to achieve greater emotional equilibrium, demanded by overcoming the previous phase of rejection of social norms and dominant outgroups.

A criticism levelled at some of these theories, with the exception of Troiden's (1988) model, is the insufficient consideration of the situational variables which continuously intervene in the process of identity negotiation (Klein *et al.*, 2015). Indeed, a human being should be thought of as an open system, as an 'organism plus its environment' (Bateson, 2000). Another limitation of the aforementioned evolutionary approaches is the expectation that, once these evolutionary steps have been taken, the subject can become morally superior, coherent and finite (Klein *et al.*, 2015). Coming out is not a necessary evolutionary step or a moral imperative (Eliason & Shope, 2007). In fact, it does not always occur and, above all, rarely coincides with a public declaration of the self (Calonaci, 2013; Manning, 2015). For a better understanding of this issue, it is sufficient to think of an LGBTQICAPF2K+ subject declaring their sexual orientation to the person they are attracted to, but not disclosing their sexual identity to their parents for fear of their judgement. Furthermore, contrary to the theorisations on the 'need for disclosure' (Eliason, 2007), it has been scientifically proven that coming out may not be exclusively associated with positive health outcomes (Williams *et al.*, 2021; Bennett & Donatone, 2020; Lori *et al.*, 2018; Ryan *et al.*, 2015; Coulombe & Sorbonnière, 2015).

As shown in Table 2, this exploratory and multifaceted pathway is moder-

Table 2. Protection and risk factors for family coming out.

Author and year of publication	Sample	Protection factors in family coming out	Significance
Pistella, 2016	N=291 (age 16-29)	Having a stable relationship	r=.36 P<0.05
Baiocco <i>et al.</i> , 2012	N=150 (age 16-19)	Having friends from the queer community	r=.29 P<0.01
Ryan <i>et al.</i> , 2017	N=156 (age 18-55)	Families supportive of autonomy	r=.47 P<0.001
Ugazio & Gargano, 2016	N=25 (age 18-35)	Family semantics of 'liberty'	r=.421 P<0.01
Ugazio & Gargano, 2016	N=25 (age 18-35)	Distance from paternal positioning	r=.452 P<0.05
Risk factors in family coming out			
Barnett <i>et al.</i> , 2020; Schope, 2002	N=117 (age 18- 29)	Conservative families with constraining moral foundations	r=-.28/- .17 P≤0.001
Ryan <i>et al.</i> , 2017	N=156 (age 18-55)	Interiorized homo-bi-transphobia	r=-.28 P<0.001

Resource: data from a personal review of scientific reading published between 2015 and 2022 in the APA Psycinfo database on the relationship between sexual prejudice and family coming out.

ated by numerous factors which may affect the family coming-out (Baiocco *et al.*, 2012; Gargano & Ugazio, 2016; Ryan *et al.*, 2017; Baiocco *et al.*, 2018; Barnett *et al.*, 2020) and determine different outcomes on the subject's state of well-being (Williams *et al.*, 2021; Bennett & Donatone, 2020; Lori *et al.*, 2018; Ryan *et al.*, 2015; Coulombe & Sorbonnière, 2015).

Other studies have tried to identify the different modes and forms assumed by this narrative and, on the basis of these, hypothesize some of the multiple implications derived from them (Ugazio, 2009; Klein *et al.*, 2015; Manning, 2015; Bennett & Donatone, 2020; Li & Samp, 2021).

In the course of identity formation, the person relates to his or her environment through the use of verbal and non-verbal channels, including sharing aspects of one's self associated with sexual identity. Multiple theorisations have supported dialogue as the foundation of the process of identity construction and disclosure (Bachtin, 1981; Pearce, 1989; Harré & Van Langenhove, 1999; Hermans, 2001; Davolo & Mancini, 2017; Bennett & Donatone, 2020). In this regard, by administering an online survey to 130 participants belonging to the queer community, Manning attempted to identify some of the communicative forms of coming out with specific reference to sexual orientation (Manning, 2015). In this research, the author collected 258 accounts of positive and/or negative coming-out experiences, and identified 7 different types of conversations which the participants had with their interlocutors:

- Pre-planned conversation: in this type of conversation the LGBTQI-CAPF2K+ individual decides and plans the disclosure of their sexual orientation. Often the subject addresses the designated individual or social group, introducing their speech with pre-planned sentences containing the words 'to lie'. Over half the participants shared this experience (Manning, 2015).
- Emergent conversation: many participants revealed that during conversations dealing with issues related to coming out or the queer community, they stated their sexual identity as a direct or indirect result of the dialogue established previously. The contexts in which these narratives occur differ and vary within the group of participants who reported incidents ascribable to this narrative category. One of the driving forces behind this type of coming out experience seems to be the sense of trust and security inspired by the receiver of the statement and manifested in the course of the conversation. In this type of communication the receiver may also deny this aspect of the self which the interlocutor shares, and manifest rejection, contempt, anger or aggressive behaviour (Manning, 2015).
- Forced conversations: These are cases in which the other person is aware of the sexual identity of the LGBTQI-CAPF2K+ subject and forces him/her to come out through some expedient, e.g. by coaxing his/her statement, deceiving him/her or forcing it from him/her. The LGBTQI-CAPF2K+ subject does not initiate the conversation but is persuaded. This

situation often occurs when the other person is ready to support and reassure him/her (Manning, 2015).

- **Conflicting conversations:** Coming out recipients have secretly gathered information about the sexual identity of the interlocutor and engage in conversation. The dialogue has some distinctive features: evidence, confrontation and chaotic communication. Evidence refers to the gathering of evidence concerning the sexual identity of the LGBTQICAPF2K+ individual. Confrontation often manifests itself in the clash between the two parties involved, dictated by feelings of anger, aversion that may be felt by both individuals regarding the devaluation of the relationship. Communication becomes chaotic when the concerns and fears of the recipient emerge, the latter, for example, may fear that the other will engage in risky sexual conduct or be subjected to verbal or physical aggression (Manning, 2015).
- **Romantic/sexual conversations:** the dialogue becomes a tool for identity affirmation and, the main objective of the LGBTQICAPF2K+ subject, a manifestation of affective transport or sexual attraction towards the interlocutor (Manning, 2015).
- **Educational/activist conversations:** The declaration of one's sexual identity takes place in a public context. The people to whom the disclosure is addressed can later ask questions in order to be informed about the queer community. The purpose of coming out is thus educational and/or dictated by activism (Manning, 2015).
- **Mediated conversations:** Conversation does not take place face-to-face, but uses media, physical or virtual (Manning, 2015).

This research has the merit of taking a snapshot and situating the coming out in order to inform potential interlocutors or professionals about how to conduct the declaration and the possible risks and benefits it entails (Manning, 2015). However, the qualitative data reported and analysed by Manning are not predictive and are restricted to the sphere of sexual orientation (Manning, 2015). The conversation prototypes identified by the author do not account for the uniqueness of the interacting subjects and the specificity of the social, cultural and psychological contexts which inevitably influence the coming out. If we were to situate the coming out in a hypothetical family context, referring to Olson's circumflex model (Visani *et al.*, 2014), we could easily speculate how the revelation of one's sexual identity might diversify according to the different degrees of connection or adaptation of the family system. In order to investigate the environmental factors capable of hindering or facilitating the coming out process, the Canadian Teens Resting Urban Trans/Homophobia (TRUTH) project, by means of qualitative research using a photovoice method, examined the coming out experiences of young adolescents living in Kitchener-Waterloo, Ontario (Klein *et al.*, 2015). Taking advantage of the active participation of the participant group, this

device enabled the identification of individual and social resources, which are instrumental in promoting social change in their community (Klein *et al.*, 2015). Strengths and weaknesses were highlighted by a team of professionals who actively involved the young people in the three discussion sessions. The first group meetings focused on the analysis of photographic material (Klein *et al.*, 2015). The final phase of the project, on the other hand, was geared towards developing greater reflexivity with the group and individual reflections on the work done (Klein *et al.*, 2015). From the collection of qualitative data, Klein and collaborators (Klein *et al.*, 2015) highlighted the intervening variables in the disclosure of one's sexual identity:

- Individual factors relating to the process of self-understanding of one's sexual identity: Defence mechanisms, such as denial, which lead to the denial of affective and/or sexual attraction, and delay the coming out, are an obstacle to coming out. Participants reported that the denial phase was often transitory and overcome by a moment of exploration, listening and acceptance of sexual desire. Following the acceptance of this aspect of the self, they began to think about and evaluate the possible implications of coming out. This step was preparatory to the identification of coping strategies which would allow the achievement of a balanced or improved well-being.
- Importance of the context: Many young people have stated that, among the factors responsible for their openness to the social environment, support from institutions, friends, and family played a significant role. An interesting aspect of this research concerns the role of the queer community present in the area of these adolescents. Following their attendance at these centres aimed at LGBTQICAPF2K+ individuals, the participants stated that they had learned about a subculture which allowed for the re-signification of their condition and the freedom to understand and enact their gender and sexuality. The queer community also encouraged young people to experience a sense of belonging and to gain visibility as members of this social group, giving rise to social restrictions and discrimination.
- The complexity of coming out is about listening to and understanding one's own needs, fears, security or insecurities which affect the disclosure of the characteristics of the self, relating to gender and sexuality. We are not talking about a rational evaluation of the costs and benefits of coming out, but about reflecting on one's limits, boundaries, on 'what one is willing to lose' in order to fully express oneself. As revealed by the participants themselves, the complexity of this intimate navigation within oneself was obscured by linear models of sexual identity development. According to one participant, these theories respond to the search for a 'queer aetiology' which also gives rise to most of the social problems LGBTQICAPF2K+ individuals experience. Another aspect investigated is language, specifically the choice of words for defining the self during the

coming-out process, the result of a negotiation between the subcultures of the queer community and the family system.

These findings allowed for a challenge to linearity, psychological wellness, and the ideal of positive ‘queer coming out’ (Klein *et al.*, 2015), reflections further supported by Simon Coulombe and Roxanne De La Sorbonnière (Coulombe & Sorbonnière, 2015). Based on the psychosocial model of identity integration, the authors argue in favour of the importance of considering the participants’ level of identity integration in the analysis of family coming out (Coulombe & Sorbonnière, 2015), a factor capable of falsifying assumptions in the evolutionary approach, questioned by Klein *et al.*, (2015). Specifically, the authors obtained scientific evidence demonstrating a moderately significant relationship between identity integration and the well-being of subjects (Coulombe & Sorbonnière, 2015). Another correlation highlighted by the authors is between the perceived valence of existential changes, such as coming out, and the health outcomes of participants with a homosexual orientation (Coulombe & Sorbonnière, 2015).

This research, however, only considers the point of view of the LGBTQI-CAPF2K+ subject (Coulombe & Sorbonnière, 2015; Klein *et al.*, 2015; Manning, 2015; Gargano & Ugazio, 2016; Bennett & Donatone, 2020), and disregards the perceptions, feelings, reactions, and thoughts of other people involved in the family coming out process (Baiocco *et al.*, 2022; Prunas, 2021). In order to include the experiences of parents of LGBTQICAPF2K+ adolescents in the analysis of the coming-out process, Baiocco *et al.* (2022) conducted a semi-structured interview to examine the reactions of 16 Italian mothers and 9 fathers to the disclosure of their children’s sexual orientation. The content of the interviews was explored through emotional text analysis, leading to the identification of four emerging themes:

- ‘Un-doing of family bonds’, the difficulties in building family bonds;
- Gender typicality perceived by parents with reference to episodes from the LGBTQICAPF2K+ subject’s childhood;
- The freedom to be oneself and transgression;
- Family generativity (Baiocco *et al.*, 2022).

The following themes allowed the authors to highlight a common evolution in the participants’ feelings (Baiocco, Carbone, Pistella, Gennaro, & Petrocchi, 2022). At first, parents interpreted the public statement as a ‘challenge’, expressing uncertainty and fear about their children’s future, but later the narratives they produced were characterised by ‘openness, pride and generativity’ (Baiocco *et al.*, 2022).

The reading review produced by Abreu *et al.* (2019) shows that even parents of TGE and TGD² adolescents have experiences similar to those reported

² TGD and TDE are acronyms indicating the definition and expression, respectively, of transgender identity.

in the previous research (Baiocco *et al.*, 2022). Through the identification of three key moments of family coming out ('early stage, middle stage, and outcomes'), researchers have emphasised the impact of time, gender, and attribution of the cause of TGD and TGE identity in defining the process of elaborating this sharing (Abreu *et al.*, 2019). Specifically, regarding the initial stages of publicly declaring their children's gender identity, they detect atypical gender behaviour, different emotional reactions, cognitive dissonance, and behavioural avoidance, and lack of knowledge (Abreu *et al.*, 2019). During the processing of this news, however, parents engage in seeking information resources and developing cognitive flexibility, seeking support and forming connections with TGDs, addressing barriers and isolation, developing awareness of discrimination and recognising its impact on mental health, and enhancing their listening skills (Abreu *et al.*, 2019). This is followed by positive outcomes such as relational benefits, affirmation of values, activism, and new personal narratives (Abreu *et al.*, 2019).

The data obtained by Abreu *et al.* (2019) aligns with the evidence gathered later by Prunas *et al.* in the Italian context (Prunas *et al.*, 2021). Prunas examined the representations of a sample of Italian parents of TGE adolescents diagnosed with gender dysphoria aged between 14 and 19. The analysis of the linguistic productions of the family members led to the emergence of the following themes:

- Gender dysphoria: something impossible to understand;
- Resigned acceptance;
- Strategies for social acceptance in a complex sociocultural context;
- Limitations of social and health services (Prunas *et al.*, 2021).

In summary, information gathered from previous studies (Abreu *et al.*, 2019; Baiocco *et al.*, 2022; Prunas *et al.*, 2021) points out to social and health service providers the importance 'of recognising different emotional reactions and cognitive dissonance, cultivating hope, respecting systemic barriers, and helping parents of TGD individuals in creating new positive narratives' (Abreu *et al.*, 2019).

Scientific evidence shows that the attitude of criticism, invalidation or disapproval taken by parents during coming out can generate strong psychological distress (Haas *et al.*, 2010; Ryan *et al.*, 2009; D'Amico & Julien, 2012; Padilla *et al.*, 2010; Rothman *et al.*, 2012) whereas family support leads to positive health outcomes (D'Augelli, 2002; Eisenberg & Resnick, 2006; Elizur & Ziv, 2001; Feinstein *et al.*, 2014; Floyd *et al.*, 1999; Grossman *et al.*, 2005; Haas *et al.*, 2010; Hershberger & D'Augelli, 1995; Needham & Austin, 2010; Ryan *et al.*, 2010; Savin-Williams, 1989; Shilo & Savaya, 2011). This intimate journey of self-discovery, therefore, involves the family in its entirety (Manning, 2015; Baiocco *et al.*, 2022), making it socially useful to design interventions capable of adopting a comprehensive view which connects the points of view of all the actors involved (Newman, 2002; Bartlett, 2006;

Peletz, 2009; Ehrensaft & Turban, 2017; Moradi & Budge, 2018) in order to promote an initial acceptance of the public declaration of LGBTQIAPF2K+ adolescents (Pachankis & Goldfried, 2004; Parker *et al.*, 2018) and discourage maladaptive family communication forms, which are among the main causes of LGBTQIAPF2K+ youth's malaise (Ugazio, 2009; Klein *et al.*, 2015; Manning, 2015; Bennett & Donatone, 2020; Li & Samp, 2021). Among the many therapeutic proposals aimed at achieving this goal, the following deserve a closer look: family therapy based on the ABFT - SGM attachment style (Diamond *et al.*, 2022), interpersonal psychodynamic therapy (Gutrie & Moorey, 2017; 2018), the Adlerian therapeutic model (Brown *et al.* 2020) and systemic-relational therapy (Lingiardi & Nardelli, 2014). By connecting the intrapersonal and interpersonal dimensions, these therapeutic proposals have proved effective in promoting the process of identity integration, increasing the well-being of LGBTQIAPF2K+ adolescents and their family members (Barkham *et al.*, 2016; Gutrie & Moorie, 2018; Medley, 2021).

With regard to resistant heteronormative households, ABFT – SGM achieved significant results in both the short and long terms by reducing parental rejection, increasing acceptance of LGBTQIAPF2K+ children and improving the quality of the young adult-parent attachment bond (Diamond *et al.*, 2022).

Interventions facilitating coming out

Since the American Psychology Association (APA) removed the use of conversion therapies with homosexual patients, the organisation has moved to promote affirmative therapies that support gays, lesbians, and bisexuals in exploring their sexuality and, more broadly, their individual histories (Cramer *et al.*, 2008; Marco Guerci, 2018; Ehrensaft, 2019). The affirmative therapeutic approach, in the first instance, is grounded in a multidimensional view of sexual identity (Moradi & Budge, 2018; Donatone, 2020). With regard to sexual orientation, the therapist tries to explore issues such as sexual attraction and sexual conduct with the patient, without attempting to categorise the patient's sexuality in predefined dimensions (Moradi & Budge, 2018). It is important for the psychotherapist to build a protected listening space for the individual, free from any form of prejudice, since, especially during the initial interviews, the patient is the greatest expert on himself (Candelori, 2013). Unconditional listening and understanding of the narrative that the subject provides about him/herself and the sexual and/or sentimental relationships that he/she entertains, allow the therapeutic pair to build a shared language (Candelori, 2013; Moradi & Budge, 2018). Thanks to this shared culture, the therapist will be able to convey to the patient a sense of acceptance, and acceptance functional to the development of a relationship based on trust

(Candelori, 2013). The definition of sexual orientation, moreover, must be investigated separately from other aspects of identity such as sex, and gender (Moradi & Budge, 2018). Regarding the subject's biological attributes, the practitioner could ask what sex the person was identified with at the time of their birth (*i.e.*, female or male) and use a further question to assess whether intersexuality is present (Moradi & Budge, 2018). A similar procedure can also be followed in order to better outline gender identity: it is always advisable to ask the patient directly how he or she defines himself or herself (male, female, agender, queer, transgender) since often the labels we know do not match the subject's self-image (Newman, 2002; Bartlett, 2006; Peletz, 2009; Ehrensaft & Turban, 2017; Moradi & Budge, 2018).

The type of therapy proposed here is based, therefore, on a caring relationship which diverges from the instructive model promoted in conversion therapies (Cramer *et al.*, 2008; Moradi & Budge, 2018); in this interactive and communicative exchange, the pair collaborate in identifying a path of mutual discovery and growth. Using a metaphor, we could imagine therapist and patient as sailors on two different boats: each with its own equipment and sailing side by side towards unexplored, uncontaminated shores.

In conclusion, we can identify three founding principles in this approach: self-reflexivity, affirmation, normalisation (Lezos, 2017). These principles have been inflected in different ways, in accordance with the therapist's training. Among the theories and therapeutic techniques used in order to support the patient in affirming his or her sexual identity, we find conversational therapy (Leonardi & Viaro, 1990; Lai, 1993; Moorhouse & Carr, 2002; Guthrie & Moorey, 2018). The ultimate aim, common to Gianpaolo Lai's conversationalism (Lai, 1993) and interpersonal psychodynamic therapy (Guthrie & Moorey, 2018), concerns the sharing and representation of the patient's affective states through dialogue (Guthrie & Moorey, 2018). Patient and therapist 'explore dominant narratives and counter-narratives' with the aim of finding a synthesis between values, beliefs introjected by the family mandate and the behaviour, identity, and finally the specific experiences of the individual in therapy (Yarhouse, 2008). The term 'dominate narrative' was coined by White and Epston (1990) and describes a person's main view of the self and the world (Yarhouse, 2008). This narrative can be functional in therapy when it allows one to analyse and overcome fears that imprison the patient (Yarhouse, 2008). With reference to the queer community, if dominant narratives are the result of the internalisation of sexual prejudices, rampant in a heteronormative society, they can lead to the manifestation of multiple problems (Yarhouse, 2008) associated with internalising and externalising factors (Williams *et al.*, 2021). Conversation and contention with a therapist can give rise to 'a transformative narrative' which stimulates in the patient a reflection on his or her own unique system of premises (Yarhouse, 2008), identifying the conflict that exists between sexual identity and naive theories (Bennett &

Donatone, 2020), between public opinion and individual feeling (Ehrensaft & Turban, 2017). This goal can also be inferred from the enucleation of the founding pillars of Hobson's model (Hobson, 1985), founder of interpersonal psychodynamic therapy (Guthrie & Moorey, 2018): experience, which involves and inextricably binds body and mind; self, a word that encapsulates the importance of getting to know a person intimately without actively seeking facts or information; language and feelings, which is not exclusively about the verbalisation of emotions but a two-way game, between patient and therapist, connecting verbal and non-verbal, speakable and unspeakable levels, through the use of symbols and metaphors; giving shape to feelings, *i.e.*, materialising and making present the patient's fears and, through a process of gradual unveiling of these fears, succeeding in overcoming them, projecting into the future; particular details, in Hobson's view, the therapist should have a free-floating attention (Freud, 1912, 1985) in order to tune in to the patient's subjective time (Guthrie & Moorey, 2018). If we consider these basic assumptions, on a content level we will encounter similarities with classic psychodynamic authors such as Winnicott and Meares (Winnicott, 1971; Meares, 1977; 1993; Guthrie & Moorey, 2018), but the distinctive feature of this theory is the attention to detail in order to create an emotional language (Guthrie & Moorey, 2018). The interpersonal psychodynamic model allows for the development of a caring relationship geared towards the discovery, representation, and verbalisation of unconscious, deep aspects of the self which can lead the patient to greater integrity, and continuity of the self (Barkham *et al.*, 2016; Medley, 2021). Connecting the intrapersonal and interpersonal dimensions through therapeutic dialogue (Gil, 2007) can also lead to the reduction of minority stress and anxiety levels (Medley, 2021).

A further orientation adheres to conversational therapy, embedded in the systemic-relational current and drawing inspiration from the conversationalism of Lai (1993) and the work of Viaro and Leonardi (1990). While interpersonal psychodynamic therapy has been particularly effective in individual therapies (Guthrie & Moorey, 2018), the systemic-relational orientation has brought positive health outcomes especially in family therapy (Malley, 2002). The family therapy setting is inhabited by three or more actors, with their own experiences and systems of premises, who relate to the therapist in a culturally defined social context. This summary definition of the setting is useful in order to begin to highlight the deep interrelationships between intrapsychic, interpersonal, institutional and socio-cultural dimensions which involve not only the service users but the practitioner himself. Starting with a brief introduction to cisgenderism and heteronormativity which permeates the Western symbolic system (Blumer *et al.*, 2013; Rigliano, 2018; De Leo, 2021), Blumer *et al.* studied the possible therapeutic implications of the practitioner's unconscious belonging to such a context. When technical skills are not accompanied by relational skills such as self-reflexivity, the therapist may

reduce the analytical field within the confines of his or her own cultural lenses. In this case, the risk involved is that of assuming an ethnocentric and cis-genderist position (Ansara, 2012) by culturising the user (Davolo, 2017).

In order to further explore the concept of ethnocentrism in therapy, reference can be made to a typical situation in which an Italian therapist is in conversation with an adolescent from Asia. The adolescent in question is trying to explore his gender identity without feeling the wish to talk to his parents about his journey. Without adequate consideration of the young person's cultural background, the psychotherapist might think that the reason for his failure to come out might lie in his parents' sexual prejudice or, in general, in not reflective or infrequent intra-familial communication. Indeed, research has shown that, in some Asian and African countries, changes in the identification of one's gender in the course of one's life are quite typical and are not categorised by using appellations such as agender gender fluid or transgender (Honingman, 1964; Amadiume, 1998). In this cultural setting, the patient's family may already have begun to support their child in the journey and, since they do not need to label their own exploration of identity, the child would not then need the coming out to feel welcomed or accepted (Frigerio *et al.*, 2021; Ehrensaft, 2019). This situation, however prototypical and invented, highlights how easy it often is, even for the professional, to directly derive clinical practice from their own models of reference (Holahan & Gibson, 1994; Triana *et al.*, 2021). Similarly, a cisgender and/or heterosexual professional might be hindered by 'invisibility management' (Blumer, 2012), built around the family to conceal the presence of sexual minorities within it. These walls are aimed at reducing the impact of stigma and may be erected for fear of harassment, discrimination or acts of vandalism by majority groups, making it difficult for the professional to recognise, legitimise, and validate the family reality especially when it is different from the professional's one (Blumer, 2012). The patient creates, in other words, what in the Baranger spouses' field model is defined with the name of bastion, in other words 'what the individual undergoing analysis does not want to put into play because the risk of losing it would reduce him to a state of extreme weakness, vulnerability, desperation' (Barbieri, 2009). Sometimes the therapist himself can contribute to the construction of these barriers (Twist, 2006; Blumer, 2011), leading to a double resistance in which the evolution and, therefore, the transformation of the patient's clinical pathway is prevented. The techniques that the psychotherapist may adopt to avoid this impasse, by developing awareness and self-reflexivity, are: being supervised by another colleague (Blumer *et al.*, 2013), working in a team (Moderato & Rovetto, 2005) and carrying out a therapeutic process (Momigliano, 2001; Bolognini, 2002). On the basis of these insights, the self-reflexive therapist is able to accompany and support the user on the path to critical reflection of his or her own family myths, scripts, rules and family boundaries, internal and external, that characterise that unique reality. Thanks to the reflexive process,

the negotiation of the symbolic, systemic and structural dimension of the family system opens up, metaphorically, to a journey in which the therapist embraces each member during his or her struggle with old and new personal and family identities. Family and therapist thus begin the search for a new story to narrate (Baptist & Allen, 2008). For change to be possible, the therapist must immerse himself in an open dialogue (Gammer, 2009), paying attention to the vocabulary and type of language used by the interlocutors in order to identify 'key words' (Wittgenstein, 1992; Boscolo & Cecchin, 2019). This type of approach, proposed by the School of Milan in the 1970s (Boscolo & Cecchin, 2019), is based on the idea of language as an act of reciprocity; key-words, created by the receiver and identified by the therapist, become vehicles of possibilities, actions, meanings, experiences (Boscolo & Cecchin, 2019). The reading of the key words should always emerge from the interconnection of logical and analogical models (Watzlawick *et al.*, 1971) as the meaning is defined in the relationship in the analytic pair and arises from an emotional-affective substratum recorded in the session in a more or less explicit way. The connection of the different levels of the conversation can therefore be read through the identification of key words (Boscolo & Cecchin, 2019) or emerging themes (Gammer, 2009; Revell & McLeod, 2017); unresolved issues that permeate the imaginary, and family dynamics which are revealed in the *hic et nunc* of the session. Among the various issues which can be encountered in working with families with sexual minority children, we also encounter coming out (Baptist & Allen, 2008). A study by Baptist and Allen highlighted four issues which are important to work on in order to facilitate a family coming out: embracing the LBTQICAPF2K+ identity, understanding the multidimensionality of sexual identity, integrating subjective experiences into family reality, building supportive social networks, and promoting social awakening (Baptist & Allen, 2008). The achievement of these therapeutic goals allows the reconfiguration of the family framework, the transition from fragmentation to family cohesion. A pathway which accompanies family members towards a formulation, a re-signification of this process can also result in positive effects on the child's mental health, reducing the incidence of emotional and behavioural disorders among sexual minority youths about to reach adulthood (Malley, 2002; Doyle, 2018).

In pursuit of this end, one could envisage the adoption of the seven founding principles of Open Dialogue as being able to provide valuable aid for the realisation of an open, integrated and versatile treatment plan that 'follows the conditions and cultural specificities of the society in which it is applied' (Seikkula & Tarantino, 2016).

In the 1980s, Jaakko Seikkula developed the integrated existential approach, an innovative intervention methodology based on the practice of open dialogue experimented with patients suffering from psychosis as opposed to the use of instructional models leading to the hospitalisation of the

patient (Seikkula & Tarantino, 2016). Pivotal principles of the clinician's work are: placing trust in the patient's resources, exercising unconditional acceptance, and tolerating uncertainty; creating a supportive social network capable of providing immediate help in difficult existential crises by establishing an open dialogue both in the therapeutic alliance and within a multidisciplinary team that connects psychiatry to psychotherapy; contributing to the assumption of responsibility by each actor involved in the process (Seikkula & Tarantino, 2016). Thus, the co-construction of a caring relationship is pursued that 'learns from the patients' way of life and language, completely and entirely, without exception or prejudice', motivated therefore by constructs underlying affirmative therapy (Candelori, 2013; Moradi & Budge, 2018; Donatone, 2020). In the landscape of affirmative therapies as well as in Open Dialogue we can indeed discern a common goal: the use of dialogue for the exploration, affirmation, and normalisation of gender and sexual identity in its multidimensionality (Moorhouse & Carr, 2002; Guthrie & Moorey, 2018; Seikkula & Tarantino, 2016).

The use of Open Dialogue (Olson *et al.*, 2014) would be able to facilitate the synthesis between the values and beliefs introjected by the family mandate, and the behaviour, identity, specific experiences of the individual in therapy (Yarhouse, 2008). The method proposed by Olsen *et al.* would make it possible to identify the dominant narratives resulting from the internalisation of the prejudices widespread in a heteronormative society, and promote a transformative narrative, stimulating a shared and polyphonic reflection on the single system of consent of the patient, family members and professionals (Lai, 1993; Yarhouse, 2008). Seikkula's proposed intervention would contribute to the identification of the conflict that exists between sexual identity and naive theories (Seikkula & Tarantino, 2016; Bennet & Donatone, 2020), between public opinion and individual feeling (Ehrensaff & Turban, 2017), passing through the intimate knowledge of a person without the active search for facts and information, but which, through the language of feelings and freely fluctuating attention (Freud, 1912; 1985), can lead to the connection and recording of the speakable and the unspeakable, presentifying and materialising the fears and experiences of all involved, in a projection to the future (Hobson, 1985; Gutrie & Moorie, 2018).

Thus we note that, despite potential conflicts which may persist between these different clinical models of intervention (Brown *et al.*, 2020), the promotion of effective communication models and continuous patient support is always pursued. Not only is it possible to build bridges between different theoretical models, it is also effective.

In particular, a recent study by Brown and co-workers showed that a theoretical contact between the dynamic and systemic-relational orientation might be found in the application of Adlerian theories (Brown *et al.*, 2020). In describing the relationships between systemically oriented family therapy

and Peluso's theoretical model (Peluso, 2007), Carlson and Robey (2011) and Bitter and Carlson use the words kinship, integration and application, highlighting the existence of strong connections between the two different approaches. Brown and co-workers, in order to demonstrate the effectiveness of this intersection, propose the conceptualisation of a clinical case based on the overlapping of the theoretical principles underlying Adlerian theory and systemic therapy: holism, belonging, and social interest (2020). As far as social interest is concerned, the common goal shared by the clinical interventions is the 'empowerment of the client' in order to allow him/her to feel accepted and valued as an individual endowed with his/her own meaningfulness, recognised by other social actors (Brown *et al.*, 2020). Acknowledging the patient's membership to one or more social groups, and consequently the desire to relate to the others, should not arise from a process of social categorization with discriminatory functionality but should be the function in a process of fully understanding the patient's background (Brown *et al.*, 2020). The Adlerian construct of holism, which considers both the context and the content of individual progress in the life cycle, is equivalent to the concept of '*embrication between levels*' (Varela, 1979), according to which the whole is greater than the sum of the parts (Von Bertalanffy & Hofkirchner, 1981; 2015), which are bound together by deep connections. In the case proposed by the authors, a transgender couple in search of a family identity, a transgenerational approach (Kerr & Bowen, 1990) is used for the analysis of the current dynamics between the partners and the elaboration of a future, joint family life plan (Brown *et al.*, 2020). Future family planning is made possible by the therapeutic alliance thanks to which the clinician starts by learning about the patients' families and individual histories. Useful tools in the pursuit of this goal are the family constellation of Adlerian theory and the genogram of family systems theory. The use of these techniques is functional: to the revelation of the unique needs of the family system (Brown *et al.*, 2020), partially identifiable as original deficiencies arising from the indirect and direct experiences subjects have experienced in relating to their respective families of origin; functions designed to meet the needs of the partner and partly inherited from one's attachment patterns to make up for unresolved gaps in the family past; identification of and overcoming fears (Brown *et al.*, 2020), the latter related to functions and needs (Mazzei & Neri, 2017). These aspects are also discernible in the enucleation of the construct of collusive arrangement as a 'modality of relational encounters in which each participant agrees to develop parts of himself, functions/competencies, conforming them to the needs of the other, renouncing to develop other parts which he projects on his companion' (Mazzei & Neri, 2017). Thanks to the work of Brown *et al.* (2020), we can build theoretical and practical bridges between even seemingly distant disciplines, always giving relevance to the patient's health without the conditioning of our systems of premises.

Conclusions

This literature review seeks to assess the systemic complexity of the process of adolescents' and young adults' sexual identity formation, exploration and sharing within their family system.

Despite the fact that there is a growing decline in harassment, assault, and incidents of discrimination and social control against the LGBTQI+ community (Barnett *et al.*, 2020; Choi e Oh, 2021), sexual prejudice continues to be the main cause of minority relational problems, especially in our country (Ilga, 2022). The aim of this report has been to give visibility to a dimension that has long remained silent, a victim of the moral code that stigmatizes plural and polychromatic sexuality by virtue of an ethical, social, legal, and divine order 'responsible for the salvation of the soul' (Salemi, 2022). For this reason, the development of sexual identity is outlined, starting with the socio-cultural macro-system on which it is based, and then specifically dealing with the journey undertaken by the LGBTQI+ child in his or her family environment, noting situations of tension or ambivalence that could impede free and authentic identity expression (HRC, 2022).

The studies presented here highlight how an initial acknowledgment of this statement in the family context can facilitate free identity expression in other contexts (Pistella *et al.*, 2020) and benefit the health of the LGBTQI+ person (Williams *et al.*, 2021; Bennett e Donatone, 2020; Lori *et al.*, 2018; Ryan *et al.*, 2015; Coulombe e Sorbonnière, 2015).

By identifying possible risk and protective factors intervening in the family coming out process, this paper offers personal and environmental tools which can enhance the potential and resources of gender or sexual minority individuals and their families.

Effective promotion of the well-being of queer youth and their families has been demonstrated through the use of ABFT - SGM attachment style-based family therapy (Diamond *et al.*, 2022), interpersonal psychodynamic therapy (Gutrie & Moorie, 2018), the Adlerian therapeutic model (Brown *et al.*, 2020), and systemic-relational therapy (Lingiardi & Nardelli, 2014); however, the study and testing of the following approaches with queer Italian youth from heteronormative families are lacking.

The empirical evidence presented in this review, moreover, was derived from research that separately considered the experiences, expectations, and reactions of loved ones involved (Manning, 2015; Coulombe e Sorbonnière, 2015; Baiocco *et al.*, 2022).

In the future, it would be interesting to carry out studies capable of simultaneously including the views of the siblings, the nurturing figures and the LGBTQI+ youth so that we can have an overview of the shared experience of family coming out.

The aim pursued by this paper has therefore been to motivate a multidis-

ciplinary exploratory research project capable of identifying the possible resistances existing in clinical work with Italian heteronormative families, in order to reduce the likelihood of the occurrence of internalizing and externalizing factors in queer youth.

REFERENCES

- Abreu, R., Rosenkratz, E.D., Oatman, T., Rostosky, S., Riggle, E. (2019). Parental Reactions to Transgender and Gender Diverse Children: A Literature Review. *Journal of GLBT family studies*, 461-485.
- Amadiume, I. (1998). Reinventing Africa: Matriarchy, religion and culture. St Martin's.
- Ansara, Y.G. (2012). Cisgenderism in psychology: Pathologizing and misgendering children from 1999 to 2008. *Psychology and sexuality*, 137-160.
- APA. (2021). APA guidelines for psychological practise with sexual minorities people. Tratto da American Psychology Association.
- APA. (2022). APA dictionary of Psychology. Tratto da American Psychology Association.
- Ardener, E. (1972). Belief and the problem of women. J. S. La Fontaine.
- Bachtin, M. (1981). The Dialogical Imagination. Four essays. Austin: University of Texas Press.
- Baiocco, R., Carbone, A., Pistella, J., Gennaro, A., Petrocchi, C. (2022). Parental experiences of coming out: from undoing family bonds to family generativity. *Journal of Homosexuality*, 1-23.
- Baiocco, R., Carone, N., Ioverno, S., & Lingiardi, V. (2018). Same sex and different sex parent families in Italy: Is parents' sexual orientation associated with child health outcomes and parental dimensions? *Journal of Development and Behavioural Pediatrics*, 555-563.
- Baiocco, R., Fontanesi, L., Santamaria, F., Ioverno, S., Marasco, B., Baumgartner, E., Willoughby, B. (2015). Negative Parental Responses to Coming Out and Family Functioning in a Sample of Lesbian and Gay Young Adults. Springer. *Journal of Child and Family Studies*, 1490-1500.
- Baiocco, R., Lingiardi, V. e Nardelli, N. (2012). Measure of internalized sexual stigma for lesbians and gay men: a new scale. *Journal of Homosexuality*, 59:1191-1210.
- Bakacak, A.G., Oktem, P. (2014). Homosexuality in Turkey: Strategies for managing heterosexism. *Journal of Homosexuality*, 817-846.
- Baptist, J.A., Allen, K. R. (2008). A family's coming out process: systemic change and multiple realities. *Contemporary Family Therapy*, 92-110.
- Barbieri, G. (2009). Psicologia dinamica. Tra teoria e metodo. Libreria Cortina.
- Barkham, M., Guthrie, E., Hardy, G., Margison, F. (2016). Psychodynamic-interpersonal therapy: A conversational model. Sage.
- Barnett, M.D., Maciel, I.D., Sligar, K.B. (2020). Moral foundations, sexual prejudice, and outness among sexual minorities. *Sexuality & Culture*, 1387-1396.
- Bartlett, N.H. (2006). A retrospective study of childhood gender-atypical behavior in Samoan Fa'afafine. *Archives of Sexual Behavior*, 649-666.
- Bateson, G. (2000). Verso un'ecologia della mente. Adelphi.
- Bennett, K., Donatone, B. (2020). When 'coming out' is (even more) complicated: Considerations for therapists helping tgnb emerging adults navigate conversations about gender with family. *Journal of College Student Psychotherapy*.
- Blumer, M. L. (2012). The role of same-sex couple. Nationally Broadcast Professional Continuing. American Association of Marriage and Family Therapy.
- Blumer, M.L., Ansara, Y.G., Watson, C.M. (2013). Cisgenderism in family therapy: how everyday clinical practices can delegitimize people's gender self-designations. *Journal of Family Psychotherapy*, 267-285.
- Bolognini, S. (2002). L'empatia psicoanalitica. Bollati Brinighieri.

- Bordieu, P. (2021). Sistema, habitus, campo. Mimesis.
- Boscolo, L., Cecchin, G. (2019). La scuola di Milano, conversazioni e testimonianze. (L. Formenti, Intervistatore) Tratto da Centro Milanese di Terapia della famiglia.
- Brambilla, G., Tham, J. (2018). Sexuality, gender & education. If Press.
- Brown, K.S., Londergan, K., Bluvshtein, M. (2020). And they lived happily ever after: an intimate closeness of systems and adlerian theories in the case of a transgender couple. *The Journal of Individual Psychology*, 128-140.
- Burgess, E.W. (1926). The Family as a Unity of Interacting Personalities. University of Chicago, 3-9.
- Calonaci, A. (2013). Il ripostiglio nella mente. Omossessualità e psicoterapia. *Psicoterapeuti in Formazione*, 3-39.
- Candelori, C. (2013). Il primo colloquio. La consultazione clinica di esplorazione con bambini, adolescenti e adulti. Il Mulino.
- Carlson, J.D. (2011). An integrative Adlerian approach to family counseling. *Journal of Individual Psychology*, 232-244.
- Cass, V.C. (1979). Homosexual identity formation: a theoretical model. *Journal of Homosexuality*, 219-235.
- Choi, K.M., Oh, I. (2021). A phenomenological approach to understanding sexual minority college students in South Korea. *Journal of Multicultural Counseling & Development*, 225-238.
- Coleman, E. (1982). Developmental stages of the coming-out process. Homosexuality: Social, psychological, and biological issues. *American Behavioral Scientist*, 149-158.
- Coleman, E.B.K. (2011). Standards of care for the health of transsexual, transgender, and gender nonconforming people, 7th version. *International Journal of Transgenderism*, 165-232.
- Corbisiero, F. (2021). #omossessualicontemporanei. Identità, culture, spazi LGBT+. FrancoAngeli.
- Corsano, P., Musetti, A. (2012). Dalla solitudine all'autodeterminazione. Cortina Libreria.
- Couch, J.R. (2021). Exploring lesbian and gay experiences with individuals, systems, and environments: Patterns of response to heterosexist prejudice and discrimination. *ProQuest Information & Learning*, 2091-2101.
- Coulombe, S., Sorbonnière, R.D. (2015). The role of identity integration in hedonic adaptation to a beneficial life change: the example of 'coming out' for lesbians and gay men. *The Journal of Social Psychology*, 294-313.
- Cramer, R.J., Golom, F.D., LoPresto, C.T., Kirkley, S.M. (2008). Weighing the evidence: empirical assessment and ethical implications of conversion therapy. *Ethics & Behavior*, 93-114.
- D'Amico, E., Julien, D. (2012). Disclosure of sexual orientation and gay, lesbian, and bisexual youths' adjustment: Associations with past and current parental acceptance and rejection. *Journal of GLBT Family Studies*, 8(3), 215-242.
- D'Augelli, A.R. (1994). Identity development and sexual orientation: Toward a model of lesbian, gay and bisexual development. In: Human diversity: Perspectives on people in context. Josse-Bass, 312-333.
- D'Augelli, A.R. (2002). Mental health problems among lesbian, gay, and bisexual youths ages 14 to 21. *Clinical Child Psychology and Psychiatry*, 7(3), 433-456.
- Davolo, A., Mancini, T. (2017). L'intervento psicologico con i migranti. Bologna: Il mulino.
- De Leo, M. (2021). Queer: storia culturale della comunità LGBT+. Einaudi.
- Dei, F. (2016). Antropologia culturale: Il Mulino.
- Diamond, G.M., Boruchovitz Zamir, R., Nir Gotlieb, O., Gat, I., Bar Kalifa, E., Yehoshua Fitoussi, P., Katz, S. (2022). Terapia familiare basata sull'attaccamento per giovani adulti appartenenti a minoranze sessuali e di genere e i loro genitori non accettanti. 530-548.
- Donatone, K.B. (2020). When 'coming out' is (even more) complicated: considerations for therapists helping TGNB emerging adults navigate conversations about gender with family. *Journal of College Student Psychotherapy*.

- Ehrensaft, D. (2019). Il bambino gender creative. Percorsi per crescere e sostenere i bambini che vivono al di fuori dei confini di genere. Odoya.
- Ehrensaft, D., Turban, J.L. (2017). Research review: gender identity in youth: treatment paradigms and controversies. *Journal of Child Psychology and Psychiatry*, 1228-1243.
- Eisemberg, M.E. Resnick, M.D. (2006). Suicidality among gay, lesbian and bisexual youth: the role of protective factors. *The Journal of Adolescent Health*, 39(5):662-8.
- Eliason, M.J., Shope, R. (2007). Shifting sands or solid foundation? Lesbian, gay, bisexual, and transgender identity formation. *Springer Science & Business Media*, 3-26.
- Elizur, Y., Ziv, M. (2001). Family support and acceptance, gay male identity formation, and psychological adjustment: a path model. *Researchgate* 40(2):125-44.
- Faderman, L. (1984). The 'new gay' lesbians. *Journal of Homosexuality*, 65-75.
- Feinstein, B.A., Davila, J., Goldfried, M.R., Wadsworth, L.P. (2014). Do parental acceptance and family support moderate associations between dimensions of minority stress and depressive symptoms among lesbians and gay men? *Professional Psychology: Research and Practice*, 45(4), 239-246.
- Ferrari, F. (2018). Altre generatività: procreazione e filiazione senza sessualità. In: L. Fruggeri (a cura di) Famiglie d'oggi. Quotidianità, prassi e dinamiche psicosociali. Carocci, pp. 91-122.
- Fleckinger, A. (2017). Le dinamiche della vittimizzazione secondaria: quando gli assistenti sociali incolpano le madri. *Research on Social Work Practice*, 30(5)
- Floyd, F.J., Stein, T.S., Harter, K.S.M., Allison, A., Nye, C.L. (1999). Gay, lesbian, and bisexual youths: separation individuation, parental attitudes, identity consolidation, and well-being. *Journal of Youth and Adolescence*, 28, 719-739.
- Freud, S. (1912; 1985). L'Io e l'Es. Bollati Boringhieri.
- Frigerio, A., Prunas, A., Montali, L., Anzani, A. (2021). We'll accept anything, as long as she is okay: italian parents' narratives of their transgender children's coming-out. *Journal of GLBT Family Studies*, 432-449.
- Fruggeri, L. (2018). Famiglie d'oggi. Quotidianità, dinamiche e processi psicosociali: Carocci.
- Li, M.J., Thing, J.P., Galvan, F.H., Gonzalez, K.D., Bluthenthal, R.N. (2017). Contextualizing family microaggressions and strategies of resilience among young gay and bisexual men of Latino heritage. *Culture, Health and Sexuality*, 107-120.
- Gammer, C. (2009). The child's voice in family therapy: a systemic perspective. WW Norton & Company Inc.
- Gargano, M., Ugazio, V. (2016). L'influenza delle semantiche familiari nel processo di coming out. L'influenza delle semantiche familiari nel processo di coming out. Università degli Studi di Bergamo.
- Gil, S. (2007). A narrative exploration of gay men's sexual practices as a dialectical dialogue. *Sexual and Relationship Therapy*, 63-75.
- Grossman, A.H., D'Augelli, A.R., Howell, T.J., Hubbard, S. (2005). parent' reactions to transgender youth' gender nonconforming expression and identity. *Journal of Gay & Lesbian Social Services*, 18(1): 3-16.
- Guthrie, E., Moorey, J. (2018). The theoretical basis of the conversational model of therapy. *Psychoanalytic Psychotherapy*, 32(3), 282-300.
- Harré, R., Van Langenhove, L. (1999). Positioning theory: Moral context of intentional actions. Blackwell.
- Haas, A.P., et al. (2010). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: review and recommendations. *Journal of Homosexuality*: <https://www.tandfonline.com/doi/full/10.1080/00918369.2011.534038>
- Heritier, F. (2002). Maschile e femminile. Il pensiero della differenza. (quarta ed.). B. Fiore (a cura di). Laterza.
- Hermans, H. (2001). The dialogical self: toward a theory of personal and cultural positioning. *Cultural Psychology*, 243-281.
- Hershberger, S., D'Augelli, A.R. (1995). The impact of victimization on the mental health and

- suicidality of lesbian, gay, and bisexual youths. *Developmental Psychology* 31(1):65-74.
- Hobson, R.F. (1985). *Forms of feeling*. Routledge.
- Holahan, W., Gibson, A. (1994). Heterosexual therapists leading lesbians and gay therapy groups: therapeutic and political realities. *Journal of Counselling and Development*, 591-594.
- Honingman, J.J. (1964). *The Kasha Indians: an ethnographic reconstruction*. Yale University Press.
- HRC, F. (2022). *Coming out living authentically*. Tratto da Human Rights Campaign. Available from: <https://www.hrc.org/resources/coming-out-living-authentically-as-lesbian-gay-and-bisexual>
- Iborra, A. (2007). Dealing with homosexuality in a homophobic culture: a self-organization approach. *Integrative Psychological & Behavior*, 285-295.
- Ilga Europe. *Rainbow Europe map and index*. 17 Maggio 2022. Available from: <https://ilga-europe.org/report/rainbow-europe-2021/>
- Doyle, C.J. (2018). A new family system therapeutic approach for parents and families of sexual minority youth. *Issues in Law & Medicine*, 223-234.
- Kerr, M.E., Bowen, M. (1990). *La valutazione della famiglia. Un approccio terapeutico basato sulla teoria boweniana*. Astrolabio Ubaldini.
- King, A. (2021). LGBT discrimination, harassment and violence in Germany, Portugal and the UK: A quantitative comparative approach. *Current Sociology*, 71(1)
- Klein, K., Holtby, A., Cook, K., Travers, R. (2015). Complicating the coming out narrative: becoming oneself in a heterosexist and cissexist world. *Journal of Homosexuality*, 297-326.
- Lai, G. (1993). *Conversazionalismo. Le straordinarie avventure del soggetto grammaticale*. Bollati Boringhieri.
- Leonardi, P., Viaro, M. (1990). *Conversazione e terapia*. Raffaello Cortina Editore.
- Lezos, M.D. (2017). Inclusive sex therapy practices: a qualitative study of the techniques sex therapists use when working with diverse sexual populations. *Sexual and Relationship Therapy*, 2-21.
- Li, Y., Samp, J.A. (2021). Antecedents to and outcomes of same-sex couples' coming out talk. *Western Journal of Communication*, 1-21.
- Lingiardi, V. (2007). *Citizen gay. Famiglie, diritti negati e salute mentale*. Il Saggiatore S.P.A.
- Lingiardi, V., Nardelli, N. (2014). *Linee guida per la consulenza psicologica e la psicoterapia con persone lesbiche, gay e bisessuali*. Raffaello Cortina Editore.
- Lori E. R., Travis, S., Lesley A.T., Jenna M.M., Hawkins, B.W., Fehr, C.P. (2018). Prevalence of depression and anxiety among bisexual people compared to gay, lesbian, and heterosexual individuals: a systematic review and meta-analysis. *The Journal of Sex Research*, 435-456.
- Maggiolini, A., Pietropolli Charmet, G. (2016). *Manuale di psicologia dell'adolescenza: compiti e conflitti*. Franco Angeli Editore.
- Malley, M. (2002). Systemic therapy with lesbian and gay clients: a truly social approach to psychological practice. *Journal of Community & Applied Social Psychology*, 237-241.
- Manning, J. (2015). Communicating sexual identities: a typology of coming out. *Sexuality & Culture*, 122-138.
- Marco Brambilla, A.C. (2011). Subgrouping e omosessualità: rappresentazione cognitiva e contenuto degli stereotipi interiorizzati di uomini gay. *Psicologia Sociale*, 71-88.
- Marco Guerci, P.I. (2018). Le diversità di orientamento sessuale e identità di genere. In: P.I., Marco Guerci (ed.). *L'impresa inclusiva. LGBT e diversity in azienda*. Guerini Next srl, pp. 27-48.
- Mazzei D., Neri, V. (2017). *La mediazione familiare. Il modello simbolico trigerazionale*. Raffaello Cortina Editore.
- Meares, R.A. (1977). *The pursuit of intimacy: an approach to psychotherapy*. Thomas Nelson.
- Meares, R.A. (1993). *The metaphor of play: origin and breakdown of personal being*. Jason Aronson.
- Medley, B. (2021). Recovering the true self: Affirmative therapy, attachment, and AEDP in psychotherapy with gay men. *Journal of Psychotherapy Integration*, 383-402.

- Moderato, P., Rovetto, F. (2005). Progetti di intervento psicologico. Idee, suggestioni e suggerimenti per la pratica professionale. Mc Graw-Hill Education.
- Momigliano, N. (2001). L'ascolto rispettoso. Cortina Editore.
- Montano. (2000a). Istituto A. T. Beck. terapia cognitivo - comportamentale. Istitutobeck. Available from: <https://www.istitutobeck.com/omofobia-omofobia-interiorizzata>
- Montano, A. (2000b). Psicoterapia con clienti omosessuali. Mc Grow-Hill Companies.
- Montano, A. (2007). L'omofobia internalizzata come problema centrale nel processo di formazione dell'identità sessuale. *Rivista di Sessuologia*, pp. 31-41.
- Moorhouse, A., Carr, A. (2002). Gender and conversational behaviour in family therapy and live supervision. *Journal of Family Therapy*, 46-56.
- Moradi, B., Budge, S.L. (2018). Engaging in LGBTQ+ affirmative psychotherapies with all clients: Defining themes and practices. Wiley Periodicals Inc., 2028-2042.
- Needham, B.L., Austin, E.L. (2010). Sexual orientation, parental support, and health during the transition to young adulthood. *Journal of Youth and Adolescence*. 39(10):1189-98.
- Newman, L.K. (2002). Sex, gender, and culture: Issues in the definition, assessment and treatment of gender identity disorder. *Clinical Child Psychology and Psychiatry*, 352-359.
- O.M.S. (2021). Newsroom of World Health Organization. World Health Organization. Available from: <https://www.who.int/news-room/fact-sheets/detail/suicide>
- Olson, M., Seikkula, J., Ziedonis, D. (2014). The key elements of dialogic practice in open dialogue: fidelity criteria. University of Massachusetts Medical School. Available from: <http://umassmed.edu/psychiatry/globalinitiatives/opendialogue/>
- Pachankis, J.E., Goldfried, M.R. (2004). Clinical issues in working with lesbian, gay, and bisexual clients. *Psychotherapy: Theory, Research, Practice, Training*, 41(3), 227-246.
- Padilla, Y.C., Crisp, C., Rew, L.D. (2010). Parental acceptance and illegal drug use among gay, lesbian and bisexual adolescents: results from a national survey. *Social Work*, 55(3): 265-275.
- Parker, C.M., Hirsch, J.S., Philbin, M.M., Parker, R.G. (2018). The urgent need for research and interventions to address family-based stigma and discrimination against lesbian, gay, bisexual, transgender, and queer youth. *The Journal of Adolescent Health*, 63(4):383-393.
- Pearce, B. (1989). Communication and the Human Condition. Southern Illinois University Press.
- Peletz, M.G. (2009). Gender pluralism: Southeast asia since early modern times. Taylor & Frances.
- Peluso, P. R. (2007). Emotionally focused couples therapy and Individual Psychology: A dialogue across theories. *The Journal of Individual Psychology*, 248-269.
- Pescatore, V. (2021). Identità sessuale e auto-percezione di sé. Riflessioni a margine della legge tedesca sui 'trattamenti di conversione'. G. Giappichelli Editore.
- Pistella, J., Rosati, F., Ioverno, S., Girelli, L., Laghi, F., Lucidi, F., Baiocco, R. (2020). coming out in family and sports-related contexts among young italian gay and lesbian athletes: the mediation effect of the 'don't ask, don't tell' attitude. *Journal of Child and Family Studies*, 289-306.
- Pistella, J., Salvati, M., Ioverno, S., Laghi, F. (2016). Coming-out to family members and internalized sexual stigma in bisexual, gay and lesbian people. *Journal of Child and Family Studies*, 3694-3701.
- Plummer, J. (1975). Sexual stigma: an interactionist account: Routledge & Kegan Paul.
- Ponse, B. (1978). Identities in the lesbian world: the social construction of self. Greenwood press.
- Prunas, A. (2021). **The International Journal for Research in Social and Genetic Epidemiology and Mental Health Services. Social Psychiatry and Psychiatric Epidemiology:** <https://www.geneticpi.org/genetic-epidemiology-journal>
- Prunas, A., Anzani, A., Montali, L., Frigerio, A. (2021). 'We'll accept anything as long as she is okay': Italian parents' narratives of their transgender children's coming out. *Journal of GLBT Family Studies*, 432-449.
- Rapper, I. (1942). *Perdutamente tua*. Warner Bros.

- Rasmussen, M.L. (2004). The problem of coming out. *Theory into practice*, 144-150.
- Revell, S., McLeod, J. (2017). Therapists' experience of walk and talk therapy: A descriptive phenomenological study. *European Journal of Psychotherapy & Counselling*, 267-289.
- Rigliano, P. (2018). Sguardi sul genere. Voci in dialogo. Mimesiss.
- Rosenkrantz, D.E. (2016). The positive aspects of intersecting religious/spiritual and LGBTQ identities. *Educational Publishing Foundation*, 127-138.
- Ross, E.L. (2018). Prevalence of depression and anxiety among bisexual people compared to gay, lesbian, and heterosexual individuals: a systematic review and meta-analysis. *The Journal Of Sex Research*, 435-456.
- Rostosky, S.S., Riggle, E.D.B. (2017). Same-sex relationships and minority stress. *Current Opinion in Psychology*, 13: 29-38.
- Ryan, C. et al. (2009). Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults. *American Academy of Pediatrics*: <https://doi.org/10.1542/peds.2007-3524>
- Ryan, C., Huebner, D., Diaz, R.M., Sanchez, J. (2010). family acceptance in adolescence and the health of lgbt young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4), pp. 205-213.
- Ryan, S.W., Legate, N., Weinstein, N., Rahman, Q. (2017). Autonomy support fosters lesbian, gay, and bisexual identity disclosure and wellness, especially for those with internalized homophobia. *Journal of Social Issues*, 289-306.
- Ryan, W.S., Legate, N., Weinstein, N. (2015). Coming out as lesbian, gay, or bisexual: the lasting impact of initial disclosure experiences. *Self and Identity*, 549-569.
- Salemi, G. (2022). Portale di informazioni antidiscriminazioni LGBT. Tratto da Portale nazionale LGBT. Available from: <http://www.portalenazionalelgbt.it/sexualita-plurali-breve-viaggio-del-farsi-sociale-della-sessualita/index.html>
- Savin-Williams, R.C. (1989). Parental influences on the self-esteem of gay and lesbian youths: A reflected appraisals model. *Journal of Homosexuality*, 17(1-2), 93-109.
- Scrimshaw, E., Downing, M., Cohn, D. (2018). Reasons for non-disclosure of sexual orientation among behaviorally bisexual men: non-disclosure as stigma management. *Archives of Sexual Behaviour*, 219-233.
- Seikkula, J., Tarantino, C. (2016). Il dialogo aperto. L'approccio finlandese alle gravi crisi psichiatriche. Giovanni Fioriti Editore.
- Shilo, G., Savaya, R. (2011). Effects of family and friend support on lgb youths' mental health and sexual orientation milestones. *Wiley Online Library*, 60(3): 318-330.
- Smith, S.J., Axelson, A.M., Saucier, D.A. (2009). The effects of contact on sexual prejudice: a meta-analysis. *Sex Roles*, 178-191.
- Triana, M.C., Gu, P., Chapa, O., Richard, O., Colella, A. (2021). Sixty years of discrimination and diversity research in human resource management: A review with suggestions for future research directions. *Wiley Online Library*, 145-204.
- Troiden, R.R. (1988). Homosexual identity development. *Journal of Adolescent Health Care*, 105-113.
- Twist, M.M. (2006). Therapist support of gay and lesbian human rights. *Journal of Guidance and Counselling*, 107-113.
- Ugazio, V.N. (2009). The Family Semantics Grid (FSG). The narrated polarities. *Testing, Psychometrics, Methodology in applied Psychology*, 165-192.
- Varela, F.J. (1979). Principles of biological autonomy. Elsevier Science Ltd.
- Viola, A. (2022). Il sesso è (quasi) tutto. Evoluzione, diversità e medicina di genere. Feltrinelli.
- Visani, E., Nuovo, S.D., Loredio, C. (2014). Il FACES IV. Il modello circonflesso di Olson nella clinica e nella ricerca. Franco Angeli.
- Von Bertalanffy, L., Sutherland, J.W. (1981, 2015). General system theory: foundations, development, applications. George Braziller.
- Watzlawick, P., Beavin, J.H. Jackson, D.D. (1971). Pragmatica della comunicazione umana. Studio dei modelli interattivi, delle patologie e dei paradossi. Astrolabio Ubaldini.

- White, A.F. (2019). Using electronic contact to reduce homonegative attitudes, emotions, and behavioral intentions among heterosexual women and men: a contemporary extension of the contact hypothesis. *The Journal of Sex Research*, 1179-1191.
- White, M., Epston, D. (1990). Narrative means to therapeutic ends. W. W. Norton.
- Wickham, R.E., Gutierrez, R., Giordano, B.L. (2021). Gender and generational differences in the internalized homophobia questionnaire: an alignment IRT analysis. *Assessment*, 1159-1172.
- Scarborough, W.J., Fessenden, D., Sin, R. (2021). Convergence or divergence? the generational gap in gender attitudes, 1977-2018. In: D.F. William, J. Scarborough (eds.). *Gender and generation: continuity and change advances in gender research*. Emerald group publishing, pp. 73-94
- Williams, A.J., Jones, C., Arcelus, J., Townsend, E., Lazaridou, A., Michail, M. (2021). A systematic review and meta-analysis of victimisation and mental health prevalence among LGBTQ+ young people with experiences of self-harm and suicide. *PLOS One*, 1-26.
- Winnicott, D.W. (1971). *Playing and reality*. Routledge Classics.
- Wittgenstein, L. (1992). La conferenza di Wittgenstein sull'etica. *Lezioni e conversazioni su etica, estetica, psicologia e credenza religiosa*. Adelphi, pp. 5-18.
- Yarhouse, M.A. (2008). Narrative sexual identity therapy. *The American Journal of Family Therapy*, 196-2010.
- Zan, A (2022). *Senza paura: La nostra battaglia contro l'odio*. Edizioni Piemme.
- Zeeman, L., Sherriff, N., Browne, K., McGlynn, N., Mirandola, M., Gios, L., Davis, R., Sanchez-Lambert, J., Aujean, S., Pinto, N., Farinella, F., Donisi, V., Niedzwiedzka-Stadnik, M., Rosińska, M., Pierson, A., Amaddeo, F.; Health4LGBTI Network. (2021). A review of lesbian, gay, bisexual, trans and intersex (LGBTI) health and healthcare inequalities. *The European Journal of Public Health*, 974-980.

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