COMMUNICATION PROCESSES THAT MEDIATE PARENTS' NONACCOMMODATION

AND THEIR SEXUAL MINORITY CHILDREN'S MENTAL WELL-BEING

by

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ABSTRACT

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Using communication accommodation theory (CAT) and the communication theory of identity (CTI), this study investigated (a) the degree to which parents' nonaccommodation is associated with sexual minority (SM) adult children's surface acting and topic avoidance, (b) the degree to which these communicative responses are associated with their mental health, (c) the degree to which surface acting and topic avoidance explain the association between parents' nonaccommodation and the SM's mental health, and (d) the degree to which identity gaps moderate these indirect effects. Results from 219 participants who completed online surveys supported most of the reasoning advanced in the study. Parents' nonaccommodation was positively associated with mental health symptoms, surface acting, and topic avoidance, and the results demonstrated a stronger mediation effect for surface acting than for topic avoidance. However, identity gaps did not moderate this mediated process. The results extend CAT and CTI and offer valuable insight into family communication experiences for SMs.

Introduction

Families are considered one of the most important social ingroups (Lay et al., 1998), typically characterized by shared meanings and similar attitudes and beliefs. However, divergent social group identifications within families and the salience of these identities have important implications for the social interactions and personal and relational health of family members (Gangi & Soliz, 2016). Divergence in social categorizations, including race and ethnicity (Killian, 2001), religion and faith (Colaner et al., 2014), and age group (Harwood et al., 2006; Soliz & Harwood, 2006) have the potential to transform family interactions into intergroup conversations. Communication marked by the salience of these differing identities is related to poorer relational and psychosocial outcomes. In particular, sexual orientation is a central social identity for many people (Hajek et al., 2005), and "relationships between members with different sexual identities are, by definition, intergroup in nature" (Soliz et al., 2010, p. 80). The disclosure of a child's non-heterosexual identity adds a new dimension to family relationships (Mosher, 2001), as sexual minorities (SMs) face multiple struggles in family relationships and communication after coming out (Dunlap, 2014; Norwood, 2012; Nuru, 2014), often taxing their mental health (Meyer, 2003). Specifically, parent-child relationships that are unsupportive due to a member's sexual orientation "are likely driven by intergroup dynamics, or communication marked by emphases on interactants' social identities rather than interpersonal relationship" (Butauski, 2020, p. 2).

One theory that is particularly helpful when examining intergroup dynamics is communication accommodation theory (CAT) (Giles, 1973), which explains how individuals transcend or underscore group boundaries in communicative interactions (Soliz & Giles, 2014). Although many of the behaviors enacted by SMs' unsupportive families do emphasize such identity differences and neglect their communication needs (Kibrik et al., 2019), few studies have made the theoretical link to communication (non)accommodation (specifically to *giving unwanted advice* and *emphasizing divergent values*). Additionally, most research on SMs and family communication has focused primarily on the disclosure event of "coming out" itself, although parents and children must deal with more than the initial disclosure of identity (Flockhart, 2019). Rather than focusing on broad definitions of parental rejection or the specific "coming-out" event, this study advanced an understanding of how parental nonaccommodation behaviors about their adult child's sexual identity are related to SMs' mental health.

A second goal of this study was to investigate the role that SMs' communicative responses play in the association between nonaccommodation and well-being. Nonaccommodative messages from parents may increase the stress, discomfort, uncertainty, and hurt that their SM children feel. The way SMs respond to parents' unwanted advice and emphasis on divergent identities, in turn, may explain their effects on mental health outcomes, especially if those responses are emotionally taxing. Two such responses that may further explain the inverse association that exists between parents' nonaccommodation and SMs' mental health are topic avoidance and emotion labor. The negative experience of receiving nonaccommodation may trigger the active avoidance of identity-relevant topics and/or suppression of one's emotions. Given that these behaviors have been shown to be emotionally-taxing and personally constraining (Harwood, 2000; Schrodt, 2020), topic avoidance and emotion labor could serve as explanatory mechanisms for the mental health correlates of parental nonaccommodation, if for no other reason than the stress-inducing potential of these kinds of responses.

Finally, a third goal of the present study was to test identity gaps as a moderating factor upon which this explanatory process depends. When individuals experience an incongruence between the way they see themselves and the way they communicatively express themselves, they have an identity gap (Jung, 2011). Whereas the ability to express oneself freely constitutes one of the most positive life factors for SMs (Higa et al., 2014; Sedlovskaya et al., 2013), previous researchers have found that transgender individuals may respond to the tensions of identity gaps through relational disengagement or "passing," a means of intentionally disguising their trans identities to meet socially acceptable gender expectations (Nuru, 2014; Wagner et al., 2016). Hence, identity gaps among SMs may alter their own avoidance and emotion suppression behaviors in response to their parents' nonaccommodative messages of unwanted advice and divergent values. As a result, the indirect association between parents' nonaccommodation and SMs' mental health through the SMs' emotion labor and topic avoidance may depend upon their identity gaps, such that the indirect effects are likely to be greater for those SMs whose identity gaps are larger.

Consequently, in the present study, I investigated (a) the degree to which parents' nonaccommodation is associated with SM adult children's emotion labor and topic avoidance, (b) the degree to which SM adults' emotion labor and topic avoidance is associated with their mental health, (c) the degree to which emotion labor and topic avoidance explain the association

between parents' nonaccommodation and the SM's mental health, and (d) the degree to which identity gaps moderate these indirect effects. The results of this study not only advanced CAT and knowledge of how intergroup processes intermingle with discussions of sexual identity in family relationships, but provided important, pragmatic contributions to our understanding of how SMs' communicative responses to these discussions is associated with their mental wellness.

Theoretical Perspective

Communication Accommodation Theory

Communication is central to how we manage differences in interactions. Harwood et al. (2006) presented CAT (Giles, 1973) as a useful theoretical framework for studying family interactions in which group-based identity differences may be present. This theory was originally developed to explore accent and language shifts in interactions (Giles, 1973), and has since widened to capture a multitude of relational and identity processes in communication through language and other communicative symbols (Coupland & Jaworski, 1997). CAT is centrally concerned with the manner in which individuals adapt—or fail to adapt—their communication to the perceived needs and desires of their conversational partner (Shepard et al., 2001). The theory presents two ways in which interlocutors can approach interactions with out-group others: accommodation and nonaccommodation. *Accommodation* indicates an interpersonal approach to interactions; accommodative behaviors are those that are contextually appropriate, signal camaraderie and respect, and minimize intergroup distinctions (Giles, 2008). *Nonaccommodation*, on the other hand, emphasizes group salience and identity differences, neglects the other's identity and communication needs, and demonstrates an intergroup perspective of the interaction. For example, in studies of intergenerational contact, nonaccommodative communication may include younger grandchildren using slang that grandparents do not understand, or grandparents focusing the conversation on age-related topics such as loneliness and health issues (Soliz & Harwood, 2006). Accommodative behavior, conversely, downplays such age group distinctions. This theory offers a valuable perspective for investigating parents' communication with their SM adult children. Parents often experience cognitive dissonance between the negative images of homosexuality that are often pervasive in society and the loving relationship they have with their child (Boxer et al., 1991). The extent to which parents' communication emphasizes this identity difference, rather than privileges the interpersonal relationship, may be explained through the lens of communication nonaccommodation.

Among a host of nonaccommodative behaviors that exist and that parents may enact when discussing matters of sexual identity, scholars have identified two in particular that may invalidate a child's SM identity and ultimately undermine their mental health: emphasizing divergent values and giving unwanted advice (Butauski, 2020; Colaner et al., 2014, Morgan et

al., 2020; Rittenour & Soliz, 2009). Emphasizing divergent values accentuates differences of salient social identities (Rittenour & Soliz, 2009), and may manifest either indirectly (e.g., selecting controversial conversation topics) or directly (e.g., openly criticizing someone's beliefs or identity). In interfaith parent-child relationships, for example, Colaner et al. (2014) found that parents emphasized divergent values a few ways, including bringing up their own religion despite their child's disagreement and expressing disapproval of their child's religious choices. Nonaccommodative parents of SMs may similarly do this, for example, by bringing up queer issues in conversation—even when it is controversial—or by communicating to their child that their sexual identity is wrong (e.g., morally or otherwise; see Butauski, 2020).

Giving unwanted advice is another nonaccommodative behavior that fails to acknowledge the other's identity needs and can come across as patronizing and controlling (Rittenour & Soliz, 2009). In Colaner et al.'s (2014) study, parents gave their children unsolicited advice based on their own religious principles, a behavior which assumes that the child identifies with such principles when, in fact, they may not. In the present study, some potential examples of giving unwanted advice are parents suggesting that their SM child can change their orientation or trying to control how the child expresses or acts upon their sexual identity (e.g., parents telling their bisexual daughter to choose to date men, or limiting whom their child can be "out" to; see Butauski, 2020).

Parental nonaccommodation in the form of emphasizing divergent values and giving unwanted advice may have negative consequences for SMs' mental health. Nonaccommodation is associated with a host of relational consequences, including less communication and relationship satisfaction, decreased shared family identity, higher intergroup anxiety, and other negative relationship evaluations (Colaner et al., 2014; Gasiorek & Dragojevic, 2017; Soliz et al., 2010; Speer et al., 2013). Although CAT research typically focuses on the relational outcomes of (non)accommodation more so than on individual outcomes, plenty of interdisciplinary research has studied the adverse mental health consequences of parental rejection for SM youth (Berenson et al., 2005; Bregman et al., 2013; Kibrik et al., 2019). Many of these rejection behaviors reflect the qualities of emphasizing divergent values and giving unwanted advice, although the theoretical link to nonaccommodation in particular has never been explicitly made.

For instance, Kibrik et al. (2019) found that greater parental rejection predicted higher levels of adult children's psychological symptoms, and their operationalization of parental rejection closely aligns with the nonaccommodative behaviors of interest in the present study.

Specifically, parental rejection in Kibrik et al.'s (2019) study included behaviors such as parents implying that same-sex attraction is a wrong choice the child made or making negative comments about the LGBTQ community (cf. emphasizing divergent values). Giving unwanted advice is also apparent in parental rejection through parents' suggestions about religious or psychological counseling and attempts to control how open the child can be about their sexual orientation. This type of parental communication significantly predicted SMs' reports of somatization, depression, and anxiety (Kibrik et al., 2019).

Given the similarity of these rejection behaviors to nonaccommodation, as well as the evidence that such behaviors are negatively associated with SMs' mental health, I advanced my first hypothesis to test the relationship between SM adult children's perceptions of their parents' nonaccommodation and their own mental health:

H_1: SM adult children's perceptions of their parents' nonaccommodation (i.e., giving unwanted advice and emphasizing divergent values) about their SM identity is inversely associated with their mental health.

Topic Avoidance and Emotion Labor as Responses to Parents' Nonaccommodation

Although nonaccommodation from parents and other family members is likely distressing in its own right, nonaccommodation may become particularly harmful through SMs' communicative responses to such invalidating messages. Nonaccommodative messages from parents about one's identity are likely uncomfortable to receive and difficult to respond to, and the way SMs respond to these messages may be particularly emotionally taxing. Although there is likely to be tremendous variance in the types of communicative responses that SMs enact with nonaccommodating parents, this study examined two responses that prior research has indicated may be particularly relevant to this specific context: topic avoidance and emotion labor.

The more nonaccommodation that SMs report from parents, the more likely they may be to engage in *topic avoidance*, or intentionally evade discussion of topics related to their sexual identity (Afifi et al., 2007). In general, most individuals avoid certain "taboo" topics in their close relationships, including conflict-inducing topics, negative information, dating experiences, and sexual experiences, among others (Baxter & Wilmot, 1985; Guerrero & Afifi, 1995). Hence, one might reason that conversations with parents related to one's sexual identity may constitute a "taboo" topic as well. Additionally, individuals' goals impact the extent to which they avoid topics with others (Afifi & Guerrero, 2000). Receiving nonaccommodative messages from

parents, especially about one's personal identity, may be uncomfortable, hurtful, or stressful, and SMs may navigate conversations with parents by enacting topic avoidance for various reasons. If communication about divergent sexual identities is conflict-inducing, SMs might avoid the topic to conserve energy (Butauski, 2020), protect themselves from hurt (Guerrero & Afifi, 1995), or preserve the relationship (Butauski, 2020; Roloff & Ifert, 2000). If repeated nonaccommodation from parents encourages SMs to become disenfranchised with the relationship, they may engage in topic avoidance simply because they do not believe the effort, discomfort, or vulnerability of such conversations about sexual identity are worth it (Butauski, 2020).

Potential motivations for topic avoidance aside, previous research has established a relationship between nonaccommodation (and other similar behaviors) and topic avoidance. Perceptions of nonaccommodation are related to uncertainty (Scott & Caughlin, 2015), and relational uncertainty is positively associated with topic avoidance among stepfamily members (Afifi & Schrodt, 2003), siblings (Bevan et al., 2006), and cross-sex friends (Afifi & Burgoon, 1998). Additionally, Butauski (2018) found that acts of interference from parents (i.e., placing pressure on emerging adults to make certain decisions or expressing disapproval of their choices, behaviors which reflect emphasizing divergent values and giving unwanted advice) were positively related to emerging adults' topic avoidance motives and negatively related to openness across identity-related topics. Consequently, perceptions of parents' nonaccommodation when discussing sexual identity should be positively associated with SMs' topic avoidance with their parents:

H_2: SM adult children's perceptions of their parents' nonaccommodation (i.e., emphasizing divergent values and giving unwanted advice) when discussing matters of sexual identity are positively associated with topic avoidance with parents.

Topic avoidance behaviors are inversely associated with a host of relational outcomes and mental well-being. For instance, topic avoidance is positively associated with feelings of constrained communication (Harwood, 2000) and dissatisfaction with close relationships (Caughlin & Afifi, 2004; Dailey & Palomares, 2004; Golish, 2000). Additionally, topic avoidance predicts poorer physical health and well-being (Bevan et al., 2012), depressive symptoms (Donovan-Kicken & Caughlin, 2011), anxiety (Knobloch et al., 2013), and stress (Frisby et al., 2011). Given these findings, evading sexual-identity-related topics may similarly predict worse mental health for SMs.

H₃: SM adult children's topic avoidance with parents is inversely associated with their mental health.

The more nonaccommodation SMs perceive from parents, the more likely they may be to avoid conversations related to their sexual identity. However, just as topic avoidance has been associated with negative outcomes in previous research, this avoidant communication will likely be emotionally taxing to SMs and potentially undermine their mental well-being. Thus, I predicted that topic avoidance would mediate the negative association between parents' nonaccommodation and SMs' mental health:

H₄: SM adult children's topic avoidance with parents mediates the inverse association between their perceptions of their parents' nonaccommodation and their mental health.

In addition to predicting topic avoidance, nonaccommodation may also predict SMs' emotion labor. *Emotion labor* occurs when one "manages or regulates the experience and expression of emotion to meet the emotion display rules and expectations of a social group and/or conversational partner" (Schrodt, 2020, p. 66-67). This behavior is typically studied in organizational contexts (Ashforth & Humphrey, 1993; Hochschild, 1983; Tracy, 2005) to describe how employees manage their personal emotions to fit organizational norms, particularly when felt emotions are contrary to expected emotion displays (Grandey, 2000). Given their position of power, employers have some level of control over employees' emotional displays and can determine what emotions are appropriate in various interactional contexts. Hochschild (1983) described two strategies for engaging in emotion labor and meeting these display rules. *Surface acting* involves an effort to mask one's true feelings in order to display the required emotion, thus presenting an emotional facade. *Deep acting*, on the other hand, refers to the regulation of one's genuine emotions to actually experience the desired emotion (Goffman, 1959; Hochschild, 1983). This study focuses specifically on SMs' surface acting with parents. I reasoned that in this particular context, SMs would be far more likely to engage in surface acting and mask their true feelings about their parents' behaviors than to force themselves to feel the emotions expected by their parents in conversations about their sexual identity. Given that nonaccommodative conversations about their identity are likely to provoke negative, reactive feelings of discomfort or hurt, SMs may be more inclined to privately feel those genuine emotions yet fake the desired ones, as deep acting to feel emotions expected by their nonaccommodative parents would likely be identity-disconfirming.

Although the study of emotion labor has historically been limited to organizations, nascent research has begun to investigate this process in parent-child relationships. Schrodt and O'Mara (2019) found that children are likely to engage in surface and deep acting with some frequency, and both of these behaviors are meaningfully associated with lower relational quality with parents. Additionally, emotion labor was meaningfully correlated with family communication patterns (FCPs) and predicted young adults' perceived stress, mental health symptoms, and lower self-esteem (Schrodt, 2020). Emotion labor in families manifests differently than in organizations because children are more likely to manage their emotions for relational reasons rather than out of a concern for job performance (Schrodt & O'Mara, 2019). Moreover, although families lack the formal hierarchy of employer-employee relationships, parents still have a tremendous, socializing influence over children's emotions as they attempt to model appropriate emotion displays (Fitness, 2013).

Research on emotion labor, and surface acting specifically, in the context of families is still relatively new, and thus, to my knowledge, no existing studies explicitly tie nonaccommodation to surface acting with parents. However, Schrodt's (2020) investigation of emotion labor in parent-child relationships and FCPs (i.e., conversation and conformity orientations) may offer insight into this potential relationship. Schrodt found that two out of four dimensions of family conformity orientation—*experiencing parental control* (e.g., "My parents become irritated with my views if they are different from their views") and *pressure to adopt parental values* (e.g., "My parents encourage me to adopt their values") —were positively associated with young adults' surface acting with parents. Although family conformity is certainly a distinct construct from (non)accommodation, these two dimensions appear most similar to the present study's nonaccommodative behaviors of emphasizing divergent values and giving unwanted advice. Given the hierarchical nature of the parent-child relationship and the potential power differences that may exist, emphasizing divergent values and giving unwanted advice when having sensitive conversations about what some may consider to be a taboo or a divisive topic could create expectations for emotion displays about the topic that diverge from how SMs actually feel. This divergence, in turn, may create instances where SMs respond by surface acting with their parents. To test this line of reasoning, I advanced the following hypothesis:

H₅: SM adult children's perceptions of their parents' nonaccommodation is positively

associated with their surface acting with parents when talking about matters of sexual

identity.

Nonaccommodative messages about one's identity may beget a range of emotions, such as hurt, anger, shame, or irritation. Efforts to suppress and communicatively manage these emotions can be exhausting and undermine both relational quality (Schrodt & O'Mara, 2019) and various aspects of personal well-being, including stress and self-alienation (cf. Hochschild, 1983), mental health and self-esteem (Schrodt, 2020), and powerlessness (cf. Tracy, 2005). By the same token, as SMs expend more energy faking their emotions with parents, their mental well-being may suffer.

H₆: SM adult children's surface acting with parents is inversely associated with their

mental health.

Finally, surface acting may function as a parallel, explanatory mechanism (with topic avoidance) for the inverse association between parents' nonaccommodation and SMs' mental health. If parents' nonaccommodation elicits feelings of frustration, hurt, and anger that encourage SMs to mask their true feelings about the topic of conversation, and if masking one's true feelings in a relationship that should otherwise be accepting and loving is emotionally and physically draining, then surface acting with parents may explain the inverse association that exists between parents' nonaccommodation and SMs' mental health. To test this, an additional hypothesis was advanced:

H₇: SM adult children's surface acting with parents mediates the inverse association

between their perceptions of their parents' nonaccommodation and their mental health.

Figure 1 depicts the parallel mediation model implied by these predictions.

Figure 1

A First Stage Moderated Mediation Model Depicting the Conditional Indirect Effect of Parents'
Nonaccommodation on Sexual Minority Children's Mental Health via Topic Avoidance and
Surface Acting
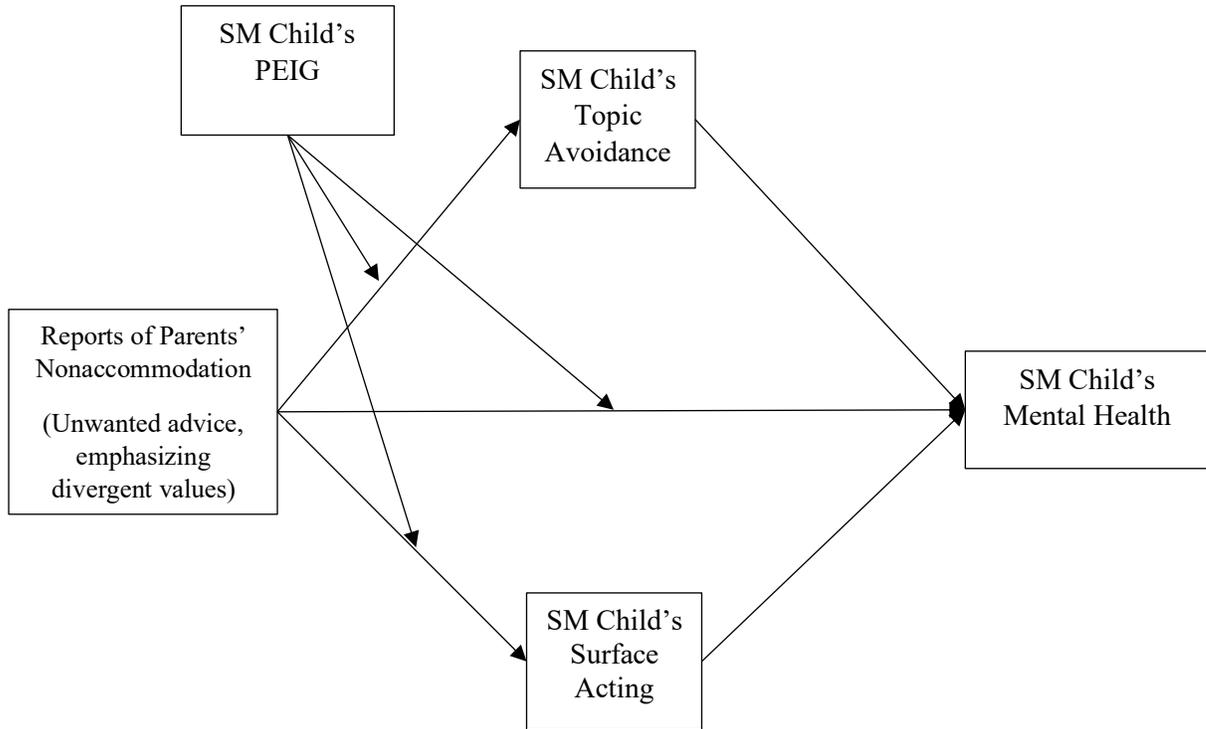
Note. PEIG = personal enacted identity gap. SM = sexual minority. Separate moderated
mediation models will be tested for parents' unwanted advice and emphasizing divergent values.

Identity Gaps

   The final purpose of this study was to explore a potential moderator of the aforementioned explanatory process. Specifically, I reasoned that the indirect effects of giving unwanted advice and emphasizing divergent values on SMs' mental health via topic avoidance and surface acting are likely to vary as a function of identity gaps. The communication theory of identity (CTI) (Hecht, 1993; Hecht et al., 1993, 2005) posits that identity consists of four interpenetrating layers: personal, enacted, relational, and communal. The *personal* layer refers to the way an individual sees oneself, including their self-image or preferred identity label (Jung & Hecht, 2004). An individual who says "I am kind" or "I am bisexual" is articulating a personal identity. *Enacted* identity is an individual's identity as performed or expressed through communication, inherently embodied in social interaction and residing in one's messages and behaviors. For example, a queer person may enact their identity by participating in a pride parade. The *relational* layer is an individual's identity as mutually negotiated in relationships with others; someone identifying as "out and proud" because others have described them that way or identifying with a social role such as "son" or "friend" are examples of relational identity. Finally, the *communal* layer references a larger collective identity, including the common characteristics, histories, and even stereotypes of a particular group (e.g., the LGBTQ+ community). The first two layers are the most relevant to the present study, as the personal layer includes one's sexual minority identity, whereas the enacted layer refers to how the SM child expresses their identity in the family (Wagner et al., 2016).

   These layers, though all theorized as comprising one's identity, may not always be congruent, and a perceived difference between layers is called an *identity gap* (Jung, 2011). Identity gaps can theoretically occur between and among any of the identity layers, although the majority of CTI research centers on various gaps between personal, enacted, and relational layers. This study focused specifically on personal-enacted identity gaps (PEIGs) as a moderator of nonaccommodation and communicative responses. When individuals feel conflict between their self-views and their communicatively expressed identity, they experience a PEIG. Because this study is centrally concerned with factors that might influence the likelihood of topic avoidance and surface acting—two forms of self-suppression—in response to parents' nonaccommodation, perceived constraints on SMs' ability to be their true selves in the family are likely more important to these behaviors than, for example, whether they believe family members have an accurate perception of them (i.e., a personal-relational identity gap). Moreover,

research has demonstrated that PEIGs are associated with increased levels of depression (Jung & Hecht, 2008), less communication and relationship satisfaction (Kam & Hecht, 2009), perceived discrimination in educational contexts (Wadsworth et al., 2008), less likelihood of maintaining relationships in the future with family members, and less relational solidarity (Phillips et al., 2018). Among a number of studies, PEIGs tended to produce larger associations with these outcomes than did other identity gaps, such as personal-relational (PRIG) and enacted-relational gaps (ERIG) (Jung, 2011; Jung & Hecht, 2004; Phillips et al., 2018). Scholars suggest that these findings may be explained by the fact that PEIGs likely precede other gaps, especially PRIGs and ERIGs (Jung & Hecht, 2004, 2008). Therefore, in the present study, the experience of PEIGs are considered the most relevant moderator for the relationship between parents' nonaccommodation and SMs' communicative responses and mental health.

If a SM adult feels they cannot express their true identity in their family, they may be more likely to respond to parental nonaccommodation with more frequent surface acting and topic avoidance. For instance, Kam and Hecht (2009) found that young adult grandchildren who experience a PEIG with their grandparent are more likely to engage in topic avoidance. If the same kind of association holds true for SM adult children, this in turn may heighten their stress levels and potentially undermine their mental health. The more constrained an adult child feels in expressing their true identity (i.e., high PEIG), the more driven they may be to hide their emotional reactions and avoid SM-related topics in response to parents' unwanted advice or emphasis on divergent values. Conversely, if one has little issue expressing their true self in the family (i.e., low PEIG), they may feel less of a need to manage conversational topics or minimize their true emotions, even when their parents are nonaccommodative. Thus, the degree to which SMs enact topic avoidance and surface acting in response to their parents' nonaccommodation, as well as the extent to which these responses mediate the effects of parents' nonaccommodation on their SM child's mental health, may depend upon the child's PEIG. To test this line of reasoning, I proposed a final hypothesis representing a test of a moderated mediation model:

> H_8: SM adult children's personal-enacted identity gaps will moderate the indirect effects of their perceptions of parents' nonaccommodation (i.e., giving unwanted advice and emphasizing divergent values) on their mental health through their topic avoidance and surface acting with parents.

Method

Participants

Participants included 219 sexual minority adults ranging in age from 18 to 54 (*M* = 22.1, *SD* = 4.6). Over half of the participants identified as White (66.7%, *n* = 146), with the remaining participants identifying as multiethnic or multiracial (13.2%, *n* = 29), Latinx/Hispanic (11.4%, *n* = 25), Asian American or Pacific Islander (3.7%, *n* = 8), Black or African American (3.2%, *n* = 7), or other (1.4%, *n* = 7). In terms of gender orientation, 59.8% (*n* = 131) identified as female, 20.5% (*n* = 45) identified as male, and 16.4% (*n* = 36) identified as non-binary, with the remaining participants identifying as genderfluid (*n* = 3), genderqueer (*n* = 2), questioning (*n* = 1), or man nonconforming (*n* = 1). Almost 40% of participants identified as bisexual (39.7%, *n* = 87), 19.6% identified as lesbian (*n* = 43), 14.6% as queer (*n* = 32), 13.2% as gay (*n* = 29), 7.8% as pansexual (*n* = 17), 1.4% as asexual (*n* = 3), 0.5% as fluid (*n* = 1), 0.5% as polyamorous (*n* = 1), and 2.7% self-identified with some other sexual orientation (*n* = 6).

When asked who their primary caretakers were growing up (or who they primarily lived with), 63.9% reported living with both their mother and father (*n* = 140), although 21.9% lived with their mother only (*n* = 48), 5.5% with mother and stepfather (*n* = 12), 2.3% with father and stepmother (*n* = 5), 1.8% with their father only (*n* = 4), .5% with two mothers (*n* = 1), and the remaining 4.1% reported some other caretakers (*n* = 9). Most participants' parents were living (93.6%, *n* = 205) and were married (62.6%, *n* = 137), with an average length of marriage of 25 years (*SD* = 8.37). Of those whose parents were divorced (33.8%, *n* = 74), the average length of time since the divorce was 13.3 years (*SD* = 7.30). In a typical week, participants reported talking an average of 12.7 hours (*SD* = 23.2) per week with their mother and 5.6 hours (*SD* = 12.6) per week with their father. Finally, given the focus of the present study (i.e., both parents' nonaccommodation), only participants for whom both parents were living were included in tests of the hypotheses, creating a final sample size of 205 participants.

Procedure

After obtaining human subjects approval, participants were recruited through snowball sampling procedures and online distribution on the researcher's personal social pages. Specifically, participants were recruited through Facebook, Twitter, and Instagram; from these sites, survey information was then forwarded to other queer social networks, such as university gender and sexuality courses, gay-straight alliance groups, and online support groups. In order to

participate, respondents had to be 18 years of age or older, self-identify as non-heterosexual (e.g., gay, lesbian, bisexual, pansexual, queer, etc.), and have parents who were aware of their sexual identity. Prior to completing the online survey, participants read an informed consent page, learned that their participation was voluntary, and verified that they met the recruitment criteria. Upon providing informed consent, participants then completed an anonymous survey using Qualtrics software. The presentation of each measure, as well as the order of questions in each measure, were randomized to minimize order effects.

Measures

Participants were first asked a series of demographic questions, including their gender, age, race/ethnicity, and sexual orientation. Additional information about parents was collected, such as marital/divorce status, average time talking with each parent in a typical week, and which parent(s) the child primarily lived with. The following sections describe the remaining measures for each variable in this study (see Appendix for all items).

Perceptions of Parents' Nonaccommodation

Perceptions of each parent's nonaccommodative behaviors were measured using an adapted version of Colaner et al.'s (2014) nonaccommodation scale. Originally developed to assess nonaccommodative behaviors when discussing religious identity, the scale was adapted so that each item focused on sexual identity as opposed to religious identity. Six items assessed participants' perceptions of parents emphasizing divergent values (e.g., "My mother expresses disapproval over my sexual orientation" and "I feel as though my father tries to convince me that my sexual identity is wrong"). Seven items assessed perceptions that parents gave unwanted advice related to participants' sexual identities (e.g., "My father tries to tell me how open I should be with my sexual orientation" and "My mother tells me what I should and shouldn't do based on her beliefs"). Responses were solicited using a 5-point Likert scale that ranged from (1) *strongly disagree* to (5) *strongly agree*. Researchers have demonstrated the validity and reliability of the original scale (Colaner et al., 2014; Morgan et al., 2020). In this study, the adapted measure produced excellent internal reliability with McDonald's (1999) coefficient omegas of .92 [95% CI: .90, .94] and .94 [95% CI: .92, .95] for mother's and father's emphasizing of divergent values, respectively, as well as omegas of .89 [95% CI: .86, .91] and .92 [95% CI: .89, .94] for mother's and father's unwanted advice, respectively.

Surface Acting

Participants indicated their surface acting with each parent using the surface acting subscale of the Emotion Labor in Families (ELF) scale (Schrodt & O'Mara, 2019). The original subscale of the ELF contains 13 items measuring surface acting with parents in general using a 7-point frequency scale that ranges from (1) *never* to (7) *almost always*. For this study, the directions instructed participants to report their surface acting with parents when discussing the participant's sexual identity or other LGBTQ+ topics. Participants then indicated how often they engaged in surface acting with each parent on this specific issue (e.g., "I resist expressing my true feelings when talking to my mother," "When talking with my father, I fake the emotions I show"). Previous research has demonstrated the construct validity and reliability of the surface acting subscale of the ELF, with a previous alpha coefficient of .98 (Schrodt, 2020; Schrodt & O'Mara, 2019). In this study, the adapted measure produced excellent internal reliability with a coefficent ω of .98 [95% CI: .97, .98] for both reports of surface acting with mother and father.

Topic Avoidance

Guerrero and Afifi's (1995) topic avoidance scale was modified to include items specifically about sexual minorities. Thirteen items on a 7-point Likert-type scale ranging from (1) *never avoid* to (7) *always avoid* were used to measure the extent to which participants avoided talking about certain topics with each parent (e.g., relationship norms, failures, LGBT+ issues and politics). The validity and reliability of this scale is well documented, with previous research reporting an alpha coefficient of .93 (Guerrero & Afifi, 1995). In this study, the scale produced excellent internal reliability with a coefficent ω of .95 [95% CI: .94, .96] for both reports of topic avoidance with mother and father.

Personal Enacted Identity Gaps

Participants' reports of PEIGs in their family were measured using Jung and Hecht's (2004) measure. Participants responded to 11 items using a 7-point Likert scale that ranged from (1) *strongly disagree* to (7) *strongly agree*. Example items included "I freely express the real me in communication with my family members" (reverse-coded) and "I do not reveal important aspects of myself in communication with my family members." Researchers have demonstrated the validity and reliability of Jung and Hecht's (2004) scale, with previous alpha coefficients

ranging from .89 to .94 (Jung & Hecht, 2004; Phillips et al, 2018). In this study, the measure produced excellent internal reliability with a coefficent ω of .95 [95% CI: .94, .96].

Mental Health

Participants' mental health was assessed using the 9-item mental health subscale of Dornbusch et al.'s (1991) measure of physical and mental health symptoms. Using a four-point frequency scale that ranged from (0) *Never* to (3) *Three or more times*, participants indicated how often over the past two weeks they had felt certain symptoms (e.g., "Felt tense or irritable," "Felt apart or alone"), with higher composite scores representing more symptoms (and thus, poorer mental health). Previous research has demonstrated the validity and reliability of this scale with an alpha coefficient of .87 (Schrodt, 2020). In this study, the mental health subscale produced sufficient internal reliability with a coefficient ω of .79 [95% CI: .75, .83].

Data Analysis

H_1, H_2, H_3, H_5, and H_6 were tested using Pearson's product-moment correlations in SPSS (ver. 24). To test H_4 and H_7, simple mediation models were obtained using Model 4 in Hayes's (2018) PROCESS macro (ver. 3.1) for SPSS. To test H_8, two moderated mediation models were estimated using Model 59 in PROCESS, one for each parent. To simplify the analyses, parents' unwanted advice and messages emphasizing divergent values were averaged together to form a composite (nonaccommodation) predictor (X) of mental health (Y), topic avoidance (M_1) and surface acting (M_2) were positioned as parallel mediators, and PEIG (W) was positioned as a moderator of this parallel mediation model. Indirect effects for all models were estimated using bias-corrected and accelerated confidence intervals with 10,000 bootstrapped samples.

Results

Preliminary Analyses

Descriptive statistics, including means, standard deviations, and Pearson's product-moment correlations for all variables, are presented in Table 1. Preliminary analyses revealed no significant differences in mental health symptoms between participants from first-marriage (n = 135, M = 2.00, SD = .65) and divorced families (n = 70, M = 2.00, SD = .68), t(203) = -.02, p > .05. Likewise, with the exception of a small, but negligible association between average talk time with mother in a typical week and mental health symptoms (r = .16, p < .05), no significant associations emerged between age, length of parents' marriage, average talk time with father in a

typical week, and participants' mental health. Consequently, the simple and moderated mediation models were tested without the inclusion of control variables.

Table 1

Descriptive Statistics and Pearson's Product-moment Correlations for All Variables (N = 205)

Variable	*M*	*SD*	1	2	3	4	5	6	7	8
1. Mother NON-AC[a]	2.30	1.13	--							
2. Father NON-AC[a]	2.16	1.16	.38**	--						
3. SA with mother	3.28	1.68	.68**	.29**	--					
4. SA with father	3.54	1.74	.36**	.64**	.49**	--				
5. TA with mother	3.94	1.61	.61**	.34**	.76**	.42**	--			
6. TA with father	4.62	1.61	.28**	.60**	.30**	.66**	.47**	--		
7. PEIG with family	4.06	1.55	.55**	.43**	.75**	.64**	.71**	.56**	--	
8. MHS[b]	2.00	.67	.17*	.21**	.28**	.26**	.23**	.18**	.34**	--

Note. NON-AC = nonaccommodation. SA = surface acting. TA = topic avoidance. PEIG = personal enacted identity gap. MHS = mental health symptoms. [a]Responses were solicited using a five-point scale. [b]Responses were solicited using a four-point scale.

*p < .05. **p < .01.

Primary Analyses

H_1 predicted that SM adult children's perceptions of their parents' nonaccommodation about their SM identity would be inversely associated with their mental health. As noted in Table 1, the results indicated that perceptions of both mother's nonaccommodation ($r = .17, p < .05$) and father's nonaccommodation ($r = .21, p < .01$) were positively associated with mental health symptoms. Thus, H_1 was supported.

H_2 predicted that perceptions of parents' nonaccommodation when discussing matters of sexual identity would be positively associated with SM adult children's topic avoidance with parents. Both mother's nonaccommodation ($r = .61, p < .01$) and father's nonaccommodation ($r = .60, p < .01$) were positively associated with children's topic avoidance with each parent. Hence, H_2 was supported.

H_3 predicted that SM adult children's topic avoidance with parents is inversely associated with their mental health. This hypothesis was also supported, as the results revealed that topic avoidance with both mother ($r = .23, p < .01$) and father ($r = .18, p < .01$) was positively associated with children's mental health symptoms, and thus, inversely associated with their mental health.

To test H_4, which predicted that topic avoidance with parents would mediate the inverse association between perceptions of parents' nonaccommodation and children's mental health, a simple mediation model was obtained using Model 4 in PROCESS. For topic avoidance with mother, the model produced a significant multiple correlation coefficient, $R = .23, F(2, 202) = 5.60, p < .01$, accounting for 5.3% of the shared variance in children's mental health symptoms. Topic avoidance with mother emerged as the only direct predictor of mental health symptoms, $b = .08, SE = .04, t = 2.21, p < .05$. The indirect effect of mother's nonaccommodation through topic avoidance with mother was also significant, $b = .07, SE = .03, 95\%$ CI: .007, .131. For topic avoidance with father, however, the results of the second mediation model revealed a non-significant indirect effect of father's nonaccommodation on children's mental health, $b = .03, SE = .03, 95\%$ CI: -.029, .094. Although the overall model was significant, $R = .22, F(2, 202) = 5.05, p < .01$, accounting for 4.8% of the shared variance in children's mental health symptoms, neither father's nonaccommodation nor children's topic avoidance emerged as significant predictors in the model (likely due to multicollinearity). Thus, H_4 was partially supported given a significant indirect effect thought mother's topic avoidance but not through father's topic avoidance.

H_5 predicted that perceptions of parents' nonaccommodation would be positively associated with children's surface acting with parents when talking about matters of sexual identity. As noted in Table 1, this hypothesis was supported, as perceptions of both mother's and father's nonaccommodation are positively associated with children's reports of surface acting with mother ($r = .68$, $p < .01$) and father ($r = .64$, $p < .01$), respectively.

H_6 predicted that SM adult children's surface acting with parents would be inversely associated with their mental health. Again, the results supported this hypothesis as well, as surface acting with mother ($r = .28$, $p < .01$) and father ($r = .26$, $p < .01$) are both positively associated with mental health symptoms and thus, inversely associated with mental health.

To test H_7, which predicted that children's surface acting with parents mediates the inverse association between parents' nonaccommodation and children's mental health, two simple mediation models were obtained using Model 4 in PROCESS. The model for surface acting with mother produced a significant multiple correlation coefficient, $R = .28$, $F(2, 202) = 8.33$, $p < .001$, accounting for 7.6% of the shared variance in mental health symptoms. The direct effect of surface acting with mother emerged as a significant predictor in the model, $b = .12$, $SE = .04$, $t = 3.19$, $p < .01$, as did the indirect effect of mother's nonaccommodation on children's mental health via surface acting with mother, $b = .12$, $SE = .04$, 95% CI: .046, .187. Likewise, the model for surface acting with father also produced a significant multiple correlation coefficient, $R = .27$, $F(2, 202) = 7.80$, $p < .001$, accounting for 7.2% of the shared variance in mental health symptoms. Again, the direct effect of surface acting with father emerged as a significant predictor in the model, $b = .08$, $SE = .03$, $t = 2.53$, $p < .01$, as did the indirect effect of father's nonaccommodation on children's mental health via surface acting with father, $b = .08$, $SE = .03$, 95% CI: .022, .150. Thus, H_7 was supported.

The final set of analyses tested H8, which predicted that SM adult children's PEIGs with their family would moderate the indirect effects of their parents' nonaccommodation on their mental health via their topic avoidance and surface acting with parents. Two moderated mediation models were tested using Model 59 in PROCESS, one for reports of nonaccommodation, topic avoidance, and surface acting with each parent. The model for mother's nonaccommodation produced a significant multiple correlation coefficient, $R = .34$, $F(5, 199) = 5.36$, $p < .001$, accounting for 11.9% of the shared variance in children's mental health symptoms. An examination of the beta weights revealed that mother's nonaccommodation ($b = .57$, $SE = .22$, $t = 2.57$, $p < .05$) and children's PEIGs ($b = .59$, $SE = .10$, $t = 5.80$, $p < .001$)

predicted surface acting with mother. Likewise, mother's nonaccommodation ($b = .99$, $SE = .24$, $t = 4.19$, $p < .001$), children's PEIGs ($b = .77$, $SE = .11$, $t = 7.19$, $p < .001$), and the interaction of mother's nonaccommodation x PEIGs ($b = -.11$, $SE = .05$, $t = -2.39$, $p < .05$) emerged as significant predictors of topic avoidance with mother. Conditional effects revealed that the positive association between mother's nonaccommodation and children's topic avoidance diminished in magnitude as PEIGs with family grew from smaller ($b = .73$, $SE = .14$, $t = 5.28$, $p < .001$), to moderate ($b = .55$, $SE = .09$, $t = 6.30$, $p < .001$), to larger gaps ($b = .36$, $SE = .09$, $t = 4.00$, $p < .001$). Only the direct effect of PEIGs with family emerged as a significant predictor of children's mental health symptoms ($b = .17$, $SE = .07$, $t = 2.32$, $p < .05$). The index of moderated mediation was not statistically significant (Index $= .003$, $SE = .005$, 95% CI: -.007, .015), and thus, H_8 was not supported in the model for mothers.

The model for father's nonaccommodation produced a significant multiple correlation coefficient, $R = .35$, $F(5, 199) = 5.60$, $p < .001$, accounting for 12.3% of the shared variance in children's mental health symptoms. An examination of the beta weights revealed that father's nonaccommodation ($b = .73$, $SE = .20$, $t = 3.58$, $p < .001$) and children's PEIGs ($b = .54$, $SE = .11$, $t = 4.85$, $p < .001$) predicted surface acting with father. Likewise, father's nonaccommodation ($b = .87$, $SE = .21$, $t = 4.21$, $p < .001$) and children's PEIGs ($b = .53$, $SE = .11$, $t = 4.69$, $p < .001$) emerged as significant predictors of topic avoidance with father. As was the case in the model for mothers, only the direct effect of PEIGs with family emerged as a significant predictor of children's mental health symptoms ($b = .15$, $SE = .07$, $t = 2.36$, $p < .05$). The index of moderated mediation was not statistically significant (Index $= .002$, $SE = .004$, 95% CI: -.003, .011), and thus, H_8 was not supported in the model for fathers.

Discussion

Guided by CAT (Giles, 1973) and the CTI (Hecht, 1993; Hecht et al., 1993, 2005), the primary purpose of this project was to investigate the association between perceived parental nonaccommodation and SM children's mental health, test two potential communication processes that may explain this association, and explore the moderating effect of PEIGs on this mediated process. Overall, the results largely support the theoretical line of reasoning advanced in this report, although some forms of reasoning received greater support than others. Parents' nonaccommodation is positively associated with SM children's surface acting and topic avoidance, and inversely associated with mental health. Whereas surface acting mediated the

associations between perceptions of both parents' nonaccommodation and children's mental health, topic avoidance did not emerge as a significant mediator. Likewise, and contrary to my theorizing, PEIGs with the family did not moderate this explanatory process. Nevertheless, the findings advance CTI and CAT by offering at least three implications worth noting.

First, the results extend Butauski's (2018, 2020) research by establishing the negative association between SMs' perceptions of their mother's and father's nonaccommodation behaviors and their own mental health. Consistent with research on parental rejection of LGBTQ+ children (Kibrik et al., 2019), when parents engage in nonaccommodation related to the child's sexual identity, such as singling them out for their identity, emphasizing distinctions in their beliefs related to the child's sexual identity, or trying to control how they express it, such behaviors are likely to undermine the child's mental health. This is meaningful given that ongoing communication about children's SM identities may be harmful even if family relations do not appear overtly contentious or hostile. Whereas one could easily point to the consequences of more extreme, hostile parental rejection behaviors (such as kicking the SM child out, using slurs, engaging in aggressive or abusive behavior, etc.), parents' communication need not necessarily be overtly hostile to harm children's well-being.

Although parents may be less likely to explicitly reject their child today compared to a decade or two ago (Denes & Afifi, 2014; Mezey, 2015), familial strain and tense conversations about sexual identity can be more subtle and constitute, nonetheless, a profound source of stress that undermines mental and emotional health. Emphasizing divergent values and giving unwanted advice may portray "incomplete acceptance" (Flockhart, 2019), a tension which, although many SMs would argue is better than the worst-case scenario (e.g., abuse), may nonetheless erode SM children's well-being. In fact, in the case of giving unwanted advice, the potential harm of nonaccommodative messages may be heightened because parents believe their messages are well-intentioned, thus reflecting greater inattentiveness to the potential harm of their messages. For example, parents may offer advice about how open children should be with their identity, suggest they can change their sexuality with the intention of protecting them from discrimination, or convey hope for what they believe would be a happier, easier life for their child. However, such advice may communicate that their acceptance is conditional or based upon their children's adherence to preconceived (and more acceptable) forms of identity. In turn, children may feel that their parents' messages overemphasize their differing identity as opposed to privileging their interpersonal relationship and personal communication needs. The link

between nonaccommodation and diminished mental health reported here is consistent with what we might expect in other domains of identity difference, mirroring and extending research such as Colaner et al.'s (2014) study of religious differences in the family.

The second implication to emerge from this study involves the degree to which topic avoidance and surface acting explain the inhibitory effects of nonaccommodation on mental health. Even though both forms of parental nonaccommodation (i.e., emphasizing divergent values and giving unwanted advice) are meaningfully associated with SM children's topic avoidance and surface acting with both parents, the results indicate that the indirect effect of parental nonaccommodation on their children's mental health may occur primarily through surface acting. One potential reason for this finding stems from the cognitive demand of surface acting compared to topic avoidance. Avoiding sexual-identity related conversations when parents are nonaccommodative may allow children to avoid some of the discomfort associated with such interactions, allowing them, in a sense, to "agree to disagree." Topic avoidance may therefore be less cognitively and emotionally taxing; evading the conversation helps them evade some of the consequences of further hurtful interactions. Compared to the choice to simply not discuss SM-related topics, forcing inauthentic emotions while discussing their contested identity is perhaps more emotionally and cognitively taxing to SM children. Indeed, previous research has found emotion labor to be particularly distressing and associated with negative psychosocial outcomes such as stress (Hochschild, 1983; Schrodt, 2020), lower self-esteem (Schrodt, 2020), powerlessness (Tracy, 2005), and burnout (Wharton, 1993). Surface acting likely calls greater attention to an emotional and ideological divide between parents and children, as it involves an added, implicit expectation that the child must go along with their parents' prescriptions for their identity and emotional expressions. As a result of that expectation, the inauthenticity and emotional exhaustion of feigning emotions in response to nonaccommodation predicts worse mental health. In other words, communication that targets differences in sexual identity (e.g., emphasizing divergent values) and/or attempts to control some aspect of one's identity (e.g., giving unwanted advice) may imply that parents expect a certain behavior, expression, or adoption of identity that is different from the child's true nature or behaviors. When the expectation to meet a certain identity standard extends to rules for children's expressions of emotion, children's attempts to fake the required emotions may help explain the adverse effects of nonaccommodation, as surface acting demands more cognitive resources and may push children to emotional exhaustion (Schrodt, 2020). Hence, the stress induced by faking certain

emotions and conveying things that are inconsistent with one's true identity may explain why surface acting emerged as the more robust explanatory mechanism in the present study.

A third implication of this study is that PEIGs with the family do not moderate the explanatory process depicted in the hypothesized model. That is, the indirect associations between parents' nonaccommodation and SM children's mental health via children's surface acting are not conditioned by PEIGs with the family. Despite this, PEIGs are moderately associated with parents' nonaccommodation and children's surface acting and topic avoidance. Thus, it could be the case that PEIGs with the family are more global than individual gaps with each parent, and consequently, function more so as an additional mediator in this explanatory model than as a moderator or boundary condition. Instead of a more proximal, immediate frame that alters the magnitude of the indirect effects, as it is positioned in the current model, it may be that the discrepancy between SMs' self-views and communicatively expressed identity in the family operates as a more distal phenomenon that accumulates as a result of multiple instances of parental nonaccommodation and SMs' responses to them. Emphasizing divergent values and giving unwanted advice highlights the child's differing sexual identity, and multiple instances of such messaging over time generates tension surrounding their identity, potentially hampering the SM child's comfort expressing themselves within the family. If children subsequently respond to parents' nonaccommodation by masking their true emotions, the combined effects of parents' messaging and children's emotional censoring likely contribute to an overall inability to communicate with family members in a way that is consistent with who they really are.

Of course, parents are not the only members of the family that can exacerbate (or ameliorate) identity gaps with the family as a whole, as siblings (and other extended family members) likely play a role too. To the extent that children seek and value their parents' approval, respect, and validation, however, fluctuations in parents' (non)accommodative communication are likely to be particularly important in expanding or reducing SM children's PEIGs with the family. This is key, given that PEIGs produced the strongest correlation with mental health symptoms of all other variables in the present study, supporting previous research demonstrating the consequences of this particular identity gap for personal well-being (Jung & Hecht, 2008). Overall, then, the experience of PEIGs in the family may function as part of a serial mediation process whereby nonaccommodation impacts surface acting and topic avoidance, which in turn culminates in a greater identity gap with the family, which could

consequently induce further stress and diminished mental well-being. Testing this line of reasoning is an important direction for future research.

Theoretical and Practical Implications

The present study offers several theoretical and practical implications as well. First, few studies of (non)accommodation exist which focus on the family communication experiences and challenges of SMs (see Soliz et al., 2010). The results of this study advance CAT by expanding our understanding of how intergroup processes intermingle with discussions of sexual identity in family relationships, particularly in ongoing interactions beyond the "coming out" event. Additionally, whereas the majority of the CAT literature focuses on the *relational* outcomes of (non)accommodation, this study suggests potential harmful effects of emphasizing divergent values and giving unwanted advice on personal well-being. It is possible that these mental health effects are particularly salient when the nonaccommodative messages pertain to sensitive or marginalized social identities, especially in close relationships wherein such messages would be more unexpected and potentially hurtful. Future research should explore the associations between mental health (and other measures of personal well-being) and nonaccommodation in other potentially relevant relationships and identity contexts. The findings also add to CAT by introducing surface acting as a potential mediator for the effects of nonaccommodation on mental health, suggesting that both nonaccommodative messages and recipients' potential responses to those messages may play a role in their effects on well-being. Future research may provide further insight into other behaviors and processes that help explain the impact of nonaccommodation on individuals' health and relationships.

This research also extends CTI in the context of SM children by calling attention to PEIGs as a cumulative experience potentially resulting from nonaccommodation with parents. Although the hypothesized moderating role of identity gaps was not supported, PEIGs in the family were moderately associated with the communication constructs in the model and with SM children's mental health. In fact, compared to all other constructs (i.e., nonaccommodation, topic avoidance, surface acting), PEIGs produced the strongest association with mental health symptoms, supporting previous findings on the negative psychosocial effects of identity gaps (e.g., Jung & Hecht, 2008; Wadsworth et al., 2008).

Moreover, this project builds upon on the nascent study of emotion labor in families by examining surface acting in the context of SM family relationships and providing support for its

previously reported consequences (Schrodt, 2020; Schrodt & O'Mara, 2019). Communication scholars should continue to explore potential outcomes of enacting emotion labor in families, especially through longitudinal research that tracks changes in emotion labor and related effects over time. Practically speaking, the findings of this study call attention to specific nonaccommodative behaviors—emphasizing divergent values and giving unwanted advice—which parents enact that ultimately hurt their SM child and identify two maladaptive communication behaviors which heighten the burden on SMs' mental health. The results also help clinicians, therapists, and counselors better understand how certain kinds of responses from the SM child may have the unintended consequence of heightening the harmful effects of nonaccommodative behaviors on their wellbeing. Although SM children may come to believe that surface acting is a necessary or preferred response to avoid direct conflict or tension, based on the present findings, feigning the emotions expected by parents may actually heighten the intergroup distinctions emphasized by nonaccommodation and further harm their mental health.

An important question raised by these findings is whether there are certain types of prosocial responses that encourage greater sincerity in parent-child relationships and reduce stress. Rather than feigning emotions in response to identity-disconfirming, nonaccommodative messages, adaptive responses which promote mutual understanding (e.g., emotional and personal self-disclosure) might be a means of improving personal and relational outcomes. Children are hurt by parental messages that devalue their autonomy or show disregard (Mills et al., 2002), but hurtful interactions can potentially benefit relationships through open discussion that encourages feelings of being understood and recognition of the other's emotions (Gordon & Chen, 2016; McLaren & Sillars, 2020). Especially considering that parents may have good intentions behind their nonaccommodation and may not realize the implications of their communication on children's health, openly discussing how parents' messages impact them may benefit their personal and relational well-being by increasing perceived understanding and potentially deterring parents from future nonaccommodation. However, the effect of such openness may depend on attributions of parents' motivations for talking about the child's identity or SMs as a whole. Discussing one's stigma with non-supportive others can yield poorer well-being than telling no one at all (Major et al., 1990), so this strategy is likely to be more constructive with well-meaning parents who are closer to complete acceptance than parents who more firmly reject their child's identity. With more rigidly discriminatory parents, other coping behaviors such as setting boundaries (Dorrance Hall, 2016; LaSala, 2000) or seeking outside network support

(Ghosh, 2019) may be better suited to buffer the effects of nonaccommodation. Hence, future researchers should explore these and other potential prosocial responses to nonaccommodation.

Limitations and Conclusion

The contributions of this study should be interpreted with caution given the inherent limitations of the sample and research design. First, in terms of the sample, 67% of participants identified as White, 60% identified as female, and 40% identified as bisexual/pansexual (accounting for more than double any other sexual minority identity). Therefore, despite best efforts to gather a diverse, community-based sample of SM children, the present findings reflect, to some degree, the experiences of white female bisexuals. Another limitation is the reliance on cross-sectional, self-report survey data. Although advanced statistical models are useful for testing indirect associations and drawing inferences about explanatory processes, the use of correlational data precludes statements of causality. A fruitful direction for future research would be to examine responses over time to establish causal claims about parents' nonaccommodation and their SM children's responses to their nonaccommodative messages. Additionally, the data were collected only from children and thus measured as *perceived* nonaccommodation. Dyadic data would provide further insight as to whether parents' reports of their own behavior match their children's perceptions, as parents may be unaware of their own messages or consider their nonaccommodative messages nondescript.

These limitations notwithstanding, the results of this study provide preliminary evidence to suggest that parents' nonaccommodation is likely to have an adverse effect on their SM child's mental health, particularly via the child's tendency to engage in surface acting when having conversations about sexual identity and other LGBTQ+ topics. The findings also advance the literature on SMs' family communication, more generally, and CAT, CTI, emotion labor, and topic avoidance, specifically. It furthers an understanding of how interaction underscored by intergroup dynamics may hinder SMs' mental health and is, to my knowledge, the first to identify communication behaviors which help explain the link between nonaccommodation and mental well-being in this context. Given the struggles SMs face after coming out to family (Dunlap, 2014; Norwood, 2012; Nuru, 2014) and the increasing number of Americans who identify as LGBT (Gallup, 2021), it is important to examine ongoing parent-child interactions about children's SM identities. This project is one of hopefully many future steps in that direction.

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Demographic Items and Survey Materials

Demographic Information

<u>Directions</u>: In the following spaces, please record the most appropriate responses to each question.

1. Which of the following best describes your gender?
   o Male
   o Female
   o Nonbinary
   o Other (please specify)
2. Would you describe yourself as transgender?
   o Yes
   o No
3. What is your age? (insert age)
4. Which of the following best describe your race/ethnicity?
   o Latinx/Hispanic
   o Black/African American
   o White
   o Native American/American Indian
   o Asian American/Pacific Islander
   o Multi-ethnic/racial (please specify):
   o Other (please specify):
5. Who do you currently live with (or when you lived at home, who were your primary caretakers)?
   o Mother (biological or adoptive)
   o Father (biological or adoptive)
   o Both mother and father
   o Mother and stepfather
   o Father and stepmother
   o Mother and mother
   o Father and father
   o Other (please specify): _____
6. Are both of your biological (or adoptive) parents living?
   o Yes
   o No
7. Are your parents married?
   o Yes
   o No
8. If your parents are still married, how long have they been married (in years)?
9. Are your biological (or adoptive) parents divorced?
   o Yes
   o No
10. How long has it been since your parents divorced?

11. On average, how often to you talk with your MOTHER during a typical week (in hours and/or minutes)?
12. On average, how often to you talk with your FATHER during a typical week (in hours and/or minutes)?
13. How many siblings do you have?
    o None
    o 1
    o 2
    o 3
    o 4
    o 5
    o 6+
14. Which of the following best describe your sexual orientation? (Choose all that apply)
    o Gay
    o Lesbian
    o Bisexual
    o Pansexual
    o Queer
    o Fluid
    o Asexual
    o Straight
    o Polyamorous
    o Other (please specify): _____
15. Are you currently in a romantic relationship?
    o No
    o Yes, I have one partner
    o Yes, I have multiple partners
16. Which of the following best describes your partner's gender?
    o Male
    o Female
    o Nonbinary
    o Other (please specify)

(Non)Accommodative Behaviors (adapted from Colaner, Soliz, and Nelson 2014)

Directions: A number of statements about your mother are given below. Read and indicate your agreement with each item on a scale from 1 (strongly disagree) to 5 (strongly agree).

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	5

Emphasizing Divergent Values

1. My mother often brings up her views about LGBTQ+ topics with me even though she knows I don't agree with her.
2. I feel as though my mother tries to convince me that my sexual identity is wrong.
3. My mother expresses disapproval over my sexual orientation.
4. My mother singles me out for my differing sexual orientation.
5. My mother argues with me about my sexual orientation.
6. My mother makes me feel different due to my sexual orientation.

Giving Unwanted Advice

1. My mother gives me unwanted advice about my sexual orientation.
2. My mother tells me what I should and shouldn't do based on her beliefs.
3. My mother uses her principles to tell me what I am doing wrong in my life.
4. My mother gives me unwanted advice about dating partners.
5. My mother suggests that I can change my sexual orientation (or how I act on it).
6. My mother tries to tell me how open I should be with my sexual orientation.
7. My mother tries to control how I express, or act upon, my sexual orientation.

Directions: A number of statements about your father are given below. Read and indicate your agreement with each item on a scale from 1 (strongly disagree) to 5 (strongly agree).

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	5

Emphasizing Divergent Values

1. My father often brings up his views about LGBTQ+ topics with me even though he knows I don't agree with him.
2. I feel as though my father tries to convince me that my sexual identity is wrong.
3. My father expresses disapproval over my sexual orientation.
4. My father singles me out for my differing sexual orientation.
5. My father argues with me about my sexual orientation.
6. My father makes me feel different due to my sexual orientation.

Giving Unwanted Advice

1. My father gives me unwanted advice about my sexual orientation.
2. My father tells me what I should and shouldn't do based on his beliefs.
3. My father uses his principles to tell me what I am doing wrong in my life.
4. My father gives me unwanted advice about dating partners.
5. My father suggests that I can change my sexual orientation (or how I act on it).
6. My father tries to tell me how open I should be with my sexual orientation.
7. My father tries to control how I express, or act upon, my sexual orientation.

Identity Gaps (Jung and Hecht, 2004)

Directions: A number of statements is given below. Read and indicate your agreement with each item on a scale from 1 (strongly disagree) to 7 (strongly agree).

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	5

Personal-Enacted Identity Gap

1. When I communicate with my family members, they get to know the "real me."
2. I feel that I can communicate with my family members in a way that is consistent with who I really am.
3. I feel that I can be myself when communicating with my family members.
4. I express myself in a certain way that is not the real me when communicating with my family members.
5. I do not reveal important aspects of myself in communication with my family members.
6. When communicating with my family members, I often lose sense of who I am.
7. I do not express the real me when I think it is different from my family members' expectations.
8. I sometimes mislead my family members about who I really am.
9. There is a difference between the real me and the impression I give my family members about me.
10. I speak truthfully to my family members about myself.
11. I freely express the real me in communication with my family members.

Emotion Labor (Schrodt & O'Mara, 2019)

Directions: A number of statements about your <u>mother</u> are given below. Read and indicate the frequency of each behavior on a scale from 1 (never) to 7 (almost always). *As you answer each question, specifically think about conversations with your mother about your sexual identity (or other LGBTQ+ topics).*

1. I resist expressing my true feelings when talking to my mother.
2. I pretend to have emotions that I don't really have around my mother.
3. I do a good job of hiding my true feelings in front of my mother.
4. I put on an act in order to talk to my mother in an appropriate way.
5. I fake a good mood when interacting with my mother.
6. I put on a "show" or "performance" when talking to my mother.
7. I just pretend to have the emotions I need to display around my mother.
8. I put on a "mask" in order to display the emotions I need around my mother.
9. In conversations with my mother, I express feelings to my parent that are different from what I feel inside.
10. When talking with my mother, I fake the emotions I show.
11. I hide my true feelings when talking to my mother.
12. I have to cover up my true feelings when talking with my mother.

13. I don't act like myself when talking to my mother.

Directions: A number of statements about your <u>father</u> are given below. Read and indicate the frequency of each behavior on a scale from 1 (never) to 7 (almost always). *As you answer each question, specifically think about conversations with your father about your sexual identity (or other LGBTQ+ topics).*

1. I resist expressing my true feelings when talking to my father.
2. I pretend to have emotions that I don't really have around my father.
3. I do a good job of hiding my true feelings in front of my father.
4. I put on an act in order to talk to my father in an appropriate way.
5. I fake a good mood when interacting with my father.
6. I put on a "show" or "performance" when talking to my father.
7. I just pretend to have the emotions I need to display around my father.
8. I put on a "mask" in order to display the emotions I need around my father.
9. In conversations with my father, I express feelings to my parent that are different from what I feel inside.
10. When talking with my father, I fake the emotions I show.
11. I hide my true feelings when talking to my father.
12. I have to cover up my true feelings when talking with my father.
13. I don't act like myself when talking to my father.

Topic Avoidance (Guerrero & Afifi, 1995)

Directions: Read each item and indicate the extent to which you avoid the following topics with your <u>mother</u> on a scale from 1 (never avoid) to 7 (always avoid).

1. Relationship norms (discussing the rules of the relationship, including time spent together, expectations, relationship roles, and acceptable behavior)
2. State of the relationship (i.e., discussing feelings towards one another and how the relationship is going)
3. Negative relational behavior (i.e., discussing past behavior that caused strain on the relationship
4. Past negative experiences (i.e., discussing past behavior that was somehow emotionally traumatic, damaging to one's image, or unpleasant to discuss)
5. Failures (i.e., discussing such issues as doing poorly on a test or being fired from a job)
6. Dating experiences (discussing past/present romantic relationships and dates)
7. Friendships (discussing current friendships with others, as well as feelings about friends)
8. Sexual experiences (discussing past/present sexual behavior and preferences)
9. LGBT+ issues and politics (i.e., discussing pride, queer healthcare, hate crimes, job discrimination, etc.)
10. Religion and sexuality (i.e., discussing religion/morality based views about same-sex marriage and sexual activity)
11. Same-sex families (i.e., discussing gay marriage, same-sex adoption/parenting)
12. Personal experiences (i.e., discussing your coming out journey, your experiences as a sexual

minority, acceptance or discrimination you've faced, etc.)

Directions: Read each item and indicate the extent to which you avoid the following topics with your father on a scale from 1 (never avoid) to 7 (always avoid).

1. Relationship norms (discussing the rules of the relationship, including time spent together, expectations, relationship roles, and acceptable behavior)
2. State of the relationship (i.e., discussing feelings towards one another and how the relationship is going)
3. Negative relational behavior (i.e., discussing past behavior that caused strain on the relationship
4. Past negative experiences (i.e., discussing past behavior that was somehow emotionally traumatic, damaging to one's image, or unpleasant to discuss)
5. Failures (i.e., discussing such issues as doing poorly on a test or being fired from a job)
6. Dating experiences (discussing past/present romantic relationships and dates)
7. Friendships (discussing current friendships with others, as well as feelings about friends)
8. Sexual experiences (discussing past/present sexual behavior and preferences)
9. LGBT+ issues and politics (i.e., discussing pride, queer healthcare, hate crimes, job discrimination, etc.)
10. Religion and sexuality (i.e., discussing religion/morality based views about same-sex marriage and sexual activity)
11. Same-sex families (i.e., discussing gay marriage, same-sex adoption/parenting)
12. Personal experiences (i.e., discussing your coming out journey, your experiences as a sexual minority, acceptance or discrimination you've faced, etc.)

Physical and Mental Health Symptoms (Dornbusch, Mont-Reynaud, Ritter, Chen, & Steinberg, 1991)

Directions: Now, we would like to assess your health. Please think about your state of mind over the past two weeks and identify how often you have felt the following ways on a scale from 0 (never) to 3 (three or more times the past two weeks).

In the past two weeks, how often have you:

		Never	Once	Twice	Three or more times
1.	Felt over-tired.	0	1	2	3
2.	Felt nervous or worried.	0	1	2	3
3.	Felt "low" or depressed.	0	1	2	3
4.	Felt tense or irritable.	0	1	2	3
5.	Had trouble sleeping.	0	1	2	3
6.	Lost your appetite.	0	1	2	3
7.	Felt apart or alone.	0	1	2	3
8.	Felt like running away from everything.	0	1	2	3
9.	Felt as if you were eating too much?	0	1	2	3

VITA

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