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A comparative study on social stigma associated with same-sex parenting in Italy and in Norway

Abstract

This comparative study aims at providing an insight on the way in which same-sex parents have experience of social stigma associated with same-sex parenting in the Italian and in the Norwegian contexts, highlighting similarities and differences. The comparison is based on the the fact that, while they both represent developed countries of the European continent, they differ significantly in terms of legal provisions for same-sex parents families. In particular, the goals of the present study include describing the characteristics of such stigma, the effects it causes into same-sex parents' lives, and what types of intervention exist to help stigmatized same-sex parents in both countries.

In order to do so, five Italian and five Norwegian couples of same-sex parents have been recruited to conduct semi-structured interviews in the cities of Oslo and Turin, which are similar in terms of population. For each country, four female and one male couples have been selected using the purposive sampling method. All participants were members of the Italian or the Norwegian Rainbow Families Association at the time of the interviews. The collected data was then coded and analyzed referring to the thematic analysis of the material. Finally the themes that emerged from both groups of participants were compared.

The conclusions of this study are that the characteristics of social stigma associated with same-sex parenting were listed similarly by both groups. Participants referred also to similar domains of lives that are affected by it and similar forms of support that same-sex parents can refer to if stigmatized. However, Italian couples reported to be subjected to an array of stressors and forms of structural discrimination due to such stigma that were not mentioned by Norwegian participants, who instead showed to be more trustful toward the state's protection. From the comparison of the content of the interviews, it emerged that the characteristics and the effects of social stigma associated to same-sex parenting are perceived as stronger among Italian participants, and that the main causes can be traced into a lack of legal protection in the context of the Italian law.

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INTRODUCTION

A remarkably consistent view on same-sex parenting dominates popular culture as well as public policy, especially in societies in which heterosexual parenting is considered the norm. In these societies, those who claim that are in defense of the traditional nuclear family often argue that children need the figures of the father and the mother, thus assuming that mothering and fathering involve gender-specific, mutually exclusive capacities; since mothers and fathers are assumed to be naturally equipped in different, complementary features, it is popular opinion that the healthiest families contain two opposite sex parents (Pacilli et al., 2011). Some believe that same-sex couples should not be allowed to have access to adoption (nor recognition) rights because of their sexual orientation, based on the belief that it is unnatural for homosexuals to become parents and that heterosexuality is the desirable norm, which is the opinion that dominates the policies of adoption in some societies (McCart, 2012). Tobin and McNair (2009) consider that those who have negative opinions on same-sex parenting rely on some basic assumptions: first, as mentioned before, some sustain that it is crucial for the child's cognitive and emotional development to have a mother and a father. Second, there is the assumption that same-sex parents' sexual orientation and gender identity negatively affect the child. Third, it is general opinion that children of same-sex parents will experience stigma and discrimination that will have a repercussion on their societal interactions (Tobin & McNair, 2009).

Research has shown that these kinds of prejudice is strong, in particular when it is associated to religious beliefs, stereotypes about what is "natural" and what is not, or gender stereotypes (Baiocco et al., 2013). The stigma that stems from these assumptions can have profound consequences on same-sex parents. It is in fact considered that the negative opinions associated with same-sex parenting manifest themselves in economic and social inequalities and are a form of structural violence against a minority (McCart, 2012).

The present study aims at describing such phenomenon in its characteristics and effects on same-sex parents' lives in the Italian and Norwegian contexts, referring to the personal experiences of those who are exposed to it. In fact, studying the phenomenon of stigma associated with same-sex parenthood seems important for the population that lives the discomfort of its consequences, and thus also of great interest for political debates around the topic.

CHAPTER 1:

SAME-SEX PARENTING: AN OVERVIEW

The neologism "homoparental families" (in French "*Famille Homoparentale*") was introduced in 1997 by a French association composed of gay and lesbians parents and soon-to-be parents – called *Association des Parents et futurs parents Gays et Lesbiens* (APGL) – to indicate, in its original meaning, a family unit that includes at least a parent that considers themselves homosexual and their children; this term has been then referred to in many researches and studies conducted by psychologists, sociologists, anthropologists, and other professionals, acquiring a wider meaning to indicate those families in which parents are of the same sex, and that may have different configurations and forms (Bosisio & Ronfani, 2015).

In this chapter it will be addressed the concept of same-sex parenting and the dynamics and forms of homosexual parents families.

However, before deepen the understanding of same-sex parenting I think it is necessary to address first the changes that have emerged regarding the heterosexual nuclear families in the past decades, addressing what is understood as "the traditional family" and how different families' configurations are conceived in the literature; the rest of the chapter will address the similarities and differences between traditional and nontraditional families – focusing, of course, on same-sex parents families –, and it will be discussed the extent to which gay and lesbian parents families can be assimilated into the concept of "family".

1.1 Changes of the "traditional" family and the emergence of new family forms

As Danna (2005) pointed out, while we can consider that the concept and the forms of family have been changing in recent years, we should ask ourselves if the family has always been an immutable identity throughout history and settings. In fact, the way people conceive reproduction, childcare and children's education, the way they organize their daily lives are in continuous change, not only in time, but also from society to society, from rural areas to urban settings, and children have been raised up following different values, with different parenting methods and receiving different types of expectations. As the author considers, we do not need to look that far in history to find family forms based on emotional distance –

especially from the father figure – and not originated from what is today presumed to be an "act of love" from the majority of people in western societies (Danna, 2005).

The traditional nuclear family in which certain sex-based roles are identified – the mother as a full-time homemaker and care provider and the father as a primary bread-winner with poor involvement in child care – has relatively recent origins: Lamb (1982) considers that shared responsibility for economic provisions and – perhaps to a lesser extent – child raising have been a common feature throughout history, until the industrial revolution. In fact, with the rise of industrialization men progressively left their work in fields or workshops to find employment in factories or mines, in a context in which their only salable commodity was unskilled labor instead of specific skills they could pass on to their sons (Lamb, 1982). At the same time, there has been a shift from a subsistence economy to a monetary economy that led to an increase of importance for fathers to contribute for their families in the form of wages; most women entered the labor force too, and remained employed except for a brief suspension for childbearing and childrearing. It wasn't until the general increases in wage levels that occurred towards the end of the century that for some women it became unessential to work: it was at this point in history that the "traditional" family emerged (Lamb, 1982).

As noted before, this family form was based on a gender-specific division of labor, with the man assuming the role of breadwinner and the woman having the role of homemaker: the husband had the power as the "head" of the family and, even though his wife had some acknowledgment into family decision making, his decision was the ultimate one (Amato & Booth, 1994). When it comes to children, mothers had the most responsibilities in terms of care, while fathers embodied the authoritarian and the disciplinarian aspects of the upbringing (Amato & Booth, 1994). The "traditional" type of family configuration was, however, destined to change.

Authors like Macklin (1980) considered that the changes that regarded this family form by the end of the 1960s can be interpreted from an evolutionary perspective as a result of a decline in familism accompanied with an increase of individualism connected to a growth of industrialization and education: in that point of history, individuals – especially considering women – acquired more power to control and determine important aspects of their lives. In fact, new advances in technology made it possible to facilitate family planning – with the

separation of sexuality from procreation -, the Women's Movement was advocating for new roles options for both genders, age at first marriage started to rise and divorce became an option in many western countries (Macklin, 1980). In concomitance, values like autonomy, equality, self-realization, role sharing, and egalitarianism increased in a society that seemed to become more person-oriented (Macklin, 1980). In fact, in a study conducted by Thornton (1989) using data from a broad range of data sets regarding the changes in attitudes and values concerning family life in the United States in the period between late 1950s and middle 1980s, the author considers how the rules surrounding family behavior have changed. In particular, there has been an important weakening of the normative imperative to get married, to remain married, to have children, and to maintain specific and separate roles for men and women (Thornton, 1989). An important theme that emerged from this study is the relaxation of these social prescriptions for family behavior – that, in previous years, were internalized into personal attitudes and values – and an expansion of the range of individual choice. The consequential decreased emphasis upon conformity to such behavioral standards suggests that norms and values concerning marriage and family (and other types of intimate relationships) have been restructured in important ways and – in conjunction with values shifts in other domains of life, including abortion, civil liberties, religion, and political allegiance – increased individual freedom represented a change in attitudes toward family issues over that period (Thornton, 1989). From a quantitative perspective, this change can be seen in Western countries in the number of marriages – which started to decrease from the 1960s –, in the smaller size of households, in the decreased number of births, and in the increased number of children of non-married couples (Fruggeri, 2005). More transformations were yet to come connected to socio-cultural and demographic changes, such as the development of bio-technologies, important migration processes, the affirmation of a culture of human rights in domestic legislations, and the diffusion of interpersonal solidarity beyond blood bonds: adoption and fostering, the rise of multiethnic and multireligious families, the recognition (in some states) of rights to homosexuals resulted in profound variations in the concept of family (Fruggeri, 2005). This constituted a transformation process which has been uninterrupted – and that in some ways is still going on nowadays – that involved all western societies, both north and south, Protestant countries and Catholic countries, socialist and conservative states . Next to the "traditional" family of the 1950s a pluralism of family forms were taking their place in the social scene, with different structures, ethnic groups, sexual

orientations and geographic origins (Fruggeri, 2005).

These different family forms are often referred to as "nontraditional" families, defining "nontraditional" as "all living patterns other than legal, lifelong, sexually exclusive marriage between one man and one woman, with children, where the male is the primary provider and ultimate authority" (Macklin, 1980, p.905). In order to describe this pluralism it is possible to refer to Macklin's categorization (1980) of family forms that differ from the traditional type, in which she identifies: never-married singlehood, nonmarital cohabitation, voluntary childlessness, single parenthood (never married or once married), divorce and remarriage (including joint custody and stepfamilies), androgynous marriage (distinguished by a more equal sharing of responsibilities, including dual-work and dual-carer families), sexually-open marriage, same-sex intimate relationships, and multi-adult households. In this categorization, homosexual families are presented as a "nontraditional" alternative of family form, but the author did not take in consideration homosexual parents – admitting that by the time that the article was written, there had been little research done about it. In the next part of this chapter this very type of family form will be described.

1.2 Lesbian and Gay parents families

Same-sex parenting – or, as it is sometimes called, homoparenting or gay/lesbian parenthood – refers to the parenthood of same-sex couples: as some scholars have considered, this kind of family form is an expression of those which are considered being "nontraditional families" (Petruccelli et al. 2015). If in the past has been prominent for homosexuals who desired to become parents to engage in heterosexual marriages, giving up on a homosexual identity in front of society, in more recent years more homosexual individuals who wish to have children decide to pursue this aspiration without hiding their own sexual identity (Ferrari, 2015). This kind of family form has especially started to emerge towards the end of the 20th century, following the feminist movements and the political actions advocating for LGBT rights (Petruccelli et al., 2015).

However, as Ferrari (2015) considers, since both homosexual orientation and parenthood have always existed in history – and, he underlines, are not mutually exclusive elements – it is possible to presume that same-sex parenting forms have existed in each era and place; but in the past, these family forms have not been sufficiently visible to be represented as such and

at least until the 70s, homoparenting has not entered the system of social representations of reality (Ferrari, 2015).

When talking about same-sex parents families it should be considered that these families may have very different configurations, in particular when the desire of parenthood has originated within the homosexual relationship; in this regard, different authors have suggested a classification (e.g. Beppato and Saraceno, 2010; Chiari and Borghi, 2009; Bosisio and Ronfani, 2015). Taking as a reference the work of Bosisio and Ronfani (2015), it is possible to identify the following family forms:

1) Lesbian or gay couples with children born in previous heterosexual relationships of one of the partners.

2) Homosexual partners with children conceived through reproductive technologies (RT), that include typically for women medical assisted procreation or auto-insemination, and for men surrogacy or the use of a gestational carrier. In the latter instance, there can be the involvement of one or two women, depending on the existence of a biological bond between the woman that carries out the pregnancy and the child that is carried. If the bond exists, then the woman whose egg cell has been fertilized is the same person that will carry out the pregnancy – this is the "traditional surrogacy" (TS) –, while in the opposite case the gestational carrier will be implanted with a fertilized egg that a different woman has donated – this is the "gestational surrogacy" (GS).

3) Homosexual couples with some children born in previous heterosexual relationships and other children conceived within the same-sex couple through RT.

4) Families constituted by two family units and their children. This is the case of co-parenthood that involves a gay/lesbian couple and another person or another gay/lesbian couple, that plan to have children through RT and want to share the parental roles toward these children that will be raised between the two family units – one being maternal and the other being paternal. In this way, it is possible to form triparental families (one gay man that shares this plan with a lesbian couple or vice versa) or families with four parents (a gay couple together with a lesbian couple).

5) Multiparental families constituted by homosexual couples with children conceived through RT that share parental roles – in different ways and to different extents – with the sperm

donor (in the case of lesbian couples) or with the gestational carrier (in the case of gay couples).

6) Homosexual couples with adopted children (referring those states that regulate adoption for same-sex couples).

In this classification, it is possible to distinguish those families in which children are born within the homosexual couple, that employed RT or adopted them (in this case it is possible to talk about "planned families" or "homoparental families of first constitution"), from those in which children were born from heterosexual parents that broke up, with one of them forming a homoparental family with a same-sex partner ("unplanned families" or "reconstituted homoparental families"), and from those in which there are some children born in previous heterosexual relationships and some born within the same-sex couple ("blended homoparental families") (Bosisio and Ronfani, 2015).

Moreover, a second distinction can be made according to the number of parents involved in the family: it is possible to find biparental or multiparental families, whether parenthood involves only two parents (the same-sex couple that planned to have children) or it is shared with other people – with a highly variable degree of involvement. In fact in the case of planned families (independently from the legal recognition of the parental role of these other people), homosexual couples might involve also those people that made it possible from a biological/genetic perspective the birth of their children. In the case of unplanned families, the biological parents may involve also their new partners (Bosisio and Ronfani, 2015).

1.3 Similarities between Heterosexual parents and Lesbian and Gay parents

Same-sex parents families can be considered at the same time similar and different respect other types of families; researches conducted in the last decades have shown not only how these families are "normal" and "healthy" as much as others, but also how they are not that different from others regarding their family processes and dynamics (Laird, 2003).

In fact, it has been considered that in their processes lesbian and gay parents families are influenced by the representation of heterosexual families; for instance, in the case of lesbian parents that used medical assisted procreation, it has been noted how the decision to whether involve or not the sperm donor in the parenting of their children depends from the culture of the family and the gender and family models that are existing in their context of life (Bertone,

2010). In this regard, a study conducted by Ryan-Flood (2005) on lesbian parents in Sweden and in Ireland showed how heteronormative practices and assumption occur in different ways according to the cultural context: while in most countries "blood ties" are usually considered intrinsic components of "family", Irish lesbian parents showed more confidence in the ability to create a nurturing, supportive environment for their children without the involvement of an active father. The author considers this may be due to Irish history of contrasting the control of women's body with the discursive emphasis on choice and creation of new paths of parenthood. On the other hand, this may differ from other contexts, like the case of Swedish lesbian parents that were more keen to involve the donor, reflecting broader cultural norms regarding biological and participatory fatherhood (Ryan-Flood, 2005).

In fact, Laird (2003) highlights how the overstatement or the emphasis on the differences between homosexuals and heterosexuals is an error that may lead to representing gay and lesbians as culturally different beings compared to heterosexuals. On the contrary, the author considers that they are deeply-rooted in the same cultural context of which they share norms and values (Laird, 2003). Even though gays and lesbians share the same gender roles of their cultural context (and they can therefore impart them to their children), it can be considered that within their relationships, homosexuals – differently than heterosexuals – refer to gender roles that are symmetrical and not complementary, establishing different roles and functions through a negotiation process within the couple. It is from the interactions between the two partners that emerge the ways in which they live their relationship (Fruggeri, 2005). However, it can be argued that in a sense this aspect may represent more a similarity than a difference to modern heterosexual couples: in fact, heterosexuals face new ways to conceive themselves and their gender roles within their relationships. As noted before, especially since the changes of 1970s, the "traditional" gender roles within partners have come to a change, with women more independent from their household, and men more involved in childcare; even though it is not possible to talk about a reverse trend in this sense, in recent years a general culture of gender equality rises new ways to think of oneself in a relationship as different from the traditional gender roles (Fruggeri, 2005).

Other authors have argued that regarding domestic and care work, homosexual partners tend to share the burden of household work in a more equal way: for instance, a research conducted by Kurdek (2007) shows how partners from gay and lesbian cohabiting couples,

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on average, do not differ in the relative frequency in which this kind of labor is performed. Moreover, the author considered that lesbian partners were more likely than gay partners to do the same tasks equally, while gay couples were more likely than lesbian couples to specialize in particular tasks (Kurdek, 2007). This conclusion seems to be consistent with a previous research conducted by Solomon et Al. (2005) regarding gender role behaviors of same-sex couples in civil unions, those not in civil unions, and married heterosexual couples. They found gay and lesbian partners to be more egalitarian than heterosexual partners in the sharing of domestic work; in fact, both heterosexual men and women reported that while the husbands paid for more items than wives, wives performed more of the household duties than the husbands. Moreover, the authors considered that sexual orientation was a stronger predictor of division of domestic duties than income difference was: being in a same-sex relationship seems to be a more important factor in balancing housework in an equal way than is having similar incomes (Solomon et Al., 2005). Furthermore, they found that heterosexual women reported initiating discussions when there is tension in their relationships, while heterosexual men reported to tend keeping their feelings to themselves; on the other hand, same-sex couples reported to engage in relationship maintenance in a more egalitarian way (Solomon et Al., 2005).

In general, when it comes to parenting, researches conducted in the U.S. and Europe have showed how in same-sex parents families the responsibilities toward their children and childcare are usually shared in an equal way, both in lesbian couples (Dunne, 2000; Gartrell et Al., 1999) and in gay couples (Armesto, 2002; Armesto & Shapiro, 2011).

In particular, Gartrell et At. (1999) in their *National Longitudinal Lesbian Family Study* conducted in the U.S., have found that in the majority of lesbian parents families that participated to the study (70 couples) the non-biological mother would share with the biological mother the duties associated with their children and that they consider themselves as a parent to all intents and purposes (Gartrell et Al., 1999.). Similar considerations were made by Dunne (2000) in her study *The Lesbian Household Project* conducted in England on 37 cohabiting lesbian couples with dependent children: parenting was reported to be shared jointly in the 80% of cases.

Regarding gay couples, some researches have showed how their practices of childcare and parenting methods are different from the heteronormatives regarding parenthood in a way

that they challenge cultural norms of masculinity (Armesto, 2002; Armesto & Shapiro, 2011); in this sense, it has been considered that their methods seem to be more feminine than those employed by heterosexual fathers – or "feminine approach to parenthood", that is more oriented to the care and protection of the child compared to the approach of heterosexual fathers. This would be due to the fact that gay men who decide to become parents, in the same way of heterosexual fathers that obtain the custody of their children after a divorce, "are choosing primary responsibility for parenting; they engage, in other words, in what has conventionally been understood as mothering" (Biblarz & Stacey, 2010, p.12).

When it comes to discipline, homosexual parents would use physical punishments – such as spanking and slapping – less frequently than heterosexual parents, adopting more positive disciplinarian methods, like reasoning; in specific, gay men parents are the ones that would employ physical punishments to the lesser extent (Biblarz & Stacey, 2010; Johnson & O'Connor, 2001). In particular, in the American *National Gay and Lesbian Family Study* (Johnson & O'Connor, 2001), it has been reported that only 15% of homosexual parents declared to employ strict punishments toward their children, such as physical ones, compared to the 60% of heterosexual couples who reported otherwise.

Among the researches regarding the outcome of same-sex parenting for the welfare of their children, one of the most known works is the *US National Longitudinal Lesbian Family Study* (NLLFS) started in 1986 by Gartrel and Bos, and still continuing nowadays. Concerning the psychological well-being of children, the study found that adolescent children of lesbian couples described their lives as fully satisfying, reporting to have positive relationships with both their parents and their peers, and to have high levels of self-esteem and mental health (Gartrell et al., 2012). Moreover, in a sample of 78 teenagers raised by lesbian couples, Gartrell and Bos (2010) detected higher level of prosocial behaviors and educational skills than the ones measured in 93 peers raised by heterosexual parents.

Another important contribution is represented by the meta-analysis conducted by Fedewa, Black, & Ahn (2015) over 33 studies. The findings highlighted that the cognitive skills, gender identity, and the psychological well-being of children are not influenced by the gender nor the sexual orientation of parents. In fact, a recent analysis of the literature around the topic of same-sex parenting conducted by Adams and Light (2015) showed how the scientific research had achieved consensus around the principle that children of same-sex couples

experience "no differences" compared to children of heterosexual parents on important outcomes.

1.4 Are Lesbian and Gay parents families still "families"?

In his article *We Must Not Define "The Family"!*, Bernardes (1999) starts his considerations by highlighting how most sociologists take the existence of "The Family" as an absolute taken-for-granted idea, linking this idea to the popular image in the minds of most people of "The Nuclear Family". The author points out that if this concept is considered as "natural" and "universal", then people that do not think of their own situation as reflective of that model are likely to label themselves as "unnatural"; moreover, it does encourage people to make their own family life as close as possible to the image of "The Family", even though it can be for them an uncomfortable and unworkable image to imitate in terms of personal behavior and gender roles (Bernardes, 1999). The author asks himself whether the degree of variation and diversity is important enough to invalidate this idea, counting as variation the many characteristics that makes families in any way different from what is conceived as the ideal model (Bernardes, 1999). He considers that the first step to refuse the idea of "The Family" is to demonstrate that people live their family lives in ways that are more complex and varied than popular stereotypes suggest (Bernardes, 1999). A similar position is taken by Holstein and Gubrium (1999), who argue that family is not objectively meaningful and that it does not perfectly match a specific form of an ideal model, past or present; rather, they sustain that it is a concept that is constantly in construction, and that it is possible to define its characteristics through interpretive practice. Walsh (2012) introduces the concept of the "new normal" regarding the diversity of 21st Century families by considering that the very definition of "family" should be expanded to include a wide spectrum of relational and household patterns, instead of conforming to just one model. Of course, these kind of positions are in contrast with traditional approaches that typically assume that "The Family" exists as part of the everyday reality in objective conditions, and that it is not subjected to acts of interpretations (Holstein and Gubrium, 1999).

For many years – and to same extent even today – same-sex parents families have been difficult to assimilate into the common sense that surrounds the idea of what is family, and that is because they present some constitutive elements that are different from the traditional nuclear family: what are these characteristics and why do they differ from the traditional way

of "being a family"?

Fruggeri (2005) considers that the traditional nuclear family – widely accepted in society – is formed from a married, heterosexual couple, culturally homogeneous, that biologically generates new members of that family, and that parent them in a shared time and place. Moreover, the traditional nuclear family is characterized by a coincidence of different roles, different functions and different levels of relationship: the marital and the parental function are embodied by the same people; the double role of husband and father, as well as wife and mother, coincide with gender roles; the culture of the family – including ethnicity, religion and social belonging – is homogeneous to the culture of the society in which the family is included; moreover, biological parenthood coincides with socio-affective parenthood (Fruggeri, 2005). The author then points out that in nontraditional families the coincidence of such roles and functions is not always there and this default initially made these families being considered as deviant. In specific, compared with the traditional nuclear family, in the case of same-sex parents families there is not a coincidence between domestic roles and gender roles: these couples cannot take as reference the classic distinction of husband and wife, nor mother and father (Fruggeri, 2005). Their way of being partners is not ascribable to gender roles, neither as it is their way of relating to their children. In fact, in this sense same-sex parents families present innovative elements when compared to the traditional counterparts because in these families activities traditionally considered as paternal and maternal are separated from the biological identity of the parents (Bertone, 2010). On the other hand, others consider that in the majority of cases, these families have similar methods when it comes to parental practices to families with heterosexual parents (Bertone, 2010).

It is undeniable that there had been great interest in the everyday life and the organization of these households for studying if the presence of same-sex parents have an impact on the division of roles, considering – among other elements – responsibilities regarding domestic care, childcare, and parenting styles (Bosisio and Ronfani, 2015). In general, researches conducted in this sense show that same-sex parents families employ parental practices that are not always attributable to models that can be considered completely "alternative", and that these families in their everyday lives tend to reproduce norms and practices that are employed also by heterosexual parents (Bertone, 2010).

However, beyond being parents, there has been the question of applicability for male and female gender roles to homosexual partners. Men and women find in their respective gender

roles a reference that guide them in their way of behaving and anticipate them what kind of expectation others may feel towards them (Fruggeri, 2005). These gender roles have been so deeply-rooted as a reference model to organize partners' relationships – as well as family relationships – that in a first instance it had been forcedly applied to homosexual couples too: this is the case of those who sustained that in any homosexual relationships there is someone who "plays" the man and the other who "plays" the woman (Fruggeri, 2005). The idea that homosexual relationships "imitate" heterosexual relationships had been predominant and socially shared for many years: it is from this kind of stereotype that originated the subdivision between *butches* – lesbians with more masculine features – and *femmes* – lesbians with more feminine characteristics (Fruggeri, 2005).

It is clear that in the investigation of the way in which homosexual parents can enter the social representation of "family" it is important to take in consideration the social representations of homosexuality itself. Social representations of homosexuality are fundamental for homosexuals to construct their identities: both their *sexual orientation identity* – that is the way in which individuals accept, define, and talk of themselves in terms of their sexuality – and *social homosexual identity* – that is the ability to relate or distance oneself from a representation of the homosexual social group in a society, with its consequential characteristics and implications (Ferrari, 2015). These implications include among other aspects the way in which an individual thinks of themselves and their sexuality as inclusive or not of the possibility to become a parent, and at the same time, the way in which other members of the society conceive that social group as capable to parent (Ferrari, 2015).

CHAPTER 2:
SOCIAL STIGMA

The concept of stigma has been an important topic in social science research, encompassing the interest of psychology, sociology, and related disciplines. The study on stigma has grown noticeably over the last few decades, and it has generated extensive theoretical and empirical research. Erving Goffman's (1963) book *"Stigma: Notes on the Management of Spoiled Identity"* represents one of the first elaborations on the topic and one of the most referred pieces of work in the study of stigma; since his articulation of the topic, many other researches have applied the concept of stigma to a variety of circumstances, ranging from medical conditions (e.g. mental illness, cancer, HIV/AIDS), to different groups of people (e.g. african americans, single parents, LGBT people), and to many other instances of life.

In this chapter the concept of stigma will be presented and articulated, starting from the different definitions and conceptualizations found in the literature, and the critiques and limits associated with them. Then, the characteristics of stigma will be elaborated referring mainly to the work of Goffman (1963) and Link and Phelan (2001). Lastly, there will be discussed the consequences of stigma and the coping techniques that stigmatized individuals can employ to deal with the difficulties associated to their stigma.

2.1 Conceptualizing Stigma

According to Erving Goffman (1963) society establishes the means of categorizing persons and the attributes that belong normally to the members of each of these categories. The appearances of someone enable other individuals to anticipate their category and characteristics, that is their "virtual social identity", based on individuals' assumptions on others' attributes. On the other hand, the attributes that someone can prove to possess will be called his "actual social identity" (Goffman, 1963).

When someone shows to possess characteristics that make them different from others in the category we assumed they would be in, that person is reduced in our minds from a whole to a tainted, discounted one: such an attribute is a stigma, especially when its discrediting effect is very extensive, and it represents a discrepancy between virtual and social identity (Goffman, 1963).

The attitudes that people in society (at least people who do not depart negatively from the particular expectations at issue, and that Goffman calls the "normals") have toward an individual with a stigma are linked to a variety of discrimination, through which they effectively reduce their life chances. Goffman sustains that a process based on the social construction of identity is central to stigma creation: a person that is linked to a stigmatized condition does not possess a "normal" social status anymore, but they will be considered to have a "discredited" or "discreditable" one. In fact, the author defines stigma as "a special kind of relationship between an attribute and a stereotype" (Goffman, 1963, p.4).

A further definition was proposed by Crocker et al. (1998), who sustain that stigma arises when a person possesses – or they are believed to possess – "some attribute or characteristic that conveys a social identity that is devalued in a particular social context" (p. 505). Similar to Goffman, their view on social stigma implies that the stigmatized individuals have – or are believed to have – a characteristic that makes them different, and that lead them to a devalued status in their social context.

Moreover, starting from Goffman's consideration that stigma can be viewed as a relationship between an "attribute and a stereotype" (Goffman, 1963, p. 4), Jones et al. (1984) introduce the term "mark" to indicate a certain characteristic possessed by an individual that other people can link to a discrediting disposition. The mark causes a mechanism through which other people see and interpret other features of the person in terms of this mark, behaving toward the stigmatized one according to their stigma, ignoring therefore their individuality (Jones et al., 1984). As Major and O'Brien (2005) consider, these marks could be "visible or invisible, controllable or uncontrollable, and linked to appearance (e.g. a physical deformity), behaviour (e.g. child abuser), or a group membership (e.g. African American)" (p.395).

Other authors have introduced new aspects to the study of stigma. Link and Phelan (2001) have proposed a wider concept of stigma as characterized of five interrelated components: labeling, stereotyping, separation, status loss and discrimination. Moreover, they specified that stigma arises when these components occur in a power situation that allows them to unfold (Link & Phelan, 2001).

2.2 Limits and critiques to the stigma concept

As mentioned at the beginning of this chapter, in the literature there are some variations in the definition of stigma depending on the scholar who analyzed it and the context in which

stigma is studied. In fact, as Link and Phelan (2001) consider, this is due to the fact that the concept of stigma has been applied to a wide array of circumstances that can be different to each other, and also that the study of stigma is multidisciplinary, capturing the interest of different professionals, such as psychologists, sociologists, anthropologists etc.

These authors identify two main challenges to the concept of stigma. The first one is linked to the fact that many scholars who analyze stigma do not belong to a stigmatized group (or, in general, are not stigmatized themselves); this implicates that their point of view does not include a lived experience of the topic and that – as Schneider (1988) considers – scholars may risk to focus all their attention on scientific theories rather than the way in which the people they study have experience of the topic.

The second challenge identified concerning the study of stigma is that it has been primarily focused on an individualistic level (Link & Phelan, 2001). As Sayce (1998) considers, the study of stigma proposed by Goffman (1963) is mainly focused on an individual self perception and micro-level interpersonal interactions; what it seems to be missing is a dimension that explores a widespread and patterned exclusion from economic and social life, in order to provide elements for the definition of collective strategies for inclusion and to fight prejudice (Sayce, 1998). This challenge is also linked to the use of a certain terminology: some scholars have argued that "stigma" or "mark" is perceived as something in the person instead of a designation that other people attach to that individual. In fact, the term "stigma" directs the attention in a different way than the term "discrimination", which focuses more on those who produce the discrimination toward someone rather than those who are discriminated (Link & Phelan, 2001; Sayce, 1998). This is important in the way we talk about a topic and in the way research can open and influence a dialogue around certain aspects of life. Sayce (1998) refers to an example about racism: if researchers talk about it in terms of "racism" or "discrimination" the attention is focused on the perpetrators of a behavior, and this can lead to solutions that are oriented toward the fight against the power of racist ideas and actions. On the other hand, if they face the problem in terms of the "stigma of being black", the attention is shifted toward the self-perceptions of the individual of color; this can lead to solutions that are more focused on boosting the self-confidence and self-image of the individuals who experience a sense of inferiority because of the stigma (Sayce, 1998). Even though this latter type of solution is certainly important too, some mechanisms of racism (as well as other kinds of discrimination, e.g. homophobia) are so

embedded in societies that cannot be overcome only by a change in the self-image of the "victims" (Sayce, 1998). Moreover, a solution that is based primarily on the expectation that the discriminated individuals need to change their self perception can be seen as a victim-blaming approach (Sayce, 1998).

For the reasons so far listed, even though there will be a great deal of reference to the original work of Goffman (1963), this work will refer mainly to the concept of stigma developed by Link and Phelan (2001), who articulate this concept attaching multiple components, considering both cognitive and behavioral aspects. Following these components, in the next section of this chapter the characteristics of stigma will be presented.

2.3 Distinguishing and labeling differences

As Link and Phelan (2001) consider, for the vast majority human differences are not really socially relevant. Some of these – such as eye color – are often overlooked and do not link necessarily an individual to an experience of stigma. However, many other differences are somehow much more salient and matter socially in many societies – such as skin color, sexual orientation, sexual identity. This labeling of differences carries a taken-for-granted nature: these differences are seen as just the way things are (e.g. there are people of color and white people, disabled people and non-disabled people); it seems, therefore, that a role is played by a social selection of human differences that identifies what are the differences that possess social relevance (Link & Phelan, 2001).

Two considerations can be made on this process of social selection: first, the creation of such groups is made possible by an oversimplification of reality (Link & Phelan, 2001). This means that, for instance, when assigning individuals to the categories of "straight" and "non-straight" the end up results contain a certain variability and a no clear line of demarcation between groups that is universally shared (e.g. a straight individual who had a homosexual experience in the past).

The second aspect of it is that the differences that are considered socially relevant vary tremendously according to time and place (Link & Phelan, 2001). Following the example of homosexuality, it can be considered that the categories of "straight" and "non-straight" - even though are still important nowadays – were much more socially relevant in the past, when there was much less literature and research on the topic, and homosexuality was recognized

as a mental illness in many western societies. Moreover, even in the same age, different societies recognize such categories more salient than others.

As mentioned at the beginning of this chapter, Goffman (1963) sustained too that society has his way to establish the means to categorize individuals and to decide which characteristics are to be considered ordinary and natural for the members of such groups. However, when human differences are associated to negative attributes, a process of stereotyping is taking place, which is also a component of stigma.

2.4 Stereotyping

The component of stereotyping has been central in Goffman's work (1963), as the author defines stigma as a "special kind of relationship between an attribute and a stereotype" (p.4).

As for labeling, the process of stereotyping requires an oversimplification of reality. In fact, considering the influential work of Lippmann (1922), stereotype has been defined as an oversimplified picture of the world, in a way that it is more understandable and manageable than it is in reality.

While Lippmann (1922) sustained that stereotypes are generalizations, illogical in origin, and resistant to new information, Brigham (1974) does not entirely agreed. The author defined stereotype as a generalization that concerns a trait attribution, that is considered to be unjustified by an observer. Stereotypes are not incorrect or illogical by definition, rather they are generalizations that appear to be less verifiable when they are about a class of people than other categories (such as animals or objects).

Categories and stereotypes are considered to often be automatic and to facilitate "cognitive efficiency", as they allow individuals to make split-second judgments and they operate pre-consciously (Link & Phelan, 2001). In fact, the research on stereotypes has been part of a wider literature that is concerned about understanding human predictions about categories (McCauley, Stitt, & Segal, 1980). This aspect of prediction is strongly connected to the concept of stigma, as we can retrace it in Goffman's (1963) concept of "normative expectation", that is linked to our anticipations of someone else's category based on their appearances when we first meet them. These anticipations guide our actions toward those people based on the stereotypes associated with their categories and this, in turn, is associated to a variety of discriminating behaviors that can have an important impact in the lives of those who experience them (e.g. violence, unemployment, being refused tenancy, etc.).

2.5 Separation between "us" and "them"

The components of stigma so far presented become the rationale for considering the individuals that are labeled negatively as essentially different from those people who do not share the same characteristics; moreover, when this belief is established, the process of stereotyping can be carried out very smoothly, because it is felt like there is no real harm to attribute bad characteristics to "them" (Link & Phelan, 2001).

Link & Phelan (2001) sustain that, when this is taken to the extreme, the individuals that are stigmatized are considered to be so different than "us" to be perceived as not really human, and this can potentially make possible an inhumane treatment of "them".

Goffman (1963) considers this aspect in his work on stigma in a similar way. The author distinguishes those who carry the stigma ("them") from the people who do not depart negatively from the particular expectations at issue, and that he calls the "normals" ("us"). He sustains that by definition the normals believe that those who carry a stigma are not quite human, and that on this assumption it is easier for them to decide to employ discriminatory behaviors toward stigmatized ones.

This tendency is also shown by a particular use of terminologies. For instance, talking about diseases that carry stigma, such as schizophrenia and epilepsy, quite often people speak about those who face such diseases as "schizophrenic" and "epileptics" rather than individuals that have schizophrenia or epilepsy; while for other instances we talk about people that have cancer, or heart disease, or allergies as individuals that happen to face an illness (and therefore are part of "us"), when it comes to certain diseases which are associated to a stigma individuals are somehow identified in the disease itself (and therefore are part of "them") (Link & Phelan, 2001).

On the other hand – beyond the distinction of "us" from "them" - Goffman (1963) presents a further classification of individuals around the one that carries the stigma, focusing also on those who are sympathetic others that are willing to consider the stigmatized individual as human and essentially normal, in spite of differences: he distinguishes the "own" and the "wise". The "own" are represented by those who share the same stigma as the person in question; since they know from their own experience what it is like to carry that specific stigma, they often provide a guide and moral support to the individual (an example of that would be the AA associations that provide members with moral support). The "wise" are

those persons that are "normal" but that a personal experience has made them intimately privy to the life of the stigmatized individual and they are sympathetic with them; therefore, once the wise has made themselves available to the stigmatized, they might be accepted as a courtesy member, someone toward whom the stigmatized does not feel ashamed, as they will be conceived as an ordinary individual (an example of wise individuals can be those who work in an environment in which they are in contact with the stigmatized, such as straight bartenders in homosexual clubs) (Goffman, 1963).

2.6 Status loss

One of the first consequences of being targeted as possessor of stigma is a downward placement in a status hierarchy: when an individual is linked to negative characteristics their status is reduced in the eyes of those who stigmatize them (Link & Phelan, 2001). This has been highlighted also by Goffman regarding status loss, saying that an individual who is been stigmatized is reduced "from a whole and usual person to a tainted and discounted one" (Goffman, 1963, p.3).

Having a devalued status can lead to to forms of inequalities in the context of social interactions within small groups; even though these inequalities can be not related to direct forms of discrimination, they may occur consequently the reference to external statuses – such gender and race – that originates performance expectations (Link & Phelan, 2001). For instance, Mullen et al. (1989) considered that gender and race shape status hierarchies in contexts of small groups of unacquainted people, in that so men and whites are more likely than women and people of color to talk more frequently and being recognized as group leaders. Link and Phelan (2001) sustain that this aspect is important to be considered in the study of stigma, since important difference in outcome can take place in these contexts even when it is hard to identify a single event that caused it.

The interaction between stigmatized and normals has been a central point for Goffman's work (1963), as he talks about the "mixed contacts" in which they are in the same social situation, that is in one another's immediate physical presence. Since the status of the stigmatized is conceived as inferior, these mixed contacts can represent very stressful events: the stigmatized may feel that he has to be self-conscious and careful about the impression that they make, since even minor failings might be interpreted as a direct expression of their

stigmatized differentness (Goffman, 1963). This can of course lead to experience of anxiety, hostility, and stress.

Moreover, the lower placement in a status hierarchy can in general lead to a significant decrease of one's life chances, as it can become the basis for discrimination. For instance, a low status can make a person less likely to participate to community activities, socialize or being involved in business venture, limiting a whole range of opportunities for the stigmatized person (Link & Phelan, 2001).

2.7 Discrimination

The attitudes that people in society (at least the people that Goffman calls the "normals") have toward an individual with a stigma are linked to a variety of discrimination, through which they effectively reduce their life chances (Goffman, 1963). In fact, discrimination can directly reduce access of stigmatized individuals to main life domains (such as workplace, health care, education system), affecting their social status, psychological and physical health (Major & O'Brien, 2005).

When talking about discrimination related to stigma, individual and structural discrimination can be differentiated. Individual discrimination has been conceptualized with a relatively simplistic formula: the focus in recognizing this type of discrimination has been on whether the behavior and beliefs in the way in which person A is labeling and stereotyping person B leads person A to employ discriminating actions against person B, such as denying a job opportunity or denying access to a service (Link & Phelan, 2001). Even though this straightforward approach is undoubtedly useful to consider a wide instances of discrimination, it has been considered to be not fully adequate in order to better understand the ways in which discriminatory actions can lead to social inequalities and the full consequences of the stigma process (Link & Phelan, 2001). Therefore the research on stigma needs to be focused not only on individual discrimination but also on structural types of discrimination.

In fact, the interest in structural discrimination begins with the understanding that discrimination affects certain categories in ways not explained by the direct psychological effects of an individual's discriminatory behavior (Corrigan et al., 2004). Structural types of discrimination refer to institutional practices that lead to the deprivation of opportunities and rights for certain categories; it can be represented by the laws, policies, and procedures that

restrict rights and opportunities for certain categories of individuals (Corrigan et al., 2004).

2.8 Relationship between stigma and power

Stigma is dependent on social, economic, and political power: in fact, as stated previously, stigma occurs when there is a power situation that allows the components of it to unfold. Even though the role of power in the stigma research has been often overlooked, since there is a tendency to focus on the negative attributes associated with the stigma rather than the power difference between those who carry it and those who do not, it is important to consider that power is essential to the social production of stigma (Link & Phelan, 2001). It is possible to consider that also stigmatized groups engage in stigma-related processes in the way they think of other people that do not share their stigma: groups that do not hold much power create labels and stereotypes about powerful groups and treat them accordingly to such stereotypes (Link & Phelan, 2001). However, since they are not powerful enough, they cannot create a stigma for those powerful groups that would let them experience the same discomfort and consequences that less powerful groups have to face when dealing with stigma; this is because in such scenario the power relation does not allow the components of stigma to occur, and this is why it should be considered that stigma is dependent on power (Link & Phelan, 2001). For instance, if individuals with schizophrenia believed that politicians are dishonest and think only about their interests, and even if they treat all politicians they meet accordingly to this stereotype, even though some components of stigma might be present, it does not create stigma. Their group is just not influential and powerful enough to do so toward a much more powerful group.

Stigma can be expected to result to the extent that it can be considered that people who might stigmatize have the power to: ensure that the human differences they label are recognized in their culture, ensure that their culture accepts the stereotypes associated to such labels, separate "us" from "them", put stigma control access to important life domains, with a consequential effect of status loss for those who carry the stigma (Link & Phelan, 2001).

2.9 Stress and Outcomes of Stigma

Since social stigma is a complex concept that entails different aspects and mechanisms, when talking about its outcomes a wide assessment of different domains is requested. Therefore, in

this section not only one outcome will be considered, but rather a wider perspective will be adopted.

Since the experience of stigma carries devaluation of the individual, it is natural that a variety of stressors is associated with it. Lazarus and Folkman (1984) considers that a stressor is an event or a stimulus that "produces a stressful behavioral or physiological response, and a response is stressful when it is produced by a demand, harm, threat, or load" (p.15); it refers to a situation in which the demands imposed on the individual – which may be environmental or intentional – challenge their adaptive resources (Lazarus & Folkman, 1984). For instance, prejudice can result in increased environmental demands by affecting the opportunities of individuals in the educational and employment field, as well as in the access to services, leading also to psychological and physiological responses (Clark et al., 1999).

It has been considered that stigmatized people may face different types of stressors than other individuals do; for example, prejudice and discrimination represent a cause of stress for people who are stigmatized but not for non-stigmatized individuals, except in rare cases (Miller & Kaiser, 2001). In fact, it has been hypothesized that the elements associated with stigma have substantial negative social, political, economic, and psychological consequences for members of oppressed or stigmatized categories (Crocker & Major, 1989). Since the experiences of stigmatized groups can be more stressful than those of other individuals, many theoretical perspectives consider that stigmatized people are more likely to suffer negative psychological consequences, such as low self-esteem, anxiety, depression, and ego defenses (Crocker & Major, 1989). Moreover, another consequence that has been considered is a negative outcome on the physical health of stigmatized people; this aspect is linked to the research that connects stress to a worsening of the immune system functioning, an increase of the cardiovascular activity, and an effect on the neuroendocrine responses, which in turn might lead to susceptibility to illness (Clark et al., 1999). These types of researches typically were carried out based on a comparison between stigmatized and non-stigmatized people relatively to their psychological and physical health (Miller & Kaiser, 2001).

However, despite the strong theoretical support for such hypothesis, empirical evidence the prove them right is remarkably scarce (Clark et al., 1999; Crocker & Major, 1989). In fact, it is not seldom that stigmatized people are found to function as well as other individuals, even despite the fact that their lives are more disadvantaged in different ways. This apparent paradox can be explained with an understanding of the appraisals and coping strategies

stigmatized people employ in order to deal with the difficulties of their lives (Miller & Kaiser, 2001).

2.10 Coping with Stigma

As Lazarus and Folkman (1984) consider, stress occurs when the demands imposed on the individual challenge their coping resources; therefore, in these instances, a cognitive appraisal is required concerning the type of demand the individual is dealing with and their available resources that they can rely on in order to cope with it (Lazarus & Folkman, 1984). In other words, stress occurs when the demand is perceived by the person as a self-relevant threat and at the same time the individual believes that they do not have the capacity to cope with it (Miller & Kaiser, 2001). It is for this reason that, even in instances in which relevant outcomes are in stake, a stigma-related event may not be experienced as particularly stressful when the individual possesses the resources to cope with it (Miller & Kaiser, 2001). On the other hand, it remains true that the efforts that people put in coping with stigma may have untoward consequences on their well-being (Link & Phelan, 2001).

In his research, Goffman stresses an important aspect of coping with stigma, which is represented by what he calls "information control" (1963) and the "presentation of self" (1959). Entering these concepts, the author first distinguishes two type of stigma possessors. Those whose stigma is known about even before they enter in contact with others, or whose stigma is quite evident as soon as they meet someone, are defined as "discredited" individuals: even if the reason of their stigma is not openly recognized by others during a social contact, the situation is likely to become tense, uncertain, and ambiguous, especially for the one who carries the stigma (Goffman, 1963).

The other type is represented by those whose differentness is not immediately apparent and it is not known beforehand, that are defined as "discreditable": for these individuals the main concern, more than the tension generated during social contacts, is represented by the management of the information about themselves and their stigma (Goffman, 1963).

However, this coping mechanisms entails a great psychological price, leading to a high level of anxiety, since the individual will always be worried about the involuntary reveal of their stigmatized characteristics (Goffman, 1963). A classical example of that is represented by a closeted homosexual that conceals from others their sexual orientation in order to "pass" as heterosexual. In some cases, Goffman (1963) considers that the individual who tries to "pass"

may suffer from what he calls "in-deeper-ism", that is the pressure to elaborate a lie further and further in order to prevent disclosure; this technique can also result in hurt feelings and misunderstanding on the part of the other people (Goffman, 1963).

Sometimes the very anticipation of a social contact with someone who does not know about the stigmatized characteristic can lead them to avoid such interactions (Goffman, 1963). That is the avoidance strategy, a form of self-isolation that can lead to depression, hostility, and anxiety, since the individual is lacking the feedback of daily intercourse with others (Goffman. 1963). However, this strategy has been further developed in order to consider different forms of avoidance. In fact, it has been specified that the avoidance strategy could consist in a total social withdrawal (or emotional escape) or in a selective avoidance behavior (that is, avoiding only certain situations or individuals that represent sources of stress) (McDavitt et al, 2008). Following the example of homosexuality, the individual may decide to not withdraw from social life, but still to avoid interactions with those people that are known beforehand to have a prejudice against homosexuals.

Another central technique is represented by that employed by those who are ready to admit to possess a stigma and that want to keep it from looming large: a process that Goffman calls "covering". The purpose of it is to reduce tension in order to make it easier for the person and for others to reduce attention to the stigma and to sustain involvement in the content of the interaction (Goffman, 1963). It can be considered a form of negotiation, in which the individual minimizes the signs of their stigma, trying to put more attention to the social interaction itself.

Another way in which the stigmatized can try to cope with the stigma is represented by seeking support. As previously mentioned, this can be found among the people that share their same stigma, the "own": knowing first-hand what it feels like to possess that particular stigma, the group of the own can provide the individual with advices, moral support, and acceptance (Goffman, 1963). Other people who can provide support for the stigmatized are the "wise", that is those who have become privy to the stigma-related characteristic and are sympathetic with it (Goffman, 1963). Referring to same-sex parents, an example of such support can be represented by the Rainbow Families Association, that reunites same-sex parents (the group of the "own") and those who are not parents, but are in support of the cause (the "wise") for meetings, activities, and activism.

CHAPTER 3:

THE ITALIAN AND NORWEGIAN CONTEXTS

In this chapter it will be addressed the current social and political situation of Italy and Norway in regards to same-sex parents and LGBT rights in general. In doing so, one country at the time will be presented, with a particular reference to the development of policies around the topic for both countries, discussing then the present situation. Moreover, it will be discussed the social context, the presence of same-sex parents families and the associations linked to them. Finally, a summary will be presented showing the main differences and similarities between the two countries regarding the political and social contexts.

3.1 The Italian political context

The road of LGBT rights in Italy has been a difficult one, and the country still has a long way to go to reach the full recognition. In this section it will be presented the development of the policies around the LGBT rights in Italy, with a particular focus on the recent law on civil partnerships – that passed in 2016 – and what it entails for Italian same-sex parents in terms of rights and protection.

The first political attempt dates back to 1988, when a socialist member of Parliament, Agata Alma Cappiello, presented a draft law of a discipline for what were called "de facto families". The draft law was aimed to regulate different forms of cohabitation, but it was never accepted by the Italian Parliament to be discussed. The same happened to other law drafts, including attempts made by singular members of Parliament between 1996 and 2001. In 2002 a new proposal was made about "Civil Solidarity Pacts" (also known as PACs), following the French model, that also ultimately failed to be approved by the Parliament, but still had received more support from Center-Left parliamentarians than previous bills.

In 2007, the Center-Left coalition government presented to Parliament a law intended to extend the civil rights that the Italian Constitution normally attributes to the family based on marriage to alternative forms of family consisting in cohabiting couples, both heterosexuals and homosexuals. This bill was aimed to regulate domestic partnerships, called DICO ("DIritti e doveri delle persone COnviventi", Rights and duties of stable co-habitants). Even though this legal proposal was more conservative than similar laws approved in other European countries by that time (France and Spain, for instance), it was never ratified due to

the vigorous hostility shown by the right-wing opposition parties and also by members of the governing coalition (Pacilli et al., 2011).

More recent attempts to pass gay rights law had stalled for some time between strong opposition from Catholic parties and centre-right intertia. A draft law was presented in March 2015 in the Senate: the legislation was based on the German model, and recognized same-sex unions, granting same-sex couples the same rights (including rights on inheritance, tax, pensions, welfare and health) as their heterosexual counterparts, with the exception of limiting adoption rights and the use of assisted reproductive technology. However, this legislation had remained stalled in a parliamentary commission for many months, blocked by amendments from both opposition and ruling coalition parties (Financial Times, 2015).

The political debate round the topic then experienced international pressures when a complaint was filed before the European Court of Human Rights: the case concerned the complaint of three homosexual couples that under Italian legislation could not have the possibility to get married nor enter into any other type of civil union (ECHR, 2015). In July 2015, this led the Court to condemn the country for failing to fulfill its obligation to ensure that the applicants had available a specific legal framework providing for the recognition and protection of their union, as it was considered a violation of the Article 8 (right to respect for private and family life) of the European Convention on Human Rights (ECHR, 2015).

At the same time, the Italian LGBT associations tried to pressure the Parliament in order to pass the law. It was considered that the prohibition for LGBT people of similar rights to those held by heterosexual married couples was sending an explicit message from the State that same-sex unions were not moral and therefore tacitly promoting homophobia and the marginalization of lesbian and gay people in the Italian context (Baiocco & Laghi, 2013).

Finally, in May 2016, the so called "Cirinnà" Law (from the name of the parliamentarian that originally proposed it) has been approved. Anyway, some of the original content of the bill have been changed during the process of approval; in fact, in order to ensure enough support, prime minister Matteo Renzi agreed to remove two specific elements from the bill that were strongly contested by the conservatives: parental rights and the requirement of "faithfullness" in the relationship (The Guardian, 2016).

The requirement of "faithfullness" was canceled due to the objection that, if that element was to be kept in the bill, the resulting law would contain a language that would mimic the marriage vows. However, the most debated element was the 5th article of the bill, containing

some parental rights for gay and lesbian couples, the so called "stepchild adoption" right. This article would have granted the right for a partner to legally adopt their partner's children, and therefore being recognized by the law as parent. However, the adopted child would not be recognized as a member of the family line of the adopting parent: in other words, from the adopting parent's family, the child could not legally recognize their grandparents, uncles and aunts, cousins and so on. This limitation would also include the case of "cross adoptions", that is the case in which both partners would adopt each other's children: these children would not be legally recognized as brothers and sisters, because the law would permit only a legal bond to be created between the adopting parent and the adopted stepchild. Moreover, the 5th article did not include general adoption rights equal to the ones granted to heterosexual married couple to adopt a child who is not already legally bounded to one of the partners (Gaypost, 2016)

Even though this article was considered by the LGBT associations as a not fully protective provision for same-sex parents for the limitations so far discussed, it had been struck from the bill following a parliamentary agreement between Renzi's Democratic party and his coalition partner, in order to ensure enough support (The Guardian, 2016). One of the critiques against this provision was that it would have allegedly encouraged same-sex couples to travel abroad to resort to surrogacy, which is not legal in Italy.

With these changes to the original bill, the law passed, representing the very first law granting some LGBT rights in the Italian history.

3.2 The Italian social context

According to the data of the Italian National Institute of Statistics (ISTAT), 61.3% of the population between 18 and 74 years old believe that homosexuals are discriminated in Italy. Moreover, 43.9% of respondents agreed that "it is fair that a homosexual couple can get married, if they wish", while only 20% are in favor of adoption rights for homosexual couples. Then, if considered together a broad range of indexes (school environment, workplace, housing, access to health services, public transportation, public places and offices, interactions with neighbors), it is shown that 53.7% of Italian homosexuals reported to have received discrimination because of their sexual orientation (ISTAT, 2011).

The phenomenon of homophobia in Italy still appears to be very consistent. In fact, a study conducted by Arcigay (the primary Italian association for gay and lesbian rights) presented in

occasion of this year's International Day Against Homophobia, Transfobia and Biphobia (IDAHO), showed that in just one year 104 episodes of homo-transphobia have occurred in the country (Arcigay, 2016). Among these, are included episodes of aggression, discrimination, death threats, and even the most violent ones, two homicides and two suicides. However, only the episodes that have been reported are counted, and thus it is estimated by the association that the number does not represent the real entity of the phenomenon. In this respect, it is important to highlight that Italy does not have any anti-discrimination law specifically aimed at reducing homophobia; Italian anti-discrimination law was introduced in 1975 to ban racial discrimination, and then it has been extended to protect also religious affiliation: different proposals to include LGBT discrimination have all been turned down.

It is considered that Italian people have been rather ambivalent toward homosexuality: if in one hand it is considered as a sin or a deviation from what is seen as "normal", on the other hand it is sometimes perceived as a private topic, or even as an "artistic" feature of the person (Baiocco et al, 2013). This uncertain view on homosexuality results in a general "don't ask, don't tell" attitude around the topic in the country (Lingiardi et al., 2015).

Research has showed that in Italy, as well as other countries, the people at higher risk of having homonegative attitudes are older, less educated, involved in religion, politically conservative and have poor contact experience with lesbians and gay men (Lingiardi et al., 2015; Baiocco et al., 2013). Specifically toward same-sex parents, an Italian study found older age and right-wing conservatism as prominent predictors of negative attitude toward same-sex parenting (Baiocco et al., 2013).

The long-term struggle that the country has faced in order to finally pass a law to recognize some LGBT rights reflects the resistance to be openly accepting of homosexuals and same-sex parents. As Crowhurst and Bertone (2012) consider, the heated disputes around this topic in Italy reveals the influence possessed by powerful political and religious actors to reinforce policies that construct the traditional Italian family as the fundamental nucleus of society, while other forms of family and intimacy as problematic. These actors through their influence limit the opportunity to address these topics with more inclusive policies (Crowhurst & Bertone, 2012).

The uniqueness of the Italian case is due to the location of the Vatican State in the country, which creates a particularly strong connection between political and clerical power that

influences the recognition of civil rights for LGBT people (Lingiardi et al., 2015). Even though the State and the Church are recognized as "independent and sovereign, each within its own sphere" by the Italian Constitution (art.7) and, previously, by the "Lateran Pacts" (in 1929), the strong Catholic cultural traditions and the view of religious leaders are undoubtedly influential to the Italian public opinion and politics. The unchanging position held by the Catholic Church looks at homosexuality as "objectively disordered", and consider that LGBT people and their families represent a threat to the cultural institution of the family – composed by a man and a woman whose sexual union is finalized to procreation – as the foundation of public morality (Lingiardi et al., 2015). Since same-sex couples are incapable of conceiving a child without the employment of reproductive technologies (such as medical assisted procreation or surrogacy), it is clear that same-sex couples and same-sex parents are not consistent with the perspective of the Catholic Church.

A study conducted by Arcigay and the Superior Institute of Health (2005) reported that there are more than 100,000 same-sex parents and that 20,5% of lesbians and 17,7% of gay men over 40 years old have at least one child. In more recent years, many same-sex couples have been creating families: Italian lesbians and gay men usually become parents in previous heterosexual relationships or by travelling abroad to access donor insemination and surrogacy (in countries like the U.S., Canada, or Spain), which are options that are not legal in Italy (Baiocco, Argalia, & Laghi, 2014).

In this context, it is important to mention the Italian association of "Famiglie Arcobaleno" (Rainbow Families), founded in 2005 by gay and lesbian parents, that since then represents more than 400 families and more than 200 children (more than 75% of these children were born in a context of same-sex relationship) (Baiocco, Argalia, & Laghi, 2014). The Italian Rainbow Families association has been advocating for same-sex parents rights since its constitution, and during the political debates around the civil unions law has harshly criticized the removal of the parental rights from the bill. The association continues to raise awareness in the country about the lack of legal protection for same-sex parents and their children.

3.3 The Norwegian political context

There are many elements that make it clear that in Norway the cultural significance of homosexuality has dramatically become more and more accepted over the last decades. A

series of changes have been made regarding the legal status of homosexuals since the removal of male homosexuality from the Criminal Code in 1972 (Hollekim, Slaatten & Anderssen, 2011). Around twenty years later, in 1993, it was introduced the Law on Registered Partnership, allowing lesbian and gay couples to access the same legal rights as heterosexual couples, with the exception of the right to marry in the Church of Norway, the right to be inseminated, and the right to adopt children (Anderssen and Hellesund, 2009). Particularly from 1998 onward, the issue of same-sex adoption has been a major theme in the country; in 2002, the law was altered in order to give registered partners the right to apply to adopt their partner's children, known as the "stepchild adoption" (Anderssen and Hellesund, 2009).

Later on, a gender-neutral Marriage Law took effect in Norway in January 2009, replacing the Law on Registered Partnership: the new law granted equal marriage and parenting rights for lesbians, gay and heterosexual couples, including the right to apply for adoption (Hollekim, Slaatten & Anderssen, 2011). Lesbian couples were granted the right to be assessed for state-sponsored artificial insemination procedures, and the spouse of the biological mother could receive co-motherhood. The Norwegian state church and other religious communities in Norway retained reservation rights regarding church weddings. The practices of egg donation and surrogacy are still illegal in Norway, but at present very discussed (Hollekim, Slaatten & Anderssen, 2011).

On January 1st 2014 a law has been implemented in the country, aimed at prohibiting discrimination based on sexual orientation, gender identity, and gender expression; this new law acknowledges the right to dress, behave or identify oneself based on the individuals' perceived gender identity, regardless of biological sex, protecting against discrimination in all areas of society, with the exception of private relations (LGBT Knowledge Centre, 2014). Before this law entered into force, Norway was already providing protection against discrimination based on sexual orientation in The Penal Code, The Housing Laws and in The Working Environment Act; however, the new law requires to actively prevent discrimination and promote inclusion of LGBT people to authorities and employers: this means that, in their capacity, employers, government bodies and offices, including also private enterprises with more than 50 employees, must include in their annual report a section in which they illustrate which measures they have initiated to prevent discrimination and ensure inclusion (LGBT Knowledge Centre, 2014).

Because of the legal recognition of same-sex couples, the possibility for them to get married and have access to the same legal rights as heterosexual couples, including adoption rights, and the adoption of anti-discrimination laws, today Norway is considered one of the most liberal countries in the world in relation to securing equal legal rights for both heterosexuals and homosexuals (Anderssen and Hellesund, 2009).

3.4 The Norwegian Social Context

In recent years the proportion of same-sex couples with children has increased greatly in Norway: as the LGBT Knowledge Center (2014) reports, if 6% of same-sex couples had children in the period between 1993 to 2001, this proportion raised to 18% from 2002 to 2011. This data is based on a Norwegian study conducted in 2012 (Wiik, Seierstad & Noack, 2012), which also revealed that parenthood, including adopted children, was more common in lesbian couples (24%) than gay couples (less than 3%).

Even though the development of LGBT rights in Norway may suggest that there is a general positive idea in the population concerning same-sex parenting, the findings of a nationwide study conducted by Hollekim, Slaatten, and Anderssen (2011) show that in Norway the majority of the population is unwilling to take a stand or uncertain concerning equal parenting rights for lesbian, gay and heterosexual couples; moreover, half of the participants were uncertain, concerned, or unwilling to take a stand regarding the welfare of children who grow up with lesbian or gay parents (Hollekim, Slaatten & Anderssen, 2011). However, close to a half of the sample reported to believe that the right to apply for adoption should be independent of sexual orientation, and a clear majority support for legalizing egg donation and more people declare to support surrogacy services in regulated forms in Norway compared with the support for gay men using surrogacy services abroad (Hollekim, Slaatten & Anderssen, 2011).

At the same time, it is possible to appreciate an improvement regarding the proportion of those who hold negative opinions about same-sex parenting in Norway over the last few years. The Norwegian project "Sexual orientation and living conditions" (Anderssen and Malterud, 2013) revealed that from 2008 to 2013 the population trend shows that less fear and concern were expressed about the upbringing of children of lesbian and gay parents.

On a more general note, there is no doubt that the majority of the Norwegian population extensively supports LGBT rights: in 2011 two thirds of the population reported to support

equal civil marriage, and the majority also supported equal right to church weddings for lesbian, gay and heterosexual couples (Hollekim, Slaatten & Anderssen, 2011).

In April 2016, the General Synod of the Church of Norway has voted in favor of creating a liturgy for church weddings for same-sex couples, even though it recognizes that individual priests can still decide if they want to participate ceremonies for gay couples (Church of Norway, 2016). It represents an historical decision and an important sign of acceptance, particularly because it has been estimated in 2015 that 72.9% of the Norwegian population belong to the Church of Norway, which is an Evangelical Lutheran church (Statistics Norway, 2016).

In Norway many associations advocate for the rights of LGBT people. The National Association for Lesbians, Gays, Bisexuals and Transgender (LLH), formed in 1970, represents the country's largest LGBT organization. As part of LLH, "Regnbuefamilier" (Rainbow Families) offers a network for same-sex parents to meet, organize social events, and advocate for rights.

3.5 Differences and similarities

As shown in this chapter, the Italian and Norwegian contexts differ greatly regarding the development of LGBT rights and the social context in which same-sex parents live. In this part a brief summary of the main differences and similarities will be presented.

Fist, it is clear that in order to reach the recognition of some rights for LGBT people in Italy, a more resistant political context had to be faced when compared to Norway. The struggle to pass the first law concerning civil partnerships, which only happened in 2016, it is symptomatic of the adverse political scenario that has prevailed for many years in the country. The reason for that can be linked to the vigorous opposition of Catholic and right-wing parties and, in general, to the influence of the Catholic Church in Italy. Also, even if it took a long political struggle in order to pass the civil partnerships law, many elements are still to be obtained: in fact, the 2016 law does not provide equal marriage, parenting rights, nor any elements aimed at actively prevent discrimination towards LGBT people in the country.

On the other hand, the development of LGBT rights in the Norwegian political context had been much quicker, with the outcome of not only providing civil partnerships to gay and lesbian people, but recognizing equal marriage and parenting rights to them already in 2009.

Moreover, in 2014 an anti-discrimination law has been implemented in order to not only prohibit episodes of discrimination, but also to promote the inclusion of LGBT in their workplace.

Specifically regarding same-sex parents, in Italy there is no provision of adoption rights, so that same-sex couples that desire to have children have to think of other options, like resorting to reproductive technologies abroad that are not legally accessible to them in the country. For those same-sex couples that already have children the law recognizes only the relationship between the biological parent and their child, leaving out the non-biological parent from an array of rights and duties towards their non-biological children.

In Norway, adoption rights are accessible to same-sex couples, so that the non-biological parent can legally adopt their partner's biological children and enter a full recognition of parental rights and duties towards them. This provision has been first made available in 2002, and then has been perfected with the law of 2009, which also provides the option of state-sponsored artificial insemination procedures and the right to apply for adoption as same-sex couples. In both countries, however, surrogacy and egg donation remain illegal options at the present time.

When it comes to the social contexts, it can be considered that in Italy the traditional view of the Catholic church and the conservatism of right-wing political parties represent elements that influence greatly the public opinion. This results in an ambivalent view on homosexuality in general, and in a scarce support of parental rights in the population – as only 20% of the population in 2011 declared to be in favor of adoption rights for homosexual couples (Istat, 2011).

In the Norwegian social context, the uncertainty of the population is not linked to homosexuality in general as in Italy, but more about the specific topic of same-sex parenting – as, in the same year, half of the participants of a study were uncertain, concerned, or unwilling to take a stand when asked about the well-being of children raised by lesbian and gay parents (Hollekim, Slaatten & Anderssen, 2011). However, this uncertainty seems to be going toward a more positive idea of same-sex parenting according to more recent studies (Anderssen and Malterud, 2013).

Moreover, if in Italy the Catholic church does not seem to embrace any recognition of LGBT rights, the Church of Norway in 2016 officially declared that it will provide the option for same-sex couples to celebrate church weddings.

Lastly, in both countries there are associations that are active in the advocacy of rights and support for LGBT people: the main ones being "Arcigay" (formed in 1980) in Italy and the Norwegian LGBT Association "LLH" (formed in 1970) in Norway. In both countries a Rainbow Families association – the Italian "Famiglie Arcobaleno" and the Norwegian "Regnbuefamilier" – specifically represents same-sex parents families.

CHAPTER 4:

RESEARCH DESIGN

In this chapter it will be discussed the research design that has been employed in the present study. The aim of the research is to improve the understanding of the way in which same-sex parents have experience of social stigma in the Italian and in the Norwegian context, specifically in relation of the research questions that will be discussed in this chapter. In order to do so, I had to get in touch with same-sex parents in both contexts to talk and listen to their experiences. In this sense, choosing a qualitative approach seemed consistent with this aim. In fact, the entire design of the present study has been constructed around the idea that it was essential for me to let the population of interest speak their minds in a non-constraining manner, leaving them as much space as they wanted to in order to freely describe their experience with stigma.

Moreover, it will be presented the data sources, how the recruitment of participants has been carried out, and the study sites that have been chosen to conduct the research. Then, it will be discussed the analytic strategies employed for analyzing the gathered information. The final section of the chapter is then dedicated to the study limitations and the ethical considerations.

4.1 Research aim and research questions

In this study I have gathered information to deepen the understanding of the phenomenon of stigma associated with same-sex parenting. In order to do so, I have referred to the subjective experience that same-sex parents have of stigma both in Italy and in Norway, trying to explore all the possible characteristics, causes, and influences that this phenomenon has on their lives. In fact, I think that in order to better understand this topic, the starting point should be the perception that same-sex parents have of it.

In specific, my research questions are:

1) How do same-sex parents perceive the stigma associated with same-sex parenting?

2) How do same-sex parents think stigma affects their lives? In which domains of their lives?

3) What kind of social support/intervention can help stigmatized same-sex parents?

As mentioned before, I hope that this study will represent a contribution for policy makers, social work agencies, and same-sex families associations to promote interventions to fight the negative effects of stigmatization, and to encourage a culture of inclusion and tolerance

within societies. Nevertheless, this study aims also at providing a voice for same-sex parents themselves, which will be given the opportunity to speak their minds on the matter, and could make them reflect on the topic, perhaps making them feel "less alone" if they are experiencing stigma or social exclusion.

4.2 Data Sources

In this study I have referred to both primary data from the field research that I have conducted in Italy and in Norway, and secondary data from the existing laws and literature on the topic (including text books, journal articles, official reports, etc.).

1. **Primary data:** in order to investigate my research questions, I have referred to the data that has emerged from the field research in which I have conducted individual interviews with a sample of same-sex parents, asking them to talk about their experience with stigma. In this way I was be able to collect a certain amount of data that reflects the way they have experience of the matter, their considerations, personal reflection, and understanding of it.

2. **Secondary data:** in this study I have also referred to the collection of secondary data from the existing laws and literature on the topic. I have referred to what has been already researched about same-sex parenting, that is the findings of other researchers on the topic. From these studies I have gathered more information about the characteristics of the phenomenon. Moreover, I have reviewed the work done by organizations that support same-sex parents in Italy and in Norway, analyzing their reports and statistics. Finally, I have referred to the domestic and international norms and legislations on the topic in order to take in account the way in which the law sees same-sex parents, what are their rights and opportunities.

4.3 Methodology – high level theory

This study aims to comprehend the way same-sex parents experience social stigma in their lives, looking directly at the phenomenon of social stigma from their point of view. That means that the interest is directed toward the subjective experiences of the population of interest.

The methodology that I have employed for this study refers to phenomenology, as it seems consistent in its characteristics of being interested to engage with phenomena in the world and make sense of them directly and immediately (Crotty, 1998). In fact, the

phenomenological perspective sustains that the researcher should be focused on what we directly experience, looking at the objects of our experience to which our understanding relate, as the concept of intentionality proclaims. This concept is at the basis of phenomenology: it denotes the crucial relationship between conscious subjects (same-sex parents) and their objects (stigma), sustaining that the object cannot be adequately described apart from the subject, and vice versa (Crotty, 1998).

In order to gain an understanding of the direct experience, phenomenologists sustain that we should put aside our usual understanding of the matter and have a fresh look at the phenomena, since our particular culture, system of symbols, and meanings can play a limitative role, imposing their boundaries and classifications to the reality we are interested in understanding (Crotty, 1998). In doing so, this study aims to understand the subjective meaning of the phenomenon of social stigma in an objective manner.

Therefore in this study I have been focused on the same-sex parent's subjective experience of stigma (referring to a subjectivist approach), leaving all my pre-conceptions on the matter as I approached the theme, so that I could take a direct and fresh look at the subject, in the way in which the informants have experience of it.

4.4 Methodology – Mid-level theory

The mid-level theory framework I referred to in conducting this research is represented by the theories on social stigma, mainly referring to the work of Erving Goffman (1963) and Link and Phelan (2001), presented in chapter two of this thesis.

However, in order to better interpret the data, I will also refer to the concepts of Sexual Stigma and Heterosexism developed by Herek (2009).

In fact, sexual stigma represents one particular instance of the phenomenon of social stigma, and it is described by the author as "the stigma attached to any non-heterosexual behavior, identity, relationship, or community" (Herek, 2009, p.67). It consists in a socially shared knowledge about the devalued status of homosexuality respect to heterosexuality; like the other forms of stigma, it creates social roles and expectation of conduct shared by the members of society. When society incorporates this belief system into an ideology that reinforces stigma, the consequence is a phenomenon labeled as "heterosexism" (Herek, 2009).

Herek (2009) sustains that, by embedding sexual stigma in society's institutions (such as religion and the law), the result is that heterosexism leads to a situation in which sexual minority individuals have less power than heterosexuals, at least through two general processes: the first one promotes heterosexual assumptions (for instance, that all people are presumed to be heterosexual), so that gay, lesbian, and bisexual people appear as invisible in most social situations. When sexual differences become visible, the second process perpetuates the assumption that heterosexuals, heterosexual behavior, and heterosexual relationships are natural and constitute the norm, while non-heterosexuals, homosexual behavior, and homosexual relationships are unnatural and thus inferior. The deviant status that is associated to this group serves to legitimate hostility, discrimination, and even aggression against sexual minorities (Herek, 2009).

4.5 Methods

Since my interest is directed especially to the personal experience of social stigma, the first method I have employed to gather data is qualitative interviews. The approach I have taken as the interviewer referred to semi-structured interviews, being that consistent also with the methodology of phenomenology. However, authors as Crotty (1998) sustain that, in order to ensure the subjective character of the experience, phenomenologists tend to gather data through unstructured interviews in which only open-ended questions, if any, are asked. On the other hand, I think that in my case unstructured interviews would have been a risky choice of methods. First of all, taking this approach the interviewer has less control over the interview, and the risk associated with that would be that, by the end of the interview, the topic has not been entirely explored. Second, being this the first time that I have been interviewing someone, I felt more confident by relying on interview guides in order to make sure that all the points that I was interested in would be covered. In fact, with a semi-structured approach, even though the researcher bases the interview on a list of questions or specific topics to be addressed, the interviewee has still a great extent of freedom in how to reply (Bryman, 2012). The features that I think make this method appropriate to this study are its flexibility and the emphasis on how the interviewee frames and understands the topic, which is ultimately my focus of interest. My goal with semi-structured interviews was to gain a deeper understanding of participants' own view about their experiences and perceptions on how social stigma affects their lives (Bryman, 2012). Specifically, the

questions were organized as to cover seven domains: work environment, school environment, family context, community context, law, mass media, and social network. The interview guide on which I based the interviews is attached in Appendix A of this thesis.

In conducting the interviews, I have referred to an inductive approach, in the perspective of being able to collect the data with an open mind, allowing the emergence of new ideas or alternative avenues of enquiry.

Moreover, I have referred to literature review to gather secondary data, especially through electronic academic databases accessed from the HiOA website, Google Scholar, and other similar websites, as well as laws and regulations relevant to the research goals.

4.6 Recruitment of participants

I have been using the purposive sampling method in order to select participants that were relevant to the research questions. In doing so, I have collaborated with the Italian and Norwegian Rainbow Families Association ("Famiglie Arcobaleno" and "Regnbuefamilier"), so that it would be easier to target the group of interest. It was intention of this study to interview a sample of 5 couples of same-sex parents for each country, without any age limitations (anyway, the average age of same-sex parents members of the association is between 35 and 40 years old).

Initially, I have contacted local representatives of the association in both countries (specifically, in the cities of Oslo and Turin), introducing myself and explaining the research project. To these representatives I have asked to assume a role as gatekeeper for recruiting participants for this research. The reason why I thought I needed gatekeepers to help me in this process is that I wanted to generate trust between me as a researcher and same-sex parents. This aspect has been especially considered in researches that were interested in "hard-to-reach" populations: researchers have pointed out how gatekeepers play a key role in accessing people that may experience social exclusion and how they can facilitate trustful relationships with them – for instance, Emmel et. Al (2007). Since at the time I was not sure to what degree same-sex parents in both countries were experiencing social stigma and social exclusion, it seemed a cautious decision. In fact, if a person that they were familiar with and that they trusted would introduce me and my research project, I thought that I could minimize potential feelings of mistrust. In Norway, this contact was made mainly through e-mails. After talking to the gatekeeper, she granted me access to the Facebook group of

"Regnbuefamilier", which was a private group, introducing me online to the members (which were all same-sex parents living in the area of Oslo). I could then present the research project through an advertisement status, in which I specified the research goals and which type of couples I was interested in interviewing. Moreover, I have attached a more detailed research presentation for more information. Finally, those who were willing to take part contacted me on Facebook or through e-mail for planning the interviews.

In Italy, the initial contact was made through e-mail, followed by a telephone call from a national representative – which wanted more information about the research project. After they approved the research project, I have received the contact of a local representative of the city of Turin, that granted me the opportunity to participate to a local monthly reunion of "Famiglie Arcobaleno" in order to present in person the research project to the members. After that, those who were willing to participate contacted me via e-mail.

In fact, an important factor in recruiting the participants was that I referred to a voluntary sampling technique, so that after the first contact – made through a gatekeeper – the participants that wanted to take part to the interview were completely free from any coercion to be involved in it. This also was a decision aimed to having trustful relationships with same-sex parents.

Since the presence of female couples is much higher than male couples (and therefore is harder to involve male couples into the study), for each country the sample was composed by 4 female couples and 1 male couple. This specific aspect will be addressed in a following section dedicated to the study limitations.

4.7 Study Sites

The research took place in two different countries: Norway and Italy.

The reason why thought that a comparison between the experience of same-sex parents in the two countries would be interesting is that even though they are both developed countries in the European continent, they differ greatly in terms of LGBT rights and policies – as presented in chapter three.

Specifically, at the time of the interview, all the Norwegian participants lived in the area of Oslo and all the Italian participants lived in the city of Turin. I have picked these two cities for their similarities in the population size and for personal reasons.

In 2015, the total Capital city population of Norway was estimated as 986.000 inhabitants (UNdata, 2016), while Turin in the same year was estimated with a population of 892.649 individuals (ISTAT, 2016).

The personal reasons that brought me to choose these two locations are the fact that I have been living in both of them and I was familiar with the local LGBT associations. Specifically, in Turin – the city in which I currently live – I have had the possibility to attend all the monthly reunions of Famiglie Arcobaleno and all the extra-activities that they would organize for advocating rights for over a year. Through this experience I could meet and know personally the members of the association – including the members that did not take part to this research – and participating to their activities gave me a deeper understanding of their lives.

4.8 Analytic Strategies

After completing the transcription of the content of each interaction with the participants – that has been previously audio recorded – the analytic strategy that I have adopted refers to the thematic analysis of the material: the focus of the researcher is to look for themes, which are categories identified by the analyst through the data that relate to the research question, and that build on codes identified in transcript. These themes provide the researcher with elements for a theoretical understanding of the data (Bryman, 2012). In doing so, it is also important to refer to the notes that I have taken after talking to the interviewees (that contain impressions on how the interview went, the settings, etc.). Thus I have reviewed transcripts and notes identifying themes that seemed to be of potential theoretical significance or that appeared to be particularly important for the participants (Bryman, 2012).

Moreover, I have used the coding of the data to provide an insight of the parents' understanding of social stigma and how it affects their lives. Coding has also helped me to organize the data and to identify patterns and connections between the themes. Moreover, it helped me to break the data down to what is relevant for my research questions, so that it has been be more practical for me to analyze it.

Then, I compared the data emerging from the interviews in Italy with the data taken in Norway, looking for similarities and differences in the opinions of same-sex parents in these two contexts. Specifically, I have assessed to which extent the themes that emerge were different or similar.

Regarding the secondary data that I have been referring to, I have used content analysis on text books, journal articles, official reports, and all other studies that were relevant to the research goals. The content analysis overview has helped me to gain additional knowledge on the characteristics of social stigma, how it influences same-sex parents' lives, and how social support can be help them to overcome the distress.

4.9 Study limitations

In conducting this study I have encountered different limitations: first of all, I had to be aware of the role that my previous knowledge and beliefs may play in the research, even though, as mentioned before, I have tried to keep an open mind and to put all of my preconceptions aside in order to not compromise the validity of my research. I have been transparent at every stage of the study, so that it was always visible my theoretical framework of reference as I proceeded. However, I have always been careful to ensure to the participants autonomy and confidentiality about the things discussed during the research.

Another limitation concerns the fact that by sampling only a small number of same-sex parents for qualitative interviews, I was not able to generalize the findings over the whole population of same-sex parents. Moreover, since the majority of same-sex parents that are members of the Rainbow Families Associations are lesbian couples, it can be considered a limitation the fact that the sample that has been recruited is predominantly female. In fact, in both countries just one male couple has been interviewed, therefore it was not be possible to compare the data that the male couples have provided with the opinions of other male couples from the same country.

However, the aim of my research is not to generalize the findings to a whole population, but rather to provide an insight and produce knowledge about the participants' experiences and understand the characteristics and the influences that social stigma represents in their lives.

4.10 Ethical considerations

In this study there are some ethical considerations to be made about the recruitment of the sample, qualitative interviews, data collection, data analysis and the report of the findings. First, before the research begun I applied for ethical clearance from NDS in Norway, because this study is based on the collection of personal data from the participants that had been

stored in my personal computer (both the audio recordings and the transcripts of the interviews, protected by password).

The sample of participants had been presented an information sheet and an informed consent form that contained all the information about the research project, the main points of the research goals, the role that they as participants were going to play (what was expected from them to do), what would be the advantage for them to participate (the possibility to contribute to the research as well as the opportunity to speak their minds about a topic that is close to them), and a statement that clarified that all the data collected during the interviews would be anonymized and kept in confidentiality, so that their privacy is respected. Moreover, it was stated that their participation to the study was voluntary, that they had the possibility to quit the research at any time, and that they would also be informed on what would happen to the results of the research project (they were informed that the findings of the study was going to be presented in the form of a thesis). This document also included my contact information for any further clarifications. The participants that agreed to take part in the research were asked to read the information sheet and to sign the consent form. A copy of both was given to the participants to keep. The information sheet and the interview guide are attached to this thesis, in Appendix B and Appendix C.

During the interviews I made sure to pick a safe, private, and positive environment in which the participants would feel free to talk about their experience, and I put particular attention into creating a good interviewer-interviewee relationship without any power struggles nor forcing them in any way. All the participants were given the possibility to choose the location for the interviews, and all of them decided to be interviewed at their own homes (the alternative location was a private office that I would have booked in advance).

Lastly, ethical considerations regard also the way I acknowledge the sources and the work of other authors that is relevant to the present study. In doing so, I am referring to the Chicago style of quotation.

CHAPTER 5:

INTERVIEWS WITH NORWEGIAN SAME-SEX PARENTS

In this chapter the interviews conducted with Norwegian same-sex parents will be presented. As stated in the previous chapter, the interviews were conducted with five same-sex couples of the area of Oslo – four female couples and one male couple – that talked about their experience with stigma raising their children, which collectively are 10. All participants are members of the Norwegian Rainbow Families Association. Within this group of same-sex parents, the age range of the participants is from 38 to 46 years old, while the age range of their children is from 9 months to 8 years old. Except for one 9 months old baby, all the children were attending public schools (preschool, kindergarten or elementary school) at the time of the interview. The structure of this chapter will follow the questions that have been asked during the interviews.

5.1 Misconceptions about same-sex parenting

At the beginning of each interview I started by asking what in the participants' view might be the biggest misconceptions about same-sex parenting. Five types of answer were given: missing father/mother figure for the children, in same-sex parents couples one must be the "woman" and one must be the "man", children more likely to "turn" homosexual when grown up, children more likely to be bullied, inadequacy for homosexuals to be parents because they are promiscuous.

In all interviews the participants mentioned that one of the most spread misconception is linked to the concern that their children will miss a father figure in the case of two mothers families and a mother figure in the case of two fathers families. In three of the interviews, female parents gave the same example of people asking who was going to teach their sons how to play football. Two couples mentioned that people might think that they won't be able to talk properly to their children of opposite sex about puberty and biological aspects of their lives. All the parents, when giving this answer, also added that for their children a male/female figure to look up to could be found in other relatives, teachers, coaches, or family's friends.

In three interviews parents reported that people tend to wonder who within the couple takes a "male" role and who has a "female" one. The examples given included the question on how

the couples share housework. However, when asked about it, all three of the couples considered that this is a heteronormative assumption that applies to homosexual couples in general, and not exclusively to same-sex parents.

Two of the participant couples reported the misconception that their children might be more likely to "turn" homosexual themselves when they grow up. Both couples associated this misconception only to very religious people; in fact, while specifying that in the past this might have been a more popular misconception, both couples reported that they felt that at the present time the majority of the Norwegian population does not believe in it.

One couple reported that another misconception is that their children are more likely to be bullied because they have same-sex parents. They also added that in their opinion every child might experience bullying regardless of the biological sex of their parents.

Lastly, the male couple sustained that people might think that since homosexuals are considered promiscuous, they would not be good parents. When asked about it, they reported that they perceived that this stereotype is stronger towards gay men than lesbians, and thus this misconception applied more to gay fathers than lesbian mothers.

However, none of the couples have been directly confronted by someone sustaining these misconceptions to be true. All of them specified that they were providing answers to my question only thinking to hypothetical spread misconceptions.

5.2 Work Environment

When asked about having experienced stigma in the workplace because they are same-sex parents, none of the couple answered positively. All of them reported that generally co-workers and employers have been very supportive when they found out about it, and that the questions that colleagues might have asked them about their family were just out of curiosity and excitement and non-judgmental.

Three couples specified that employers could not be hostile about it anyway, since same-sex parents in Norway have rights regarding their families in the workplace like other heterosexual parents – the most common example given was the right to sick leaves for family care. In fact, one couple reported that they are sure that even if hypothetically someone had negative opinions about it they would not share it in the workplace anyway, because they would know that it is not considered acceptable, and it could be seen as harassment. Only one mother who works in contact with immigrants reported being

conscious on sharing information on her family in the workplace, since she had heard negative opinions on homosexuals in general by her clients in the past.

When asked about what challenges may same-sex parents face in the work environment in Norway, three types of answers were given.

First of all, every couple hypothesized that working in a small town or in the countryside might be a different experience than working in Oslo for same-sex parents, and that they would be more likely to receive negative opinions in very religious communities.

Three couples thought that it would be the case also in male dominant working environments, and, when asked about it, they felt like heterosexual men were more likely to be less supportive of same-sex parents and homosexuals in general in contexts like that. On the other hand, they believed that it would not be the case in the opposite scenario: heterosexual women were considered more likely to be supportive both in mixed and female dominant working environments.

In four interviews couples considered that gay fathers might face more challenges than lesbian mothers in the workplace if they had their children through surrogacy abroad – since it is not a legal option in Norway. They explained that the reason would be that the non-biological father would have to apply for adoption of the children and, in the meantime of this process, he would not be recognized as a legal parent, and therefore he could not access the rights that other parents have until the adoption is fully completed. They also sustained that it would be the same for lesbian mothers who did not conceive their children according to the procedures of Norwegian law. Specifically, three couples reported that they have traveled to Denmark to conceive their children using an anonymous donor, while the law in Norway allows state-sponsored artificial insemination procedure as long as the couple refers to an open donor. Therefore, in this case too, the non-biological parent is not recognized as legal parent at the birth of the child, but they need to apply for adoption. However, none of the couples have had personal experience of struggle in accessing parental rights in the workplace for this reason.

5.3 Family environment

Two couples reported to have had some experiences of negative comments within the family environment, but that they were not sure if it constituted stigma or not. In both cases the

attitude they received consisted in negative opinions on homosexuality in general and a disapproval of the choice of having children within a same-sex relationship.

In one case, the negative attitude was attributed to two elderly relatives, who were described as very religious and who already showed their disapproval on the same-sex relationship. However, the couple reported that the negative opinions were never expressed directly to the children, which were treated as part of the family anyway.

In the other case, one participant reported that their partner's parents were not supportive by not recognizing their relationship – she said that she is still seen as the "daughter's friend" - and by not recognizing their children as part of the family. In fact, since their daughter is not the biological mother of the kids, they treat them as the "daughter's friend's children". When asked about it, they reported that the genetic bond is an essential element for their parents to recognize their children as their grandchildren.

In both cases the participants commented that the rest of their family members have been very supportive.

The other three couples reported that their families have been involved and supportive of their relationship and their decision of having children. In two of these cases some family members have been surprised initially because they did not know that there was the possibility for same-sex couples to legally have children in Norway. When asked about it, they specified that these reactions were due to the ignorance of the legal provision in Norway for same-sex couples to have children, and that were never judgmental.

Thinking about what may be the challenges for same-sex parents in their family environment in Norway, the answers provided by the participants were mainly three: mental health, financial consequences, and smaller social network.

All five couples sustained that experiencing stigma in the family environment could affect same-sex parents' mental health and, in turn, their children's well-being too. Two couples specified that in consequence of that the quality of one's relationship with their family would be reduced, and it could represent a possible reason to be completely excluded from their lives.

Three couples considered that in a situation in which same-sex parents experience stigma in their family environment, they could face financial consequences. One of the couples reported that when they started their own family they asked their parents for financial help,

since they were at the beginning of their careers; therefore, they considered that if the relationship was hostile, it would not be possible for same-sex parents to have this type of support. The other two couples talked about financial consequences as the risk for same-sex parents and their children to be excluded from inheritance.

Lastly, one couple considered that as a consequence of stigma in their family environment, same-sex parents and their children might have a smaller social network.

5.4 Community environment

When I asked about experiences of stigma in the community environment, I helped participants to nail it down to three main contexts: neighborhood, pediatrician, and kindergarten/school. All five couples said that they have never had personal experiences of stigma in any of these contexts because they are same-sex parents.

Talking about their neighborhood, one couple commented that they felt that as neighbors people would be supportive or, alternatively, they would not comment at all. Another couple, who lives in a multicultural neighborhood, sustained that they were concerned when they first moved in, but that they have never received any negative attitude.

No parents had experienced any kind of non-supportive behaviors from their children's pediatrician. When talking about that, all couples said it would not be possible that doctors made negative remarks or treated them not professionally because they are same-sex parents, given that in that case they could be reported and possibly lose their job.

All participants also reported that in their children's kindergartens or schools everyone has been supportive. Four of the couples had a meeting with the teachers in advance in order to present their families, and three couples had also a meeting with other children's parents. During these three meetings all parents were presenting their family to the others, so participants did not feel that the focus was only on them, but rather to different forms of families in general – some examples included single mother families, children with disabilities, immigrant families. The only couple who did not attend a meeting in order to present their family – to the kindergarten's staff nor to other parents – just reported that they did not feel the need to do it, and that they were sure that it was not necessary.

Three couples reported that for their children's kindergarten it was the first time that they had a student with same-sex parents, while the other two couples said that their kindergarten's staff has been working with same-sex families before.

In the participants' view the main challenge for same-sex parents in the community environment in Norway can be linked to living in small, religious communities. In fact, all five couples reported that in their opinion in contexts like that people are less likely to be in contact with different types of families, therefore it would be possible for same-sex parents to receive negative attitudes. However, all participants were sure that it would be very rare that a family doctor or the kindergarten's staff would show hostility even in small community, since it would constitute clear discrimination. In fact, in contexts like that potential negative attitudes were more attributed to neighbors or other children's parents.

Moreover, one couple mentioned that same-sex parents in Norway could potentially face challenges in kindergartens if the employees have never had previous experience in working with children of homosexual couples. However, when asked about it, they evaluated this situation not to be linked with stigma, but rather with inexperience, potentially resulting in worrying to "say the wrong thing" and overall "awkwardness".

5.5 Mass Media

Participants were asked to reflect upon the way same-sex parents are portrayed in the mass media in Norway. As a guideline, they have been asked to think about political debates, movies, TV series, and any other representation of the topic of same-sex parenthood in the mass media.

All the couples commented that, even though the tones may vary depending of the political affiliation, people that take part to political debates that can be seen on the Norwegian mass media do so in an overall civilized manner. All participants sustained that nowadays in Norway it is considered not acceptable in political debates to refer to arguments that imply that homosexuality is inherently wrong – such as "homosexuality is a sin" or "homosexuals are perverted". The same would apply for statements that imply that homosexuals could not be good parents because of their sexual orientation. All couples commented that those who would say something like that would be ridiculed by the public opinion, and therefore their words would be dismissed. All participants also referred to the fact that political debates around surrogacy and egg donation are particularly heated at the moment in Norway. While four couples commented that these topics are mostly based on inaccurate information, the

male couple sustained that quality of the information provided during these debates is improving, but still not very accurate.

Four couples could think of at least one movie or TV series where same-sex parents were portrayed in a positive way. On the other hand, two of these couples commented that, even though they would represent an overall positive image, same-sex parents characters are too stereotyped in the mass media, and wished for more variety. No participant could think of a negative portrayal of same-sex parents in movies or TV series.

Four couples agreed that mass media can have a significant effect on people's opinion about same-sex parents. They sustained that for this reason it is important to have more positive images in the mass media on the topic. One couple was not sure if the effect of mass media on people's opinions is significant or not.

5.6 Norwegian Law

When participants were asked if in their opinion the law in Norway treated same-sex parents in the same respect of heterosexual parents, all five couples replied that it mostly does – answers included "yes, for the most part", and "it's the same with some exceptions".

Participants agreed that as long as same-sex couples follow the Norwegian law to become parents, they are fully treated equally to heterosexual parents. They all highlighted that the differences are linked to couples who travel abroad to have children using an anonymous sperm donor and those who rely on surrogacy.

Specifically, the difference reported by participants in using an anonymous donor is that the parent that does not have biological bonds with the child has to apply for adoption when they are back in Norway. Whereas, if heterosexual couples did the same, they could just state that the male partner of the couple is the biological father of the child, thus avoiding the adoption process.

The same adoption process would be necessary if same-sex couples referred to surrogacy abroad to have children. However, three couples considered that the same would apply to heterosexual couples who refer to surrogacy, unless both parents had biological bonds to the child. The other two couples were not sure about it.

Overall, all participants agreed that once the Norwegian law recognizes both partners as legal parents of the children, then any other legal aspect is the equal to heterosexual families. The

element that is different might be the process for being recognized as parents in these two cases.

One couple also added that another difference would be that gay men are not allowed to donate blood in Norway – whereas heterosexuals and lesbians are allowed to. However, they considered that this is not linked specifically to same-sex parenting, but rather on the assumption that gay men are more vulnerable of contracting sexually transmitted diseases (STDs) than heterosexuals and lesbians.

When asked if they have ever felt discriminated in any ways by the Norwegian law because they are same-sex parents, none of the participants replied affirmatively. One couple clearly said that they have always been treated like anyone else, while the other participants considered that "discriminated" would be too strong of a word to describe it.

Three couples preferred to describe their experience as "unfair", referring to the adoption process they had to go through. The other couple described it as "unnecessary stress". In fact, all four of them commented that, even though they had no doubt that the adoption would be eventually successful, the process involved a lot of bureaucracy and it was very stressful for them.

5.7 Social Support and Social Network

Participants were asked to think about what kind of social support or intervention is there in Norway to help same-sex parents who are experiencing stigma. The answers were mainly four: police and governmental agencies, LGBT associations, family and friends, and dealing with the situation themselves.

All participants sustained that if same-sex parents in Norway are experiencing stigma in the form of clear discrimination, physical assault, or any other action that can be considered a crime by the law, they could report it to the police. They were sure that if actions like that were to take place, the Norwegian law would protect them.

Other than the police, two couples mentioned that same-sex parents could also refer to a government agency called "Gender Equality and Anti-Discrimination Ombud". Moreover, one couple said that it would be possible for same-sex parents to refer also to "Homonettverket", which is an LGBT network affiliated to the Norwegian Labor Party, to involve politics and to try to include a particular issue into their political agenda.

Additionally, participants reported that same-sex parents could refer to Norwegian LGBT associations to receive support and, if necessary, legal advice. The associations mentioned were the Rainbow Families Association, and FRI (The Norwegian Organization for Sexual and Gender Diversity) – also called LLH (The National Association for Lesbian, Gay, Bisexual and Transgender People). Lastly, one other couple mentioned the "Pink Competency", which is a collaboration between the Norwegian Directorate of Health and LLH for training healthcare professionals to be more emphatic towards their non-heterosexual patients.

They sustained that these associations would support them even in cases of subtle stigma, such as negative comments. Other than psychological support and legal advice, participants could not think of other types of intervention these associations could provide in cases of experience of stigma.

All five couples highlighted the importance of receiving support from family and friends in cases like that. They commented that it would be important for same-sex parents' mental health to feel their support if they are experiencing stigma.

Lastly, three couples pointed out that if stigma was taking place in specific contexts such as the workplace or their children's kindergarten, they would try to resolve the situation themselves before asking for help to outside actors. The examples given included talking about it to the human resources or the employer or having a meeting with the kindergarten manager. All three couples reported that they feel confident that in situations like that they would find collaborative people that would try to find a solution with them.

Three participant couples reported to be in touch with other same-sex parents and to meet them on a regular basis. When asked about it, two couples commented that they never discuss with them about social stigma associated with same-sex parenting. The reason being that none of them, including their friends, have had personal experience of stigma. One couple reported to discuss sometimes about stigma with another same-sex parents couple who lives abroad. They commented that they talk about it only because their friends had received negative comments in the past from some family members.

The other two couples reported to have other same-sex parents among their acquaintances, but to meet them very rarely. Both couples commented to not have been very active within

the Rainbow Family Association, but that they would reach out to other same-sex parents if they felt the need to be supported or to talk about specific issues.

5.8 Overall conclusions

As overall conclusions parents have been asked what are in their opinion the main reasons for stigma associated to same-sex parents. Five types of answers were given: homophobia, religion and political conservatism, not knowing personally any same-sex parents family, concerns about the procedures for same-sex couples to have children, and overall ignorance.

All participants sustained that when there is stigma associated to same-sex parents, it is always based on negative assumptions about homosexuals in general. Therefore, if in a particular community there is strong homophobia, participants argued that it is certain that every aspect of homosexuals' lives will receive stigma, including parenthood.

This is linked to the second type of answer that was given by all participants, which associates stigma towards same-sex parents to conservative religious beliefs and political conservatism. This type of answer refers to the personal beliefs and values that are linked to "traditional" views about families and children's upbringing.

Four couples sustained that another important reason for stigma can be linked to not knowing personally any same-sex parents family. They reported that often this stigma is created towards something that people do not have experience of, and therefore they make assumptions about it. All four of them believed that, given the possibility of knowing same-sex parents family personally, people who have negative opinions on them would be likely to change their minds.

Two couples mentioned that the stigma may arise as a consequence of people's concern on the procedures that are involved for same-sex couples to have children. Both couples commented that it is especially true when surrogacy is involved, and that is reflected in the present political debate in Norway. In their opinion, the main concern is that same-sex couples might take advantage of women from countries in which the legislation on surrogacy is not enough protective of them – both couples referred to Ukraine and India as examples.

Lastly, all couples reported that a reason for stigma is an overall ignorance about sexual orientations, the legislation involved in having children for same-sex couples, studies that show the healthy psychological development of same-sex parents' children, and the dynamics within same-sex parents families.

Then, participants were asked to discuss what would be the consequences in same-sex parents' lives if they were experiencing stigma. The answers were of four types: decreased mental health, social exclusion, financial consequences, and decreased physical health.

All participants agreed that experiencing stigma decreases same-sex parents' mental health. This has been linked by the interviewees to feelings of unsafety, stress, insecurities on one's own parental skills, concerns for the well-being of one's children, and depression.

Four couples mentioned that the experience of stigma could lead to social exclusion for same-sex parents and their children. This aspect has been linked by participants to the unwillingness to take part to social events because of the potential exposure to negative remarks by other people – participants mentioned as examples birthday parties and family reunions.

Two couples sustained that stigma could negatively impact the same-sex parents financial sphere. One couple reported that this might happen if same-sex parents are experiencing stigma in the workplace, and therefore they might face more challenges in succeeding in their careers. The other couple thought about the case in which same-sex parents experience stigma in their own families, which would be less likely to offer them financial support if they needed it.

Lastly, one couple thought that experiencing stigma might lead to decreased physical health if those who perpetuate the stigma use violence towards same-sex parents.

As final question, participants were asked if in their opinion social stigma associated to same-sex parents is a phenomenon on the rise in Norway. All couples replied that has decreased significantly if compared to the past. When asked about the reasons why, the answers included: the positive evolution of the Norwegian legislation, the work of Norwegian LGBT associations, and the increasing number of same-sex parents in Norway.

All participants sustained that a key role was played by the Gender-Neutral Marriage Law of 2009. In particular, they commented that it has been a strong sign that the State has recognized parenting rights to homosexuals. Three couples in particular said that being legitimized by a specific law to have children made the topic less unknown and more normalized.

Four couples mentioned also the contribution of Norwegian LGBT associations, that have provided more information and awareness to the topic of same-sex parenting to the general

population. One couple in specific stated that through their work more stories of same-sex parent families have been shared, even before the Gender-Neutral Marriage Law.

Lastly, three couples have commented that, since the number of same-sex parents is on the rise, these types of family are becoming more visible and people are more likely to have personal contact with them, thus reducing some misconceptions they might have had.

CHAPTER 6:

INTERVIEWS WITH ITALIAN SAME-SEX PARENTS

In this chapter the content of the interviews conducted with Italian same-sex parents will be presented. As in the previous group of participants, the Italian same-sex couples who participated to the present study were five (four female couples and one male couple) of the area of Turin. All participants were members of the Italian Rainbow Families Association at the time of the interview. Collectively, they are rising 8 children. The age range of this group of parents is from 32 to 52 years old, while the age range of their children is from 5 months to 8 years old. All children were attending public schools (preschool, kindergarten or elementary school) at the time of the interview.

The structure of this chapter will follow the questions that have been asked during the interviews, which were the same questions that have been asked to the Norwegian participants.

6.1 Misconceptions about same-sex parenting

The first question that have been asked to this group of participants was about what in their opinion might be the biggest misconceptions about same-sex parenting. The answers provided were of five types: unhealthy psychological development of children, techniques "against nature" employed for having children, inadequacy for gay men to have children because they don't have the "maternal instinct", children more likely to be bullied and to "turn" homosexual when grown up.

All couples commented that a popular misconception about same-sex parenting is that children raised by parents of the same-sex are bounded to have an unhealthy psychological development. All five couples talked about the spread belief that for children to have a balanced psychological development they necessarily need a mother and a father; therefore, same-sex parents would be inadequate parents. All couples added that even though research has shown that this is just a myth, this misconception is still very much alive in Italy. Two female couples reported the same example of the question about who was going to teach their sons how to play football. The male couple referred to the example of the question about who was going to teach their daughter how to use makeup. Four couples specified that their children have both male and female role models in their lives anyway.

Three couples reported that a big misconception is linked to the conviction that the techniques that same-sex parents rely on for having their children are "against nature", and therefore inherently wrong. All three couples commented that, although this objection applies to all techniques (including artificial insemination), this criticism is stronger towards surrogacy. One of these couples commented that this negative connotation is reflected by the language in which surrogacy is talked about in Italy – which in the political debates has been literally renamed "womb for rent" by conservatives. All three couples commented that the "against nature" argument is a recurring topic when homosexuals are criticized for their lifestyle, and that is deeply-rooted in the Italian political debate, especially in religious people. Two couples also referred that people worry about bioethics, often linking the potential legalization of surrogacy and artificial insemination to the legalization of other practices, like cloning techniques.

Three couples talked about the misconception that women are more biologically equipped to be parents than men, that do not posses the "maternal instinct". Therefore gay men are less adequate than lesbians to be parents. In fact, they sustained that while mothers are more expected to be thoughtful and attentive towards their children, fathers are more linked to be career-focused. When asked about it, all three of them considered that this misconception applies to heterosexual parents too.

Three participant couples reported that a popular opinion is that same-sex parents' children are more likely to experience bullying, especially in the school environment. They commented that people usually explain this belief by saying that "children can be mean" and that they have little tolerance for differences. All three couples believe the opposite, that is children, especially of young age, are very open-minded about differences.

Only one couple thought that the misconception that same-sex parents' children are more likely to "turn" homosexual is still alive in Italy. Other two couples referred to this misconception as an old belief, that is not very spread anymore.

6.2 Work Environment

When participants were asked if they have ever experienced stigma in their workplace because they are same-sex parents, none of them answered positively. However, three couples specified that, since the Italian law does not recognize parental rights to non-biological same-sex parents in the workplace, they have experienced difficulties because

of it. When asked to elaborate more, all three of them commented that while co-workers and employers have been supportive, they could still not grant them access to options available to other heterosexual parents, such as sick or parental leaves. In fact, a struggle that has been common to all three couples consisted in making up excuses for staying at home with a sick child. One parent also said "you know, I always have to ask for favors. Like, to cover my shifts, or to switch them, so that I can be with my children. It's so… frustrating".

When asked about it, all three of them considered that this issue is more ascribable to the Italian law than their specific workplace.

The other two couples reported that they have received only positive attitudes in their workplace, even from older co-workers. In specific, one couple reported that in their case the non-biological mother has been granted a paid paternal leave of two days that is usually recognized to fathers. However, they did it in a non-official way: the Italian Institute for Social Security (INPS) that usually finances this type of leaves was not involved at all, since it would have not granted her the access to this option. In fact, the company had paid her the leave on its own.

All couples specified that they have always been open about sharing information about their families in the workplace. In particular, two couples considered that the alternative of being open about it would have been lying about their personal life. Both commented that lying about their families would have made it seem like they were hiding something wrong, so they preferred being honest.

When asked about what challenges may same-sex parents face in the work environment in Italy, four types of answers were given.

First of all, as mentioned previously, all couples talked about difficulties that Italian same-sex parents might have in accessing parental rights in the workplace, specifically for non-biological parents. In particular, three couples reported that the way for non-biological parents to balance work and family care often depends on the willingness of co-workers or employers to help them out as personal favor – examples included switching or covering shifts. The possible risks have been linked to negative consequences for one's career and to neglect family care.

Two couples hypothesized that in some workplaces, co-workers and employers might be less likely supportive of same-sex parents, specifically in male dominant and conservative work

environments. When asked about it, they considered that generally heterosexual men might be less likely to be supportive of same-sex couples than heterosexual women. However, neither of them linked this attitude to receiving negative comments or discrimination, rather to the difficulties same-sex parents might have if they need to ask them for favors in case of family emergencies.

Two couples hypothesized that same-sex couples that work in small cities or in other parts of the country may have different experiences than the ones who work in Turin. Both couples however specified that they were not sure about it.

Lastly, one couple mentioned that female same-sex couples may face more struggle in the workplace because they are women. They considered that in general in Italy women face more difficulties in the workplace, specifically referring to the gender pay gap. Therefore, compared to heterosexual couples or male same-sex couples, they considered that female same-sex couples are more likely to face financial struggles.

6.3 Family environment

When participants were asked about experiences of stigma in their family environment, only one parent answered positively. However, four other couples specified that, although they would not classify it as stigma, they had received some concerns about same-sex parenting in general within the family environment.

The parent that sustained that have received stigma referred to her father, which she specified being living in a city in the south of the country, that does not feel that his daughter's child is his grandchild, since she is not the biological mother. She explained that the biological bond is a very important factor for him, and specified that he has not mentioned it to the child directly. Her mother, on the other hand, has been really supportive, and insisted to be called "grandma" by the child. She also commented that this can be linked to a "masculine pride" that she feels being stronger in southern old men.

When discussing it within the family environment, participants mentioned that the concerns they have received were linked to: the techniques same-sex couples were employing to have children, missing father/mother figure, and other people's opinions.

While the first two concerns have been explained previously in this chapter, four of the participants couples mentioned that their families were worried about what other people might think about their decision of becoming parents. All four couples talked about the fact

that when they had children, their parents in turn had necessarily to "come out" to their own friends and other relatives about their children and nephews. This implies to explain that their son or daughter is in a same-sex relationship and they decided to have children with their homosexual partner. They all commented that their families, or at least one person in their families, were concerned to be vulnerable to criticism, or to experience stigma themselves. However, three couples specified that these concerns were raised when the children were not yet born. They commented that once they were born, their families did not have the same concerns, or at least they were much less worried about it. One of them said "You know, the joy of having grandchildren, especially in the case of a first grandchild, usually prevails!". Except for the parent that reported to have received stigma, all other participants commented that none of these concerns have had long-term negative effects on their relationship with their families.

Then, participants were asked to think about what challenges may same-sex parents face in their family environment in Italy. The answers provided were collectively five: potential risks for the non-biological parent for the custody of children, insecurity of grandparents to "come out" to their acquaintances, to be excluded by one's own family, financial consequences, and not to come out to one's own parents in the first place.

All participants referred to the fact that, since the Italian law does not recognize parental rights to the non-biological parent, same-sex parents face serious risks in the family context. In particular, if the biological parent passed away, according to the Italian law the custody of the children would be attributed to the family that has a biological bond with them, thus excluding the co-mother or co-father. Participants in particular referred that, in such cases, the biological family could potentially exclude the non-biological parent entirely from their children's lives. One non-biological parent commented "It would just be a risk to have bad relationship with my wife's family. I mean, they are lovely, but what if they weren't?".

Four couples reported that if their own parents were feeling insecure in explaining their families to their acquaintances, there would be negative consequences. They commented that if their own parents felt uncomfortable in doing that, they would make it seem to other people that there is something inherently wrong with the decision of homosexuals to have children. Thus, the potential consequences would be linked to a reinforcement of the stigma.

Two couples hypothesized that same-sex parents might be excluded by their own families if they do not agree with their decision of having children, or if they are homophobic in general. They considered that the consequences would be linked to reduced mental health and a smaller social network, especially for their children. One of these couples mentioned that in such cases, same-sex parents may face some financial consequences, if they need to rely to their own families for financial resources.

Lastly, one couple reported that a risk is represented by not coming out to one's own family in the first place. They commented that this might be the case of a person that comes from very religious or conservative families that live in other cities. They considered that when same-sex couples have children, it is harder to keep it a secret to one's own family. The risk is linked to harsh reactions if the family found out, with potential negative consequences associated to exclusion and decreased mental health.

6.4 Community environment

Participants were asked about experiences of stigma in the community environment, referring in specific to the neighborhood, the pediatrician, and kindergarten/school. None of the participants reported to have received negative attitudes in any of these contexts because they are same-sex parents.

Four couples reported that they had only received positive and supportive comments from neighbors that knew them – one couple commented that they do not have any relationships with their neighbors. Two couples reported that they have even received some gifts when their children were born.

All couples reported that they had a meeting to their children's school (preschool or kindergarten) in order to present their family before the school year started. Two couples specified that the meeting was meant for all children's parents, and thus it was not specifically for presenting their same-sex parent family. The other three couples reported that they requested first a private meeting with the teachers and the school manager to make sure that the school staff was prepared. In specific, two couples commented that it is important for teachers to know how to talk about homosexuality and same-sex parenting to children, because they considered that it is a topic that inevitably would come up in the classroom. They also added that it is important for parents to find teachers that are willing to do so and that would not be uncomfortable in talking about certain topics. Another couple sustained that

many other parents were happy that their children would have contact with same-sex parents families, as they see it as an opportunity for their own children to learn about different types of families.

None of the non-biological parents reported to have been asked to present a proxy to be authorized to pick up their children from school without the presence of the biological parent. They said that teachers have been very collaborative with them and, since they presented themselves as both parents of the children, no one ever asked them to show a proxy singed by the biological parent. However, they all specified that this is just a courtesy of the teachers – officially they would need written permission signed by the biological parent to do so.

Talking about their experience with their children's pediatrician, none of the couples reported negative attitudes. While two couples commented that their pediatrician simply did not make any comments at all about the fact that they are same-sex parents, the other three reported openly supportive comments of that. As for the school, none of the non-biological parents had been asked a proxy to take their children to the doctor, nor to receive health information about them. In this case too, this was due to a courtesy of the pediatricians.

When asked about the challenges that same-sex parents might face in the community environment in Italy, the main answer from all participants was that same-sex parents for many aspects have to rely to personal courtesies from teachers and doctors to be sure that they and their children do not have problems.

In fact, all of them highlighted that, even though they have been lucky so far to have found collaborative professionals in their children's schools and for their healthcare, this is not always the case. Four non-biological parents considered that if they would be asked for a written permission to pick up their children from school every time that the biological parent is not there, it would be frustrating and not very practical. One of these parents commented "eventually it would become an automatic procedure... but it is so much more dignifying when I am not asked to do so!".

Two couples commented that, for instance, if teachers are not willing or capable to talk properly about homosexuality and same-sex parenting in their children's classrooms, they believe that their children might face reduced mental health and difficulties in making friends. Possibly, their parents might have to decide to move to a new school because of the

non-collaborative teachers, which both couples considered as a very stressful experience for children.

Moreover, one couple referred to an experience that a friend same-sex couple have had in Rome: the pediatrician refused to visit their sick daughter because she was accompanied only by her non-biological mother, who did not have a proxy to show in that moment. The couple reported "I know that's an extreme case, but it does perfectly reflect what are the risks for our families in contexts like that! It can be very ugly, you know?".

6.5 Mass Media

Participants were asked to reflect upon the way same-sex parents are portrayed in the mass media in Italy. To help them, I suggested to refer particularly to political debates, movies, TV shows, and any other representation of the topic of same-sex parenthood in the mass media.

All participants commented that talk shows offer the least accurate information about same-sex parents in Italy. All of the couples referred to popular Italian talk shows that, especially during the time of the discussion about the Civil Partnership law of 2016, would host politicians, priests, and LGBT representatives to discuss about same-sex parenting. They commented that the primary goal of these talk shows is to draw audience, more than providing information to the general public. Thus, they would invite people with extremist opposite opinions to "fight" - all participants referred to this term to describe it. All five couples commented that in this way the discussions have been very aggressive, and as a consequence they considered that people watching those shows would be very confused about the topic. Three couples in particular reported that the main problem with these shows is that they would not validate enough the information provided by researchers, often considering the opinions of priests and celebrities just as valid.

All five couple referred to the term "uncivilized" when describing the Italian political debates on same-sex parenting. They commented that it is not uncommon in debates to refer to religious arguments and to information that is not supported by research, or that is overall inaccurate. Participants referred that the most common negative arguments that can be heard in Italian political debates refer to the unhealthy psychological development of children, to the egoism of same-sex couples to condemn children to have an "ab-normal" environment just because they want to become parents, and that in the process of "buying" a child, homosexual male couples take advantage of women abroad.

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While the misconception of the unhealthy psychological development of same-sex parents' children has been already explained previously in this chapter, four participant couples reported that the argument that homosexual couples prioritize their egoism of being parents over the well-being of their children has been very popular during the time of political discussion of the Civil Partnership Law of 2016. They added that usually when this criticism comes up during debates, it is followed by the "against nature" argument: since homosexual couples cannot "naturally" conceive a child, they should be without. However, all four of them specified that this argument is never brought up against infertile heterosexual couples. One couple referred to a comment they heard on the radio by a very conservative politician that stated that "if homosexuals want to become parents they better adopt a dog".

Lastly, all participants commented the way in which surrogacy is talked about in political debates. As mentioned before, conservative politicians have re-named surrogacy as "womb for rent", which all couples commented being a strategy for attaching an inherently negative connotation to surrogacy. Three couples considered that it has been a successful strategy, since they have noticed that usually ordinary people when talking about this topic they adopt the same terminology. All participants commented that right-wing politicians talked about surrogacy just to confuse the general population, since the Civil Partnership Law has never contained any provision to legalize that practice in Italy. They sustained that the argument that these politicians referred to consisted in the assumption that, if the Italian law permitted to the non-biological parent to legally adopt their partner's children, gay men would be more keen to rely on surrogacy abroad. All participants considered that such argument was much stronger towards surrogacy – more associated to homosexual male couples – than artificial insemination – associated to homosexual female couples. They commented that this was due to the inaccuracy and the incompleteness of the information provided about surrogacy.

All five couples could think of at least one movie or TV series where same-sex parents were portrayed in a positive way, and none of them could think of a negative portrayal of same-sex parents in these contexts.

All participants agreed that mass media can have a significant effect on people's opinion about same-sex parents. Therefore, they sustained that it is necessary for mass media to rely first of all on accurate information and scientific researches. All five couples commented that at least, after the political debate on the Civil Partnership Law and the intense attention by

mass media, the general Italian population now know what rainbow families are. They sustained that before that, many people did not even know of their existence.

6.6 Italian Law

When participants were asked if in their opinion the Italian law treated same-sex parents in the same respect of heterosexual parents, all five couples replied that it absolutely does not – answers included "the disparity is extreme" and "it is not even close".

All participants reported that the most important difference consists in the absence of parental rights for the non-biological parent. They commented that this aspect influences most of their families' lives in different ways. As explained before, they sustained that they need to rely to personal courtesies from the professionals they meet, and that this has negative effect on them psychologically – two couples reported a "deep sense of uncertainty". Three couples believed that the concern of potential discrimination, or to encounter a non-collaborative professional, can have a negative effect on their children's mental health too.

Moreover, all five participants described as the biggest fear for same-sex parents the potential loss of their children's custody, in case the biological parent passed away. They described it as an "unimaginable event" and a "horrible scenario", that would cause deep damage to both parents' and children's mental health. Three couples added that this risk would also be linked to the separation/divorce of the parents: in such cases the Italian law only recognizes parental rights to the biological parent, that potentially could decide to exclude the other parent from their children's lives. In fact, two couples specified that since same-sex parents are just like any other parents, they could decide to divorce, and the law does not regulate the relationship between the non-biological parent and the children in such cases. They commented that this is a very delicate topic, since in such cases parents are not always in good terms with each others, and, for this aspect too, the non-biological parent needs to rely on the collaboration of the other parent to let them maintain a relationship with their children.

Other two couples reported that the non-biological parent is not allowed to travel alone with their children abroad if not accompanied by their biological mother or father; alternatively they would need written permission to do so.

When asked if they have ever felt discriminated in any ways by the Italian law because they are same-sex parents, all of the participants responded affirmatively. Two couples added that

they not only feel discriminated, but also "humiliated". Three couples stated that for the Italian law their family is "invisible".

In describing their experiences of discrimination, they all referred to the legal request for the non-biological parent to have written permission to pick up their children from school, to take them to the hospital and have medical information about them – one couple commented that "they need a permission to do pretty much everything with their own child". As mentioned earlier, two couples reported that this aspect applies to traveling abroad without the presence of the biological parent too. Moreover, one non-biological mother reported difficulties in starting a saving fund for their daughter: since she is not the legal parent of the child, the biological mother had to do it. In fact, she commented, as well as other three couples, that the discrimination of the Italian law has an impact not only on major aspects of their lives – such as the custody of their children – but also on little things, that, combined together, make more complicated parents' lives, producing stress and concerns for the future. She said "It's just so many little damn things! You always have to find a way to do them according to the law!"

6.7 Social Support and Social Network

Participants were asked to think about what kind of social support or intervention is there in Italy to help same-sex parents who are experiencing stigma. Tree answers were provided: relying on LGBTQ associations, dealing with the situation themselves, and relying on police and governmental agencies.

All participants sustained that if same-sex parents in Italy are experiencing stigma they can ask for help to LGBTQ associations. Specifically, the associations mentioned were: Rainbow Families, Arcigay, Rete Lenford, and Agedo. While the first two associations has been previously presented in this thesis, "Rete Lenford" is an Italian association that offers free legal advice to LGBTQ people that have received discrimination, and "Agedo" (Association of parents and friends of LGBTQ people) especially helps parents and relatives of LGBTQ people to accept the sexuality or gender identity of a family member.

All five couples commented that if same-sex parents were experiencing stigma they could turn to any of these association to receive psychological support. Especially within the Rainbow Families association, they would have the opportunity to confront their experiences to those of other same-sex parents. Specifically, they could ask for legal advice to "Rete Lenford". Lastly, three couples also mentioned that same-sex couples that might experience

stigma within the family and community contexts in particular, could reach out to "Agedo" and ask for advice.

Two couples specified that within the Rainbow Families association, some members have recently started to organize self-help groups for parents that are going through separation/divorce, in order to provide psychological support and share experiences.

Three couples added that, since same-sex parents cannot really rely on the Italian law to protect them, they might have to deal with the situation themselves. They reported that they can try to talk with the people that have negative attitudes against them, hoping to find a way to solve the situation. Two of these couples referred again to the uncertainty of same-sex couples to find collaborative people in many contexts of their lives. One parent said "It's just like always… hoping for the best but expecting the worst! You just never know".

Lastly, only one couple mentioned that if same-sex couples experienced stigma in the form of clear discrimination or physical assault, they should report it to the police. The same couple also commented that in such cases same-sex parents could also contact "Unar" (National Agency Against Racial Discrimination). They explained that the agency was originally founded to deal with racial discrimination, but then it expanded to all types of discrimination. However, the couple commented: "Well, it is not clear what Unar could do in such cases… in any case, most people don't even know about its existence anyway".

All five participants reported to be in touch with other same-sex parents and to meet them on a regular basis. When asked about it, they said that they talk about stigma associated with same-sex parenting with them. Two couples reported to talk about it only when commenting other same-sex parents' experiences with stigma, since fortunately they have not yet experienced it. The other three couples said that they talk about it not only when someone has direct experience of it, but also when commenting politics and law with other same-sex parents. All participants reported that when they discuss social stigma associated to same-sex parenting with other same-sex parents they share the similar opinions and that there are no significant differences.

6.8 Overall conclusions

As overall conclusions parents have been asked to think about the main reasons for stigma associated to same-sex parents in Italy. Seven types of answers were given: homophobia, no

contact experience with same-sex parents family, religion and political conservatism, lack of legal recognition, the influence of the Vatican State on the Italian politics, mistrust about the procedures for same-sex couples to have children, and low education.

All participants considered that homophobia is still a very present phenomenon in Italy, and therefore everything that homosexuals do is tainted by its negative connotation, including becoming parents. In fact, couples sustained that those who have prejudice against homosexuals believe in a strong incompatibility between being homosexual and being a parent. All participants commented that homophobes rely on the common misconceptions on same-sex parenting that have been discussed at the beginning of this chapter. When asked about it, all five couples commented that in their opinion homophobia, as well as the social stigma, is stronger towards gay men and male same-sex parents than lesbians and female same-sex parents. Four couples commented that it is because people associate male same-sex parents to surrogacy, which is very controversial in Italy. Moreover, two couples reported that sometimes male homosexuality is associated with pedophilia.

All participants talked about the fact that when people personally have the chance to know them, they are more likely to overcome the misconceptions they might have had before. In particular, three couples reported that in such occasions people can see that they are as ordinary as any other family. Therefore, they considered that when people have never had personal contacts with same-sex parents families, they are more likely to have negative opinions about them compared to those who have had such contacts. Three couples explained that for this reason many activities organized by the Rainbow Families Association are open to the general population too.

All five couples associated stigma towards same-sex parents to religious beliefs and political conservatism. However, four couples specified that not all religious people are narrow-minded about them, only those who are more extremists. Three couples added that having personal contacts with same-sex parents families represents a stronger factor than religion and political affiliation. They explained that when they have spent some time with religious and politically conservative people in informal contexts, they have been supportive of their families, although they hypothesized that this might not always be the case.

Four couples talked about how the lack of legal recognition of same-sex parents families indirectly reinforces the stigma towards them. Three couples commented that if there is no

specific law to recognize and protect their families, people might feel entitled to not recognize them as families as well.

The same four couples then mentioned the influence of the Vatican State on the Italian politics as a reason for stigma. They commented that, by influencing the Italian politics to not legally recognize same-sex parents families, they are reinforcing the stigma too. Three couples considered that it is not the only topic in the Italian politics that the Vatican influences. In particular, one couple reported "It is the same for topics like euthanasia: they will never be included in the Italian law as long as we are subjected to the Vatican's influence!".

Four couples considered also as an important factor for stigma the general mistrust that people feel towards the techniques that same-sex parents employ to have children. As mentioned before, the strongest skepticism is felt towards surrogacy. All four couples linked this factor to the "against nature" argument, which they feel being very spread in the country.

Lastly, four couples sustained that a relevant reason for stigma against same-sex parents is represented by low education. In fact, they considered that in Italy is still very much alive a wrong conceptualization of homosexuality in general. Two couples highlighted that negative views still associate homosexuality to psychological disorders, even though there has been wide scientific agreement that it is not. Another couple reported that some people just see it as a "choice", and thus homosexuals could potentially just stop "being homosexuals" if they wanted to. They linked poor education also to the misconceptions that have been discussed at the beginning of this chapter.

Participants were then asked to think of what would be the consequences in same-sex parents' lives if they were experiencing stigma. The answers were mainly of two types: decreased mental health of parents and children and reduced social network.

All participants considered that the experience of stigma would heavily impact same-sex parents' mental health. Depending on the intensity of the stigma they linked to this aspect experiences of anxiety, depression, self-doubt, decreased self-esteem, concerns for their children, and fear for the future. In a similar way, they all sustained that their children would suffer mental health consequences as well. In fact, participants mentioned that children could feel that something is wrong with them, and thus have low self-esteem, potentially leading to depression.

Two couples sustained that as a consequence of stigma, both parents and their children may reduce their social network. The couples commented that for same-sex parents this would be particularly likely if their families and friends did not accept them. They also added that all of this, in turn, would reduce their children's social network too, not having contact with relatives or family's friends.

As final question, participants were asked if in their opinion social stigma associated to same-sex parents is a phenomenon on the rise in Italy.

Three couples considered that it is a decreasing phenomenon. They have argued that, following the political debates about the Civil Partnership Law, more people at least knew of the existence of same-sex parents families. They added that, although a lot of inaccurate information has been spread, some positive concepts has been presented as well. In particular, two couples commented that same-sex parenting is not a taboo anymore, and that at least now people can talk about it more easily. All three couples considered the work done by LGBTQ association as essential to keep fight prejudice around this topic.

One couple sustained that, even though some aspects of it might have improved, the improvement is still so little that they do not feel enough sure to say that stigma is decreasing. Lastly, one couple reported that they do not know for sure.

All participants reported that they strongly believe that if the Italian law recognized parental rights to homosexuals, the stigma associated to same-sex parents would reduce dramatically. In specific, two couples added at the end of the interview that the Government should not wait any longer, because in their everyday lives most people that had the chance to know them have only been supportive. Therefore, they sustained that it is a false claim that Italian people are not "ready for it". One couple considered that if such law existed, the opinions of those who are skeptics would change after some time. They commented: "People would see that the world would not go upside-down. They would just get used to it".

CHAPTER 7:

COMPARISON AND DISCUSSION

In this chapter the data collected from the interviews with the Norwegian and Italian same-sex parents will be compared and discussed referring to the research questions.

As mentioned previously in this thesis, it is possible to compare the two groups of participants on the ground of important similarities. In fact, they are all same-sex parents, living in developed European countries, and specifically, in two major cities – Oslo and Turin – which are similar in terms of population. Moreover, the selection of the sample have been similar regarding gender (in both countries four female and one male couples have been interviewed), age range of participant parents (from 38 to 46 years old in Norway and from 32 to 52 in Italy) and the children they are rising (from 9 months to 8 years old in Norway and from 5 months to 8 years old in Italy).

Following the classification provided by Bosisio and Ronfani (2015) presented in the first chapter, it can be considered that all participant families in both countries are homoparental families of first constitution, that is families in which children were born within the homosexual couple, conceived through reproductive technologies. At the time of the interview, all participants were raising their children together with their partner, so that they can all be considered biparental families. None of the participant parents involved sperm donors nor gestational carriers into parental roles.

7.1 Same-sex parents' perceptions of stigma

The first research question was: "How do same-sex parents perceive the stigma associated with same-sex parenting?". In order to describe the participants' perception of it, this section will mainly follow the characteristics of stigma as presented in the work of Link and Phelan (2001), referring to the content of the interviews with same-sex parents in both countries.

7.1.1 Distinguishing and labeling differences

The first component that Link and Phelan (2001) present refers to the way in which human differences are considered relevant according to society. As regard to participants, it can be considered that they all can be associated with the broad category of "non-heterosexuals" individuals, and more specifically categorized as "non-heterosexual parents".

In assessing how such categories are considered socially relevant, participants' opinion on how present is homophobia in their country can be taken in account. In fact, all Italian and all Norwegian participants sustained that homophobia represents a strong indicator for stigma associated with same-sex parenting. Thus, it can be considered that the perceived level of such phenomenon can reflect their opinion on the importance conferred to the "non-heterosexual individuals" categorization, and in turn to the "non-heterosexual parents" one.

All Italian participants commented that homophobia is still a very present phenomenon spread in their country, especially associated to gay men more than lesbians, and therefore it represents a strong general predictor for stigma. This seems to be consistent with the data discussed in chapter 3 provided by ISTAT (2011) – that showed that 61.3% of the population between 18 and 74 years old believed that homosexuals are discriminated in Italy.

All Norwegian participants talked about homophobia as a predictor for stigma too, even though they did not talk about it as a general phenomenon, linking it more to small communities and rural areas rather than major cities like Oslo. This consideration is supported by the data discussed in chapter 3 – referring to the data showing that two thirds of the population supported equal civil marriage for LGBT people (Hollekim et al., 2011).

Specifically regarding the categorization about "non-heterosexual parents", while all Norwegian participants considered that the stigma associated to it is a decreasing phenomenon, only three Italian couples agreed with that. The other two couples, although not considering that it is a phenomenon on the rise, were not sure about it.

The divergence between the two groups mirrors the differences between the Italian and the Norwegian contexts discussed in chapter 3: in fact, while only 20% of the Italian population in 2011 was in favor of parental rights for homosexuals (ISTAT, 2011), Norway presents a positive trend regarding public support of same-sex parenting (Anderssen & Malterud, 2013). Moreover, as discussed before, the two countries differ greatly as regard to LGBT legislation in general, and parenting rights for same-sex couples in particular. Therefore, it seems possible to consider that the categorization of "non-heterosexual parents" is perceived as more socially relevant by the Italian participants than the Norwegian ones.

7.1.2 Stereotyping

All participants considered that the stigma associated to same-sex parenting is composed by

different spread misconceptions. This is linked to the stereotyping process that Link and Phelan (2001) present as a component of stigma: people rely on these misconception as generalization regarding same-sex parents and their families.

To this regard, the common themes that have emerged in both groups are the following:

1) *Missing father/mother figure for their children*: all Italian and Norwegian participants talked about this theme. In both groups it was linked to a general assumption of an unhealthy psychological development for children, and to an inadequacy for same-sex parents by default. Two female Norwegian couples and one Italian female couple reported the same example of people asking who was going to teach their sons how to play football. In both groups participants believed that their children could find male and female role models in other relatives, teachers, coaches, and family's friends anyway.

2) *More likelihood for children to experience bullying*: this misconception was brought up more in Italian interviews (three couples) than in the Norwegian ones (just one couple). They all talked about this theme as allegedly linked to a negative perceived "differentness" of their children, especially in their schoolmates' eyes.

3) *More likelihood for children to "turn" homosexuals*: two Italian and two Norwegian couples referred to this misconception as not very spread anymore in their countries, linking it especially to extremist religious people. Only one Italian couple sustained that this assumption is still alive in their country.

4) *Inadequacy for gay men to be parents*: while Italian participants (three couples) linked this misconception to the assumption that men are less biologically equipped to be parents than women, Norwegian interviewees (one couple) linked it to the stereotype that gay men are more promiscuous than heterosexuals and lesbians. Participants considered that in general gay men are considered more inadequate parents than lesbians.

5) *Misconceptions about reproductive technologies*: Italian participants (three couples) linked misconceptions on same-sex parenting to disinformation about reproductive technologies. Norwegian participants (two couples) talked about it as a reason for stigma rather than a misconception on same-sex parenting in itself. Both groups associated this theme to the concern that gay men may take advantage of women for surrogacy. Italian couples also associated this misconception to the "against nature" argument.

Moreover, a theme that has emerged only in Norwegian interviews (three couples) refers to the heteronormative assumption that within the same-sex relationship one partner must have a

"male" role and the other a "female" one. However, this may be considered more a misconception about homosexual couples in general.

The misconceptions that have emerged from participants are consistent with the ones described in literature around same-sex parenting (Tobin & McNair, 2009; Pacilli et al, 2011; McCart, 2012; Baiocco et al, 2013).

It is important to take in account that, according to authors like Lippman (1922), stereotypes are considered to be resistant to new information. This would explain why participants thought that these misconceptions are still part of the public opinion of their countries, even though scientific research has disproved many of them.

7.2.3 Separation between "us" and "them"

The process of separation between "us" (heterosexual parents families) and "them" (same-sex parents families) is an important component of stigma, since it facilitates the rationale to devalue a certain group (Link & Phelan, 2001). In the case of participants, an initial categorization as homosexual parents that is considered socially relevant can lead to a real separation between "us" and "them" as a component of the stigma.

In the Italian case, this process can be linked to the way in which same-sex parenting is discussed in political debates and popular talk shows. In fact, all Italian participants commented that especially these two contexts provide the least accurate information about same-sex parenting, and that they are more likely to generate confusion around the topic rather than explaining it to the general population. It is important to note that all five couples referred to the term "uncivilized" to describe such political debates, and to the expression "fight/fighting" referring to people addressing the topic in Italian talk shows. Moreover, since three couples considered that referring to personal and religious opinions in these contexts are considered acceptable as much as the information provided by researchers, it is easier to attribute negative characteristics to same-sex parents ("them"). In fact, on religious grounds, individuals may feel more legitimized to make this separation – to note, however, that all Italian participants considered only religious extremists to be narrow-minded about them.

As Link and Phelan (2001) and Goffman (1963) consider, by making the separation between "us" and "them", stigmatized individuals can be considered so inherently different to be perceived as not really human, and therefore it is easier to treat them disrespectfully. This is

linked to a comment made by an Italian conservative politician that a participant couple referred to, that "if homosexuals want to become parents they better adopt a dog".

The Norwegian scenario seems to be different in this sense. All participants described political debates as "overall civilized", and all of them considered that referring to religious arguments that imply that homosexuals cannot be good parents because of their sexual orientation are not accepted in such context.

Both groups of participants mentioned that the political debate around surrogacy is particularly heated in their countries. Both Norwegian and Italian participants commented that these debates are often based on inaccurate information – only one Norwegian male couple sustained that the quality of it is improving. All Italian participants commented that this is well represented by the fact that surrogacy has been re-named "womb for rent" by conservatives to attach an inherent negative connotation to surrogacy.

The aspect of using a certain terminology is also a tendency described by Link and Phelan (2001) for further deepen the separation between "us" and "them". Although the authors refer more to the example of people identified with certain diseases (e.g. "schizoprenic" rather than "people that have schizophrenia"), it can be considered that employing a negative language to refer to surrogacy represent an attempt to attach a negative value to each form and regulation of such procedure. In turn, the negative connotation is passed on to those who rely on it.

On the other hand, it is interesting to consider how other representations of same-sex parenthood in the Italian and Norwegian mass media are considered positive by participants. All five Italian and four Norwegian couples could think of at least one movie or TV series in which there was a positive portrayal of same-sex parenthood – the examples included *"Modern Family", "E' arrivata la Felicità", "Brothers and Sisters", "The New Normal"*. When asked about it, they agreed that mass media can have a significant effect on people's opinion about same-sex parenting. Thus, it can be considered that, at least from participants' opinion, these positive images can alleviate the separation between "us" and "them".

7.2.4 Status Loss

Link and Phelan (2001) and Goffman (1963) consider that when individuals are associate to negative characteristics, their status is reduced in the eyes of those who stigmatize them. These authors especially refer to forms of inequalities in the context of social interactions, or "mixed contacts", in which stigmatized individuals are conceived as inferior.

Among all participants, only one Italian couple explicitly reported to have received such negative attitudes – in their case, within the family environment. None of the rest of participants reported personal experiences of stigma during social interactions – taking as a reference the answers provided regarding the contexts of family, community, and work. In fact, although all the other Italian participants reported that they have received some concerns within their families, it did not constitute stigma in their opinion.

However, it is interesting to consider that two Norwegian couples reported to have received negative opinions within their family environment, but that they were not sure if it constituted stigma. It is possible to hypothesize that, in comparison to the Italian couple which reported that the episode caused long-term negative effects on their relationship with their families and the two Norwegian couples did not, this factor may represent an important characteristic of stigma in this context for the Norwegian participants. In fact, one of the couples described the episode commenting that "I'm not sure, though, that it was stigma. I mean… it's not like they don't talk to us anymore".

7.2.5 Discrimination

Addressing the aspect of discrimination as a characteristic of stigma, authors like Link and Phelan (2001) and Corringan et al. (2004) differentiate it into individual and structural discrimination.

Regarding individual discrimination, only one Italian couple have described personal experiences of it. The episode consisted in the father of the non-biological parent that did not recognize their child as part of the family, since they do not share a biological bond with them. Thus, in their view their child has been discriminated compared to other family members. As mentioned in the previous section, a similar episode was described by two Norwegian couples, but they were not sure if it constituted discrimination.

A different situation seems to be described by participants when talking about their experiences with structural discrimination. In the case of Italian parents, all five couples talked about the discrimination that their families are subjected because of the Italian law. To this regard, the discrimination is described as "extreme" when compared to their heterosexual counterparts; moreover, two couples added to not feel only discriminated but also "humiliated", while three couples described their families as "invisible" to the Italian law. The common theme that emerged from the interviews with this group is the non-recognition

of the non-biological parent as a legal parent. This aspect has been linked to a variety of restrictions and risks that all of Italian same-sex parents face.

On the other hand, none of Norwegian couples reported to have felt discriminated in any way by the law. The only theme that emerged and that three couples described as "unfair" and another as "unnecessary stress", is linked to the adoption process that the non-biological parent must endure if the couple relied on surrogacy or if they referred to an anonymous donor abroad.

7.2.6 Relationship between stigma and power

Link and Phelan (2001) have focused their study of stigma also on the power situations that allow the components of it to unfold, as power is considered by them as essential to the social production of stigma. Moreover, Herek (2008) linked the embedding of sexual stigma to society's institutions to produce a power relation in which sexual minorities have less power than heterosexuals.

In the Italian case, this aspect can be linked to the power of Catholic and right-wing political parties: as mentioned in chapter three, throughout the years many attempts to pass LGBTQ laws in Italy have been turned down because of their opposition. Moreover, a theme that has emerged in four Italian interviews should be mentioned: the influence of the Vatican State on Italian politics. In fact, four couples considered its influence as a reason for stigma associated to same-sex parents in the country. The combination of the conservative parties and the influence of the Vatican State can be considered as components of the power situation in which stigma is created in Italy.

On the other hand, the same does not seem to apply to the Norwegian context: participants talked about the opposition of very conservative parties as not as much influential on this matter. This is also reflected by participants' consideration that negative comments targeted at LGBTQ people in general are not accepted in Norwegian political debates. Moreover, none of the participants referred to the influence the Church of Norway on politics. Participants talked about religious influence only hypothesizing it over individuals' personal beliefs, more likely in small communities or rural areas of the country.

7.3 Effects of stigma

In this section, the second research question will be addressed. The question was "How do

same-sex parents think stigma affects their lives? In which domains of their lives?". In order to provide a comprehensive response, this section will refer both to how participants think stigma affects their own family lives and how they think stigma can affect same-sex parents lives in their country in general. The themes that emerged from the interviews are:

1) *Decreased mental health:* all Italian and Norwegian participants commented that stigma associated with same-sex parenting would have as a consequence experiences of psychological distress. The terms that participants referred to in describing this consequence are similar: both groups linked it to depression, stress and anxiety, self-doubt and decreased self-esteem, and parents' concern for their children's well-being. In fact, Italian participants specified also that these consequences could apply to same-sex parents' children too. This aspect is linked to the consideration that stigmatized groups are more likely to suffer decrease mental health than other individuals (Crocker & Major, 1989), since an array of stressors are associated with it (Lazarus & Falkman, 1984). Additionally, it is important to notice that all Italian parents reported how same-sex parents in Italy have to rely on personal courtesies to make sure their families do not have problems – namely, in the workplace and community environment. To this regard, two couples reported a "deep sense of uncertainty". Specifically, it is possible to consider how Italian same-sex parents have to face a process of negotiation of the stigma associated with them with the people they encounter. All Italian participants, in particular, talked about the importance of finding collaborative professionals – e.g. doctors, teachers, co-workers, employers. Related to these aspects, Norwegian participants expressed more confidence regarding the professionalism they can find in such contexts. It can be considered that this divergence can be associated to different legal provisions between the two countries – in fact, Norwegian participants reported that professionals cannot be hostile anyway since it would be against the law.

2) *Decreased physical health:* it has been hypothesized in literature that decreased mental health in stigmatized individuals can lead to decreased physical health (Clark et al., 1999). However, only one Norwegian couple mentioned it as a consequence of stigma, linking it more to hypothetical violent aggressions than to an increased susceptibility to illness due to a physical response to stress. One Italian couple talked about physical consequences referring to the possible opposition of doctors to cure a child if only accompanied by the non-biological parent without a proxy.

3) *Social exclusion/Reduced social network*: four Norwegian couples also mentioned that stigma can result in social exclusion for same-sex parents families, specifically linking it to the unwillingness to be exposed to negative opinions. This theme is linked to what Goffman (1963) calls "mixed contacts", that is social situations of interaction between stigmatized individuals and the "normals". In fact, the author points out that they can represent stressful events to the extent that stigmatized people may rely on the avoidance strategy to not have to experience them (Goffman, 1963). This consideration can be applied also to a theme emerged in both groups, which is reduced social network for same-sex parents and their children: two Italian and one Norwegian couples particularly linked it to not being accepted by family and friends. Although such situation does not necessarily entail a total social withdrawal, it can imply a selective avoidance behavior (McDavitt et al., 2008), resulting in fact in a reduced social network.

4) *Financial consequences:* particularly related to the family context, one Italian and two Norwegian couples mentioned financial consequences to stigma, talking about it as lack of financial support from family and possible exclusion from inheritance. Three Italian couples also related it to the workplace, as possible negative consequences for one's carrier.

7.4 Social support/intervention

This section will address the third research question, which was "What kind of social support/intervention can help stigmatized same-sex parents?". Regarding this topic, four types of themes emerged from the interviews:

1) *Relying on LGBTQ associations*: in both groups, all participants sustained that same-sex parents that experience stigma can rely on Italian and Norwegian LGBTQ associations to receive psychological support and legal advice. This particular aspect can represent the coping mechanism of seeking support among the people that Goffman (1963) calls the "own". This appears to be particularly true regarding seeking support within the Rainbow Families associations: since all members are same-sex parents, they all know what it feels like to possess such stigma. To this regard, all Italian participants reported to be in touch with other same-sex parents and to discuss with them about social stigma. On the other hand, only three Norwegian couples stated to be in contact with other same-sex parents, and none of them reported to discuss about social stigma with them – except for one couple. It can be considered that this difference is due to the fact that Italian participants feel more exposed to

such stigma in their country than Norwegians do. In fact, the two Norwegian couples who have stated that they meet other same-sex parents very rarely specified that they would meet them more often if they felt the need to receive support.

2) *Relying on police and governmental agencies*: while all Norwegian participants sustained that if same-sex parents were to experience stigma in the form of discrimination they could report it to the police, only one Italian couple considered the same for their country. This difference may be due to a general mistrust from Italian same-sex parents toward public services; it can be considered that this mistrust would be deepened by a missing anti-discrimination law in Italy that specifically protects LGBTQ individuals, while in Norway the law not only prohibits discrimination toward this group, but also contains provisions to   actively prevent it – as discussed in chapter three.

3) *Support from family and friends:* this theme was especially brought up in the Norwegian interviews, in which participants considered that receiving the support of one's family and friends would constitute significant help for those same-sex parents who might experience stigma. Except for family members and friends who happen to be same-sex parents too, this is linked to what Goffman (1963) calls support from the "wise": people that do not share the same stigma attached to a certain group, but that are sympathetic with them.

4) *Dealing with the situation alone:* this theme emerged in both interviews, from an equal number of couples (three Italian and three Norwegian couples). However, the two groups talked about it in two opposite ways; in fact, Norwegian couples sustained that in some contexts – e.g. kindergarten, workplace – they would prefer to deal with the stigma-related situation alone rather than involving other actors, because they are confident that they would find collaborative people to help them. On the other hand, Italian participants sustained that same-sex parents may have to deal with the situations themselves because they cannot count on the law to be protected; therefore they need to find a way to solve the situation hoping to receive collaboration from other people. In this case too, the different ways in which participants talked about this theme can be linked to the different law contexts of the two countries, that overall provides a sense of security for Norwegian same-sex parents and causes uncertainty for the Italian ones if such occasions occur.

CONCLUSIONS

As presented in the previous chapter, it has been possible to describe the characteristics of the social stigma associated to same-sex parenting in Italy and in Norway based on the content of the interviews carried out with the two groups of participants. During such interviews, participants provided information about their own experience with stigma and their opinions about how same-sex parents in general experience social stigma in their country.

Regarding the first research question, it is possible to apply all the characteristics of stigma described by Link and Phelan (2001) and Goffman (1963) in the way in which participants perceive social stigma associated to same-sex parenting in their countries. Specifically, it seems that the labeling of "same-sex parents" group is more socially relevant in the Italian society than in the Norwegian one, while the stereotypes that same-sex parents face in both countries are similar. A separation between "us" and "them" is visible in the Italian legislation, and it is particularly reflected in Italian political debates, considered uncivilized by participants, while Norwegian debates are characterized by more civilized tones, although participants think they are sometimes based on inaccurate information. However, participants sustained that mass media provide also positive images of same-sex parents in both countries (namely, in movies and TV series). Only one Italian couple reported to have experienced individual discrimination, while all Italian participants felt discriminated by the Italian law if compared to heterosexual parents. None of the Norwegian couples reported to have received individual nor structural discrimination, and that the Norwegian law treats them in the same way of heterosexual parents, with few exceptions.

As regard to the second research question, it can be considered that participants of both groups sustained that same-sex parents' domains of lives affected by stigma are similar (mental health, physical health, social exclusion/reduced social network, and financial consequences). However, the way in which it affects their lives is different, since Italian participants reported to constantly face a negotiation process regarding their stigma with the people they meet – namely, with professionals. Norwegian participants did not report to have to face similar challenges, because they feel more confident in finding collaborative professionals.

Lastly, the third research question regarding what type of intervention can help stigmatized same-sex parents, participants mentioned the same types of support (police/governmental agencies, LGBTQ associations, informal support from family and friends, dealing with the situation alone). However, it seems evident how Norwegian participants showed more trust about relying on the police and governmental agencies than Italian couples, who prioritize the support of LGBTQ associations.

Overall, it can be considered that the main difference between the two groups consists in a strongly divergent political context. In fact, as discussed in chapter three, the legal provisions for same-sex parents in Norway are a lot more extended than the ones in the Italian context. This is reflected in the way in which Italian participants differ in perceiving the social stigma associated to same-sex parenting (a more socially relevant labeling, a more remarked separation between "us" and "them", a more severe structural discrimination), in the way in which stigma affects their lives (negotiation processes and uncertainty about the collaboration of professionals), and in the way they think about interventions to alleviate the effects of the stigma (mistrust toward police and governmental agencies).

However, as already discussed in chapter four, the findings of this study cannot be generalized over the whole population of Norwegian and Italian same-sex parents. In fact, the sample of the present study included only five couples of participants for each country, and it has not been possible to highlight gender differences since the male participation has been very low (just one male couple for each country).

Therefore, it is recommended for future studies to design researches that can provide generalized information around the topic of this thesis, referring also to an equal participation from both male and female same-sex parents.

Moreover, participants of this study were all living in major cities of their country - specifically in the area of Oslo and Turin. Since both participant groups sustained that same-sex parents experiences with social stigma are likely to be dissimilar from theirs in different parts of the country, particularly in rural areas and small communities, such locations could represent useful contexts to collect different data than the ones presented in this work.

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APPENDIX A - Interview Guide

Common misconceptions about same-sex parenting
Question: What are in your opinion the most common misconceptions about same-sex parenting in your country?
Prompts: Prejudice, disinformation, stereotypes.

Same-sex parents in the working environment
Question: Have you ever perceived negative opinions or have you ever been treated differently in your work environment respect other co-workers because you are same-sex parents?
Follow up: What do you think are the challenges of same-sex parents in the work place? How can these challenges/perceptions affect same-sex parent's lives, and to which extent?
Prompts: discrimination/exclusion, support by employer/co-workers.

Same-sex parents in the family environment
Question: Have you ever perceived negative opinions or have you ever been treated differently respect other members in your family environment because you are same-sex parents?
Follow up: What do you think are the challenges of same-sex parents in this kind of environment? How can these challenges/perceptions affect same-sex parent's lives, and to which extent?
Prompts: discrimination/exclusion, support by family members, changes over time.

Same-sex parents in the community environment
Question: Have you ever perceived negative opinions or have you ever been treated differently in your community respect other members because you are same-sex parents?
Follow up: What do you think are the challenges for same-sex parents in this kind of environment? How can these challenges/perceptions affect same-sex parent's lives, and to which extent?
Prompts: discrimination/exclusion, community support, changes over time.

Same-sex parents and Mass Media
Question: How do you think same-sex parents are portrayed by the media?
Follow up: How do these perception affect same-sex parent's lives, and to which extent? Do you think media can help to reduce the negative perceptions that people have on same-sex parents?
Prompts: changes over time.

Same-sex parents and the Law
Question: Do you think the law treats same-sex parents in the same way as heterosexual parents?

Follow up: Have you ever felt discriminated/excluded by the law for being same-sex parents? If so, in which ways?

Prompts: discrimination, changes over time.

Same-sex parents and social support / social network

Question: What kind of social support/interventions is there for helping same-sex parents to overcome negative attitudes from others and/or social exclusion?

Follow up: What kind of social support/interventions do you think can help same-sex parents in overcoming negative attitudes from others and/or social exclusion?

Question: Are you in touch with other same-sex parents?

Follow up: Do you ever discuss about negative perceptions on being same-sex parents with them or with someone else? If so, do you have different opinions?

Prompts: social inclusion, family centers.

Final questions

Question: In conclusion, what do you think are the reasons for negative attitudes and negative opinions associated with same-sex parents?

Follow up: To which extent you think these negative attitudes can affect same-sex parents' lives? Which domains of same-sex parents' lives can be affected by that? If possible, can you relate to your own experience?

Question: How do you think same-sex parents could overcome these negative attitudes and opinions? If possible, can you relate to your own experience?

Follow up: In general, do you think that negative attitudes towards same-sex parents is a phenomenon on the rise?

Prompts: discrimination/exclusion, changes over time, quality of life.

Thank you for taking part to this interview, is there anything you would like to add?

APPENDIX B - Information Sheet

Title of the Research Project: "*A comparative study on social stigma associated with same-sex parenting in Italy and in Norway*"

You are being invited to take part in a research project. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully, and if you need further information then please contact me using the email address at the end of this information sheet.

What is the purpose of the Study?

I am conducting this research study as part of the requirements of the Master Degree in International Social Welfare and Health Policy at Oslo and Akershus University College of Applied Science (HiOA). The purpose of this study is to understand better the characteristics of the negative opinions and attitudes (or "social stigma") associated with same-sex parenting and how these elements impact same-sex parents' lives. If you participate in this study you will be asked to reflect upon the role of social stigma in the everyday life of same-sex parents.

Why have I been chosen?

You have been asked to participate in this study because you are part of the group of people that may experience social stigma in your everyday life, and therefore your opinions and thoughts on the topic are relevant for the purposes of this study.

Do I have to take part?

Participation in this study is entirely voluntary and you have the option of withdrawing before the study commences or discontinuing after data collection has started.

What do I have to do if I take part?

You will be asked to take part in an individual interview with the researcher, lasting approximately 50 minutes. The interview will involve the use of a number of open ended questions about your views and opinions on the topic, and your answers will be analyzed as part of the study.

What are the possible disadvantages of taking part?

There are no negative consequences for you in taking part in this research study. The topic that will be discussed in the interview refers to your familiarity with the subject on a day to day basis.

What are the possible benefits of taking part?

Taking part in this study will provide an opportunity for you to discuss and reflect upon a phenomenon that involves same-sex parents all around the world, and you will be given a chance to present your opinion in a safe, anonymous way.

Will my taking part in the study be kept confidential?

All the information that is collected about you during the course of the research will be kept **strictly confidential**. The data from the interview will be anonymized so you will not be able to be identified in any reports or publications.

What will happen to the results of the research project?

The findings from the research will be submitted to Oslo and Akershus University College of Applied Science in the form of a thesis.

Contact for further information

If you need any further information, please contact me:

Researcher

Luca Bertini

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If you agree to take part in this study, please sign the consent form overleaf. You will be given a copy of the information sheet and a signed consent form to keep.

Thank you for taking the time to read through this information

APPENDIX C - Participants Consent Form

Title of the research project: "A comparative study on social stigma associated to same-sex parenting in Italy and in Norway".

Researcher's information: Luca Bertini   l.bertini717@yahoo.it   +393297774490

Initial the box if you agree with the statement to the left:

1.	I confirm that I have read and understand the information sheet explaining the above research project and I have had the opportunity to ask questions about the project.	☐
2.	I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline.	☐
3.	I understand that my responses will be kept strictly confidential.	☐
4.	I agree to the interview being audio recorded.	☐
5.	I give permission for members of the research team to have access to my anonymized responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the research.	☐
6.	I agree for the data collected from me to be used in future research	☐
7.	I agree to take part in the above research project and will inform the principal investigator should my contact details change.	☐

_____   _____   _____

Name of participant   Date   Signature

_____   _____   _____

Researcher   Date   Signature