

DOI: [HTTPS://DOI.ORG/10.15446/RCP.V35N1.117249](https://doi.org/10.15446/RCP.V35N1.117249)

# Parenting, Sexuality and Psychological Well-Being

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**How to cite this article:** Castro Muñoz, J. A., Vargas Trujillo, E. E. & Carrillo Ávila, S. (2026). Parenting, Sexuality and Psychological Well-Being. *Revista Colombiana de Psicología*, 35(1). <https://doi.org/10.15446/rcp.v35n1.117249>

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SCIENTIFIC RESEARCH ARTICLE

RECEIVED: OCTOBER 28TH, 2024 - ACCEPTED: MARCH 20TH, 2025

### **Abstract**

This study examined the relationship between the perception of the quality of the parent-child relationship and the acceptance of one's sexual identity and psychological well-being in young people with different sexual orientations. A quantitative study was conducted with a cross-sectional, mediational, explanatory design. The sample consisted of 246 young adults aged 18 to 25, self-identified as men or women, and with different sexual orientations. Descriptive, correlational, and linear regression analyses, including mediation analyses, were conducted. The results indicated that in all groups, the quality of the parent-child relationship was significantly and positively related to the acceptance of one's sexual identity and psychological well-being, but only in the group of men with sexual orientations other than heterosexual was identity acceptance related to psychological well-being; in this group, sexual identity acceptance acted as a mediator between the quality of the parental relationship and well-being. The results can be considered in future studies, with emphasis in men with diverse sexual orientations, to formulate programs promoting health in young adults, in which sexuality factors are considered.

*Keywords:* sexuality, well-being, parenting, family.

### **Crianza, sexualidad y bienestar psicológico**

#### **Resumen**

Este estudio examinó la relación entre la calidad de la relación parento-filial, y la aceptación de la propia identidad sexual y el bienestar psicológico en jóvenes con diferentes orientaciones sexuales. Se realizó un estudio cuantitativo, mediacional, explicativo, y transversal. Participaron 246 jóvenes con edades entre los 18 y 25 años, identificados como hombres o mujeres, y con diferentes orientaciones sexuales. Se realizaron análisis descriptivos, correlaciones y de regresiones lineales, incluyendo análisis de mediación. Los resultados indicaron que la calidad de la relación parento-filial se relaciona significativa y positivamente con la aceptación de la identidad sexual y el bienestar psicológico, pero únicamente en jóvenes hombres con orientaciones sexuales diferentes de la heterosexual, la aceptación de la identidad sexual se relacionó con el bienestar psicológico; en quienes esta aceptación media la relación entre la calidad de la relación parento-filial y el bienestar. Los resultados se pueden considerar en futuros estudios con énfasis en hombres con orientaciones sexuales diversas, para formular de programas de promoción de la salud en jóvenes, que incluyan la sexualidad.

*Palabras Clave:* sexualidad, bienestar, parentalidad, familia.

## Introduction

Family dynamics, particularly the quality of relationships with parents, influence children's psychological well-being. Positive relationships with caregivers improve affective bonds (Granja & Pinheiro, 2017) and mental health (Neumann & Rohmann, 2023). The evidence shows that, in young people, the perception of the quality of the relationship with their parents influences the construction of their sexual identity and their psychological well-being. However, it is unknown how this association is modified by the union of gender and sexual orientation (Hubachek et al., 2023). Considering these unaddressed topics, the present study proposes that, from the perspective of young persons with different sexual orientations, sexual identity may mediate the association between the perceived quality of their relationship with their parents and their well-being.

Sexuality as a facet of identity (Vargas-Trujillo, 2013) has been examined mainly in people with sexual identities that differ from normative models, mainly in those who self-identify as lesbian, gay, or bisexual (LGB). This prior work has sought to explain these sexual orientations (Brady & Busse, 1994; Cass, 1984; Herek, 2003), mainly as part of an interest in understanding the development of identity in these minorities and their families (Savin-Williams & Ream, 2003; Simon & Farr, 2022). Additionally, the approach used by these groups emphasizes the difficulties with relationships within and without the family when facing homophobia or biphobia, which often takes the form of harassment, with a negative impact on sexual and mental health (Devis-Devis et al., 2022; Marzetti et al., 2022; McIntosh et al., 2022). The majority of studies have followed an ease-centered approach, aiming to determine the influence of family dynamics on the mental health of children using exclusively indicators of anxiety, depression, or stress (Gardner & Zimmer-Gembeck, 2018). On the other hand, from a positive perspective, there have been studies focusing on the benefits of self-acceptance of sexual identity

on the well-being of young adults with diverse minority sexual orientations, which have shown improvements in autonomy and positive relationships (Castro, 2007; Rincón, 2004; Steever et al., 2014; Vargas-Trujillo et al., 2003).

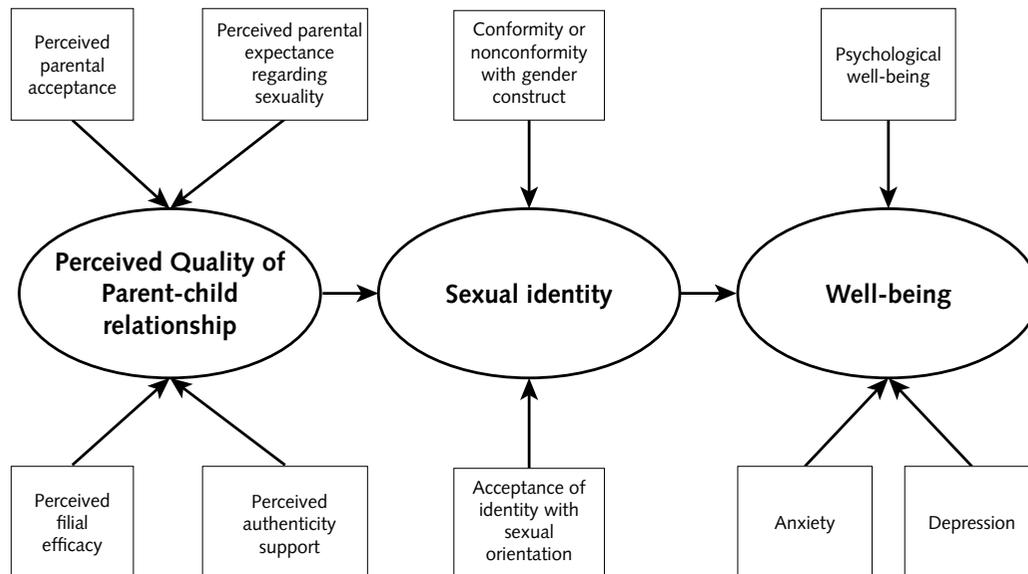
Research in young adults suggests that aspects of parenting, as attachment, parenting styles, the perception of parental acceptance, and the perception of parental efficacy, favor well-being (Hubachek et al., 2023; Rincón, 2004). However, the lack of identification of the sexual orientation in the samples of some of the studies, and other dimensions as gender identity, has limited examinations of the role that sexual identity may have in mediating the association between family dynamics and son's well-being (Granja & Mota, 2018; Granja & Pinheiro, 2018; Holtzen et al., 1995; Neumann & Rohmann, 2023). Few studies focusing on heterosexual subjects suggest that their sexual identity is favorable for that relationship. In contrast, in youngsters with diverse minority sexual orientations, relationships are negatively affected by stigmatization, inconsistency with conventional parental expectations, and finally by a scarcity of parental support (Marzetti et al., 2022; Newman et al., 1993; Willoughby et al., 2006). Regarding this last aspect, Harter (2014) proposes that identity consolidation in young adults fosters mental health. This author also proposes that authentic identity (that in which subjects express themselves according to their preferences) favors improved well-being. Authentic identity requires the acceptance of self-identity and the willingness to express it in social settings. The closer that identity approximates the positively valued social imaginary, the greater the disposition for its acceptance and expression (Savin-Williams & Ream, 2003).

The above suggests that sexual identity in both heterosexual and sexually minority diverse persons mediate the relationship between family dynamics and well-being. Thus, the purpose of this study was to estimate the association between the perceived quality of the Parent-child relationship

and psychological well-being and to evaluate the role of sexual identity as a mediating variable in a group including subjects who were heterosexual and of other sexual orientations (homosexual and bisexuals), we will now specify the variables included in this study, followed by definitions and a presentation of recent evidence associated with the research problem. These variables were the perceived quality of Parent-Child relationships from an acceptance-rejection perspective, perceived parents-filial efficacy, perceived support of authenticity, and perceived parental expectations

regarding the sexual expectations for children (paternal and maternal). As possible mediators, we included two dimensions of sexual identity: sexual orientation acceptance and the degree of conformity with conventional social gender imaginaries. Finally, well-being was explored using the components of psychological well-being and authenticity, and an approximation to the absence of well-being was made from anxiety and depression. Figure 1 shows the relationship model proposed for this study.

**Figure 1.** Proposed mediational model.



### Perceived Quality of the Parent-Child Relationship

This construct was evaluated using the following three variables:

#### Perceived parental acceptance-rejection.

This variable represents the idea youngsters develop regarding whether or not their parents accept them as they are (Vargas & Barrera, 2002). Perceived acceptance comes from the need to receive a supportive and caring affective response

from parental figures (Rohner, 2004). The evidence has reported that youngsters who perceive greater acceptance are more psychologically well-adjusted because they develop a positive self-image. Some studies have shown that this is associated with enhanced mental health in young adults, but in those with minority sexual orientations, there is an increased risk of perceiving rejection from their parents, negatively affecting mental health (Davis & Anderson, 2021; Fuller & Rutter, 2018).

### **Perceived filial efficacy**

This variable corresponds to youngsters' beliefs regarding their ability to openly discuss personal issues with their parents (Caprara et al., 2004). This belief may influence authenticity because it implies a willingness to express oneself from one's identity openly. According to recent systematic reviews, authenticity is associated with perceived parental efficacy in adolescents (Alchin et al., 2023) and emerging adults (Son & Updegraff, 2023).

### ***Perceived authenticity support***

Harter (2005) defined this variable as the perceived level of support that youngsters feel from their parents or caregivers. Studies that have evaluated perceived support of authenticity in youngsters have found that it promotes well-being by enhancing autonomy (Assor, 2017). According to Alchin et al. (2023), this perceived support is inferior in youngsters with diverse minority sexual orientations.

### ***Perceived parental expectations regarding sexuality***

These expectations correspond to the perception that youngsters have regarding the expectations that their parents have concerning their sexuality (Baumrind, 1995; Maccoby & Andrade, 1966). An expectation is a mental representation (Bandura, 1997) regarding the probability that a given event will occur (Feather, 1982). Perceived "anti-minority" parental expectations in youngsters with diverse minority sexual orientations increase mental health risk, while they favor it in heterosexual youngsters (Hubachek et al., 2023).

### **Sexual identity**

#### ***Sexual orientation acceptance***

Acceptance of sexual orientation corresponds to the degree of acceptance of the sex of the people a person is affective (Savin-Williams & Ream, 2003) or sexually attracted to (Goggin, 1993). This

acceptance is influenced by the degree of stigmatization of diverse minority sexual orientations in social settings, including the family subsystem (Konik & Stewart, 2004), which influences psychological well-being (Rincón, 2004).

### ***Conformity or nonconformity with social gender constructs***

This variable corresponds to the constructs of masculinity and femininity, transmitted implicitly and including behaviors typified by the sex with which a person identifies (Addis et al., 2003; Denmark et al., 2000). Greater acceptance of one's constructs of gender identity promotes psychological well-being (Bejakovich et al., 2018).

### **Well-being**

#### ***Psychological well-being***

The concept of psychological well-being comes from the eudaimonic perspective. Following Ryan & Deci (2001), it privileges the satisfaction of the needs for relatedness, competence, and autonomy. Ryff (1989, 1995, 2018) conceives well-being as a multidimensional construct that includes six dimensions: autonomy, self-acceptance, purpose in life, personal growth, positive relationships, and environmental mastery. Studies have shown that psychological well-being varies as a function of sexual identity and the quality of the parent/caregiver-child relationship (Becker et al., 2014; Rieger & Savin-Williams, 2012).

#### ***Authenticity***

Authenticity is the disposition to interact with others from the constitutive personal characteristics of one's identity (Harter, 2014). Persons with high levels of authenticity are self-assured, owing to the high degree of self-knowledge, self-acceptance, and self-worth. This variable is positively associated with psychological well-being (Kim et al., 2022; Murphy et al., 2020) and negatively with anxiety or depression (Ito & Kodama, 2005).

### *Anxiety and depression*

Zung (1972) defines *anxiety* as a mood disequilibrium without an apparent explicit reason that generates restlessness and feelings of anguish, and depression as the constant presence of a negative mood regardless of life's circumstances (Zung, 1986). Evidence from some studies shows that limited interaction with parents when disapproval is inferred increases feelings of discomfort (Sheeber et al., 2007), as it happens when sons perceive themselves as belonging to the negative imaginaries of the variations of social gender constructs or to non-normative sexual orientations (Herek & Garnets, 2007; Hubachek, 2023).

### **Aim of the study**

To assess the association between the perceived quality of parent-child relationship, sexuality, and psychological well-being of young adults with different sexual orientations.

### **Specific objectives**

To examine the association between acceptance of sexual orientation and gender conformity with authenticity, and psychological well-being.

To determine if there are differences between the study variables that are attributable to sex and sexual orientation.

To establish the differences in the magnitude and direction of the associations between the study variables depending on the participants' sex and sexual orientation.

To analyze whether the relationship between the quality of the Parent-Child relationship and psychological well-being can be explained by the mediation of the degree of sexual orientation acceptance and gender conformity.

### **Method**

This study used a quantitative, mediational, explanatory design. The statistical method of analysis of this study was the mediational analysis.

### **Participants**

The sample consisted of young adults between 18 a 25, regardless of prior education or socioeconomic status. Subjects were contacted over a 5-month period using through interest groups of young people with diverse sexual orientations. The study gathered a non-random sample of 246 subjects, 127 men and 119 women between 18 and 25 years ( $m=20.73$ ,  $SD=2.28$ ), who resided in the city of Bogotá, Colombia and voluntarily answered the study questionnaires. Table 1 shows the characteristics of the sample by sex and sexual orientation with which participants identified themselves.

**Table 1**  
*Sample characteristics by sex and sexual orientation*

Sex	Sexual orientation		Total	
Male	Heterosexual	66	127	
	Diverse minority sexual orientation	Homosexual		45
		Bisexual		16
Female	Heterosexual	64	119	
	Diverse minority sexual orientation	Homosexual		20
		Bisexual		35
Total			246	

## Instruments

To evaluate the variables related to the study variables we used of the following instruments. The authors who designed the original version of these instruments reported high levels of construct validity in their psychometric studies. In the adapted versions to Spanish used in the present study, only the reliability index (Cronbach's Alpha) was reported.

### Perceived acceptance rejection

The abridged version of the *Parental Acceptance and Rejection Questionnaire* was developed by Rohner et al. (1991) and reviewed by Rohner and Ali (2020). In this study we used the Spanish version of this instrument validated in Colombia by Ripoll-Nuñez & Alvarez (2008). This scale comprised 48 items that evaluated the perceived paternal and maternal acceptance-rejection. Higher scores represent high levels of perceived parental acceptance, in terms of their satisfaction and positive evaluation. The items are answered with a 4-point Likert scale (1 "Almost never true", 4 "almost always true"). Cronbach's alpha for perceived maternal and paternal acceptance was 0.91.

### Perceived filial efficacy

We used a translated version (by the authors) of *The Parental filial – efficacy Questionnaire* developed by Caprara et al. (2004). This instrument consisted of 12 items that evaluate the perceived ability to hold an open communication with parents. Higher scores represent young adults' perception of parental disposition for an open communication. The items are answered with a 7-point Likert scale (1 "Not well at all", 7 "Very well"). Cronbach's alpha was of 0.92.

### Perceived parental expectations

An Ad hoc questionnaire (which underwent pilot testing) to assess perceived parental expectations was designed for the project. This instrument aimed to evaluate young adults' beliefs about their parents' expectations regarding their

sexuality. This questionnaire consisted of 13 items. The items are answered with a 5-point Likert scale (1: "Completely disagree", 5: "Completely agree"). High scores represent the young adults' perception of parental traditional expectations about their sexuality (consistent with heteronormative sexual identity). Cronbach's alphas for the final sample in the study were 0.75 and 0.77 for paternal and maternal expectations, respectively.

### Perceived support of authenticity

We used *The Perceived Support of Authenticity Questionnaire* designed by Vargas-Trujillo et al. (2011), to assess the participants' perceived support of authenticity, which was based on Harter's (2014) conceptualization of authenticity. The questionnaire consisted of 25 items that assessed perceived support of authenticity in the family setting; the items are answered with a 4-point Likert scale (1: "Completely false in my case", 4: "Completely true in my case"). Higher scores represents young adults' perception of their authenticity; Cronbach's alpha for this questionnaire was of 0.84.

The instruments used to assess sexual identity were the following scales:

### Conformity with social gender constructs

We used *The Gender Identity Instrument* designed by Rojas (2007), which evaluated the degree of conformity with social norms as a function of the sex with which the person identifies. This instrument consisted of 12 items which were answered using a 4-point Likert scale (1: "Completely false in my case", 4: "Completely true in my case"). Higher scores represent high levels of conformity with traditional social gender norms. Cronbach's alpha for this questionnaire was 0.84.

### Acceptance of sexual orientation

To evaluate this variable, we used Vargas-Trujillo & Castro (2011) adaptation of *The Gay Identity Questionnaire* (designed by Brady & Busse, 1994). This questionnaire consisted of 19 items that evaluated the degree of acceptance of one's

sexual orientation. The items are answered as true and false. Cronbach's alpha for this questionnaire was 0.89. Higher scores represent high levels of self-acceptance of sexual orientation. Additionally, participants were asked the following question: ¿What sexual orientation you use to self-define your sexual orientation? They responded by using these five options: heterosexual, homosexual, bisexual, Other ¿Which? And "Don't know".

The evaluation of well-being used the following questionnaires:

#### *Psychological well-being*

To evaluate psychological well-being, we used the Spanish version of Ryff (1989) *Psychological Well-being Scale* (validated by Rincon, 2004). This scale evaluates the levels of self-perceived psychological eudaimonic well-being in terms of self-realization. This version consisted of 39 items that evaluated the six dimensions of the construct. This scale corresponds to the Spanish validated version of the instrument Diaz et al. (2006). The items are answered with a 6-point Likert scale (1 "Completely disagree", 6 "Completely agree"). Higher scores represent high levels of psychological well-being. Cronbach alphas for the three dimensions of the scale (Self-acceptance, Purpose in life, and Positive relationships) ranged from 0.76 and 0.80; the Cronbach alpha for the overall scale was 0.88.

#### *Authenticity*

To evaluate this variable, we used *The Scale of Authenticity* developed by Vargas & Barrera (2002), which was based on Harter's (2014) guidelines. This questionnaire consisted of 25 items. The items are answered with a 4-point Likert scale (1: "Completely false in my case", 4: "Completely true in my case"). Higher scores represent high levels of authenticity which represent the person's tendency to express themselves openly in all life scenarios. Cronbach's alpha for this instrument was 0.81.

#### *Anxiety and depression*

The presence of symptoms of anxiety was evaluated by using the *Self-Rating Anxiety Scale* (Zung, 1972) validated in the country in Colombia by De la Ossa et al., (2009) and Osma-Zambrano et al. (2019). The presence of symptoms of depression was evaluated using the *Self-Rating Depression Scale* (Zung, 1978), validated in Colombia by Campos-Arias et al. (2005). These questionnaires consisted of 20 items each and are answered using a 4-point Likert scale (1 "rarely" and 4 "Always"). Cronbach's alpha for the anxiety symptoms scale was 0.82 and 0.89 for the symptoms of depression scale.

#### **Analysis and procedures**

This study was approved by the Ethical Committee of the College of Social Science at the University of Los Andes. All participants voluntarily signed an informed consent forms which contained the study's goals and details of their participation. Data analysis was conducted using the statistical software SPSS (v.16). The analysis of the data included descriptive analyses (including the central trends and dispersion statistics, the analysis of symmetric, and kurtosis to confirm that there were not outliers), the verification of the normal distribution assumption by using the Kolmogorov-Smirnov test-according to the considerations of Habibzadeh, (2024), and bivariate correlation analyses for each of the four groups defined by sex and sexual orientation. Finally, we carried out mediation analysis using Baron and Kenny's (1986) successive regression method. We evaluated the hypothesis of bias in the results due to collinearity. We calculated Sobel's Z in cases in which mediation was identified and only the cases where the value was  $z > 1.96$ , then the mediation was confirmed.

#### **Results**

Results from the correlational analysis showed that the dimensions of the parent-child relationship have significant positive relationship with sexual

identity and well-being in the entire sample, but only in the men and women with sexual diversity identities, the sexual identity plays the roles of a

mediational variable between parent-child relationship and well-being. Table 2 shows the results of the correlation analysis.

**Table 2**

*Correlations Between the Perceived Quality of the Parent-Child Relationship, Sexual Identity and Well-Being in Each Group by Sex and Sexual Orientation*

			Quality of the parent-child relationship					
			Perceived acceptance		Perceived filial efficacy	Perceived support of authenticity	Perceived expectations	
			Maternal	Paternal			Maternal	Paternal
Heterosexual women	Sexual identity	Conformity with social gender constructs	0.05	0.37**	0.36**	0.33**	0.49**	0.36**
		Acceptance of sexual orientation	0.14	0.16	0.19	0.32**	0.38**	0.36**
	Well-being	Psychological Wellbeing	0.38**	0.35**	0.42**	0.50**	-0.14	0.31*
		Authenticity	0.25**	0.06	0.38**	0.24*	-0.25*	0.11
		Symptoms of depression	-0.07	-0.10	-0.41**	-0.46**	-0.07	-0.36**
		Symptoms of Anxiety	-0.32**	-0.33	-0.30**	-0.37**	-0.08	-0.18
Heterosexual men	Sexual Identity	Conformity with social gender constructs	0.27*	0.28*	0.22	0.24*	0.35**	0.27*
		Acceptance of sexual orientation	0.44**	0.59**	0.20	0.32**	-0.22	-0.07
	Well-being	Psychological Wellbeing	0.74**	0.60**	0.34**	0.69**	-0.19	-0.27*
		Authenticity	0.35**	0.33**	0.27*	0.45**	-0.11	0.09
		Symptoms of depression	-0.48**	-0.31**	-0.11	-0.38**	-0.09	0.02
		Symptoms of Anxiety	-0.29**	-0.20	0.04	-0.26**	-0.06	0.13
Women with diverse sexual orientations	Sexual Identity	Conformity with social gender constructs	0.89**	0.85**	0.83**	0.61**	0.03	0.31*
		Acceptance of sexual orientation	-0.92**	-0.96**	-0.95**	-0.13	0.07	-0.53**
	Well-being	Psychological Wellbeing	-0.48**	-0.47**	-0.41**	-0.78**	-0.49**	0.18
		Authenticity	0.11	-0.02	-0.04	0.83**	0.03	-0.43**
		Symptoms of depression	-0.07	-0.12	-0.16	0.75**	0.51**	0.48**
		Symptoms of Anxiety	-0.18	-0.33**	-0.32*	0.69**	0.04	-0.34
Men with diverse sexual orientations	Sexual Identity	Conformity with social gender constructs	0.16	0.33**	0.14	0.20	0.01	-0.09
		Acceptance of sexual orientation	0.76**	0.48**	0.13	0.34**	-0.50**	-0.40**
	Well-being	Psychological Wellbeing	0.55**	0.51**	0.28*	0.55**	-0.70**	-0.53**
		Authenticity	0.38**	0.34**	0.08	0.55**	-0.57**	-0.51**
		Symptoms of depression	-0.34**	-0.49**	-0.35**	-0.45**	0.43**	0.38**
		Symptoms of Anxiety	-0.11	-0.23	-0.12	-0.33**	0.07	0.04

\*p<0,05; \*\*p<0,01

In the group of heterosexual women, the majority of the variables of perceived quality of the Parent-Child relationship, except for perceived maternal acceptance, were significantly and positively correlated with conformity with social gender constructs. In this same group, only perceived support of authenticity and perceived maternal and paternal expectations regarding sexuality were significantly and positively correlated with sexual orientation. Likewise, most of the variables of perceived quality of the Parent-Child relationship were significantly and positively correlated with psychological well-being, except for perceived maternal expectations regarding sexuality. Finally, in this group, with some variations in the measures of perceived quality of the Parent-Child relationship, the correlations with symptoms of anxiety and depression were negative. Additionally, acceptance of sexual orientation was significantly correlated with psychological well-being. In the group of heterosexual men, the majority of the variables of perceived quality of the Parent-Child relationship were significantly and positively correlated with conformity with social constructs of masculinity, except for perceived filial efficacy. Additionally, in this group, conformity with social gender constructs was significantly and negatively correlated with symptoms of depression.

In the group of women with diverse minority sexual orientations, most of the measures of perceived quality of the Parent-Child relationship, except perceived maternal expectations, were significantly and positively correlated with conformity with social gender constructs. The relations between the study variables and the conformity with social gender constructs were all positive.

Something similar occurred with acceptance of sexual orientation with most of the measures of perceived quality of the Parent-Child relationship, except perceived paternal expectations and support of authenticity; in that case, the correlations were significant but negative. Similarly, a negative correlation was found between the perceived quality of the Parent-Child relationship measures

and psychological well-being. Results showed a positive correlation between the perceived quality of Parent-Child relations and depression. On the other hand, in this same group these results showed negative relationship between Parent-Child Relationship and anxiety. This should be analyzed in this group, taking into consideration that acceptance of sexual orientation and psychological well-being are significantly and positively correlated. These findings suggest that well-being and diverse or non-normative sexual orientation in this group of women find the family setting to be an unfavorable setting for the development of a motivational component of sexuality —sexual orientation— while finding it favorable for the development of the social component —conformity with traditional gender identity. These results are limited to a descriptive account of the findings, without any inferential analysis. Additionally, in this particular group, more than half of the relationships were negative, making the findings of this group the most divergent compared to the others.

In the case of men with diverse sexual orientations, only the perception of paternal acceptance was significantly and positively correlated with conformity with social gender constructs. Most measures of perceived quality of the Parent-Child relationship were significantly correlated with acceptance of sexual orientation, except perceived filial efficacy. Additionally, in the case of perceived paternal and maternal expectations regarding sexuality, the correlation with acceptance of sexual orientation is negative. Similar findings were obtained for psychological well-being and authenticity for this group, with which correlations were positive and with symptoms of anxiety and depression. In this group, acceptance of sexual orientation was also significantly and positively correlated with the two measures of well-being and negatively with symptoms of depression.

Table 3 shows the results of the correlation analysis between measures of sexual identity and measures of well-being.

**Table 3***Correlations Between Sexual Identity and Well-Being in Each Group by Sex and Sexual Orientation*

Sample	Dimensions of wellbeing	Sexual identity	
		Conformity with social gender constructs	Acceptance of sexual orientation
Heterosexual women	Psychological wellbeing	0.16	0.26*
	Authenticity	-0.14	-0.01
	Symptoms of depression	-0.08	-0.16
	Symptoms of anxiety	0.08	-0.17
Heterosexual men	Psychological wellbeing	0.15	0.21
	Authenticity	0.02	0.13
	Symptoms of depression	-0.24*	-0.07
	Symptoms of anxiety	-0.17	0.05
Women with diverse sexual orientations	Psychological wellbeing	-0.79**	0.47**
	Authenticity	0.38**	0.07
	Symptoms of depression	0.29*	0.20
	Symptoms of anxiety	0.07	0.46**
Men with diverse sexual orientations	Psychological wellbeing	-0.05	0.58**
	Authenticity	-0.01	0.61**
	Symptoms of depression	-0.06	-0.34**
	Symptoms of anxiety	0.13	-0.12

\*p&lt;0,05; \*\*p&lt;0,01

Considering the results of this part of the correlations, presented in Table 3, only the cases where the correlation between well-being variables and sexual identity were found as significant, the mediation statistical analysis was then tested.

The mediation analysis was based on the results of the bivariate correlation analyses for the four groups; based on these results, we considered only the groups of men and women with diverse

sexual orientations. The inclusion of these groups was based on the simultaneous correlations between the perceived quality of the Parent-Child relationship, measures of sexual identity and well-being, and sexual identity and well-being. We analyzed all possible mediation models, finding mediation only in the three models shown in Table 4.

**Table 4***Mediation Analyses Found in Women and Men with Diverse Sexual Orientations*

	Dependent variable: wellbeing Independent variable: perceived maternal acceptance Mediator variable: acceptance of sexual orientation			
	Regression models			
	1 <sup>st</sup> Perceived maternal acceptance on wellbeing	0.28	0.46	0.00
	2 <sup>nd</sup> Perceived maternal acceptance on acceptance of sexual orientation.	0.56	0.75	0.00
	3 <sup>rd</sup> Acceptance of sexual orientation on wellbeing	0.34	0.39	0.01
	4 <sup>th</sup> Perceived maternal acceptance and acceptance of sexual orientation on wellbeing.	0.34	0.24	0.12
	(Sobel test, z value = 2.37)			
	Dependent variable: authenticity Independent variable: perceived maternal acceptance. Mediator variable: acceptance of sexual orientation.			
	Regression models			
	1 <sup>st</sup> Perceived maternal acceptance on authenticity	0.12	0.37	0.00
	2 <sup>nd</sup> Perceived maternal acceptance on acceptance of sexual orientation	0.56	0.75	0.00
	3 <sup>rd</sup> Acceptance of sexual orientation on authenticity	0.39	1.98	0.00
	4 <sup>th</sup> Perceived maternal acceptance and acceptance of sexual orientation on authenticity	0.39	0.19	0.21
	(Sobel test, z value = 4.25)			
	Dependent variable: authenticity Independent variable: perceived paternal acceptance Mediator variable: acceptance of sexual orientation			
	Regression models			
	1 <sup>st</sup> Perceived paternal acceptance on authenticity	0.09	0.33	0.01
	2 <sup>nd</sup> Perceived paternal acceptance on sexual orientation	0.21	0.48	0.00
	3 <sup>rd</sup> Acceptance of sexual orientation on authenticity	0.38	0.61	0.00
	4 <sup>th</sup> Perceived paternal acceptance and acceptance of sexual orientation on authenticity	0.38	0.40	0.74
	(Sobel test, z value = 3.06)			
Men with diverse sexual orientations				

Mediation is considered to be present only if a reduction in the significance of the association is observed when including both the predictive and mediator variables in the fourth regression.

In men with diverse minority sexual orientations, the positive relationship between perceived maternal acceptance and perceived psychological wellbeing varies as a function of the degree of acceptance of sexual orientation. The greater the acceptance of sexual orientation, the stronger the relationship between perceived maternal acceptance and wellbeing. The same phenomenon was observed with authenticity, for both maternal and paternal expectations. We conclude that only in men youngsters with diverse minority sexual orientations, the degree of acceptance of sexual orientation mediates the relationship between perceived quality of the Parent-Child relationship and well-being.

### Discussion

The results of this study allowed us to observe that relationships for groups classified by sex and sexual orientation were overall positive, with mediations observed only for men with diverse minority sexual orientations. When men young adults perceived that they were accepted by their parents and encouraged to express themselves authentically, they perceived more significant levels of psychological well-being and authenticity. The magnitude and significance of this association increase in men with diverse sexual orientations as long as there is a concomitant increase in acceptance of sexual identity.

The relationship between the perceived quality of the parent-child relationship and sexual identity confirms what Savin-Williams & Ream (2003) and Hubachek et al. (2023) have suggested regarding the role of parental relationships in the development of the sexual identity of people with diverse sexual orientations. This was only found in the male cases.

According to these authors, the perception of positive relationships between caregivers and

their children reduces stigmatization (Herek, 2003; McIntosh et al., 2022).

The results showed a significant positive association between the perception of parental relationships, sexuality (social gender constructs and sexual orientation), and well-being in heterosexual women and men. The association between these variables was different for non-heterosexual women and men. In women, we found a significant and negative correlation between the perceived quality of Parent-Child relationships and acceptance of sexual orientation. In men, we found a significant and positive correlation between the perceived quality of Parent-Child relationships, conformity with social gender constructs and acceptance of sexual orientation. These findings could be related to the support perceived when there is not correspondence with normative sexuality models, especially in the male cases (Konik & Stewart, 2004). However, further study is required in the group of non-heterosexual women, given the counterintuitive results, also considering that in their cases, the mediation was not found. However, one might think that women with diverse sexual orientations do not consider their gender identity constructs to be contrary to parental expectations, giving rise to a negative correlation (Figueroa & Tasker, 2020). In men, greater perceived parental acceptance is positively correlated with their gender identity constructs (Conlin et al., 2019). This difference between women and men with diverse sexual orientations regarding the perception of parental social support, and parental acceptance rejection is not found in studies from different cultural contexts (McCurdy & Russell, 2023); a similar case occurs concerning the identity acceptance with sexual orientation (Taylor & Neppel, 2023).

The findings showed positive correlations in all four groups between perceived support of authenticity and sexual identity, which supports the role of perceived positive relationships with parents and support of authenticity in shaping the well-being of youngsters (Harter, 2014). Regarding

the relationship between sexuality and well-being, the results support the approach suggested by Ryff (1995) regarding the importance of self-acceptance in the well-being of individuals since this favors the development of autonomy, environmental mastery, and positive relationships. Additionally, these results support the point of view of Harter (2014) who suggested that acceptance of the different dimensions of identity—including the sexual dimension— encourages youngsters to express themselves according to their feelings and thoughts, thus supporting their well-being (Harter, 2014).

The findings regarding mediation showed that sexuality plays a role in the relationship between parental relationships and well-being. These findings are consistent with the results of Figueroa and Tasker (2020), who reported that positive relationships with parents are related to the acceptance of sexual identity in young people. Likewise, family settings that favor acceptance of sexual identity foster well-being in this stage of life (García-Mendoza et al., 2019) and reduce symptoms of anxiety and depression (Herek, 2003; Queen et al., 2013).

The results highlight the importance of parental relationships in shaping environments that foster the development of sexuality and the well-being of youngsters. Despite this, it is essential to point out the limitations of this study. The first corresponds to the limited sample size, which limits the generalization of the results, especially when considering the number of participants in each group divided by sex and sexual orientation. The second limitation is based on the type of non-probabilistic convenience sampling. Probabilistic sampling, which samples participants in appropriate proportions from each socioeconomic and educational level, would favor sample diversity and increase the external validity of the results. The third relates to the fact that some instruments may require validation in this context (authenticity and perceived support of authenticity, even though they showed appropriate levels of reliability in the

present study). Finally, it would be worthwhile to develop a greater understanding of the social and cultural aspects involved in the construction of sexual identity and their relationship with Parent-Child interaction dynamics. Some interesting questions remain regarding the variables that may help us understand why, particularly, in men with diverse sexual orientations, the mediation influences positive indicators of mental health. Further research is required on the characteristics of gender constructs as a function of the sex with which a person identifies. This would help us understand these phenomena in a way that it would allow us to propose treatment and prevention strategies to foster mental health in youngsters. The complexity of the configuration of sexual identity and the constant changes in context will make it necessary to carry out studies with different methodologic and paradigmatic approaches.

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