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Adolescents in planned lesbian families in the U.S. and the Netherlands: Stigmatization, psychological adjustment, and resilience

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Publication date
2012

[Link to publication](#)

Citation for published version (APA):

van Gelderen, L. (2012). *Adolescents in planned lesbian families in the U.S. and the Netherlands: Stigmatization, psychological adjustment, and resilience*.

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CHAPTER

7

General discussion and conclusion



7. General discussion and conclusion

The main aim of the current research was to compare the psychological adjustment of adolescent girls and boys who are born to families in which the mothers identified as lesbian before giving birth to the index offspring (planned lesbian families) with that of their peers in heterosexual parent households. Specific topics related to being born to a lesbian household were also investigated, such as the adolescents' experiences of stigmatization associated with their mothers' lesbianism. To fulfill these aims, data were used from the fifth wave of the U.S. National Longitudinal Lesbian Family Study (NLLFS; Gartrell et al., 1996; Gartrell et al., 2005; Gartrell, Rodas, Deck, Peyser, & Banks, 2006) and from the third wave of the Dutch Longitudinal Lesbian Family Study (D-LLFS). This chapter presents and discusses the main findings of this thesis. It ends with a description of the limitations and implications of the research, and ideas for future research.

7.1 Discussion of the main findings

7.1.1 Psychological adjustment

Both positive measures (e.g., quality of life) and negative measures (e.g., problem behavior) were used to measure the psychological adjustment of American and Dutch adolescents who were born to lesbian-headed households. One of the main findings of the studies in this dissertation was that the American adolescents did not show any differences in perceived quality of life compared to matched adolescents in heterosexual families. It was also found that the Dutch adolescents had lower total problem behavior scores than their matched counterparts in heterosexual families. These results are in line with the findings of earlier studies on the psychological adjustment of adolescents in lesbian-parented families. Various studies have shown that adolescents in female same-sex households were comparable to their counterparts in opposite-sex households: The offspring of same-sex parents were equally or better adjusted as regards problem behavior, self-esteem, anxiety, depression, hostility, or problematic alcohol use (Gartrell & Bos, 2010; Golombok & Badger, 2010; Wainright et al., 2004). This dissertation adds to the existing knowledge because no previous have focused on a positive aspect of psychological adjustment, no researchers have utilized the Youth Self-Report (a commonly used instrument to measure psychological adjustment), and no earlier studies were based on data from outside the USA or the UK.

Existing data demonstrate that adolescents in lesbian households can thrive, even though they live in a society that is not fully supportive of their family type. The mothers in lesbian families have been shown to contribute to the healthy psychological wellbeing of their offspring. Earlier studies have found that lesbian mothers use effective and committed child-rearing styles. For example, lesbian mothers have been found to show a stronger

desire to have a child as well as more engagement with the issue of having children when compared with heterosexual parents (Bos, Van Balen, & Van den Boom, 2003). Also, before their children were born, American lesbian mothers indicated that they were fully engaged in the process of parenting (Gartrell et al., 1999). While raising their child, lesbian co-mothers exhibited higher levels of support (e.g., more emotional involvement and parental concern) and lower levels of control (less power assertion and limit setting, along with more respect for the child's autonomy) than heterosexual fathers (Bos et al., 2007). In addition, mothers in mother-headed households (including lesbian and solo mothers) were found to be more emotionally involved with their young adult children than mothers in mother-father families (Golombok & Badger, 2010). All these aspects might have contributed to the positive psychological adjustment of the lesbian mothers' adolescent offspring.

7.1.2 *Stigmatization experiences*

Various studies have shown that young children (e.g., Bos et al., 2008) and adolescents (Bos & Gartrell, 2010; Gershon et al., 1999; Welsh, 2011) with lesbian parents have experienced stigmatization because their mothers identify as lesbians. The American and Dutch adolescents in planned lesbian families who participated in the studies described in this dissertation were also subjected to stigmatization based on their mothers' sexual orientation. Earlier reports of the NLLFS showed that 41% of the adolescent participants reported experiencing stigma (e.g., Gartrell & Bos, 2010). The American qualitative study described in this thesis was the first to provide more in-depth information about these experiences. The results showed that most of the reported stigmatization took place within the school context and that peers were the most often mentioned perpetrators. This is not surprising, since classmates play central roles in the lives of developing adolescents (Harris, 1995; Wilkinson & Pearson, 2009). However, peers were not the only source of stigmatization. Experiences with family members, people at work, teachers in school, and people who were unknown to the adolescents were also reported. These results echo the findings of the Gallup Poll (2009) and the Eurobarometer (European Commission, 2007): Not everybody in the social environment of the teenagers in lesbian-headed households is supportive of their family type.

Previous studies among sexual minorities have shown that increased levels of discrimination are associated with more negative mental and physical health (e.g., Hatzenbuehler, 2009; Pascoe & Smart Richman, 2009). This is in line with the findings of this dissertation. The results revealed that American adolescents who reported that they had experienced stigmatization had more psychological health problems, less life satisfaction, and a lower perceived quality of life than their counterparts who did not report such experiences. Within the sample of Dutch adolescents, more reported stigmatization was

also related to more problem behavior.

The relation between stigmatization and psychological adjustment might be mediated by the negative influence of experienced social stress (Hatzenbuehler, 2009). Social stressors are personal events or conditions in the social environment that act above and beyond general stressors that all individuals are likely to experience (Meyer, 2003). Thus, members of a minority group, such as adolescents in planned lesbian families, are more likely to experience extra stressors, often in the form of perceived discrimination or stigmatization, and these experiences contribute to a poorer mental health than that of majority group members.

However, the results of the current research showed that as a group, adolescents living in same-sex-parent households do not differ from their peers in heterosexual-parent households. According to Schwartz and Meyer (2010), this might be because members of both groups (adolescents with lesbian parents and those with heterosexual parents) experience different types of stressors. Numerous studies have shown that, for any one individual, the number of life stressors is more predictive of psychological problems than the content of such stressors (e.g., Rutter, 1979; Sameroff, 2000).

7.1.3 *Resilience*

People can use coping skills that are either adaptive or maladaptive in reaction to a negative situation in life (Hampel & Petermann, 2005; Thompson et al., 2010). The former are considered helpful in overcoming a negative experience, while the latter are less helpful (Skinner et al., 2003; Thompson et al., 2010). Qualitative results of the NLLFS data revealed that the adolescents used both types in response to homophobic stigmatization: 64% of the teenagers used adaptive coping skills – such as optimism, confrontation, selecting good friends, or seeking social support – and 56% used maladaptive coping skills, such as avoidance or depression. Ray and Gregory (2001) studied the response of 84 offspring in same-sex families (ranging in age from 5 to 18 years) to bullying associated with their parents' sexual orientation. The investigators analyzed data from interviews and focus/support groups; these data revealed that young children in primary schools tended to seek social support and explained that their parents were just the same as heterosexual parents. Secondary-school children were more likely to use avoidant and confrontational coping strategies, and were less likely to talk to parents, peers, or teachers about the experienced stigmatization than their younger counterparts were (Ray & Gregory, 2001). Rivers, Poteat, and Noret (2008), however, found that young children in same-sex female households were less likely to seek sources of support at school compared to their counterparts in opposite-sex households. There were no differences between the groups in reports of using peer and family sources of support.

This dissertation presented a detailed description of the coping strategies of adolescents in planned lesbian families. The results revealed that interpersonal promotive factors, such as family compatibility and peer group fit, did ameliorate the relation between stigmatization and psychological adjustment, such as psychological health problems and life satisfaction. Thus, stigmatized NLLFS adolescents who scored higher on measures of family compatibility and peer group fit, showed better psychological adjustment than their stigmatized counterparts who scored lower on these promotive factor measures.

Earlier studies showed that closeness to parents is beneficial for children in traditional families (Luthar & Latendresse, 2005; Vanderbilt-Adriance & Shaw, 2008), and for adolescents in households headed by lesbian mothers (Golombok, 2000). For example, Bos and Gartrell (2010) found that adolescents' reports of positive relationships with their mothers were associated with a diminution in problem behavior among those who experienced stigmatization. Notwithstanding, Harris (1995) argued that peers may play an even more important role in adolescent adjustment than parents. The results of the current study confirmed that peers can play an important role; whether peers were more important than parents, however, was not investigated.

7.2 Limitations

There are several limitations of the studies presented in this dissertation. The first limitation concerns the sample selection: both samples were convenience samples. The American sample was recruited via announcements at lesbian events and in women's bookstores and lesbian-oriented newspapers. The Dutch sample consisted of participants that were recruited through the Medical Centre for Birth Control, through a mailing list of an interest group for gay and lesbian parents, through the help of individuals with expertise in the area of gay and lesbian parenting, and through an advertisement in a lesbian magazine. The fact that the samples were convenience samples has two disadvantages. The first is that unknown variables that are related to volunteering for the study might have influenced the results. However, the mothers--not the adolescent offspring--initially volunteered to participate in the longitudinal studies. The second is that it is not known whether the convenience samples are representative of all planned lesbian families in the U.S. and the Netherlands. One should keep in mind that American lesbian women with children were largely hidden in the 1980s, due to a long history of discrimination against lesbian and gay people, and the possibility of recruiting a representative sample of prospective lesbian mothers for the NLLFS was even more unrealistic than it is today (Golombok et al., 2003). With regard to the Dutch sample, it is known that there were no differences between the planned lesbian families in the DLLFS and lesbian women in a large-scale study on sexual behavior in the Netherlands (Bos et al., 2007).

Second, both samples were homogeneous in economic and ethnic backgrounds. The cohort of first-generation American and Dutch planned lesbian families is primarily middle- to upper middle-class. The inclusion of more lower SES families might have led to a higher rate of stigmatization, because children in lower SES lesbian families have been shown to be even more likely to be targeted (Tasker & Golombok, 1997). In addition, the samples were limited in their ethnic backgrounds: 87.1% of the American adolescents reported having a White/Caucasian background, while 91.5% of the Dutch adolescents came from families in which both mothers were Dutch. The inclusion of more lesbian families from non-majority cultures might have led to more diverse experiences, and perhaps even to higher rates of stigmatization, because of discrimination based on multiple minority status (Ahrold & Meston, 2010; Nelson Glick & Golden, 2010).

Third, some within analyses were performed with small samples. Various scholars argue that such small samples make it less likely to detect associations between variables in the population (weak statistical power) and more likely to lead to an erroneous confirmation of the null hypothesis (Amato, 2012; Onwuegbuzie & Leech, 2004). Thus, the probability of rejection of the null hypothesis might have been reduced by the low statistical power in some within group analyses and this might in turn have increased the likelihood that a Type II error has taken place. In other words, for some non-significant results there may have been a difference between the two groups that was undetected due to low statistical power.

The remaining limitations concern the methodology. The data were gathered simultaneously rather than at different time points; it was therefore impossible to test causality. In addition, all information was collected by adolescent questionnaires. Although questionnaires can be a useful tool to collect data, especially when they are standardized and validated like the QOL-R, the STPI, and the YSR, it would have been better had the data been complemented by a different type of data, for example, data collected through observations or diaries. Furthermore, the use of more information sources, such as peers, mothers, and teachers, would have strengthened the conclusions. The final limitation is that all data were gathered by means of an online questionnaire. Verbal interviews might have elicited even more information.

7.3 Implications

Neither American nor Dutch society is fully supportive of lesbian women who would like to have or are raising children (e.g., European Commission, 2007; Gallup Poll, 2009). Current results showed that the adolescent offspring of lesbian mothers had been confronted with these attitudes and that these negative experiences psychological adjustment. The studies that are reported in this dissertation provide some starting points

for supporting adolescents in lesbian families while they navigate the social contexts in their lives. More general implications are discussed below.

7.3.1 Home environment

It would be useful to inform prospective mothers that their children might be stigmatized. This would allow lesbian mothers to prepare themselves and, eventually, their children. To optimize the mothers' preparation and the monitoring of their children, information should be given about what types of stigmatization occur (e.g., teasing) and in which locations (e.g., school). Mothers should also be told what they can do to prevent their children's psychological adjustment suffering as a result of stigmatization (i.e., discussing adaptive coping strategies in the context of positive relationships with their children).

7.3.2 School environment

Several strategies could be used to reduce homophobic stigmatization at school and to promote the safety and wellbeing of LGBT youth in schools. They include intervention programs, such as nondiscrimination and anti-bullying policies focusing on actual or perceived sexual orientation, gender identity or expression, and the inclusion of LGBT issues in school curricula (Russell, 2011). For this, teachers and school administrators need to be aware of different family forms, including same-sex-parented families. Since some teachers were cited as sources of the stigmatization reported in the current study, educating them about various types of families and the importance of using inclusive language in the classroom would enable them to teach their children and to provide them with more effective support. Thus, the awareness of different family types, as well as of other differences, should be incorporated into the curricula of bachelor's and Master's programs for teachers and school administrators.

7.3.3 The clinical setting

Because increasing numbers of children are growing up in lesbian families (Movement Advancement Project et al., 2011), mental health professionals are likely to be consulted by such families when problems occur. To offer adequate support, clinicians must be aware that these children are vulnerable to stigmatization, typically by peers at school. Training in helping children and their families to cope with and respond to stigmatization should be a part of the graduate curricula of all mental health disciplines. This would help mental health professionals teach adolescents to depersonalize experiences of stigmatization.

7.3.4 *The media*

American youths in the 8- to 18-year-old age group spend on average 7.5 hours a day, seven days a week, on such media as TV, computers, video games, music, print, cell phones, and movies (Rideout, Foehr, & Roberts, 2010). Media would consequently be a good tool to reach children and adolescents and to teach them about the different family types that exist in society. Increasing attention is now being paid to same-sex families in movies and TV series. *The Kids are All Right* (Gilbert et al., 2010), *The Modern Family* (Levitan et al., 2009), and *Glee* (DiLoreto, Brennan, Murphy, & Falchuk, 2009), for example, could support children in lesbian families by showing that it is “normal” to live in a same-sex household. Such media could also contribute to a general awareness of the existence of other family types, and could extend the knowledge people have of the challenges faced by lesbian families, such as how to deal with a donor.

The Internet provides a good platform for public education campaigns along the lines of the Trevor Project – which provides crisis intervention services to LGBT youth – and “It Gets Better,” which is a series of YouTube videos that reach out to targeted LGBT youth to make it clear that help is available to those who are being bullied. Although these programs are aimed at LGBT youth, they can also be used for offspring of same-sex parent families. It must be noted, however, that the effectiveness of these campaigns has not been scientifically studied.

7.4 **Future research**

The findings presented in this dissertation give rise to various topics for future research. One that deserves a strong focus is why some adolescents experience stigmatization and others do not. Although half of the American adolescents reported experiences of stigmatization, it is not known what factors distinguish the adolescents who were stigmatized from those who were not. Future research could investigate which environmental factors, such as neighborhoods, school climates, and social support groups, increase the likelihood of being stigmatized. Factors at an individual level – such as the willingness to disclose one’s mother’s sexual orientation, or having multiple minority status (for example, being a member of religious minority and having lesbian parents) – might also play a role in whether an adolescent experiences stigmatization.

Various studies have shown that internalizing negative societal beliefs can induce feelings of shame or fear of being judged defective (Scheff, 2000; Shweder, 2003). This warrants a more in-depth investigation of actual versus anticipated stigmatization.

With regard to the relation between stigmatization and psychological adjustment, it is essential to base future research on longitudinal data so that one can study whether stigmatization causes a poorer psychological adjustment, or whether a poorer psychological

adjustment makes someone more vulnerable to stigmatization. In addition, researchers who focus on LGBT people have made a lot of progress in understanding the mediation role of social stress (see for an overview: Hatzenbuehler, 2009). To add to the theory-building around that topic, it is important that researchers in the field of LGBT parenting also focus on the role of social stress.

Scholars could also investigate in more depth the effectiveness of the coping strategies used by adolescents who experience stigmatization. Although previous studies have shown that adaptive coping strategies are more useful than maladaptive strategies in overcoming problems (Skinner et al., 2003; Thompson et al., 2010), the functionality of these strategies has not been studied in stigmatized adolescents with same-sex parents. Research is also needed to establish whether there are any clear links between different forms of stigmatization and the various types of coping strategies.

The abovementioned ideas are all related to the topics covered in this dissertation. However, there is much more to explore. For example, research has recently been started on gay families in which the children are raised from birth (Bos & Van Gelderen, 2010). Future studies should establish whether results that are based on data on young children and adolescents in lesbian-headed families, also hold for their counterparts in gay families. Intervention studies could study whether it is useful to teach the offspring of lesbian mothers how to deal with stigmatization by, for example, teaching them how to depersonalize stigmatization. Explanations of how the painful experiences are linked to sociopolitical context of cultural heterosexism (Short, 2007) could contribute to that. Although a school climate that nourishes diversity and acceptance of differences is the initial goal, teaching children about various family types could be helpful in reducing homophobic stigmatization based on parental sexual orientation. The effectiveness of such teaching could also be studied through randomized controlled intervention trials in schools. Finally, future studies should try to focus more on differences in the context of lesbian families. Study samples should include more offspring of mixed-race lesbian couples and more offspring in lower SES families. The context can also be studied by making cross-cultural comparisons.

7.5 Final conclusion

Altogether, the studies in this dissertation find no evidence that the psychological adjustment of adolescents in planned lesbian families is inferior to that their peers in heterosexual families. On standardized instruments, adolescents with lesbian mothers showed no substantial differences in perceived quality of life and fewer behavioral problems than adolescents in matched heterosexual families.

In the introduction of this dissertation, it was hypothesized that the prevalent

heterosexism in society would influence the nature of the interaction adolescent offspring of lesbian mothers with significant others in a negative manner. This compilation of studies has shown that for half of the American and some of the Dutch adolescents this was indeed the case: they reported that they were treated badly because of having a lesbian mother. The homophobic stigmatization took mostly place in schools, and peers were most often the source of negative comments, teasing, or ridicule.

Such stigma experiences were negatively associated with the psychological adjustment of adolescents in planned lesbian households: The adolescents who reported that they experienced stigmatization had more problem behavior and less perceived life satisfaction than their counterparts without such experiences. However, the compiled studies of this dissertation also found that having a favorable relationship with parents and fitting well with peers (two contextual factors from the mesosystem of the adolescents' environment) can decrease the strength of the association between experienced stigmatization and psychological adjustment.