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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*. [Thesis, fully internal, Universiteit van Amsterdam].

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SUMMARY



Summary

Family constellations have become more diverse in recent decades. This is shown by the decrease in the number of children living in heterosexual married families and, simultaneously, by the increase in the number of children living in other types of families, such as single-adult households, single-mother families, cohabitating heterosexual couples, cohabitating or married gay/lesbian families, patchwork families, and foster families (Sheppard, 2009; de Graaf, 2011). This dissertation focused on the psychological adjustment of adolescent offspring in one of these non-traditional family types: planned lesbian families (families in which lesbian mothers decide to conceive a baby after they have identified as lesbians).

To date, most studies that focus on the psychological adjustment of offspring in lesbian-headed households have studied young children. Adolescence is an important transitional life phase in which, along with biological and cognitive changes, an individual's social context changes dramatically (Santrock, 2008). The few studies that did aim to examine adolescent offspring with lesbian mothers mainly focused on the negative aspects of psychological well-being (e.g., anxiety and depression), mainly used mothers as sources, and tended to make comparisons between the psychological adjustment of adolescents with lesbian mothers and their counterparts with heterosexual parents. Finally, all studies on adolescent well-being are based on data from the UK or the USA.

The aim of this dissertation was to extend current knowledge regarding the psychological adjustment of adolescent offspring in planned lesbian families in various ways, namely by a) focusing on perceived quality of life and perceived life satisfaction (more positive aspects of psychological well-being); b) using adolescents themselves as a data source; c) studying differences within groups of adolescents in planned lesbian families; and d) supplementing the American data with data from a Dutch study.

To fulfill this aim, adolescent data were used from two longitudinal studies on lesbian families: the American National Longitudinal Lesbian Family Study (NLLFS) and the Dutch National Longitudinal Lesbian Family Study (DLLFS). The NLLFS was initiated in the 1980s by Dr. N. Gartrell to follow and report on a cohort of planned lesbian families with children conceived through donor insemination (DI). To date, data have been collected in five waves: when the mothers were undergoing insemination or pregnant (T1), and when the children were 2 years old (T2), 5 years old (T3), 10 years old (T4), and 17 years old (T5). At T5, 78 families were still participating (T1: 84 families, a retention rate of 93%). The DLLFS was started in 2000 by Dr. H. Bos to study parental characteristics, child-rearing, and child development in a group of Dutch planned lesbian families. For this study, data were collected in three waves, namely when the children were on average 5.8 years old (T1), 9.9 years old (T2), and 16.6 years old (T3). At T3, 83 families were still participating (T1: 100

families, a retention rate of 83%). Both the American and the Dutch data were collected by means of (online) questionnaires. The studies described in this dissertation were based on data from the last waves of the NLLFS and DLLFS.

As reported in *Chapter 2*, the first study consisted of a review. Drawing on the existing literature on lesbian families, this chapter provided an overview of the historical and cultural milieu in which lesbians formed families in the late twentieth century, the psychosocial development of children born to lesbian mothers, and how certain factors can protect them from negative influences. The chapter concluded that the focus of research into lesbian families should be widened: rather than just comparing children in lesbian households with their counterparts in heterosexual families, research should examine the personal, family, and community resources that can reduce the negative impact of homophobia on the psychological adjustment of children and adolescents who grow up in lesbian-headed households from birth.

The aim of the study discussed in *Chapter 3* was twofold. First, a comparison was made between the perceived quality of life of the NLLFS adolescents and that of a matched comparison group of adolescents with heterosexual parents. The comparison group was derived from a representative sample of adolescents in Washington State. Second, differences within the group of offspring in lesbian-headed households were studied by assessing whether donor status, maternal relationship continuity, and self-reported stigmatization were associated with the NLLFS adolescents' perceived quality of life.

The adolescents in both groups gave a numerical score (0 = minimum; 10 = maximum) to each of a series of statements, such as, "I feel I'm getting along with my parents/guardians," "I look forward to the future," and "I feel good about myself." In addition, the NLLFS adolescents were asked whether they had experienced stigmatization, and if so, to describe these experiences (e.g., teasing and ridicule). Background information about donor status (whether the adolescents were conceived by known or unknown donors) and maternal relationship continuity (whether the lesbian mothers were still together or had separated) were based on mothers' reports.

It was found that the adolescents in lesbian-headed families generally responded to the perceived quality of life questions in the same way as the adolescents in heterosexual parents families. For the adolescents with lesbian mothers, it was also found that perceived quality of life was not related to experienced stigmatization, donor status, or maternal relationship continuity.

In conclusion, the results indicated that the reported quality of life for adolescents in lesbian-headed households was similar to that reported by their matched counterparts in heterosexual-headed families. This finding supported earlier evidence that adolescent offspring reared by lesbian mothers from birth do not manifest more adjustment

difficulties (e.g., depression, anxiety, disruptive behavior) than their counterparts reared by heterosexual parents.

Chapter 4 described a qualitative study in which it was investigated whether American adolescents experienced negative reactions from their social environment associated with their mothers' sexual orientation, and if so, what the nature of these experiences had been. Furthermore, the coping strategies described by the adolescents themselves were also studied. To do so, the adolescents were asked whether they had been treated unfairly because they had a lesbian mom. Adolescents who said that they had been treated unfairly were then asked to describe two or three such experiences, specifying what had happened, how they felt, what they had said or done, and whom they had told about it.

The results of this study revealed that 50% of the NLLFS adolescents ($n = 39$) had experienced negative reactions due to having a lesbian mom (30 adolescents answered "yes" when asked directly about negative treatment due to having a lesbian mother, while nine adolescents revealed that they had experienced stigmatization in their answers to other open-ended questions). Stigmatization usually took place within the school context and, probably as a consequence of this, peers were the most frequently mentioned source. However, the adolescents also wrote that family members, people at work, schoolteachers, or people they did not know were perpetrators of stigmatization. The majority of the adolescents experienced stigmatization in the form of exclusion, ridicule, and rejection. The adolescents studied used adaptive coping strategies (such as optimism) more frequently than maladaptive strategies (such as avoidance) to deal with these experiences.

The main implication of this study was that intervention programs focused on family diversity should be developed for school children of all ages, since the stigmatization experienced by the adolescents studied typically occurred in the school context.

Chapter 5 of this dissertation also provided insight into the experiences of stigmatization and the resilience of American adolescents growing up with lesbian mothers from birth. The aim of this study was to investigate whether the NLLFS adolescents' experiences of stigmatization were related to psychological health problems and life satisfaction. Additionally, the study investigated whether individual and interpersonal promotive factors influenced this association.

Psychological adjustment was measured by asking the adolescents 30 questions about health problems, such as "I feel anger" and "I feel gloomy" (1 = *not at all*, 4 = *very much so*) and three items relating to life satisfaction (e.g. "I enjoy life", 0 = *not at all*, 10 = *completely*). Information about the individual promotive factor androgynous personality traits and the interpersonal promotive factors family compatibility and peer group fit were also derived from answers to multiple-choice questions.

Forty-one percent of the participating adolescents reported that they had experienced

stigma based on their mothers' sexual orientation. When compared with peers who did not report stigma, the stigmatized teenagers showed more psychological health problems and less life satisfaction. In addition, it was found that interpersonal promotive factors, namely family compatibility and peer group fit, could ameliorate the relation, while androgynous personality traits (interpersonal factor) were unable to do so.

These findings suggest that stigmatization is negatively related to psychological adjustment. However, having a favorable relationship with one's parents and getting on well with one's peers can promote healthy development. These results suggest that queries about relationships with parents and peers are an important part of the clinical assessment of adolescents in same-sex parent families.

The abovementioned studies were all based on data from the fifth wave of the American NLLFS. *Chapter 6* provided an insight into the first results of the third wave of the Dutch Longitudinal Lesbian Family Study (DLLFS). The aim of this latter study was to compare the psychological adjustment of Dutch adolescents in planned lesbian families with those of a randomly selected sample of matched teenagers in heterosexual families from municipal registers in the Dutch province of Zuid-Holland. The two groups were matched on gender, age, parental ethnicity, parental education, and parental relationship status. The second aim was to study whether experiences of stigmatization were associated with the psychological adjustment of adolescents with lesbian mothers.

Psychological adjustment was measured with a frequently-used instrument, the Achenbach Youth Self-Report instrument, which collects information on three areas of competence (activities, social, and school/academic), eight empirically-based syndrome scales (anxious/depressed, withdrawn/depressed, somatic complaints, social problems, rule-breaking behavior, and aggressive behavior), and three broadband scales (internalizing, externalizing problem behavior, and total problem behavior). Stigmatization was measured by calculating a mean score of 14 items relating to stigmatization (e.g., "Peers used abusive language towards me", 0 = never, 3 = often).

The difference between the DLLFS adolescents and their counterparts from heterosexual headed-households was that the adolescents in lesbian families exhibited less total problem behavior than their peers in heterosexual families. In addition, it was found that stigmatization experiences were related to the syndrome scales social problems, rule-breaking behavior, and aggressive behavior, and the broadband scales externalizing behavior and total problem behavior (higher scores on stigma scale, higher scores on these subscales).

Chapter 6 concluded that even though stigmatization is associated with more problem behavior, as a group, Dutch adolescents with lesbian parents demonstrate similar competencies and fewer behavioral problems on self-reported measures of psychological

adjustment than their counterparts in heterosexual-parent families.

Taking the studies in this dissertation as a whole, it can be concluded that adolescents in planned lesbian families do not differ in terms of their perceived quality of life and exhibit less problem behavior than adolescents in matched heterosexual families. Some adolescents experienced negative reactions from their environment based on their mothers' lesbian identity. This homophobic stigmatization tended to occur in schools, and adolescents' peers were most often the source of negative comments, teasing or ridicule. Stigmatization was negatively related to psychological adjustment, and it was found that two contextual factors from the mesosystem of the adolescents' environment (having positive relations with one's parents and peers) could ameliorate this relationship.