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# CHAPTER 6

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## Same-sex attraction, gender nonconformity, and mental health: The protective role of parental acceptance

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## **Abstract**

The current study assessed, separately for boys and girls, the moderating effects of mother/father acceptance in the relationship of same-sex attraction (SSA) and gender nonconformity (GNC) with psychological distress and social anxiety. Data were collected from 1,121 secondary school students (539 boys and 582 girls;  $M_{age} = 16.6$ ) by means of a paper–pencil questionnaire. Multiple regression analyses showed that for boys, father acceptance moderated the associations of GNC with psychological distress and social anxiety. For boys with high levels of father acceptance, GNC was not significantly associated with psychological distress and social anxiety, when compared with boys with low and mean levels of father acceptance. Mother acceptance did moderate the association between SSA and social anxiety for girls. For girls with mean and high levels of mother acceptance, SSA was not associated with social anxiety, when compared with girls who reported low levels of acceptance by their mothers.

## 6.1 Introduction

Research has shown that a positive relationship with one's parents relates to many aspects of adolescent mental health, despite growing independence during adolescence (e.g., Hair, Moore, Garrett, Ling, & Cleveland, 2008). Parental support may in particular be important for sexual minority youth to counteract the negative effect of stress processes (e.g., experiences of prejudice and discrimination) on their mental health. Although most studies focused on the negative influence parents can have on sexual minority youth, a positive parent–adolescent relationship (characterized by high levels of parental acceptance) relates to greater wellbeing and protects against negative mental health outcomes among sexual minority youth (e.g., Homma & Saewyc, 2007; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010).

To our knowledge no studies assessed whether the influence of parental acceptance on the mental health of sexual minority youth is conditioned by the sex of the parent and that of the adolescent. Some studies indicate, however, that fathers react more negatively to their child's same-sex sexuality and gender nonconformity (GNC) than mothers (D'Augelli, 2002; Kane, 2006). Also some evidence suggests that same-sex attraction (SSA) and GNC influence the relationship with the same-sex parent more negatively than with the opposite sex parent (Mcconaghy & Silove, 1992; Russell, Seif, & Truong, 2001). Other studies, however, found no differences between male and female participants in their mothers' or fathers' reaction to their sexual orientation (D'Augelli, Grossman, & Starks, 2005; Kuhar, 2007). More research is needed to clarify whether acceptance by mothers and fathers influences the mental health of sexual minority boys and girls in different ways.

Having a positive relationship with one's parents may especially be important for sexual minority youth that are gender-nonconforming as they face more peer victimization due to their gender expression (e.g., Toomey, Ryan, Diaz, Card, & Russell, 2010). However, although SSA and GNC are related (Rieger, Linsenmeier, Gygax, & Bailey, 2008), this does not indicate that all sexual minority youth are gender-nonconforming, nor that all gender-nonconforming youth have feelings of SSA. Risk and protective factors associated with feelings of SSA may thus extend to gender-nonconforming youth without SSA. The current study therefore also assessed the influence of parental acceptance in the relation between GNC and mental health, regardless of SSA.

In contrast to prior research that mostly utilized samples of self-identified lesbian, gay and bisexual (LGB) youth (e.g., D'Augelli, Grossman, & Starks, 2006; Toomey et al., 2010), the current study employed a school-based sample of adolescents with opposite sex attraction and varying degrees of SSA. We were therefore able to

assess the importance of parental acceptance for same-sex attracted youth relative to opposite sex attracted youth.

We used feelings of SSA as an indicator for sexual minority status, because a measure of self-identification as LGB may be less age-appropriate for our adolescent participants (Floyd & Stein, 2002). Aside from assessing psychological distress as a general mental health outcome, we also assessed social anxiety. Our rationale for doing so was that sexual minority youth who are frequently bullied or rejected because of their sexual orientation may learn to expect interpersonal rejection in the social domain, which might induce heightened levels of social anxiety (Meyer, 2003; Miers, Blöte, Bögels, & Westenberg, 2008).

The aim of this study was to assess, separately by gender, whether the associations of SSA and GNC with mental health would be moderated by mother and father acceptance. Specifically, we expected mother and/or father acceptance to buffer the associations between SSA and GNC with psychological distress and social anxiety. We had no clear assumptions about the influence of the gender of the parent and/or adolescent in these associations.

## 6.2 Method

### Participants

Participants were 1,210 Dutch secondary school students. Eighty-nine participants were excluded because they did not answer questions about their SSA, GNC, or relationship quality with both parents. The final sample comprised 1,121 participants (539 boys and 582 girls) between 15 to 18 years old (boys:  $M_{\text{age}} = 16.6$ ,  $SD = .98$ ; girls:  $M_{\text{age}} = 16.6$ ,  $SD = .99$ ). Participants attended education at different levels: 19.3% attended prevocational education (low), 10.9% attended secondary vocational education (medium), and 69.8% attended senior general secondary education or pre-university education (high). With regard to the ethnic composition of the sample, 78.4% of the participants reported that both their mother and their father were Dutch or born in another Western country. The two most reported non-Western countries of origin for both mothers and fathers were Morocco (7.2%) and Turkey (3.6%).

### Procedure

In total 39 schools for secondary education throughout The Netherlands were contacted to participate in the study. Six secondary schools from various urban areas in the Netherlands agreed to participate. Most schools did not participate because

they already participated in another study; some refused because of the sensitive topic of the study. The board of each participating school sent a letter explaining the study to the parents or caregivers of participants younger than 16, to obtain their consent. The letter also made clear that participation was voluntary, and that this would also be mentioned to the participants. Parents who did not want their children to participate were asked to inform the researchers. None of the parents refused their children to participate.

Research assistants gathered data in February and March, 2012 by means of paper-pencil questionnaires. The questionnaires were administered during regular class hours to all students between the age of 15-18 that were present during the survey day (in the presence of a teacher and in an exam setting). Research assistants explained to the students the subject of the study, and the voluntary nature and confidentiality of participation.

## Measures

**Same-sex attraction.** We used a single item to assess same-sex attraction: “Do you feel sexually attracted to someone of your own sex?” (1 = *never* to 5 = *very often*). Although some prior studies dichotomized levels of SSA (e.g., Collier, Bos, Merry, & Sandfort, 2012), we used the continuous metric of SSA in our analyses.

**Gender nonconformity.** We used an adapted version of the Childhood Gender Nonconformity Scale (Rieger et al., 2008) to assess current GNC. The scale included five separate items for boys and girls; e.g., for boys: “I often feel that I have more in common with girls than boys”; and for girls: “I often feel that I have more in common with boys than girls” (1 = *absolutely not true* to 7 = *always true*). Cronbach’s alpha was .70 for boys and .72 for girls.

**Parental acceptance.** Acceptance by mother and father was assessed with a subscale from the Inventory of the Parent and Peer Attachment (Armsden & Greenberg, 1987), consisting of two parallel sets of three items for acceptance by mother and father (e.g., “My mother/father accepts me the way I am”; 1 = *absolutely not true* to 5 = *absolutely true*). Cronbach’s alpha for boys was .79 for mother acceptance and .76 for father acceptance. Cronbach’s alpha for girls was .81 and .79 for mother and father acceptance respectively.

**Mental health.** Psychological distress was measured with a shortened version of the Brief Symptom Inventory (Derogatis, 1993). Participants were questioned about

the occurrence of 24 symptoms in the previous week (e.g., depressive and somatic symptoms; 1 = *not at all* to 5 = *extremely*). Cronbach's alpha was .92 for both boys and girls.

A shortened version of the Social Interaction Anxiety Scale (Mattick & Clarke, 1998) was used to measure social anxiety (10 items; e.g., "I have difficulty making eye contact with others"; 1 = not true to 5 = very true). Cronbach's alpha was .73 for boys and .81 for girls.

## Analyses

To test the moderating effect of mother and/or father acceptance on the association between SSA and/or GNC and mental health, we conducted multiple regression analyses (separately for boys and girls and for each dependent variable: psychological distress and social anxiety). In these analyses the four interaction terms (SSA  $\times$  mother/father acceptance, and GNC  $\times$  mother/father acceptance) were entered simultaneously. To interpret the significant interactions, the simple slopes were evaluated using methods described by Jose (2013).

## 6.3 Results

### Descriptive analyses

Levels of SSA did not vary between boys with a Western cultural background ( $M = 1.22$ ,  $SD = .72$ ) and a non-Western cultural background ( $M = 1.11$ ,  $SD = .42$ ),  $F = 2.09$ ,  $p = .148$ ,  $\eta^2 = .004$ . Boys with a Western cultural background ( $M = 1.89$ ,  $SD = .68$ ), also did not differ significantly in levels of GNC from boys with a non-Western cultural background ( $M = 1.84$ ,  $SD = .80$ ),  $F = .34$ ,  $p = .561$ ,  $\eta^2 = .001$ . Furthermore, we found no significant difference in SSA scores for boys with a low ( $M = 1.31$ ,  $SD = .83$ ), medium ( $M = 1.20$ ,  $SD = .63$ ), and high educational level ( $M = 1.17$ ,  $SD = .63$ ),  $F = 1.67$ ,  $p = .189$ ,  $\eta^2 = .006$ . There were also no significant differences in levels of GNC between boys with a low ( $M = 2.01$ ,  $SD = .69$ ), medium ( $M = 1.82$ ,  $SD = .90$ ), and high educational level ( $M = 1.85$ ,  $SD = .67$ ),  $F = 2.07$ ,  $p = .127$ ,  $\eta^2 = .008$ .

With regard to girls, those with a Western cultural background reported higher levels of GNC ( $M = 2.11$ ,  $SD = .78$ ) when compared to girls with a non-Western cultural background ( $M = 1.95$ ,  $SD = .77$ ),  $F = 4.28$ ,  $p = .039$ ,  $\eta^2 = .007$ . Furthermore, self-reported GNC was significantly the highest for girls with a low educational level ( $M = 2.26$ ,  $SD = .72$ ), followed by girls with a high educational level ( $M = 2.06$ ,  $SD = .79$ ), and a medium educational level ( $M = 1.75$ ,  $SD = .67$ ),  $F = 8.80$ ,  $p < .001$ ,  $\eta^2 = .030$ .

Furthermore, girls' SSA scores did not differ between those with a Western cultural background ( $M = 1.24$ ,  $SD = .66$ ) and a non-Western cultural background ( $M = 1.26$ ,  $SD = .85$ ),  $F = .15$ ,  $p = .696$ ,  $\eta^2 < .001$ . There were also no significant differences in levels of SSA between girls with a low ( $M = 1.30$ ,  $SD = .73$ ), medium ( $M = 1.28$ ,  $SD = .88$ ), and high educational level ( $M = 1.22$ ,  $SD = .67$ ),  $F = .72$ ,  $p = .487$ ,  $\eta^2 = .002$ .

The intercorrelations between the studied variables are presented in Table 1. For both boys and girls, SSA and GNC were significantly related to mother acceptance, father acceptance, psychological distress, and social anxiety. Boys and girls with higher levels of SSA and higher levels of GNC reported less acceptance by their mothers and fathers, and more psychological distress and social anxiety.

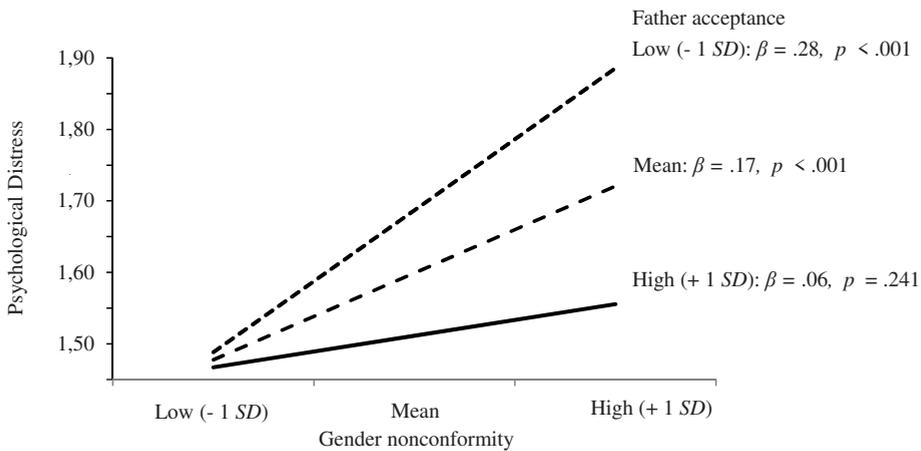
Table 1. Intercorrelations among the studied variables.

	1	2	3	4	5	6
1 Same-sex attraction <sup>a</sup>	-	.21**	-.12**	-.11*	.19**	.14**
2 Gender nonconformity <sup>b</sup>	.28**	-	-.16**	-.18**	.30**	.25**
3 Mother acceptance <sup>a</sup>	-.19**	-.21**	-	.55**	-.31**	-.30**
4 Father acceptance <sup>a</sup>	-.14**	-.22**	.56**	-	-.26**	-.23**
5 Psychological distress <sup>a</sup>	.27**	.33**	-.21**	-.27**	-	.40**
6 Social anxiety <sup>a</sup>	.29**	.31**	-.27**	-.29**	.51**	-

Note: Intercorrelations for boys are presented below the diagonal, and intercorrelations for girls are presented above the diagonal; <sup>a</sup>1 = low, 5 = high; <sup>b</sup>1 = low; 7 = high; \* $p < .05$ , \*\* $p < .01$

## Results for boys

**Psychological distress.** Among boys, SSA, GNC, and father acceptance, but not mother acceptance, were significantly related to psychological distress. Boys who reported higher levels of SSA and GNC reported greater psychological distress. Furthermore, boys who reported higher levels of father acceptance reported lower levels of psychological distress (see Table 2). The interaction between GNC and father acceptance was significant. The simple slopes indicated that for boys with high levels of father acceptance, GNC was not significantly associated with psychological distress, when compared to boys with low and mean levels of father acceptance (see Figure 1). The three other interactions (SSA  $\times$  mother/father acceptance, and GNC  $\times$  mother acceptance) were non-significant.



**Figure 1.** The relationship between gender nonconformity and psychological distress for boys at low, mean, and high levels of father acceptance.

**Social anxiety.** For boys, SSA, GNC, and father acceptance, but not mother acceptance were significantly related to social anxiety. Boys with higher levels of SSA and GNC reported more social anxiety and boys with higher levels of acceptance by their fathers reported less social anxiety (see Table 2). Further, the interaction between SSA and father acceptance was significant, and the simple slopes indicated that SSA was only significantly related to social anxiety for boys with mean and high levels of father acceptance (see Figure 2). However, further examination of this interaction effect with ANOVAs revealed that differences in social anxiety scores at low, mean, and high levels of father acceptance were only significant for boys with low levels of SSA (SSA low:  $F(476,2) = 9.89, p < .001$ ; SSA high:  $F(52,2) = 1.85, p = .167$ ). Indicating that father acceptance does not influence social anxiety for boys with high levels of SSA. The interaction between GNC and father acceptance was also significant, and simple slopes analyses showed that for boys with high levels of father acceptance, GNC was not significantly related to social anxiety when compared to boys who reported low and mean levels of father acceptance (see Figure 3). All other interactions that were included in the equation were not significant.

**Table 2.** Mother and father acceptance as moderators of the associations between Same-Sex Attraction (SSA) and gender nonconformity (GNC) with mental health

Variable	Psychological distress			Social anxiety		
	B (SE)	$\beta$	p	B (SE)	$\beta$	p
<b>Boys</b>						
SSA	.15 (.04)	.18	<.001	.19 (.04)	.24	<.001
GNC	.17 (.03)	.22	<.001	.12 (.03)	.16	<.001
Mother acceptance	-.03 (.04)	-.04	.361	-.06 (.03)	-.08	.088
Father acceptance	-.12 (.03)	-.16	.001	-.11 (.03)	-.16	.001
SSA x mother acceptance	.02 (.05)	.03	.614	.00 (.05)	.00	.989
SSA x father acceptance	.01 (.06)	.01	.816	.13 (.06)	.13	.019
GNC x mother acceptance	.06 (.05)	.06	.266	-.01 (.05)	-.01	.825
GNC x father acceptance	-.14 (.05)	-.15	.008	-.19 (.05)	-.20	<.001
			$R^2 = .20,$ $F(8,528) = 16.05,$ $p < .001,$ $f^2 = .24$			$R^2 = .23,$ $F(8,525) = 19.14,$ $p < .001,$ $f^2 = .29$
<b>Girls<sup>a</sup></b>						
Cultural background	.06 (.06)	.04	.274	-.05 (.06)	-.03	.379
Education	-.01 (.03)	-.01	.739	-.08 (.03)	-.10	.008
SSA	.08 (.03)	.10	.017	.03 (.04)	.04	.355
GNC	.18 (.03)	.23	<.001	.15 (.03)	.18	.000
Mother acceptance	-.15 (.04)	-.20	<.001	-.14 (.04)	-.18	.000
Father acceptance	-.08 (.04)	-.10	.031	-.06 (.04)	-.07	.134
SSA x mother acceptance	-.02 (.04)	-.03	.569	-.13 (.04)	-.15	.003
SSA x father acceptance	.06 (.04)	.07	.201	.04 (.05)	.05	.379
GNC x mother acceptance	-.04 (.04)	-.05	.266	-.08 (.04)	-.09	.051
GNC x father acceptance	-.03 (.04)	-.04	.405	.01 (.04)	.01	.861
			$R^2 = .19,$ $F(10,567) = 13.00,$ $p < .001,$ $f^2 = .23$			$R^2 = .17,$ $F(10,567) = 11.73,$ $p < .001,$ $f^2 = .21$

Note. <sup>a</sup> For girls we controlled for cultural background and education, because of differences in GNC related to girls' cultural background and education.

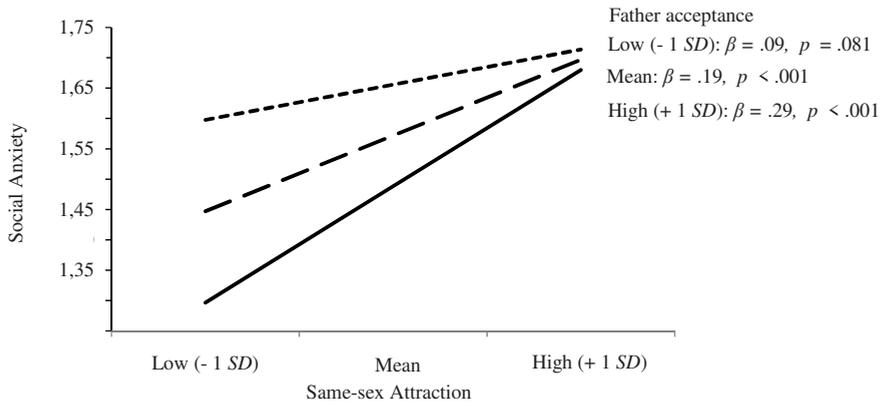


Figure 2. The relationship between SSA and social anxiety for boys at low, mean, and high levels of father acceptance.

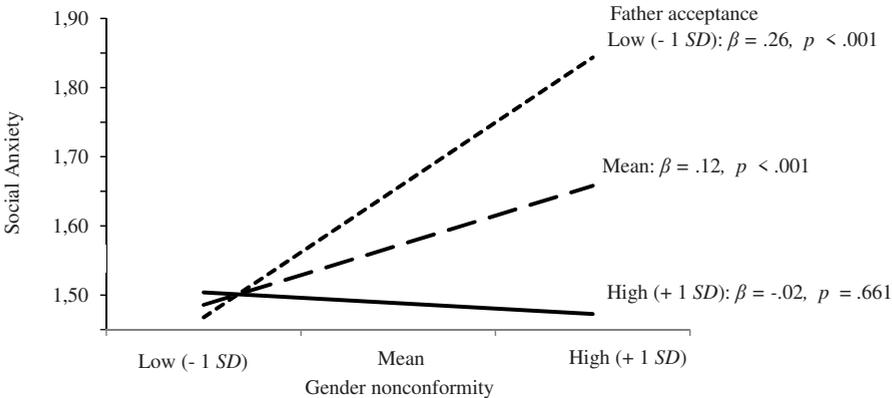


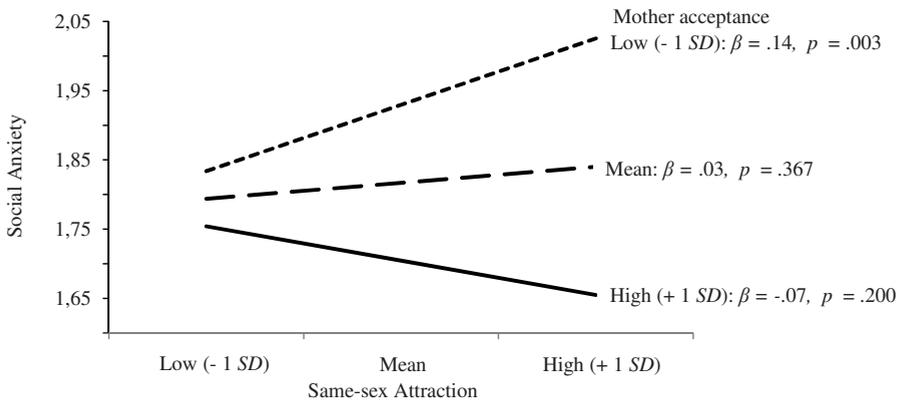
Figure 3. The relationship between gender nonconformity and social anxiety for boys at low, mean, and high levels of father acceptance

## Results for girls

**Psychological distress.** SSA, GNC, mother acceptance, and father acceptance were significantly related to psychological distress among girls. Girls who reported higher levels of SSA and GNC reported more psychological distress. Girls who reported higher levels of mother and father acceptance reported less psychological distress. None of the interactions in the equation were significant (see Table 2).

**Social anxiety.** For girls, GNC and mother acceptance, but not SSA and father acceptance were significantly related to social anxiety. Girls with higher levels of GNC reported higher levels of social anxiety. Girls who reported higher levels of mother acceptance reported lower levels of social anxiety. The interaction between SSA and

mother acceptance was significant. Simple slope analysis showed that for girls with mean and high levels of mother acceptance, SSA was not significantly related to social anxiety when compared to girls who reported low levels of mother acceptance (see Figure 4). All other interactions that were entered in the analyses were non-significant.



**Figure 4.** The relationship between SSA and social anxiety for girls at low, mean, and high levels of mother acceptance.

## 6.4 Discussion

The current study examined among a sample of Dutch adolescents whether the associations of SSA and GNC with mental health (i.e., psychological distress and social anxiety) varied along levels of mother and father acceptance. For boys the findings showed a consistent pattern on both indicators of mental health: Father acceptance, but not mother acceptance, protected against psychological distress and social anxiety associated with GNC. Mother and father acceptance did not buffer the associations of SSA with psychological distress and social anxiety for boys. For girls, mother acceptance, but not father acceptance, protected against social anxiety associated with SSA. Mother and father acceptance, however, did not buffer the association of GNC with social anxiety, nor the associations of SSA and GNC with psychological distress for girls.

One reason why father acceptance protects boys against negative mental health outcomes associated with GNC and not SSA could be because gender-nonconforming boys (with or without SSA) may face more rejection due to their gender expression than same-sex attracted boys that are gender-conforming (e.g., Horn, 2007). In other

words, gender-nonconforming boys might profit more strongly from father acceptance than same-sex attracted boys because they may be more sensitive to rejection. In contrast to boys, mother acceptance only moderated the association between SSA and social anxiety for girls. It could be that mother acceptance buffered the association between SSA and social anxiety and not GNC and social anxiety, because GNC is more normative among girls than among boys (Levy, Taylor, & Gelman, 1995). For instance, prior studies found GNC to be less predictive of a same-sex sexual orientation in females than in males (Bailey & Zucker, 1995) and parents are less likely to equate GNC in their daughters with a same-sex sexual orientation (Kane, 2006).

It has been suggested that children are more likely to identify and model the behavior of a same-sex parent (Zakharov, 1982). Perhaps adolescents feel ashamed or guilty toward their same-sex parent for not adhering to the presumed gender role expectations of that parent. The current study now shows that for same-sex attracted girls and in particular for gender-nonconforming boys, feeling accepted by a same-sex parent is important for their mental health.

Most prior studies used a combined measure to assess sexual minority youths' relationship with both parents (see for an overview: Bouris et al., 2010). A strength of the current study was that we assessed adolescents' perceptions of feeling accepted by their mother and father separately. This approach allowed us to assess whether the influence of parental acceptance on the mental health of same-sex attracted and gender-nonconforming youth depends on both the sex of the adolescent and that of the parent.

It should be mentioned that our study was conducted in the Netherlands, which has a lower level of gender role differentiation and a higher level of acceptance of LGB individuals than other Western societies, such as the United States (Hofstede, 1998; Keuzenkamp, 2011). However, even in this more positive climate, SSA and GNC were found to be related to lower mental health outcomes among adolescents.

The current study has some limitations. Aside from using one single item to assess SSA, no other measures of sexual orientation (e.g., self-identification as LGB or same-sex sexual behavior) were used. Hence, it is uncertain whether the same-sex attracted adolescents in our sample engage in same-sex sexual behavior and identify as LGB, or will do so in the future. Research on sexual identity development, however, has shown that feelings of SSA precede same-sex sexual behavior and self-identification as LGB (Floyd & Stein, 2002). Given the age of adolescents in our sample, a measure of SSA may have been more appropriate than other indicators of sexual orientation. We also do not know whether the same-sex attracted adolescents in our sample had disclosed their attraction to their parents. We were therefore unable to examine whether scores on mother and father acceptance and mental health were related to differences in

adolescents' disclosure of their sexuality to their parents.

Another aspect that should be noted is that of the 39 contacted schools only six agreed to participate. As such, it remains uncertain as to whether our findings generalize beyond the schools that participated in our study. Furthermore, because we used a school-based sample of adolescents instead of a selected sample of sexual/gender minority youth, we had to use a general measure of parental acceptance that would apply to all participants. Although it is uncertain whether a general measure of parental acceptance reflects the actual acceptance of a child's SSA and/or GNC, our findings do indicate the importance of parental acceptance for adolescents with high levels of SSA and GNC, compared to those with low levels of SSA and GNC.

In conclusion, our findings indicate that feeling accepted by a same-sex parent is important for the mental health of same-sex attracted girls and in particular gender-nonconforming boys. Father acceptance buffers the negative effect of GNC on psychological distress and social anxiety for adolescent boys. Mother acceptance buffers the negative effect of SSA on social anxiety for girls.