



Stigmatization associated with growing up in a lesbian-parented family: What do adolescents experience and how do they deal with it?

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ABSTRACT

The purpose of the current qualitative study was to investigate whether adolescents in American planned lesbian families experienced negative reactions from their social environment associated with their mothers' sexual orientation, and if so, to explore the nature of these experiences. In addition, the focus was on the coping strategies as described by the adolescents themselves. Results revealed that half of the 78 participating 17-years-olds had experienced homophobic stigmatization. Such experiences usually took place within the school context and peers were most frequently mentioned as the source. The adolescents used adaptive strategies (such as optimism) more frequently than maladaptive strategies (such as avoidance) to cope with these negative experiences. Our results suggest that intervention programs focused on family diversity should be developed for school children of all ages since the stigmatization experienced by the studied adolescents typically happened in that context.

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1. Introduction

It is often assumed that the U.S. population is largely comprised of married heterosexual couples raising biological offspring. Yet currently, only 22% of American families consist of married heterosexual couples with children (Movement Advancement Project, Family Equality Council, & Center for American Progress, 2011). In the past decade, the number of children who are growing up in alternative families has increased. Currently, about two million children are living in a family headed by lesbian, gay, bisexual, or transgender (LGBT) parents (Movement Advancement Project et al., 2011).

The psychological well-being of children in planned lesbian families—those in which the mothers came out as lesbian before becoming pregnant—has been studied by researchers in various countries, such as the U.S.A. (e.g., Gartrell, Rodas, Deck, Peyser, & Banks, 2005; Gartrell et al., 1996, 1999), the U.K. (e.g., Golombok & Badger, 2010), The Netherlands (e.g., Bos & Van Balen, 2008), Belgium (e.g., Brewaeys, Ponjaert, Van Hall, & Golombok, 1997), Spain (e.g., González & López, 2009), Germany (e.g., Herrmann-Green & Gehring, 2007), and Canada (e.g., Robitaille & Saint-Jacques, 2009). Most of these studies focused on young children, although

adolescents are now receiving growing attention. The current study focuses on adolescents in planned lesbian families.

Studies on adolescents reared by same-sex parents have found that they did not differ from adolescents with different-sex parents on psychological well-being, peer relations, school variables (Wainright & Patterson, 2008; Wainright, Russell, & Patterson, 2004), substance use, delinquency, or victimization (Wainright & Patterson, 2006). Golombok and Badger (2010) reported that 19-year-olds who were raised in British planned lesbian families had lower levels of anxiety, depression, hostility, and problematic alcohol use, and higher levels of self-esteem than those raised in heterosexual two-parent families. Similarly, previous studies from the U.S. National Longitudinal Lesbian Family Study (NLLFS) revealed that 17-year-old adolescents in lesbian-parent families have higher levels of social, school/academic, and total competence, and lower levels of social problems, rule-breaking behavior, and externalizing problem behavior than same-age adolescents in the normative sample of American youth (Gartrell & Bos, 2010).

Despite the findings in abovementioned studies, public opinion still holds that it would be better for children to be reared in a traditional mother–father family (Cantor, Cantor, Black, & Barrett, 2006). These attitudes also have a trickle-down effect on the offspring in planned lesbian families: Various studies have revealed that young children (e.g., Bos, Gartrell, Peyser, & van Balen, 2008) and adolescents (Bos & Gartrell, 2010; Gershon, Tschann, & Jemerin, 1999; Welsh, 2011) have experienced stigmatization because they have lesbian mothers. The current study is an in-depth examination of the NLLFS adolescents' experiences of stigmatization and their coping strategies in response to discrimination.

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2. Theoretical background

2.1. Stigmatization

In 1963, Goffman defined stigmatization (the act or process of negatively labeling or characterizing a person) as an outcome of negative societal attitudes toward those who differ in some way from culturally agreed-upon norms (Goffman, 1963). It is now generally understood that when certain groups of people are undervalued and discriminated against by the general public, the members of these stigmatized groups suffer from social exclusion and status loss (LeBel, 2008). People can be stigmatized for various reasons, such as behavior (e.g., drug use), appearance (e.g., a physical disability), or group membership (e.g., religious preference) (Major & O'Brien, 2005).

In this paper, the focus is on adolescent homophobic stigmatization experiences that are related to growing up in a lesbian family (a group membership). Bos, Van Balen, Van den Boom, and Sandfort (2004) have shown that social exclusion is one form of stigmatization that children in planned lesbian families experience. Other forms are being ridiculed, being confronted with annoying questions, or being subjected to abusive language or disapproving comments (Bos et al., 2004).

Various studies have shown that increased levels of perceived discrimination are associated with more negative mental and physical health (see for overviews on this topic: Hatzenbuehler, 2009; Pascoe & Smart Richman, 2009). Adolescents are particularly sensitive to the beliefs and attitudes expressed by non-family members – especially those of peers (Rivers, Poteat, & Noret, 2008) – and might therefore be especially vulnerable to social stigma (Baumrind, 1995) and its effects.

Several scholars have investigated the relation between stigmatization and the psychological well-being of young children and adolescents in lesbian-mother families. In a study of 63 Dutch 10- to 12-year-olds who had grown up in lesbian families from birth, Bos and Van Balen (2008) found that higher levels of stigmatization were associated with more problem behavior and lower self-esteem. In the fourth wave of the NLLFS, nearly half of the 78 10-year-old offspring reported that they were treated unfairly because they have lesbian mothers (Bos et al., 2008). These children also had more problem behavior than the NLLFS 10-year-olds who did not report unfair treatment. In 1999, Gershon and colleagues were the first to focus on the relation between psychological well-being and homophobia in adolescents who had been conceived in heterosexual relationships before their mothers came out as lesbian. The researchers found that adolescent self-esteem was negatively related to perceived stigma: those who reported more homophobic reactions had lower self-esteem in five of seven self-esteem areas when compared with their counterparts who reported fewer homophobic reactions.

These studies suggest that stigmatization associated with growing up in a lesbian-parented family can be a risk factor during psychological development. However, studies also show that children and adolescents in lesbian families score as highly on tests of overall psychological adjustment as those from heterosexual families (e.g., Biblarz & Stacey, 2010), despite the fact that the latter are not subjected to stigmatization based on parental sexual orientation, while those in planned lesbian families are. These findings have inspired researchers to investigate the ways in which stigmatized children and adolescents manage or cope with discrimination.

2.2. Coping

Coping is considered a central facet of human development (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001). In the literature, coping strategies are mostly dichotomized, such as problem-focused versus emotion-focused (Hampel & Petermann, 2005). Another way of defining different coping skills is to make a distinction between those that are adaptive and maladaptive (Hampel &

Petermann, 2005; Thompson et al., 2010). The former are considered helpful in overcoming a negative experience, while the latter are less so (Skinner, Edge, Altman, & Sherwood, 2003; Thompson et al., 2010). Examples of adaptive coping strategies are being confrontational, seeking social support, and expressing optimism; examples of maladaptive coping strategies are those that are avoidant, palliative (e.g., denial), or depressive (Mavroveli, Petrides, Rieffe, & Bakker, 2007). Coping has been related to various outcomes during childhood and adolescence such as problem behavior, well-being, and resilience (see for reviews: Compas et al., 2001; Zimmer-Gembeck & Skinner, 2011).

Although some studies on children in planned lesbian families have focused on the role of promotive factors (Bos & Gartrell, 2010) or protective factors (Bos & Van Balen, 2008; Bos et al., 2008), only Gershon et al. (1999) have investigated the mediation role of three subtypes of coping skills, namely decision-making, cognitive coping, and social support coping skills (derived from the Wills Coping Inventory; Wills, 1986), on the relation between experienced stigmatization and self-esteem. Gershon et al. also studied the relation between stigma, self-esteem, and the adolescents' disclosure of their mothers' sexual orientation in six target categories: best friends, friends at school, friends outside school, classmates who were not close friends, teachers, and boyfriends/girlfriends. Decision-making coping and social support coping had moderating effects on the negative relation between stigma and self-esteem. Decision-making coping was found to moderate the relation between perceived stigma and self-esteem in a positive way: The adolescents with more decision-making coping skills had higher self-esteem after experiences of stigmatization than their counterparts with lower scores on decision-making coping skills. The results were the reverse for social support coping: Stigmatized adolescents with higher scores on social support coping had lower self-esteem. Finally, when confronted with stigmatization, adolescents who disclosed more about their mothers' sexual orientation had higher self-esteem on the subscale of close friendship than those who disclosed less.

Research has also focused on coping strategies of adolescents from other minority groups. For example, Pendragon (2010) studied the challenges and coping strategies of young female adults (age 18 to 23) with a minority sexual orientation. The most common negative challenges were isolation, lack of acceptance, harassment and violence. In response to these challenges various coping strategies were used: all participants relied on social support, and some mentioned perseverance, repetitive efforts over time, and appraisal/reappraisal. Maladaptive coping skills such as avoidance were also mentioned (Pendragon, 2010).

Thus far, though, no studies have investigated how adolescents who have been raised in lesbian families from birth, in contrast to those who were born into a previous heterosexual relationship, cope with negative experiences from their environment associated with their mothers' sexual orientation. Adolescents who were born into previous heterosexual relationships have fathers, and therefore their experiences may be different from adolescents in planned lesbian families. In addition, no studies have focused on the experiences of stigmatization as described by the adolescents themselves. Although Gershon et al. (1999) focused on the coping strategies of adolescents, these strategies were measured by quantitative rather than qualitative research methods. Qualitative research is useful when exploring the nature and context of under-studied phenomena, such as the experiences of stigmatization and the coping strategies of adolescents in planned lesbian families (e.g., Boeije, 2005).

3. Research objectives

Previous studies have shown that adolescents in lesbian families experience negative reactions from their environment because of homophobia. It has also been found that stigmatization has a negative association with psychological adjustment, and that coping skills may ameliorate this relation. However, these studies were all based on quantitative research and/or focused on adolescents conceived in

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