

Gay Identity Development and Parental Sense of Competence in Gay Fathers

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Statement of the Research Problem

There are approximately 16 million gay and lesbian adults in the United States of whom about seven million are parents (Gay, Lesbian and Straight Education Network, GLSEN, 2008), comprised of an estimated one and a half to five million lesbian mothers and one to three million gay fathers with at least one gay or lesbian couple with children in 99.3% of all of the 3,141 United States counties (United States Census Bureau, 2007). While determining the exact number of gay and lesbian families is difficult because many gay parents avoid questions regarding their sexuality when surveyed out of fear of stigmatization, harassment and/or violence (Bauer & Wayne, 2005; Garnets & Kimmel, 2003; Lassiter, Dew, Newton, Hays, & Yarbrough, 2006; Mallon, 2006; Peplau & Spalding, 2003), in addition to flaws in the U.S. Census Bureau data collection methods (Smith & Gates, 2001), there is evidence that this population group is growing as laws and policies have begun to recognize the rights of gay individuals (Dew & Myers, 2000; Mallon, 2004).

Despite the growing number of gay parents, they remain an under-researched population (Erich, Kanenberg, Case, Allen, & Bogdanos, 2009; Mallon, 2004; Szymanski, Kashubeck-West, & Meyer, 2008). Earlier studies about same-sex parenting focused mainly on providing evidence related to the legitimacy of parenting, comparisons to heterosexual parents, and the effects on their children. Current research has moved toward understanding nuances of the parental experience, and the issues and needs affecting same-sex parents. However, there remains a dearth of research on gay fatherhood (Armesto, 2002; Langdrige, 2013; Mallon, 2004; Norton, Hudson, & Culley, 2013; Szymanski et al., 2008), specifically gay father's parental sense of competence, i.e. the extent of self-perception as owning the skills, awareness, and understanding to be a good parent, valuing the parental role, and being comfortable with it (Heath, 2006; Johnston & Mash, 1989; McBride, 1989).

Research Background and Hypothesis

Background

To the degree that it exists, research about gay fathers has examined conditions associated with parental sense of competence such as social support (Bergman, Rubio, Green, & Padron, 2010; Goldberg & Smith, 2011; Lassiter et al., 2006; Mallon, 2004; Silverstein, Auerbach, & Levant, 2002; Tornello, Farr, & Patterson, 2011), stress (Lassiter et al., 2006; Tornello et al., 2011) and cultural beliefs regarding traditional gender roles (Silverstein et al., 2002). Research has also examined gay identity development and factors independently related to parental sense of competence such as self-esteem, self-efficacy (Lassiter et al., 2006; Peterson & Gerrity, 2006) as well as overall psychological well-being and functioning (Lassiter et al., 2006; Lease et al., 2005), but the relationship between gay identity and parental sense of competence has not been directly studied.

This study examined the relationship between gay identity development and parental sense of competence in gay fathers, i.e. how gay fathers' perception and acceptance of their sexual orientation is associated with their view of their functioning as parents. This study was informed by identity theory and Cass' model of gay identity development. Because parent's developmental histories shape parenting abilities, supportive developmental experiences cultivate a healthy personality capable of parenting that fosters a child's development (Armesto, 2002; Bogenschneider, Small, & Tsay, 1997). A highly developed gay identity is expected to generate enhanced self-esteem, feelings of self worth and overall sense of self (Cass, 1979) as well as a network of social support that further enhances an individual's well being (Cass, 1979; Fingerhut et al., 2010). Because all of these are associated with a positive parental sense of competence (Armesto, 2002; Bogenschneider et al., 1997; Johnson & Mash, 1989), a highly developed gay identity is anticipated to be associated with parental sense of competence.

The social environment in which the parent-child relationship takes place, especially the availability of social support from significant others, family and friends is very important in shaping competent parental functioning for all parents (Armesto, 2002; Bogenschneider et al., 1997). This social support buffers stress by providing emotional support, i.e. love and interpersonal acceptance; instrumental assistance in the form of advice and help with routine child care related tasks; and social expectations, i.e. guidelines for appropriate behavior. This support thus enhances individuals' psychological well-being, which in turn influences their parenting. Similarly, advanced stages of gay identity development secures a supportive social network that helps buffer the impact of stress in general, as well as various sources of sexual minority stress in particular, allowing for their effective management resulting in psychological well being for the gay individual (Armesto, 2002; Cass, 1984; Fingerhut et al., 2010).

Hypothesis

Based on available theoretical and empirical literature, it was hypothesized that a relationship exists between gay identity development and parental sense of competence in gay fathers such that fathers who report higher levels of gay identity development also

report a higher parental sense of competence and those who report lower levels of identity development also report a lower parental sense of competence.

Methodology

A self selected sample of 86 gay fathers was recruited through the use of, flyers sent for distribution to gay and lesbian family service agencies in the New York City and Long Island area and posted in a pediatric dental office in New York City, advertisement in gay and non-gay focused local newspapers, posting on internet forums and Facebook groups geared toward gay parents, and snowball sampling techniques. The fathers in the sample completed a demographic questionnaire, the Gay Identity Questionnaire (GIQ) (Brady & Busse, 1994), and the Parental Sense of Competence scale (PSOC) (Johnson & Mash, 1989). Three participants were excluded because their children were older than 18, as per the inclusion/exclusion criteria. Nineteen fathers were excluded from the main analysis, but not from data collection (their data was and will be used for additional and future analyses) because their partner also individually completed a survey; in these cases, one of the two completed surveys was randomly selected for inclusion.

The GIQ instrument consists of 45 statements, which reflect characteristics of individuals at each of the six stages of gay identity development conceptualized in Cass' model of gay identity development. Separate calculations for each of the six stages were tallied and the stage level with the most 'True' responses reflected the individual's score, i.e. one's current stage of gay identity development. Possible scores range from 1-6, reflecting the possible stages of gay identity development. However, since the original scoring method of the GIQ relied solely on the participants' highest score in a given stage for categorizing an individual's overall level of gay identity development, it dismissed the range of attitudes a participant may have expressed within the various stages thereby disregarding the degree of immersion in a given stage or range of development across and within a stage level(s). In light of these considerations, two methods of scoring were employed.

The GIQ was first scored utilizing the original method proposed by Brady and Busse (1994) to calculate separate scores for each stage level; the second method of assessing gay identity development utilizing the GIQ was based on an obtained discrepancy score. To calculate the discrepancy score, the arithmetic difference between the respondents' two most endorsed stage levels were used. Use of the two highest stages provided a measurement of the degree to which an individual was immersed in their current stage of gay identity development by accounting for the range of development across and within these stage levels. For example under the original scoring method, if participant A endorsed four items in Stage 6 and zero items in Stage 5 he would be categorized as being in Stage 6 of gay identity development. If participant B endorsed three items for Stage 5 and four items in Stage 6, he would also be categorized as being in Stage 6 of identity development. Utilizing the discrepancy score, both individuals would still be considered in Stage 6 of gay identity development, and Participant A would have a discrepancy score of 4, i.e. he endorsed four items in Stage 6 and zero in Stage 5, which accounts for his strong immersion into Stage 6, whereas participant B would have a discrepancy score of 1 (the difference between three items in Stage 5 and four items in Stage 6 he endorsed), which reflects the range of attitudes expressed by

participant B with regard to Stage 5 items and is in accordance with current thinking that views developmental growth as a fluid process wherein individuals may oscillate between stages as they continue to develop throughout their life course (Floyd & Bakeman, 2006).

The Gay Identity Stage Discrepancy Score (GISDS) provides an indicator of gay identity development which captures the available variability in this construct in a sample of individuals who are quite affirmed in their gay identity development with respect to this construct. While the GISDS is fundamentally not measuring the same variable originally sought the GISDS indicates the degree to which a respondent identifies with elements inherent in Stage 5 of gay identity development i.e. *identity pride*, while considered to be in Stage 6 of gay identity development i.e. *identity synthesis*, suggesting that he has moved from identity pride into identity synthesis.

Parental sense of competence was defined as the extent of self-perception as owning the skills, awareness, and understanding for being an effective parent, valuing the parental role, and being comfortable with it (Heath, 2006; Herrmann et al., 2001; Johnston & Mash, 1989; McBride, 1989). Parental sense of competence was operationalized as the score on the Parenting Sense of Competence Scale (PSOC) (Johnson & Mash, 1989).

The father's version of PSOC is a 16 item 6-point Likert scale. It is comprised of two subscales: Satisfaction with the parenting role (9 items) and Efficacy (7 items) i.e. individuals' perception of their ability to successfully cope with parental issues (Johnston & Mash, 1989). Participants were asked to indicate to what degree each item described them from "strongly disagree" (6) to "strongly agree" (1). Eight items were reverse scored; a higher score on the instrument indicated a greater PSOC (Johnston & Mash, 1989).

Responses were analyzed using Statistical Package for the Social Sciences 19.0 and included:

- (a) Descriptive statistics of background variables;
- (b) Univariate analysis to identify the distribution of research variables;
- (c) Pearson's r to test the hypothesis (p level was set at .05);
- (d) Regression analysis to develop a model based on the correlation analysis results.

Results

This sample reported high scores on the GIQ. Stage 6 of gay identity development was the most often endorsed stage ($M = 5.83$, $SD = .98$), followed by Stage 5 ($M=2.5$, $SD=1.1$). Therefore, as a whole, the scores on the GIQ were positively skewed in this sample. Relative to parental sense of competence, overall, participants reported high levels of parental competence, parental satisfaction and parental efficacy ($M =73.18$, $SD = 10.08$; $M = 41.83$, $SD = 6.5$; $M = 31.35$, $SD = 4.86$, respectively). Findings indicated that contrary to prediction, gay identity development was not significantly

related to parental sense of competence, parental satisfaction, or parental efficacy ($r = .22, p = .08$; $r = .17, p = .18$; $r = .23, p = .065$, respectively).

Given the limited conceptualization of gay identity development by previous scoring methods, and since virtually all of the variability in the GIQ existed at Stage 5 (identity synthesis) and Stage 6 (identity pride), the GISDS was examined. The GISDS highlighted individual differences (variability) in the gay identity development of the current sample, i.e. the “strength” or “depth” of endorsing the gay identity stage.

Overall this sample was near the mid-point [$(7-0)/2 = 3.5$] of their immersion into identity synthesis relative to identity pride ($M=3.33$). Therefore two independent variables emerged, light immersion into identity synthesis, i.e. GISDS ranging from 0-4, and deep immersion into identity synthesis, i.e. GISDS ranging from 4.1-7, which suggests that some were immersed in Stage 6, whereas others were in more early stages of their journey from Stage 5 to Stage 6. A positive correlation was found between deep immersion in identity synthesis and both parental sense of competence and parental satisfaction. Neither, deep nor light immersion in identity synthesis was correlated with parental efficacy.

A piecewise regression model was estimated to test whether there was a significant change in PSOC, parental satisfaction, and parental efficacy prior to a GISDS of 4, i.e. light immersion into identity synthesis, and after surpassing a GISDS of 4, i.e., deep immersion into identity synthesis. Findings show that for those with a light immersion into identity synthesis, PSOC declined by 1.6 points for each 1 unit increase in immersion into identity synthesis but was not statistically significant ($b = -1.6, p = .176$). However, for those with deep immersion into identity synthesis, PSOC increased significantly, 4.4 points for each 1 unit increase in immersion into identity synthesis ($b = 4.4, p < .05$). Findings also show that for those with light immersion into identity synthesis, parental satisfaction declined by .96 for each 1 unit increase in immersion into identity synthesis but was not statistically significant ($b = -.96, p = .205$). However, for those with deep immersion into identity synthesis, parental satisfaction increased significantly, 3.19 points for each 1 unit increase in immersion into identity synthesis ($b = 3.19, p < .05$). Furthermore, a statistically significant difference was found between the two slopes, i.e. rate of decrease in parental satisfaction for light immersion into identity synthesis and rate of increase in parental satisfaction for deep immersion into identity synthesis ($b = -.96 - (3.19) = -4.15, p = .02$). While there was no evidence of change in parental satisfaction among respondents in light immersion into identity synthesis, the sharp increase in parental satisfaction seen in the second piece, i.e. deep immersion into identity synthesis was significantly different from no change in light immersion into identity synthesis. Furthermore, findings show that neither light immersion nor deep immersion into identity synthesis resulted in statistically significant changes in parental efficacy ($b = -.64, p = .274$; $b = 1.22, p = .208$, respectively).

Utility for Social Work Practice

The results of this study extend the body of literature that stresses the importance of building a positive gay identity and offer two social work practice implications.

That those deeply immersed into identity synthesis reported greater parental sense of competence and parental satisfaction, suggests that it may be advantageous for practitioners to assist gay parents in further development of their gay identity because the more immersed they become in their gay identity, the more likely they are to feel competent and satisfied as parents and eventually improve their parental functioning. Social work practitioners can encourage building gay parent's social support network comprised of gay and non-gay supports as this expanded social network can provide positive support and feedback that can facilitate gay identity development, positive feelings toward, and pride in the parental role (Bergman et al., 2010) and increased parental well-being and parental satisfaction (Goldberg & Smith, 2011; Lassiter et al., 2006; Mallon, 2004; Power et al., 2012; Tornello et al., 2011).

The second practice consideration was informed by the decrease in parental sense of competence with light immersion into identity synthesis before increasing with deep immersion into identity synthesis. Although only the later was found to be significant, this finding suggests that shifts in gay identity during parenthood, may impact the way fathers perceive their sense of parental competence. As gay fathers move deeper into identity synthesis and therefore away from identity pride, they may not feel as competent as parents. This finding supports prior literature on gay parenthood which has discussed the challenge of adapting to the parental role, integrating the gay identity with the parental identity (Armesto & Shapiro, 2011; Giesler, 2012; Power et al., 2012; Rootes, 2013) as well as the often intensified attention to the parent's sexual minority status, and resulting stress (Mallon, 2004). Practitioners can psycho educate gay parents about the potential for these gay identity related issues to resurface, and their possible negative effect on their feelings about being a parent. Practitioners should then encourage gay parents who report issues related to their gay identity, parenting or limited social support, to connect with available supports for gay families such as LGBT community centers and gay parenting groups, or in the event that these are unavailable to the family, internet and telephone counseling options.

In addition practitioners can refer these families to parenting groups composed of non-gay or a mix of gay and non-gay parents, from which gay parents have reported positive experiences (Mallon, 2004; Silverstein et al, 2002). Parenting groups aimed at providing support and skills specific to coping with difficulties associated with parenting and child behavior have been found to positively affect parental sense of competence (Pisterman et al., 1992). Such groups may provide these families with positive feedback to facilitate positive feelings toward their gay identity and increase their parental sense of competence. Additionally, practitioners can train gay parents in skills to help increase their parental sense of competence, such as effective stress management and coping with child behavior problems (Pisterman et al. 1992) as well as provide psychoeducation on the negative effects of fatigue, particularly for parents of infants and young children (Dunning & Giallo, 2012).

The finding from this study support existing literature that a positive developmental experience fosters a healthy self-assessment. A positive developmental experience is believed to be facilitated by a positive and supportive social environment (Cass, 1979; Marcussen, 2006). Therefore, given the importance of a supportive and non-judgmental social environment, social worker practitioners are encouraged to reflect

on their own biases and attitudes towards family systems that they are not familiar with, such as gay families. Processing these feelings and reactions with a clinical supervisor can help ensure that they do not hinder the therapeutic work with their clients. Social work practitioners should also be cognizant with regard to the role of social policy as it influences the macro social environment (Armesto, 2002) as well as their ethical responsibility to advocate for all underserved populations as directed and embodied by the National Association of Social Workers (2006) Code of Ethics.

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