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An Investigation of the Relationships between Gay Identity, Perceived Social Support, Gender-Role Conflict, and Parenting Intention in Childless Gay Men

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An Investigation of the Relationships between Gay Identity, Perceived Social Support, Gender-
Role Conflict, and Parenting Intention in Childless Gay Men

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Requirements for the Degree of Doctor of Philosophy
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SETON HALL UNIVERSITY
COLLEGE OF EDUCATION AND HUMAN SERVICES
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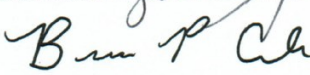
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Table of Contents

Copyright	ii
Table of Contents	iv
List of Tables	vi
List of Appendices	vii
Acknowledgment	viii
Abstract	ix

I. INTRODUCTION

Background	5
Statement of the Problem	9
Purpose of this Study	11
Limitations of Existing Studies	11
Research Questions	12
Hypothesis	12
Definition of Terms & Operational Definitions	13
Sexual Orientation	13
Parenting Intent	13
Gay Identity	14
Perceived Social Support	15
Gender-Role Conflict	15

II. REVIEW OF THE LITERATURE

What it means to be Gay in the 21 st Century	17
Historical Background of Barriers to Gay Fatherhood	20
Definition and Conceptualization of Parenting Intention/Motivation	22
Parenting Intention in Childless Gay Men	24
Parenting Intention and Other Populations	28
Gay Identity Theory and Development	30
Gay Identity and Gay Fatherhood	32
Perceived Social Support	34
Perceived Social Support and Parenting	36
Perceived Social Support and Fatherhood	37
Perceived Social Support and Gay Fatherhood	38
Perceived Social Support and Parenting Intention in Gay Men	39
Gender-Role Conflict	40
Gender-Role Conflict and Gay Men	41
Gender-Role Conflict and Fatherhood	42
Gender-Role Conflict and Gay Fatherhood	44

Gender-Role Conflict and Parenting Intention in Childless Gay Men.....	44
Summary.....	45
III. METHODOLOGY	
Design	47
Participants	47
Procedure.....	48
Measures.....	49
Demographic Questionnaire.....	49
The Gay Identity Questionnaire (GIQ) (Brady & Busse, 1994).....	49
The Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet et al., 1988).....	51
The Gender-Role Conflict Scale-Short Form (GRCS) (O’Neil et al., 2011)...	52
The 100 Point Visual Analogue Scale of Parenting Intention.....	54
Research Questions.....	54
Hypotheses.....	55
IV. RESULTS	
Exploratory Analysis.....	56
Preliminary Analysis.....	57
Power Analysis.....	59
Sample Description.....	60
Primary Analysis.....	62
Summary.....	68
V. DISCUSSION, IMPLICATIONS, LIMITATIONS, AND FUTURE DIRECTIONS	
Demographics and Measures.....	70
Discussion of the Results of the Hypotheses.....	72
Implications.....	75
Limitations.....	85
Future Directions.....	87
Conclusion.....	88
References	90
Appendices	108

List of Tables

Table 1	Pearson's Product Moment Correlations of Predictor Variables.....	59
Table 2	Sample Descriptives.....	60
Table 3	Summary of Multinomial Regression Predictor Parenting Intentions from Gay Identity.....	64
Table 4	Summary of Multinomial Regression Predictor Parenting Intentions from Gay Identity and Perceived Social Support.....	65
Table 5	Summary of Multinomial Regression Predictor Parenting Intentions from Gay Identity and Gender-role Conflict.....	68

List of Appendices

Appendix A	Demographic Information.....	108
Appendix B	Gay Identity Questionnaire (Brady & Busse, 1994).....	110
Appendix C	The Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet, & Farley, 1988).....	112
Appendix D	The Gender-Role Conflict Scale-Short Form (O’Neil, Wester, Vogel, Danforth, 2011).....	113
Appendix E	The 100 Point Visual Analog Scale of Parenting Intention.....	114
Appendix F	Solicitation Letter.....	115

Acknowledgement

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Abstract

Parenting intention plays a fundamental role in one's decision to become a parent. Higher levels of parenting intention indicate a higher likelihood of becoming a parent. For gay men, this process can be increasingly complex. There are a substantial number of factors that could play a role in a gay man's decision to parent. Gay identity might play a role in the parenting intentions of gay men, as it has been found that loosely related constructs such as internalized heterosexism or outness do impact this decision. Perceived social support has been found to have both positive and deleterious effects on this decision-making process for gay men. More broadly, many gay men fear that becoming a father could reduce their individuality from the heterosexual community (Mallon, 2004). Furthermore, gender-role conflict has been found to impact parenting motivation in this population. This study measured the relationships between gay identity, perceived social support, and gender-role conflict on parenting intention in childless gay men. It was hypothesized that there would be a difference in gay men's stated intention to parent depending on their stage of gay identity development when associated with perceived social support and gender-role conflict. A sample size of 165 gay men determined that significant results were found only with gender-role conflict. Men who suffer consequences associated with non-erotic touch with other men such as hugging were associated with being unsure of having children or intending to have children. Additionally, when gender-role conflict scores and gay identity were included in the model, having a gay identity in lower stages was associated with decreased odds of intending to have a child, compared to those in stage 6. The findings of this study suggest that the decision to become a parent is a complex process for gay men, and that gender-role conflict does explain some of that complexity.

Keywords: gay men, parenting intention, perceived social support, gender-role conflict

An Investigation of the Relationships between Gay Identity, Perceived Social Support, Gender-Role Conflict, and Parenting Intention in Childless Gay Men

CHAPTER I

INTRODUCTION

The question of whether or not gay men have intentions for parenthood is a timely topic in contemporary ideologies around the United States. Gay parenting contests gender roles and plays a critical part in the modern rights of gay men. Queer theory challenges the beliefs that gender roles such as parenting are dichotomous toward heterosexual males and females. This theory, coined by Judith Butler in 1990, rose in conjunction with lesbian and gay activist movements, which brought a considerable amount of attention to non-traditional sexuality and its associated practices (Chevrette, 2013). Butler (1990) cited that issues surrounding heterosexual privilege were long neglected. She strongly believed that gender and sexual roles were not as fixed as society believed them to be. Butler (1990) emphasized that simply talking about gender roles specific to men or women was meaningless, and that these identities have too many elements to be spoken of collectively. Queer theorists would agree that traditional gender/sexual roles, especially those involving parenting, no longer label who is most suitable to be a father or mother.

While this is true, it is important to note the significance of how some psychological theories, most specifically psychoanalysis, have discoursed an argument of gender normativity and have oppressed heterosexual women, lesbians, and gay men. This oppression holds weight within the queer community, and has caused many to look at gay marriage and parenting as an undesirable life objective. Monique Wittig (1992) wrote about the relationship between this oppression and the psychoanalytic messages we receive growing up that essentially idealize

heterosexual masculinity. She calls these messages a *forced contract* that ultimately cause certain individuals (in this case gay men) to break the contract and deem themselves oppressed. Wittig (1992) mentioned that discourses of heterosexuality oppress marginalized populations in such that they prevent them from speaking unless in heterosexual terms. Her theory provides an understanding of why gay men might be particularly drawn to parenting. The need to speak, behave, or fit in might simply be driven by oppression, and therefore deny gay men the opportunity of creating their own category of normal.

Heteronormative roles are, however, undergoing some degree of reformation in modern times (Chevrette, 2013). Heteronormativity is defined as ideological assumptions that heterosexual experiences are normal experiences (Suter & Daas, 2007), indicating that parenting should be pursued only by heterosexual men and women. Queer theorists are interested in studying those who deviate from societal norms (for example, gay men who decide to become parents). While heteronormative activists would argue that gay fathers do have high levels of feminine qualities, queer theorists would state that this is the contemporary push towards normativity.

Even with this push, the current literature that studies childless gay men and their intentions to achieve parenthood is scarce. Given the potential increase of gay men who consider parenthood in their futures, research in this area is critical. While it is still uncertain how the gay community views themselves as being parents, it is important to understand the factors that support this community pursuing fatherhood. Rates on parenthood pursuits differ enormously based on sexual orientation, even in states and societies with few or no legal/psychological barriers to non-heterosexual parenthood (Riskind, Patterson, & Nosek, 2013; Romero, Rosky, Badgett, & Gates, 2008). Recent statistics indicate that only 16% of gay men report fatherhood,

compared to 48% of their heterosexual peers (Gates, Badgett, Macomber & Chambers, 2007). While many believe that gay men avoid parenthood due to obvious biological obstacles, most contemporary research focuses on psychological barriers and societal pressure. Psychologically, gay men considering fatherhood struggle with a number of obstacles: internalized heterosexism, socialized gendered parenting roles, and reconsidered masculine identities (Schacher, Auerbach, & Silverstein, 2005). Even with these barriers in place, studies indicate that as many as 86% of young gay men see fatherhood in their life trajectory (D'Augelli, Rendina, & Sinclair, 2008); however, this does not signify that these men are actually motivated with intent and desire to parent a child. Given this large number of potential fathers, and the substantial number of children in need of a home (Congressional Coalition on Adoption Institute, 2016), it is suggested that research should focus on further understanding these psychological barriers to parenthood.

Motivation or intention to parent is linked to a number of other external and internal psychological variables for gay men. For example, gender-role conflict has been found to moderate the relationship between perceived parenting self-efficacy and motivations for fatherhood (Robinson & Brewster, 2014) for this population. The same study concluded that individuals with higher levels of internalized heterosexism and gender-role conflict tended to have higher levels of parenting motivation. Gender-role conflict is empirically associated with a variety of psychological variables for all men regardless of sexual orientation, including many interpersonal variables that could certainly include parenting (O'Neil, 2008). Additionally, childless gay younger men who live in social climates favorable to sexual minorities reported higher self-efficacy in achieving parenthood (Riskind et al., 2013). Moreover, gay fathers with a higher gay identity and higher levels of perceived social support report lower levels of parenting stress (Tornello, Farr, & Patterson, 2011). Lower parenting stress is associated with higher

amounts of perceived social support, indicating the importance of friends and family when parenting a child (Tornello et al., 2011). These internal and external variables need to be researched further to allow for an easier transition from childlessness to parenthood for gay men.

In terms of gay identity, the current body of literature is still unclear about how this impacts parenting intention in gay men. Younger gay men living openly as gay typically see parenthood as one of their current values (Rabun & Oswald, 2009). In contrast, many gay men believe that becoming parents lessens their individuality from their heterosexual peers (Mallon, 2004). Since both age (Rabun & Oswald, 2009) and overall perception of gay parenting (Mallon, 2004) can be factors, it is understood how complex this process can be for gay men. High levels of gay identity may replicate what Rabun and Oswald (2009) found or perhaps indicate that elevated levels of identity are more relative to individuation from heterosexual normative behaviors such as parenting. While modern society may think that most gay men want parenting included in their rights and privileges, one cannot assume this population refuses to embrace all elements of their individuation from the heterosexual community. Gay men who wish to become parents encounter struggles both within and outside of the gay community (Goldberg, Downing, & Moyer, 2012). These challenges indicate a stronger need for research to look at this population's parenting intention, as it continues to be unclear how gay men really view fatherhood. While some research indicates that many gay men wish to be parents, it cannot be assumed that these findings specify they will actually pursue it.

Moreover, perceived social support is critical in the process of becoming a parent (Rabun & Oswald, 2009). When gay men believe they have strong levels of support of their friends and family, it could be possible that they will perceive parenting as a more achievable goal. Gay men often report that they experience societal stigma and perceive increased scrutiny due to their

sexual orientation, therefore making it critical that they have the support of their family, friends, and other loved ones. Friends and family of gay individuals experience a range of reactions when their gay loved one decides on parenthood, and their support either increases or decreases during this life transition (Goldberg, 2012). Perceived support is well-documented to have a positive effect on familism, psychological health, and a stronger need for relationships (Campos, Ullman, Aguilera, & Dunkel Schetter, 2014).

Background

Queer theorists have focused on demonstrating the inherent instability of not only male and female gender categories, but also homosexual/heterosexual dichotomy, and the identities that are associated with these categories (Roscoe, 1998). Roscoe (1998) begins his book *Changing Ones: Third and Fourth Genders in Native North America* with a story that begins in 1833. A man named Edwin T. Denig traveled along the Missouri River and encountered the Crow Indians. Denig found some of the tribal behavior alien, and knew this behavior would be condemned and considered perverse in American and European societies. Gender diversity was incredibly visible in this society at this time. Roscoe (1998) stated that while many believe non-traditional gender roles involve more modern day behaviors, surprising personalities and diversity dates back to the early 1800s. Roscoe (1998) continued to discuss how theories of social constructionism maintain beliefs that gender roles, sexualities, and identities are not natural or universal. They are constructed by social processes and discourses. He believed that fixated, binary, or dichotomous categories of sex and gender are simply assumptions, and that alternative gender roles have been in existence for quite some time. These social processes and discourses that Roscoe (1998) mentioned occur today, and serve as a primary factor in the

development of a gay man's identity. With societal pressure continuing to discourse the rights of gay men, intention to father a child could be considered unimaginable.

Common distinctions between a gay man's behavior and identity play a critical role in what it means to lead a gay lifestyle (D'Emilio, 1981). D'Emilio (1981) argued that colonial Americans, more specifically those in family-centered households, based their beliefs on the cooperative labored gender roles of husband, wife, and children. The mere existence of gay men and lesbians as parents was extremely inconceivable. While there was evidence of homosexual activity during this era (usually through detailed court documents that explicitly described their punishment), there were no indications that men can form their attraction to the same sex into their identity (D'Emilio, 1981). By the very end of the nineteenth century, evidence began to appear that men who were attracted to men were becoming more of an organized population of people. Given the organization of a more formal marginalized group, fatherhood was not even a small consideration to these men.

Another particularly difficult time for gay men was the discovery of AIDS and HIV. Tens if not hundreds of thousands of lives were affected by HIV during the late 1980s (Watney, 1987). Watney (1987) discussed how HIV and AIDS were considered a moral panic during this time. Homosexuality was once considered the cause of the AIDS virus, which placed an increased stigma on men who identified as gay. Homosexuality, at this time, was considered a popular cultural phenomenon, due to media awareness and its prevalence in everyday conversation (Watney, 1987). Consequently, the category of homosexuality was deemed a significant problem during this period. Greater awareness followed by medical advances in HIV and AIDS signified a somewhat better understanding that this virus was not fixated only in the gay communities.

These challenges and more created a population of men who today continue to struggle with the decision to separate or balance themselves with the heterosexual community. Parenthood, a construct so closely related to heteronormativity, comes with a price to the community of gay men. Having children seems to relate to the advancement of gay rights; however, it also lessens their individuality from the heterosexual communities. This dissonance demonstrates the importance of researching the factors that predict intention to parent in gay men. This lack of support is seen within both gay and heterosexual communities. The gay community typically views gay men who wish to become fathers as assimilating into a heteronormative lifestyle (Mallon, 2004), while heterosexual people still struggle with the ideas of being gay and parenting coexisting (Gates et al., 2007). This bias may decrease motivation levels of many potential gay fathers and also may impact the individual's level of gay identity negatively. As gay men move toward heterosexual behavior, their gay identity seems to decrease due to contrasting sexual minority values (Fingerhut, Peplau, & Gable, 2010).

These men also face challenges associated with the heterosexual community and may internalize the heterosexist attitudes that gay men are not suitable for fatherhood (Robison, 2003). Historically, society has viewed these men as unfit to parent (Schacher et al., 2005) and there is an ongoing belief that gay fathers may raise their children to be gay, causing them to be bullied at school (Biblarz & Savci, 2010). With 48% of Americans believing that children should be raised by only a man and a woman, heterosexist attitudes can severely hinder the intentions of gay men to adopt or have children of their own (Robison, 2003). When gay men with low levels of gay identity internalize society's negative view of sexual minorities, mental health issues may result (Sue, 2010). Also, elevated levels of internalized homonegativity are associated with higher levels of shame and lower self-esteem in gay men (Allen & Oleson, 1999;

Williamson, 2000). When gay men have higher levels of homonegative internalization, parenting intention tends to be low, due to its harm on perceived parental competence and ability (Pacilli, Taurino, Jost, & van der Toorn, 2011). Gay men who tend to internalize societal discrimination often think they lack the ability to parent effectively and therefore may not consider parenting.

Furthermore, intentions for fatherhood are a significant factor relative to sexual orientation, likely due to their historical context. Riskind and Patterson (2010) found that 54% of childless gay men expressed a desire for children compared to 75% of childless heterosexual men. Gay men have long been stereotyped as being uninterested in parenting and children (Goldberg et al., 2012). However, estimates based on national survey data have found that one in five same-sex couples were raising children in 2000, up from one in twenty in 1990 (Gates & Ost, 2004). Smock and Greenland (2010) stated that of this increasing number of gay fathers, most receive little to no encouragement or parental support, making the transition to parenthood more difficult. Furthermore, Rabun and Oswald (2009) suggested that social support may increase intentions for pursuing fatherhood among gay men.

Beyond internalized homonegativity and gay identity, gender-role conflict has also been associated with many roles, behaviors, attitudes, and beliefs connected with the well-being of gay men (O'Neil, 2008). Robinson and Brewster (2014) also reported that gender-role conflict moderates the relationship between perceived parenting self-efficacy and motivation to parent. Gender-role Conflict predicts well-being and attitudes for men during life transitions (O'Neil, 2008), especially when thinking of becoming a father.

Statement of the Problem

Over the past 20 years, there has been a steady improvement in the landscape of gay rights—positive changes have been made in laws related to employment, military service, marriage, and families (Newton, 2009). With many gay men now willing to pursue parenthood due to an increasing number of states allowing gay marriage, the extreme external and internal challenges mentioned earlier warrants increasing concern. As of the time of this writing, 18 states allow gay couples to marry (HRC, 2014). In New Jersey alone, recent statistics indicate an average of 492 gay couples have been married each month since the legislation passed in October 2014 (Johnson, 2014). Gay couples, as well as single adults, are also starting families through adoption, surrogacy, and foster care (Biblarz & Stacey, 2010). However, single and coupled gay men are still not adopting, fostering, or having a child through surrogacy at the same rates as heterosexual men (Biblarz & Stacey, 2010; Downs & James, 2006). It is possible that these differences are caused by low intentions to parent, or the dissonance of living a somewhat heteronormative lifestyle. Those individuals who see themselves as less efficacious in parenting are less likely to pursue it (Gao, Sun, & Chan, 2013).

Legalities create challenges for these men as well. To date, Florida continues to include in their state codes a banning of gay men from adopting (Wardle & Robertson, 2013). Moreover, only 19 countries allow gay men to adopt internationally (Pew Research, 2014). While public or state funded adoption agencies cannot discriminate in the United States based on most demographic variables, agency workers appear to hold beliefs that some marginalized individuals cannot parent effectively (Downs & James, 2006). For heterosexual men, initiating parenthood appears significantly easier. Human Rights Campaign (2014) data indicates that they do not encounter the legal stigma or challenges that gay men do when seeking fatherhood,

whether single or married. While the adoption process can take a long time for all individuals, heterosexual men often experience fewer stressors (HRC, 2014).

These legal and societal barriers make it essential to look into a few of the many variables associated with the decision-making process of becoming a gay father. Gay identity's association with parenting intention is critical in looking at how sexual orientation impacts the decision to become a parent. If gay men with low and high levels of identity indicate similar levels of parenting intention, then it would be clear that men that both adhere and distance themselves from gay lifestyles foresee balanced levels of parenting in their futures. Answering this question would be significant in helping us understand whether or not gay men really want to parent. Perceived social support is also an important component in the parenting intention and pursuit process. Given these legal and societal barriers, gay men are left to their family and friends for support. Without the support of the law, society, family, and friends, it could be nearly impractical for this population of men to even consider parenthood. If higher levels of perceived social support are necessary for increased levels of intention, gay men who wish to become parents should have their supports assessed or increased to be able to transition to fatherhood more easily. Furthermore, gender-role conflict would yield results demonstrating how traditional gender roles and ideologies impact fatherhood intention. Elevated levels of gender-role conflict, indicating consequences associated with increased levels of traditional gender roles and beliefs, along with lower intentions to parent, would imply that these men are in fact not in pursuit of being a father, and would likely believe that parenting is more of a feminine behavior.

While it is challenging for research to change the law, it is possible to explore and provide a further understanding of factors that may inhibit a gay man's intention to parent, and

therefore a pursuit of parenthood. Deepening this understanding has important implications for anyone working with potential gay fathers, in particular, those who provide mental health services, such as Counseling Psychologists. If deciding whether or not to parent is a goal within their treatment, the clinician should understand where this need or intention is coming from. Clinicians would be able to assess and explore ideas of masculinity, gay identity, and the social support of the gay individual that perhaps is considering parenthood.

Purpose of this Study

This study investigated the relationship between three independent variables (gay identity, perceived social support and gender-role conflict), and one dependent variable (parenting intention) in childless gay men. The primary purpose of this study was to determine whether these variables are predictive of gay men's intention to parent.

Limitations of Existing Studies

Although literature has established the equivalent parenting abilities between gay and heterosexual men, the majority of the research on gay fathering is based on child outcome data, which indicates that children raised by gay men are not disadvantaged (APA, 2005; Marks, 2012). Most of the research on gay parenting looks at populations that already have children. Although one study looks at the relationship between gender-role conflict and motivation (Robinson & Brewster, 2014) in childless gay men, research using these variables is incredibly scarce. None of the current existing research specifically assesses the relationship between gay identity, perceived social support, gender-role conflict and parenting intention with this population. Existing studies also tend to focus on internalized heterosexism and gay parenting, not gay identity. To date, no studies have looked at how gay identity is related to parenting intention in childless gay men. Furthermore, studies of perceived social support are also scarce,

and appear to only include gay men that have children. There are a few qualitative studies that look at ways in which perceived social support is essential to pursuing parenting; however, none take a quantitative look at this variable in childless gay men.

Research Questions

Question 1

Is there a difference in gay men's stated intention to parent depending on their stage of gay identity development?

Question 2

Is there a difference in gay men's stated intention to parent depending on their stage of gay identity development when associated with perceived social support?

Question 3

Is there a difference in gay men's stated intention to parent depending on their stage of gay identity when associated with gender-role conflict?

Hypotheses

Hypothesis 1

It was hypothesized that advanced stages of gay identity will indicate stronger intention to parent.

Hypothesis 2

It was hypothesized that advanced stages of gay identity along with higher levels of perceived social support will indicate stronger intention to parent.

Hypothesis 3

It was hypothesized that advanced stages of gay identity along with higher levels of gender-role conflict will indicate stronger intention to parent.

Definitions of Terms & Operational Definitions

Sexual Orientation

Sexual orientation is defined as a multidimensional construct including three dimensions that occur along a spectrum: identity, attraction, and behavior (Priebe & Svedin, 2013). Within each of these dimensions are specified sexual orientations: heterosexuality (straight), homosexuality (gay/lesbian), and bisexuality. Men who identified as bisexual did not meet criteria for participation. For the purpose of this study, only gay men were eligible for participation. Gay men are defined as men who are emotionally, physically, and/or sexually attracted to men, or a gender that is seen or observed as being the same as being male (International LGBT, 2014). Gay men are married, in dating relationships, and engage in sexual activity with men. Although the term gay can be used to describe lesbian women as well, for this study it will be used solely in reference to men who are gay. This study will use the term heterosexual men to refer to men who engage in relationships with heterosexual women.

Parenting Intent

Parenting intention refers to intending or planning on being a parent in the future (Riskind & Patterson, 2010). If one is more motivated to become a mother or a father, they will be more likely to do so. Furthermore, Miller (1995) states there are both positive and negative motivations to bear a child. Positive motivations (PCM) are the desirability of possible favorable motivations for having a child while negative motivations (NCM) include the undesirability of possible undesirable consequences. Childbearing motivations are dispositions to respond favorably or unfavorably to having a child (Miller, 1994). Having a child has less frequently been considered a duty towards society and more about personal fulfillment through private joy and the extension of one's self (Guedes, Pereira, Pires, Carvalho, & Canavarro, 2015). For the

purpose of this study, parenting intention is operationally defined using a 3-point scale (yes, no, unsure).

Gay Identity

Identity development (sexual identity, religious identity, etc.) refers to achieving your self-concept within a developmental perspective. Therefore, the assessment of an LGBT person's outness can relate to his or her identity development and can be applied to a theory of gay identity such as Cass' (1979). Known by many as homosexual identity development, Cass (1979) identified six stages in the process as follows:

1. identity confusion—the stage that begins with the person's first thoughts, feelings, attractions, and awareness of being gay;
2. identity comparison—this stage has the person accepting the possibility that they might be gay and examines the wider implications of such a commitment;
3. identity tolerance—this stage is when the person acknowledges that he is gay and seeks out other gay people to combat feelings of isolation;
4. identity acceptance—this stage is when the person attaches a positive connotation to their gay identity and begins to accept rather than tolerate it;
5. identity pride—this stage is when the person divides the world between homosexual and heterosexual and immerses themselves within gay culture; and
6. identity synthesis—this state is when the person integrates their sexual identity with other aspects of self.

For the purpose of this study, gay identity is operationally defined as the score on the Gay Identity Questionnaire (GIQ; Brady & Busse, 1994).

Perceived Social Support

Social support is defined as the existence and availability of people on whom we can rely, and people who let us know that they care about, value, and love us (Nicolas, 2009). Perceived social support has been widely known to play a buffering role between psychological well-being and stress because it identifies to what level we see our external support (Holt & Espelage, 2005). This can be used for a wide range of life transitions, including in determining whether or not to become a parent. For the purpose of this study, perceived social support is operationally defined as the score on the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988).

Gender Role Conflict

Gender-role conflict is the result of socialized or internalized rigid gender roles (Herdman, Fuqua, Choi, & Newman, 2012) and causes men to have strict beliefs about a man's power, success, competition, restrictive emotionality, restrictive affectionate behavior between men, and conflict between work and family relationship (O'Neil, Helms, Gable, David, & Wrightsman, 1986). Gender-role conflict is defined by O'Neil (2013) as a psychological state where socialized gendered roles have negative consequences for the self or others. When a male has rigid, sexist, or restrictive gender roles, gender-role conflict is the result. O'Neil (2013) stated that the outcome of gender-role conflict restricts the person's human potential or the potential of someone in the person's life. For men, the experience of gender-role conflict represents negative consequences of conforming or violating the gender role norms of masculinity. This conflict often manifests as anger, depression, anxiety, and psychological distress (Wolfram, Mohr, & Borchert, 2009). O'Neil et al. (1986) noted that men who experience rigid gender roles have inner conflict and turmoil that can decrease a mature gender

identity. These gender roles have negative psychological consequences on the person and those surrounding them. Overly rigid adherence to traditional masculinity and femininity often leads men to negative psychological states that may result in detrimental consequences for the individual or others and contribute to the development of gender-role conflict (Choi, Herdman, Fuqua, & Newman, 2011). For the purpose of this study, gender-role conflict is operationally defined as the score on the Gender-Role Conflict Scale-Short Form (GRCS-SF; O'Neil, Wester, Vogel, & Danforth, 2011).

CHAPTER II

REVIEW OF THE LITERATURE

What it means to be Gay in the 21st Century

There is a significant historical context of gay men that dates back to the early nineteenth century. Queer behaviors, or behaviors that deviate from what society believes are the norm, have occurred throughout history for many decades. Will Roscoe, a queer theorist, has documented queer behaviors dating back to Native North American eras. Roscoe (1998) used the term *berdache* to describe an American Indian that assumes the dress, social status, and role of the opposite sex. Given that parenting is typically seen as a more feminine behavior, berdaches would fall under the generalization that men who serve as the primary parent are deviating from the norm, or engaging in queer behavior.

Roscoe (1998) stated:

Alternative gender roles were among the most widely shared features of North American societies. Male berdaches have been documented in over 155 tribes. In about a third of these groups, a formal status also existed for females who undertook a man's lifestyle, becoming hunters, warriors, and chiefs. Those alternative gender roles that have been documented, however, occur in every region of the continent, in every kind of society, and among speakers of every language group. The number of tribes in which the existence of such roles have been denied are quite few. Far greater are those instances in which information regarding the presence of gender diversity has simply not been recorded. (p. 7)

It is believed that Roscoe (1998) makes this argument to inform society that queer behaviors seen in contemporary society have been occurring for quite some time, and one should not

assume that queerness is new. This, however, is the beginning of time for gay individuals, or more specifically, people who engage in some sort of queer behavior. “Clearly, sexual and gender diversity are an original part of the human heritage. It is not necessary to turn to theories of genetics and human biology to account for this” (Roscoe, 1998, p. 207). He goes on to say that queer theorists not only seek to reveal instable identities, but also for political reasons, which we have seen more modernly with the HIV/AIDS crisis, gay marriage, and parenting.

While behaviors that deviate themselves from heteronormativity have been occurring for quite some time, the gay community, through no fault of their own, has continued to experience setbacks, challenges, and barriers. The very slow evolution of a gay identity and of urban gay subcultures was immensely hastened by World War II (D’Emilio, 1981). World War II was an incredible time for gay individuals.

D’Emilio (1981) stated:

The war uprooted tens of millions of American men and women, plucking them from families, small towns, and the ethnic neighborhoods of large cities and depositing them in a variety of sex-segregated, nonfamilial environments. Most obvious among these were the armed forces...For a generation of Americans, World War II created a setting in which to experience same-sex love, affection, and sexuality, and to discover and participate in the group life of gay men and women. (pgs. 458-459)

Many would have thought that these would be wonderful times for the gay community; however, D’Emilio (1981) explained that this group formation raised awareness of these behaviors in the heteronormative communities. Gay men and lesbians found themselves under attack during the post-World War II era. Many of them were told to leave the armed forces, called perverts, asked to leave federal jobs, and were under the surveillance of the FBI. These events shaped the

beginning of gay history and subculture in San Francisco (D'Emilio, 1981). While police continued to find methods around new laws, California was the only state whose courts gave them the ability to congregate in bars and other establishments with people who were like them. Gay men and lesbians were incredibly grateful for California's decision; however, this marked an even greater awareness and media frenzy that served as the foundation of future issues and barriers to come.

This brings the discussion to a more modern day argument: the gay marriage fight. However, the claim that gay couples should have the equal right to marry is not at all new. In the seventies, gay couples in three states (Minnesota, Kentucky, and Washington) brought constitutional arguments to the marriage statuses, and in all three circumstances they failed (Stoddard, 1989). The Supreme Court of Minnesota's 1971 opinion of *Baker v. Nelson* stated that "the institute of marriage as a union of a man and woman, uniquely involving the procreation of rearing children within a family, is as old as the book of Genesis. This historic institution manifestly is more deeply founded than the asserted contemporary concept of marriage and societal interests for which petitioners contend" (Stoddard, 1989). This denial of rights continues into the twenty-first century. While an increasing number of states continue to allow gay people the right to marry, fights and challenges visible in the seventies continue in present day society to create an argument for heteronormativity.

This is what it means to be gay in the 21st century. Whether speaking of the Native North Americans, the HIV/AIDS activists, those in post-war San Francisco, or the men and women who spend their daily lives fighting for the right to marry the person they love, these people set the foundation for the gay community today. This historical context has been an incredibly long journey, and likely will continue beyond those currently living, but fight and resilience is seen

within them. While present day young gay people have an easier developmental transition, it goes without saying that there were countless people that fought for such a gift.

Ettelbrick (1989) stated:

Justice for gay men and lesbians will be achieved only when we are accepted and supported in this society despite our differences from the dominant culture and the choices we make regarding our relationships. Being queer is more than setting up house, sleeping with a person of the same gender, and seeking state approval for doing so. It is an identity, a culture with many variations. It is a way of dealing with the world by diminishing the constraints of gender roles which have for so long kept women and gay people oppressed and invincible.” (p. 758)

This brings us to gay fatherhood. The long voyage that has occurred gives cause to the conflicting beliefs regarding parenthood. While many gay individuals have fought endlessly to balance themselves with heterosexual culture, one can see the importance of maintaining individuality. Many believe it is not to their benefit to norm themselves with a culture of people who has battled so firmly to marginalize their queer behaviors. This study is incredibly essential to the trajectory of this journey, and will allow gay culture to see the fight for parenthood much more clearly.

Historical Background of Barriers to Gay Fatherhood

In the 1980s, coming out of the closet almost always meant losing one’s prospective parent identity (deBoehr, 2009). Keeping in mind that as many as 86% of gay men see fatherhood in their life trajectories, and usually see adoption as the most feasible route to fatherhood (D’Augelli, Rendina, & Sinclair, 2008), Wardle and Robertson (2013) reported that as of 1995, only nine states in the United States permitted gay men to adopt children. As of the

time of this writing, Florida bans gay men from adopting as noted in their state codes (Wardle and Robertson, 2013). An estimated 65,500 children have been adopted by lesbian and gay parents (HRC, 2014). Furthermore, as many as two million gay men wish to adopt in the future (Gates, 2010). Seventeen states, in addition to the District of Columbia, allow joint adoption by gay couples, and 15 allow second-parent adoption, or adoption by a same-sex partner of the biological parent (HRC, 2014). Although access to adoption appears to be increasing for gay men in the United States, societal stigma often discriminates against these potential parents (Robison, 2003). Gay men, as well as other marginalized communities, face significant barriers when pursuing parenthood (HRC, 2014).

In addition to barriers to domestic adoption, gay men face additional challenges when pursuing adoption internationally. Wardle and Robertson (2013) note that the United States has been the largest receiving country of international children for the past six decades. This number is drastically dropping after the Hague Convention took effect in 2008, which essentially makes the process of international adoption much more difficult. Since 2004, the number of international children that have received visas has dropped by 50% (Wardle & Robertson, 2013). Additionally, many foreign countries are less accepting of gay men and, in some cases, have anti-gay legislation. Given these sources of systemic and social homophobia, gay men have almost no prospect to adopt internationally.

In 1997, the Adoption and Safe Families Act was signed into law (Economou, 2011). The Act—which seeks to ensure the safety of adopted children, as well as child permanence—requires that prospective parents complete an extensive list of tasks in order to adopt. In New York, a state that allows gay men to adopt, the process for all prospective parents includes: choosing an agency, submitting a detailed application, completing a home study process,

attending training, working with a caseworker to find a child, visiting with the child, bringing the child to their home, three months of supervision, completing court paperwork, and contacting the agency for post-adoption services. Each person seeking adoption needs an attorney and endures a slew of bureaucratic steps that include interviews and extensive paperwork (Economou, 2011). This lengthy process will not only deter gay men from parenthood, but many others as well.

Statistics on other forms of parenting in the gay community, including parenting of children from previous heterosexual relationships and fostering, are scarce. While the method of achieving parenthood is critical to many of the psychological issues pertaining to gay fatherhood, it is certain that all gay men achieving fatherhood are vulnerable to societal and legal stigma (Robison, 2003). When all fathers, gay or heterosexual, have higher parenting self-efficacy, they are less susceptible to stigma, and therefore more effective parents (Goldberg & Smith, 2009). Parenting self-efficacy not only decreases vulnerability to stigma, but also increases parental involvement (Goldberg & Smith, 2009).

Definition and Conceptualization of Parenting Intention/Motivation

This brings the discussion to identifying what motivates both men and women to have children. Miller (1994) stated that the question of what motivates people to have children lies at the core of all social and behavioral science efforts to further understand human reproductive behavior. Historically, it was believed that people had children because that is what resulted from sexual intercourse. Due to the increasing number of technologies that allow one to have children (Miller, 1994), along with a rise in adoption, this question of intention has become increasingly complex. Miller (1994) suggested that demographers have often made use of terms such as fertility desires, preferences, expectations, and intentions.

Within psychology, one theory of parenting intention is based on the values and disvalues that children have for parents (Bulatao, 1981). Using this approach, children are seen as valued or disvalued by a person according to needs met or the costs they impose (Miller, 1994). The parenting motive force is driven by the consequences of having or not having a child. Furthermore, many psychologists are interested in the cognitive components of this. These psychologists believe that motivation components are associated with specific consequences of childbearing, according to the perceived likelihood that the consequence will occur (Miller, 1995). Moreover, Miller (1994) provided three main factors that contribute to forces that move people to have children: the norms and values associated with membership in various social settings, the perceived attitudes and behaviors of key people or significant others who belong to an individual's social network, and the influences of the person's partner or spouse. Persons close to the potential parent will either express encouragement and approval of achieving parenthood or the opposite. Beckman (1983) cited that immediate family members and close friends seem to be the most influential, although traditionally extended family members can play a role as well.

Miller (1994) suggested that each of these reasons for childbearing should not be looked at as individual or competing motive forces that lead to parenthood, and he believes they can be put into context using a psychological sequence that cultivates a parent. He provides a 4 step sequence: the formation of traits, the activation of traits to form desires, the transition of desires to intentions, and the implementation of intentions to form behavior. He describes *traits* as dispositions that individuals have in reacting to certain conditions. Childbearing motivations cause people to react favorably or unfavorably to having a child (for example, the attitudes towards changing a young child's dirty diapers). *Desires* are described as psychological states

that demonstrate what someone wishes for or wants. They are influenced by the internal factors of the person. *Intentions* are psychological states that represent what someone will actually do in the future. They are desires relative to the reality of the person and represent decisions made.

Miller (1995) also suggested that a person's value system is largely based off of demographics and the intention to become a parent is relative to those values. For example, people with higher levels of education or higher status occupations seem to be more committed to their careers than having children (Blake & Del Pinal, 1982; Seccombe, 1991). Moreover, those with higher incomes tend to desire having children less (Miller, 1994).

Parenting Intention in Childless Gay Men

Although it is typically argued that intentions for having children are similar in the gay and heterosexual communities (Bigner & Bozett, 1989), gay people tend to think longer about the desire of parenthood, and face additional hurdles explained earlier (Kleinert, Martin, Brahler, & Strobel-Richter, 2015). Furthermore, gay men spend more time thinking about their intentions and the meaning of their desires to become parents (Greenfeld, 2007). Stacey (2006) stated that most childless gay men are ambivalent about having children, and vocational and financial conditions may also have an impact on the gay man's motivations and intentions to parent.

In a study of childless gay men, Riskind and Patterson (2010) compared the parenting intentions and desires of gay and heterosexual individuals. The study defined the term *desire* as what one wants to do or would like to do, while *intention* is what one intends or plans to do. In a sample of 294 childless lesbian, gay, and heterosexual participants, the study sought to find out whether gay individuals expressed less desire and intent to become parents when compared to heterosexual people. This study was the first of its kind to assess demographic variables as predictors. Younger, non-white heterosexual males expressed higher levels of desire to become

parents. Of those who expressed desires, 67% of gay men and 90% of heterosexual men expressed intention, indicating there is a large number of gay men that express desire, but do not intend to actually follow through and have children. Overall, only 30% of gay men stated desires and intentions. Riskind and Patterson (2010) suggested that these statistically significant results indicate reasons for the higher number of heterosexual individuals who eventually become parents. With elevated levels of intent and desire, the possibility of achievement is greater. They also postulate that this is due to psychological factors and stigma. For example, heterosexual men and women report that some of their desire and motivation for having children is societal pressure and stigma (McQuillan, Greil, & Shreffler, 2011), which can be absent for most gay individuals, since most of society lacks awareness that gay men can parent. Furthermore, many gay men have encountered legal and social blockades to parenthood, such as restrictions against adopting (Patterson, 2009) and refusal of service from reproductive health care workers (Gurmankin, Caplan, & Braverman, 2005).

In a similar study to Riskind and Patterson (2010), Shenkman (2012) researched the desires and intentions of achieving parenthood in Israeli gay men. Using a sample of 183 gay men aged 19-50, comparable results were seen. A gap was found in fatherhood desires and intentions, as seen in the Riskind and Patterson (2010) study. Additionally, lower levels of fatherhood likelihood or intention were found to predict depression. Low likelihood was also associated with lower life satisfaction. Shenkman (2012) reported that a pessimistic assessment of the possibility of achieving fatherhood adversely affects the psychological well-being of the childless gay man.

In an attempt to further investigate what she and her colleagues previously found, Riskind et al. (2013) used a non-representative sample of 1,098 childless lesbian and gay men to explore

predictors of self-efficacy in achieving parenthood. The study concluded that gay individuals who were younger and those who lived in social climates favorable to sexual minorities had stronger beliefs or confidence that they would become parents. Although the study failed to identify specific barriers to parenthood as it hoped, Riskind and her colleagues (2013) postulated reasons for these two key findings. First, they suggested that younger individuals may believe some of the possible legal barriers will be struck down prior to them beginning the process of becoming a family. Moreover, they theorized that younger adults, more so than older adults, may consider nonheterosexual lifestyles as more compatible with parenting. Additionally, they indicated that living in social climates favorable to sexual minorities creates higher levels of social support. Being connected to a community that supports your sexual identity can be a critical factor in making important life decisions.

Overall, childless gay men are more confident that they will achieve fatherhood through adoption than they are through biological methods (Riskind et al., 2013). Riskind et al.'s (2013) study indicated that childless gay men who were younger, living in social climates favorable to sexual minorities, and who were less concerned with child outcomes were more likely to feel that they will become parents somehow. Race also played a role in the results; those reported to have been in more privileged racial positions within the gay community reported higher self-efficacy in achieving parenthood. In moving forward with researching gay fatherhood, it is important to understand that gender is no longer playing a role in overcoming barriers to parenthood. Gay men indicate confidence levels similar to lesbian women, meaning they are as confident about achieving fatherhood as much as lesbian women are about achieving motherhood (Riskind et al., 2013).

A majority of gay men believe that fatherhood will become an easier rite of passage to achieve in the future. Rabun and Oswald (2009) conducted a qualitative study with 14 young childless gay men and found that the men believed it was no longer necessary to conceal their sexual orientation in order to become a parent. They believed their pursuits to parenthood would match many of those seen in heterosexual or normative families. As seen across the literature, they felt that social support was a vital and critical element in a pathway to parenthood. Although this could be true, it is important to understand that there continues to be a significant amount of gay men who believe these barriers are too substantial. They also planned on sharing parenting equally with their partners, perceived few gay father role models, and therefore planned on making their own path to fatherhood and had some levels of internal conflict with merging identities of being gay and a father. In contrast to the Rabun and Oswald (2009) study, Berkowitz and Marsiglio (2007) found that gay men still believe that adoption agencies and other institutions create a huge barrier to fatherhood. They also found societal stigma and relations with partners to be a barrier as well. Baiocco and Laghi (2013) found that gay men were less likely to express parenting desires and intentions when compared to heterosexual men, likely due to these barriers.

Riskind et al. (2013) suggested that lesbians and gay men achieve parenthood at much lower rates than their heterosexual peers due to low levels of self-efficacy. As little as 16% of gay men report being parents, compared to 48% of their heterosexual counterparts (Gates et al., 2007). There are a few reasons for this, one of which is that sexual practices between lesbians and gay men do not lead to biological parenthood. Furthermore, Riskind and Patterson (2010) stated that there are psychological barriers to gay individuals achieving parenthood. Society also stigmatizes the formation of a family outside of the heterosexual world (D'Emilio, 2002),

contributing to lower levels of self-efficacy among gay and lesbian individuals. Riskind et al. (2013) cited that these stigmas could create low levels of perceived parenting self-efficacy in gay men and lesbians, which may accordingly result in avoidance of parenthood.

Furthermore, Albert Bandura (1989) stated that if an individual perceives him- or herself as capable of performing a certain task, he or she will exert great force to meet the challenges associated with performing that task, and will therefore be more skilled at it. A person with high self-efficacy is more willing to pursue an activity than a person low in self-efficacy (Gao et al., 2013). This indicates that higher levels of perceived self-efficacy could predict higher levels of intention in parenting. Parents who are more confident in their parenting abilities report greater parenting satisfaction and are more involved with their children (Fagan & Barnett, 2003; Sanderson & Thompson, 2002). Riskind and her colleagues (2013) suggest that because gay men face greater barriers to parenthood than do their heterosexual peers, their self-efficacy about achieving parenthood is much lower. When people experience higher levels of competence in a certain area, they are more likely to move forward in achieving the associated goals (Bandura, 1989).

Parenting Intention and Other Populations

Most of the studies that measure parenting intention or motivation do so in populations that involve infertility in men and women, or couples that biologically cannot bear a child. Given that gay men too cannot bear children in their romantic relationships, it is important to look at some of this literature to demonstrate motivations seen in these couples. The following takes a look at a few of the significant studies that have been done relative to this population.

Problems with infertility affect a large number of American households and cause a substantial amount of disappointment and distress for a couple. Recent national data indicates

that 12% of all women aged 15 to 45 report an impairment in their ability to have children (Miller, Millstein, & Pasta 2008). Miller et al. (2008) conducted a study of 214 men and 216 women who were infertile. These individuals were all considering the use of assisted reproductive technologies in having children. The researchers wanted to compare the parenting motivation to a control group of individuals who were fertile. On every comparison, the group considering the technology was more positively motivated to have children and less negatively motivated. Females were also found to be more motivated than men in all groups tested. This study only looked at heterosexual individuals and failed to identify additional demographic variables such as religious affiliation or race/ethnicity.

Another population that is growing in the parenting intention literature is the HIV population. Adolescent girls in the United States have disproportionate rates of unintended pregnancy and HIV infection compared to their peers in other industrialized countries (Finocchiaro-Kessler et al., 2012). Given that HIV is now seen as a more treatable illness, infected youth could perhaps perceive fewer barriers to pregnancy. Finocchiaro-Kessler and colleagues (2012) conducted a study of mostly African American female youth. Their participants included 46 HIV infected and 355 non infected youth. The study concluded that infected status was not significantly associated with childbearing motivations or desire for a future pregnancy, indicating that HIV no longer inhibits a young person's belief that they will one day become a parent. The researchers postulated that this study is significant because now the HIV population will need an increased level of preconception counseling. This study's most significant limitation was the population, which had limited racial diversity.

One additional population that is studied is married men and women. Miller (1994) looked at the relationship between abortions and positive and negative childbearing motivations.

The participants consisted of 401 couples, half of whom had one child and half of whom were childless. The study found that motivation to bear children was associated with an unaccepting or restrictive attitude toward having an abortion. Again, this study failed to look at other demographic factors such as age, race/ethnicity, and religious affiliation.

While none of these findings are in line with the population of interest in this study, it is important to note the areas of research indicated within parenting intention or motivation. The broad spectrum of research in this area indicates the strong need for further studies to be done on all of these populations. Given that parenting is such a substantial rite of passage for most individuals, it is critical to understand the processes involved in pursuing parenthood in many different populations.

Gay Identity Theory and Development

Vivian Cass (1979) was one of the first people to coin the term gay identity (GI), and developed a six-stage theory to describe the identity formation process that gay and lesbian individuals progress through. These stages are (1) identity confusion (first awareness of gay thoughts, feelings, and attraction), (2) identity comparison (accepting the possibility of being gay and its related implications), (3) identity tolerance (acknowledgement of being gay and seeks out other gay people for support), (4) identity acceptance (achieving acceptance rather than tolerance of gay identity), (5) identity pride (person divides the world between heterosexual and gay), and (6) identity synthesis (synthesizing sexual orientation but not as the only area of identity). Often referred to as the foundation of sexual minority identity formation, Cass (1979), along with other theorists (Brady & Busse, 1994; McCarn & Fassinger, 1996; Mohr & Fassinger, 2000) posited that the process of identity development for gay men and lesbians is complex and, at times,

beyond the scope of measurement, due to the countless number of factors that contribute to identity formation.

With the LGBT population, there may be additional minority statuses that contribute to decreased levels of GI, often referred to as intersecting identities. Crawford, Allison, Zamboni, and Soto (2002) investigated the dual-identity development of African American gay and bisexual men. The study concluded that for people of color, sexual identity typically remains secondary to racial/ethnic identity. Individuals that identify different salient cultural identities could present in different Cass (1979) stages, indicating the complexity of measuring such a variable.

Across racial/ethnic cultures, LGBT individuals find that their inability to deconstruct heteronormativity impedes their gay identity development (Abes & Kasch, 2007) and therefore their overall mental health. Research has found a broad range of factors that indicate how one's GI can affect individuals' mental health. Interestingly, gay men who fall into higher stages of identity development may be more susceptible to mental illness. For example, Swim, Johnston, and Pearson (2009) found in their qualitative study that the more an individual identified with being LGBT, the more they were negatively affected by heterosexist attitudes. Furthermore, men who disclose their sexual orientation at work were found to have higher levels of stress reactivity (Huebner & Davis, 2005). These high levels of identity, along with internalized heterosexism may lead to lower self-esteem in many different areas of LGBT individuals' lives. By contrast, there is a substantial amount of literature that demonstrates a more positive outcome for individuals in higher stages of identity. For example, in a diary study of 102 lesbian and gay participants, Beals, Peplau, and Gable (2009) found that those who were more open about their

sexual orientation reported higher self-esteem, greater life satisfaction, and more positive feelings.

As mentioned earlier, additional theories have been postulated beyond what Cass (1979) developed. Mohr and Fassinger (2000) suggested that GI development is better described as a series of phases, rather than stages as Cass (1979) believed. The Fassinger model includes awareness, exploration, deepening/commitment, and internalization/synthesis. While Cass (1979) provided a more discrete notion of GI development, Fassinger and her associates (2000) suggested that GI development is a more fluid process. Relative to this study, Elizur and Ziv (2001) found that when families were more supportive, they were more likely to be gay affirming. Family acceptance usually mediates GI formation. In contrast, some of LGBT individuals' strongest feelings of heterosexism are reported within the family context (Szymanski, 2009). With family support being a crucial factor in identity formation, along with racial/ethnic identity and multiple other factors, it is clear that this identity development can be a very complex, difficult process.

Gay Identity and Gay Fatherhood

To the knowledge of the author, only a few studies found measured areas of GI and parenthood. Two studies relative to the one being proposed, Tornello et al. (2011) and Robinson and Brewster (2014), both looked at GI and internalized heterosexism as variables. Tornello and her colleagues (2011) conducted a web-based survey of 230 American gay adoptive fathers who were 89% Caucasian. The goal of the study was to determine whether or not GI predicted parenting stress. Results indicated that gay fathers who were struggling with their GI and had more sensitivity to parenting stress perceived higher levels of parenting stress. The researchers

suggested that higher levels of sensitivity negatively impacted gay fathers' overall well-being, which in turn impacted how fathers handled stressful parenting situations.

A second study somewhat related to GI and fatherhood was conducted by Robinson and Brewster (2014). They examined the relationship between *internalized heterosexism* (a term loosely related to GI), motivation to parent, and perceived parenting skill in 164 childless gay men (73% Caucasian). Internalized heterosexism was found to be negatively correlated with perceived parenting skill, while it was positively correlated with motivation to become a parent. The authors stated that since internalized heterosexism has a deleterious effect on overall mental health, this is likely the reason why men higher in this area perceive that they lack parenting skills. These results support the notion that gay men who internalize negative attitudes regarding their sexual orientation also hold beliefs that they will not be an effective parent (Schacher et al., 2005; Robinson & Brewster, 2014). Interestingly, the gay and bisexual men used in this sample who endorsed higher levels of internalized heterosexism indicated a higher motivation for fatherhood. The researchers believe that this may be because parenting is traditionally a heterosexual behavior or a woman's work, and many gay men who are motivated are well aware of their internalized heterosexism. Gay men who are motivated to become fathers may endorse more internalized heterosexism because their motivation violates the masculine, heterosexist beliefs and attitudes of society (Robinson & Brewster, 2014). Additionally, the study found that internalized heterosexism moderated the relationship between parenting self-efficacy and motivation for parenthood.

Rabun and Oswald (2009) conducted a qualitative study on 14 gay men between the ages of 18 and 25 years. The researchers asked the young men to speak about their future plans for fatherhood. They also looked at the *outness* of the participants, or their willingness to disclose

and discuss their sexual orientations with heterosexual people. The findings suggested that their openness regarding their sexual orientation was integrated with non-gay identified individuals. Moreover, all 14 men in the study saw parenthood in their future. While *outness* and GI are not exactly the same, the two constructs are loosely related, indicating that there could be a relationship between GI and parenting intention.

Perceived Social Support

Social support is the availability or existence of people on whom we can rely, or people who let us know they care, about, value, and love us (Nicolas, 2009; Zhou et al., 2013). *Perceived social support* (PSS) is the belief that help is available if it is needed (Nicolas, 2009). When PSS is high, individuals are more likely to face challenges, life transitions, and change with more ease, due to the likelihood of receiving help if needed (Nicolas, 2009). PSS is distinctly important when an individual or couple is determining whether or not to pursue parenthood. Furthermore, Hipkins, Whitworth, Tarrier, and Jayson (2004) suggest that when PSS does not exist, people are more vulnerable to mood disorders such as depression and anxiety. Many psychological studies demonstrate that even the perception of our social support, when at high levels, can be an important protective factor of mental illness (Kleiman & Riskind, 2013). Recent studies indicate that PSS protects individuals from suicide, impulsivity, and also decreases stress during important life events (You, Van Orden, & Conner, 2010; Kleiman & Riskind, 2013). Previous studies have also shown that various demographic and psychological outcomes predict the levels of PSS. Some of these include: age, income, race, and education (Thompson, Rodebaugh, Perez, Shootman, & Jeffe, 2013).

PSS comes in many different forms. As measured on the Multidimensional Scale of Perceived Social Support (Zimet et al., 1988), it manifests from family, friends, and significant

others. *Familism* is a culturally grounded way of valuing family that stresses an ideal for familial relationships to be warm, close, and supportive (Campos et al., 2014). This can be a strong attachment to one's nuclear or extended family. In a study of 1,245 Latino, European, and Asian Americans, Campos et al. (2014) found that higher levels of family social support were linked to better mental health outcomes. The researchers advised that when people value family and the close relationships associated, their psychological health is benefitted by these processes. Furthermore, Sivrikaya, Kaya, and Ozmutlu (2013) suggested that friendships and relationships with significant others play a role in increasing mental health as well. They postulated that people with higher levels of PSS in friendships solve problems more easily, and therefore are at lower risk for mental illness. In their study, Sivrikaya and colleagues (2013) found that 190 college students transitioned to college better with higher levels of friendship PSS. They go on to report that their results indicate the importance of increasing the social support of not only college freshman, but those going through difficult life transitions.

PSS is important in medical illness as well. For example, in a comparison study of 541 breast cancer patients, along with 542 controlled individuals, Thompson and colleagues (2013) found that those who had breast cancer perceived higher levels of social support than those who did not. This suggests that major life events tend to increase the level of social support a person perceives. Thompson and colleagues (2013) suggest that during these major life events or transitions, there is a boost of social support for the individuals. Although they report that this is likely to decrease over time, this PSS is a critical factor to reducing depression and stress associated with medical illness. Furthermore, Zhou and colleagues (2013) conducted a study looking at PSS as a moderator in 426 college students. They wanted to see whether or not PSS moderated the relationship between perfectionism and depression/anxiety. It in fact did,

indicating that PSS is a protective factor in perfectionist students who may experience mood disorders. Contrastingly, PSS was also found to increase perfectionism. The researchers suggested that, at times, higher levels of PSS can cause one to want to do better, while it also plays a role in reducing depression.

Perceived Social Support and Parenting

Research is almost non-existent when it comes to PSS and parenting intent and its importance on the decision-making process, and therefore the portion of this review will recite the studies that have focused on the importance of this construct on individuals that already have children. The studies that have been done report that social support has a positive effect on areas of parenting such as parenting perceived self-efficacy (Warren, 2005; Gao et al., 2013). According to Bandura (1997), social support influences maternal self-efficacy through processes of observing other mothers and received verbal encouragement. Furthermore, he stated that when PSS involves other mothers, self-efficacy increases. Warren (2005) found that informational support from family and health-care providers increased first-time mothers' self-efficacy.

In a study conducted by Gao et al. (2013), 68 first-time Chinese mothers completed measures of social support and parenting perceived self-efficacy. The study concluded that as social support increased, self-efficacy did as well. Women who felt that their family, friends, and significant others would assist them in parenting had higher levels of self-efficacy. The researchers argued that when PSS is high, women tend to believe that they would receive assistance during difficult parenting situations, staying consistent with Bandura's (1997) theory. Additionally, the study found that as children grew older, PSS decreased, indicating that as life transitions such as parenthood pass, those close to the mother no longer feel the need to be as

involved. This is also consistent with Bandura (1997) in such that as experience increases, the need for social support is not as substantial.

Perceived Social Support and Fatherhood

PSS plays a critical role in parenthood, arguably more so in fatherhood due to a low number of men who ask for help. Roggman, Boyce, Cook, and Cook (2002) reported that men are much less likely to access support from community organizations, friends, and family when compared to women. Furthermore, they stated that men perceive asking for help as a significant sign of weakness. Fathers who formally ask for help, and therefore utilize their social supports, have lower levels of depression and anxiety than those who do not seek aid (Meadows, 2009). Help-seeking fathers are also more likely to have employment (Bassuk, Mikelson, Bissell, & Perloff, 2002), perceive less daily parenting hassles (Melson, Windecker-Nelson, & Schwarz, 1998), and have less punitive parenting behaviors (Hashima & Amato, 1994). In general, father social supports seem to be smaller when compared to those of mothers (Melson et al., 1998). Fathers also usually rely on their romantic partner for social support, while women tend to seek help outside the immediate family (Wheat, 2003). Additionally, emotional and instrumental support is significantly related to father involvement (Fagan & Lee, 2011), indicating that higher levels of support are critical for the child-father relationship.

In a study conducted by Castillo and Sarver (2012), 895 fathers who did not live with their children completed measures on father involvement, PSS, and co-parenting relationships. The study found that men who reported a stronger relationship with their child's mother and had higher levels of PSS spent more time with their children. Furthermore, the study split PSS into two distinct forms: instrumental and perceived. Fathers in the study were more involved with their children when they merely perceived that someone would help if necessary, more so than if

the person actually did. This indicates that father involvement has more to do with symbolic means rather than functional aspects of support. Perception by itself of help tends to be what helps fathers be more involved (Castillo & Sarver, 2012).

Perceived Social Support and Gay Fatherhood

There are a limited number of studies that measure PSS in gay men. Moreover, only a handful of studies indicate the differences in PSS in heterosexual and gay fathers. Lavner, Waterman, and Peplau (2014) conducted a study that measured the PSS in 82 adoptive parents (60 heterosexual, 15 gay, and seven lesbian). The quantitative study measured PSS at two, 12, and 24 months post-placement. The study reached two significant findings. First, it concluded that gay and heterosexual parents both experienced balanced levels of PSS, indicating that support is seen across sexual orientations, particularly those in the early parenthood phases. Secondly, no changes in PSS were seen over the 24-month period. The researchers postulated reasons for their findings. They suggested that as the advancement of LGBT rights continues, support is now viewed in societies regardless of sexual orientations. Additionally, friends and family tend to support individuals who are adopting, even two years after placement has occurred. Lavner and her colleagues indicated that parents who adopt traditionally receive a substantial amount of social support, due to the complexities of adopting a child.

One additional study conducted by Tornello et al. (2011) looked at PSS in gay fathers who adopted. In a sample of 230 self-identified gay adoptive fathers, the study measured if PSS was associated with levels of parenting stress. Overall, greater social support was found with lower levels of parenting stress. Interestingly, support from friends was found to be a greater predictor when compared to support from family. These findings suggest that friends play more of a critical role in helping a gay parent father their child. Social support may be especially

significant to gay fathers who experience ignorance and misunderstanding from their families (Smith, 2010).

Perceived Social Support and Parenting Intention in Gay Men

In Rabun and Oswald's (2009) study, the researchers looked at factors that contribute to the parenting intentions of young gay men. As mentioned when discussing GI, all 14 of the men in the qualitative study indicated that they saw parenthood in their life trajectories. Additionally, participants in the study perceived that social support influenced their plans to become fathers. Some explicitly indicated the importance of social supports when making such a transition. They also postulated that financial support would also allow them to overcome any barriers to parenthood.

Heterosexual couples tend to have an immense amount of social support from friends and family when they announce the arrival of a child (Goldberg, 2012). For them, having a child is typically met with joy, excitement, and interest. Family members of heterosexual people provide both emotional and practical support within the responsibility of parenting (Gattai & Musatti, 1999). This is not necessarily the scenario for gay men. When a potential child enters the picture, some men experience rejection by family members or decreased levels of acceptance and support (Goldberg, 2012). Conservative and religious family members will also hold the belief that children are best raised by a man and a woman (Goldberg, 2012). Interestingly, there is also a contrasting view. Some family members will become more supportive of their gay relative once he announces the intention to parent (Goldberg, 2006). At times, the family member will be excited at the addition of a new member of the family. Moreover, gay men's enactment of stereotypically heteronormative interests and life goals may have the effect of "erasing" their sexuality such that they are accepted when they decide to become a parent (Goldberg, 2012).

In terms of friendships, a similar pattern is visible. As mentioned earlier, gay friends of the individual may see becoming a parent as too heteronormative, and therefore display less support (Mallon, 2004). Lewin and Leap (2009) noted that some men lose friendships, in part because of how parenting imposes on their social lives. In other cases, however, gay men also experience high levels of social support from their friends (Goldberg, 2012).

Gender-Role Conflict

Gender-role conflict (GRC) is defined as a psychological state where socialized or traditional gender roles have negative consequences for the person both interpersonally and intrapersonally (O'Neil, 2013). This occurs when clear, rigid, or restrictive gender roles result in the devaluation of self or others, which restricts the male's human potential. For example, there are many men who believe that men should not show affection to other men, should be the primary sources of income in the home, and should restrict emotional expression. These ideologies create psychological distress for the man and those around him. The experience of GRC is relative to the negative consequences of conforming to the very traditional norms of masculine ideologies (O'Neil, 2013). When men adhere to these gender roles, GRC and the associated consequences are the result. These consequences usually come in the forms of anger, depression, anxiety, and psychological distress (Wolfram, Mohr, & Borchert, 2009). It is a contemporary indicator of many different areas of psychological well-being, including parenting. Over 85 psychological issues, consequences, or problems have been related to GRC (O'Neil, 2008). GRC has been seen in research to mediate, moderate, and predict many parenting components, such as motivations for pursuing fatherhood, perceived parenting efficacy, and attachment. O'Neil (2012) also stated that traditional gender roles are the expectations of masculinity ideology and norms, as well as men's gender role socialization. These norms are the

primary values and standards that restrict, define, and negatively impact the lives of boys and men, causing them to fear being perceived as feminine (Levant & Richmond, 2007). This fear of femininity (O'Neil, 2012) causes GRC to be elevated in men, facilitating his behavior using society's views on how a man should be, not his own internalized method or definition of being male. This is significantly correlated to men's psychological/interpersonal issues, including parenting (O'Neil, 2012).

A popular and sometimes controversial issue relates to the learning of these norms. Research argues that these are learned in early childhood, when gender-role identity is shaped by peers, parents, school, and societal values (O'Neil, 2012). Somewhat related the term *gender identity*, which refers to how a person experiences themselves to be like others of their gender, provides a basis for how they interact with others (Steensma, Kreukels, de Vries, & Cohen-Kettenis, 2013). Developmental psychologists such as Erik Erikson (1968) believed that adolescence was the primary period of the formation of one's identity; however, most children are able to understand and perceive what it means to be male or female by the age of 18 to 24 months, with boys having a stronger sense of gender identity as compared to girls (Steensma et al., 2013). This trajectory of gender development is significantly related to the parenting rigidity of mothers and fathers.

Gender-Role Conflict and Gay Men

There have been numerous studies that look at GRC and men in the gay community. Bingham, Harwara, and Williams (2013) found that African American bisexual men who have higher levels of GRC were more likely to be psychologically distressed, have lower risk reductions skills, and be less likely to disclose their sexual behavior to others. Although a significant amount of literature shows that gay men are, in general, more depressed than

heterosexual men (Cochran, Sullivan & Mays, 2003), Blashill and Vander Wal (2010) found that GRC mediated the relationship between social sensitivity and depression. This indicated that gay men are at a higher risk for depression when suffering from high GRC, which could affect parenting. Men who are depressed are more likely to show anger, be rigid, and use drugs and alcohol (Winkler, Pjrek, & Heiden, 2004) - all areas that impact the well-being of a family and its unit.

GRC also impacts a man's anxiety as well (Blashill & Vander Wal, 2010). Pachankis and Goldfried (2006) compared anxiety in gay and heterosexual men and its relation to being social. Results demonstrated that gay and heterosexual men high in GRC reported high levels of fear of negative evaluation and anxiety related to interpersonal issues. Men reported more anxiety in the following situations related to parenting: talking about sex, conversing with children and other family members at Thanksgiving dinner, and holding parties for traditionally masculine days such as the Super Bowl. For gay men, this typically causes them to conceal their true selves from others (Pachankis & Goldfried, 2006). Thus, it can be assumed that GRC impacts depression and anxiety, which could impact parenting. Men who suffer from depression and anxiety could be seen as less emotionally available to their children (Masden, 2009).

Gender-Role Conflict and Fatherhood

Much of the research measuring the relationship between fatherhood and GRC measures the perspectives of the children and relates to attachment. As stated earlier, one's parents provide the basis for defining what gender is and what it should look like. From a more traditional psychoanalytic perspective, sex-role behaviors relate to the child's healthy identification with the same-sex parent (Fischer, 2007). This indicates that a boy's relationship with his father is a primary indicator of what it means to be male. It has been found that both

fathers and sons who are high in GRC report poorer quality relationships with each other and lower levels of identification (Fischer, 2007). Lombardo and Kemper (1992) found that more positive relationships occur between children and their fathers when traditional masculine and feminine qualities were possessed by the father.

In terms of attachment, GRC plays a role as well. Schwartz, Waldo, and Higgins (2004) found that men raised in homes with a secure, trusting attachment style reported lower GRC in emotional expression. Positive relationships with fathers allow the child to feel free to explore the world, and include exploration of non-traditional gender roles and ideologies (Fischer, 2007). Furthermore, DeFranc and Mahalik (2002) conducted a study that measured GRC and stress and its relation to parental attachment and separation. Results indicated that men and boys who viewed their father as having less GRC reported closer attachments to both their mother and father. They also perceived less psychological separation with lower levels of GRC. GRC and attachment progress through adulthood as well. Men who hold higher levels of GRC have increased levels of attachment and separation problems (Blazina & Watkins, 2000).

Additionally, as we know that GRC is related to the development of one's gender identity, it is important to understand the impact that has on a father's parenting behaviors. Lin and Billingham (2014) conducted a study that looked at the relationship between fathers' parenting styles and gender role identity using a population of college students. These students perceived their fathers' parenting styles. Fatherhood authoritativeness was related to the participants' femininity, while also being associated with androgyny. Results indicated that a male's femininity was more salient when they were raised by a more authoritative father. Baumrind (1982) stated that androgynous parents would be more likely to hold an authoritative parenting style in comparison to those with more rigid definitions of masculinity and femininity.

Gender-Role Conflict and Gay Fatherhood

Gender roles are important concerns for gay men who have children. A major concern is how their sexual orientation relates to gender development and socialization of their children (Giesler, 2012). Gay fathers in Schacher, Auerbach, and Silverstein's (2005) study noted conflicting identities of these men, indicating *gender role strain*. Not only were the fathers in this study struggling with gay stereotypes given to them by society, but also cultural biases that believe women are more capable of caretaking roles. This strain impacted their career goals as well, due to the amount of time spent with children for healthy development to occur. Men with higher strain often thought they could not be as connected to their work. Furthermore, Peterson, Butts, and Deville (2000) noted in a three gay father qualitative study that fatherhood can inhibit a sense of both masculinity and femininity, sometimes causing gender-role strain in gay men.

The term gender-role strain appears in some literature as heterosexist role strain (HRS) (Giesler, 2012). Silverstein, Auerbach, and Levant's (2002) study looked at 21 gay fathers and their experience of HRS. They found that gay men's sexual orientation was the reason for them believing they were incapable of fatherhood. Once these men made a decision to become fathers, their sexual orientation caused them to struggle with the traditional gendered aspects of the role.

Gender-role Conflict and Parenting Intention in Childless Gay Men

As already stated, research with gay men indicates that GRC impacts internalized heterosexism and their roles, attitudes, and behaviors that influence psychological well-being. In line of this study's target population, Robinson and Brewster (2014) looked at childless gay men and their motivations for fatherhood, incorporating GRC. GRC was negatively correlated with perceived ability to parent and positively correlated with motivation to become a father. The

study also found that GRC moderated the relationship between parenting self-efficacy and fatherhood motivation. As mentioned when Robinson and Brewster (2014) found similar results using internalized heterosexism, it may be that gay men who endorse motivation to father also endorse high levels of GRC because they are more aware of how they violate masculine, heterosexist beliefs and attitudes.

Summary

Gay men do not experience parenting rates at balanced levels when compared to their heterosexual peers. With respect to fatherhood, gay men avoid parenthood, and therefore likely have low levels of parenting intention, for a variety of reasons. While it is critical to understand these differing rates of parenthood, it is even more important to explore the reasons for this significant difference. Given the historical context of the gay rights movement, along with conflicting opinions on whether or not gay men, as a community, want to decrease their individuality by being parents, looking at the relationship between GI and parenting intention is essential to understanding this debate more clearly. Secondly, with a substantial number of legal and social barriers in place against gay men becoming fathers, social support of family, friends, and significant others is crucial in the pathway to parenthood for these men. Gay men are left with the support of those close to them. Thirdly, in line with Will Roscoe's ideological Queer Theory, looking at the relationship between GRC and parenting intention will allow us to see how traditional gender roles impact gay men's beliefs that they will one day become fathers. As seen in the Robinson and Brewster (2014) study, adherence to traditional masculine roles does not necessarily indicate that men do not want to parent.

Although the significance of some of the variables relative to this study has been recognized in gay men, it has usually included populations of gay men that already have a child.

The impact of GI, PSS, and GRC on parenting intention has had little to absent attention in contemporary research. A very small number of studies have addressed motivations, intentions, and desires of parenthood in childless gay men or factors that contribute to or impact the decision to become a father.

The preceding literature review has identified factors that serve as a theoretical framework, or motivation for this study. First, there is a substantially small amount of literature that explores childless gay men and their pursuit of parenthood. Secondly, only a handful of studies have used gay men, childless and fathers, and measured their levels of parenting intention. Since this literature review concludes that parenting intention impacts many parent populations, it is critical to explore this variable further. Finally, no studies have measured these variables in a population of gay men simultaneously. While childless gay men and their decisions to become parents are generally scarce in the literature, no studies have assessed these variables together. With a number of studies suggesting that GI, PSS, and GRC impact parenting at great levels, it is important to observe the predictability of these variables in potential gay fathers collectively.

CHAPTER III

METHODOLOGY

This study used a cross-sectional research design. This chapter presents sampling procedures, research questions, and hypotheses; and describes variables and measures.

Design

This study used a cross-sectional research design to explore parenting intention among adult gay men. A cross-sectional design is suitable primarily when variables are not manipulated and the main purpose of the research is to understand the magnitude of the relationship among variables (Mertens, 1998). Specifically, this study used a series of multinomial logistic regressions to test the relationship between the independent variables (gay identity, perceived social support, and gender-role conflict) and one dependent variable (childless gay men's parenting intention). Multinomial logistic regression is used when the dependent variable is nominal with more than two levels. Research questions and hypotheses outlined in Chapter 1 were reviewed relative to the associated analyses and results in Chapter 4.

Participants

This study's aim was to determine the relationships between gay identity (GI), perceived social support (PSS), gender-role conflict (GRC), and parenting intention among childless gay men. Therefore, the study was limited to men who identify as gay and who do not have a child at the time of the study. Men who have a child, identify as heterosexual, transgender, or bisexual were excluded from the study. A convenience sample of self-selected participants was recruited through the following methods: (1) A research organization whose primary focus is lesbian and gay studies posted the link to the survey on their social media accounts and website. Approval was granted by their executive director; (2) a solicitation email was sent to the list serves of

Division 44 (the Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues) and Division 51 (the Society for the Psychological Study of Men and Masculinity) of the American Psychological Association; (3) participants were recruited through the use of a recruitment procedure at a Catholic university in the northeast. The administrators approved the study to be taken by students enrolled in their Introduction to Psychology courses as part of a research requirement after this proposed study was approved by the Seton Hall University Institutional Review Board (IRB). Convenience sampling was used in order to easily capture a sample for the study and seemed to be the most appropriate method to use. Given the confidential nature of the data collection, it is unclear which of these recruitment methods were most successful.

Procedure

After the study was approved by the IRB, a solicitation letter was distributed electronically through the above mentioned methods for recruitment. This letter included essential information regarding the study such as the approximate length of time to complete the survey, purpose of the study (to explore factors that affect gay men's experiences in choosing parenthood), and a summary of the measures being used (See Appendices A-E). In the recruitment emails, individuals who were interested in participating in the study were asked to click a link that took them to the online survey using Qualtrics software. Qualtrics uses a web-based software and allows users to create surveys and reports without needing any computer programming knowledge. Data was then uploaded directly into SPSS v. 21 from Qualtrics. The survey took approximately 15 minutes to complete.

The entire survey is attached in the appendices (A-E) section and indicates the order in which participants took the survey as follows: the demographic questionnaire, the Gay Identity

Questionnaire (Brady & Busse, 1994) (true or false format), the Multidimensional Scale of Perceived Social Support (Zimet et al., 1998) (Likert format), the Gender-Role Conflict Scale-Short Form (O'Neil et al., 2011) (Likert format), and a 100 Point Visual Analog Scale of Parenting Intention (developed by the principal investigator using Qualtrics Software).

Exclusion criteria was based on gender, sexual orientation, and whether or not the person had children. Since the study's target population was childless gay men, participants who did not identify as gay or male were excluded from the survey. Additionally, if the participant indicated that they had children, they were excluded as well.

Measures

The survey instrument consisted of four constructs: (1) parenting intention, (2) gay identity (GI), (3) perceived social support (PSS), and (4) gender-role conflict (GRC), as well as demographic information. These constructs were identified through a thorough literature review and theoretical backgrounds.

Demographic Questionnaire

The demographic questions included age, sex (the sex that they were born with), gender (how they currently identify), sexual orientation, race, ethnicity, religion, education, income, and relationship status. There were also two additional questions: one that asks whether the participant has children and another that inquires whether or not the participant would like to have children in the future.

The Gay Identity Questionnaire (GIQ) (Brady & Busse, 1994)

The GIQ is a 45 true-false item self-report measure that is used to identify gay men in the developmental stages of the coming-out process. The measure is based on the homosexual identity formation theory developed by Cass (1979). Participants are put into a stage based on

the number of items endorsed (if 4 items are endorsed as “true” for the questions associated with stage 4, and 3 items are endorsed as “true” for stages 1, 2, 3, 5, & 6, then the person would be considered to fall within stage 4); therefore, the measure yields a single, categorical, discrete score to capture gay identity. Stage 1 is Identity Confusion, or a person’s first awareness of having gay thoughts or feelings. Stage 2 is Identity Comparison, or acceptance of the possibility of being gay. Stage 3 is Identity Tolerance, or the acknowledgment of being gay and seeking out other gay individuals for support. Stage 4 is Identity Acceptance, or the acceptance of being gay rather than the toleration. Stage 5 is Identity Pride, or dividing the world into heterosexual and gay. Stage 6 is Identity Synthesis, or integrating gay orientation with other aspects of self. The discrete score is considered the gay identity formation stage the participant is in at the time of completing the measure. When a response is “true” then the item is considered to be endorsed. The options for each item are true or false. A sample item reads, “My homosexuality is a valid private identity that I do not want to make public.”

Brady and Busse (1994) standardized the instrument on 225 self-identifying gay male participants, with a mean age of 28.8 years and the majority identifying as White, non-Hispanic (179 participants). Too few respondents were identified in the first two stages to include accurate statistics for this stage. For the purpose of this study, participants who are placed in these stages will be excluded from the final analysis. Reliabilities reported for the initial development of the measure are reported as $\alpha = 0.76$ for Stage 3 (identity tolerance), $\alpha = 0.71$ for Stage 4 (identity acceptance), $\alpha = 0.44$ for Stage 5 (identity pride), and $\alpha = 0.78$ for Stage 6 (identity synthesis). There were significant findings that support the construct of Cass’ (1979) homosexual identity formation with psychological well-being ($F, (3, 189) = 8.67, p < 0.01$) and Stage 3, indicating that participants in Stage 3 reported having less psychological well-being than

those in Stages 4, 5, and 6. Test-retest reliability and other validity information is unknown. Participants that were placed in Stage 3, when compared to those in later stages (4, 5, & 6), reported homosexuality as being a less viable identity, $F(3, 190) = 9.86, p < 0.01$; they were less exclusively homosexual, $F(3, 188) = 14.43, p < 0.01$; they were less sexually active, $F(3, 191) = 4.52, p < 0.01$; and had fewer involvements in intimate homosexual relationships, $\chi^2(3, N = 194) = 9.68, p < 0.01$.

The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988)

The MSPSS is a 12-item subjective measure of social support adequacy. It includes a 7-point Likert Scale ranging from (1) “very strongly disagree” to (7) “very strongly agree.” This measure produces a single, continuous score. Higher scores indicate higher levels of perceived social support. A sample item reads, “My friends really try to help me.” Zimet and colleagues (1998) standardized the instrument on a sample of 139 male university undergraduate students with subjects ranging from 17 to 22 years of age. This scale assesses three factors: Family, Friends, and Significant Other. Reliability was reported as $\alpha = 0.88$ for the whole scale ($\alpha = 0.87$ for family, $\alpha = 0.85$ for friends, and $\alpha = 0.91$ for significant other). Test-retest reliability was reported as $\alpha = 0.85$ for the whole scale ($\alpha = 0.85$ for family, $\alpha = 0.75$ for friends, and $\alpha = 0.72$ for significant other). In terms of the construct validity of the MSPSS, correlations of the subscales were compared with the Anxiety and Depression subscales of the Hopkins Symptoms Checklist (HSCL; Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974). The Family subscale was inversely related to both depression and anxiety, while Friends was related to only depressive symptoms. Significant Other was negatively related to depression. Sample items for the subscales are as follows: for the significant other subscale, “There is a special person who is around when I am in need,” for the family subscale, “My family really tries to help me,” and for

the friends subscale, “I can count on my friends when things go wrong.” To further confirm the validity and reliability of the measure, the MSPSS was tested for reliability and validity in two previous studies: Zhou and colleagues (2015) and Cobb and Xie (2015). Zhou and colleagues (2015) conducted a study using the measure on 1,212 Chinese methadone treatment patients. Reliability for the total scale was reported as $\alpha = 0.92$, while the subscale reliabilities ranged from 0.84 – 0.88. Test-retest reliability was reported for the total scale as 0.65, while the subscale test-retest reliabilities ranged from 0.57 – 0.64. Convergent validity was reported as $r = 0.83$ for the family subscale, $r = 0.86$ for the friends subscale, and $r = 0.88$ for significant other. These subscales had higher correlations with the overall measure than that of the individual items. All of the subscale correlations were higher than the correlations between the hypothesized items and other subscales, indicating better discriminant validity. Cobb and Xie (2015), using 122 undocumented Hispanic immigrants, reported reliabilities for the total scale as $\alpha = 0.92$. The three subscales were reported as $\alpha = 0.88$ for family, $\alpha = 0.91$ for friends, and $\alpha = 0.88$ for significant other. For this study, internal consistency was assessed using Cronbach’s alpha, which indicated good to excellent reliability (.952 for MSPSS).

The Gender-Role Conflict Scale-Short Form (GRCS-SF; O’Neil, et al., 2011)

The 16-item self-report Gender Role Conflict Scale-Short Form (GRCS-SF; O’Neil et al., 2011) measures a psychological sense of masculinity and relates to men’s psychological and interpersonal problems. The GRCS-SF uses a 6-point rating scale ranging from (1) “strongly disagree” to (6) “strongly agree.” The measure produces a single, continuous score that will be entered into the regression analysis with gender-role conflict. Higher scores indicate higher levels of gender-role conflict. A sample item reads, “Finding time to relax is difficult for me.” This scale assesses four factors and O’Neil (2013) describes them as: Success, Power, and

Competition (SPC) (personal attitudes about success pursued through power and competition); Restrictive Emotionality (RE) (having fears or restrictions about expressing feelings or finding words to describe basic emotions); Restrictive Affectionate Behavior between Men (RABBM) (restrictions in expressing feelings or thoughts with other men and difficulty touching other men); and Conflict between Work and Family Relationships (CBWFR) (restrictions in balancing work, school, and family relations resulting in a number of health problems). O'Neil and colleagues (2011) standardized the instrument with a sample of 1,415 participants. This sample included a higher percentage of gay men (50%) than heterosexual men (47%), which was reported as a limitation in the original study, but is a strength of the current study. Data were collected as part of previously published studies (O'Neil et al., 2011). Original development of the GRCS-SF indicated SPC reliability as $\alpha = 0.80$. For the RE subscale, reliability was reported as $\alpha = 0.77$. The RABBM reported reliability as $\alpha = 0.78$, and the CBWFR reliability as $\alpha = 0.77$. Construct validity was determined by correlating the GRCS-SF with the original 37 item Gender Role Conflict Scale. Sample items for the subscales are as follows: for the SPC subscale, "Winning is a measure of my value and personal worth"; for the RE subscale, "I have difficulty expressing my emotional needs to my partner"; for the RABBM subscale, "Affection with other men makes me tense"; and for the CBWFR subscale, "My work or school often disrupts other parts of my life (home, family, health, leisure)." To further confirm the reliability and validity of the measure, Zhang, Blashill, Wester, O'Neil, Vogel, Wei, and Zhang (2014) found a reliability estimate of $\alpha = 0.82$ for Chinese gay men using the total score. For the subscales, reliabilities estimates ranged from $\alpha = 0.72 - 0.79$. The same study also concluded that the GRCS-SF had acceptable structural validity. For this study, internal consistency was assessed using Cronbach's alpha, which indicated good to excellent reliability (.860 for GRCS-SF).

100 Point Visual Analogue Scale of Parenting Intention

This 100 Point Visual Analogue Scale is a feature of Qualtrics and was used to determine the degree of certainty that the participant will intend to be a parent in the future. The instrument is a slider in which the participant has to move an indicator to the right to identify his intentions to become a parent. The scale ranges from 0-100, where 0 indicates that the participant is uncertain that he will be a parent and 100 indicates he is absolutely certain he will become a parent. It yields a continuous score that identifies the strength of certainty that he will become a parent in the future. The question will read, “Irrespective of reasons for becoming a parent or not, please indicate the degree of certainty of your intention to parent (0 is uncertain, 100 is absolutely certain).”

Research Questions

Question 1

Is there a difference in gay men’s stated intention to parent depending on their stage of gay identity development?

Question 2

Is there a difference in gay men’s stated intention to parent depending on their stage of gay identity development when associated with perceived social support?

Question 3

Is there a difference in gay men’s stated intention to parent depending on their stage of gay identity when associated with gender-role conflict?

Hypotheses

Hypothesis 1

Advanced stages of gay identity will indicate stronger intention to parent.

Hypothesis 2

Advanced stages of gay identity along with higher levels of perceived social support will indicate stronger intention to parent.

Hypothesis 3

Advanced stages of gay identity along with higher levels of gender-role conflict will indicate stronger intention to parent.

CHAPTER IV

RESULTS

The purpose of this investigation was to explore factors related to gay men's intentions for having children. Specifically, this research was interested in examining how gay identity impacts gay men's intentions for having children. Furthermore, the role of social support and gender-role conflict on the relationship between gay identity and wanting children was also of interest. This chapter will outline the statistical analysis procedures and results of this study, starting with the data exploration process, followed by preliminary analyses, and, lastly, the primary analyses directly related to each research question.

Exploratory Analysis

A total of 185 participants began the survey; however, a total of 20 participants were removed for incomplete surveys, failing to provide information about their sexual orientation, and/or not identifying as a gay man. All analyses were computed in SPSS v. 21, and significance was determined at .05.

Additional examination of the key outcome of interest (i.e., degree of certainty in desire to have children) found that this item was not independent from self-reported responses of whether or not participants planned on having children. Put another way, it appears as though participants responded to the analog slider questions as their degree of certainty in their decision of whether or not they wanted children, rather than using the slider to describe their desire to have children. Participants seemed to respond to the slider question relative to their response to question 9 of the demographic portion, which was not the purpose of the slider (i.e., responding "no" to question 9 and 100 on the slider). As such, the primary outcome for this study was participants' self-reported intent to have children. The original nine parenting choices in the

demographic questionnaire were recoded into three groups: No Plans for Children, Unsure/Maybe, and Yes, Plans to have One or More Children. This was done because the groups needed to be more balanced for the statistical analyses to occur. Examination of participants' gay identity stages revealed that the majority of participants were in Stage 6—identity synthesis (77%) with the remaining participants falling into Stage 5—identity pride (5.5%), Stage 4—identity acceptance (15.2%), and Stages 1-3 (2.4%). In order to achieve relatively equal group sizes as needed for parametric analyses, gay identity was re-coded into two groups (Stage 6 compared to Other Stages). This recoding was done in order to effectively run the primary analysis in order to have sufficient group size.

Preliminary Analyses

Prior to conducting primary analyses, preliminary analyses were conducted in order to assess the statistical assumptions of primary analysis and to test the sample (i.e., bivariate relationships) between key variables and to assess if additional parameters needed to be controlled for in the primary analyses. Normality of continuous items was examined through the mean to standard deviation ratio, and further examination of skewness and kurtosis. There was no evidence of violations of normality.

Equality of group size for gay identity stage was examined in terms of frequencies and percentages of categorical variables, and when indicated, groups were re-classified to ensure sufficient group size across levels for statistical comparison. Linearity and collinearity were assessed using Pearson's product moment correlations between continuous items, revealing significant relationships between related items; however, these relationships fell below the critical threshold (i.e., $r > .85$) that would suggest multi-collinearity. Based on this evaluation of

the data, there were no significant violations of the statistical assumptions related to primary analyses.

A series of bivariate analyses were conducted to assess the relationships amongst demographic variables, independent variables, and the outcome variable. Tests of differences (i.e., t-test, analysis of variance [ANOVA]) were used to assess relationships between categorical and continuous variables. Cross-tabulations with Pearson's chi square were used to assess relationships between pairs of categorical variables. Lastly, Pearson's product moment correlations were conducted to assess relationships among continuous variables.

There was a significant association between age and intent to have children, $F(2, 162) = 18.07, p < .001, \eta^2 = .182$. Tukey's post hoc analyses revealed that those who denied wanting children were significantly older ($M = 40.41, SD = 10.82$) compared to those who wanted children ($M = 29.01, SD = 8.17$) and those who reported being unsure ($M = 30.67, SD = 9.87$). It should be noted that while there was a significant difference between ages and intent to have children, these analyses do not imply causation or directionality of the relationship between the two. There was not a significant age difference between those who reported wanting children and those who were unsure. Based on these results, however, age was used as a covariate in all primary analyses to account for the known relationship between age and parenting intentions. None of the remaining preliminary analyses yielded significant findings.

To assess the relationships between predictor variables, a series of Person's product moment correlations were calculated (see Table 1). As shown, subscales of related items were all significantly and positively related, further suggesting high reliability of the construct. While these relationships were significant, they did not suggest multicollinearity, evidenced by $r_s > .80$. The only exception to this was for sum scores, which we would expect to have high multicollinearity because they are not fully independent from subscale scores. Total scores were not included in final models at the same time as subscale scores to avoid redundancy and multicollinearity in the model. Overall, examination of the correlation coefficients suggests that the set of predictors are sufficiently related to one another without being so strongly related to a degree that would suggest multicollinearity or interdependence among items.

Power Analysis

In order to determine sufficient sample size to find significance if significance actually exists, *a priori* power analysis was conducted using G*Power v. 3.1.92. For the primary analysis of logistic regression, estimating a moderate effect size (*Odds ratio* = 1.5) and an alpha level of .05, a total of 66 participants were needed to achieve power of .80 or 86 participants to achieve power of .90.

Table 1

Pearson's Product Moment Correlations of Predictor Variables

	1	2	3	4	5	6	7	8
1 Gender Role Conflict Total								
2 Success, Power, Competition	.635 ***							
3 Restrictive Emotionality	.853 ***	.384 ***						
4 Restrictive Affectionate Behavior Between Men	.718 ***	.261 **	.606 ***					
5 Conflicts Between Work and Leisure	.715 ***	.212 **	.481 ***	.340 ***				
6 MSPSS - Total Score	.326 ***	.004	.301 ***	.409 ***	.263 **			
7 MSPSS - Significant Other	.229 **	-.007	.192 *	.323 ***	.188 *	.868 ***		
8 MSPSS - Family	.354 ***	.012	.362 ***	.330 ***	.332 ***	.861 ***	.584 ***	
9 MSPSS - Friends	.259 **	.005	.222 **	.418 ***	.152	.868 ***	.653 ***	.638 ***

Note. * $p < .05$; ** $p < .01$, $p < .001$

Sample Description

A summary of sample descriptives is outlined in Table 2. As shown, participants in the final sample were between 18 and 66 years old ($M = 31.95$, $SD = 10.30$). The majority of the sample identified as White (60.0%). Just under one fourth of the sample identified as Hispanic (23.0%). Self-reported religious practice was relatively diverse. Almost two-thirds (61.2%) of the sample identified as being single. The greatest percentage of the sample indicated having a Bachelor's degree (41.2%) and 24.8% reported having a graduate degree, while the rest endorsed a junior high or high school education.

Table 2

Sample Descriptives

	n	%
Race		
Black	22	13.3
Asian/Pacific Islander	3	1.8
Multiracial	15	9.1
White	99	60.0
Latino	25	15.2
Ethnicity		
Hispanic	38	23.0
Non-Hispanic	126	76.4
Religion		
Christian	44	26.7
Catholic	46	27.9
Buddhist	3	1.8
Judaist	6	3.6
Agnostic	24	14.5
Other	40	24.2

(cont'd)

Table 2

Sample Descriptives, Continued

Relationship Status		
Single	101	61.2
Married to man	11	6.7
Partnered	50	30.3
Other	3	1.8
Education		
High School	55	33.3
Bachelor's Degree	68	41.2
Graduate Degree	41	24.8
Income		
< \$15,000	31	18.8
\$25,000-49,000	58	35.2
\$50,000-99,000	55	33.3
\$100,000+	20	12.1
Intent to Have Children		
No	34	20.6
Unsure	58	35.2
Yes	73	44.2

Age		
Mean		31.95
Standard Deviation		10.3
Min		18
Max		66

Primary Analysis

In order to assess the primary research questions, a series of multinomial logistic regressions were conducted to predict the likelihood of a participant reporting whether they want children or are unsure whether or not they want children. They include a reference group, which in this case were men with no intention to have children. Multinomial logistic regressions consist of two significance tests. First, a chi square test is used to determine whether or not the overall prediction model was significant. Next, the significance of each individual predictor is tested when controlling for all other predictors in the model. The measure of effect size associated with logistic regressions is an odds ratio. Odds ratios greater than 1.00 can be interpreted as increased odds of the reference category of the outcome, and odds ratios less than 1.00 indicated decreased likelihood of the outcome occurring (Szumilas, 2010).

Research Question 1: Is there a difference in gay men's stated intention to parent depending on their stage of gay identity development?

Hypothesis 1. It was expected that the differences in parenting intention would be statistically significant between stages of gay identity. Gay men who were placed in higher stages of gay identity were expected to have higher levels of parenting intention. More specifically, advanced stages of gay identity, represented by the score on the Gay Identity Questionnaire (Brady & Busse, 1994), were expected to indicate higher levels of intention to parent, represented by the three categories of parenting intent (no plans for children, unsure/maybe, yes plans to have one or more children). This hypothesis and directionality was determined considering the study conducted by Rabun and Oswald (2009) who found that outness was related to having a value of parenting.

This hypothesis was tested using a multinomial logistic regression by entering the stage of gay identity as the independent variable and parenting intention as the dependent variable. Once the participants were placed into stages (three-six) based on their responses on the GIQ, the three parenting motivation means were calculated to determine statistical significance.

Analysis 1. A summary of multinomial logistic regression examining this research question is outlined in Table 3. As shown, the overall model predicting parenting intentions from age and gay identity stage was significant, $\chi^2 (4) = 35.16, p < .001$, Nagelkerke $R^2 = .223$. Having a gay identity stage between 3-5 compared to stage 6 was not significantly associated with being unsure of parenting intentions or wanting to have children, $ps > .05$. Age was significantly associated with both levels of parenting intentions, indicating that as individuals get older, they are less likely to be unsure of parenting intentions (*Odds Ratio* = .920) and less likely to want children (*Odds Ratio* = .878). Younger gay men are more likely to want or be unsure about having children. These findings did not support the hypothesis, and the null hypothesis, which states that there is no relationship between gay identity stage and parenting intentions was supported by the current study.

Table 3.

Summary of Multinomial Regression Predictor Parenting Intentions from Gay Identity

Intent	B	Wald	<i>p</i>	Odds Ratio	OR 95% CI	
Unsure						
Intercept	3.347	15.904	.000			
Age	-.083	13.235	.000	.920	.880	.962
Gay Stage (3-5)	.382	.435	.509	1.465	.471	4.558
Yes						
Intercept	5.081	28.771	.000			
Age	-.130	22.310	.000	.878	.832	.927
Gay Stage (3-5)	-.493	.605	.437	.611	.176	2.116

Note. Model Summary: $\chi^2(4) = 35.16, p < .001$, Nagelkerke $R^2 = .223$

Research Question 2: Is there a difference in gay men's stated intention to parent depending on their stage of gay identity development when associated with perceived social support?

Hypothesis 2. It was expected that the differences of parenting intention would be statistically significant between stages of gay identity when associated with perceived social support. More specifically, advanced stages of gay identity, represented by the score on the Gay Identity Questionnaire (Brady & Busse, 1994), combined with elevated levels of perceived social support, represented by the score on the Multidimensional Scale of Perceived Social Support (Zimet et al., 1998) will indicate higher levels of intention to parent, represented by the three categories of parenting intent (no plans for children, unsure/maybe, yes plans to have one or more children). This hypothesis and directionality was determined considering the study conducted by Rabun and Oswald (2009).

This hypothesis was tested using a multinomial logistic regression by entering the stage of gay identity and perceived social support as the independent variables, and parenting intention as the dependent variable. Once the participants were placed into stages (three-six) based on their responses on the GIQ, the three parenting intention means were calculated to determine statistical significance, followed by statistically controlling for perceived social support.

Analysis 2. A summary of the multinomial logistic regression examining this research question is outlined in Table 4. As shown, the overall model was significant, $\chi^2(10) = 38.96, p < .001$, Nagelkerke $R^2 = .244$. Age continues to be significantly associated with both levels of parenting intent. Various levels of social support (i.e., Significant Other, Family, Friends) and gay identity stage were not significantly associated with either level of parenting intent, $p > .05$. These findings support the null hypothesis, which states that social support and gay identity are not associated with parenting intentions.

Table 4.

Summary of Multinomial Regression Predictor Parenting Intentions from Gay Identity and Social Support

Intent	β	Wald	p	Odds Ratio	OR 95% CI	
Unsure						
Intercept	4.770	7.909	.005			
Age	-.086	13.719	.000	.917	.876	.960
Significant Other	-.253	1.250	.264	.777	.499	1.210
Family	-.146	.452	.502	.864	.564	1.323
Friends	.155	.273	.602	1.167	.653	2.086
Gay Stage (3-5)	.159	.060	.807	1.173	.326	4.214

(cont'd)

Table 4

Continued

Yes						
Intercept	6.382	13.469	.000			
Age	-.132	22.666	.000	.876	.830	.925
Significant Other	-.101	.189	.664	.904	.572	1.427
Family	-.209	.922	.337	.811	.530	1.243
Friends	.087	.083	.773	1.091	.605	1.967
Gay Stage (3-5)	-.711	1.047	.306	.491	.126	1.918

Note. Model Summary: $\chi^2(10) = 38.96, p < .001$, Nagelkerke $R^2 = .244$

Research Question 3: Is there a difference in gay men's stated intention to parent depending on their stage of gay identity when associated with gender-role conflict?

Hypothesis 3. It was expected that the differences of parenting intention would be statistically significant between stages of gay identity when associated with gender-role conflict. More specifically, advanced stages of gay identity, represented by the score on the Gay Identity Questionnaire (Brady & Busse, 1994), combined with higher levels of gender-role conflict, represented by the score on the Gender-role Conflict Scale-Short Form (O'Neil et al., 2011) will indicate higher levels of intention to parent, represented by the three categories of parenting intent (no plans for children, unsure/maybe, yes plans to have one or more children). This hypothesis and directionality was determined considering the study conducted by Robinson and Brewster (2014).

This hypothesis was tested using a multinomial logistic regression by entering the stage of gay identity and gender-role conflict as the independent variables, and parenting intention as the dependent variable. Once the participants were placed into stages (three-six) based on their

responses on the GIQ, the three parenting motivation means were calculated to determine statistical significance, followed by statistically controlling for gender-role conflict.

Analysis 3. A summary of the analysis for this research question is shown in Table 5. As shown, the overall model was significant, $\chi^2 (12) = 53.46, p < .001$, Nagelkerke $R^2 = .321$, and age continues to be associated with decreased odds of both levels of parenting intentions. Higher restrictive affectionate behavior towards men scores were significantly associated with increased odds of being unsure of parenting intentions (*Odds Ratio* = 5.283) and increased odds of intending to have children (*Odds Ratio* = 3.199), all $ps < .05$. To reiterate, men who were more likely to restrict their physical affection with other men were more likely to endorse wanting children or being unsure about having children and less likely to endorse not wanting children. Additionally, when gender role conflict scores were included in the model, having a gay identity between stages 3-5 was associated with decreased odds of intending to have a child (*Odds Ratio* = .196) compared to those with a gay identity stage of 6. Men in the lower stages of gay identity were less likely to endorse intending to have children when gender-role conflict was controlled. These results partially support the alternative hypothesis, by linking restrictive affectionate behaviors between men and gay identity to intentions on becoming a parent.

Table 5.

Summary of Multinomial Regression Predictor Parenting Intentions from Gay Identity and Gender Role Conflict

Intent	β	Wald	p	Odds Ratio	OR 95% CI	
Unsure						
Intercept	3.329	6.945	.008			
Age	-.106	15.287	.000	.899	.852	.948
Success, Power, Competition	-.298	1.631	.202	.742	.469	1.173
Restrictive Emotionality	-.194	.489	.484	.824	.478	1.419
Restrictive Affectionate Behavior	1.664	13.205	.000	5.283	2.153	12.964
Conflict Between Work and Leisure	-.074	.113	.737	.929	.603	1.430
Gay Stage (3-5)	-1.366	3.418	.064	.255	.060	1.086
Yes						
Intercept	5.346	16.156	.000			
Age	-.150	23.398	.000	.861	.810	.915
Success, Power, Competition	-.118	.269	.604	.889	.570	1.387
Restrictive Emotionality	-.150	.319	.572	.860	.510	1.450
Restrictive Affectionate Behavior	1.163	6.486	.011	3.199	1.307	7.827
Conflict Between Work and Leisure	-.148	.473	.492	.863	.566	1.314
Gay Stage (3-5)	-1.631	4.902	.027	.196	.046	.829

Note. Model Summary: $\chi^2 (12) = 53.46, p < .001$, Nagelkerke $R^2 = .321$

Summary

Results from the statistical analyses did not support the first two hypotheses. Specific to hypothesis 3, while gender-role conflict overall was not supported, the relationship between the Restrictive Affectionate Behavior between Men subscale was significant at the .05 level. This suggests that there is a complex relationship between gender-role conflict and parenting

intentions for gay men. The following chapter will discuss the practical implications of these findings as well as limitations of the current study and directions for future research.

CHAPTER V

DISCUSSION, IMPLICATIONS, LIMITATIONS, AND FUTURE DIRECTIONS

Demographics and Measures

The understanding of gay identity is a core aspect when clinically working with gay men, especially in terms of future goals such as parenting. This study sought to explore the relationships between gay identity, perceived social support, gender-role conflict, and parenting intentions within the very specific group of childless gay men. This chapter discusses the statistical findings of the current study, compares this study's findings to previous empirical conclusions, discusses implications, and provides future directions in the research of parenting intentions in childless gay men. This study used a cross-sectional design, which has been found to have both strengths and weaknesses in its use. Strengths of this design include the quickness of collecting the data, being able to study multiple outcomes and exposures, and relate to generating hypotheses well. Weaknesses are difficulties associated with interpretation of results (internal validity), the susceptibility of bias within the sample, and the generalization of the results (external validity).

Previous research has found that LGBT populations generally report lower levels of parenting intention when compared to their heterosexual counterparts (Riskind & Patterson, 2010; Baiocco & Laghi, 2013); however, few studies look more into the factors related to intentions to parent in gay men further. While previous studies support that gay men express parenting values at similar levels compared to heterosexual men (Riskind & Patterson, 2010), their intentions remain unclear. Previous studies suggest that as many as 52% of gay men express desire or intent to have children in the future (Gates et al., 2007). This study's findings noted a smaller percentage, in which 44.2% endorsed they did intend to have children while

35.2% were unsure. There were 20.6% of participants that endorsed that they did not intend to have children. These differences could be the result of sampling or measures used, although it is unclear. Inconsistencies between this and previous research call for more work to be done in this area. For heterosexual couples, parenting intentions are strong predictors for parenthood (Schoen, Astone, Kim, Nathanson, & Fields, 1999); however, it is not certain whether this is the case for gay men.

Lack of statistical significance for hypotheses 1 and 2 indicated contradicting results with the Rabun and Oswald (2009) qualitative study. The authors indicated that the young gay men used in the study envisioned forming a family as openly gay individuals. The authors (Rabun & Oswald, 2009) stated that gay men believe that their thirties are an optimal time for entering fatherhood. While this study did yield similar results for age, we did not see higher intentions for men with higher gay identity, which may be similar to the author's description as openly gay. Additionally, the participants reported that they believed social support from friends and family was important for them to become fathers and they felt that support from many individuals in their lives. The current study's results in these areas suggest that perhaps social support is not as important to the decision-making process of being a parent. The Rabun and Oswald (2009) study used 14 young gay men and yielded qualitative data. This study served as a foundation to the current research being conducted. The comparative and contrasting results of the two studies indicate the complexity of parenting intentions in childless gay men, and yield a need for more research to be done in this area. The differences in research methods used between Rabun and Oswald (2009) and the current study could be the reason for the variability in results.

This study's statistical significance for hypothesis 3 is in line with a previous finding. Gay men who report having a higher degree of gender-role conflict were found to be more

motivated to become fathers (Robinson & Brewster, 2014). The Robinson and Brewster (2014) finding is consistent with some of the findings from this study, in that gender-role conflict explains some of why gay men intend to parent. Men in general may see parenting as more of a heteronormative role, which could explain the relationship between parenting intent/motivation and higher levels of gender-role conflict. Partial replication of results indicates that this variable might serve a strong role in parenting intention of gay men. Our understanding of gender roles and the related construct of gender-role conflict is not fully understood as it relates to gay men and even less understood about this construct at various stages of gay identity development. Gender-role conflict is understood to be a measure of to what degree men suffer negative consequences when they identify with socialized gender roles (O'Neil, 2013), which could be why greater levels of parenting intention were seen in the results for this area.

Discussion of the Results of the Hypotheses

Demographics

Based on the complexity of understanding a person's gay identity, the sample itself, and the importance of the factors tested, it was important to determine the nature of the relationship between the demographic variables (i.e., age, religion, education level, income, etc.) and the core variables within this study. Age was found to be the only demographic variable with a significant relationship. In line with the study conducted by Riskind and colleagues (2013), those who reported wanting children were significantly younger than those who denied wanting children. However, in this study, there were no observed differences in age between those who wanted children and those who were unsure. This would suggest that when gay men are younger, they are more likely to consider achieving parenthood with a bit more intention. Perhaps it is true that time is a factor, and that younger gay men may perceive that they have more time to

overcome all of the barriers to parenthood mentioned earlier. Also, regionality could have played a role in this as well. While it can be somewhat assumed there was some variability in terms of participant location due to the online recruitment methods, the results do not identify how regionality impacts parenting intentions in gay men. Perhaps there are regions in the United States that have higher amounts of gay men with foreseeable goals relative to parenting. Moreover, younger adults may be less likely than those who are older to view a nonheterosexual lifestyle as inconsistent with parenthood (Riskind et al., 2013), due to the recent advancement of gay rights within the United States. In sum, age associated with parenting needs to be considered with caution. In looking at the developmental nature of humans, what those wish or intend for themselves are not necessarily indications of what will actually happen. Young men, either gay or heterosexual, who intend or do not intend to have children could have life circumstances that change their view of this in their futures.

Hypotheses

The first research question investigated whether there was a difference in gay men's stated intention to parent depending on their stage of gay identity development. Hypothesis 1 postulated that advanced stages of gay identity development would indicate stronger intentions to parent. This hypothesis was not supported in this study. Gay identity stage was not significantly associated with increased odds of intending to have children. Further, gay identity stage was not significantly associated with being unsure of future parenting intentions. Possible reasoning for non-significant results could be relative to concerns regarding sampling. Given that most of the participants in this study were in the more advanced stages of gay identity (stage 6), other sampling methods could have been a better technique to achieve more balanced group sizes. Targeting participants who live in different regions could create more variability in terms of the

gay identity stages. Also, reaching out to mental health clinicians who specialize in working with gay men could assist in identifying where to locate men who are in the earlier stages. Furthermore, the likelihood of a gay man being more willing to complete instruments regarding their sexual orientation could be related to their stage of gay identity. It is possible that men in lower stages are less likely to agree to complete such a survey. Perhaps in-person data collection would be more suitable for getting these men to complete measures. This would allow researchers to explain the confidential nature of the study with more thorough detail.

The second research question examined whether there was a difference in gay men's stated intention to parent depending on their stage of gay identity development when associated with perceived social support. Hypothesis 2 postulated that advanced stages of gay identity, along with higher levels of perceived social support, would indicate stronger intention to parent. This hypothesis was not supported in this study. None of the perceived social support domains tested or the total score were significantly associated with parenting intentions. Perceived social support has been found to help individuals with major life transitions; however, this might not be the case for gay men and parenting intention. Rabun and Oswald's (2009) study stressed the importance of social support and parenting intention; however, the qualitative nature of that study could have yielded different results. Support and gay men could be complicated, and might be impacted by many different constructs such as regionality, race/ethnicity, and religion. While the measure used for perceived social support was considered valid, the complexity of social support could be difficult to capture. Given that this measures perceived social support, and not actual support, participants could have been inaccurate in this interpretation. Perhaps a more useful method might have been asking the participant how many people do they feel

support them. Additionally, measuring the quality of familial, romantic, and other relationships may have been a better construct.

The third research question examined whether there was a difference in gay men's stated intention to parent depending on their stage of gay identity development when associated with gender-role conflict. Hypothesis 3 postulated that advanced stages of gay identity, along with higher levels of gender-role conflict, would indicate stronger intentions to parent. Different results were found within the subscales of the gender-role conflict measure. Restrictive Affectionate Behavior between Men scores were significantly associated with increased odds of planning to have children or being unsure of wanting children. Higher levels of restrictive affectionate behavior between men indicated these increased odds. Men who get tense due to affection with other men or find difficulty in hugging other men endorsed increased odds of wanting children or being unsure of wanting children. When age, gender-role conflict subscales, and gay identity were included in the model, having a gay identity in stages 3-5 was associated with being less likely to intend on having children.

Implications

The findings of this study have both theoretical and clinical implications for understanding how (a) gay identity development affects gay men's futures relative to parenting, (b) perceived social support plays a role in gay men's stated intentions to be fathers, and (c) the impact of gender-role conflict on gay men's stated intentions to be parents. Counseling Psychologists working with gay men within the areas of the independent variables of this study will likely encounter individuals who are grappling with future life directions such as parenthood.

While it is beyond the scope of this study to look at the subjective experiences of one's parenting intentions, it is important to understand some of the specific psychological factors associated with this important process. With the increasing number of gay marriages combined with the number of children in need of fostering or a safe home, this study is critical to helping psychologists, child protective service workers, and adoption agencies understand which gay men to target for possible fatherhood.

Gay Identity Development

Cass (1979) developed what we still consider today to be the most frequently used identity model for the LGBT population. It was thought that gay identity development would be associated with gay men's stated intention to parent. Findings from this study suggest that there is no association within this relationship as expected. It is likely that the Gay Identity Questionnaire (GIQ) did not precisely capture gay identity development or that the homogeneity of the sample did not yield statistically significant results. This is not to state that gay identity development is not important to understand, but perhaps it could be measured more accurately.

Mohr and Fassinger (2000) described the complexity of the gay and lesbian experience. The coming out process, family acceptance, religious and cultural factors, and intersection of multiple identities are just a few of the many complex factors that could inhibit a gay man's understanding of himself. This study supports this, in such that it is difficult to quantitatively measure one's gay identity, since people have numerous salient identities. This study does provide a small glimpse of how gay identity and parenting intention relate; however, there are a slew of other factors that would need to be researched for a solid parenting intention path to be fully understood. Additionally, mood and other psychological states can affect how someone responds to the test. With any generalization, one must be cautious in interpretations, and

consider these other factors when looking at the results of this or any other study that does not include all of these variables.

It is still important to understand the impact of gay identity stage on a gay man's intention to parent. The lack of association between gay identity and parenting intentions demonstrates that gay men on either end of the gay identity spectrum see the likelihood of being a parent similarly. Cass (1979) argued that a gay man's *outness* is relative to their gay identity development. This study concludes that gay men who exhibit in the closet behaviors can still see themselves as parents in the future. There could be a few reasons for this. One, being a parent could directly reflect being in the closet, and fatherhood would allow the public to view these individuals as heterosexual, because they have children. As Goldberg and colleagues (2012) noted, gay men who have children can be viewed by those within and outside of the LGBT community as adhering to a heteronormative lifestyle, which might be one of the goals of having children for gay men. Secondly, non-outed individuals may see themselves as parents because they too think they should engage in all of the rites of passage that heterosexual people do.

In contrast, gay men who are out of the closet and accept their sexual orientation, or those with higher levels of gay identity, may not necessarily want children in their futures for a number of reasons. First, these men may see adherence to heteronormative behaviors as a decrease in their individuality (Goldberg et al., 2012). Many gay men appreciate their uniqueness, which certainly is not increased when gay men have children. Secondly, these men may look at the other barriers relative to their sexual orientation as too challenging, and adding children to this could be too substantial (Riskind et al., 2013). Moreover, gay men on this side of the gay identity spectrum might want children because they too think that they deserve all of the rites of passage mentioned earlier.

Perceived Social Support

Perceived social support is similar to gay identity in that it can be challenging to capture. A person may objectively understand their relationships with others; however, it may be more difficult to identify the quality of those relationships. Given the subjectivity of supports and the implications that has for people, it could be that the Multidimensional Scale of Perceived Social Support did not fully capture the complexity of this variable. Furthermore, questions relative to the Significant Other subscale were open for interpretation to those in the study who reported they were not partnered or in a relationship. As Rabun and Oswald (2009) mentioned, support can be complicated in terms of gay men and parenting. The authors reported that families often express disappointment because their gay loved one will not have children in the traditional sense. Parents of gay men typically have to reorganize their expectations of a heteronormative family before being able to provide support. Many gay men report wanting children to replicate what their parents meant to them, while some want children to do a better job than their parents did (Rabun & Oswald, 2009).

The results of this study indicate that all three dimensions of perceived social support (Significant Other, Family, and Friends) and the total score had no associations with parenting intentions. Results of the current study suggest that perceived levels of social support do not appear to influence gay men's decision or intention to have children, thus suggesting that other factors may contribute to this decision-making process. Nicolas (2009) stated that when perceived social support is high, people are more likely to move through life transitions with ease. While this still may be the case through this life transition, this study's results did not yield indication that social support is a consideration when looking at becoming a parent. There could be a few possible reasons for this. Gay men with lower levels of perceived social support could

intend to have children to enhance their support, especially throughout older age for the father. Secondly, when perceived social support is low, psychological well-being could be low as well (Holt & Espelage, 2005). Men in the study with lower levels of perceived social support could consider parenting as a route to decreasing mood symptoms associated with stress and anxiety, as parenting gives many individuals a purpose.

Those in this study that reported higher levels of social support and intend to be parents could choose so relative to Nicolas' (2009) theory. They may view the path to parenthood as a smoother transition due to the help and support they will have along the way. Family and friends potentially serve as the emotional and financial support that would be necessary to being a father. Moreover, those with higher levels of perceived social support and less intention to be a parent may not consider fatherhood within their existential beliefs. Also, gay men who have sufficient perceived social support may receive support from their loved ones; however, this support may not necessarily relate to them being parents. One could have support from others aside from parenting, and perhaps these loved ones believe that being a gay father could be too challenging.

While no research clearly indicates the link between gay identity and perceived social support, there seems to be a connection between these two variables. Most of the participants in the current study fell within the higher stages of gay identity. Individuals with lower gay identity could possibly have less perceived social support; however, this study indicates that the interaction of these two variables does not influence the parenting intentions of gay men. Moreover, perhaps perceived social support with gay men is more related to relationships with peers who have children. As seen in heterosexual communities, people who have children often will spend time with other families with children. The amount of gay men who have gay friends

with children should be assessed in future replications of this study, to determine how this might impact intention to parent.

Gender-role Conflict

Like gay identity and perceived social support, gender-role conflict can be a complicated construct to measure. Masculinity can be complicated to understand, and perhaps the Gender-role Conflict Scale-Short Form is not relative to the complexity of this variable. Given this understanding, it is also important to recall that this measure was normed using a higher percentage of gay men compared to heterosexual men during its development. Furthermore, Zhang and colleagues (2014) found acceptable structural validity in a population of Chinese gay men. Robinson and Brewster (2014) was the only study using the instrument with gay men relative to parenting motivation, and found that higher levels of gender-role conflict indicated higher motivations to be a parent. This variable, due to the significant findings, holds strong implications. Men who endorsed higher levels of negative internal consequences when considering their affection with other men were found to have increased odds of wanting children or being unsure. To begin, it is important to note that affectional habits outside of safezones could be quite complicated for gay men, and this finding might be relative to this complexity. Gay men may not feel safe to show or exhibit affection in many areas due to how society might perceive them. Somewhat consistent with the results of the Robinson and Brewster (2014) study, these results could indicate that gay men who are more restrictive in their affection see being a gay father as adhering to heteronormative behaviors. Both having a child and a lack of affection with other men may mimic a heterosexual lifestyle. Men who are more restrictive in their affection might have struggles associated with how society may view them. Having a child could allow them to mask their sexual minority status in such that being a father

is seen as more heteronormative. The questions of this subscale of the GRCS-SF deal with the feelings or consequences associated with affection of other men. The items use words such as *tense* and *uncomfortable*. It is difficult to determine how these items specifically relate to parenting intention, and therefore interpretations of this finding should be done with caution; however, there does seem to be a relationship between this and the dependent variable. This signifies the challenges associated with using measurements and also a limitation of a cross-sectional design.

It is important to mention the connection and relationship between this affectionate behavior and parenting. There has been research to support that the RABBM subscale is predictive of infant and child care giving (Cole & Singly, 2015). This notion certainly reflects the parent-child relationship, which relates to the association between attachment and gender-role conflict mentioned earlier. Many argue that children and infants learn through seeing and observing. Seeing fathers inhibit affection or viewing the conflict associated with this could certainly impact their relationship.

Furthermore, gay men with lower levels of gay identity were associated with decreased odds of parenting intention when controlling for gender-role conflict and age. This is somewhat in conflict with the Robinson and Brewster study (2014), which found that higher levels of internalized heterosexism indicated more motivation for parenthood. Although gay identity and internalized heterosexism are not the same, the constructs are loosely related. This finding suggests that men who adhere to more heterosexual norms, in this case lower gay identity and high gender-role conflict, endorse lower likelihoods of wanting children.

As Robinson and Brewster (2014) stated with internalized heterosexism, many gay men who intend to have children could be more aware of their struggles with gay identity and gender-

role conflict, and therefore are more aware of the heterosexual nature of parenthood. Gay men that do intend to become fathers may endorse lower stages of gay identity and higher levels of gender-role conflict because their intentions violate the heterosexist beliefs of society. Robinson and Brewster (2014) suggest that internalized heterosexism and gender-role conflict may not act as barriers to the parenting decision-making process, but certainly are considerations in the overall decision.

In sum, it is evident that gay men have struggled with a formal definition of what it means to be masculine. Gay men strongly value the public appearance of masculinity, and they often wish they exhibited higher levels of masculine behaviors than they currently do (Sanchez, Westfield, Liu, Vilain, 2010). Gay men might struggle with a number of issues relative to this. In many areas, it may not be acceptable for gay men to exhibit affection toward their partner. This inhibition could be seen both within and outside of their homes. It is still unclear of how gender-role conflict affects gay men in general, and it is still more uncertain how it affects their parenting intentions or abilities.

Other Considerations

Studies have shown that sexual minorities report poorer mental health, when compared to their heterosexual counterparts (Meyer, 2003). Being a parent can impact the mental health of a person and relate to qualities such as motivation, pride, and purpose (Ackerson, 2013). Given that having a child can impact mental health, it is important for Counseling Psychologists and other mental health professionals to understand the benefits having a child may have for a gay man, if the individual sees parenthood in their future. This could be helpful for those who work within both existential and behavioral modalities. Having a child could be fulfilling for gay men to achieve self-actualization in their lives, while the behaviors associated with parenting could

restructure negative thought patterns for gay individuals. Perhaps the significance of parenting gives the gay man a purpose, and satisfies his need of affection and relationship, if that is what he is looking for in life. While this may be true, this is not to state that having a child is going to free the individual of mental health concerns. Additionally, many people find comfort in their lives without children, and find other existential possibilities while engaging in other behaviors to help them achieve mental health.

This study's findings suggest that gay identity in solitude is not relative to parenting intentions. Mental health professionals working with gay men on the decision to become fathers do not necessarily need to explore the impact of gay identity on this process. While it is possible that some heterosexual men could experience depression after having a child (Masden, 2009), it is still unclear if the mental health of gay men would be affected in the same way. Gay men struggle with a number of stressors not seen in heterosexual communities. Research has yet to make a direct connection between the mental health of gay men and parenting, either before or after having a child. A future direction of research should determine how parenting intention relates to the mental health of gay men.

In terms of the significant findings relative to Hypothesis 3 and gender-role conflict, it is important for mental health workers to know how this impacts the decision to become a father. The decision to be a parent usually happens at its best when it is for the right decisions, and those right decisions should come from the person's values and belief systems. In context, what is considered a *right* decision manifests within the person themselves, and if a person feels or believes something is right, then it most certainly could be. If gay men who are high in gender-role conflict, or suffer consequences associated with restricting affection toward other men, wish to be fathers because it will make them appear more heterosexual, then the quality of the parent-

child relationship could be in question. Recall that men who endorsed higher levels of gender-role conflict had less secure attachments with their children (Schwartz et al., 2004). Clinicians should possibly explore the reasons or purpose of the individual in becoming a parent, more so in men who adhere to the more heterosexist norms of society. Children who are conceived or adopted by gay men simply to cover up their sexual minority status might be at-risk for mental health issues due to attachment concerns.

This study overall can be of use for the counseling process in general, and can help mental health clinicians determine areas to assess their gay client. First, in looking at the independent variables in the study, gay identity, perceived social support, and gender-role conflict could relate to mental health in gay men largely. These variables could relate to mental health, and after a full assessment, might determine whether they are contributing to client presenting concerns. Second, if a gay man decides to enter treatment to determine his parenting intentions, the clinician should explore some of the areas identified in this study. The counselor should explore how the gay man has internalized his sexual identity, and look at how his gay identity might relate to his intentions to be a father, and do the same with his perception of social supports and gender roles. Also, given it is known that age is a factor, determining at what age the person decided to have a child could be critical. Does the client adhere to the gay community or separate himself? Does he have a number of social supports that have children, and are these supports also members of the gay community? What are his views of heteronormative roles and how might this impact his fatherhood intentions? These are just a few of the number of interventions a Counseling Psychologist or other mental health worker might want to consider when helping a gay man grapple with this decision.

Limitations

This study has a few limitations that are important to note. This research studied a convenience sample of self-identifying gay males who do not presently have children. However, it is recognized that self-selection bias, and any interpretation of these findings must only reflect this sample and cannot be generalized to a larger population of men who want to pursue parenthood in the future.

Furthermore, it is important to assess for within-group differences when making interpretations of the study's findings. The ethnic/racial backgrounds of gay men included in this study could influence the variables being measured. Age was found to affect the results. Because of these concerns, a series of bivariate analyses were conducted to assess these relationships. After finding that age was significantly associated with parenting intention, it was controlled within each of the models.

Quantitative research tries to capture relationships with complicated variables using coded items which can limit data collection. Test items may not fully capture what they are attempting to capture. As with most research, there are limitations to this study that are noteworthy when interpreting the results. Researchers should always interpret the results and implications with caution, and remain thoughtful about the relational attributes of this type of research. Due to the exploratory nature of this study, a mixed-methods design might allow for the results to be more generalized. Furthermore, a qualitative approach may be more appropriate for the complex nature of the decision to become a parent. There are countless variables involved with the subjectivity of this topic. With any quantitative study, one can never be certain that the measures used most accurately captured the associated constructs.

One particular limitation important to note is the difficulties interpreting the findings relative to the Gay Identity Questionnaire (Brady & Busse, 1994). Yielding a single, discrete score does not relate to the complexity gay identity presents to this population. Given the notion that gay identity is impacted by a number of psychological, cultural, and other phenomena, having a measure producing continuous scores would have given richer findings. To date, no measures were found yielding continuous scores for this variable, and this perhaps creates a need for the development of additional measures to be constructed to allow for more interpretative results. Moreover, outness might have been a more sufficient construct to use, as it appears this is a more contemporary term used to determine the level of comfort a gay man has with his sexual identity.

It is important to note the difficulty that was involved in finding men to complete the study who were placed in lower stages of gay identity. Typically, it might be assumed that gay men who are willing to complete a survey relative to gay men would likely be more acknowledging of their sexual minority status. Men who are in lower stages of gay identity development may be more apprehensive to complete this type of survey, even given its confidential status. Gay men who struggle with their identity may see completing such a survey as a strong contrast to their values. Furthermore, completing this survey for these men may cause their gay identity to be more of a reality, something they may not be ready for yet. Future studies should target gay men who do fall within the lower gay identity development stages, to solidify more concrete results that could be better interpreted.

Although the population was primarily homogenous, it is not completely certain how the many variables of diversity interfered with the results. Recruitment occurred primarily through a gay and lesbian research center, and once again, it is suspected that individuals belonging to this

center have higher levels of gay identity development. Moreover, given that data collection occurred at a historically Catholic institution, true academic diversity may have been challenging. The diversity within all of the recruitment methods is unknown. It is also possible that individuals who complete such surveys are typically more nourished and have stronger resources, and possess fewer health risks. Demographics alone may explain the results of this study.

Future Directions

Michael Warner (1999) once said that advocates for gay marriage are essentially abandoning the historical principles of the queer movement. He argued that same-sex marriage is an ultimately undesirable and inadequate goal for this community. The discourse of this activism has long been contested in such that few should not determine what an entire community, which is exponentially growing, need in order to feel complete or equal. Many may feel the same regarding parenting and gay men, and might see this study as someone's opportunity to expatiate yet another heteronormative goal for this population. The research questions, measures used, and generated hypotheses were developed in line with heteronormativity, and it could be argued that an even further step back needs to be taken in academic research to gain a foundational understanding of what it means to be a gay father. Less complex research questions such as "*Do gay men want to parent?*" would provide basic knowledge of gay men and parenting before we can steadily interpret the results of this study. Human beings, including gay men, are complex creatures that have countless identities including other areas of culture that impact such a decision to become a parent.

Intersecting identities may create a compound of difficulties for gay men to even consider becoming a father. One might argue that parenting intentions would look very different for an

evangelical gay man and an atheist. Moreover, racial and ethnic factors that inhibit outness or identity seem to play a role in parenting intention for gay men. Research may never give us a clear understanding of this; however, awareness is key to identifying the needs of a community.

The findings of this study could provide a framework from which other researchers can use. Due to the exploratory nature of this study, this is simply a starting point upon which other researchers can build. Research has supported the notion that gay men and parenting might be coexisting even more, as gay marriage increases and gay families are more of a common notion. With rising gay marriages and rights for gay people, this is becoming a critical area that needs to be looked at further. Now that this study has given this process some awareness and understanding, there is a need for more studies to be done to further confirm the results. Knowing more about the parenting intentions of gay men would help society learn about the prevalence of this notion. It is clear that some from this study want children and some do not. Some may want to feel balanced with the heterosexual community and some appreciate the uniqueness of being gay. Meta-analysis of research in this area may indicate this is simply the case, and that it might never be fully understood how gay men intend to consider parenthood. The inclusion of other sexual minorities such as lesbians and transgender individuals might be necessary to capture this idea in totality for the LGBT community, if the experiences for gay men and other sexual minorities are the same. Qualitative research may capture the complexity of this process with gay men more accurately. Gay men who have children may need to be researched to see how they arrived at their decision to be a parent for this to be fully understood.

Conclusion

This study's findings contribute to the complexity of the understanding of a few areas relative to the parenting of gay men. First, it continues to be unclear whether or not this

population intends to be parents in the future. The idea that gay men are uncertain of their fatherhood pursuits is maintained throughout the results of this study. These findings relate to other studies in such that it is misunderstood how likely gay men think they can achieve parenthood in regards to internal and external variables associated with this important decision-making process. Moreover, it may be possible that this and other research indicate that this misunderstanding may be the final inference to this notion.

It can be concluded that the variables in the study give a small indication of how a few factors relate to parenting intention for gay men. First, this study suggests that gay identity is not associated with parenting intention. Second, perceived social support is not a factor in this process either and indicates that parenting is something that could be in question for gay men with both high and low levels of support. Third, the results of gender-role conflict and parenting intention relate to previous findings, and continue to cause uncertainty in how gay men perceive gender-role behaviors such as parenting.

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Appendix A

Demographic Information

1. Please State your age. _____
2. Please indicate your gender: 1 Male 2 Female 3 Intersex 4 Trans MTF 5 Trans FTM
6 Questioning
3. Please indicate your birth sex: 1 Male 2 Female 3 Intersex
4. Please indicate your sexual orientation: 1 Straight 2 Gay 3 Bisexual
5. Please indicate your race: 1 Black 2 Asian/Pacific Islander 3 Native
American/Alaskan Native 4 Multiracial 5 White/Caucasian 6 Latino
6. Please indicate your ethnicity: 1 Hispanic 2 Non-Hispanic
7. Please indicate your religious affiliation: 1 Christian 2 Catholic 3 Buddhist 4 Judaist
5 Islamic 6 Other
8. Are you currently parenting (as defined by providing physical, emotional, or
financial support to a child)?: 1 Yes 2 No 3 Maybe
9. If you answered no, do you plan to have children in the future? 1 No 2 Unsure 3
Maybe one child 4 Maybe more than one child 5 Depends on my relationship status 6
I'm considering becoming a foster parent but don't intend to adopt 7 I am a step parent
but would not have chosen to parent otherwise 8 It is currently against the law for me to
adopt 9 It is against my religion to have a child as a gay man 10 Other
10. Please indicate your relationship status: 1 Single 2 Married to man 3 Married to
woman 4 Partnered 5 Other

11. Please indicate your education level (completed): 1 Junior High 2 High School 3

Bachelor's Degree 4 Graduate Degree

12. Please indicate your annual income: 1 <\$15,000 2 \$25,000-49,000 3 \$50,000-99,000 4

\$100,000+

Appendix B

Gay Identity Questionnaire (Brady & Busse, 1994)

Directions: Please read the following statements carefully and then circle whether you feel the statements are true (T) or false (F) for you at this point in time. A statement is circled as true if the entire statement is true; otherwise it is circled as false.

1. I probably am equally sexually attracted to men and women.
2. I live a homosexual lifestyle at home, while at work/school I do not want others to know about my lifestyle.
3. My homosexuality is a valid private identity, that I do not want made public.
4. I have feelings I would label as homosexual.
5. I have little desire to be around most heterosexuals.
6. I doubt that I am homosexual, but still am confused about who I am sexually.
7. I do not want most heterosexuals to know that I am definitely homosexual.
8. I am very proud to be gay and make it known to everyone around me.
9. I don't have much contact with heterosexuals and can't say that I miss it.
10. I generally feel comfortable being the only gay person in a group of heterosexuals.
11. I'm probably homosexual, even though I maintain a heterosexual image in both my personal and public life.
12. I have disclosed to 1 or 2 people (very few) that I have homosexual feelings, although I'm not sure I'm homosexual.
13. I'm not as angry about treatment of gays because even though I've told everyone about my gayness, they have responded well.
14. I am definitely homosexual, but I do not share that knowledge with most people.
15. I don't mind if homosexuals know that I have homosexual thoughts and feelings, but I don't want others to know.
16. More than likely I'm homosexual, although I'm not positive about it yet.
17. I don't act like most homosexuals do, so I doubt that I'm homosexual.
18. I'm probably homosexual, but I'm not sure yet.
19. I am openly gay and fully integrated into heterosexual society.
20. I don't think that I'm homosexual.
21. I don't feel as if I'm heterosexual or homosexual.
22. I have thoughts I would label as homosexual.
23. I don't want people to know that I may be homosexual, although I'm not sure if I am homosexual or not.
24. I may be homosexual and I am upset at the thought of it.
25. The topic of homosexuality does not relate to me personally.
26. I frequently confront people about their irrational, homophobic (fear of homosexuality) feelings.
27. Getting in touch with homosexuals is something I feel I need to do, even though I am not sure I want to.
28. I have homosexual thoughts and feelings but I doubt that I am homosexual.
29. I dread having to deal with the fact that I may be homosexual.

30. I am proud and open with everyone about being gay, but it isn't the major focus of my life.
31. I probably am heterosexual or non-sexual.
32. I am experimenting with my same sex, because I don't know what my sexual preference is.
33. I frequently express thoughts to others, anger over heterosexuals' oppression of me and other gays.
34. I feel accepted by homosexual friends and acquaintances, even though I am not sure I'm homosexual.
35. I have told most people at work that I am definitely homosexual.
36. I accept but would not say I am proud of the fact that I am definitely homosexual.
37. I cannot imagine sharing my homosexual feelings with anyone.
38. Most heterosexuals are not credible sources of help for me.
39. I am openly gay around heterosexuals.
40. I engage in sexual behavior I would label homosexual.
41. I am not about to stay hidden as gay for anyone.
42. I tolerate rather than accept my homosexual thoughts and feelings.
43. My heterosexual friends, family, and associates think of me as a person who happens to be gay rather than a gay person.
44. Even though I am homosexual, I have not told my family.
45. I am openly gay with everyone, but it doesn't make me feel all that different from heterosexuals.

Appendix C

The Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet, & Farley, 1988)

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the "1" if you **Very Strongly Disagree**

Circle the "2" if you **Strongly Disagree**

Circle the "3" if you **Mildly Disagree**

Circle the "4" if you are **Neutral**

Circle the "5" if you **Mildly Agree**

Circle the "6" if you **Strongly Agree**

Circle the "7" if you **Very Strongly Agree**

1. There is a special person around when I am in need.
2. There is a special person with whom I can share my joys and sorrows.
3. My family really tries to help me.
4. I get the emotional help and support I need from my family.
5. I have a special person who is a real source of comfort to me.
6. My friends really try to help me.
7. I can count on my friends when things go wrong.
8. I can talk about my problems with my family.
9. I have friends with whom I can share my joys and sorrows.
10. There is a special person in my life who cares about my feelings.
11. My family is willing to help me make decisions.
12. I can talk about my problems with my friends.

Appendix D

The Gender-Role Conflict Scale-Short Form (O'Neil, Wester, Vogel, & Danforth, 2011)

Instructions: In the space to the left of each sentence below, write the number that most closely represents the degree that you Agree or Disagree with the statement. There is no right or wrong answer to each statement; your own reaction is what is asked for.

Strongly						Strongly
Agree						Disagree
6	5	4	3	2	1	

1. Finding time to relax is difficult for me.
2. Winning is a measure of my value and personal worth.
3. Affection with other men makes me tense.
4. I like to feel superior to other people.
5. Talking about my feelings during sexual relations is difficult for me.
6. I have difficulty expressing my emotional needs to my partner.
7. Men who touch other men make me uncomfortable.
8. I have difficulty expressing my tender feelings.
9. Hugging other men is difficult for me.
10. My needs to work or study keep me from my family or leisure more than I would like.
11. I strive to be more successful than others.
12. I do not like to show my emotions to other people.
13. My work or school often disrupts other parts of my life (home, family, health, leisure).
14. Being very personal with others makes me uncomfortable.
15. Being smarter or physically stronger than other men is important to me.
16. Overwork and stress caused by a need to achieve on the job or in school affects/hurts my life.

Appendix E

100 Point Visual Analogue Scale of Parenting Intention

Irrespective of reasons for or not becoming a parent, please indicate the degree of certainty of your intention to parent (0 is uncertain, 100 is absolutely certain).

Uncertain

Absolutely certain

0102030405060708090100

Certainty

Appendix F

Solicitation Letter

Dear Potential Research Participant,

Hello, my name is Brian Amorello. I am a fifth year doctoral student in the Counseling Psychology program at Seton Hall University. This program is housed in the department of Professional Psychology and Family Therapy.

I am conducting a research study looking at the parenting intention of childless gay men.

If you are a gay man over the age of 18 and do not have children, you are permitted to take the study.

The online survey will require approximately 15 minutes of your time. This is the only component of this research that you will be asked to complete.

The survey will be completed online. It can be completed at your own leisure with any device that has internet access. It includes basic demographic information, a Visual Analogue Scale of Parenting Intention, the Gender Role Conflict Scale-Short Form, the Gay Identity Questionnaire, and the Multidimensional Scale of Perceived Social Support. The scales look at certain factors that may be associated with the parenting intention of childless gay men. By being in this study, you will contribute to a better understanding of what factors impact whether or not a gay man wishes to become a father. What I hope to learn from this study are psychological aspects associated with deciding and not deciding to become a gay father.

Your participation in this study is voluntary and you are free to withdraw from the study at any time.

Your participation and responses will be anonymous; there is no way for me to know who filled out a survey. It will not ask you for any identifying information. The data will be

collected via Qualtrics, a secure server-based survey platform. All data collected online will be subject to Qualtrics security and privacy policies to ensure that all information collected is encrypted and made available only to authorized users. While the researchers take every reasonable step to protect privacy, there is always a possibility of interception or hacking of the data by third parties that is not under the control of the research team.

The anonymous data collected from this survey will be stored solely on a flash drive and be kept in a locked cabinet within a locked office at Seton Hall University in the College of Education and Human Services when not actively in use. This will be accessed only by the principal investigator and his mentor.

Would you be willing to take 15 minutes to fill out the survey at the link attached to this introduction? Feel free to skip any questions that you do not want to answer.

This project has been reviewed and approved by the Seton Hall Institutional Review Board (IRB) for Human Subjects Research. Questions about your rights should be directed to the Director of the IRB at Seton Hall University, Dr. Mary F. Ruzicka, Ph.D. at (973) 313-6314 or irb@shu.edu. Questions about the study should be directed to myself at 973-767-9384 or brian.amorello@student.shu.edu or the co-investigator, Dr. Laura Palmer, Ph.D. at (973) 275-2740 or laura.palmer@shu.edu.

Consent to participate is indicated by completing the online questionnaire.

Link to survey: https://shucehs.co1.qualtrics.com/SE/?SID=SV_8llmUhaUFdPbaMl