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The Minority Stress of Lesbian, Gay and Bisexual Parents.
Specificity of Polish Context

Abstract: *Previous research on LGB parenting is dominated by comparing the LGB families to traditional families with heterosexual parents. Little is known about personal experiences of LGB parents and psychological consequences of nonheterosexual parenting in a heteronormative environment.*

This article presents the conceptualization of lesbian, gay and bisexual parents' minority stress and focuses especially on it's sources. LGB parents are considered as a multiple excluded minority group. Using a theoretical framework of minority stress (Meyer 1995), the main stressors are described with reference to parental situation: discrimination and violence, perceived stigma, self-concealment and internalized homophobia. These factors' possible impact on psychological well-being is discussed on the basis of research available. The Polish sociocultural context and its potential influence of LGB parents' stress is also described.

The specificity of LGB parents' minority stress is that it challenges the aspect of identity associated with a parental social role. The most common stressors undermine the status and quality of parent-child bond and involves the child himself/herself. In conclusion, minority stress of LGB parents is recognized as a risk factor for decrease in mental health, but also as an opportunity for personal development based on the stress – related growth.

Key words: *LGB parents, LGB family, homosexual parenting, minority stress, psychological well-being*

The concept of 'minority stress' refers to the specifics of psychological burdens experienced by minority members. Ilan Meyer has postulated his own comprehensive theoretical proposal on minority stress of LGB people and its impact on mental health. However, his theses have been based mainly on empirical data from childless LGB adults, whereas the family situation appears to differentiate significantly the sense of belonging to minority and the experience of minority stress. Thus, it is worth reflecting if his proposal can be useful to describe the experience of LGB parents. In this article, I make an attempt to apply his theory to analyze the LGB parents' minority stress, especially in Polish society.

I begin by reflecting on the minority status of LGB parents, then I briefly present the theoretical proposal of minority stress by Ilan Meyer (1995, 2007, 2013) and – based on a review of research available – I describe the various sources of stress in LGB parents. My aim is to show the specificity of the LGB parents' minority stress. I also consider Polish cultural and social circumstances to outline the area of prospective studies, which Polish psychology has lacked so far.

LGB parents, LGB families
– terminology and general information

I use a term LGB parents to refer to people of homosexual and bisexual identities who raise children in same-sex relationships, considering both biological parents as well as their life partners unrelated to children by blood, but influencing the upbringing process (called social parents). I also apply a broad inclusive definition of a family; it is based on mutual interpersonal relations that lead to the formation of emotional bonds (Slany, 2002). For linguistic clarity and convenience, I relate the term "LGB family" to same-sex relationship raising children.

Different types of LGB families were broadly described in other publications (e.g., Abramowicz, 2012a; Majka-Rostek, 2008; Śmiecińska & Wycisk, 2012, Tomalski, 2007); however it should be briefly considered that LGB people take parental roles in various circumstances. Lesbians and bisexual women become mothers: by giving birth to a child in their former heterosexual relationship; by giving birth while being in a same-sex relationship (using sperm from a donor,

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anonymous or not); by adopting a child (illegal in Poland); by engaging in relationship with a woman providing care to a child born earlier.

Gays and bisexual men have less chance than nonheterosexual women to raise children together. In some western countries they can become fathers by adoption or surrogacy (both illegal in Poland). Men can also raise children born in former heterosexual relationships or become parents by providing sperm to a befriended lesbian couple and then participate rightfully in children upbringing; however usually they do not move in with their children so their commitment to providing childcare is lower then lesbians (Tomalski, 2007).

In Poland, little work has been done to describe LGB families and there is no reliable data on their number. In a Campaign Against Homophobia study, conducted between 2010 and 2011, 5.5% of 11,000 LGB respondents reported to have had or raised children, while almost a quarter (22.8%) provided care to a child in a same-sex relationship; in 9 out of 10 cases these were lesbian couples (Abramowicz, 2012). The research project "Families of Choice in Poland" run by the Polish Academy of Sciences (PAN) involved 4,000 respondents living in nontraditional kinship relations, 252 out of which were LGB individuals with children (Mizielińska, Abramowicz & Stasińska 2014). Based on these estimates and numerous data from the Western Europe and the North America, it can be assumed that LGB parenting in Poland is a fact but because of no legal regulations it is poorly recognized.

LGB parents as a minority

According to the classic work of Louis Wirth (1964, for: Frysztacki, 2009) minority can be defined as a group of people that differ from the wide community in some natural or cultural feature, thereby they are considered by the majority as different and less valuable, and they perceive themselves as objects of discrimination. Inclusion to the minority takes place "on the basis of an attribute recognized by the dominant group as socially and emotionally significant, and at the same time negatively evaluated because of perceived threat to the existing order" (Winiarska & Klaus, 2011: 22).

While essentialists treat a minority as a coherent, durable, cultural and social entirety (as in the case of ethnic minorities), constructivists emphasize the role of social interactions and processes creating a minority status and maintaining exclusion or discrimination of certain individuals or groups (Staranowski, 2004; Giddens, 2007). The complexity and dynamics of these mechanisms leads to the phenomenon of multiple discrimination, which occurs when several minority features overlap (Winiarska & Klaus, 2011).

Staranowski (2004) has described three contexts of belonging to minority:
– structural, which is associated with a position in the social structure and, hence, a specific (usually lower) status within the society's hierarchy of power and privilege;

– cultural, which refers to the phenomenon of sharing specific space of culture, that is, values, ideas, beliefs, customs and symbols that do not play a leading role in the society;
– psychological, which relates to a subjective sense of belonging to a minority, that causes mainly negative feelings (like the sense of alienation, loneliness and inferiority), but sometimes also a positive sense of attachment to their own minor identity and reference group.

Given the above, I will look at the LGB parents through the prism of these three contexts. I assume that the answer to the question, "Should LGB parents be regarded as a minority group?" is yes. Their minority status primarily results from sexual stigma, that is the knowledge shared by members of the society, according to which all forms of nonheterosexual behaviors, identities, relations and communities are considered inferior to heterosexuality (Herek, 2004). Phenomena of heteronormativity and heterosexism, described in the framework of queer theory, explain the sexual stigma mechanisms at the level of structures and social institutions. On the other hand homophobia, understood as an irrational fear and aversion to contact with LGB people embedded in personal prejudices, explains the maintenance of sexual stigma at the individual level (Clarke, Ellis, Peel & Riggs, 2010).

As regards LGB parents, their minority status in structural context is a consequence of exclusion and lower position if compared with heterosexual parents. In Poland, stereotypes and prejudices on the inferior health and morals of LGB people are visible in the law, which does not sanction same-sex relationships, does not guarantee the protection of children living in LGB families and is ineffective in the protection of LGB people and their children against various forms of dislike and hostility (which will be discussed below, see also Zima, 2010).

Cultural context of belonging to LGB parents' minority is less obvious, since they do not have a common language or customs (such as ethnic minorities, for example). There are no ready cultural patterns to which LGB families could refer, so they must create their own customs and habits of family life (Majka-Rostek, 2008), however the unquestionable feature they share is living in same-sex relationships. In western culture such a way of arranging a private life has historically been openly condemned (Lew-Starowicz & Lew-Starowicz, 1999) or completely overlooked (Mizielińska, 2006). Thus, LGB families place somewhere on the outskirts of society, outside the mainstream, and that is why they probably share certain values (such as greater openness and tolerance, less conformity to gender roles) at least to some extent. At the same time, these families do not constitute a culturally homogeneous and coherent group, and such issues as: ethnicity, religion, belief, socioeconomic status or practiced lifestyle can greatly differentiate them (Oswald & Holman, 2013). Referring to Goffman it can be concluded that category of LGB parents "can function to dispose its members to group-formation and relationships, but its total membership does not thereby constitute a group" (Goffman, 1963/2005: 57).

A third of aforementioned contexts – a psychological one – is associated with an individual, subjective experience of exclusion or discrimination. The fact of being a minority has an impact on the personal comfort, often entails negative feelings and results in a minority stress, which is the main subject of further discussion.

A minority of LGB parents have therefore certain features in common, however, it is not a unified category. In individual cases the experience of exclusion can be multiplied as a result of overlapping different kinds of "otherness". However, the basis of minority status for LGB parents are two main factors: the sexual identity and raising children in a same-sex relationship.

Sexual identity can be the reason for exclusion not only among heterosexuals, but also among lesbians and gay men. Some LGB parents have children from a previous heterosexual relationship, so their identity may be seen as ambiguous by other members of minority. If they identify themselves (or are defined by others) as bisexuals, they can be perceived as unable to make a lasting intimate monogamous relationship, inclined to promiscuity and immature. Manifestations of resentment may come from both the heterosexual majority as well as declared lesbians and gay men who often prefer a clear, homosexual identification (Charzyńska & Mijas, 2012).

Raising children by LGB couples is even more controversial, although a lot of favorable legislative changes have occurred in the last 20 years in western countries (Zima, 2010). From a historical perspective, parenthood has been associated with heterosexuality and marriage, hence homosexual parenting has been socially perceived as self-contradictory. LGB people have been considered to be unable to procreate and bring up children and even, by some, to jeopardise them (Majka-Rostek, 2014). Among the most frequently mentioned arguments against same-sex parenting there are concerns about psychological and social adaptation of children, mainly related to gender identity, sexual identity and the future possible consequences of harassment and discrimination (Clarke, 2001; Patterson, 2005; Tomalski, 2007). In medial discourse and public opinion LGB parenting is often perceived as sinful, inconsistent with natural law and selfish (Clarke, 2001). These unfavorable judgements are sometimes formulated also by lesbians and gay men, who are divided and ambivalent or disapproving in their opinions (Majka-Rostek, 2008). Some of them declare a supportive attitude, emphasizing the necessity of equal rights regardless of sexual identity, others play safe and stay more restrained. A lot of LGBs recognize the superiority of raising children in traditional families and worry about ostracism and discrimination, that could harm children growing in LGB families (Majka-Rostek, 2008; Krasicki, 2006). Setting up a family with children is sometimes treated as conflicted with homosexual identity (Głowania, 2009).

It is worth noting that there is quite common difference in social perception of gay fatherhood and lesbian motherhood. International Social Survey Programme (2014) showed that in the European Union people have expressed higher levels of acceptance towards the same-sex female couples' parenting than towards the parenting practices of same-sex male couples. It is possible that gay fatherhood in social perception is characterized by greater suspicion and aversion compared with lesbian motherhood. These gender differences are probably due to stereotypes of exaggerated gay sexuality, as well as the belief in the superiority of maternal care over paternal one and women's innate abilities of childcare.

LGB parents may therefore feel excluded from both the broad majority of heterosexual adult members of society as well as the minority group of lesbians and gay men, which they belong to. At the same time a statement can be ventured that being a parent approaches LGB people to heterosexual majority, for whom parenting is a common practice. Quantitive research carried out in the United States exhibited mothers in planed lesbian families (N = 47) being higher supported by their families of origin and lower supported by their nonheterosexual friends in comparison with childless lesbians (N = 42) (DeMino, Appleby & Fisk, 2007). Qualitative study conducted in Italy (23 lesbians and 2 gay men) also suggests that LGB parents can expect more support from other heterosexual parents than from their own minority members (Danna, 2011). On the other hand, a lot of LGB parents do not disclose their family situation for the sake of their children's safety (Abramowicz, 2012a), because social consequences of individual acts of coming out are sometimes difficult to predict. It is probable that the relations between minority of LGB parents and LGB minority or the heterosexual majority seem to be more complex that one might think at first glance.

Minority stress of lesbians, gays and bisexuals

The concept of minority stress rests on rich foundation of sociological and psychological theories that underline the individual should be seen in the context of his or her interactions with the social environment. It provides a modern explanation of lower mental health parameters observed in members of minorities[1], basing on the knowledge of social phenomena related to stigmatisation and the rules of how stress influences psychological well-being (Iniewicz, Grabski & Mijas, 2012). The research on minority stress have flourished in the last 10 years: among 214 journal articles available in PsycInfo, PsycArticles and Medline databases linked to the subject "minority stress", 205 have been published since 2005, and 164 have been devoted to sexual minorities.

Minority stress relates to the specifics of psychological burdens experienced by minority members. It means that the phenomenon is: socially conditioned (by social processes and structures determining the limits of norms/pathologies and shaping the majority attitudes towards minorities), unique (being specific and additional burden to a minority group) and chronic (acting constantly due to the

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[1] Numerous population-based studies conducted in the US indicate more frequent diagnosing of mental disorders in homo- and bisexuals, with differences regarding mostly: depression, mood disorder (mainly anxiety-related) and addiction to psycho-active substances (Grabski, Iniewicz & Mijas, 2012).

relative consistency of the above mentioned structures, cf. Iniewicz et al., 2012).

The concept of minority stress as regards sexual minorities has been developed by Ilan Meyer and his contributors in numerous articles and researches conducted in the USA (Meyer 1995, 2007, 2013; Schwartz & Meyer, 2010; Stirratt, Meyer, Ouellette & Gara, 2008). Its generalizability has also been examined in other countries (Lewis, 2009; Dunn, Gonzalez, Costa, Nardi & Iantaffi, 2014; Lea, de Wit & Reynolds, 2014) including Poland (Iniewicz, 2015). In the original view presented by Meyer (1995, 2007, 2013), minority stress results from a permanent conflict with the social environment, experienced by members of minority groups as a result of comparing the values dominating in a given culture with those originating from the needs of individuals and their minority status. As a result, a person suffers from chronic mental stress and experiences the hypervigilance. In order to closely examine the social influence experienced by an individual, Meyer (2007, 2013) refers to the idea of Lazarus and Folkman (1984) and differentiates distal (objectified) stressors from proximal (subjectively perceived through the individual's cognitive appraisal) stressors. The distal-proximal *continuum* is observed through the lens of stressors influencing individuals belonging to a sexual minority. The external and objective (distal) factors relate to external stress-causing events like rejection and violence, including harassment, humiliation, exclusion and discrimination, experienced by individuals due to their minority status. Their consequences are analysed in the dimensions of victimization and include both somatic and mental symptoms (Pascoe & Smart Richman, 2009), which – in their radical form – may resemble a post-traumatic stress disorder (Meyer, 2007, 2013).

In the case of proximal factors, the significance of an internal appraisal is higher, as it engages the system of self-beliefs and interpretations closely related to the minority status of an individual. These are:

– expectations of rejection, connected with the anticipation of the above-mentioned acts of violence, leading to hypervigilance and suspiciousness;

– concealment of sexual identity, leading to chronic fear, guilt and excessive control of one's own behavior in order to hide the secret;

– internalized homophobia, i.e. negative attitude towards LGB people, resulting from internalizing social attitudes, addressed to oneself and leading to self-depreciation and anxiety that stems from the conflict within one's own identity (Meyer 1995, 2007, 2013).

All the mentioned proximal stressors constitute additional burden to LGB people, leading to lower mental health indicators in comparison with heterosexual majority. It mainly refers to the relations between an internalized homophobia and the extent of depression and anxiety symptoms, suicidal thoughts and overuse of psychoactive substances (e.g. DiPlacido, 1998; Mays & Cochran 2001; Williamson, 2000), as well as eating disorders and self-destructive behaviors (e.g. Williamson, 2000).

In his model of minority stress, Meyer (2013) assumes that there are two main factors which moderate the relation between stressors listed above and adverse health outcomes: coping strategies used by a person (including both personal and group resources) and characteristics of minority identity (as prominence, valence and integration). There is quite strong evidence that the access to social support has a beneficial influence on the mental health of lesbians and gay men (Hershberger & D'Augelli, 1995; Rostosky, Riggle, Gray& Hatton, 2007; Lam, Naar-King, & Wright, 2007; Feinstein, Wadsworth, Davila, Goldfried, 2014). The hypothesis on the meaning of minority identity has also been empirically verified it was found that poorer mental health outcomes were associated with greater negative self-complexity and greater negative valence of sexual identity (Stirratt et al., 2008). The identity characteristics and dynamics seems to be very promising direction as to research on minority stress.

As it can be perceived, the concept of minority stress focuses on social factors that affect psychological well-being of minority members. It does not investigate the physiological processes of stress described comprehensively in the specialist literature on stress itself. It rather underlines the specificity of social burdens experienced by minority members and provides the useful perspective to understand the potential causes of their adaptational troubles.

Minority stress of LGB parents

The research on LGB families initially compared lesbian mothers' and gay fathers' parental skills with these of heterosexual parents; similarly children's personal and sexual development was compared in both types of families (LGB and traditional; Patterson, 2005). Such a direction of exploration had its origin in common beliefs and fears that homosexuality is dysfunctional, and growing under the care of same sex parents is detrimental for children. Lately, the dominance of comparative studies have been criticized for improving homophobia and heterosexism (Stacey & Biblarz, 2001).

However, in a number of studies conducted using the newest methodological procedures (like meta-analyses), no differences were observed in the level of adaptation between children raised in both family types (Allen & Burrell 2002; Crowl, Ahn & Baker, 2008). Research has shown no significant differences between LGB parents compared to traditional families in the field of parental competence, parental stress intensity and style of child caring (Patterson, 2005, Farr, Forssell & Patterson, 2010). Moreover, despite the concerns shared also by some LGB parents, their children not only develop comparably with children growing up in traditional families, but also did not differ in the level of experienced stigmatization, although – it must be admitted – they are more often stigmatized due to their family situation (Golombok, 2000; Tasker & Golombok, 1997; Vanfraussen et al., 2002, for: Bos, van Balen, van den Boom & Sandfort 2004).

Charlotte Patterson (2001) has explored this issue since the 90s and concluded that risk factors for children's development in families of heterosexuals and non-

heterosexuals are similar. These are mainly: the overall level of mother's adjustment and mental health (higher rates foster better adaptation of children), and socioeconomic status of the family, which is to some extent related to its structure (e.g., frequently lower financial security in monoparental families). Low economic status, single parenthood and negative life events are also sources of stress which correlates with low parental satisfaction with the childcare and inferior indicators of children adaptation (Bos et al., 2004).

At the same time it is well documented, that LGB parents comprise a diverse group as the level of psychological well-being and experienced stress (Bos et al., 2004; Patterson, 2005). Considering the idea of minority stress, it can be assumed that their minority status affects their mental well-being. The concept of minority stress has served to address LGB people's parenthood directly in one research only (Bos et al., 2004), although numerous studies and observations have taken the clearly related variables into account. The point lies mainly in the challenges that result from raising a child in a same-sex relationship, which is not commonly accepted. LGB parents' everyday life provides a lot of daily stressors related to their minority status.

Using a Meyer's theoretical proposal, I will refer stressors he highlighted to the situation of LGB parents. I will describe distal and proximal stressors, their evidence and their potential impact on LGB parents' mental well-being (see Fig. 1). I will invoke to accessible studies and articles on every distinguished factors that I have found in available literature with use of EBSCO databases (PsycInfo, PsycArticles, Medline, MasterFile Premier, Academic Search Complete) as well as via the Internet on pages of LGBT organizations. I need to underline that

empirical data on the topic are limited and fragmented, thus I concentrate on theoretical issues to discuss the uniqueness of LGB parents' minority stress.

Distal stressors

There are two different distal factors causing stress in LGB parents: 1) their own experiences of violence, rejection and exclusion connected with aversion towards nonheterosexuality in general, and LGB parenthood in particular, especially questioning their parental competences; 2) child's experiences of violence, rejection and exclusion from the social environment due to his or her family structure.

These two sources of stress have been characterised by research conducted in western countries. As to parental experiences, the loss of physical custody or visitation seems to be the most threatening event which can jeopardise parent-child relationship. In the demographic study conducted by Morris, Balsam and Rothblum (2002) in the U.S. in the 90s, 6% of 499 lesbian mothers reported they have lost custody of children for being LGB and 30.5% reported being threatened with it. Legislative changes that have occurred in the last 15 years contributed to a huge progress in court decisions in the U.S. and other western countries (Maxwell & Donner, 2006). Though, it can be assumed that the lack of legal recognition of LGB families can entail biased juridical practises in less progressive regions (e.g. post-socialist countries).

Less severe, but also painful experiences of stigmatization encompass invisibility, lack of acceptance, hostility, threats and poor treatment of LGB parents, especially under such circumstances which are connected with their parental role (e.g., at school or in medical facilities). In the study conducted by Bos and contributors (2004) in the Netherlands the most frequent form of

Figure 1. The proposed model of LGB parents minority stress and its impact on mental health
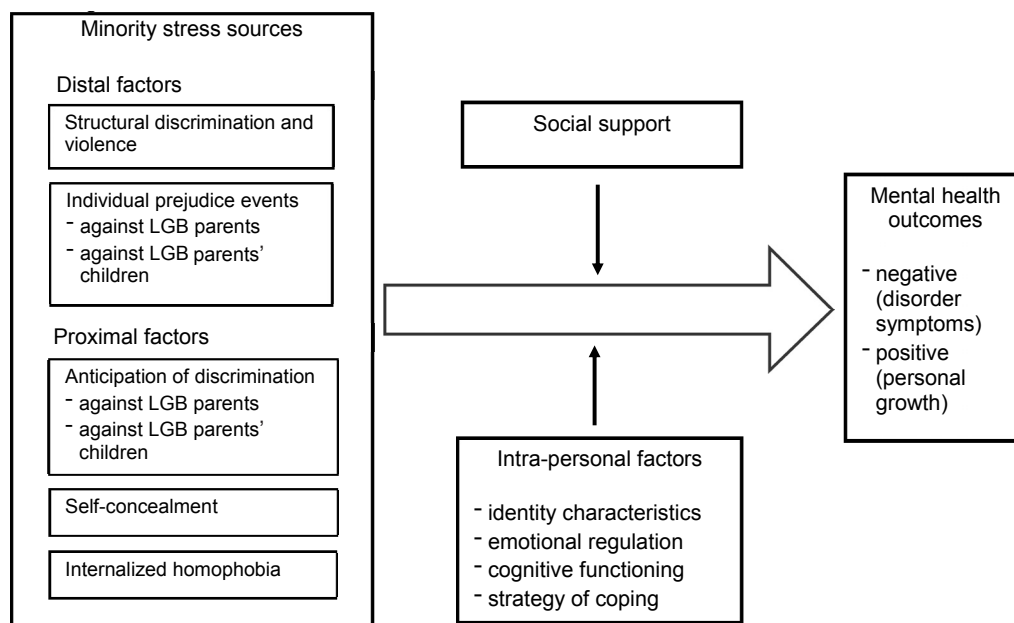
stigmatization was that people asked lesbian mothers annoying questions related to their lifestyle (68% of biological mothers and 72% of social mothers from 100 planned lesbian families reported it). Other forms of rejection reported by biological and social mothers were: gossips (27% and 33%, respectively), disapproving comments on the family situation (13% and 12%) and exclusion (12% and 9%). Kosciw and Diaz (2008) have studied 588 LGB parents in the U.S. and have found that: 15% of them perceived lack of their families' recognition in contact with school staff, and 16% felt that they could not participate fully in school life. Furthermore 26% experienced hostility or resentment from other parents, and 20% have heard negative comments from students of the school children attended. Also Morris, Balsam and Rothblum (2002) have demonstrated that 16.5% of 495 lesbian mothers involved in the study in the U.S. reported bullying, threats and discrimination from school staff or other parents.

Another area of LGB parents' rejection and discrimination are relations with health services. For example, lesbian mothers and gay fathers in Australia are still faced with prejudice and are forced to explain their personal situation and answer intrusive questions when seeking medical help for their children (Chapman et al., 2012). Also Ellen Perrin and Heidi Kulkin (1996) examined 255 non-heterosexual parents and have found, that 39% reported troublesome experiences in contact with primary pediatric care. Poorly studied, but no less important areas of interpersonal relations in which LGB parents may experience a lack of acceptance are: work place (see: King, Huffman & Peddie, 2013), residence (countryside, city), the nearest neighbourhood (see: Oswald & Holman, 2013), and the family of origin.

The second category of discrimination events are resentment, harassment or isolation involving children of LGB people. These events, beyond the direct impact on children, pose significant stressors for parents. They activate the motive of child protection and can cause various parental responses – from remedial action and confrontation to withdrawal and increasing the tendency to self-concealment.

There are a number of reports on various forms of exclusion and violence faced at school by children raised in LGB families. In the research cited above (Kosciw & Diaz, 2008) 12% of 154 students aged 13–20 reported they had been physically harassed or assaulted at school in the past year because of LGBT parents and 42% of them had been verbally harassed. Bos and Van Balen (2008) managed the study in the Netherlands with participation of 63 children aged 8–12 born in lesbian families. The authors have found that from 21 to 61% of subjects had experienced some kind of stigmatization, like jokes, mocking, gossips, insults and intrusive questions relating to their parents, exclusion or other kinds of disapproval. Also in Australian qualitative research, five from 11 children aged 7 to 10 had been the victims of bullying or teasing at school because of parents' homosexual identities (Ray & Gregory, 2001).

A homophobic language is also quite common, pupils often use terms such as "fagot" or "dyke" as insults, regardless of who they address. 64% of Kosciw and Diaz's (2008) research participants reported they have been insulted this way by peers. Investigated children often could not count on the teachers' support. Because of the lack of adequate policy at school, educators either do not respond to these incidents or their reactions are ineffective, thereby pupils are disappointed and unwilling to seek help in the future (Kosciw & Diaz, 2008; Ray & Gregory, 2001).

It is also noteworthy that regarding distal stressors, discrimination and violence against LGB parents should be considered both at the individual and structural levels (Link & Phelan, 2001). The individual level, characterized above, encompasses all particular events of exclusion or hostility experienced in interpersonal relations in the immediate surroundings: at schools, in medical facilities and at the nearest community contexts. Structural level of discrimination and violence relates to different institutional practices that contribute to the minority group disadvantage without necessity of involving individual prejudices or aggressive behaviors. It includes law, politics and religion which do not recognize LGB parents, do not care about their children's rights and exclude LGB families from a social life by reproducing stereotypes and prejudices (Oswald & Holman, 2013). With no recognition in law and quite widespread homophobia, the experience of LGB parents may depend on the goodwill and worldview of particular individuals. If their family status is not recognized or unclear in everyday life, LGB parents are exposed either to necessity of explaining their situation, or to pass over in silence and conceal.

The individual violence experienced by LGB parents and their children can be considered as an important source of minority stress, although there is no empirical evidence on its direct impact on the mental health in that group. The negative consequences of victimization and stigmatization of LGB people in general have been recognized and described by an author of minority stress theory, who underlines that "experiences of victimization take away the victim's sense of security and invulnerability" (Meyer, 2013, p. 9) and have severe consequences, including post traumatic stress disorder (Garnets, Herek & Levy, 2003). However, these difficult experiences can also be used as an opportunity for personal growth, which will be discussed at the end of the article.

However, there are some interesting findings considering the structural level of discrimination influencing LGB parents. On the basis of the research analysis conducted in the U.S. (longitudinal as well as cross-sectional), Oswald and Holman (2013) have stated, that negative community climate (legal, political, religious, workplace and school) is connected with higher prevalence of depression, anxiety, defensiveness, stress and sense of vulnerability. For example, the study comparing the severity of lesbian mothers' depressive symptoms in the United States and Canada demonstrated that in the U.S. where the law for LGB parents was less favorable in comparison with Canada, a higher rate of depressive

symptoms were observed (Shapiro, Peterson & Stewart, 2009). Thus, the residential community climate can sustain animosity towards gay people, generate an atmosphere of terror around the LGB parenting and as a result affect the psychological functioning of LGB individuals. On the other hand, if the social context is inclusive and affirmative for LGB families, it has a power to recognize, strengthen and support them, diminishing adverse mental effects.

Proximal stressors
Anticipation of discrimination

Fear of discrimination and expectation of rejection is a first proximal stressor described by Meyer (2013). Presented above distal factors cause anxiety, which leads to permanent vigilance and the chronic attribution of resentment and rejection. Two main sources of stress should be considered herein as regards LGB parents: 1) anticipation and fear of exclusion experienced by an individual because of being an LGB parent – the factor is rooted in parent's beliefs concerning how the society perceives people raising children in same-sex relationships; 2) anticipation and fear of child exclusion because of parental beliefs concerning how the majority perceives children raised by LGB parents.

One of the major LGB parents' concerns is the possibility that somebody uses information about their sexual identity in order to undermine their parental competence, deny the child custody / visitation or otherwise discredit their rights and abilities to provide childcare (Maxwell & Donner, 2006; Zima, 2010). These concerns could be particularly strong when the child was born in a previous heterosexual relationship whilst relations of lesbian mother or gay father's with ex-partners or their distant relatives (e.g. grandparents) were poor or hostile. Thus, LGB parents being afraid of heterosexual's disapproval attitude could feel pressure to justify the quality of their childcare; which has been supported by the empirical study cited above (Bos et al., 2004).

The possibility of exclusion or stigmatization of children in the school environment is the next source of stress and one of the most important matters of LGB parents' concern. Kosciw and Diaz (2008) have found that only 13% of 588 LGB parents surveyed had never feared that their children may have trouble in school because of their sexual identity, while 80% were worried about the quality of their children's peer relationships. LGB parents' fears and predictions on their children's discrimination or exclusion are widespread in European countries (Jansen, 2011; Touroni & Coyle, 2002), as well as in U.S. (Kosciw & Diaz, 2008), Australia (Ray & Gregory, 2001, Lindsay et al., 2006) or South America (Lubbe, 2013). Same sex couples while planning their family, even before birth predict potential sources of difficulties and thoroughly consider how to protect themselves and their children (Bos & van Balen, 2008).

These two sources of LGB parents' stress could cause the chronic state of anxiety and vigilance that can have detrimental impact on well-being. The negative effect of that hipervigilance have been characterized in some studies on nonheterosexual participants (Meyer, 2013; Garnets, Herek, Levy, 2003), however there is not studies available which concern directly anticipation of stigmatization and mental health outcomes in the group of LGB parents.

Self-concealment

Being gay, lesbian or bisexual in heteronormative environment is inextricably linked to the necessity of resolving the issue of concealment or disclosure his/ her sexual identity. In the context of minority stress self concealment's status is complex: on the one hand, it can be used as a coping strategy to avoid negative consequences of stigma, on the other hand – it is a considerable burden and an important source of stress (Iniewicz et al., 2012), especially when motivated by internalized homophobia. *Coming out*, understood here as disclosure of sexual identity, can be characterized as a series of interactions, that entail a risk of disapproval but also give a chance of getting acceptance and expressing his/her authentic self. According to some researchers, "the process of disclosure actually never can be said that it had been closed" (Iniewicz et al., 2012: 656).

Self – concealment is the next proximal stressor distinguished by Meyer (2013). In the case of LGB parents it refers especially to concealing sexual identity from others when exposing parental role (i.e. when a person interacts as a parent/caregiver). However, it encompass also the question of disclosure when related to children. In the case of LGB parents, the child is one of those whom a parent may disclose. Actually he/she does not always decide to do it and this decision potentially influences the quality of the parent – child bond (Cramer, 1986). Moreover, parents by concealing or revealing their sexual identity in the environment shared with children (e.g., at school) – affect children's interpersonal relations.

It is worth mentioning an important variable discriminating LGB families as to self-disclosure, which is the time of child birth with regard to the parent's process of identifying his/her non-heterosexual identity. The process of self-determination is not – as selected developmental concepts assumed – a linear process of fixed stages, beginning in adolescence and finishing by self-acceptance achievement and full disclosure (Savin-Williams, 2011). Some lesbians, gays and bisexuals are discovering their sexual identity while parenting of child born in a heterosexual relationships (Tomalski, 2007) and then self disclosure runs differently and is significantly slower when compared to families of same-sex couples planning children together (Morris et al., 2002).

There is little evidence on self-concealment and disclosure of LGB parents. Perhaps because the empirical investigation of self-concealment seems to be especially difficult in general. It is a strategy which withdraws people from social life and refrains them from participating in the research. In a study conducted by Steeno (1998, for: DeMino et al., 2007) in the group of 151 American lesbian mothers, 52% of them had disclosed to their children's friends parents, 48% to their children's doctors and 38% to teachers. There are also evidence, that lesbian mothers are

more careful disclosing their sexual identity in comparison with childless lesbian. In research of 42 childless lesbians and 47 lesbian mothers conducted in the U.S., the degree of comfort with disclosure was higher in childless lesbians (DeMino et al., 2007).

There are a lot of social and psychological consequences of keeping secret, like: unreasonable precaution, distrust and superficiality in relationships, a tendency to withdraw, as well as fear of rejection escalating due to rumination about secrets revealed, and guilt about 'living in a lie'. As a result, close relationships become shallower and depressive symptoms may arise (Imber-Black, 1999; for: Maxwell & Donner, 2006).

In the case of concealing sexual identity against the child, the inevitable result is a serious disturbance of communication in parent-child dyad and the rise of emotional distance (see Eichberg, 1995). In turn, if the child is obliged by lesbian mother or gay father to keep a secret (e.g., before the second biological parent), the relationship between family members become rigid and full of tension. The child may experience conflicts of loyalties (Imber-Black, 1999; for: Maxwell & Donner, 2006) and incur further emotional costs such as depressed mood, feelings of loneliness and isolation (Goldberg, 2007).

In turn, some researchers suggest positive impact of coming out on mental health. For example, there is a connection between well-being of lesbian mothers and their sexual identity disclosure to employers, ex-husbands and children (Rand, Graham & Rawlings, 1982). Lesbian mothers' openness and sincerity is linked to a higher adaptation level of children and their greater acceptance of their parents' sexual identity (Pennington, 1987, for: Maxwell & Donner, 2006), even though LGB parents' openness does not imply a similar ease of their children as regards talking to peers about their families (Goldberg, 2007). Anyway, the necessity of making decisions about hiding or disclosure, whilst taking into account the whole consequences for parents and children, is a specific stressor in the daily lives of LGB parents distinguishing them from both traditional families and childless same-sex couples.

It is worth noting that living in secrecy is not always a choice of LGB parents. As Lindsay et al. (2006) have described, school staff unprepared to cooperate with the LGB families can expect them to conceal their status of the family. Maxwell and Donner (2006) presented U.S. court decisions that forced LGB parents to keep their relation in secret to protect children from stigma. Such decisions fit into the policy of removing homosexuality from public view and gives another example of heterosexist structural violence.

Internalized homophobia

Two developmental perspectives are necessary to understand LGB parents' experience: a personal story of life perspective, that takes into account a period of childhood and adolescence especially being influenced by the family of origin, and a process of self-identification in terms of life course approach, that allows understanding how individuals define their identity and decide to have a child (Telingator, 2013). Negative comments to early manifestations of "otherness", parental or significant others' disapproval, homophobic reactions and episodes of exclusion can be internalized and cause a lasting sense of shame, guilt, fear of rejection and a decrease of self-esteem.

Internalized homophobia is the most internal source of minority stress characterized by Meyer. As regards LGB parents, it is connected with a number of beliefs undermining the value of LGB as caregivers and family members and questioning their parental competences. There is no empirical evidence of such a narrow definition of internalized homophobia, however some reflection on it could be proposed. First of all, due to beliefs that LGB families are inferior in comparison with traditional families lesbians and gay men often refrain from decision to become parents (Mezey, 2013). Secondly, if they have children anyway, they can feel guilty and not good enough. They can also experience internal conflict between the need of being a good caregiver and the belief that homosexual parent cannot be as good as a heterosexual one. Moreover, "this internalized sense of fear and shame can have a long-term impact on individual self-esteem and may consciously or unconsciously influence one's parenting" (Telingator, 2013: 268). Cynthia Telingator, the clinician working with the LGB parents, argues that insecure parent who undermines his/her own childcare ability may excessively focus on the sexual identity and its importance for the development of the child. If he/she compulsively tries to protect children against potential stigma, may unintentionally reduce children's sense of security.

Previous studies on the role of internalized homophobia in LGB parents' psychological well-being do not provide conclusive results. Bos et al. (2004) investigated 100 planned lesbian families and observed that lesbian mothers with higher levels of homophobia appeared to defend their position as mothers. The hypothesis that internalized homophobia is associated with parental stress or children's adaptation was not confirmed. However, the authors have not taken into account general indicators of psychological well-being. Moreover, the intensity of minority stress in this study was low, probably due to relatively positive climate regarding homosexuality in the Netherlands. It can be also assumed that LGB parents in planned families accept their sexual identity at the moment of chilbirth higher then lesbians, gays or bisexuals who became parents in previous heterosexual couples.

The impact of internalized homophobia on LGB parents' mental health has been studied by Goldberg and Smith (2011). These authors conducted a longitudinal study in the USA involving 52 lesbian couples and 38 gay couples during the adoption of children. Internalized homophobia has proven to be a significant predictor of depressive symptoms however, its effect was moderated by an additional factor – legal state regulations relating to the adoption by LGB people. In states where the law was less favorable, LGB parents with high rates of internalized homophobia experienced a significant increase

in symptoms of depression and anxiety during adoption. Thus, the factors contributing to minority stress (in this case the level of internalized homophobia and structural violence) acting together are reinforcing each other and have a stronger impact on LGB parents' welfare.

The situation of LGB parents in Poland – potential consequences for minority stress

The social perception of LGB parenting differentiates European countries and is little affirmative in Poland. In spite of many progressive changes that have occurred in western countries in the past decades (connected with depathologization of non-heterosexual identities), in Polish society stereotypical perception of homosexuality and bisexuality as a disorder or moral corruption is still deeply embedded[2]. According to the report published by Swedish Institute for European Policy Studies (Takacs, 2015), in 2006 Poland was the last country in the European Union when it comes to the acceptance level toward legalizing adoption by same-sex couples. Also, in a study conducted by Polish Public Opinion Research Center in 2013 as many as 87% of respondents opposed the adoption by homosexual couples (CBOS, 2013). Although the homophobic attitudes consistently have decreased in the whole EU, and especially in post-socialist ones, just in these countries the level of awareness when it comes to sexual identity based discrimination has been still low in comparison with west and north European countries.

In Poland there is few studies devoted LGB families. The project "Families of Choice in Poland" is the unique cross-disciplinary research which has been conducted just now by Polish Academy of Science under the direction of Joanna Mizielińska (http://rodzinyzwyboru.pl). For that reason, there is little information available on LGB parents living in Poland. Despite the fact, I will briefly reflect on circumstances which can affect Polish LGB families and cause minority stress.

Although in Poland "gay people are entitled to equal treatment in all spheres of political, social, economic, inter alia in family life" (Zima, 2010: 33), but the exercise of the right to bring up their own children is sometimes limited. Campaign Against Homophobia report provides some examples of LGB parents' problems in law enforcement when it comes to parental custody, especially after a divorce or when deciding about custody of a child born in concubinage. The cause of these difficulties is treating homosexuality as a potential risk factor, decreasing parent's opportunity to proper fulfilment of his / her role. Both heterosexual ex-partners (or other family members), as well as experts in the courts who formulate vague and biased opinions on parental competence LGB people, rely on these stereotypic beliefs (Zima, 2010).

Legislative difficulties also apply to parents using assisted reproduction methods or choosing to adopt a child as a single. The law does not govern the situation of child and his/her biological parent who shares childcare with unrelated social parent. This is especially relevant for people whose children have one parent under the law. No legal arrangements force LGB parents into explaining their situation in dealing with the health services, educational institutions and offices, as well as with informal contacts (neighbours or parents of child's peers).

The potential legislative changes, imposing on LGB parents responsibilities and privileges of childcare, and guaranteeing them to be recognized and acknowledged in law depends on the distribution of forces on the political scene. Since the communism collapse in 1989, Polish politics has proved to be rather conservative and close to the Catholic Church as regards moral issues. In the first 25 years of Polish democracy homophobic hate speech has been used as a tool for political capital, especially by right-wing parties (Biedroń, 2009). Examples of the rhetoric used by politicians and publicists in the past decade were: equating homosexuality with pedophilia, predicting the collapse of civilization the extreme expression of which would be raising or educating children by LGB people, and even postulating the necessity of removing children from LGB families and placing them in foster families (Kowalski, 2009).

Homosexual parents are usually not accepted by religious institutions. Catholicism, widespread in Poland and highly affecting public opinion as well as political activity and discourse, is one of the more reluctant to sexual minorities faiths (see: Arcimowicz, Wasiak-Radoszewski & Dębska, 2014; Orłowski, 2006). In Campaign Against Homophobia studies, half of respondents who disclosed in front of the Catholic or other religious clergyman, experienced worse treatment (Abramowicz, 2012b). The Polish Catholic media are dominated by the view that homosexual relationships pose a threat to the family, they are a harbinger of the "death civilization" (Kościańska, 2012), and the adoption of children is a form of violence and serves only satisfying LGB adults' egoistic desires (Biedroń, 2004). Church leaders do not refer to the fact that LGB families with children are part of contemporary social reality, and they are also present within the religious community[3].

Also in Polish education, both the content of school manuals, as well as the implicit curricula often reinforce negative stereotypes about homosexuality (Pogorzelska, 2012), which underpins the harassment of LGB students by their peers and teachers (Abramowicz, 2012b; Juda, 2012). The anti-discrimination policy in Polish school is poor and usually does not concern sexual identity. There is no studies on attitude of Polish educators or health service towards LGB families. Polish research on psychology students' attitudes have shown that 12% of them would avoid contact with lesbians seeking support for their children and a further 27% would maintain distance

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[2] In Polish studies on hate speech, invectives as '*pedał*', '*ciota*' (Eng. faggot) were considered the most abusive insults (CBOS, 2007).

[3] However, Pope Francis seems to be more receptive to LGB families and children raised by homosexual parents, cf available: http://wiadomosci.gazeta.pl/wiadomosci/1,114871,15223831,Papiez__Zwiazki_homoseksualne_stanowia_nowe_wyzwania.html [February 11, 2014].

towards social mothers during the intervention (Wycisk & Kleka, 2014). In conclusion, it can be assumed that the structural violence rooted in heterosexism in Poland is deeply embedded in social everyday life and creates a basis for individual threats and strategies of concealment. Thus, it seems understandable that in qualitative study conducted in Poland, all of 12 biological lesbian mothers reported to worry that their children might experience hostility or rejection from peers. For that reason, two couples decided to emigrate to western countries where legislation is more favorable to gay men and lesbians (Śmiecińska & Wycisk, 2012).

Because the social context explicitly reinforces an opportunity of minority stress experiences by LGB parents in Poland, it is especially significant for psychologists, educators, social workers and other specialists working with families to get acquainted with this concept and to understand its complex determinants and mechanisms.

Minority stress of LGB parents: from risk factors to personal development

Using the minority stress model introduced by Meyer I have presented the proposal of its adaptation for LGB parents' situation (see Fig. 1). In conclusion, the greater complexity of stress sources should be considered. In the case of LGB parents both distal and proximal factors causing stress are connected with minority status and stigma of being not only a non-heterosexual individual, but just a non-heterosexual parent and a child caregiver. Thus, minority stressors in LGB parents acquire their specificity, because: 1) they involve (and call into question) the parental aspect of individual identity ("me as a parent"); 2) they are often directed against a child, so as real or perceived threats they activate parental motive of child protection; 3) they strike the bond between parent and child, undermining its status and quality; 4) they are present not only in the immediate LGB parents' environment, but especially in institutions with which parents have to deal due to the childcare (first of all in schools).

The well-being is strongly associated with stress. For minorities, sources of stress are more complex compared with a majority. It is assumed, that stressors characterized in the article are a source of burdens which can affect the health of LGB parents and – indirectly – the development of their children. Based on the research conducted until now it can be assumed that these factors reinforce one another, and the stronger is their impact, the more serious consequences for mental well-being (Goldberg & Smith, 2011).

At the same time it is worth noting that the effect of these stressors depends to some extent on the intrapersonal factors such as emotional regulation or cognitive functions and is modified by additional variables like the presence of social support (Hatzenbuehler, 2009) or situational coping strategies (Szymanski & Owens, 2008). Another moderator particularly significant as to LGB parents is identity and its characteristics (Meyer, 2013). Because in a social context non-heterosexuality is contradictory to parenthood, the process of integration of these two categories (me as parent, me as lesbian / gay / bisexual) seems to be especially interesting. Different dynamics of that developmental process can be assumed in planned LGB families and patchwork, post-heterosexual LGB families, however it requires a separate study. How severe the consequences of stress will be eventually for an individual depends both on the socio-political conditions and objective events, as well as on personal attitudes and actions that LGB parents are engaging in to improve the quality of their lives

The concept of LGB parents minority stress has one important limitation: there is significant evidence that LGB parents do not differ from heterosexual parents as to mental health outcomes. Meanwhile, the holistic empirical confirmation of the minority stress theory demands both between-groups analysis (comparing two different groups as to minority status) and within-group analysis (examining the relation between intensity of stressors and the outcomes; Schwartz & Meyer, 2010). What is interesting, LGB people mental health outcomes in general are significantly lower in comparison with these of heterosexuals. Thus, it is an astonishing issue which raises important questions. On the one hand, methodological limitations of existing comparative research should be considered. For example, sampling bias may occur because of differential participation rates for two compared groups (Schwartz & Meyer, 2010). In the case of LGB parents, non-participation could be related to mental health outcomes. On the other hand, it is also possible that LGB parents have higher outcomes of mental well-being in comparison with childless LGBs. Perhaps tasks and challenges of parenting create such a social situation that makes LGB parents' experience more similar to that of heterosexual majority. Or maybe the necessity of linking parenthood with minority identity activates not only defensive processes of disorder, but also developmental processes of personal growth.

Nevertheless some studies suggest that beside most commonly studied negative consequences of minority stress, its constructive effects could be quite strong. For example Vaughan and Waehler (2009) demonstrated the positive role of sexual identity disclosure for reinterpretation and transformation of minority stress in the experience of personal development by LGB individuals. Diana Breshears (2010) described in turn complexity and extensive dynamics of interpersonal communication in LGB families, members of which take part in creative process of the formation of the family identity. The beneficial effects of personal and family changes arising from the stress coping minority tend to include children's mental health: In studies conducted by Patterson (1994), children of lesbian mothers reported more stress symptoms when compared with the control group, but at the same time a greater overall sense of well-being.

Developmental aspect of dealing with burdensome experience may be considered with reference to the stress-related growth or even wider concept of posttraumatic growth (Tedeschi & Calhoun, 2004). By using the social and personal resources, individual can make a personal

change, which is assessed as important and beneficial to the emotional, cognitive and behavioral development (Vaughn, Roesch & Aldridge, 2009). The overview of this issue goes beyond the scope of this paper. However, it can be assumed that the process of discovering by an individual their own sexual identity and reconciling it with parental aspect of identity can be challenging and cause a major life crises, especially when a birth of child preceded the same-sex relation. According to Tedeschi and Calhoun (2004), cognitive processing of difficult circumstances as well as a social support for personal disclosure could facilitate the positive reappraisal of one's experience and lead to the development of a new, revised life story. The necessity of coping with everyday minority stress can also develop into a greater sensitivity to disparity and exclusion, criticism while understanding of social phenomena, in-depth reflection on social rules, and attention to relations with partner and children. Finally, this kind of burden hypothetically can sustain the process of constructing and modifying family identity and – first of all – individual identity. A comprehensive investigation of LGB parents' and their children's minority stress effects including the recognition of positive consequences, should be a high priority for future research, just as distinction of factors that may affect advantage or detrimental overcome of minority stress.

It should also be underlined that presented article describes in detail diverse sources of minority stress in LGB parents and focuses especially on its potentially negative consequences. Hence, it creates a dreary image of LGB families which probably is not an adequate one. A lot of foreign studies have demonstrated that the quality of LGB parents' childcare is at least as good as that of heterosexual parents. Moreover, between different stress events everyday life provides examples of support and affirmation for LGB parenting (Perrin & Kulkin, 1996). However, until we get to know the conditions of lives and characteristics of these families, we can only speculate and create more or less suitable fantasies about them.

In conclusion it must be emphasized that in Poland, the research on LGB families should be definitely more widely conducted. Due to the specifics of social and cultural circumstances (strong traditionalism related to Catholicism but also progressing liberalization of everyday lives), these research would allow creating an interesting image of a minority living in a post-communist country situated in Central Europe. Because of quite high prevalence of anti-gay prejudices and the lack of legal regulations for LGB parents, investigation of this group is a difficult but important challenge for social scientists. On the other hand, the research of Polish society attitudes toward new forms of family life style, such as LGB families, is also indispensable for monitoring the strength and pervasiveness of sexual stereotypes and prejudices. These data could be useful for developing the anti-discrimination policy in diverse spheres of Polish social life (particularly in education), which seems to have been insufficient until now. It is also noteworthy that research carried out so far have demonstrated a slow, but consistent, change in Poles'

attitudes towards homosexual couples and LGB families. For example in the CBOS (2013) research of Poles' attitude towards gay and lesbian rights authors concluded that from 2001 to 2013 a decrease in intolerance has been observed. Similarly, the analysis of press discourse concerning families of choice in Poland has shown a positive change in the language of the debate between 2003 and 2011 (Mizielińska & Stasińska, 2013).

For three decades western research of social science have compared LGB parents to heterosexual majority in order to verify theses based on stereotypical assumptions. The inclusion of minority stress concept allows moving beyond the comparative paradigm to look closely at the experience of this group and its internal diversity. Regardless of family history and an origin of child, LGB families share a number of concerns, often decide to partially conceal their sexual identity in order to protect the child and struggle with structural and interpersonal violence and internalized homophobia. At the same time, minority stress is a major challenge for them. It forces individuals to run a variety of coping strategies, to create a support network of similar families, to make decisions about disclosure, to define and embody their own family vision, as well as to integrate different aspects of identity in one self-concept. This way, LGB parents make transformations within their own identity, at the same time being a part of a large social change, which – as western democracies have demonstrated – seems unavoidable.

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