

Clinical Research Notes

Saeed Shoja Shafti*

Open Access

Review Article

Atypical Parenting: A Second Look

Saeed Shoja Shafti

Emeritus Professor of Psychiatry.

*Corresponding Author: Saeed Shoja Shafti, MD. Emeritus Professor of Psychiatry.

Received date: February 23, 2024; Accepted date: March 01, 2024; Published date: March 08, 2024

Citation: Saeed S. Shafti, (2024), Atypical Parenting: A Second Look, J Clinical Research Notes, 5(2); DOI:10.31579/2690-8816/123

Copyright: © 2024, Saeed Shoja Shafti. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Abstract

While there is constant discourse regarding the impact of different family forms on kids' health, the number of offspring who are growing up in same-sex parent households is going to be increased. But, it still demands a clear answer to this query about whether juveniles' psychological adjustment is affected more by the quality of family interactions or by family configuration. Anyhow, since atypical styles of parenthood is a polarizing issue, studies which probe different effects of parental sexual orientation on juveniles' well-being and social development may have vital repercussions for informing associated decision makers or guidance of official policies. Thus, in the present paper, the said challenge has been reviewed, once more, to see whether sensible advice, based on available statistics, is conceivable or not.

Keywords: atypical parenting; same-sex parenting; homosexual parents; heterosexual parents; minority stress

Introduction

While there is constant discourse regarding the impact of different family forms on kids' health, the number of offspring who are growing up in same-sex parent households is going to be increased (1). Therefore, it still demands a clear answer to this query about whether parental sexual orientation disturbs youngsters' well-being (2). Alternatively, such an argument emphases on whether juveniles' psychological adjustment is affected more by the quality of family interactions or by family configuration (3). Thus, in the present paper, the said challenge has been reviewed, once more, to see whether sensible advice, based on available statistics, is conceivable or not.

Background:

Currently, in some areas, and based on legal modifications, lesbian, gay, bisexual (LGB) and other sexual minority populations have the chance to create families and raise children (2). In the words of some scholars, marriage may confer three types of profits that may carry over to kids in same-sex families. First, marriage may increase children's physical wellbeing, by, for example, better care, availability of health insurance, or ensuring financial continuity, if a spouse dies or is disabled. Second, samesex marriage may benefit children by increasing the stability and durability of their parents' relationship. Finally, marriage may bring increased social acceptance of and support for same-sex families, although those benefits might not appear in societies that treat same-sex marriage with hostility or rejection (4). Anyhow, since LGB parenthood is a polarizing issue, studies which probe different effects of parental sexual orientation on juveniles' well-being and social development may have vital repercussions for informing associated decision makers or guidance of official policies (2). Some scholars think that worries regarding unfavorable impacts of growing up in families with LGB parents do not have, hitherto, strong proof (2), because the studies on juveniles' outcomes when raised up by same-sex parents usually depend on insignificant selective samples or examples based on cross-sectional studies (5). So, while more couples of the same sex are choosing to have offspring, and infertility treatment centers are increasingly faced with requests for assistance from these families (6), enquiry among youngsters raised up by homosexual parents involves methodological issues, such as defining homosexual families, sampling cases and controls, and choosing structured or semi-structured assessments (7). On the other hand, parents and children in LGB parent families face unique stressors (i.e., minority stress), which may be associated with key outcomes, including parent and child health, family functioning, and school-related outcomes (8).

Current Studies, Concisely:

A) Studies with Adverse Conclusions:

According to some studies, children raised up by sexual minority parents are often exposed to anti-gay stigma directed at them and their parents (9, 10), as well as social stigmatization of their family structure (11). So, it is possible that the greater emotive suffering and behavioral difficulties reported among the children of bisexual parents may be related, in part, to this social stigma (5). Likewise, as stated by other studies, higher rates of emotional problems are evident in children of same-sex parents (12, 13), though there have been concerns regarding the validity of such conclusions because, in the words of some critics, they have failed to account for family stability, or other comparable issues (14). Furthermore, some studies have concluded a negative association between same-sex parents and kids' progress through school and stated that children with same-sex parents were less likely to graduate from high school than children with different-sex parents (16, 17). Besides, according to other studies, children who were born in heterosexual households but later, due to parental separation, lived with same-sex parents, may perform worse in school, in comparison with children raised by different-sex parents (5). Other scholars, as well, found an undesirable association between residing with same-sex parents and school outcomes (15, 16). Though it was not confirmed by other researchers (17-18), an investigation on the adult attachment style dimensions of adult women who J Clinical Research Notes Copy rights @ Saeed Shoja Shafti.

had gay or bisexual fathers proposed that they were meaningfully less comfortable with intimacy and closeness, less able to trust or depend on others, and experienced more fretfulness in interactions, in comparison with women with heterosexual fathers (7).

B) Studies lacking Adverse Implications:

Along with another set of studies, kids with female same-sex parents and different-sex parents revealed no dissimilarities in outcomes, in spite of female same-sex parents reporting more parenting stress (19). Moreover, as stated by other studies, youngsters raised up in female same-sex parent families were analogous in problematic conduct and well-being to those nurtured in heterosexual parent families, and that youths' psychosocial adjustment was connected more with the quality of parenting than with parental sexual orientation (20-22). Likewise, residentially stable offspring of same-sex and different-sex parents displayed comparable progress through school (23-25). Also, according to another survey, children raised up in LGB-headed families, in comparison with those raised up in heterosexual families, have found little or no differences regarding peer relations, psychosocial adjustment, sexual behavior, romantic relationships, substance use, school outcomes, crime, or victimization. Additionally, late adolescent and young adult contributors from lesbian-headed families have been found to report lower levels of anxiety, depression, problematic alcohol use and hostility, than their peers in heterosexual families (26). The revealing of positive developmental consequences among offspring raised up by parents in a same-gender relationship has been further explored in qualitative research, which has found that children of LGB parents may develop egotism and positive coping strategies as a result of growing up in a nontraditional familial context (27), though, the compensation theory provides one possible explanation for the said results, which states that same-sex parents might compensate for their unique stressors by investing more time and energy into their kids (5). Thus, some scholars have hypothesized that same-sex parents who have raised children from the beginning of their birth may have nullified the negative predictions of specialization and kin-selection theories in terms of parental skills and investment, by means of their better socioeconomic status and exaggerated parental motivation, and have speculated that youngsters raised by such parents may perform in school like children who have been raised up by different-sex parents (5). Also, according to another survey, offspring of lesbian mothers and gay fathers are not more likely to become homosexual and are not visibly different from children raised up by heterosexual parents in terms of gender identity, psychological growth and personal development (28).

Discussion:

Generally, opponents of same-sex marriage, who usually constitute the main part of the masses, believe that same-sex marriage would be harmful to children and would undermine the strength of the family as an institution (29, 30). Likewise, several theoretical perspectives from the fields of biology, psychology, sociology, and economics believe that offspring raised by samesex parents are expected to perform worse in school. Consistent with them, the specialization theory advises that children may need a parent of each sex for the reason that parents differ in their parenting styles and mothers and fathers teach different personal and social skills (15). In addition, the kin selection model advocates that because of evolution and because parents incur economic, physical, and mental costs in nurturing kids, they customarily display discriminatory parenting and invest most in biological children (31). Therefore, given that at least one same-sex parent in a couple is not the child's biological parent, kin selection theory foresees that total parental investment will be lower for same-sex parents than for different-sex parents. Lastly, the discrimination theory believes that same-sex parents may face increased stressors due to their sexual orientation, such as persistent stigma from society and negative feedback from family and friends who question the authenticity of their roles as parents (32). Similarly, they have found that schools were more hesitant to interact with same-sex parents than with different-sex parents (33). In turn, children of same-sex parents may be affected by the discrimination that their parents face and may perform worse in school (34, 35). On the other hand, children of same-sex parents can also directly experience discrimination by being bullied about their parents' sexual orientation (36), which may lead to lower school performance (37). Anyhow, disregarding positive or negative suppositions or inferences from existent studies, as a general rule, if belonging to minority groups, whether sexual, ethnical, or cultural, is a stress per se, which may predispose the related modules to distress, mental problems, or social stigma, or, at least, increase the chance of their incidences (38, 39), adoption and raising kids by same-sex parents may not be, by and large, risk-free. On the other hand, every society all over the world is constituted by masses of people, which include, naturally, men and women. In the same way, every society is constituted by numerous nuclear families, which, archetypally, include father, mother, and children. Over again, supposedly, every constituent of each nuclear family, stereotypically, plays a specific role during regular household interactions, which may be among the important subjects of developmental or psychodynamic studies. Therefore, though every family, even without its major elements, may survive, it may not always or easily circumvent cognitive or behavioral complications due to ongoing shortages. Moreover, as is known, the main task of parenting includes rearing and preparing children for taking social responsibility after leaving the household. Supposedly, any member of the community who might not have enough and fruitful interaction with other members of society, which may have stemmed from insufficient or uncreative interaction in his or her nuclear family, may have difficulty in the future regarding effective interaction, empathy, employment, or any kind of social participation. Emblematically, though in comparison with chaotic, unstable, abusive, or negligent families, public nursery institutions may provide a better shield and future for vulnerable youngsters, a foster care facility, which may be directed by samesex staff and caretakers, too, may never replace sympathetic, accountable, and wise parents. In addition, if the risk of behavioral problems and pedagogic failures is higher among nurseries' kids (40), then among the different bio-psycho-social reasons for the said problem, deficient communication with essential caretakers, too, could be included because, logically, no fractional or prejudiced communiqué may substitute for an enduring, two-pronged, and comprehensive interaction. By the same token, one of the major codes in the Diagnostic and Statistical Manual of Mental Disorders (DSM) includes other conditions that may be a focus of clinical attention, which covers other conditions and problems that may be a focus of clinical attention or that may otherwise affect the diagnosis, course, prognosis, or treatment of a patient's mental disorder (41). Therefore, the conditions and problems listed in this chapter are not mental disorders, and their inclusion in the DSM-5 is meant to draw attention to the scope of additional issues that may be encountered in routine clinical practice and to provide a systematic listing that may be useful to clinicians in documenting these issues. For example, key relationships, especially intimate adult partner relationships and parent/caregiver child relationships, have a significant impact on the health of the individuals in these relationships. Thus, such relationships can be health-promoting and protective, or detrimental and injurious, by way of maltreatment or neglect. Such complications may include Parent-Child Relational Problem, Sibling Relational Problem, Upbringing Away From Parents, Child Affected by Parental Relationship Distress, High Expressed Emotion Level Within Family, Educational and Occupational Problems, Social Exclusion or Rejection, Target of (Perceived) Adverse Discrimination or Persecution, Problems Related to Other Psychosocial, Personal, and Environmental Circumstances and so on (41). Nonetheless, by all accounts, if one of the parents could be the biological parent of a child, either from an earlier heterosexual partner or through infertility treatment procedures, depending on the gender of the parent, then the training milieu of such a child is at least comparable to a single-family setting. But if both caretakers are not among the blood relatives of the adopted child, then the final outcome of nurturing may not be straightforwardly foreseeable. Evolutionarily and historically, no child needs two fathers or two mothers: it only needs one mother and one father if it is going to be prepared individually for later involvement in social networks and organizations and dealing effectively with unalike genders. Logically, neuro-hormonal alterations, which may cause different psychology in each gender, have prepared them for taking on different roles through specific

Page 2 of 4

epochs. Such physiognomies, which, maybe, have not been eradicated biologically in spite of great sociocultural modifications, have, supposedly, installed various verbal and non-verbal characteristics that may not be substituted substantively, continually, or idyllically. Allegorically, similar to inapt motherhood, which is considered by the object-related school of psychoanalysis as one of the plausible causes of psychopathology, insufficient communication and a lack of archetypes (according to Jung) may have detrimental effects on mentality and, consequently, deserve to be explored more critically by contemporary developmental, cognitive, or psychodynamic psychologists. Also, maybe psychological concepts like Oedipus complex, Electra complex, object, internalization, identification, superego, good enough mothering, attachment, instinct, object constancy, identity, normality, and so on, should be re-assessed or re-defined. On the other hand, the conclusions of the abovementioned studies are not unvaryingly comparable to each other, and a mixture of adversarial deductions and commonplace inferences are graspable. Likewise, samples were not uniform and might be divided into different groups, along with different genders and backgrounds. Nonetheless, such a conclusion that kids with at least one biological parent, who have been living with their same-sex parents since their birth, may have a better outcome in comparison with children with at least one biological parent, who were not living from the first with their same-sex parents, or adopted offspring without any biological parent, or children with bisexual parents, may not be completely devoid of some harmony between theoretical standpoints and practical outlooks. In the same way, it is expectable that, as a general rule, youngsters with heterosexual parents should have a better interpersonal and social outcome in comparison with teenagers with homosexual parents, an assumption that, though it demands more methodical studies, is not devoid of evidence as well (5–9). Furthermore, in addition to the necessity of unbiased sampling and the blindness of assessors or analyzers, methodical study of such an important topic may also ask for the neutrality of researchers by considering researchers' sexual orientation or ideology, which may impact, unconsciously and as a confounding factor, final outcomes or extrapolations.

Conclusion:

Minority stress, stigmatization, hypothetical incompatibilities, and variations in the conclusions of current studies may demand further systematic studies for the evaluation of the risk of kids' psychosocial complications due to atypical parenting.

References:

- Bos HM, Knox J, Rijn-van Gelderen L, and NK Gartrell NK. (2016), Same-sex and different-sex parent households and child health outcomes: findings from the National Survey of Children's Health. J Dev Behav Pediatr; 37(3): 179 –187.
- Calzo JP, Mays VM, Björkenstam C, Björkenstam E, Kosidou K, Cochran SD. (2019), Parental Sexual Orientation and Children's Psychological Well-Being: 2013–2015 National Health Interview Survey. Child Dev. Jul; 90(4): 1097–1108.
- Golombok S Modern Families Parents and Children in New Family Forms. Cambridge, U.K: Cambridge University Press; 2015
- Meezan W, Rauch J. (2005), Gay marriage, same-sex parenting, and America's children. Future Child; 15(2):97-115.
- Mazrekaj D, Witte KD, Cabus S. (2020), School Outcomes of Children Raised by Same-Sex Parents: Evidence from Administrative Panel Data. American Sociological Review; 85(5): 830-856.
- Greenfeld DA. (2005), Reproduction in same sex couples: quality of parenting and child development. Curr Opin Obstet Gynecol 17(3):309 - 12.
- Fond G, Franc N, Purper-Ouakil D. (2012), Homosexual parenthood and child development: present data]. Encephale Feb; 38(1):10-15.
- Siegel M, Legler M, Neziraj F, Goldberg AE, Zemp M. (2022), Minority Stress and Positive Identity Aspects in Members of

- LGBTQ+ Parent Families: Literature Review and a Study Protocol for a Mixed-Methods Evidence Synthesis. Children; 9, 13649: 1 25.
- 9. Golombok S, Badger S. (2010), Children raised in mother-headed families from infancy: a follow-up of children of lesbian and single heterosexual mothers, at early adulthood. [Research Support, Non-U.S. Gov't] Hum Reprod 25:150–157.
- Ray V, Gregory R. (2001), School experiences of the children of lesbian and gay parents. Family Matters 59:28–34.
- Robitaille C, Saint-Jacques MC. (2009), Social stigma and the situation of young people in lesbian and gay stepfamilies. [Research Support, Non-U.S. Gov't] J Homosex; 56(4):421– 442.
- Sullins DP. (2015), Child attention-deficit hyperactivity disorder (ADHD) in same-sex parent families in the United States: prevalence and comorbidities. Br J Med Res. 6:987–998.
- Sullins DP. (2015), Emotional problems among children with same-sex parents: difference by definition. BJESBS. 7:99–120
- 14. Bos HM, Knox J, Rijn-van Gelderen L, and NK Gartrell NK. (2016), Same-sex and different-sex parent households and child health outcomes: findings from the National Survey of Children's Health. J Dev Behav Pediatr 37(3): 179 –187.
- Allen DW, Pakaluk C, Price J. Nontraditional Families and Childhood Progress through School: A Comment on Rosenfeld. Demography 2013; 50(3):955–61.
- Allen DW, Pakaluk C, Price J. (2014), Normal Progress through School: Further Results. In No Differences? How Children in Same-Sex Households Fare: Studies from Social Science, edited by Samuel A. Princeton, NJ: Witherspoon Institute.
- 17. Boertien Diederik, Bernardi Fabrizio. (2019), Same-Sex Parents and Children's School Progress: An Association That Disappeared over Time. Demography 56(2):477–501.
- Watkins Caleb S. (2018), "School Progress among Children of Same-Sex Couples." Demography 55(3):799–821.
- Bos HM, Knox J, Rijn-van Gelderen L, and NK Gartrell NK. Same-sex and different-sex parent households and child health outcomes: findings from the National Survey of Children's Health. J Dev Behav Pediatr 2016; 37(3): 179 –187.
- Perrin EC, Siegel BS, Pawelski JG, (2013), et al. Promoting the well-being of children whose parents are gay or lesbian. Pediatrics.131:827–830.
- 21. Gartrell N, Bos HMW. (2010), The US national longitudinal lesbian family study: psychological adjustment of the 17-year-old adolescents. Pediatrics. 126:1–9.
- 22. Golombok S, Perry B, Burston A, (2003), et al. Children with lesbian parents: A community study. Dev Psychol.; 39:20 33.
- 23. Rosenfeld MJ. (2010), Nontraditional families and childhood progress through school. Demography.47:755–775.
- 24. Potter D Same-sex parent families and children's academic achievement. J Marriage Fam. 2012; 556:556–571.
- 25. Wainright JL, Patterson C. (2006), Delinquency, victimization, and substance use among adolescents with female same-sex parents. J Fam Psychol. 20:526–530.
- Golombok S, Badger S. (2010), Children raised in mother-headed families from infancy: a follow-up of children of lesbian and single heterosexual mothers, at early adulthood. [Research Support, Non-U.S. Gov't] Hum Reprod. 25:150–157.
- Titlestad AE, Pooley JA. (2014), Resilience in Same-Sex-Parented Families: The Lived Experience of Adults with Gay, Lesbian, or Bisexual Parents. Journal of GLBT Family Studies. 10:329–335.
- 28. Greenfeld DA. (2005), Reproduction in same sex couples: quality of parenting and child development. Curr Opin Obstet Gynecol 17(3):309 12.

J Clinical Research Notes Copy rights @ Saeed Shoja Shafti.

 McVeigh Rory, Diaz Maria-Elena D. (2009). "Voting to Ban Same-Sex Marriage: Interests, Values, and Communities." American Sociological Review 74(6):891–915.

- Pew Research Center. (2019), May 14. "Attitudes on Same-Sex Marriage." Retrieved March 17, 2020
- 31. Hamilton WD. (1964), The Genetical Evolution of Social Behaviour. Journal of Theoretical Biology 7(1):1–16.
- 32. Stacey J, Biblarz TJ. (2001), Does the Sexual Orientation of Parents Matter? American Sociological Review 66(2):159–183.
- Diaz-Serrano L, Meix-Llop E. (2016), Do Schools Discriminate against Homosexual Parents? Evidence from a Randomized Correspondence Experiment. Economics of Education Review 53:133–42.
- Bos Henny MW, Balen F, Boom DV, Sandfort Theodorus GM. (2004), "Minority Stress, Experience of Parenthood and Child Adjustment in Lesbian Families." Journal of Reproductive and Infant Psychology 22(4):291–304.
- 35. McLanahan S, Tach L, Schneider D. (2013), "The Causal Effects of Father Absence." Annual Review of Sociology 39:399–427.
- 36. Perrin EC, Hurley SM, Mattern K, Flavin L, Pinderhughes EE. (2019), Barriers and Stigma Experienced by Gay Fathers and Their Children. Pediatrics 143(2):1–9.

- Robinson JP, Espelage DL. (2011), Inequities in Educational and Psychological Outcomes between LGBTQ and Straight Students in Middle and High School. Educational Researcher 40(7):315– 330.
- 38. Institute of Medicine (IOM). Harvesting the Scientific Investment in Prevention Science to Promote Children's Cognitive, Affective, and Behavioral Health: Workshop Summary. Washington DC: The National Academies Press 2014.
- 39. Bir J, Muller N. (2004), Psychological and/or educational interventions for the prevention of depression in children and adolescents. Cochrane Database Syst Rev;(1):CD003380.
- Simkiss DE, Stallard N, Thorogood M. (2013), A systematic literature review of the risk factors associated with children entering public care. Child Care Health Dev; 39(5):628–642.
- 41. American Psychiatric Association (APA). Diagnostic and statistical manual of Mental Disorders. 5th edition. Washington, DC: American Psychiatric Association, 2013: 715 727.



This work is licensed under Creative Commons Attribution 4.0 License

To Submit Your Article Click Here: Submit Manuscript

DOI:10.31579/ 2690-8816/123

Ready to submit your research? Choose Auctores and benefit from:

- ► fast, convenient online submission
- > rigorous peer review by experienced research in your field
- > rapid publication on acceptance
- > authors retain copyrights
- > unique DOI for all articles
- immediate, unrestricted online access

At Auctores, research is always in progress.

Learn more: https://auctoresonline.org/journals/clinical-research-notes