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Work Conditions and Mental Health in Lesbian and Gay Dual-Earner Parents

This is the first study to examine the relationship between work conditions and mental health in dual-earner lesbian/gay parents (N = 86). How time- and strain-based demands (work hours, job urgency) and supportive resources (supervisor support, lesbian, gay, bisexual [LGB]-friendly workplace climate) are examined, as well as outness at work and internalized homophobia, and how they relate to depressive and anxious symptoms. Supervisor support was negatively related to mental health problems, such that parents with greater support reported fewer depressive/anxious symptoms. The relationship between urgency and mental health depended on climate: working a high-urgency job was associated with more depressive symptoms for parents in very LGB-unfriendly workplaces, and with fewer anxious symptoms for parents in very LGB-friendly workplaces. The relationship between outness and mental health depended on internalized homophobia: being very out at work was associated with higher depressive/anxious symptoms for parents reporting high internalized homophobia. Gay men reported higher levels of symptoms than lesbians.

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With the rise in dual-earner households, researchers have increasingly examined the role of work in the lives of dual-earner parents, inasmuch as balancing parenting, the couple relationship, and paid work can represent a challenging although potentially rewarding task, with consequences for parents' well-being (Voydanoff, 2005, 2007). Of particular interest has been to identify how work conditions affect parents' mental health, because parent mental health affects parenting abilities and parent-child relationships (Crouter, Bumpus, Maguire, & McHale, 1999).

Research on parents' work conditions and well-being has almost exclusively focused on heterosexual couples. Given that same-sex couples are increasingly raising children (Goldberg, 2010), and many of them are dual earner (Perlesz et al., 2010), there is a need for more research on work and well-being in this population. In particular, research that examines "traditional" work-related demands and resources, as well as sexual minority-specific factors (e.g., workplace climate, outness at work, and internalized homophobia) is needed. Indeed, upon becoming parents, lesbians and gay men may find that their sexual orientation is more visible than before (Goldberg, 2012), particularly at work (Bergman, Rubio, Green, & Padron, 2010), rendering issues of outness and acceptance (i.e., by oneself and one's workplace, respectively) more salient. This study examines work conditions and mental health in lesbian and gay parents with young children. We

focus on parents of preschool-age children ($M = 2.5$ years; range 2–4.5 years) given that this is a particularly demanding time for parents (Ralph, Haines, Harvey, McCormack, & Sherman, 1999). For example, parents often report frustration related to the oppositional behaviors that characterize this stage (Calkins & Williford, 2009). Dual-earner parents of young children may experience heightened stress, inasmuch as they must manage the challenges of this developmental stage while juggling the demands of two partners' jobs, a process that can leave them with little time or energy, particularly if their work conditions are stressful (Koizumi, Sugawara, & Kitamura, 2001). Such challenges may be further exacerbated for lesbian/gay dual-earner parents, whose sexual minority status may introduce added stress in their lives generally and in their workplaces specifically.

To contextualize this study, we briefly review the research on (a) workplace conditions and mental health and (b) sexual minority-specific processes and mental health. The studies that we review have utilized heterosexual samples unless otherwise specified.

WORKPLACE CONDITIONS

Theoretical and empirical work have demonstrated the interconnectedness of work and family domains. Demands and resources associated with participation in the work or family domain directly affect individuals' well-being, as well as their functioning in the other domain (Voydanoff, 2005). Work demands can create stress and may undermine well-being, whereas supportive resources at work may ease stress and enhance well-being; additionally, they may buffer the negative effects of high demands (Voydanoff, 2004, 2005, 2007).

Time- and strain-based demands

Jobs can present time-based demands (e.g., long hours) and strain-based demands (e.g., high urgency), both of which may have implications for mental health (Voydanoff, 2007). Time- and strain-based demands require persons to "respond or adapt by exerting physical or mental effort" (Voydanoff, 2004, p. 275). In turn, intra-personal conflict or disturbance may result when persons perceive the demands of their work environments as exceeding their psychological

and social resources (Voydanoff, 2004). In turn, some empirical research has linked long hours to fatigue, irritability, and other symptoms of strain (Golden & Wiens-Tuers, 2006; Major, Klein, & Ehrhart, 2002). Other studies, however, have found that the relationship between work hours and mental health is not linear; that is, only persons working very long hours experience negative well-being (Ng & Feldman, 2008). Finally, still other studies find no relationship between work hours and mental health in employed men and women (Bourbonnais, Comeau, & Vezina, 1999) and employed parents (Cooklin, Canterford, Strazdins, & Nicholson, 2011; Gareis & Barnett, 2002). Thus, the research on the relationship between work hours and mental health is decidedly mixed.

High job strain can also affect mental health. Parents who report high pressure, or urgency, in their jobs have been found to experience more depressive symptoms (Cooklin et al., 2011; Goodman & Crouter, 2009; Perry-Jenkins, Smith, Goldberg, & Logan, 2011) and stress (Costa, Sartori, & Akerstedt, 2006)—although of note is that some studies of employed persons (but not parents) have found no relationship between job urgency and well-being (e.g., Roelen, Schreuder, Koopmans, & Groothoff, 2008). In this study, we do not have any hypotheses about work hours given the conflicting support for the relationship between time-based demands and well-being. More support has been found for the link between strain-based demands and mental health; thus, we hypothesize that parents who report high levels of urgency in their jobs will report more symptoms of depression and anxiety (i.e., lower well-being) (Hypothesis 1).

Job resources

In contrast to job strains, job resources appear to have a protective impact on mental health (Griffin, Greiner, Stansfeld, & Marmot, 2007). Job resources are environmental factors that help one achieve goals, complete responsibilities, reduce demands, or generate additional resources, such as supervisor support (Hobfoll, 1989; Voydanoff, 2004). Receiving social support at work, from supervisors or coworkers, has been linked to greater well-being in heterosexual (Bourbonnais et al., 1999; Griffin et al., 2007) and sexual minority samples

(Huffman, Watrous-Rodriguez, & King, 2008). Perceived organizational support was related to greater well-being in a study of lesbian and gay parents' transition to parenthood (Goldberg & Smith, 2011), such that parents who felt valued and appreciated by their organizations reported fewer symptoms of psychological distress. Likewise, perceived managerial support was linked to less work-family conflict in a study of employed lesbian mothers (Tuten & August, 2006). Several studies have also found that a lesbian, gay, bisexual (LGB)-supportive workplace climate is related to greater well-being in sexual minority samples (Driscoll, Kelley, & Fassinger, 1996; Griffith & Hebl, 2002; Waldo, 1999), although these studies did not include lesbian/gay parents. These data point to the potential importance of supervisor support and LGB-supportive workplace climate in the lives of lesbian and gay dual-earner parents. Thus, based on theoretical and empirical support for the role of supportive resources in mental health, we expect that parents who perceive their supervisors as more supportive (Hypothesis 2), and their work climates as more LGB-supportive (Hypothesis 3), will report fewer symptoms of depression/anxiety.

Research and theory suggest that supportive resources at work may buffer the negative effects of strain-based demands at work (Voydanoff, 2004, 2007). That is, theories of work-family fit suggest that in the presence of high levels of supportive resources, the demanding aspects of work will have less of a negative effect on well-being (Voydanoff, 2004). Supportive resources, such as supervisor support, may increase self-esteem and effectiveness, thus enabling persons to be less affected by workplace demands (Bakker, ten Brummelhuis, Prins, & van der Heijden, 2011). Several studies of heterosexual dual-earner parents have found that supervisor support mitigates the negative effects of job urgency on depressive symptoms (Perry-Jenkins et al., 2011; Ransford, Crouter, & McHale, 2008; but see Elloy & Mackie, 2002). We examine whether the effect of urgency on well-being varies according to the level of supportive resources (supervisor support, work climate). We expect parents in high-urgency jobs will report more symptoms when they report low supervisor support (Hypothesis 4) and when they work in LGB-unsupportive workplaces (Hypothesis 5). That is, we expect that parents working in high-urgency jobs will show a

magnification of symptoms when they also work in jobs with low supervisor support and LGB-hostile climates.

SEXUAL MINORITY-SPECIFIC PROCESSES

In addition to job strains and resources, certain sexual minority-specific factors may have implications for mental health. Sexual orientation, or sexual minority status, may affect how work is experienced and thus its relationship to well-being. According to a minority stress perspective (Meyer, 1995), lesbians and gay men are exposed to added stress as a result of living in a society in which homosexuality is stigmatized, and, specifically, as a result of confronting heterosexist ideas and behaviors in various contexts. They may encounter heterosexism directly (e.g., in the form of an LGB-unsupportive workplace; enacted stigma); they may also internalize heterosexist ideologies (i.e., internalized homophobia; internalized stigma). Enacted and internalized stigma can predispose individuals to self-devaluation and poor self-regard (Meyer, 1995). Because of their stigmatized status in society, lesbians and gay men must manage disclosure of their sexuality (they must choose whether to be "out" in settings such as work; Frost & Meyer, 2009). These sexual minority-specific processes may have direct and interactive effects on well-being.

Internalized homophobia

Internalized homophobia, or the extent to which lesbians and gay men internalize negative attitudes about homosexuality, can lead to shame and self-loathing, and, in turn, has been linked to mental health (e.g., depression; Frost & Meyer, 2009; Meyer, 1995). Internalized homophobia may also interact with work-related experiences to affect mental health. Some research suggests that, in the presence of high internalized homophobia, persons who encounter discrimination experience more depression and anxiety (Bos, van Balen, Sandfort, & van den Boom, 2004; Goldberg & Smith, 2011). We examine whether the effect of supervisor support or workplace climate varies according to parents' level of internalized homophobia. We expect that low supervisor support will be related to more depressive and anxious symptoms when parents also report high internalized homophobia (Hypothesis 6), and

working in an LGB-unsupportive workplace will be associated with more symptoms when parents also report high internalized homophobia (Hypothesis 7).

Outness

Because of their stigmatized status in society, lesbians and gay men must manage disclosure of their sexual orientation (Frost & Meyer, 2009). Some theoretical models have conceptualized outness as a minority stressor (see Meyer, 2003). Other models, however, have posited that disclosure at work enables people to achieve congruence in their private and public identities (Fassinger, 1995). Empirical research on the relationship between outness and well-being is mixed (Driscoll et al., 1996; Riggins, 2004), possibly due to differences in the way that outness is experienced by different individuals in different contexts (Goldberg, 2012; Riggins, 2004).

Clair, Beatty, and MacLean (2005) note that not all lesbians and gay men have the freedom to reveal, or conceal, their sexual identities at work; sometimes this choice is made for them. Recent work suggests that parenthood often pushes sexual minorities out of the closet, in that it is challenging to remain closeted as a partnered lesbian/gay parent (Bergman et al., 2010); in turn, some lesbian/gay parents may be "out" at work when they would prefer not to be. Thus, we believe that outness may be experienced as a stressor only under certain conditions; namely, in this study, in the presence of internalized homophobia. We hypothesize that parents who are very out will report higher symptoms when they also possess high internalized homophobia, in light of theoretical and empirical work suggesting that these parents may be sensitive to, or anticipate, prejudicial events such as being negatively evaluated or discriminated against, thus creating distress (Goldberg & Smith, 2011; Meyer, 1995) (Hypothesis 8).

CONTROLS

Several factors have been linked to parents' well-being in prior work, and thus we control for them here. First, we control for gender, given some research indicating that employed women report greater distress than employed men (e.g., Hughes & Galinsky, 1994); research on lesbians and gay men in the general population

has also found higher levels of distress among women (Gilman et al., 2001). We also control for couples' relationship quality (parents who report poor relationship quality often report lower well-being; Goldberg & Smith, 2011); child adjustment (parents whose children have more problems often report poorer well-being; Totsika, Hastings, Emerson, Berridge, & Lancaster, 2011); child age (mothers of younger children are sometimes more depressed; Horowitz, Briggs-Gowan, Storfer-Isser, & Carter, 2007); and family income (having less income is associated with depression; Lee, Anderson, Horowitz, & August, 2009).

THIS STUDY

In this study we explored the relationship between work conditions and mental health in a sample of 86 same-sex dual-earner couples: 47 lesbian couples ($n = 94$ partners) and 39 gay male couples ($n = 78$ partners), all of whom had adopted a child 2 years earlier. We examined depression and anxiety, because although these two syndromes overlap, they are not interchangeable. Some individuals mainly experienced symptoms of worry and tension (anxiety), whereas others reported symptoms of sadness and lethargy (depression; Matthey, Barnett, Howie, & Kavanagh, 2003). We limited our sample to parents of young children (age 2–4.5 years; age $M = 2.5$).

In our analyses, we tested the main effects of job demands (work hours, urgency) and job resources (supervisor support, LGB-supportive climate), internalized homophobia, and outness. We also tested interactions between supervisor support and urgency, LGB-supportive climate and urgency, internalized homophobia and supervisor support, internalized homophobia and LGB-supportive climate, and internalized homophobia and outness.

METHOD

Participants were selected from a larger sample of couples who had experienced the transition to adoptive parenthood 2 years earlier because they were dual earner (i.e., both partners were employed at least part-time). We also limited the sample in terms of child age (i.e., we studied parents of 2- to 4.5-year-olds), given that the demands of parenting vary according to children's developmental stage (Horowitz et al., 2009).

Description of the Sample

The sample consisted of 86 couples (47 lesbian, 39 gay) with adopted children. Descriptive data for the sample, broken down by couple type, appear in Table 1. Two years postadoption, the average family income was \$145,321 ($SD = \$73,266$). Thus, the sample as a whole was more affluent than national estimates for lesbian/gay adoptive families, which indicate that the average household incomes for male and female same-sex couples are \$102,351 and \$103,508, respectively (Gates, Badgett, Macomber, & Chambers, 2007). The sample as a whole was well-educated ($M = 4.52$, where 4 = bachelor's degree and 5 = master's degree; $SD = .98$) and in their late thirties ($M = 38.50$ years,

$SD = 4.79$). The high education levels and older ages of participants are consistent with the demographic profile of adoptive parents in prior studies (Daniluk & Hurtig-Mitchell, 2003).

Sixty-four percent of the sample ($n = 55$ couples) adopted their child via private domestic adoption, 26% ($n = 22$) adopted via public domestic adoption, and 10% ($n = 9$) adopted via private international adoption. Forty-eight percent of couples adopted a girl. At the time of the 2-year postplacement follow-up, children were age 2.70 years, on average ($SD = 1.67$), and a minority of them had siblings; namely, 13% of couples ($n = 11$) had adopted a second child. The adoptive parents in the sample were mostly (89%) White, whereas the children that they adopted were racially diverse; that is, 64% of couples adopted children of color, including multiracial/biracial children.

ANOVAs showed that lesbian couples were less affluent, $F(1, 85) = 13.85, p < .001$, and more likely to have adopted a child of color, $\chi^2(1, 86) = 7.18, p < .01$, as compared to gay couples; otherwise there were no significant differences by couple type on any of the demographics.

Recruitment and Procedures

Inclusion criteria for the larger study from which this sample was drawn were (a) couples must be adopting their first child and (b) both partners must be becoming parents for the first time. Participants were recruited during the preadoptive period (i.e., while couples were waiting for a child placement). Adoption agencies in the United States were asked to provide study information to clients who had not yet adopted. U.S. census data were utilized to identify states with a high percentage of same-sex couples (Gates & Ost, 2004); effort was made to contact agencies in those states. More than 30 agencies provided information to clients. Interested couples were asked to contact the principal investigator for details. Because some same-sex couples may not be "out" to agencies about their sexual orientation, several national gay organizations assisted in disseminating study information.

Participation entailed completion of a questionnaire packet and participation in a telephone interview while participants were waiting to be placed with their first child. Participants then completed a follow-up questionnaire packet and

Table 1. Descriptive Data for the Sample

		Lesbians <i>n</i> = 47 couples, 94 individuals	Gay Men <i>n</i> = 39 couples, 78 individuals
Family income	<i>M</i>	\$117,310 ^a	\$179,078 ^a
	<i>SD</i>	\$66,711	\$81,167
Education	<i>M</i>	4.53	4.51
	<i>SD</i>	.99	.95
Parents' age (years)	<i>M</i>	38.74	38.22
	<i>SD</i>	4.45	5.21
Children's age (years)	<i>M</i>	2.76	2.62
	<i>SD</i>	1.65	1.72
Girls	%	51	44
Boys	%	49	56
Adoption type			
Domestic private	%	60	69
Domestic public	%	25	26
International	%	15	5
With siblings	%	13	13
% White, parents	%	90	88
% White, children	%	25 ^b	50 ^b

Note: Education was measured on a scale of 1–6 (1 = less than high school education, 2 = high school diploma, 3 = associate's degree/some college, 4 = bachelor's degree, 5 = master's degree, and 6 = PhD/MD/JD).

^aANOVA revealed that family income differed significantly for lesbian and gay couples, $F(1, 85) = 13.85, p < .001$, such that gay couples made more money than lesbian couples, $M = \$179,078, SD = \$81,167$ compared to $M = \$117,310, SD = \$66,711$, respectively. ^bChi-square analyses revealed that child race differed significantly for lesbian and gay couples, $\chi^2(1, 86) = 7.18, p < .01$, such that lesbian couples were more likely to have adopted children of color.

telephone interview 2 years after they were placed with a child. Participants were interviewed separately from their partners. Interviews lasted 1–1.5 hours. The data we draw on in this study come from the 2-year postplacement interview.

Measures

Outcomes.

Depressive symptoms. The 20-item Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977) was used to assess depressive symptoms. Using a 4-point scale ranging from 0 (*rarely/none of the time*) to 3 (*most/all of the time*), participants considered the past week and estimated the frequency of feelings corresponding to statements like “I felt sad.” Higher mean scores represent more depression. The CES-D has established validity, and prior studies of lesbians and gay men indicate good internal consistency (David & Knight, 2008; Goldberg & Smith, 2011). In this sample, the alphas were .88 for lesbian women and .87 for gay men.

Anxious symptoms. The 20-item state anxiety subscale of the State-Trait Anxiety Inventory (STAI; Spielberger, 1983) was used to assess anxious symptoms. Using a 4-point scale ranging from 1 (*not at all*) to 4 (*very much so*), participants responded to items such as “I feel nervous and restless.” Higher mean scores represent more anxiety. The STAI has good test–retest reliability, and prior research with lesbians and gay men indicates good internal consistency (David & Knight, 2008; Goldberg & Smith, 2011). Alphas were .88 for lesbian women and .91 for gay men.

Predictors.

Work hours. Total number of paid work hours was included as a predictor.

Job urgency. Job urgency was assessed using a scale by Greenberger, O’Neil, and Nagel (1994). The complete scale contains 26 items; 8 of these tap job urgency, the degree of speed and time pressure experienced on the job. A sample item is “I often feel like I don’t have enough time to get all my work done.” Higher mean scores indicate more urgency. This measure has not been used with lesbians or gay men but shows good internal consistency in research with heterosexual couples (Perry-Jenkins et al.,

2011). Alphas were .83 for lesbian women and .83 for gay men.

Supervisor support. Supervisor support was measured by a scale developed by Caplan, Cobb, and French (1975), which is a 6-item, 5-point scale with responses ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Items capture general feelings of both emotional and instrumental support experienced at work. A sample item is “My supervisor can be relied upon when things get tough.” Higher mean scores indicate more support. This measure has not been used with same-sex couples, but shows good internal consistency in prior work with heterosexual couples (Perry-Jenkins et al., 2011). Alphas were .91 for lesbian women and .81 for gay men.

LGB-supportive climate. Perceived LGB-supportive workplace climate was assessed using the LGBT Climate Inventory (Liddle, Luzzo, Hauenstein, & Schuck, 2004), which measures the degree to which one’s workplace climate is affirming or stigmatizing of LGBT workers. It is a 20-item, 4-point scale with responses ranging from 1 (*doesn’t describe my workplace at all*) to 4 (*describes my workplace extremely well*). A sample item is “LGBT employees are treated with respect.” Higher mean scores indicate a more positive climate. The scale has good internal consistency and good construct validity. Alphas were .91 for lesbian women and .92 for gay men.

Internalized homophobia. Internalized homophobia was assessed with a 9-item measure developed by Herek and Glunt (1995). Items such as “If someone offered me the chance to be completely heterosexual, I would accept the chance” were administered with a 5-point response scale, ranging from 1 (*disagree strongly*) to 5 (*agree strongly*). This measure has good convergent validity and good internal consistency (Herek & Glunt, 1995). Higher mean scores indicate higher internalized homophobia. The alpha was .90 for lesbian women and .84 for gay men.

Outness at work. Outness at work was measured using one item. Participants were asked “How ‘out’ are you at work?” and asked to respond using a 5-item scale (1 = *out to no one*, 2 = *out to a few people*, 3 = *out to some people*, 4 = *out*

to most people, 5 = out to everyone). Descriptive statistics revealed that there was little variability in this variable (i.e., it was highly skewed): 65% of the sample reported that they were out to everyone at work, 25% were out to most people, 7% were out to some people, 2% were out to a few people, and 1% was out to no one. We therefore recoded this variable into a dichotomous variable, whereby 5 was coded as 1 (*out to everyone; more out*) and 1, 2, 3, and 4 were recoded as -1 (*not out to everyone; less out*).

Controls.

Couple gender. The gender of the couple was effects coded, such that -1 = *female couple* and 1 = *male couple*.

Relationship quality. Relationship quality was measured using the 10-item love subscale from the Personal Relationships Scale (Braiker & Kelley, 1979). Using a 9-point scale ranging from 1 (*not at all/never*) to 9 (*very much/very often*), participants responded to questions such as “To what extent do you have a sense of ‘belonging with your partner’?” Higher mean scores indicate more love. This measure shows good internal consistency in prior work with lesbian and gay couples (Goldberg & Smith, 2011). Alphas were .91 for lesbian women and .88 for gay men.

Child behavior problems. The Child Behavior Checklist (CBCL/1.5-5; Achenbach & Rescorla, 2000), designed for children age 18 months to 5 years, consists of three domains (internalizing, externalizing, and total problems). We used the total problem score as a control. Participants responded to 100 items and indicated how often their child displayed various emotional/behavioral problems using a 3-point scale: 0 (*not true*), 1 (*somewhat true/sometimes true*), and 2 (*very true/often true*). Higher scores indicate more problems. The scale has demonstrated good internal consistency and test-retest reliability in heterosexual and same-sex parent samples (Farr, Forssell, & Patterson, 2010). Alphas were .91 for lesbian women and .93 for gay men.

Child age. Child age (in months) was included as a control.

Income. Family (combined) income, in dollars, was included as a control.

Demographic. Participant race, educational level (1 = *less than high school education*, 2 = *high school diploma*, 3 = *associate’s degree/some college*, 4 = *bachelor’s degree*, 5 = *master’s degree*, and 6 = *PhD/MD/JD*), type of adoption, child race, and information about child placements since the original placement were recorded during interviews and are reported on page 731 and in Table 1.

Analytic Strategy

Because we examined partners nested in couples, it was necessary to use a method that would account for the within-couple correlations in the outcome scores. Multilevel modeling (MLM) permits examination of the effects of individual and dyad level variables, accounts for the extent of the shared variance, and provides accurate standard errors for testing the regression coefficients relating predictors to outcome scores (Kenny, Kashy, & Cook, 2006). MLM adjusts the error variance for the interdependence of partner outcomes within the same dyad, which results in more accurate standard errors and associated hypothesis tests. An additional methodological challenge is introduced in the study of dyads when there is no meaningful way to differentiate the two dyad members (e.g., male/female). In this case, dyad members are considered to be exchangeable or interchangeable (Kenny et al., 2006). The multilevel models tested were two-level random intercept models such that partners (Level 1) were nested in couples (Level 2; see Smith, Sayer, & Goldberg, 2013). To deal with intracouple differences, the Level-1 model was a within-couples model that used information from both members of the couple to define one parameter—an intercept, or average score—for each couple. This intercept is a random variable that is treated as an outcome variable at Level 2. Predictors that differed within couples (e.g., work hours) were entered at Level 1. Predictors that varied between couples (e.g., gender) were entered at Level 2. Continuous predictors were grand mean centered and dichotomous variables were effects coded. Prior to centering, skewed variables (love, climate) were transformed. Interactions were created using the mean-centered and effects-coded terms. Interactions were then examined to clarify the interactive

effects at specific levels and to determine regions of significance in the data, $p < .05$ (Preacher, Curran, & Bauer, 2006). For all analyses there were 172 persons nested in 86 couples.

RESULTS

Descriptive Findings

Means and standard deviations for all continuous predictors, controls, and outcomes, for the full sample and by gender, are in Table 2. Two gender differences emerged. MLM showed that work hours differed significantly for lesbian women and gay men, such that gay men worked more hours per week, $F(1, 85) = 4.71$, $p = .029$. ANOVA showed that income differed significantly for lesbian and gay couples, $F(1, 85) = 13.85$, $p < .001$, such that gay men had a higher family income.

We also used MLM to examine the bivariate relationships between the predictors. To examine these bivariate relationships, we designated one variable (e.g., urgency) as the outcome, and the other variable (e.g., work hours) as the predictor. We used MLM for these analyses, not Pearson product-moment correlations, because

of the dyadic nature of the data. Our analyses revealed positive correlations between urgency and work hours, $F(1, 145) = 30.05$, $p < .001$, and between outness (continuous variable) and LGB-supportive climate, $F(1, 148) = 15.61$, $p < .001$. Urgency and supervisor support were negatively correlated, $F(1, 149) = -4.32$, $p = .039$.

Multilevel Model Predicting Depression

In the MLM model predicting depressive symptoms, work hours, urgency, supervisor support, LGB-supportive climate, internalized homophobia, outness, gender, relationship quality, child problems, child age, and income were entered as predictors (Table 3). Our hypotheses were partially supported. In this main effects model, there was, as expected, a significant main effect of supervisor support, $\beta = -.08$, $SE = .03$, $t(118) = -2.55$, $p = .012$: Parents with less support had higher symptoms (Hypothesis 2). Hours, urgency, internalized homophobia, and outness were unrelated to symptoms. Regarding the controls, relationship quality was negatively related to symptoms, $\beta = -.09$, $SE = .02$, $t(112) = -4.34$, $p < .001$, and child problems

Table 2. *Descriptive Statistics for Outcome, Predictor, and Control Variables*

	Full Sample $N = 172$ (Range)	Full Sample $N = 172$ (M, SD)	Lesbians $n = 94$ (Range)	Lesbians $n = 94$ (M, SD)	Gay Men $n = 78$ (Range)	Gay Men $n = 78$ (M, SD)
Outcomes						
Depression	0.00–2.10	.54 (.41)	0.00–2.10	.52 (.45)	0.00–1.60	.55 (.35)
Anxiety	1.00–2.95	1.71 (.43)	1.05–2.95	1.66 (.45)	1.00–2.70	1.77 (.40)
Predictors						
Work hours	5.00–72.50	36.11 (16.54)	5.00–72.50	33.73(17.54) ^a	5.00–65.00	38.99 (14.85) ^a
Job urgency	1.13–5.00	3.73 (.82)	1.88–5.00	3.80 (.51)	1.13–5.00	3.66 (.79)
Supervisor support	1.00–5.00	3.69 (.99)	1.00–5.00	3.78 (.84)	1.00–5.00	3.59 (1.13)
LGBT supportive climate	2.00–4.00	3.59 (.41)	2.00–4.00	3.56 (.44)	2.00–4.00	3.64 (.38)
Outness at work	1.00–5.00	4.59 (.68)	2.00–5.00	4.54 (.74)	1.00–5.00	4.67 (.61)
Internalized homophobia	0.00–3.89	.41 (.53)	0.00–3.89	.40 (.57)	0.00–2.87	.43 (.48)
Controls						
Love	1.90–9.00	7.52 (1.03)	2.90–8.80	7.56 (.78)	1.90–9.00	7.52 (1.08)
Child behavior problems	0.00–95.00	25.50 (16.07)	5.00–95.00	27.90 (17.81)	0.00–62.00	22.39 (12.97)
Child age	2.00–4.55	2.60 (1.45)	2.00–4.50	2.75 (1.65)	2.00–4.55	2.62 (1.72)
Family income	\$24,000– \$400,000	\$144,900 (\$79,483)	\$24,000– \$320,000	\$117,310 ^b (\$66,711)	\$63,000– \$400,000	\$179,078 ^b (\$81,167)

Note: LGBT = lesbian, gay, bisexual, and transgender.

^aMultilevel modeling revealed that work hours differed significantly for lesbians and gay men, such that gay men worked more hours per week, $F(1, 85) = 4.71$, $p < .05$. ^bANOVA revealed that family income differed significantly for lesbians and gay men, $F(1, 85) = 13.85$, $p < .001$, such that gay men made more money than lesbians, $M = \$179,078$, $SD = \$81,167$ compared to $M = \$117,310$, $SD = \$66,711$, respectively.

were positively related to symptoms, $\beta = .006$, $SE = .003$, $t(112) = 2.55$, $p = .012$. Gender, age, and income were unrelated to symptoms.

We tested, separately and in combination, the two interactions between support and urgency (Supervisor Support \times Urgency, LGB-Supportive Climate \times Urgency), and the three interactions between internalized homophobia and work-related factors (Internalized Homophobia \times Supervisor Support, Internalized Homophobia \times LGB-Supportive Climate, and Internalized Homophobia \times Outness). The interaction between urgency and climate was significant, $\beta = -.06$, $SE = .02$, $t(116) = -2.12$, $p = .036$; that is, the effect of urgency depended on climate (Hypothesis 5). Probing the interaction revealed a positive relationship between urgency and symptoms that was significant only for parents reporting very unsupportive, as opposed to very supportive, climates. Namely, high urgency was related to more symptoms only for parents in the least LGB-affirming workplaces (i.e., parents with climate scores more than 2 SD below the mean; 6% of the sample).

The interaction between internalized homophobia and outness was significant, $\beta = .11$,

$SE = .05$, $t(116) = 2.09$, $p = .039$; that is, the effect of outness depended on internalized homophobia (Hypothesis 8). Probing the interaction showed that high outness was related to more symptoms only for parents with high levels of internalized homophobia (i.e., scores more than 1 SD above the mean; 10.5% of the sample). Supervisor support, relationship quality, and child problems retained their significance, both when the above interactions were entered alone and in combination. (When outness was treated as a continuous variable, an identical pattern of findings emerged.)

Multilevel Model Predicting Anxiety

The same predictors and controls were included in the MLM model predicting anxious symptoms (Table 3). Our hypotheses were partially supported. Consistent with our hypothesis, supervisor support was related to anxiety, $\beta = -.08$, $SE = .02$, $t(118) = -2.22$, $p = .028$: Parents with higher levels of support had fewer symptoms (Hypothesis 2). Hours, urgency, internalized homophobia, and outness were unrelated to symptoms. Regarding the controls, relationship quality was negatively

Table 3. Relationship Between Work Conditions and Mental Health, Using Multilevel Modeling

	Depression		Anxiety	
	Model 1 (main effects) β , SE	Model 2 (interactions) β , SE	Model 1 (main effects) β , SE	Model 2 (interactions) β , SE
Intercept	.52 (.03)***	.51 (.03)***	1.70 (.03)***	1.69 (.03)***
Controls				
Gender	.05 (.03)	.04 (.03)	.07 (.03)*	.07 (.03)*
Love	-.09 (.02)***	-.10 (.02)***	-.11 (.02)***	-.12 (.02)***
Child behavior problems	.006 (.003)*	.006 (.003)*	.007 (.003)*	.007 (.003)*
Child age	-.02 (.03)	-.02 (.03)	-.01 (.03)	-.009 (.03)
Family income	-.001 (.00)	-.001 (.00)	-.001 (.00)	-.001 (.00)
Predictors				
Work hours	-.004 (.003)	-.004 (.003)	-.003 (.003)	-.003 (.003)
Job urgency	-.01 (.05)	.02 (.05)	-.04 (.05)	-.01 (.05)
Supervisor support	-.08 (.03)*	-.10 (.03)**	-.08 (.03)*	-.09 (.04)*
LGB-supportive climate	.01 (.02)	.02 (.02)	.009 (.03)	.01 (.02)
Internalized homophobia	.008 (.06)	.009 (.06)	.005 (.06)	-.01 (.06)
Outness	.006 (.03)	.02 (.03)	.001 (.04)	.007 (.04)
Interactions				
LGB Climate \times Urgency		-.06 (.02)*		-.07 (.03)*
Internalized Homophobia \times Outness		.11 (.05)*		.18 (.06)**

Note: LGB = lesbian, gay, bisexual.

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

related to symptoms, $\beta = -.11$, $SE = .02$, $t(111) = -4.80$, $p < .001$, and child problems were positively related to symptoms, $\beta = .007$, $SE = .003$, $t(110) = 2.66$, $p = .009$. Gender was related to anxiety, $\beta = .07$, $SE = .03$, $t(49) = 2.16$, $p = .036$, such that, unexpectedly, gay men reported higher levels of symptoms than lesbian women. Child age and income were unrelated to anxiety.

We tested the same series of interactions as with depression. The same interactions emerged as significant: Urgency \times Climate (Hypothesis 5), $\beta = -.07$, $SE = .03$, $t(110) = -2.09$, $p = .029$, and Outness \times Internalized Homophobia (Hypothesis 8), $\beta = .18$, $SE = .06$, $t(118) = 3.07$, $p = .003$. Probing the interaction between urgency and climate revealed a negative relationship between urgency and symptoms that was significant only at high levels of LGB-supportive climate. Parents in high-urgency jobs reported fewer symptoms when they also worked in very LGB-affirming workplaces (i.e., climate scores 1 *SD* above the mean; 10% of the sample). Probing the interaction between outness and internalized homophobia revealed that higher levels of outness were related to symptoms only for parents with high levels of internalized homophobia (i.e., internalized homophobia scores slightly more than 1 *SD* above the mean; 9% of the sample). That is, being very out in the context of high internalized homophobia was related to higher symptoms. The main effects of gender, supervisor support, relationship quality, and child problems remained significant in the model. (When outness was treated as continuous, the same pattern of findings emerged.)

DISCUSSION

This is the first study to explore the relationship between work conditions and mental health in lesbian and gay dual-earner parents. Overall, we found somewhat more support for our hypotheses pertaining to the positive role of work-related resources (support, climate) on mental health than our hypotheses pertaining to the negative role of work demands (hours, urgency), which may in part reflect the nature of the jobs held by our sample (i.e., professional and well-paying). Similar patterns of findings emerged in predicting depressive and anxious symptoms.

We found no significant association between work hours and mental health, which is

consistent with some prior work (Cooklin et al., 2011; Gareis & Barnett, 2002) but inconsistent with the findings of other studies (Golden & Wiens-Tuers, 2006; Major et al., 2002). The lack of significant relationship may be in part a function of the educated, affluent nature of our sample. In professional samples, persons who work more hours often have stronger career identities and are more invested in their jobs (Major et al., 2002). The positive attributes of participants' jobs may have cancelled out any negative effects of working many hours. Being in a same-sex relationship may also mitigate the negative effects of working long hours; indeed, same-sex couples tend to share paid and unpaid duties more equally than heterosexual couples (Goldberg, 2010). The negative effects of working long hours that have been observed in heterosexual samples may in part reflect stresses related to other inequities in the relationship (Hughes & Galinsky, 1994).

The main effect of job urgency, a strain-based demand (Voydanoff, 2007), was unrelated to mental health, in contrast to some prior work with employed heterosexual parents (Cooklin et al., 2011; Perry-Jenkins et al., 2011). Perry-Jenkins et al. (2011) and Cooklin et al. (2011), who found that urgency was negatively related to well-being, assessed employees in the first year of parenthood. Perhaps job pressure is particularly salient during the transition to parenthood, as couples juggle the demands of balancing work with parenthood. Yet urgency did interact with work climate to predict well-being, but in slightly different ways for depressive and anxious symptoms. As expected, working a high-urgency job was related to more depressive symptoms for parents in very LGB-unsupportive environments. Thus, rushing to complete tasks may be especially likely to provoke feelings of helplessness and dejection if one views the workplace as stigmatizing of one's sexuality. We expected that parents in high-urgency jobs who also worked in LGB-unsupportive climates would show more anxious symptoms. Although the interaction was in the expected direction (with higher support related to a less negative effect of urgency on anxiety), additional analyses showed that the interaction was not significant for those in low-support workplaces (i.e., the region of significance was for LGB-supportive workplaces). That is, higher urgency was related to lower anxiety for persons in LGB-supportive workplaces. Thus, working a

high-urgency job may actually lessen tension if performed in an LGB-affirming context. Perhaps jobs that are high urgency and very LGB-friendly tend to be characterized by other factors that protect against anxiety (e.g., flexible hours; high status; Casey & Grzywacz, 2008). Given the educated, professional nature of our sample, future work should assess whether similar associations emerge for persons in working-class jobs, which are often characterized by time pressure but lack certain qualities of middle-class jobs (e.g., flexibility; Perry-Jenkins et al., 2011), and may be less LGB-friendly (Goldberg, 2012).

Theory and research suggest that work-related resources may enhance parents' well-being (e.g., by enhancing self-esteem and reducing stress; Bakker et al., 2011; Voydanoff, 2004). We found that supervisor support was related to anxious and depressive symptoms. Having an unsupportive supervisor may contribute to stress and negative mood for sexual minorities, who, for example, may worry about discrimination and job loss related to their sexuality (Waldo, 1999). Supervisor support is likely to be especially important for lesbian/gay dual-earner parents, who, like their heterosexual counterparts, face the challenge of juggling both partners' jobs while caring for children. Lesbian/gay dual-earners may experience heightened anxiety related to negotiating parental leave, arranging to leave early for child care pick up, and so on. In turn, lesbian/gay parents who feel supported by their supervisors may experience fewer worries about job discrimination and greater work–family balance, which may foster well-being (Goldberg, 2012). Thus, practitioners seeking to help lesbian/gay parents reduce stress and increase work-family balance may encourage them to consider the role of their supervisors in helping them to achieve these goals. Of course, persons with greater well-being may simply describe their supervisors as more supportive due to a more positive outlook; longitudinal work is needed to support the direction of effects in this study.

Outness at work interacted with internalized homophobia to predict depressive and anxious symptoms, suggesting that the salience of being out at work depends on one's feelings about being gay. Research suggests that when gay men become parents, they often experience less choice about whether and how much to be out, in that parenthood invites questions about one's

relationship status and sexuality (Goldberg, 2012). Thus, parents who are very out but possess high levels of internalized homophobia may represent a group that experiences dissonance about their visibility at work, which predisposes them to distress. Practitioners should be mindful of these dynamics and how they may cause stress for some parents. Because our sample was very "out" overall, future work should examine whether similar findings emerge in samples with more variability in outness. Future work should also examine not only how "out" lesbian/gay parents are at work, but whether they chose to be out (or would prefer not to be). Research that clarifies under what conditions outness may be experienced as a stressor or a resource can nuance existing minority stress models.

Contrary to expectation, internalized homophobia did not interact with supervisor support to predict well-being. It seems that having an unsupportive supervisor is salient for all lesbian and gay employed parents, regardless of their feelings about their sexuality (although one must be careful about interpreting null findings). Also, internalized homophobia did not interact with work climate to predict well-being. The current sample, however, reported relatively positive workplace conditions and low internalized homophobia overall; thus, these factors should be examined in more diverse samples. Future work should also explore whether a more sensitive measure of supervisor discrimination may interact with internalized homophobia to predict well-being.

Our finding that gay fathers reported higher levels of anxiety than lesbian mothers was a surprise, given that women in the general population have higher levels of anxiety disorders than men (Pigott, 2003) and lesbian women are more vulnerable to anxiety disorders than gay men (Gilman et al., 2001). Perhaps gay fathers experience higher levels of scrutiny as new parents, as they are vulnerable to negative evaluations based on both their sexuality and gender (i.e., as gay people, they are stereotyped as less "fit" to parent than heterosexuals; as men they are stereotyped as less nurturing than women; see Goldberg, 2012). Practitioners should be sensitive to the possibility for gay fathers to display higher levels of anxiety, which may be related to their gender and sexual minority status. Future work should seek to replicate this finding with larger samples.

Limitations and Conclusions

Our sample is well educated, affluent, and mostly White. Thus, our findings may reflect the experiences of a fairly rarified group: White, professional, dual-earner lesbian/gay parents. Future work should examine lesbian/gay parents of diverse social class and racial/ethnic backgrounds, with attention to how their work conditions are linked to well-being. In addition, in that our sample is comprised of couples with adopted children, future work should examine these processes in same-sex couples who have become parents via other means (e.g., donor insemination, surrogacy).

Our study is cross-sectional. Future work should examine the effect of work conditions on well-being longitudinally, to support the hypothesized direction of effects. Also, due to our small sample size, and thus limited statistical power, we did not examine the interaction between work hours and supportive resources. Future research should examine whether the effect of work hours might vary by level of perceived support from one's supervisor, for example, and by other factors such as work preferences and child care arrangements (Holmes, Erickson, & Hill, 2012). We also, due to our small sample, did not examine cross-over effects—that is, the effect of one partner's work conditions on the other partner's well-being—which have emerged as significant in some prior work (Ransford et al., 2008). In addition, because of our relatively small sample, our focus on sexual minority-specific processes related to work, and the number of hypothesized interactions, we did not focus on interactions with gender. Future work can examine more closely how work is experienced differently by lesbian versus gay male parents, and how this may shape mental health. We also did not examine a number of work-family variables (e.g., work–family spillover) which may mediate the link between work factors and well-being (Goodman & Crouter, 2009). Finally, we used parents' self-reports of predictors and outcomes. Perhaps utilizing more objective indices of workplace factors, for example, may have produced different findings.

Despite these limitations, this study makes a contribution in that it is among the first to examine how work conditions relate to well-being in lesbian/gay parents (Tuten & August, 2006). Future work should expand on our findings in an effort to develop a

more nuanced understanding of dual-earner lesbian/gay parents. Qualitative research, in particular, can build on the pattern of findings and further explore the types of work–family issues and stressors that lesbian and gay parents face in their daily lives, and their consequences for individual and family well-being.

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