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Dedication

This dissertation is dedicated to my parents and to all of those born to adolescent parents who struggle with the burden no one ever said they had to carry.

Mom and dad, for all the sacrifices you have made so that I could live out my dreams, for all of the struggles that you have been through but would never take back, and for all of the times you have hold me I was worth everything, I thank you.

To my fellow children of adolescent parents who have struggled with their guilt and burden:

You Are Enough

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Abstract

Grounded in Communicated Narrative Sensemaking, this dissertation examines the influence stigma and storytelling have on those born to adolescent parents. Analyses based on a survey completed by 141 individuals found those born to adolescent parents were more likely to report that their parents were stigmatized because of their status as an adolescent parent than they were to report that they themselves were stigmatized. Additionally, the more one's parents worried about being stigmatized, the more one was likely to worry about one's parents' stigma transferring to them, and to worry about being stigmatized oneself. Furthermore, those who perceived that their parents were stigmatized due to their status as an adolescent parent had lower self-esteem than those who did not perceive that their parents were stigmatized. Those whose parents were stigmatized were also more likely to have families that utilized narrating as a boundary management technique. Lastly, an analysis of interview data from 8 individuals who completed the survey found those born to adolescent parents who saw their parents struggle went through a process termed *agency-driven attribution shift*, which refers to a transformative process whereby individuals are able to rid themselves of guilt and burden they placed on themselves as children for their parents' struggles and take agency over their birth story.

Keywords: family communication, storytelling, stigma, discourse-dependent families

Chapter 1: Introduction

"It's like everyone tells a story about themselves in their own head. Always. All the time. That story makes you what you are. We build ourselves out of that story" –Patrick Rothfuss, *The Name of the Wind*.

Identity, or one's self-concept, refers to a person's perception of who he or she is (McCall & Simons, 1978). This perception develops over time and is based on the information individuals receive about themselves from others (Mead, 1934). According to Mead, one's identity is created within interaction with society and close others. More specifically, it is *communication* that occurs within both societal and interpersonal interactions that influences individuals' self-concept (Mead, 1934). Communication is integral to identity development because it is through communication and communicative behavior that individuals are able to understand how others view them. Subsequently, according to Mead, people use the information they have gleaned from communicative encounters to decide how they will view themselves. Although there are a variety of potentially influential communicative situations that meet Mead's description, two that have been of interest to identity scholars are stigmatization and storytelling.

Stigma refers to a label or categorization associated with an attribute perceived to be shameful (Goffman, 1963). Characteristics become stigmatized because people within society perceive them as different and deviant (Goffman, 1963). What is perceived as deviant is therefore based on societal values and beliefs, and people realize they have been stigmatized when society tells them they are different (Goffman, 1963). The process of stigmatization is societal in nature; stigma is communicated via societal interactions. With this in mind, based on Mead's (1934) description of identity created within societal interactions, *stigmatization represents one way society might communicate messages to individuals about themselves*. The

societal messages one hears could then be adopted as part of one's identity. Not surprisingly, being stigmatized is associated with negative outcomes, such as poor self-esteem and depression (Corrigan & Miller, 2004; Whitehead, 2001). Therefore, a variety of research has examined what kind of implications stigma has for people's life outcomes, as well as how individuals can overcome negative implications of stigmatization (e.g., Barcelos & Gubrium, 2014; Corrigan & Miller, 2004; Whitehead, 2001). One of the processes researchers have examined that seems to have the potential to mitigate the negative effects of stigma is storytelling.

Storytelling refers to a narrative process that individuals utilize to help them make sense of their worlds (Bruner, 1990; Fisher, 1987). Literature focused on storytelling has found that stories are central to personal relationships and a necessary part of family life (Koenig Kellas & Kranstuber Horstman, 2015). Although multiple theoretical perspectives have been used to study storytelling, such as narrative performance theory (Langellier & Peterson, 1993) or the expressive writing paradigm (Pennebaker, 1997), the argument presented in this dissertation is grounded in Communicated Narrative Sensemaking (CNSM). CNSM views narrative through a postpositivist lens with the goal of examining "how narrative operates in patterned ways associated with family health and well-being" (Koenig Kellas & Kranstuber Horstman, 2015, p. 80). Importantly, according to CNSM, storytelling serves as a sensemaking tool individuals use in order to better understand their lives, including developing a sense of their identity (Koenig Kellas & Kranstuber Horstman, 2015).

The portion of CNSM that is focused on identity development is based on previous research by McAdams (1993) and Stone (1988). According to McAdams (1993) the stories people hear about themselves and their families are adopted as part of their personal myth, which is then utilized to develop an overall sense of their self-concept. Personal myths serve to uncover

one's own perception of their life history, or their understanding of how and why things in their life happened as they did. Because of this, personal myths and the stories they are associated with are integral to one's understanding of who they are and where they come from (McAdams, 1993). Stone's (1988) research echoes this importance. In fact, she has said,

> …stories, especially the earliest stories about our life in the womb, our birth, and our early days of life, are a record of our family's fantasies, often unconscious about who they hope or fear we are…they tint or taint our deepest and most intractable sense of our own being" (pp. 167-168).

Overall, according to McAdams (1993) and Stone (1988), and therefore according to CNSM, storytelling serves as an interpersonal communicative mechanism that allows individuals to make sense of who they are and where they fit into the world.

The influence that both stigma and family stories have on a person's identity is important for all individuals; however, research has suggested they might be even more influential for those from families who do not follow normative patterns, or those that are discourse-dependent (Galvin, 2006). Discourse-dependent families are those that must rely on discourse to describe their family form more than the typical family (Galvin, 2006). A family could be discourse-dependent for numerous reasons, including having ties to one another that are not visibly obvious (e.g., adoptive children of a different ethnicity than the adoptive parents, or stepfamilies), or having a family form that is socially stigmatized (e.g., same-sex families) (Galvin, 2006).

Stigma is associated with discourse-dependent families because they are termed discourse-dependent specifically because they do not fit the "norm." In fact, according to Galvin (2006), the more different the family is and the more ambiguous family members' ties to one another are, the more discourse-dependent the family is considered. Therefore, since stigmatization occurs because individuals are deemed different (Goffman, 1963), and discourse-

dependent families are different by nature, it is probable those from discourse-dependent families also experience stigmatization.

Storytelling is associated with discourse-dependent families because it is utilized by families as a way to manage their "otherness" status (Galvin, 2006). Galvin suggests families manage their interactions with both non-family members and family members, including others' judgments of their family form, in a variety of ways. She claims that storytelling, or narrating, serves an important function in discourse-dependent families and allows family members to create narratives that help one another understand their family form. Previous research focused on the role of storytelling in discourse-dependent families suggests family stories, such as those that tell of a child's entrance into the family, contribute to positive self-esteem and have beneficial outcomes for children (Kranstuber & Koenig Kellas, 2011).

The positive benefits of storytelling are only likely to occur if the stories people tell reflect positivity (Becker, 1997). Therefore, scholars have sought to understand what types of stories individuals hear, and how the content of those stories has influenced life outcomes such as self-esteem (Hayden, Singer, & Chrisler, 2006; Kranstuber & Koenig Kellas, 2011) and family satisfaction (Koenig Kellas, Baxter, LeClair-Underberg, Tatcher, Routsong, Lamb Normand, & Braithwaite, 2014). The conclusions of this line of study thus far seem to suggest stories told to family members that are focused on positivity can help mitigate negative outcomes discourse-dependent family members may experience over time (Hayden, Singer, & Chrisler, 2006; Koenig Kellas et al., 2014; Kranstuber & Koenig Kellas, 2011). Consequently, studying the role family stories play for those from a variety of types of discourse-dependent families has become a central focus in the storytelling literature. Because stigma and storytelling seem to be

intertwined in some cases, it would be worthwhile to examine whether stigma and storytelling interact to influence one's identity development specifically.

Besides being connected by Mead's (1934) understanding of identity development, examining stigma and storytelling within the same study is important because doing so gives researchers a more holistic understanding of identity and the life experiences that shape one's identity. Of course, stigmatization and storytelling are not the only experiences that shape one's identity; therefore, the story painted by this dissertation will not be entirely complete. However, including a conversation about stigma in one's understanding of the influence of storytelling on identity provides a much-needed societal context that helps scholars understand *why* particular stories might be influential in the first place. Specifically, research suggests members of stigmatized families have better outcomes when they are able to reframe their stigma as a source of pride and overcoming obstacles (Afifi, Davis, & Merril, 2014). Storytelling is especially important for those from stigmatized families, because as Lucas and Buzzanell (2012) suggest, stories, particularly positive ones, help families become resilient and combat stigma. For example, someone who has been stigmatized throughout their life because of their family form, and who has adopted society's negative views as part of their self-concept, could be influenced by positive messages given to them via familial stories to reject their negative "other" label and instead embrace their family form. Overall then, understanding one's experiences with stigma, and how that stigma relates to storytelling should help explain not only *what kind* of influence stories have on individuals, but also provide some context as to *why* stories would be influential in the first place.

Although there are many family forms that may be socially stigmatized and provide an interesting context for the study of the relationships mentioned above, this study focuses on

families of adolescent parents. Research suggests adolescent parents are stigmatized by society (Kelley, 1996; Smithbattle & Leonard, 2012). Additionally, Davis and Salkin (2008) state that when one family member is stigmatized, others associated with him or her are also stigmatized, which suggests children of adolescent parents could feel stigmatized as well. There are also a variety of reasons why families with adolescent parents may be discourse-dependent, suggesting storytelling could be an important process in these families. For example, because there is a smaller than "normal" age difference between parents and their children, it is possible that family members would need to explain their parent-child relationship to outsiders who assume they are siblings. Furthermore, Afifi, Davis, and Merril (2014) suggest the stigmatization adolescent parents and their families experience, particularly unwed adolescent parents, means that family members must legitimize their family form to outsiders, which seems to fit the definition of a discourse-dependent family.

Because the aforementioned characteristics of adolescent parents and their families suggest members of these families might experience stigma and engage in storytelling processes due to their discourse-dependence, this study aims to better understand the experiences members of these families have, particularly in terms of their identity. Specifically, this dissertation will focus on the experience children born to adolescent parents have had with stigmatization due to their family form and the influence the perception of stigmatization has had on their lives. It will also examine whether their life experiences reflect those that discourse-dependent families tend to have, and what kind of influence family storytelling has had on their self-concept.

The understanding provided by this dissertation should add to the communication literature in a variety of ways. First, at the broadest level it adds to family communication literature by examining a non-normative family form that has largely been ignored in previous

studies: families of adolescent parents. Although some research has examined adolescent parenthood, existing research tends to focus on the influence of television shows such as *Teen Mom* or *16 and Pregnant* (Martins, Malacane, Lewis, & Kraus, 2016; Stevens Aubrey, Behm-Morawitz, & Kim, 2014), not on the experiences family members have, or how the communication within families of adolescent parents might influence personal and interpersonal outcomes. Additionally, although scholars have examined the influence of stigmatization on adolescent parents (Kiselica, 2008; Smithbattle, 2013), to the author's knowledge no research has examined how that stigma has influenced children of adolescent parents.

This dissertation also extends storytelling literature by investigating stigma and storytelling within the same study. Although other storytelling studies have mentioned the role stigmatization might play in identity development (Kranstuber & Koenig Kellas, 2011), they have not actually measured both concepts at the same time. For example, CNSM focuses specifically on interpersonal interactions within the family, but also broadly claims that individuals are influenced by the messages they receive from others. Based on the connection between stigma and storytelling mentioned earlier and Mead's (1934) understanding of identity development, interpersonal stories are not the only influential messages individuals receive throughout their lifetime; therefore, CNSM is missing an important part of the puzzle: influential messages from society. As previously mentioned, by examining experiences with stigma and storytelling processes together, scholars can get a better understanding of the multitude of messages individuals have received over time, as well as some important context for why particular interpersonal messages have been so influential in one's life. Therefore, the addition of stigma to the CNSM model should add an important piece of information that will allow scholars to better understand all of the messages individuals use to make sense of their lives.

Lastly, this dissertation adds to the literature on discourse-dependent families by attempting to quantitatively measure aspects of discourse-dependence so that scholars can relate experiences associated with discourse-dependence to other theoretically relevant outcomes (e.g., experience with stigma). Previous studies have described discourse-dependence as a concept and explained why the particular family form in question should be discourse-dependent, but have not verified that family members engage in behavior that is associated with discourse-dependence (except storytelling) (Huisman, 2014; Kranstuber & Koenig Kellas, 2011); nor has the concept of discourse-dependence ever been measured quantitatively, at least to the author's knowledge.

Overall, the author hopes this dissertation provides a glimpse into the lives of families with adolescent parents and begins a research program focused on the importance and influence of communication within these families. The information gleaned from this dissertation addresses a gap in family communication literature and will provide information about a particular family form that likely struggles with issues such as stigmatization and identity-related concerns. Hopefully, scholars' understanding of these families will improve over time and both practitioners and family members themselves will be able to utilize the information provided by this dissertation to help members of families of adolescent parents manage any identity issues associated with their family structure.

Chapter 2: Identity and Identity Development

Identity refers to one's self-concept, or set of perceptions about who one is (McCall & Simons, 1978). Identity is stable in the sense that it does not constantly change based on everyday events; however, it is fluid in that it does develop and transform over time. One's identity is the answer to the question, "Who am I?" Identity is thought to be multi-faceted, with

each part representing different aspects of who one "truly" is (McCall & Simons, 1978). For example, when asked to define characteristics that represent one's identity, oftentimes people will provide information that relates to physical/demographic characteristics (e.g., female), social/relational characteristics (e.g., daughter), and evaluative characteristics (e.g., worrywart). These different types of characteristics refer to many different aspects of one's identity, each of which may be enacted or highlighted during specific circumstances. Additionally, although some of the information in the provided list is factual (e.g., biological sex), some of it is opinion-based (e.g., worrywart). Therefore, not only is identity considered to be multi-faceted, but it is also at least partly subjective (Kuhn, 1960).

The subjective aspect of identity, the portion that is based upon one's perception and opinion, has fascinated scholars the most and has been of interest to researchers for decades (McAdams, 1993; Mead, 1934). Research in this area has examined how the subjective side of one's identity is established, different factors that might influence the identity formation process, and life outcomes associated with identity-related factors and issues (Koenig Kellas, 2005; McAdams, 1993; Mead, 1934). For example, one of the commonly explored identity-related factors scholars have examined is self-esteem. Self-esteem refers to an individual's subjective evaluation of their social standing and can have either a positive or negative influence on their overall identity (Kranstuber & Koenig Kellas, 2011). Scholars interested in identity and identity work examine concepts like self-esteem because it is more concrete and more easily measurable than self-concept, making it a useful proxy for the concept of identity. Because this dissertation is interested in how interactions influence one's perception of oneself and how those interactions then influence life outcomes, the focus of this dissertation will be on the subjective aspect of identity, specifically self-esteem.

Although different researchers and theorists approach the study of identity and identity work differently, many scholars agree that communication is key in subjective identity formation. For example, authors such as Mead (1934) and McAdams (1993) believe individuals form opinions about themselves based on the perceptions that others, both those they are close to and society as a whole, have of them. From this perspective, the perceptions of others are transmitted to individuals via communication, either during specific interactions or based on messages society sends intentionally or unintentionally over time. Examples of ways society communicates to others include sending messages via the media, via communication during interpersonal interactions that reflects societal values, and/or unintentionally via policy decisions.

Social interactions can be particularly influential. For example, Hecht's (1993) communication theory of identity (CTI) places communication at the center of the identity process by suggesting communication is used to both form and enact identity. According to Hecht, Warren, Jung, and Krieger (2005), communication is central to identity development because one's identity is influenced by and expressed via societal expectations that are communicated during social interactions. No matter the perspective used to examine identity, communication and communicative processes are at the heart of the development of one's subjective identity (Hecht et al., 2005; McAdams, 1993; Mead, 1934).

One of the communication-focused theories most widely used to examine identity-related processes, and one that guided the development of CTI, is symbolic interactionism (Mead, 1934). This theory is broad and can be utilized to examine the role of communication in society more generally, therefore, identity formation is just one of the many processes the theory addresses. According to the theory, language is the primary mechanism through which individuals communicate societal ideals and beliefs, as well as interpersonal ideals and beliefs,

used to develop their identity. Furthermore, these beliefs are only adopted as part of one's identity after one goes through a meaning-making process that allows one to assign meaning to other people's perceptions (Mead, 1934). Essentially, individuals use the messages they receive from others, and their interpretation of those messages, to create and maintain a sense of their own self-concept. The understanding of identity-related processes provided by symbolic interactionism is inherently communication-focused because communication *is* the process of creating and assigning meaning to messages. Therefore, one's understanding of his or her identity is dependent upon and influenced by communication with others.

The above description of the importance of communication suggests identity is not something one is born with, but instead identity is developed over time. In fact, the symbolic interactionist perspective suggests the process of identity development is inherently social, and as such, one's collection of social experiences throughout one's life is utilized to establish identity. Mead (1934) suggests there are two stages relevant to understanding how one develops one's identity. The first involves basing one's identity on the attitudes others have communicated to one or her about his or her behavior in a particular interaction. The second stage involves utilizing social attitudes about one's group membership to aid in identity development (Mead, 1934). The first stage is *interpersonal in nature* (i.e., based on information acquired through interactions with those in one's social circle), while the second is more broadly *societal in nature* (i.e., understanding how the larger society views groups one belongs to and how those views transfer to a particular individual). Therefore, when examining identity and identity development, one must consider interpersonal and societal processes that take place throughout one's life and the influence both processes might have on the identity formation process. With the influence of both societal and interpersonal messages in mind, this dissertation will examine

the influence of two communication processes, one societal in nature (stigma), and one interpersonal in nature (storytelling), on identity formation.

Although all individuals go through the above stages to establish their identity, there are particular individuals that may experience hardships associated with identity formation. For example, those who do not fit societal standards could perceive themselves to be a disappointment to others around them and, therefore, develop relatively negative self-concepts. This dissertation will explore the identity development processes associated with a particular group of individuals that could potentially have a somewhat negative identity development experience: children of adolescent parents. The goal of this study is not to test the tenets of symbolic interactionism within these families, but instead to use the theory as a guide for determining which specific communication-focused identity-related processes to examine within families of adolescent parents. Importantly, the tenets of symbolic interactionism outlined here have influenced the development of Communicated Narrative Sensemaking (CNSM), particularly in terms of the role of interpersonal communication processes in identity development. Therefore its use is a compliment to the CNSM model. The next two chapters will describe stigma and storytelling as essential to the identity formation of children of adolescent parents and seek to suggest and predict individual and relational outcomes that occur as a result of the role stigma and storytelling play in individuals' identity development.

Chapter 3: Stigma and the Societal Aspect of Identity Development

In 1963, Erving Goffman examined the concept of stigma to integrate theoretical work on intergroup relations and to better understand why certain groups of people tend to be treated differently in society. Stigma itself refers to a label or disgrace that is associated with some sort of attribute which others find discrediting or harmful to one's reputation (Goffman, 1963). In

everyday talk, stigma is sometimes confused with the terms "prejudice" or "discrimination." Pescosolido and Martin (2015) suggest the distinction between these three terms is important because stigma implies a focus on the deviant nature of the victim, while discrimination and prejudice both focus on the person making the judgment instead of the judged individual. Therefore, while these terms are related, they are not synonymous and should not be used interchangeably.

Goffman's understanding of stigma is specifically focused on societal beliefs and values, as well as on how those beliefs and values influence people's perceptions of other individuals. Goffman's definition of stigma relates to Mead's (1934) understanding of societal processes that influence identity development. Therefore, in this dissertation, stigma is considered a societal communication process that has the potential to influence the identity development of children of adolescent parents. The process through which stigma might influence identity development will be described in more detail below.

In order for a characteristic or trait to be considered stigmatized, it must meet four criteria (Pescosolido & Martin, 2015). First, the characteristic must be associated with distinguishing and labeling, meaning others must delineate someone with the characteristic as different from themselves and place them into a category because of this distinctiveness. Second, the differences in question must be associated with negative attributions or stereotypes, meaning the characteristic in question must be perceived as different and bad. Third, the characteristic must be associated with a distinction between "us" (those without the characteristic) and "them" (those with the characteristic), which creates in-group and out-group dynamics. Lastly, those who carry the characteristic must experience status loss and discrimination because of their stigmatized characteristic (Pescosolido & Martin, 2015).

According to Goffman (1963), stigmatization, or the "process by which people who lack a certain trait denigrate people who possess it, thus leading to individual differences in social interaction" (Piner & Kahle, 1984, p. 805), occurs in three phases. First, an individual meets someone and makes assumptions and attributions about their social identity. Generally, these assumptions and attributions are unconscious. Second, that individual realizes the person has a characteristic they associated with being "bad" or "deviant." Third, because of the "bad" characteristic, the individual starts to view the other person as tainted or discounted. When people make the association between a "bad" characteristic and a "bad" person, they try to come up with an explanation for why the person is bad. Essentially, they justify why the person is considered inferior. Making this justification involves viewing the person as "other" and less than oneself. Oftentimes this thought process also leads to feelings of animosity based on those differences, and sometimes even assumptions that the person has a variety of other negative attributes simply because of the category in which they have been placed (Goffman, 1963). Unfortunately, when stigmatization occurs, it creates a sort of hierarchical separateness between the individual and the stigmatized person. This hierarchy can sometimes lead to negative interactions between the stigmatized and the "normals" as Goffman (1963) referred to them, as well as a negative self-concept for the stigmatized person.

Although Goffman (1963) does not explicitly describe stigma as a societal communicative process that influences identity, it inherently is (Meisenbach, 2010). Meisenbach addresses the conceptualization of stigma as communicative when she says stigma is created and revealed through the communication of people's perceptions of others/other groups. Essentially, societal ideals influence how someone communicates with other people, and the way that person communicates their perceptions to others then influences the other person's identity (Mead,

1934). For example, if society suggests adolescent pregnancy is immoral and wrong, and someone meets an adolescent parent and communicates to them in a way that suggests they are immoral and wrong due to their status as an adolescent parent, that communicative encounter could influence the identity of the adolescent parent. Therefore, society influences what characteristics are stigmatized, and communication is the vehicle through which stigmatization is given life, or is communicated to members of the stigmatized group.

Research indicates that not everyone experiences stigma in the same way (Goffman, 1963; Meisenbach, 2010). In fact, Meisenbach suggests there are two main reactions stigmatized individuals could have to their "otherness" status. First, some stigmatized individuals accept their stigma and adopt their perceived inferiority as part of their self-concept. These individuals tend to adopt the beliefs of the larger society and believe they are failing to meet societal expectations (Meisenbach, 2010). When stigmatized individuals adopt this point of view, they are more likely to feel shame, especially if they believe the characteristic causing their stigmatization is inescapable (Goffman, 1963). The shame people feel due to their stigma, in turn, negatively influences their identity.

Others, however, seem to be relatively unscathed by their stigma by challenging societal beliefs about how their stigma is perceived (Meisenbach, 2010) These people are able to ignore the inferior status placed on them by others and focus on their positive self-concept in order to manage their identity. Those individuals in this category do not necessarily see themselves as different, but instead might actually view the majority as the different or inferior group. Effectively, individuals who challenge their stigma are able to embrace their perceived flaw as something positive and therefore avoid the harm that can be caused by being stigmatized.

Furthermore, in this situation, stigmatized individuals may consider their stigma to be a blessing in disguise (Goffman, 1963).

Lastly, research has suggested when one member of a group is stigmatized others who are associated with him or her are also stigmatized (Davis & Salkin, 2008; Goffman, 1963). For example, Goffman (1963) suggested when individuals are either related to the stigmatized individual or sympathetic to a stigmatized individual they become part of the stigmatized in-group and may experience some of the same outcomes as stigmatized individuals, although to a lesser degree. A case study by Davis and Salkin (2008) illustrated Goffman's point. In the study, two sisters described how they managed their stigma while growing up. One sister was stigmatized because of her disability, and her sister mentioned that although she herself did not have the stigmatizing characteristic she also felt stigmatized. In an interview she explained that she believed her sister's stigma was associated with her because of their family ties, and this association had consequences for how she viewed herself.

The transfer of stigmatization among family members presents an interesting scenario for family communication scholars to study because the way in which family members communicate about one member's stigma could potentially affect the family as a whole. For example, if one's brother is stigmatized because he is mentally ill, and family members talk about being mentally ill in a negative way, their communication could a) increase his likelihood of internalizing the stigma because his "otherness" is highlighted even in interpersonal interactions and/or b) increase the likelihood other family members internalize the stigma themselves because they are ashamed of being associated with his stigma.

The previous section has described stigma as a societal communicative process that influences identity management, and the explained influence of stigma on identity management

for both stigmatized individuals and their close others. The remainder of this section will explain why adolescent parents and their children might be stigmatized, and how their stigmatization could influence family members both on an individual and relational level.

Adolescent Parenthood and Stigma

Although the rate of children born to adolescent parents has declined in recent years, adolescent parenting is still considered a public health and social problem (SmithBattle & Leonard, 2012). Research suggests children born to adolescent parents tend to have different life experiences than those with older parents. For example, previous research has linked adolescent parenting to poor behavioral, cognitive, and social outcomes for children (Baldwin & Cain, 1980; Card, 1981; Chafel, 1994; Dubow & Luster, 1990; Pinzon & Jones, 2012; Roosa, Fitzgerald, & Carlson, 1982; SmithBattle & Leonard, 2012). The focus on poor outcomes, while potentially good-hearted in its attempt to highlight issues that should be addressed, has perhaps contributed to a social stigma for adolescent parents, which could have negative implications for adolescent parents' identity, as well as the identity of their children (Goffman, 1963). With this in mind, the following question will be discussed: Has American culture created a stigmatized view of adolescent parents?

According to SmithBattle (2013), media stories, advocacy organizations, and professionals tend to portray adolescent mothers as irresponsible and inept individuals whose lives are turned upside-down because of the birth of their child. SmithBattle (2013) suggested the negative association with adolescent parenthood began when researchers focused their energy on discovering the poor outcomes associated with adolescent pregnancy instead of helping adolescent mothers improve their circumstances. In fact, in his 2009 book *Breaking the Adolescent Parent Cycle*, Westman suggested the state should remove children from their

mothers if the mother is under the age of 18 because it is safe to assume they are neglectful. Philosophies such as Westman's paint adolescent parents as inept, which creates a negative stereotype of adolescent parenting. If this stereotype is accepted by society and applied to adolescent parents more generally, it could lead to discrimination, and ultimately, stigmatization (Goffman, 1963).

Unfortunately, evidence suggests this stigmatized view of adolescent parents *has* been adopted by society. For example, according to Furstenberg (2007), political policies and programs aimed at eradicating the adolescent pregnancy "epidemic" were put into place after the sexual revolution of the 1960s and became an important part of domestic political affairs again in the 1990s. Public policy represents just one way society sends messages to individuals about the kind of characteristics that are deemed immoral and, therefore, stigmatized. Importantly, the stigmatization of adolescent pregnancy that has been prominently highlighted by public policy was likely a reflection of negative views of unmarried parents, specifically unmarried mothers (Furstenberg, 2007). Although the social views concerning unwed parenthood have changed and unwed parenthood is more common today than it was in the past, the majority of Americans do still say that unwed parenthood is bad for society, suggesting adolescent parenthood is likely still stigmatized (Livingston, 2018).

Additionally, research by Kelley (1996) provides more evidence concerning society's views of adolescent parents. Kelley (1996) examined four cultural discourses associated with adolescent mothers depicted in the media. One frame was the "bureaucratic expert frame," which tends to focus on psychological reasons why pregnant adolescents want to keep their babies in the first place. According to Kelley, the focus on why an adolescent would choose to keep a child places the "problem" of adolescent pregnancy within the individual and ignores the larger

context that might influence the likelihood that someone becomes an adolescent parent, such as poverty. Furthermore, this frame assumes the pregnancy was a mistake, which can have negative implications for the identity of the children of adolescent parents if the children internalize the "mistake" label.

The second frame is the "wrong-family frame," which involves concern over what adolescent parenting means to the fate of the traditional family structure (Kelley, 1996). The "wrong-family frame" tends to suggest adolescent mothers are bad and deviant, especially because it assumes adolescent parents rely on government programs for economic resources (Kelley, 1996). The third frame is the "wrong-society" frame, which suggests a focus on outside factors that lead to adolescent pregnancy instead of blaming adolescent parents for their circumstances. The "wrong-family" frame actually aims to reduce stigma associated with adolescent pregnancy. However, Kelley (1996) said mainstream media very rarely utilizes this frame. Lastly, the fourth frame is the "stigma is wrong" frame, which was usually depicted in adolescent mothers' self-interpretations. This frame suggests the mother's choice, no matter what that choice was (e.g., adoption, keeping the baby, etc.), should be respected and not stigmatized.

Work by Brand, Morrison, and Down (2014) suggests the stigma Kelley (1996) found not only exists within society at large, but also that it might be communicated to adolescent parents via healthcare providers and social services. According to Brand et al. (2014), healthcare providers and social workers tend to focus on the moral and social responsibilities of adolescent parents, which they argue feeds into a "blaming the victim" mentality. They also suggested this mentality extends to how the wider community views adolescent parents, which has a strong influence on how adolescents experience parenthood. In fact, their research highlighted that adolescent parents believe their lives are constantly under a spotlight, that they are continually

under surveillance by the public (Brand et al., 2014). Feeling as if society is constantly scrutinizing one's every move could potentially lead to feelings of inadequacy, incompetence, and frustration.

As a stigma against adolescent parents exists, researchers then need to understand whether adolescent parents are affected by it. Barcelos and Gubrium's (2014) research sheds some light on this situation. They asked adolescent parents to provide narratives describing their experiences and compared those narratives to the ways in which society tends to talk about adolescent parents. Their findings echoed Goffman's (1963) suggestion, in that some parents seemed to show signs of self-stigma, or perpetuating the stigma society has ascribed to them, while others seemed to reject it. For example, there were participants who seemed to mirror social beliefs about adolescent pregnancy when they referred to it as an "epidemic." Interestingly, many individuals who engaged in this kind of discourse also referred to adolescent parents as "they" even though they, themselves, were members of the stigmatized group. The use of "they" instead of "we" shows individuals rejecting their stigma by suggesting the stigma does not apply to them, that they are not a part of the stigmatized group.

Other adolescent parents also echoed the stigmatized views of society by repenting for their "bad" and deviant behavior (Barcelos & Gubrium, 2014). These parents tried to legitimize themselves as good parents by explaining all they had accomplished in spite of being adolescent parents. Another group of adolescent mothers sought to reinterpret the dominant narratives associated with adolescent pregnancy, but did not go as far as to challenge them and try to change them (Barcelos & Gubrium, 2014). These adolescent mothers tended to critique common perspectives on the causes and consequences of adolescent pregnancy, but did not challenge the idea that adolescent pregnancy itself is a problem. For example, one participant described

adolescent motherhood as a positive and uplifting experience, but then mentioned it does have "its bad things" (Barcelos & Gubrium, 2014, p. 475). Overall, it seems that adolescent parents respond to social stigma in a variety of different ways, but more research is needed to examine why these different responses exist. For example, perhaps if one's family members communicate more positively about the adolescent pregnancy, and to the adolescent parent more generally, the parent will be better equipped to reject the stigma instead of internalize it.

Additional research by Whitley and Kirmayer (2008) offers more nuanced insight into *why* some people react differently to society's stigmatization of adolescent parents. Their research suggests reactions may be culturally dependent (Whitley & Kirmayer, 2008). They examined experiences of stigma among mothers of various ages, races, and cultures in Canada. The results suggested almost all of the younger, Anglophone Euro-Canadian participants explained instances of social exclusion because of their status as an adolescent parent. For example, one participant, Danielle, said,

> They look at you way differently if you are younger, like I am retarded or something it really bugs me actually, it does, there's some days I don't wanna deal with this shit, I just stay in…A lot of people say I look 18 so I think I get twice as much bad comments. I am being punished (Whitley & Kirmayer, 2008, p. 343).

In this example, Danielle felt others suggested she was inadequate by constantly giving her advice and treating her differently. The comments and looks she received frustrate her, especially because she believes the negative connotation that comes with being a young parent is unwarranted. Many other Anglophone adolescent parents described similar experiences in which others in society gave them unsolicited advice that made them feel inadequate.

Furthermore, some adolescent mothers in this study suggested their parents felt ashamed of them and made them feel as if they were failures because they became pregnant at a young age (Whitley & Kirmayer, 2008). This parental disappointment seems to reflect the idea that

adolescent parenting is a deviant behavior and is immoral. Interestingly, Afro-Caribbean adolescent parents did not report any sort of perceived stigma (Whitley & Kirmayer, 2008).

Another characteristic that might influence the relationship between stigma and identity is socio-economic status. Some research has found that those from a low socio-economic status tend to describe their adolescent pregnancy as a blessing, or something that has given their life more purpose than it had previously (Edin & Kefalas, 2005; Kiselica, 2008). Importantly, these individuals may still believe the societal stigma against adolescent parenthood exists (and therefore are potentially treated differently by those within society). However, their largely positive views of their pregnancy and the ways it has influenced their life could cause individuals from low socio-economic status to be more likely to reject the social stigma instead of adopting it as part of their identity. Based on Goffman's (1963) suggestion, these individuals would then be unlikely to experience the negative effects of stigmatization others experience. The potential influence of demographic characteristics suggests family communication scholars should consider personal characteristics, such as culture and socioeconomic status, that could influence the ways in which people communicate about adolescent parenting, the societal stigma surrounding adolescent parenting, and the stigma's potential influence on one's self-concept.

The widespread societal stigmatization of adolescent parents has the potential to have a variety of negative effects on the parents themselves, especially if it is internalized. For example, research has linked experiencing stigma to devalued self-worth, discrimination, neglect, low self-esteem, poor academic achievement, and poor health outcomes (Crocker, Major & Steele, 1998; Dahnke, 1982; Major & O'Brien, 2005; Miller & Kaiser, 2001). Additionally, Whitehead (2001) found stigmatization of adolescent parents was associated with feelings of fear, anger, worthlessness, depression, and shame. Importantly, because their stigma is highly visible,

character-based, and long-lasting, there might not be much adolescent parents can do themselves to mitigate negative outcomes, unless they are able to locate their stigma outside of themselves and realize they are not "bad" people (Goffman, 1963).

The Influence of Stigma on Family Members

As previously mentioned, stigmatization of a family member can have a variety of damaging effects on the family of adolescent parents as well (Davis & Salkin, 2008; Goffman, 1963). Although there is little research on this process in the family communication literature, information gleaned from other disciplines/concentrations about other stigmatized individuals/families could help clarify how stigma influences family members. For example, research by Corrigan and Miller (2004) suggests parents, siblings, spouses, and children are all shamed by the stigma of individuals with mental illness. Therefore, children of adolescent parents may worry others will perceive them as "bad" because their parents were "bad," or may believe their existence in this world has brought shame upon their family and blame themselves for their family's "otherness" status, particularly if the child was born at the height of the adolescent pregnancy epidemic described by Furstenberg (2007). Corrigan and Miller went on to suggest individuals who experience blame are likely to be perceived as incompetent, while those who fear contamination worry about being perceived as worth less than the average person. No matter how it manifests, just as shame has a negative influence on those with a stigmatized characteristic, it can also negatively influence the identity of family members of that person when they take on that shame (Corrigan & Miller, 2004; Goffman, 1963).

Stigmatization and the non-normative nature of their family structure could be particularly influential to children of adolescent parents for a variety of reasons. For example, if parents communicate to their children in a way that suggests they are stigmatized because of

their children's existence, it could make children feel unwanted and a burden. Bowlby (1973) suggests feeling unwanted by one's parents leads to feeling unwanted and unloved by people in general, and can lead to low self-esteem, which as previously stated is one factor that influences one's identity. Low self-esteem is also associated with negative outcomes, such as depression and anxiety (Harter, 1993). Additionally, Becker (1997) suggests if children internalize their family's "otherness" and see it as a representation of themselves, they are also likely to develop a self-concept focused on their differentness and could experience identity-related issues, such as those experienced by stigmatized individuals. Lastly, stigmatization of the family members of those born to adolescent parents probably begins before the child is born (i.e., during pregnancy). Therefore, if the parents have been stigmatized because they are adolescent parents, it is likely children of adolescent parents face negative discourse surrounding their family form since birth, potentially making stigma more influential in the identity formation process.

It is important to mention that, just as not all individuals who are stigmatized adopt their stigma as part of their self-concept, not all children born to adolescent parents will adopt their parent(s)' stigma. The likelihood of the stigma being transmitted to the child is based on a variety of factors, including how the parent has reacted to their stigma, how society treats the child, and how the family discusses the birth of the child. For example, if a child is born to someone who has rejected the stigma and frames the pregnancy in a positive light, and the family largely discusses the birth of the child as a positive experience, it could be more likely that the child will also reject the stigma. Additionally, if families, or even specific family members, tell stories about the child's birth that reflect positivity, these stories could become a positive reinforcement that helps children guard themselves against the transfer of stigma.

This dissertation seeks to examine interactions in families with adolescent parents and understand how children of adolescent parents experience the stigma of adolescent parenthood (if at all), and if and how it affects their lives. Goffman (1963) suggests people can mitigate stigma by engaging in communication that reinforces a positive self-concept. However, little research examines how communicative practices within the family might work to reinforce or negate the stigma children of adolescent parents face. One way scholars can study these processes is by examining family storytelling. Storytelling is important because it can sometimes provide individuals with an opportunity to present family members with narratives that challenge societal beliefs and expectations (Kranstuber & Koenig Kellas, 2011). Individuals can then compare the stories they are told by family members to the narratives provided by society and choose which outlook to adopt. Additionally, because family storytelling occurs within relational dyads and groups, it represents one way interpersonal interactions may influence one's identity. This process relates to Mead's (1934) idea of the self and how one's self-concept is developed. Consequently, storytelling is an important concept that aids in scholars' understanding of identity development more generally, and could provide a way for individuals to mitigate the potentially negative influence of stigma on identity. Therefore, the influence storytelling has on one's identity will be discussed in-depth in the next section.

Chapter 4: Storytelling and the Interpersonal Aspect of Identity

Stories are narratives people tell to help them and others make sense of the life around them (Bruner, 1990; Fisher, 1987). Many times stories are told as a way to understand, celebrate, or cope with different life experiences. Additionally, they may be passed down from generation to generation as a way to carry on family norms. *Family stories* are a specific type of story that reflect what family members find significant in their lives and the life of the family as a whole

(Stone, 1988). According to Fiese and Winter (2009), "family stories are verbal accounts of personal experiences that are important to the family, depict rules of interaction, reflect beliefs about the trustworthiness of relationships, and impact values connected to larger social institutions" (p. 626). Therefore, family stories are also used to allow members of the family to understand family processes. Furthermore, researchers who study family stories suggest they provide an inside glimpse into the world of family members and the culture each family has created (Koenig Kellas, 2005).

Research has found family stories serve a variety of important roles, particularly in terms of identity formation (Koenig Kellas, 2005). The influence of family stories on identity processes could be most important for those families that are discourse-dependent, or those that rely on communication in order to help themselves and others understand their family structure (Koenig Kellas & Trees, 2013), predominantly because stories help family members legitimize their family form to members of the family and outsiders (Galvin, 2006). Scholars have examined the role of family stories in a variety of discourse-dependent families, such as adoptive families (Krusiewicz & Wood, 2001) and stepfamilies (Koenig Kellas et al., 2014); however, no research has examined storytelling processes in families of adolescent parents.

There are a variety of reasons why families of adolescent parents could be considered discourse-dependent and therefore potentially rely on storytelling for identity-related purposes. For example, the stigma associated with adolescent pregnancy (SmithBattle, 2013; SmithBattle & Leonard, 2012), the deviation from normative life course practices associated with many adolescent pregnancies (e.g., having children before marriage), and small age differences between parents and their offspring, are all reasons why families of adolescent parents may be considered discourse-dependent. Therefore, the remainder of this chapter will utilize

Communicated Narrative Sensemaking (Koenig Kellas & Kranstuber Horstman, 2015) to examine stories as an interpersonal communicative tool that aid in identity development, elaborate on why discourse-dependent families may rely on storytelling for identity-related purposes more than other families, and describe how certain types of family stories could influence both personal and interpersonal life outcomes for children of adolescent parents.

Theory: Communicated Narrative Sensemaking

Koenig Kellas and Kranstuber Horstman (2015) developed Communicated Narrative Sensemaking (CNSM) as a way to both incorporate previous storytelling literature and depart from previous norms by examining storytelling from a postpositivist perspective. Specifically, according to CNSM while interpersonal communication *is* socially constructed and rich with subjective meaning, it is socially constructed in a *patterned* way. Koenig Kellas and Kranstuber Horstman specifically state,

> The kinds of stories we tell, the ways we tell them, and the interpersonal processes that emerge as a result a) happen in patterned ways despite their subjective unique nature, and b) have implications for how we react, think, and feel within and about our relationships and our lives (p. 82).

Therefore, according to CNSM the patterned nature of subjective storytelling experiences means it is possible for scholars to examine predictable patterns, particularly in terms of the implications of family stories on family well-being.

The basis of CNSM is communicated sensemaking (CSM), which refers to utilizing communication to make sense of one's identity, relationships, and life difficulties. According to CNSM there are five mechanisms individuals might utilize in order to engage in communicated sensemaking: memorable messages, accounts, attributions, communicated perspective taking, and narratives (or stories). *Memorable messages* refer to verbal messages people remember, hear relatively early in life, and consider influential in some way (Knapp, Stohl, & Reardon, 1981).

Accounts refer to verbal explanations people provide in order to make sense of events in their lives (Holmberg et al., 2004). *Attributions* refer to reasons people give for the cause of their and other's behavior (Manusov & Spitzberg, 2008). *Communicated perspective taking* is the process of engaging in interpersonal communication in order to understand someone else's' perspective (Koenig Kellas & Kranstuber Horstman, 2015). Lastly, the term *narrative* refers to stories people tell. Although all of CNSM's communication mechanisms are worthy of scholarly attention, for the sake of brevity, the following discussion will refer specifically to narrative and its role in identity management.

CNSM breaks storytelling research into three interrelated, yet distinct foci. The first is understanding individuals' recollections of stories and how those recollections have influenced their lives; the second refers to examining the storytelling process itself and how the storytelling process affects and reflects family relationships; and the third is understanding how storytelling can help families cope with difficulty (Koenig Kellas & Kranstuber Horstman, 2015). This dissertation will mainly deal with the first focus: understanding how recollections of stories have influenced people's lives. The choice to concentrate on recollections of stories and the influence of recollections was made because this focus is specifically concentrated on understanding the influence of storytelling processes for an individual, which is one of the major goals of this dissertation. The other two foci deal more with storytelling as a performance, examining storytelling in real time, and determining how storytelling influences the family overall. Therefore, the goals associated with these other two foci are not as directly related to the goals of this dissertation.

In terms of the influence of the recollection of stories, CNSM suggests the stories we hear about ourselves become adopted as part of our self-concept, an idea that is rooted in research by

McAdams (1993). McAdams suggests individuals use the stories they adopt to help them develop their personal myth. The personal myth (stories individuals have written about themselves) reflects one's personal truth, identity, and values, and tends to be influenced by the information children learn about themselves from their family members (McAdams, 1993). Stone (1988) echoes McAdams' ideas and has said people's deepest sense of who they are comes from the stories families tell them about themselves.

Personal myths tend to be developed in late adolescence, as people begin to grapple with their identity and question who they are and how they fit into the world (McAdams, 1993). At this time people reflect on the messages and stories about themselves that they have heard throughout their lives, and adopt them to form their own story. One's story can sometimes change, particularly as the world changes. Additionally, stories may change as adults form and reform their identities. No matter the reason for the change or whether the story has changed at all, the goal of the personal myth is to help individuals explain how they fit into the world (McAdams, 1993).

Because one's own perception of their life is so integral to the development of one's personal myth, in order to understand the influence of family stories on one's personal myth, it is important to understand each individual's own perception of those stories, not necessarily how their understandings compare to the actual stories they were told, or the intent of the storytellers. For example, someone could have heard a story growing up concerning a sacrifice their parent made for them and from that story, take away the idea that they are a burden, which then gets adopted as part of their personal myth and identity. It is possible the intent of the story was not to make the individual believe they were a burden (although that is possible), but it was the

individual's *perception* of the story that determined the influence the story had, not the *intent* of the storyteller.

One issue that can influence one's perception of the stories they hear is stigma (McAdams, 1993). One of the ways families can help family members guard against stigma and encourage them to deny its personal relevance is by telling stories that challenge societal beliefs (Kranstuber & Koenig Kellas, 2011). Therefore, it is important for scholars to examine how stories have influenced those who have been stigmatized, such as adolescent parents and their family members. The remainder of this chapter will examine these families.

The Influence of Stories on the Identity of Members of Discourse-Dependent Families

As previously mentioned, although the identity construction function of storytelling is important for all families, those who are considered discourse-dependent may rely on storytelling more than others. *Discourse-dependent families* are those who rely on engaging in discursive patterns to manage and maintain familial identity more often than the typical family. These families tend to be nontraditional in some way and have somewhat ambiguous family forms (Galvin, 2006). According to Galvin, the more ambiguous the family member connections, the more discourse-dependent the family is and the more likely they are to feel the need to explain or communicate in order to establish familial and individual identities. Examples of families that are considered discourse-dependent are foster families, adoptive families, and same-sex families (Galvin, 2006). These families tend to use storytelling as a way to help family members make sense of their family structure (Koenig Kellas, Willer, & Kranstuber, 2010).

Why might storytelling be more important to identity development in discourse-dependent families than in others? According to Becker (1997), people have the tendency to compare themselves to what is normal, and when they believe some aspect of their lives is not

normal, they internalize their differentness and do everything they can to correct it. The tendency to focus on one's differentness could have a variety of negative implications for the individual's wellbeing, including their self-esteem and consequently their self-concept. Therefore, those from discourse-dependent families may seek out ways to avoid the likelihood that their members engage in this negative self-concept development process. Accordingly, Galvin (2006) identifies *storytelling* as one of eight tools individuals from discourse-dependent families engage in to come to terms with their non-normative status. All eight tools are discussed in more detail below.

Galvin (2006) outlines different external and internal boundary management practices those in discourse-dependent families engage in to deal with their non-normative status. External boundary management practices are those actions families engage in to manage the tension between revealing and concealing family information to others (Galvin, 2006). Galvin outlines four external boundary management tactics families could utilize. The first is *labeling*, which refers to identifying family relationships when referring to family members (Galvin, 2006). For example, when introducing one's parents to outsiders someone might say, "This is Jim, my father and Meredyth, my mother." The second tactic is *explaining*, which refers to making family relationships understandable to outsiders by either giving reasons for the relationship or clarifying how the relationship works (Galvin, 2006). For example, the individual from the example above might say, "I know it's hard to believe they are my parents; they were teenagers when I was born, so we're not that far apart in age." The third tactic, *legitimizing*, refers to positioning one's familial relationships as real and genuine (Galvin, 2006). For example, if the family members above encounter someone who says, "There's no way she's your daughter…you look more like siblings!" the daughter might respond with, "Yeah, I know, but they actually are my parents. I promise, my mother gave birth to me!" The last external boundary management

tactic is *defending*, or shielding oneself from an attack on one's family form, and tends to reflect strong feelings such as frustration or annoyance (Galvin, 2006). For example, if a family member hears someone criticize their family form they might respond by saying, "It is none of your business."

Galvin (2006) also provides four internal boundary management tactics, which refer to processes family members must engage in with each other in order to maintain a sense of "family-ness" (Galvin, 2006). The first is *naming*, which refers to what family members call each other (Galvin, 2006). This process refers to both legal names (e.g., what last name a child with non-married parents may take on) and how family members refer to one another more generally, (e.g., is it appropriate to call a stepmother "mom"?). The second tactic is *discussing*, which refers to identifying issues the family could experience and attempting to resolve them together (Galvin, 2006). For example, the family from the examples above may discuss this issue together and decide how to react in those types of situations. The third tactic is *ritualizing*, which refers to deciding what family rituals to engage in and which to end (Galvin, 2006). For example, families with adopted children may consider engaging in rituals associated with their child's adoption day in addition to their birthday as a way to celebrate their entrance into the family. Lastly, families can manage internal boundaries by engaging in *narrating*, or telling stories that help the family and family members develop their identity (Galvin, 2006). Importantly, Galvin suggests the particular language utilized in narrative helps to determine the type of influence a story will have on individuals within the family.

Because storytelling, and the language utilized in particular stories, is so important for discourse-dependent families, it is necessary for scholars to understand the influence stories have for discourse-dependent families, particularly in terms of managing stigma and developing one's

identity. Hayden, Singer, and Chrisler (2006) suggest stories can be used to paint a certain type of picture for families and individual family members. In this way, stories can be told in a way that downplays negatives, such as being different, and highlights the positive aspects of one's life events, such as overcoming a difficulty. Stories used in this manner have been shown to provide positive reinforcement and positively affect one's self-esteem (Hayden et al., 2006). However, to date no research has examined the likelihood that families of adolescent parents engage in management processes associated with being discourse-dependent, nor the influence of storytelling as a potential management process that could function to affect the identity development process of individuals from these families. Therefore, the remainder of this chapter will utilize information from previous research to argue that families of adolescent parents are discourse-dependent, and predict how stories could function as identity development tools for these families.

Families of Adolescent Parents as Discourse-Dependent

Although little research has specifically examined the discursive processes within families of adolescent parents and how they might communicate about their identity, there are many characteristics of these families that suggest they would be discourse-dependent. One of those characteristics is the stigmatization of adolescent pregnancy (Smithbattle, 2013; Smithbattle & Leonard, 2012). Stigmatization represents being labeled as deviant, and stigmatization of adolescent parents in particular occurs because they do not follow the normative family script. Instead of meeting, getting married, and then having children, not only do many (but not all) members of these families tend to engage in a different timeline in which children come before marriage, but they also become parents while still technically children

themselves. This deviation could result in the family's need to explain their timeline and how it came to be, which matches the definition of a discourse-dependent family.

Additionally, aspects of the family structure itself could make these families discourse-dependent. For example, if adolescent parents have other children later in life, meaning they have children many years apart (one as adolescents and others as adults), to outsiders, people who are actually siblings may appear as parent-child dyads. Therefore, when they are out in public, members of these families might have to explain their sibling relationship to others. Situations in which familial relationships are unclear to outsiders could be frustrating if individuals have to engage in explanatory discourse frequently (Galvin, 2006). Given that it seems as if families of adolescent parents are discourse-dependent, it is also likely they utilize storytelling as a way to manage their family identity (Galvin, 2006).

Although it would be interesting to examine the role of stories on the identity of any member of families with adolescent parents, this dissertation is specifically interested in the stories children of adolescent parents hear. As previously mentioned, stories provide one potential way for individuals to mitigate the negative implications of breaking societal norms, and given the likelihood that families of adolescent parents experience stigmatization, it is likely that storytelling plays a role in the identity development of children of adolescent parents. Although there are a variety of types of stories researchers could examine in order to better understand identity development for these individuals, researchers suggest the *birth story* can be particularly telling. For example, Becker-Wiedman and Shell (2010) found storytelling could have healing benefits for those children with trauma-related attachment problems (such as foster children or those adopted from orphanages). Kranstuber and Koenig Kellas (2011) also found that, when parents tell their adoptive children stories suggesting the parents "chose" them,

children reported having higher self-esteem than those whose parents who did not tell such stories. Children who heard stories focused on being chosen believed they were in a better situation than their non-adoptive peers because they were told they were wanted, whereas adopted children who did not receive this message did not have the same experience (Kranstuber & Koenig Kellas, 2011).

Although many times these stories can serve to positively reinforce one's identity, outcomes are dependent on how family members frame the stories they tell. In fact, Kranstuber and Koenig Kellas (2011) found stories focused on deception and anxiety about reconnecting with birth parents led to more negative outcomes. Because of the influence of the tone of family stories, it is important to continue to explore what aspects of family stories could lead to beneficial versus detrimental outcomes for members of discourse-dependent families.

Based on what previous research has uncovered about outcomes of hearing one's birth story, it would be helpful for family communication scholars to examine whether members of families with adolescent parents could also benefit from hearing their birth stories. Perhaps hearing one's birth story would help individuals guard themselves against adopting the stigma associated with adolescent pregnancy. It is possible, however, that stories people share intentionally or unintentionally highlight the differences of their family and therefore perpetuate a negative self-concept for children of adolescent parents. Additionally, children themselves may have different reactions to their family's deviant status. Therefore, in order to truly capture the influence stories have on the identity development of members of families of adolescent parents, researchers must take into consideration how individuals within the family react to their family's deviant label and the valence of the actual stories that have been told by and to members of the family.

Although birth stories could provide valuable insight into the experiences of children of adolescent parents, stories concerning what occurred after the adolescent parents found out they were pregnant (termed *origin stories* for the purposes of this study) could also be interesting to study. These stories could serve as a way to legitimize the fact that children were wanted or "chosen" because adolescent parents also have other options to consider, such as adoption or abortion. Also, these stories could help to show children of adolescent parents that although society suggests adolescent mothers are bad people and families with adolescent parents are bad (Barcelos & Gubrium, 2014; Kelley, 1996), the children are not bad people themselves.

Overall, previous research has suggested storytelling is a common phenomenon within families and serves many functions for family members. Discourse-dependent families may use stories more than others because of their need to use discourse to legitimize their family. Families with adolescent parents exhibit many characteristics that suggest they are discourse-dependent, and previous research suggests stories concerning children's entrance into their family could provide insight into the type of stories children of adolescent parents use to develop their self-concepts. Therefore, it is important that family communication scholars seek to further understand what kind of role family entrance stories might play in families with adolescent parents, if any, and what implications those stories have for individuals' wellbeing.

Chapter 5: Research Questions and Hypotheses

According to Mead (1934), one's identity is developed via interactions at the societal level, as well as the interpersonal level. One of the societal processes that influence a person's understanding of his or her identity is stigmatization (Goffman, 1963). A variety of research demonstrates that adolescent parents experience stigma throughout their lives, including being portrayed as inept parents and a problem to society (Kelley, 1996; Smithbattle, 2013).

Researchers have also discovered stigmatization of one individual sometimes carries over to that person's family members (Corrigan & Miller, 2004; Davis & Salkin, 2008). Together, this research suggests if an adolescent parent was stigmatized, it is possible his or her child was stigmatized as well. However, since stigma only sometimes carries over to other family members, it is likely that the proportion of those whose parents were stigmatized would be larger than the proportion of those who report being stigmatized themselves. Relatedly, research on the transfer of stigma in other contexts suggests children of stigmatized individuals may fear being "contaminated" by their parents' stigma, fearing their parents' stigma will cause others to look down on them as well (Corrigan & Miller, 2004). This suggests those born to adolescent parents could not only be stigmatized themselves, but may also live in fear that their parents' stigma will transfer to them. Based on the research described above, the following hypotheses were proposed:

H1: Individuals born to adolescent parents are more likely to view their parents as stigmatized than view themselves as stigmatized.

H2: The more often individuals remember their parents worrying about the stigma of being an adolescent parent, the more often they will report a) feeling worried about their parents' stigmatization influencing how others viewed them, and b) feeling worried about being stigmatized themselves.

Research on stigmatization suggests being stigmatized is associated with a variety of negative outcomes such as poor self-esteem and depression (Corrigan & Miller, 2004: Whitehead, 2001). Whitehead found stigmatization of adolescent parents specifically leads to feelings of anger, fear, worthlessness, depression, and shame. However, to the author's knowledge, no research has examined what kind of influence the stigmatization of adolescent

parents might have on their children, particularly if the child reports being stigmatized himself or herself. Additionally, research suggests when one fears their family member's stigma will transfer to them, one is also likely to fear being perceived as worthless (Corrigan & Miller, 2004). Therefore, the following hypotheses were proposed:

H3: Individuals who report being stigmatized because their parent(s) were adolescents when they were born will have lower self-esteem than those that do not report being stigmatized.

H4: Individuals who report that their parent(s) were stigmatized because they were adolescents when they were born will have lower self-esteem than those who do not report their parents were stigmatized.

H5: The more frequently participants remember a) feeling worried about their parents' stigmatization influencing how others viewed them, and b) feeling worried about being stigmatized themselves, the lower their self-esteem will be.

In addition to the social process of stigma, Mead (1934) also suggests interpersonal processes influence one's perception of their identity. One such interpersonal process is storytelling (Stone, 1988), which is particularly important for those from discourse-dependent families (Galvin, 2006). Although families with adolescent parents display characteristics that suggest they would be discourse-dependent, such as being stigmatized and having a non-normative family form (Smithbattle, 2013; Smithbattle & Leonard, 2012), previous literature has not examined the possibility that they are discourse-dependent. Therefore, it is important to examine how often families of adolescent parents engage in behaviors associated with discourse-dependence, such as Galvin's (2006) internal and external boundary management tactics, and which tactics they use most frequently. Additionally, because stigmatization could be one of the

experiences that leads to a family being considered discourse-dependent, it is likely one's experience with stigmatization influences whether they engage in behaviors associated with discourse-dependent families. Notably, no previous research that has examined discourse-dependent families has quantitatively tested whether and/or how often individuals engage in Galvin's boundary management tactics. This is not entirely surprising given that the concept of discourse-dependence is associated with qualitative and critical literature that is more focused on in-depth understanding than making generalized claims; however, scholars' understanding of the experiences of discourse-dependent families could potentially be further expanded if a combination of methodologies was utilized to examine the lives of discourse-dependent family members[1]. Therefore, in an effort to examine discourse-dependence in a new way, and to expand previous knowledge about the lives of discourse-dependent families, the following research question and hypothesis were posed:

RQ1: Do individuals born to adolescent parents report engaging in certain boundary management tactics more frequently than others?

H6: Those who report that their parents were stigmatized because of their family form are more likely to engage in boundary management tactics [a) labeling, b) explaining, c) legitimizing, d) defending, and e) narrating] than those who report their parents were not stigmatized.

Additionally, research suggests stories such as those that refer to one's entrance into a family (i.e. their birth, or origin into the family) might be the most influential on the identity

[1] The choice to quantitatively measure boundary management tactics is meant to be a compliment to previous research, not a replacement. The author understands, respects, and is encouraging of the need for more qualitative and critical work in the family communication field. They simply wish to highlight the possibilities that arise when multiple methodologies are used in tandem instead of viewed as mutually exclusive and in competition.

development process of individuals from discourse-dependent families. Unfortunately, no research has examined storytelling processes within these families, let alone studied family entrance stories of those born to adolescent parents, specifically. Therefore, the following research question was posed:

RQ2: What proportion of children of adolescent parents report hearing their birth/origin stories from their family throughout their lives?

Research suggests family stories have different influences on life outcomes, depending on the way these stories are framed (Galvin, 2006; Kranstuber & Koenig Kellas, 2011). Stories with positive frames should lead to more positive outcomes for both the individual and their relationship with family members, whereas stories with negative frames should lead to more negative outcomes for the individual and their relationship with family members. For example, Kranstuber and Koenig Kellas (2011) found stories with positive frames were associated with higher self-esteem than stories with negative frames for adopted individuals. Additionally, Koenig Kellas et al. (2014) found stepfamily origin stories focused on positivity were associated with more family satisfaction that those focused on negativity. Therefore, the hypotheses listed below were posed. Importantly, since it is the individual's perception of the stories they are told that determines the influence the story has on their life, participants' self-ratings were used to determine story positivity.

H7: Individuals' ratings of the positivity of their birth/origin story will be related to their self-esteem and family satisfaction such that, the more positive an individual rates their story a) the higher their self-esteem, and b) the higher their family satisfaction.

Moreover, research suggests storytelling can be utilized as a way to mitigate negative outcomes associated with being stigmatized. Storytelling can also be one way family members

can encourage others to reject their stigmatized status and refuse to accept the stigma society tries to place on them (Becker, 1997; Galvin, 2006; Hayden, Singer, & Chrisler, 2006). Therefore, the following hypotheses were proposed:

H8: Valence of one's birth/origin story will moderate the relationship between stigmatization and self-esteem such that those individuals who report that their parents were stigmatized for being an adolescent parent, and who rate their birth/origin story more positively, will have higher self-esteem than those who report that their parents were stigmatized for being an adolescent parent and who rate their birth/origin story more negatively.

H9: Valence of birth/origin story will moderate the relationship between stigmatization and self-esteem such that those individuals who report they were stigmatized due to the age of their parent(s) when they were born and who rate their birth/origin story more positively, will have higher self-esteem than those who report they were stigmatized due to the age of their parent(s) when they were born and who rate their birth/origin story more negatively.

Finally, although the bulk of this dissertation is based on CNSM and the idea that subjective human experiences can be understood in predictable, patterned ways, given the fact that very little research has examined families of adolescent parents, the author believes this dissertation requires a supplemental qualitative analysis based on interview data. This supplemental analysis should provide some much-needed context and background to the quantitative results obtained by testing the above hypotheses and research questions. The addition of a supplemental qualitative analysis is particularly important given the personal nature of the topics examined in this dissertation, i.e. the influence of stigma and storytelling on one's

personal identity and family relationships. For example, by including both a quantitative and qualitative analysis when the results are combined, the understanding of the experiences of those born to adolescent parents, and the influence of those experiences on their lives, will be more complete than if only one analytical method was utilized. The quantitative analysis will provide information about overall patterns found amongst those born to adolescent parents, while the qualitative analysis will provide a glimpse into the world of those born to adolescent parents by providing in-depth information about what their life was like growing up and details about *why* the birth/origin stories they reference in the quantitative portion of data collection influenced them throughout their lives. Therefore, the following research questions were posed:

RQ3: How do those born to adolescent parents describe their childhood?

RQ4: While growing up, how do those born to adolescent parents describe the influence of their birth/origin story (or stories) on their identity?

RQ5: How do those born to adolescent parents describe the way their understanding of their birth/origin story (or stories) has changed over time?

Chapter 6: Pilot Study

A pilot study was conducted prior to beginning data collection for the main study. This choice was made in order to examine how the items used in the survey (those used to quantitatively test the hypotheses and research questions) related to one another, and related to the latent variables they were intended to measure. Additionally, conducting a pilot study with the survey allowed the author to check whether there were issues with survey wording, such as confusing descriptions or questions.

Participants and Procedures

Participants for the pilot were 256 students from a mid-sized Southwestern university. These individuals were chosen as a relevant population to utilize for the pilot because the majority of college students are in young adulthood, which McAdams (1993) suggests is one of the most important times for the development of personal myths. At this time, individuals are grappling with their identity and reflecting on who they are (McAdams, 1993), which suggests they would be able to reflect on the stories they were told throughout their lives and how those stories influenced their identity and family relationships.

Although the main study is focused only on those born to adolescent parents, the pilot was open to all individuals between the ages of 18 and 64. This choice was made because the author did not believe the goals of the pilot required the exact same population of participants as the main study. Additionally, locating individuals born to adolescent parents is quite difficult. Because the relationships between the topics discussed in the survey and potential issues surrounding survey wording/scales utilized could be tested without restricting the focus to such a narrow population, being time sensitive and utilizing a more easily accessible population for the pilot seemed appropriate.

After removing anyone who did not start the survey after opening it, or those who did not complete at least 75% of the survey, 248 participants remained. Participants ranged in age from 18 to 39 (M = 19.94, SD = 2.54). The sample was 69.35% female (n = 172*),* with 29.84% males (n = 74) and 0.81% of the participants preferring not to answer (n = 2). Only 3.23% of participants had a mother who was 19 or younger when they were born (n = 8), while only 1.21% of participants had a father who was 19 or younger when they were born (n = 3).

The vast majority of participants' biological parents were married when they were born (92.74%, *n* = 230), 3.23% were separated (*n* = 8), 2.82% were in a relationship (*n* = 7), one participant indicated their parents were cohabiting, and 0.81% listed another type of relationship (*n* = 2). While growing up, 78.63% of participants indicated that their biological parents were married (*n* = 195), 12.90% said their parents were divorced and remarried (*n* = 32), 4.84% said their parents were divorced and remarried (*n* = 12), 2.02% said their parents were never married (*n* = 5), 1.21% said their parents were widowed (*n* = 3), and one participant indicated some other parental relationship. Currently, 69.76% indicated that their parents were married (*n* = 173), 14.92% said their parents were divorced (*n* = 37), 8.87% said their parents were divorced and remarried (*n* = 22), 2.42% said their parents were widowed (*n* = 6), 2.02% indicated their parents were never married (*n* = 5), and 2.02% reported their parents were in some other type of relationship (*n* = 5). Growing up, 83.06% of participants were in a household with their biological parents (*n* = 206), 10.89% grew up in a household with one biological parent and a stepparent (*n* = 27), 5.65% grew up in a household with a single parent (*n* = 14), and one participant said they grew up in some other household structure. Average household size (number of family members within the household) was 4.52, *SD* = 1.40. See Table 1 for frequency counts concerning the education of participants' parents when they were born, while they were growing up, and currently.

Table 1. Frequency Counts of Pilot Study Participants' Parents' Highest Educational Attainment When Born, While Growing Up, and Currently

Parent	Mother			Father		
Time Period	Born	Growing	Now	Born	Growing	Now
Less than HS	4.03%, *n* = 10	3.63%, *n* = 9	3.63%, *n* = 9	4.03%, *n* = 10	3.63%, *n* = 9	3.63%, *n* = 9
HS or GED	13.31%, *n* = 33	8.87%, *n* = 22	8.47%, *n* = 21	14.11%, *n* = 35	10.48%, *n* = 26	10.48%, *n* = 26
Some College	15.32%, *n* = 38	12.50%, *n* = 31	11.69%, *n* = 29	14.52%, *n* = 36	15.32%, *n* = 38	15.32%, *n* = 38

2-Year Degree	5.65%, *n* = 14	6.85%, *n* = 17	6.45%, *n* = 16	4.44%, *n* = 11	5.65%, *n* = 14	5.65%, *n* = 14
4- Year Degree	44.35%, *n* = 110	45.56%, *n* = 113	46.37%, *n* = 115	35.89%, *n* = 89	35.89%, *n* = 89	35.89%, *n* = 89
Masters Degree	14.92%, *n* = 37	19.76%, *n* = 49	20.16%, *n* = 50	18.99%, *n* = 47	20.56%, *n* = 51	20.56%, *n* = 51
Doctoral Degree	0.81%, *n* = 2	1.21%, *n* = 3	0.81%, *n* = 2	2.02%, *n* = 5	2.42%, *n* = 6	2.42%, *n* = 6
Professional Degree	1.61%, *n* = 4	1.61%, *n* = 4	2.42%, *n* = 6	4.84%, *n* = 12	6.05%, *n* = 15	6.05%, *n* = 15
Missing Data	*n* = 0	*n* = 0	*n* = 0	*n* = 3	*n* = 0	*n* = 0

Note. Total *n* is 248. A professional degree referred to a JD or MD.

The majority of the participants identified as Caucasian (73.39%, *n* = 182), 10.08% identified as Asian (*n* = 25), 7.66% identified as Hispanic or Latino (*n* = 19), 3.63% identified as Native American (*n* = 9), 2.82% identified as African American (*n* = 7), and 2.42% listed "Other" as their racial/ethnic identity (*n* = 6). Over 60% of participants completed some college (*n* = 149), 29.03% earned a high school degree or GED (*n* = 72), 7.26% earned a 2-year college degree (*n* = 18), 3.23% earned a 4-year college degree (*n* = 8), and one participant said they did not earn a high school degree[2].

Participants for the study were recruited from a departmental research pool and completed an IRB approved online survey (distributed via Qualtrics) for which they received course credit or extra credit. Individuals first read a description of the study, which explained the purpose of the research was to better understand how storytelling processes in families influence family members. After reading the study description in the research pool interface, potential participants were able to access the survey via an online link and were presented with an informed consent section that described the study in more detail. Those individuals who consented to participate were then taken to the survey questions. The first set of questions asked

[2] Given the fact that this participant was enrolled in college classes when he or she participated in this research it is possible this answer was given in error. However, since this was the answer provided in the survey response, that is what is reported.

about a variety of demographic information: biological sex; age; age of their parents when they were born; race/ethnicity; relationship between their biological parents when they were born, while they grew up, and currently; highest level of education they completed; highest level of education their mother had completed when they were born, while they were growing up, and currently; highest level of education their father had completed when they were born, while they were growing up, and currently; the state where they grew up and in which they currently resided; the parental figures in the household in which they grew up; and the number of people in the household in which they grew up.

Participants were then asked information about family satisfaction (Huston, McHale, & Crouter, 1986), family closeness (Tolan et al., 1997), family cohesion (Tolan et al., 1997), and self-esteem (Rosenberg, 1985). Although no hypotheses in the main study examine the role of family closeness or family cohesion, these two concepts were included in the survey so that they could be used as control variables in the main study in order to account for different family characteristics that might influence how someone is influenced by both stigma and storytelling. The next three sections of the survey asked participants to describe any experiences they had with stigma due to their family structure, asked whether their family engaged in internal and external boundary management techniques associated with discourse-dependent families, and asked them to describe a story representative of one they had heard from family members surrounding their birth/conception, as well as a story that was most influential to them in their lives. After describing both of these stories, participants rated how positive or negative the stories were. After completing the survey, individuals were provided with a link that would display counseling services in their geographic region in the event thinking about issues such as stigma and family stories caused them distress.

Measures

A complete list of all the measures listed below can be found in the copy of the full survey located in Appendix A. Ranges, means, standard deviations, and alpha reliabilities for all scales described in this section can be found in Table 2.

Table 2. Means, Standard Deviations, and Alpha Reliabilities for All Scales in Pilot Study

Variable	Range	*M*	*SD*	α
Family Satisfaction	1-7	5.90	0.96	0.93
Family Closeness	1-5	3.98	0.72	0.86
Family Cohesion	1-5	3.84	0.67	0.82
Self-Esteem	1-4	3.18	0.49	0.89
Parental Concern for Own Stigma	1-5	1.22	0.48	0.93
Participant Concern for Parental Stigma	1-5	1.28	0.58	0.94
Participant Concern for Own Stigma	1-5	1.19	0.50	0.95
Labeling	1-5	1.73	1.14	0.97
Explaining	1-5	1.69	1.11	0.98
Legitimizing	1-5	1.74	1.19	0.98
Defending	1-5	1.89	1.21	0.96
Narrating	1-5	2.57	1.36	0.97
Positivity Story 1	1-5	4.09	0.94	0.96
Positivity Story 2	1-5	4.15	0.98	0.97

Notes. Positivity Story 1 refers to participants' assessment of the positivity of a story they indicated hearing while growing up, while Positivity Story 2 refers to participants' assessment of the positivity of the most influential story they heard growing up. Higher scores on each of the scales mean the participant has indicated more of the variable being measured, i.e. more family satisfaction, more engagement in labeling, etc.

Family Satisfaction was measured using a modified version of Huston, McHale, and Crouter's (1986) Marital Opinion Questionnaire. The scale was modified so that participants were asked to identify their feelings toward their family members instead of their marital partner. The measure contains 11 items, 10 on a 7-point semantic differential scale (ex: miserable –

enjoyable, rewarding – disappointing) and one 7-point Likert scale item assessing relational satisfaction more globally (1 = *completely satisfied*, 7 = *completely dissatisfied*).

Family Closeness Family closeness was measured using Tolan et al.'s (1997) family relations scale, which contains 6 items on a 1-5 Likert scale (1 = *not true*, 5 = *always true*). Example items include, "I was available when others in the family want to talk to me" and "Family members felt very close to each other."

Family Cohesion Family cohesion was measured using Tolan et al.'s (1997) cohesion scale, which consists of 9 items on a 1-5 Likert scale (1 = *definitely false*, 5 = *definitely true*). Example items include, "There was little group spirit in our family" (reverse coded) and "Family members really backed each other up."

Self-esteem was measured utilizing Rosenberg's (1985) Self-Esteem Scale (RSES). Kranstuber and Koenig Kellas (2011) previously utilized this measure in their study of the influence of adoption narratives on individuals' self-esteem; therefore, the use of this measure is consistent with related studies in storytelling literature. The RSES is a 10-item measure on a 4-point Likert scale (1 = *strongly disagree*, 4 = *strongly agree*), with higher scores indicating higher levels of self-esteem. Sample items include, "I feel I have a number of good qualities," and "On the whole, I am satisfied with myself."

Stigma Questions concerning participants' experiences with stigma covered two stigma-related experiences: their parents' experiences being stigmatized and their personal experiences with stigmatization. Additionally, because previous research suggests family members of those who are stigmatized may fear that their family member's stigma will influence how others see them, participants were also asked how concerned they were about their parents' experience with

stigma influencing how others viewed them. All the questions related to stigma were developed by the author for this dissertation.

Before being presented with questions about each of the two stigma-related experiences described above, participants were presented with a definition of stigmatization. This section defined stigmatization as "being judged or treated differently." Then, participants were asked whether they remembered their parent(s) being judged differently because of how old they were when they had children (Yes or No). If they chose "Yes" they were asked to rate how damaging that experience was for their parents on a scale of 0-100.

Next, respondents were asked to answer questions concerning their parents' experiences with stigmatization. They were asked to describe an example of a time their parent(s) were treated differently because of how old they were when they had children, then they were asked to indicate how often their parent(s) were concerned about being treated differently. How often their parent(s) were concerned with being treated differently was measured using 5 questions on a 1-5 Likert scale (1 = *never*, 5 = *always*). Example questions are, "How often do you remember your parent(s) feeling worried about people treating them differently because of their age when they had children?" and "How often do you remember your parent(s) feeling anxious about people treating them differently because of their age when they had children?"

Then, participants were asked questions related to whether they were concerned that the stigma their parent(s) experienced would influence how others viewed them, personally. The questions were measured utilizing the same statements used to measure how often their parents were concerned with their own treatment (described above), except slightly reworded to reflect this new context. For example, "How often do you remember your parent(s) feeling worried about people treating them differently because of their age when they had children?" was

changed to, “How often do you remember feeling worried that your parents’ age would influence how people viewed you?” As before, these 5 questions were measured on a 1-5 Likert scale (1 = *never*, 5 = *always*).

Lastly, participants were asked whether they remembered being stigmatized because of their parents’ age when they were born (Yes or No). If they indicated being stigmatized, they were asked to rate how damaging that stigmatization was to them on a scale of 0-100, and asked to provide an example of a time they were stigmatized because of their parents’ age when they were born. The last part of the stigmatization section used the same five questions described in the above two sections, reworded to reflect their own stigma and not the stigma their parent(s) experienced. For example, the question, “How often do you remember your parent(s) feeling anxious about people treating them differently because of their age when they had children?” was changed to, “How often do you remember feeling anxious about people treating you differently because of your parents’ age when you were born?” As before, these 5 questions were measured on a 1-5 Likert scale (1 = *never*, 5 = *always*).

Discourse-dependence boundary management techniques were measured using items created by the first author. Participants were first presented with a statement that explained they would be presented with five different behaviors they and their family members may or may not have engaged in while they were growing up, and that they would be provided with a definition of each behavior. Participants were also told they would be given a hypothetical scenario that

depicted each behavior, and would be asked to indicate how often they and their family members engaged in each behavior[3].

After being presented with a definition and scenario associated with each of the boundary management tactics mentioned above, participants were asked to rate how frequently they or their family members engaged in similar interactions throughout their lives. Frequency was measured using four items on a 5-point semantic differential scale developed by the author. Opposing points were "*infrequently*" versus "*frequently*", "*often*" versus "*not often*", "*rarely*" versus "*regularly*", and "*always*" versus "*never*"[4].

Storytelling Questions concerning stories participants had heard throughout their lives were asked utilizing a combination of open-ended and closed-ended questions. First, participants were asked whether they remembered being told a story, or stories, about their conception, their mother's pregnancy, and/or their birth (Yes or No). Those who answered "Yes" were then asked a) to describe how they came to hear the stories, b) to describe one of the stories in detail, and c) to rate the story's positivity. *Story positivity* was assessed using four items on a 5-point semantic differential scale developed by the author. Opposing points were "*very positive*" versus "*very negative*", "*unhappy*" versus "*happy*", "*pleased*" versus "*displeased*", and "*dissatisfied*" versus "*satisfied*".

Lastly, participants were provided with an open-ended question asking them to describe the most influential story they were told by their family (again, a story centered on their birth,

[3] After careful consideration, the author chose to include questions that represented all external boundary management tactics, but only storytelling as an internal boundary management tactic. This choice was made for three main reasons. First, the author considered how each tactic might be carried out in families of adolescent parents. Second, based on that understanding, she considered whether individuals from these families would be likely to engage in each tactic. Third, given the focus of storytelling in this dissertation and not on the other internal processes families may engage in, examining only narrating seemed appropriate for the scope of the dissertation.
[4] Because no one has measured boundary management tactics before, the author shared these items with Name, the researcher involved in the development of discourse-dependent families concept who was asked to provide feedback regarding the face validity of the items. Feedback from X suggested the items did, indeed, have face validity.

their mother's pregnancy, or their conception), and were asked to rate the positivity of the story utilizing the same semantic differential scale described to measure *story positivity* above.

Results: Confirmatory Factor Analyses

Prior to conducting any analyses with the pilot study data, the author first examined every closed-ended survey item for skewness and kurtosis issues, as well as missing data. If the skewness and/or kurtosis of any item was 2.00 or above (Kendall & Stuart, 1958) the item was further considered for transformation, while items with more than 5% of the data entries missing were examined closely to determine if they should be deleted. Based on the 2.00 skewness and kurtosis cutoff, 22 items were deemed to potentially need a transformation. No items had more than 5% of data entries missing, suggesting missing data was not systematic; any missing data was replaced with the series mean.

Items that were considered for transformation included six items from the family satisfaction scale (items 1, 2, 7, 8, 10, and 11), one item from the family closeness scale (item 1), and all 15 items associated with the three scales (five items per scale) assessing concern for experiences with stigma (parental concern, child's concern for their parents' experiences, and child's concern for their own experiences). Importantly, given that the items associated with stigma were focused on stigmatization because of the age of one's parents when they were born, and that the population for this pilot was largely not born to teen parents (out of the total 248 participants only 11 had at least one parent who was 19 years or younger when they were born), the non-normality of these particular items in the data was expected. However, the analyses described below assume a normal distribution of the data, and large deviations from normality could lead to distorted and untrustworthy results (Brown, 2015); therefore, transformations were performed on all 22 items that displayed normality issues.

The researcher submitted each of the items to the following transformations one by one: logarithmic, square root, cubed, cubed root, and negative first power. Then, the researcher compared each of the resulting transformed variables to the original (untransformed) variables to determine which transformations, if any, improved the normality of the data. Based on the outcome of the resulting transformations, only the items related to experiences with stigma were transformed. None of the transformations of family satisfaction or family closeness items improved normality, and in fact, only improved skewness when kurtosis became even more extreme. For all stigma items the corresponding variable that resulted from logarithmic transformation was chosen because, for all items, this particular transformation decreased skewness and kurtosis the most without altering the nature of the items themselves (e.g., without making an item that was originally positively skewed negatively skewed). Table 3 shows the pre and post skewness and kurtosis values for the items that were transformed and these transformed variables were used for the analyses described below. See Appendix A for variable labels for each variable item.

Table 3. Pilot Study: Skewness and Kurtosis Values Pre- and Post-Transformation

Variable	Pre-Transformation				λ	Post-Transformation			
	Skewness		Kurtosis			Skewness		Kurtosis	
	Statistic	*S. E.*	*Statistic*	*S. E.*		*Statistic*	*S. E.*	*Statistic*	*S. E.*
FPS1	2.01	0.16	3.27	0.31	0	1.62	0.16	1.15	0.31
FPS2	2.73	0.16	7.52	0.31	0	2.15	0.16	3.42	0.31
FPS3	3.16	0.16	10.69	0.31	0	2.51	0.16	5.28	0.31
FPS4	2.55	0.16	6.64	0.31	0	2.02	0.16	2.83	0.31
FPS5	3.37	0.16	13.12	0.31	0	2.57	0.16	5.82	0.31
FSS1	2.01	0.16	3.76	0.31	0	1.43	0.16	0.68	0.31
FSS2	2.20	0.16	4.21	0.31	0	1.71	0.16	1.53	0.31
FSS3	2.89	0.16	8.58	0.31	0	2.28	0.16	4.07	0.31
FSS4	2.82	0.16	8.46	0.31	0	2.14	0.16	3.43	0.31
FSS5	3.11	0.16	10.13	0.31	0	2.50	0.16	5.19	0.31
FCS1	2.95	0.16	10.05	0.31	0	2.12	0.16	3.50	0.31
FCS2	3.37	0.16	13.23	0.31	0	2.40	0.16	5.05	0.31
FCS3	4.23	0.16	23.48	0.31	0	2.98	0.16	8.46	0.31
FCS4	3.33	0.16	12.72	0.31	0	2.48	0.16	5.30	0.31

FCS5	4.39	0.16	24.12	0.31	0	3.10	0.16	9.50	0.31

Note. The equation utilized for transformations comes from Fink (2009) and is based on the equation $Y^* = (Y + k)^{(\lambda)}$

One of the major goals of the pilot study was to examine whether and how the items in the survey related to the latent variables they were intended to measure. To determine whether this was the case, the author conducted a confirmatory factor analysis (CFA) (Brown, 2015). The CFA model was tested in LISREL 9.20 (Jöreskog & Sörbom, 2015) using the maximum likelihood estimation method, reading the raw data from which the software generated a covariance matrix, and setting the first item in each scale as the marker indicator (Brown, 2015). Although, ideally, all latent variables would have been included in one CFA and allowed to covary with one another, due to multicollinearity issues among the latent variables A CFA was conducted for the items associated with each latent variable one by one instead of all together in one CFA. Specifically, the relationship between family closeness and family cohesion ($r = 0.93$), family closeness and family satisfaction ($r = 0.80$), and family cohesion and family satisfaction ($r = 0.90$) seemed to cause the most concern.

In order to examine model fit for a CFA, researchers should choose one fit index from each of three different categories of fit indices: incremental fit, absolute fit, and parsimonious fit (Brown, 2015; Hu & Bentler, 1999). Incremental fit indices measure the improvement in fit by comparing the target model to a null model, which suggests there is no relationship between the items. An example of an incremental fit index is the comparative fit index (CFI). Absolute fit indices evaluate how well a model reproduces the sample data by examining whether the model-implied covariances match the covariances of the observed data. An example of an absolute fit index is the standardized root mean square residual (SRMR). Lastly, parsimonious fit indices evaluate the differences between the observed model and the model-implied covariance, while

taking the parsimony of the model into account. With all else being equal, a more parsimonious model is desirable (Brown, 2015). An example of a parsimonious fit index is the root mean squared error of approximation (RMSEA). For this dissertation model fit index cutoff values were based on recommendations by Bentler (1990), Browne and Cudek (1993), and Hu and Bentler (1999): CFI ≥ 0.90, SRMR ≤ 0.08, and RMSEA ≤ 0.10.

Additionally, according to Hu and Bentler (1999), when examining model fit, the chi-square statistic should be non-significant, although it is sensitive to large sample sizes and intricate models; therefore, in many instances it will be significant even if the other indicators suggest acceptable model fit. To counter this, Tabachnik and Fidell (2013) suggest dividing the chi-square by its degrees of freedom. Quotients less than 5 are acceptable (Wheaton, Muthen, Alwin, & Summers, 1977). Lastly, based on recommendations by Brown (2015), items with a standardized path coefficient below 0.70 were dropped from the scales.

Importantly, Kenny, Kaniskan, and McCoach (2015) found that RMSEA values often falsely indicate poor fit when a properly specified model has a small sample size and small number of degrees of freedom. The sample size was 248 and many of the degrees of freedom values for the analyses were extremely low (10 out of 14 analyses had a *df* of 5 or less). Based on Kenny et al.'s (2015) analysis, these numbers are low enough that RMSEA values might be misleading. With this in mind, although some RMSEA values provided below were above the recommended 0.10 cutoff, the author did not believe these values indicate an issue with model fit, but were, instead, a reflection of the sample size and *df* of this particular analysis.

Furthermore, when examining model fit indices like CFI, SRMR, RMSEA, and the chi-square quotient, it is important that researchers take all of these indicators into account holistically before deciding that the fit of any model should be deemed acceptable. Therefore, the

author chose to consider model fit acceptable for each of the models described below as long as they met three out of five of the above-described model fit criteria. However, those survey items associated with models that do not meet two of the model fit criteria described above should be tested further before they are utilized in future research. In the results of the CFA described below (and again in Chapter 7) those models that might present issues and should therefore be utilized with caution in the future are marked with an asterisk.

When the results of the CFA analyses indicated all standardized path coefficients were above the 0.70 cutoff, but the goodness of fit statistics did not meet the criteria described above, the author examined modification indices for high values that might indicate letting errors of some of the items covary would help improve model fit. Values at 40 or above were examined, as higher values have more of an effect on the overall goodness of fit statistics and would therefore be most likely to improve issues with goodness of fit. Importantly, when high modification index values were identified, only those modifications that were theoretically justifiable were made (e.g., wording of the survey items were similar).

The outcome of the CFA for each latent variable is discussed below. Importantly, when revisions were made to the model, the results show both initial model fit and revised model fit. Although the revisions described below were informative, results of the CFA suggested only items for the established scales (family satisfaction, family closeness, family cohesion, and self-esteem) should be dropped. Given that these items came from established scales that have been utilized in previous research (e.g., Koenig Kellas et al., 2014; Kranstuber & Koenig Kellas, 2011), the author chose not to permanently remove any of these items from the main study survey. This choice was made because the author did not want to assume the results of this particular CFA would be the same as the results of a CFA for the main study, and therefore, did

not want to make changes to the main study survey that might not be appropriate. The decision to maintain all items for the four scales mentioned above meant that all of the items utilized in the pilot study survey were also utilized in the main study survey.

Family Satisfaction Initial fit for the model of family satisfaction was, χ^2 (44, N = 248) = 101.94, p < .001, RMSEA = 0.07 CI: [0.05-0.09], SRMR = 0.03, CFI = 0.97. Additionally, there were three items with a standardized path coefficient lower than the 0.70 cutoff (item 3, standardized path coefficient = 0.52, item 5, standardized path coefficient = 0.66, and item 9, standardized path coefficient = 0.62). These three items were then dropped, iteratively. Revised model fit was, χ^2 (20, N = 248) = 38.86, p < .01, RMSEA = 0.06 CI: [0.05-0.09], SRMR = 0.02, CFI = 0.99, which met the model fit, chi-square quotient, and the standardized path coefficient criteria described above and was deemed acceptable.

Family Closeness Initial fit for the model for items measuring family cohesion was, χ^2 (9, N = 248) = 72.10, p < .001, RMSEA = 0.17 CI: [0.13-0.21], SRMR = 0.05, CFI = 0.93. Additionally, there was one item that had a standardized path coefficient lower than the 0.70 cutoff (item 6, standardized path coefficient = 0.58); therefore, this item was dropped. Revised model fit was, χ^2 (5, N = 248) = 29.74, p < .001, RMSEA = 0.14 CI: [0.09-0.19], SRMR = 0.04, CFI = 0.97, which met the model fit and standardized path coefficient criteria described above, but not the chi-square quotient criterion. Overall, this model was deemed acceptable.

Family Cohesion Initial model fit for items measuring family closeness was, χ^2 (9, N = 248) = 28.45, p < .001, RMSEA = 0.09 CI: [0.06-0.13], SRMR = 0.03, CFI = 0.83. Additionally, one item had a standardized path coefficient lower than the 0.70 cutoff (item 3, standardized path coefficient = 0.69). This item was dropped from the analysis. Revised model fit was, χ^2 (5, N = 248) = 26.74, p < .001, RMSEA = 0.13 CI: [0.08-0.18], SRMR = 0.03, CFI = 0.97, which met

the model fit and standardized path coefficient criteria described above, but not the chi-square quotient criterion. Overall, this model was deemed acceptable.

Self-esteem* Initial fit for the model for items measuring self-esteem was, χ^2 (35, N = 248) = 244.82, $p < .001$, RMSEA = 0.16 CI: [0.14-0.17], SRMR = 0.06, CFI = 0.88. Additionally, there were two items that had a standardized path coefficient lower than the 0.70 cutoff (item 4, standardized path coefficient = 0.66 and item 8, standardized path coefficient = 0.62); therefore, these items were dropped, iteratively. In the end, both problematic items were dropped. Revised model fit was, χ^2 (20, N = 248) = 146.62, $p < .001$, RMSEA = 0.16 CI: [0.14-0.19], SRMR = 0.05, CFI = 0.91, which met of all the model fit criteria except the RMSEA and chi-square quotient, and also met the standardized path coefficient criteria described above. Overall, model fit was deemed acceptable.

Parental Concern for Own Stigma* Initial model fit for items measuring the participants' understanding of their parents' concern for being stigmatized was, χ^2 (5, N = 248) = 324.16, $p < .001$, RMSEA = 0.27 CI: [0.22-0.31], SRMR = 0.04, CFI = 0.93. No items were dropped from the analysis, but modification indices were examined for suggestions for the errors items to covary in order to improve fit indices. After careful consideration, the author chose to let the errors of items 1 and 2 covary because both items were worded to reflect a sense of worry (worry and concern). Revised model fit was, χ^2 (4, N = 248) = 225.78, $p < .001$, RMSEA = 0.21 CI: [0.16-0.27], SRMR = 0.002, CFI = 0.96, which met all the criteria described above except the RMSEA and chi-square quotient criterion and was deemed acceptable.

Participant's Concern for Transfer of Parental Stigma* Initial model fit for items measuring the participants' level of concern that the stigmatization their parents experienced would influence how others viewed them was, χ^2 (5, N = 248) = 267.56, $p < .001$, RMSEA =

0.31 CI: [027-0.36], SRMR = 0.01, CFI = 0.91. Additionally, all of the standardized path coefficients for all items were above the 0.70 cutoff provided by Brown (2015). No items were dropped from the analysis, but after examining modification indices the author chose to allow the errors of items 1 and 2 covary. This decision was made because both items were worded to ask participants about feelings that had to do with a sense of dread or fear (worry and concern). Revised model fit was, χ^2 (4, N = 248) = 122.22, p < .001, RMSEA = 0.19 CI: [0.13-0.24], SRMR = 0.03, CFI = 0.97, which met all the criteria described above except the RMSEA and chi-square quotient criterion and was deemed acceptable.

Participant's Concern for Own Stigma* Initial model fit for items measuring the participants' level of concern for being stigmatized themselves was, χ^2 (5, N = 248) = 115.39, p < .001 RMSEA = 0.21 CI: [0.14-0.34], SRMR = 0.03, CFI = 0.96. Additionally, the standardized path coefficients for all items were above the 0.70 cutoff provided by Brown (2015); therefore, no items were dropped from the analysis and given that all model fit indices except the RMSEA and chi-square quotient met the criteria described above, and that standardized path coefficients met the cutoff proposed by Brown (2015), the model fit was deemed acceptable.

Labeling Initial model fit for items measuring participants' experiences with labeling as a boundary management tactic was, χ^2 (2, N = 248) = 14.51, p < .001, RMSEA = 0.16 CI: [0.09-0.24], SRMR = 0.004, CFI = 0.99. All the standardized path coefficients exceeded the 0.70 cutoff supported by Brown (2015). Overall, no items were dropped from the analysis, and given that all model fit indices except the chi-square quotient met the criteria described above, and that standardized path coefficients met the cutoff proposed by Brown (2015), the model fit was deemed acceptable.

Explaining* Initial model fit for items measuring participants' experiences with explaining as a boundary management tactic was, χ^2 (2, N = 248) = 36.33, p < .001, RMSEA = 0.26 CI: [0.15-0.31], SRMR = 0.006, CFI = 0.98. All the standardized path coefficients exceeded the 0.70 cutoff supported by Brown (2015). Overall, no items were dropped from the analysis, and given that all model fit indices except the RMSEA and chi-square quotient met the criteria described above, and that standardized path coefficients met the cutoff proposed by Brown (2015), the model fit was deemed acceptable.

Legitimizing* Initial model fit for items measuring participants' experiences with legitimizing as a boundary management tactic was, χ^2 (2, N = 248) = 37.01, p < .001, RMSEA = 0.27 CI: [0.15-0.31], SRMR = 0.005, CFI = 0.98. Furthermore, all the standardized path coefficients exceeded the 0.70 cutoff supported by Brown (2015). Overall, no items were dropped from the analysis, and given that all model fit indices except the RMSEA and chi-square quotient met the criteria described above, and that standardized path coefficients met the cutoff proposed by Brown (2015), the model fit was deemed acceptable.

Defending Initial model fit for items measuring participants' experiences with defending as a boundary management tactic was, χ^2 (2, N = 248) = 12.53, p < .01, RMSEA = 0.15 CI: [0.08-0.18], SRMR = 0.006, CFI = 0.99. Furthermore, all the standardized path coefficients exceeded the 0.70 cutoff supported by Brown (2015). Overall, no items were dropped from the analysis, and given that all model fit indices except the chi-square quotient met the criteria described above, and that standardized path coefficients met the cutoff proposed by Brown (2015), the model fit was deemed acceptable.

Narrating Initial model fit for items measuring participants' experiences with narrating as a boundary management tactic was, χ^2 (2, N = 248) = 3.91, p = .14, RMSEA = 0.06 CI: [0.00-

0.15], SRMR = 0.003, CFI = 0.99. Also, all the standardized path coefficients exceeded the 0.70 cutoff supported by Brown (2015). Overall, no items were dropped from the analysis, given that all model fit indices met the criteria described above, and that standardized path coefficients met the cutoff proposed by Brown (2015), and the model fit was deemed acceptable.

Positivity of Story Initial model fit for items measuring participants' experiences with narrating as a boundary management tactic was, χ^2 (2, N = 248) = 5.97, $p < .05$, RMSEA = 0.09 CI: [0.00-0.18], SRMR = 0.005, CFI = 0.99. Furthermore, all the standardized path coefficients exceeded the 0.70 cutoff supported by Brown (2015). No items were dropped from the analysis, and given that all model fit indices met the criteria described above, and that standardized path coefficients met the cutoff proposed by Brown (2015), the model fit was deemed acceptable.

Positivity of Most Influential Story* Initial model fit for items measuring participants' experiences with narrating as a boundary management tactic was, χ^2 (2, N = 248) = 20.44, $p <$ .001, RMSEA = 0.19 CI: [0.12-0.27], SRMR = 0.008, CFI = 0.99. Additionally, all of the standardized path coefficients exceeded the 0.70 cutoff supported by Brown (2015). Overall, no items were dropped from the analysis, and given that all model fit indices except the RMSEA and chi-square quotient met the criteria described above, and that standardized path coefficients met the cutoff proposed by Brown (2015), the model fit was deemed acceptable.

A comparison of the alpha reliabilities before and after CFA for all the scales described above can be found in Table 4. Additionally, because the goal of the pilot was to identify any scales that might be problematic so that they could be edited prior to the main study, no further analyses were completed with these data. After examining the results of the CFAs, the researcher determined there were no major issues and chose to retain the scales in their original format for the main study.

Table 4. Comparison of Alpha Reliabilities for Scales Pre- and Post-CFA for Pilot Study

Latent Variable	Alpha Reliability Pre-CFA	Alpha Reliability Post-CFA
Family Satisfaction	0.93	0.94
Family Closeness	0.86	0.86
Family Cohesion	0.82	0.79
Self-Esteem	0.89	0.88
Parental Concern for Own Stigma	0.93	0.94
Participant Concern for Parental Stigma	0.94	0.95
Participant Concern for Own Stigma	0.95	0.95
Labeling	0.97	0.97
Explaining	0.98	0.98
Legitimizing	0.98	0.98
Defending	0.96	0.96
Narrating	0.97	0.97
Positivity Story 1	0.96	0.96
Positivity Story 2	0.97	0.97

Notes. Positivity Story 1 refers to participants' assessment of the positivity of a story they indicated hearing while growing up, while Positivity Story 2 refers to participants' assessment of the positivity of the most influential story they heard growing up. Reliabilities were calculated using Cronbach's alpha.

Chapter 7: Main Study Method: Survey

Methods used in the main study to quantitatively test the hypotheses and research questions are described below, whereas methods used for the qualitative portion of data analysis for the main study can be found in chapter 9. Data collection for the quantitative portion of the main study took place in two parts. In the first portion the researcher utilized a variety of recruitment methods [posting about the study to social media accounts, reaching out to organizations associated with adolescent pregnancy, sending information about the study to universities across the country, and utilizing Amazon Mechanical Turk (MTurk), the crowdsourcing feature of Amazon.com] to reach individuals born to adolescent parents that met the inclusion criteria of the study to complete a survey. Details about the recruitment methods

utilized for the main study, and information concerning the inclusion criteria are described below.

The survey contained a mix of open- and closed-ended questions that would enable the author to test the hypotheses described previously, and to answer the first two research questions. As part of the survey, participants indicated whether they would be willing to participate in a follow-up interview to provide more information about the answers they provided in the survey. Those that completed the survey via MTurk were not asked this question due to restrictions placed on requesters by Amazon (i.e., no contact with workers outside the MTurk platform). Only those participants who indicated they would be willing to participate in a follow up were considered for the second portion of data collection, which utilized one-on-one telephone interviews to collect information to answer research questions 3, 4, and 5. Details about participants, procedures, and measures used for the survey portion of the data collection process can be found below. Details about the participants, procedures and interview questions used for the second portion of data collection can be found in Chapter 9.

Participants and Procedures

Participants for the survey portion of the main study were 141 individuals between the ages of 18 and 64, born to at least one adolescent parent (aged 19 or younger at birth), who grew up in a household with at least one biological parent or grandparent. These inclusion criteria were chosen for multiple reasons. First, an age range of 18-64 was chosen because the individuals born from 1954-2000 were born during a time period when stigma against adolescent pregnancy was highest (Furstenberg, 2007; Office of Adolescent Health, 2016), and therefore would have been most likely to experience stigma and utilize family storytelling to mitigate that stigma. Research suggests that the adolescent pregnancy "epidemic" in US society (based on

political policies and programs that have been established over time) began after the sexual revolution in the 1960s and seems to have peaked during the 1980s and 1990s (Furstenberg, 2007). In fact, the US Department of Health and Human Services provides data on adolescent pregnancy and birth rates dating back to 1990 and up to 2016 (Office of Adolescent Health, 2016), which suggests they have been tracking this "public health problem" since at least 1990. Based on research discussed earlier in this dissertation that suggests the focus of adolescent pregnancy as an "epidemic" and "problem" has contributed to the stigmatization of adolescent parents, it is likely that those individuals born between the 60s and 90s (i.e., during the time society was condemning adolescent pregnancy) are likely to have experienced the most stigmatization/transfer of stigma.

Additionally, requiring that only one parent was an adolescent when the participant was born instead of both parents is important because a large percentage of children born to adolescent mothers have fathers who were adults when they were born (Kiselica, 2008). If participation required that both parents were adolescents when the participant was born, those individuals born to an adolescent mother but adult father would have been excluded even though their experiences are just as relevant to the purpose of this study. Finally, it was important to require participants to have grown up in a household with at least one biological parent or grandparent because the rationale of this dissertation is based on the influence of being born to an adolescent parent or adolescent parents on one's life. Individuals who did not spend time with their biological family members (e.g., were adopted) could experience identity issues related to experiences other than having an adolescent parent or parents (Kranstuber & Koenig Kellas, 2011; Marko Harrigan, 2010). Therefore, this distinction was necessary in order to help ensure

the outcomes this study examines are related to being born to adolescent parents and not other family structures or circumstances.

Three hundred and eight individuals opened the survey, but after data cleaning only 141 were retained in the sample for future analyses. This difference in sample size occurred due to a) individuals opening the survey without starting it (n = 58), b) individuals completing the survey but not meeting the criteria for participation (n = 70), and c) individuals starting the survey but not finishing at least 75% of it (n = 39). Importantly, out of the 141 individuals retained for data analysis, 67 were recruited using a method other than MTurk, while the remaining 74 were recruited using MTurk[5].

Participants ranged in age from 18 to 64 (M = 30.11, SD = 10.53). The sample was 67.38% female (n = 95), with 31.91% males (n = 45) and one participant who preferred not to answer the question. Over 90% of participants had a mother who was 19 or younger when they were born (90.78%, n = 128), while 49.6% of participants had a father who was 19 or younger when they were born (n = 70). Importantly, there were no significant differences in the outcome variables examined in this dissertation based on age of one's parents when they were born. About 44% of participants' biological parents were married when they were born (43.97%, n = 62), 34.75% were in a relationship (n = 49), 8.51% were separated (n = 12), 5.67% were cohabiting (n = 8), and 7.09% either did not know their parents' relationship when they were born or listed another type of relationship (n = 10). Close to 42% of participants indicated that their biological parents were married while they were growing up (41.84%, n = 59), 24.82% said

[5] The author utilized an item in the survey that distinguished which source participants used to access their survey (i.e., Facebook, Twitter, Reddit, organizations, university LISTSERVs, CRTNET, or MTurk) to statistically examine whether there were significant demographic differences between groups based on source, as well as to check whether source of one's survey influenced any of the variables used to test hypotheses and research questions. Results revealed no significant differences based on source of participants, therefore, source was not used as a covariate.

they were never married (*n* = 35), 14.89% said they were divorced (*n* = 21), 9.93% said they were divorced and remarried (*n* = 14), 5.67% said they were cohabiting (*n* = 8), and 2.84% indicated some other parental relationship (*n* = 4). About 26% indicated that their parents were currently married (26.24%, *n* = 37), 21.28% said they were never married (*n* = 30), 16.31% said they were divorced (*n* = 23), 14.18% said they were divorced and remarried (*n* = 20), 8.51% were widowed (*n* = 12), 2.84% were cohabiting (*n* = 4) and 10.64% were in another type of relationship (*n* = 15). About half of the participants grew up in a household with their biological parents (49.65%, *n* = 70), 23.40% grew up in a household with one biological parent and a stepparent (*n* = 33), 19.86% grew up in a household with a single parent (*n* = 28), and 7.09% said they grew up in some other household structure (*n* = 10). Average household size (number of family members within the household) was 4.66, *SD* = 1.77.

The majority of the participants identified as Caucasian (64.54%, *n* = 91), 12.77% identified as African American (*n* = 18), 9.9% identified as Hispanic or Latino (*n* = 14), 7.80% identified as Asian (*n*= 11), one participant identified as Native American, and 4.26% listed "Other" as their racial/ethnic identity (*n* = 6). Almost 40% of participants completed some college (39.01%, *n* = 55), 21.99% earned a 4-year college degree (*n* = 31), 12.77% earned a Master's degree (*n* = 18), 12.06% earned a 2-year college degree (*n* = 17), 9.93% earned a high school degree or GED (*n* = 14), 2.13% did not earn a high school degree (*n* = 3), and 2.13% earned a Doctoral degree (*n* = 3). See Table 5 for frequency counts concerning the education of participants' parents when they were born, while they were growing up, and currently.

Table 5. Frequency Counts of Main Study Participants' Parents' Highest Educational Attainment When Born, While Growing Up, and Currently

Parent	Mother			Father		
Time Period	Born	Growing	Now	Born	Growing	Now
Less than HS	36.87%, *n* = 52	17.73%, *n* = 25	11.35%, *n* = 16	31.21%, *n* = 44	21.99%, *n* = 31	17.73%, *n* = 25

HS or GED	51.77%, *n* = 73	43.26%, *n* = 61	41.13%, *n* = 58	50.35%, *n* = 71	48.23%, *n* = 68	46.81%, *n* = 66
Some College	8.51%, *n* = 12	21.28%, *n* = 30	19.86%, *n* = 28	10.64%, *n* = 15	12.06%, *n* = 17	12.77%, *n* = 18
2-Year Degree	1.42%, *n* = 2	9.22%, *n* = 13	12.06%, *n* = 17	1.42%, *n* = 2	4.26%, *n* = 6	4.96%, *n* = 7
4- Year Degree	0%, *n* = 0	5.67%, *n* = 8	10.64%, *n* = 15	4.96%, *n* = 7	9.93%, *n* = 14	12.06%, *n* = 17
Master's Degree	1.42%, *n* = 2	2.84%, *n* = 4	4.96%, *n* = 7	0%, *n* = 0	1.42%, *n* = 2	2.13%, *n* = 3
Doctoral Degree	0%, *n* = 0	0%, *n* = 0	0%, *n* = 0	0%, *n* = 0	0.71%, *n* = 1	2.13%, *n* = 3
Professional Degree	0%, *n* = 0	0%, *n* = 0	0%, *n* = 0	0%, *n* = 0	0%, *n* = 0	0%, *n* = 0
Missing Data	*n* = 0	*n* = 0	*n* = 0	*n* = 2	*n* = 2	*n* = 2

Note. Total *n* is 141. A professional degree referred to a JD or MD.

Participants for the study were recruited via a variety of IRB-approved methods. First, a recruitment description was posted on social media sites including Facebook, Twitter, and Reddit. The researcher also sent a recruitment email out via a professional listserv for communication scholars and faculty (CRTNET), emailed 41 universities across the country asking for them to share the recruitment message with their students, emailed 52 organizations associated with adolescent pregnancy/parenthood describing the study and asking them to share the recruitment message with potential participants, and sent the recruitment message out to students directly at three different universities (one located in the South-Central United States, one in the Great Lakes region, and one in the Southern United States). As compensation, those who completed the survey were placed in a drawing for one of ten $25.00 Amazon gift cards.

After six months of data collection, the methods described above had not yet yielded a large enough number of participants to carry out the planned analyses (only 67 participant surveys came from the above recruitment methods). In an effort to recruit more participants, the researcher posted the study as a Human Intelligence Task (HIT) on MTurk. Workers on Mturk complete HITs in exchange for compensation, which, in this case, was $2.00 USD. Research

suggests MTurk allows researchers to tap into a respondent pool that is diverse, and when researchers take precautions to ensure quality data, the data can be as valid and reliable as other data collection methods (Bartell Sheehan, 2018).

For this dissertation, three main precautions were taken. First, MTurk workers were only able to complete the HIT if they had a HIT approval rate of at least 95%, meaning throughout the time they have been working on MTurk, requesters have approved their work at least 95% of the time. Additionally, MTurkers only gained access to the survey after completing a short demographic screening survey, which served to make sure only those who qualified for the study were able to access it. Lastly, the researcher included several attention check items in the survey, which required MTurkers to read carefully and answer questions in a particular way. Data from only those workers who answered the attention check items appropriately were retained for analysis. Seventy-four of the 141 total participants were recruited from MTurk.

Prior to choosing to participate, individuals were first able to read a description of the study, which described the study's purpose to better understand how storytelling processes in families influence family members. After reading the study description, potential participants were then able to access the survey via an online link (provided via Qualtrics) and were presented with an informed consent section that described the study in more detail.

Those individuals who consented to participate were then taken to the survey questions. The survey questions used in the main study were the same as the survey questions used in the pilot study, therefore, they are not detailed again here. After completing the survey, individuals were provided with a link that would display counseling services in their geographic region in case thinking about issues such as stigma and family stories caused them distress.

Measures

The measures used for the main study were the exact same measures used for the pilot study, except for items pertaining to experiences with stigma that were slightly reworded to focus specifically on being stigmatized because one's parent was an adolescent parent instead of more generally asking about stigmatization due to the age of one's parents when they were born. Only these items are described below. A complete list of all the measures listed below can be found in a copy of the survey located in Appendix A. Ranges, means, standard deviations, and alpha reliabilities for all scales described in this section can be found in Table 6.

Table 6. Means, Standard Deviations and Alpha Reliabilities for All Scales in Main Study

Latent Variable	Range	*M*	*SD*	α
Family Satisfaction	1-7	4.55	1.59	0.95
Family Closeness	1-5	3.29	1.18	0.83
Family Cohesion	1-5	3.33	1.20	0.88
Self-Esteem	1-4	2.91	0.72	0.93
Parental Concern for Own Stigma	1-5	1.93	0.96	0.96
Participant Concern for Parental Stigma	1-5	2.02	1.07	0.95
Participant Concern for Own Stigma	1-5	1.87	1.02	0.96
Labeling	1-5	2.36	1.34	0.96
Explaining	1-5	3.02	1.36	0.95
Legitimizing	1-5	2.56	1.35	0.95
Defending	1-5	2.35	1.26	0.95
Narrating	1-5	2.97	1.28	0.94
Positivity Story 1	1-5	3.03	1.09	0.95
Positivity Story 2	1-5	3.28	1.23	0.96

Notes. Positivity Story 1 refers to participants' assessment of the positivity of a story they indicated hearing while growing up, while Positivity Story 2 refers to participants' assessment of the positivity of the most influential story they heard growing up. Higher scores on each of the scales mean the participant has indicated more of the variable being measured, i.e. more family satisfaction, more engagement in labeling, etc.

Stigma Questions concerning participants' experiences with stigma covered two stigma-related experiences: their parents' experiences being stigmatized and their personal experiences with stigmatization. Additionally, because previous research suggests family members of those who are stigmatized may fear that their family member's stigma will influence how others see them, participants were also asked how concerned they were about their parents' experience with stigma influencing how others view them. All the questions related to stigma were developed by the author for this dissertation.

Before being presented with questions about each of the two stigma-related experiences described above, participants were presented with a definition of stigmatization. For this study, stigmatization was defined as, "being judged or treated differently." Then, participants were asked whether they remembered their parent(s) being judged differently because of how old they were when they had children (Yes or No). If they chose "Yes" they were asked to rate how damaging that experience was for their parents on a scale of 0-100.

Next, they were asked to answer questions concerning their parents' experiences with stigmatization. They were asked to describe an example of a time their parent(s) were treated differently because of how old they were when they had children, then they were asked to indicate how often their parent(s) were concerned about being treated differently. How often their parent(s) were concerned with being treated differently was measured using 5 questions on a 1-5 Likert scale (1 = *never*, 5 = *always*). Example questions are, "How often do you remember your parent(s) feeling worried about people treating them differently because they were a teenage parent?" and "How often do you remember your parent(s) feeling anxious about people treating them differently because they were a teenage parent?"

Then, participants were asked questions related to whether they were concerned that the stigma their parent(s) experienced would influence how others viewed them personally (that their parents' stigma would transfer to them). The questions were measured utilizing the same statements used to measure how often their parents were concerned with their own treatment (described above), except slightly reworded to reflect this new context. For example, "How often do you remember your parent(s) feeling worried about people treating them differently because they were a teenage parent?" was changed to, "How often do you remember feeling worried about the fact that your parent(s) were teenagers when you were born would influence how people viewed you?" As before, these 5 questions were measured on a 1-5 Likert scale (1 = *never*, 5 = *always*).

Lastly, participants were asked whether they remembered being stigmatized because of their parents' age when they were born (Yes or No). If they indicated being stigmatized, they were asked to rate how damaging that stigmatization was to them on a scale of 0-100, and asked to provide an example of a time they were stigmatized because of their parents' age when they were born. The last part of the stigmatization section used the same five questions described in the above two sections, except reworded to reflect their own stigma and not the stigma their parent(s) experienced. For example, the question, "How often do you remember your parent(s) feeling anxious about people treating them differently because they were a teenage parent?" was changed to, "How often do you remember feeling anxious about people treating you differently because your parent(s) were teenagers when you were born?" As before, these 5 questions were measured on a 1-5 Likert scale (1 = *never*, 5 = *always*).

Main Study Confirmatory Factor Analyses

Prior to conducting any analyses to answer the research questions and test hypotheses, the author conducted a CFA of all of the latent variables measured using scales. This choice was made in order to examine how the items used in the survey related to one another, and related to the latent variables they were intended to measure. This also allowed the author to drop any items that might not be measuring the intended latent factors from future analyses, thereby increasing the validity of the results. All CFA analyses for the main study were guided by the same criteria as the CFA analyses completed in the pilot study, and were done utilizing the same software; therefore, the details of the CFA guidelines are not reiterated here. Importantly, the highest level of missing data for any item was only 3.5%, therefore, all missing data was replaced with the series mean. No item had skewness or kurtosis over 2.00, so no items were transformed. The outcome of the CFA for each latent variable is discussed below.

Family Satisfaction Initial fit for the model for items measuring family satisfaction was, χ^2 (44, N = 141) = 129.91, p < .001, RMSEA = 0.12 CI: [0.09-0.14], SRMR = 0.03, CFI = 0.95. Additionally, there was one item with a standardized path coefficient lower than the 0.70 cutoff (item 5, standardized path coefficient = 0.62); therefore, this item was dropped from the analysis. Revised model fit was, χ^2 (35, N = 141) = 96.36, p < .001, RMSEA = 0.11 CI: [0.09-0.14], SRMR = 0.03, CFI = 0.96, and the model was deemed acceptable as it met the model fit criteria, the chi-square quotient criterion, and the standardized path coefficient criterion described previously.

Family Closeness Initial fit for the model for items measuring family cohesion was, χ^2 (9, N = 141) = 88.11, p < .001, RMSEA = 0.25 CI: [0.20-0.30], SRMR = 0.07, CFI = 0.88. Additionally, there were two items that had a standardized path coefficient lower than the 0.70

cutoff (item 4, standardized path coefficient = 0.57 and item 6, standardized path coefficient = 0.68); therefore, the items were dropped iteratively. In the end, both problematic items were dropped. Revised model fit was, χ^2 (2, N = 141) = 8.44, p < .05, RMSEA = 0.15 CI: [0.06-0.26], SRMR = 0.02, CFI = 0.99, which was deemed acceptable as it met the model fit criteria, the chi-square quotient criterion, and the standardized path coefficient criterion described previously.

Family Cohesion Initial model fit for items measuring family closeness was, χ^2 (27, N = 141) = 128.85, p < .001, RMSEA = 0.16 CI: [0.14-0.19], SRMR = 0.07, CFI = 0.89. Additionally, three items had a standardized path coefficient lower than the 0.70 cutoff (item 2, standardized path coefficient = 0.39, item 5, standardized path coefficient = 0.35, and item 7, standardized path coefficient = 0.49). These items were dropped iteratively from the analysis. In the end, all three items were dropped. Revised model fit was, χ^2 (9, N = 141) = 43.64, p < .001, RMSEA = 0.17 CI: [0.12-0.22], SRMR = 0.04, CFI = 0.96, and the model was deemed acceptable as it met the model fit criteria except the RMSEA criterion, and met the chi-square quotient criterion and the standardized path coefficient criterion described previously.

Self-esteem Initial fit for the model for items measuring self-esteem was, χ^2 (35, N = 141) = 252.85, p < .001, RMSEA = 0.21 CI: [0.19-0.124], SRMR = 0.06, CFI = 0.85. Additionally, there were two items that had a standardized path coefficient lower than the 0.70 cutoff (item 4, standardized path coefficient = 0.69 and item 8, standardized path coefficient = 0.59); therefore, these items were dropped iteratively. In the end both problematic items were dropped. Revised model fit was, χ^2 (14, N = 141) = 62.13, p < .001, RMSEA = 0.16 CI: [0.12-0.20], SRMR = 0.03, CFI = 0.95, which was deemed acceptable as it met the model fit criteria except the RMSEA criterion, and met the chi-square quotient criterion and the standardized path coefficient criterion described previously.

Parental Concern for Own Stigma* Initial model fit for items measuring the parental concern for parental stigma was, χ^2 (5, N = 141) = 60.14, p < .001, RMSEA = 0.28 CI: [0.22-0.35], SRMR = 0.02, CFI = 0.95. Also, all of the items had standardized path coefficients above the 0.70 cutoff, therefore, no items were dropped from the analysis. The model fit was deemed acceptable as it met the model fit criteria except the RMSEA chi-square quotient and criteria, and met the standardized path coefficient criterion described previously.

Participant's Concern for Transfer of Parental Stigma* Initial model fit for items measuring the participants' level of concern for the stigmatization their parents experienced influencing how others viewed them was, χ^2 (5, N = 141) = 74.35, p < .001, RMSEA = 0.31 CI: [0.25-0.38], SRMR = 0.03, CFI = 0.93. Additionally, all of the standardized path coefficients for all items were above the 0.70 cutoff provided by Brown (2015). No items were dropped from the analysis, but modification indices were examined for suggestions for errors of items to covary in order to improve fit indices. After careful consideration, the author chose to let the errors of items 1 and 2 covary. This decision was made because both items were worded to ask participants about feelings that had to do with a sense of worry (concern and worry). Revised model fit was, χ^2 (4, N = 141) = 31.96, p < .001, RMSEA = 0.22 CI: [0.16-0.30], SRMR = 0.02, CFI = 0.97. The model fit was deemed acceptable as it met the model fit criteria except the RMSEA and chi-square quotient criteria, and met the standardized path coefficient criterion described previously.

Participant's Concern for Own Stigma* Initial model fit for items measuring the participant's concern for their own stigma was, χ^2 (5, N = 141) = 39.88, p < .001, RMSEA = 0.22 CI: [0.1-0.29], SRMR = 0.02, CFI = 0.97. Additionally, all of the standardized path coefficients for all items were above the 0.70 cutoff provided by Brown (2015), therefore, no items were

dropped from the analysis. The model fit was deemed acceptable as it met the model fit criteria except the RMSEA and chi-square quotient criteria, and met the standardized path coefficient criterion described previously.

Labeling Initial model fit for items measuring participants' experiences with labeling as a boundary management tactic was, χ^2 (2, N = 141) = 105.80, p < .001, RMSEA = 0.61 CI: [0.51-0.71], SRMR = 0.03, CFI = 0.89. Additionally, all of the standardized path coefficients exceeded the 0.70 cutoff suggested by Brown (2015). No items were dropped from the analysis, but modification indices were examined for suggestions for errors of items to covary in order to improve fit indices. After careful consideration, the author chose to let the errors items 1 and 3 covary. This decision was made because the wording of both items was extremely similar (frequently vs. infrequently and regularly vs. rarely). Revised model fit was, χ^2 (2, N = 141) = 0.00, p = 1.00, RMSEA = 0.00 CI: [0.00-0.00], SRMR = 0.00, CFI = 1.00, which meant the model was just-identified.

Explaining Initial model fit for items measuring participants' experiences with explaining as a boundary management tactic was, χ^2 (2, N = 141) = 47.78, p < .001, RMSEA = 0.40 CI: [0.31-0.51], SRMR = 0.02, CFI = 0.94. Additionally, all of the standardized path coefficients exceeded the 0.70 cutoff supported by Brown (2015). No items were dropped from the analysis, but modification indices were examined for suggestions for errors of items to covary in order to improve fit indices. After careful consideration, the author chose to let the errors of items 1 and 3 covary. This decision was made because the wording of both items was extremely similar (frequently vs. infrequently and regularly vs. rarely). Revised model fit was, χ^2 (2, N = 141) = 0.00, p = 1.00, RMSEA = 0.00 CI: [0.00-0.00], SRMR = 0.00, CFI = 1.00, illustrating that the model was just-identified.

Legitimizing* Initial model fit for items measuring participants' experiences with legitimizing as a boundary management tactic was, χ^2 (2, N = 141) = 14.10, p < .001, RMSEA = 0.21 CI: [0.12-0.32], SRMR = 0.01, CFI = 0.98. Furthermore, all of the standardized path coefficients exceeded the 0.70 cutoff supported by Brown (2015). Overall, no items were dropped from the analysis, and the initial model fit was deemed acceptable given that it met the model fit criteria (except the chi-square quotient and RMSEA) and standardized path coefficient criterion described previously.

Defending Initial model fit for items measuring participants' experiences with defending as a boundary management tactic was, χ^2 (2, N = 141) = 68.24, p < .001, RMSEA = 0.49 CI: [0.39-0.59], SRMR = 0.03, CFI = 0.91.Additionally, all of the standardized path coefficients exceeded the 0.70 cutoff supported by Brown (2015). No items were dropped from the analysis, but modification indices were examined for suggestions for errors of items to covary in order to improve fit indices. After careful consideration, the author chose to let the errors of items 1 and 3 covary. This decision was made because the wording of both items was extremely similar (frequently vs. infrequently and regularly vs. rarely). Revised model fit was, χ^2 (2, N = 141) = 0.00, p = 1.00, RMSEA = 0.00 CI: [0.00-0.00], SRMR = 0.00, CFI = 1.00, illustrating that the model was just-identified.

Narrating Initial model fit for items measuring participants' experiences with narrating as a boundary management tactic was, χ^2 (2, N = 141) = 61.53, p < .001, RMSEA = 0.46 CI: [0.37-0.56], SRMR = 0.04, CFI = 0.91. Additionally, all of the standardized path coefficients exceeded the 0.70 cutoff supported by Brown (2015). No items were dropped from the analysis, but modification indices were examined for suggestions for errors of items to covary in order to improve fit indices. After careful consideration, the author chose to let the errors of items 1 and 3

covary. This decision was made because the wording of both items was extremely similar (frequently vs. infrequently and regularly vs. rarely). Revised model fit was, χ^2 (1, N = 141) = 1.90, p = 0.17, RMSEA = 0.08 CI: [0.00-0.26], SRMR = 0.006, CFI = 1.00. Overall the revised model fit was deemed acceptable given that it met the model fit criteria, the chi-square quotient criterion, and the standardized path coefficient criterion described previously.

Positivity of Story* Initial model fit for items measuring participants' ratings of the positivity of their birth/origin story was, χ^2 (2, N = 141) = 19.00, p < .001, RMSEA = 0.25 CI: [0.15-0.35], SRMR = 0.02, CFI = 0.97. Furthermore, all of the standardized path coefficients exceeded the 0.70 cutoff supported by Brown (2015). Overall, no items were dropped from the analysis, and the model fit was deemed acceptable, as it met the model fit criteria (except the chi-square quotient and RMSEA) and standardized path coefficient criterion described previously.

Positivity of Most Important Story* Initial model fit for items measuring participants' ratings of the positivity of their most influential birth/origin story was, χ^2 (2, N = 141) = 41.76, p < .001, RMSEA = 0.38 CI: [0.28-0.48], SRMR = 0.02, CFI = 0.95. Furthermore, all of the standardized path coefficients exceeded the 0.70 cutoff supported by Brown (2015). Overall, no items were dropped from the analysis, and the model fit was deemed acceptable, as it met the model fit criteria (except the chi-square quotient and RMSEA) and standardized path coefficient criterion described previously.

A comparison of the alpha reliabilities before and after the CFA for all of the scales described above can be found in Table 7.

Table 7. Comparison of Alpha Reliabilities for Scales Pre-and Post-CFA for Main Study

Latent Variable	Alpha Reliability Pre-CFA	Alpha Reliability Post-CFA
Family Satisfaction	0.95	0.96
Family Closeness	0.83	0.93
Family Cohesion	0.88	0.90
Self-Esteem	0.93	0.92

Parental Concern for Own Stigma	0.96	0.96
Participant Concern for Parental Stigma	0.95	0.95
Participant Concern for Own Stigma	0.96	0.96
Labeling	0.96	0.96
Explaining	0.95	0.95
Legitimizing	0.95	0.95
Defending	0.95	0.95
Narrating	0.94	0.94
Positivity Story 1	0.95	0.95
Positivity Story 2	0.96	0.96

Notes. Positivity Story 1 refers to participants' assessment of the positivity of a story they indicated hearing while growing up, while Positivity Story 2 refers to participants' assessment of the positivity of the most influential story they heard growing up.

Chapter 8: Main Study Survey Results

Explanation of Controls Used in Quantitative Analyses

Although this study's focus is the influence of stigmatization due to being born to an adolescent parent(s), there are other factors that could influence why someone is stigmatized, and these factors may correlate with being an adolescent parent. For example, socioeconomic status and race/ethnicity could play a role in why someone is stigmatized, and research has found connections between these demographic characteristics and rates of adolescent pregnancy (Furstenberg, 2007; Office of Adolescent Health, 2016). Therefore, unless otherwise stated, the hypothesis tests described below were completed while controlling for a variety of demographic characteristics associated with race/ethnicity and socioeconomic status [ethnicity, level of education for the participant, level of education for the participant's parents (when the participant was born, while they were growing up, and currently), and the parental figures in household in which the participant grew up]. Additionally, particularly when examining outcomes such as self-esteem and family satisfaction, other concepts such as family closeness and family cohesion

could also have an influence on the relationships tested. Therefore, in an effort to eliminate the influence of family closeness and family cohesion, as well as in order to make sure all analyses utilized the same control variables unless otherwise stated the hypothesis tests also controlled for these two concepts. Furthermore, because one's personal experience with stigma is likely influenced by their parents' experiences with stigma (and vice versa), any hypothesis test examining outcomes associated with one of these stigmatization processes and not the other will control for the influence of the other. For example, any hypothesis that examines the effect of one's parent being stigmatized will control for the effect of being stigmatized personally.

Due to the high number of control variables utilized in the analyses described below, results for each test are reported twice: prior to and after adding covariates. This choice was made so that the researcher could clearly see the covariates' influence on the relationships posed in the hypotheses and research questions. If some relationships were significant before adding covariates, but not after, this distinction (instead of simply not being significant at all) was important to make because it highlighted the role of socioeconomic status and/or race/ethnicity in the experience of those born to adolescent parents. Being able to recognize when results were significant prior to adding covariates, but nonsignifcant after they were added, also helped the researcher avoid drawing false conclusions that the processes of stigmatization and storytelling were not related to the outcomes examined in this dissertation at all. A correlation matrix of all scales used in the analyses described below can be found in Table 8.

Table 8. Correlation Matrix for all Aggregate Variables Used in Main Study Analyses

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	--	0.75**	0.85**	0.35**	0.02	-0.14	-0.02	-0.05	-0.07	0.10	-0.11	-0.03	0.47**	0.29**
2		--	0.85**	-0.34**	-0.02	-0.11	-0.04	-0.12	0.01	-0.01	-0.09	0.04	0.37**	0.20*
3			--	0.42**	0.00	-0.10	-0.05	-0.06	0.08	0.05	-0.05	0.05	0.47**	0.30**
4				--	-0.22**	-0.24**	-0.20*	-0.09	-0.07	-0.06	-0.11	-0.16	0.30**	0.21*
5					--	0.70**	0.69**	0.36**	0.34**	0.26**	0.36**	0.36**	-0.06	-0.08
6						--	0.87**	0.44**	0.34**	0.27**	0.36**	0.29**	-0.10	-0.11
7							--	0.42**	0.34**	0.27**	0.31**	0.32**	-0.09	-0.09
8								--	0.38**	0.39**	0.37**	0.14	-0.03	0.08
9									--	0.80**	0.38**	0.36**	-0.13	0.09
10										--	0.40**	0.29**	-0.07	0.12
11											--	0.36**	-0.09	0.08
12												--	0.02	0.02
13													--	0.47**
14														--

Notes. * indicates significance at $p < 0.05$, ** indicates significance at $p < 0.01$, *** indicates significance at $p < 0.001$. Variable 1 is Family Satisfaction, Variable 2 is Cohesion, Variable 3 is Closeness, Variable 4 is Self-Esteem, Variable 5 is Parental Concern for their Own Stigma, Variable 6 is Participant Concern for Stigma Transfer, Variable 7 is Participant Concern for their Own Stigma, Variable 8 is Labeling, Variable 9 is Explaining, Variable 10 is Legitimizing, Variable 11 is Defending, Variable 12 is Narrating, Variable 13 is Positivity of the Birth/Origin Story, and Variable 14 is Positivity of the Most Influential Story

Hypothesis Tests Utilizing Survey Data

Hypothesis 1 predicted that individuals are more likely to view their parent as stigmatized than view themselves as stigmatized. This hypothesis was tested using a chi-square test of independence. Due to the complex nature of interpreting a chi-square test of independence with such a high number of covariates, covariates were not included in this analysis. The predicted relationship was significant: χ^2 (1, N = 141) = 37.60, $p < 0.001$, with more individuals reporting that their parents were stigmatized (n = 66) than those who reported being stigmatized themselves (n = 45). Hypothesis 1 was supported. Those born to adolescent parents were more likely to report their parents were stigmatized because they were adolescents when the participant was born than they were to report they were personally stigmatized because their parent(s) were adolescents when they were born.

Hypothesis 2 predicted that the more often individuals remembered their parents worrying about the stigma of being an adolescent parent the more often they would report a) feeling worried about their parents' stigmatization influencing how others viewed them, and b) feeling worried about being stigmatized themselves. This hypothesis was tested using two regressions. In both regressions the independent variable was parental worry about stigma; in one regression the dependent variable was participant worry about stigma transfer, and in the other it was participant worry about their own stigma.

Prior to adding covariates, the overall regression for hypothesis 2a was significant, F(1, 139) = 123.12, $p < 0.001$, R^2 = 0.47. The more often individuals remembered their parents being worried about feeling stigmatized, the more likely they were to report being worried about being stigmatized themselves, β = 0.69, t(139) = 11.10, $p < 0.001$. The overall regression for hypothesis 2b was also significant, F(1, 139) = 136.00, $p < 0.001$, R^2 = 0.50. The more often

individuals remembered their parents being worried about feeling stigmatized, the more likely they were to report feeling worried that their parents' stigmatization would influence how others viewed them, $\beta = 0.70$, $t(139) = 11.66$, $p < 0.001$.

In order to account for covariates, this hypothesis was tested using a hierarchical regression. After covariates were added to the analysis, the overall regression for hypothesis 2a was still significant, $F(15, 123) = 8.24$, $p < 0.001$, $R^2 = 0.50$, adjusted $R^2 = 0.44$, $\Delta R^2 = 0.37$, $\Delta F = 90.30$, $p < .001$. The more often individuals remembered their parents being worried about feeling stigmatized, the more likely they were to report being worried about being stigmatized themselves, $\beta = 0.65$, $t(123) = 9.50$, $p < 0.001$. The overall regression for hypothesis 2b was also significant after covariates were added to the analysis, $F(15, 123) = 8.88$, $p < 0.001$, $R^2 = 0.52$, adjusted $R^2 = 0.46$, $\Delta R^2 = 0.39$, $\Delta F = 99.58$, $p < .001$. The more often individuals remembered their parents being worried about feeling stigmatized, the more likely they were to report feeling worried that their parents' stigmatization would influence how others viewed them, $\beta = 0.67$, $t(123) = 9.98$, $p < 0.001$. Therefore, hypothesis 2 was supported. The more one remembered their parents being worried about being stigmatized because they were an adolescent parent, the more likely one was to worry that their parents' stigmatization would influence how others view them, and the more likely they were to worry about being stigmatized themselves. See Table 9 for regression coefficients associated with the hierarchical regression for H2a, and Table 10 for regression coefficients associated with the hierarchical regression for H2b, including all covariates.

Table 9. Standardized Regression Coefficients Predicting Participant Concern for Transfer of Parental Stigma

		B	*SE B*	*β*
Block 1				
	Constant	1.69	0.54	--
	Ethnicity	0.15	0.09	0.16
	Parental Relationship When Born	0.09	0.08	0.11
	Parental Relationship Growing Up	0.06	0.08	0.08
	Parental Relationship Now	-0.07	0.06	-0.13
	Participant's Education	0.08	0.07	0.11
	Mother's Education When Born	-0.24	0.14	-0.18
	Mother's Education Growing Up	-0.10	0.13	-0.11
	Mother's Education Now	0.11	0.11	0.15
	Father's Education When Born	0.18	0.13	0.16
	Father's Education Growing Up	-0.22	0.16	-0.28
	Father's Education Now	-0.03	0.13	-0.05
	People in Household Growing Up	0.01	0.08	0.01
Block 2				
	Constant	1.80	0.59	--
	Ethnicity	0.15	0.09	0.17
	Parental Relationship When Born	0.09	0.08	0.10
	Parental Relationship Growing Up	0.05	0.08	0.07
	Parental Relationship Now	-0.07	0.06	-0.13
	Participant's Education	0.09	0.07	0.11
	Mother's Education When Born	-0.22	0.14	-0.18
	Mother's Education Growing Up	-0.10	0.13	-0.11
	Mother's Education Now	0.14	0.11	0.19
	Father's Education When Born	0.12	0.12	0.15
	Father's Education Growing Up	0.18	0.13	0.16
	Father's Education Now	-0.21	0.16	-0.26
	People in Household Growing Up	0.02	0.09	0.02
	Closeness	-0.08	0.15	-0.09
	Cohesion	-0.04	0.14	0.05
Block 3				
	Constant	0.48	0.47	--
	Ethnicity	0.01	0.07	0.01
	Parental Relationship When Born	0.07	0.06	0.08
	Parental Relationship Growing Up	0.04	0.06	0.06
	Parental Relationship Now	-0.04	0.04	-0.07
	Participant's Education	0.07	0.06	0.09
	Mother's Education When Born	-0.11	0.11	-0.09
	Mother's Education Growing Up	0.01	0.10	0.01
	Mother's Education Now	0.02	0.09	0.03
	Father's Education When Born	0.06	0.10	0.05

	Father's Education Growing Up	-0.06	0.12	0.08
	Father's Education Now	0.00	0.10	-0.00
	People in Household Growing Up	-0.01	0.07	0.02
	Closeness	-0.09	0.11	-0.10
	Cohesion	0.07	0.11	0.07
	Parental Concern for their Own Stigma	0.73	0.08	0.65***

Note. * indicates significance at $p < 0.05$, ** indicates significance at $p < 0.01$, *** indicates significance at $p < 0.001$

Table 10. Standardized Regression Coefficients Predicting Participant Concern for their Own Stigmatization

		B	*SE B*	*β*
Block 1				
	Constant	1.80	0.51	--
	Ethnicity	0.11	0.08	0.13
	Parental Relationship When Born	0.07	0.08	0.09
	Parental Relationship Growing Up	0.03	0.08	0.05
	Parental Relationship Now	-0.06	0.05	-0.12
	Participant's Education	0.06	0.07	0.08
	Mother's Education When Born	-0.21	0.13	-0.17
	Mother's Education Growing Up	-0.12	0.12	-0.15
	Mother's Education Now	0.13	0.11	0.17
	Father's Education When Born	0.17	0.13	0.16
	Father's Education Growing Up	-0.19	0.15	-0.15
	Father's Education Now	-0.01	0.12	-0.01
	People in Household Growing Up	0.02	0.08	0.02
Block 2				
	Constant	2.06	0.56	--
	Ethnicity	0.12	0.08	0.14
	Parental Relationship When Born	0.06	0.08	0.07
	Parental Relationship Growing Up	0.01	0.08	0.01
	Parental Relationship Now	-0.06	0.05	-0.12
	Participant's Education	0.07	0.07	0.09
	Mother's Education When Born	-0.20	0.13	-0.17
	Mother's Education Growing Up	-0.14	0.12	-0.16
	Mother's Education Now	0.14	0.11	0.19
	Father's Education When Born	0.17	0.13	0.16
	Father's Education Growing Up	-0.17	0.12	-0.02
	Father's Education Now	-0.01	0.12	-0.02
	People in Household Growing Up	0.03	0.08	0.04
	Closeness	-0.07	0.14	-0.08
	Cohesion	-0.02	0.14	-0.03

Block 3			
Constant	0.76	0.44	--
Ethnicity	-0.02	0.06	-0.02
Parental Relationship When Born	0.04	0.06	0.05
Parental Relationship Growing Up	0.00	0.06	0.01
Parental Relationship Now	-0.03	0.04	-0.06
Participant's Education	0.05	0.05	0.07
Mother's Education When Born	-0.09	0.10	-0.07
Mother's Education Growing Up	-0.03	0.09	-0.04
Mother's Education Now	0.05	0.08	0.06
Father's Education When Born	0.95	0.10	0.05
Father's Education Growing Up	-0.02	0.12	-0.03
Father's Education Now	-0.04	0.09	-0.06
People in Household Growing Up	0.00	0.06	0.01
Closeness	-0.09	0.11	-0.10
Cohesion	0.00	0.10	0.00
Parental Concern for their Own Stigma	0.71	0.07	0.67***

Note. * indicates significance at $p < 0.05$, ** indicates significance at $p < 0.01$, *** indicates significance at $p < 0.001$.

Hypothesis 3 predicted those who report being stigmatized because their parents were adolescents when they were born would have lower self-esteem than those who did not. H3 was initially tested using an independent samples *t*-test. Results prior to adding in covariates were not significant, $t(139) = -1.27$, $p = 0.21$ ($M_{Yes} = 2.80$, $SD_{Yes} = 0.78$; $M_{No} = 2.96$, $SD_{No} = 0.69$), Cohen's $d = 0.22$. In order to add covariates to the analysis, this hypothesis was tested using an ANCOVA. After covariates were added, the relationship between being personally stigmatized and self-esteem remained non-significant, $F(1, 139) = 0.32$, $p = 0.57$. Therefore, hypothesis 3 was not supported. Experiencing personal stigmatization as someone born to an adolescent parent did not significantly relate to one's self-esteem. See Table 11 for the between subjects effects of this ANCOVA, including all covariates.

Table 11. Between Subjects Effects for the Influence of Participant Stigmatization on Self-Esteem

		F	*p*	η^2	M_{Yes}	M_{No}
Main Effects	Was Participant Personally Stigmatized?	0.32	0.57	0.00	2.80	2.96
Covariates	Intercept	14.70	0.00	0.09		
	Ethnicity	3.12	0.08	0.02		
	Parental Relationship When Born	0.00	0.96	0.00		
	Parental Relationship Growing Up	2.21	0.14	0.01		
	Parental Relationship Now	3.14	0.08	0.02		
	Participant's Education	6.77	0.01	0.04		
	Mother's Education When Born	0.02	0.89	0.00		
	Mother's Education Growing Up	0.01	0.92	0.00		
	Mother's Education Now	0.30	0.59	0.00		
	Father's Education When Born	0.07	0.79	0.00		
	Father's Education Growing Up	0.31	0.58	0.00		
	Father's Education Now	0.12	0.73	0.00		
	People in Household Growing Up	0.07	0.80	0.00		
	Closeness	0.16	0.69	0.00		
	Cohesion	8.77	0.00	0.05		
	Was Parent Personally Stigmatized?	4.49	0.04	0.03		

Note. * indicates significance at $p < 0.05$, ** indicates significance at $p < 0.01$, *** indicates significance at $p < 0.001$.

Hypothesis 4 predicted that those who perceived that their parents were stigmatized because of being an adolescent parent would have lower self-esteem than those who do not report that their parents were stigmatized. This was initially tested using an independent samples *t*-test. Results prior to adding in covariates were significant, $t(139) = -2.95$, $p < 0.01$ ($M_{Yes} = 2.72$, $SD_{Yes} = 0.78$; $M_{No} = 3.07$, $SD_{No} = 0.63$), Cohen's $d = 0.49$, suggesting those who reported their parents were stigmatized because they were adolescent parents had lower self-esteem than those who did not. In order to add covariates to the analysis, this hypothesis was tested using an ANCOVA. After covariates were added, the relationship between one's parent(s) being stigmatized and one's self-esteem remained significant, $F(1, 139) = 4.49$, $p < 0.05$, $\eta^2 = 0.03$. Therefore, hypothesis 4 was supported, with those who reported their parents were stigmatized

due to being an adolescent parent having lower self-esteem than those who did not report that their parents were stigmatized due to being an adolescent parent. See Table 12 for between subjects effects of the ANCOVA, including all covariates.

Table 12. Between Subjects Effects for the Influence of Parental Stigmatization on Self-Esteem

		F	*p*	η^2	M_{Yes}	M_{No}
Main Effects	Was Parent Personally Stigmatized?	4.49	0.04	0.03	2.72	3.07
Covariates	Intercept	18.61	0.00	0.11		
	Ethnicity	3.12	0.08	0.02		
	Parental Relationship When Born	0.00	0.96	0.00		
	Parental Relationship Growing Up	2.21	0.14	0.01		
	Parental Relationship Now	3.14	0.08	0.02		
	Participant's Education	6.77	0.01	0.04		
	Mother's Education When Born	0.02	0.89	0.00		
	Mother's Education Growing Up	0.01	0.92	0.00		
	Mother's Education Now	0.30	0.59	0.00		
	Father's Education When Born	0.07	0.79	0.00		
	Father's Education Growing Up	0.31	0.58	0.00		
	Father's Education Now	0.12	0.73	0.00		
	People in Household Growing Up	0.07	0.80	0.00		
	Closeness	0.16	0.69	0.00		
	Cohesion	8.77	0.00	0.05		
	Was Participant Personally Stigmatized?	0.32	0.57	0.00		

Hypothesis 5 predicted the more frequently participants remembered a) feeling worried about their parents' stigmatization influencing how others viewed them, and b) feeling worried about feeling stigmatized themselves, the lower their self-esteem would be. This hypothesis was tested using a hierarchical regression. Prior to adding covariates, the overall regression was significant, $F(2, 138) = 4.18$, $p < 0.05$, $R^2 = 0.06$, adjusted $R^2 = 0.04$; however, the slopes associated with each of the independent variables were not significant, $\beta_{H5a} = 0.02$, $t_{H5a}(139) = 0.12$, $p = 0.90$ and $\beta_{H5b} = -0.26$, $t_{H5b}(139) = -1.53$, $p = 0.13$. In order to examine the hypothesized relationship with covariates added to the analysis, hypothesis 5 was tested using a hierarchical

regression (see Table 13). After adding covariates, the overall regression for H5a was significant, $F(17, 121) = 3.26$, $p < .001$, $R^2 = 0.31$, adjusted $R^2 = 0.22$, $\Delta R^2 = 0.01$, $\Delta F = 0.53$, $p = 0.59$. However, the slopes associated with each of the independent variables were not significant, $\beta_{H5a} = -0.03$, $t_{H5a}(121) = -0.20$, $p = 0.85$ and $\beta_{H5b} = -0.09$, $t_{H5b}(121) = -0.52$, $p = 0.60$. Therefore, hypothesis 5 was not supported; neither feeling worried about one's parent(s) stigmatization influencing how others viewed them, nor feeling worried about being stigmatized oneself, were significantly related to one's self-esteem.

Table 13. Standardized Regression Coefficients Predicting Self-Esteem

		B	*SE B*	*β*
Block 1				
	Constant	2.50	0.36	--
	Ethnicity	-0.08	0.06	-0.13
	Parental Relationship When Born	-0.04	0.05	-0.06
	Parental Relationship Growing Up	0.02	0.05	0.05
	Parental Relationship Now	-0.06	0.04	-0.17
	Participant's Education	0.15	0.05	0.28**
	Mother's Education When Born	0.05	0.09	0.06
	Mother's Education Growing Up	-0.04	0.09	-0.07
	Mother's Education Now	0.01	0.08	0.02
	Father's Education When Born	0.03	0.09	0.03
	Father's Education Growing Up	0.14	0.11	0.25
	Father's Education Now	-0.07	0.09	-0.14
	People in Household Growing Up	0.02	0.06	0.03
Block 2				
	Constant	1.80	0.37	--
	Ethnicity	-0.09	0.05	-0.15
	Parental Relationship When Born	-0.00	0.05	-0.00
	Parental Relationship Growing Up	0.09	0.05	0.19
	Parental Relationship Now	-0.06	0.03	-0.16
	Participant's Education	0.12	0.05	0.03**
	Mother's Education When Born	0.02	0.09	-0.02
	Mother's Education Growing Up	-0.01	0.09	-0.02
	Mother's Education Now	-0.02	0.07	-0.04
	Father's Education When Born	0.03	0.08	0.04
	Father's Education Growing Up	-0.09	0.10	0.16
	Father's Education Now	-0.05	0.08	-0.11
	People in Household Growing Up	-0.03	0.05	-0.05
	Closeness	-0.05	0.09	-0.08

	Cohesion	0.29	0.09	0.47**
Block 3				
	Constant	2.11	0.37	--
	Ethnicity	-0.06	0.05	-0.10
	Parental Relationship When Born	0.00	0.05	0.00
	Parental Relationship Growing Up	0.09	0.05	0.19
	Parental Relationship Now	-0.07	0.03	-0.18
	Participant's Education	0.13	0.04	0.24**
	Mother's Education When Born	-0.01	0.08	-0.01
	Mother's Education Growing Up	-0.04	0.08	-0.06
	Mother's Education Now	0.00	0.07	0.00
	Father's Education When Born	0.06	0.08	0.08
	Father's Education Growing Up	0.05	0.10	0.09
	Father's Education Now	-0.04	0.08	-0.07
	People in Household Growing Up	-0.02	0.05	0.04
	Closeness	-0.05	0.09	-0.09
	Cohesion	0.30	0.09	0.48**
	Parental Concern for Own Stigma	-0.17	0.06	-0.23**
Block 4				
	Constant	2.17	0.38	--
	Ethnicity	-0.06	0.05	-0.10
	Parental Relationship When Born	0.00	0.05	0.01
	Parental Relationship Growing Up	0.09	0.05	0.19
	Parental Relationship Now	-0.07	0.03	-0.19*
	Participant's Education	0.13	0.04	0.24**
	Mother's Education When Born	-0.01	0.08	-0.01
	Mother's Education Growing Up	-0.04	0.08	-0.06
	Mother's Education Now	0.00	0.07	0.01
	Father's Education When Born	0.07	0.08	0.09
	Father's Education Growing Up	0.05	0.10	0.09
	Father's Education Now	-0.05	0.08	-0.10
	People in Household Growing Up	-0.20	0.05	-0.04
	Closeness	-0.05	0.09	-0.08
	Cohesion	0.29	0.09	0.47**
	Parental Concern for Own Stigma	-0.12	0.08	-0.15
	Participant Concern for Stigma Transfer	-0.02	0.11	-0.03
	Participant Concern for Own Stigma	-0.06	0.12	-0.09

Note. * indicates significance at $p < .05$, ** indicates significance at $p < .01$, ** indicates significance at , < .001.

Research question 1 asked whether those born to adolescent parents reported engaging in certain boundary management tactics more than others. In order to answer this research question, the author first examined the mean score for each of the boundary management tactics. Boundary management tactics were measured on a 1-5 scale, with one meaning the participant never engaged in the tactic, while five meant the participant always engaged in the tactic. Following are the means and standard deviations for each tactic: labeling: $M = 2.36$, $SD = 1.34$; explaining: $M = 3.02$, $SD = 1.36$; legitimizing: $M = 2.56$, $SD = 1.35$; defending: $M = 2.35$, $SD = 1.26$; and narrating: $M = 2.97$, $SD = 1.28$. Then, the author calculated 95% confidence intervals around the mean for each of the variables associated with the different boundary management tactics that were measured in this dissertation (labeling, explaining, legitimizing, defending, and narrating). After the confidence intervals were calculated, they were each compared to one another to examine whether the confidence interval associated with each tactic overlapped with the confidence interval of each other tactic. This test did not include covariates. Confidence intervals for each boundary management tactic were as follows: $CI_{Labeling}$ [2.24, 2.47], $CI_{Explaining}$ [2.91, 3.13], $CI_{Legitimizing}$ [2.45, 2.67], $CI_{Defending}$ [2.24, 2.46], and $CI_{Narrating}$ [2.86, 3.08]. By comparing the confidence intervals above, the results show the confidence intervals for labeling, legitimizing, and defending all overlap with one another, as do the confidence intervals for explaining and narrating. Therefore, to answer research question 1, those born to adolescent parents were more likely to report engaging in explaining and narrating than in labeling, legitimizing, or defending at the 0.05 significance level.

Hypothesis 6 predicted those who report perceiving that their parents were stigmatized because they were adolescent parents (Yes or No) would be more likely to engage in each of the five boundary management tactics (labeling, explaining, legitimizing, defending, and narrating)

than those who did not report perceiving that their parents were stigmatized. A MANOVA was initially used to test this relationship prior to adding covariates. The overall test was significant, $F(5, 135) = 5.62$, $p < 0.001$, Wilks's $\Lambda = 0.83$, $F(5, 135) = 5.62$, $p < 0.001$. Univariate results for each boundary management technique were also significant, and in the predicted direction. $F_{Labeling}(1, 139) = 6.93$, $p < 0.01$, $F_{Explaining}(1, 139) = 12.55$, $p < 0.01$, $F_{Legitimizing}(1, 139) = 5.15$, $p < 0.05$, $F_{Defending}(1, 139) = 8.04$, $p < 0.01$, and $F_{Narrating}(1, 139) = 18.35$, $p < 0.001$. In order to examine this hypothesis with covariates added to the analysis, this hypothesis was tested using a MANCOVA. Results for the overall analysis were still significant, Wilks's $\Lambda = 0.91$, $F(5, 118) = 2.45$, $p < 0.05$. After covariates were added, only the narration boundary management technique remained significant (See Table 14), $F(1, 122) = 11.45$, $p < 0.01$, $\eta^2 = 0.07$ ($M_{Yes} = 3.44$, $SD_{Yes} = 1.16$; $M_{No} = 2.56$, $SD_{No} = 1.26$). For all other boundary management tactics, the means between the two groups were not significantly different after covariates were added: $M_{LabelY} = 2.67$, $SD_{LabelY} = 1.37$, $M_{LabelN} = 2.09$, $SD_{LabelN} = 1.23$; $M_{ExpY} = 3.43$, $SD_{ExpY} = 1.28$, $M_{ExpN} = 2.65$, $SD_{ExpN} = 1.33$; $M_{LegY} = 2.83$, $SD_{LegY} = 1.32$, $M_{LegN} = 2.32$, $SD_{LegN} = 1.35$; $M_{DefY} = 2.66$, $SD_{DefY} = 1.35$, $M_{DefN} = 2.07$, $SD_{DefN} = 1.16$. Therefore, hypothesis 6 was partially supported. Those participants who reported perceiving that their parents were stigmatized because they were adolescents when the participants were born were more likely to engage in narrating as a boundary management technique.

Table 14. Between Subjects Effects for the Influence of Parental Stigma on Engagement in Boundary Management Tactics

Independent Variable	Dependent Variable	*F*	*p*	η^2
Intercept	Labeling	11.59	.001	0.08
	Explaining	20.22	<.001	0.13
	Legitimizing	10.93	.001	0.07
	Defending	17.21	<.001	0.11
	Narrating	17.95	<.001	0.11
Ethnicity	Labeling	0.02	0.88	0.00
	Explaining	0.00	0.99	0.00

	Legitimizing	0.53	0.47	0.00
	Defending	0.69	0.41	0.00
	Narrating	0.39	0.54	0.00
Parental Relationship	Labeling	0.03	0.87	0.00
When Born	Explaining	0.01	0.94	0.00
	Legitimizing	0.11	0.74	0.00
	Defending	0.21	0.65	0.00
	Narrating	0.71	0.40	0.00
Parental Relationship	Labeling	0.18	0.67	0.00
Growing Up	Explaining	0.00	0.90	0.00
	Legitimizing	0.01	0.92	0.00
	Defending	0.63	0.43	0.00
	Narrating	1.59	0.21	0.01
Parental Relationship	Labeling	1.52	0.22	0.01
Currently	Explaining	0.79	0.38	0.00
	Legitimizing	0.26	0.61	0.00
	Defending	1.99	0.16	0.01
	Narrating	2.28	0.13	0.01
Participant Education	Labeling	0.82	0.37	0.01
	Explaining	0.23	0.64	0.00
	Legitimizing	1.09	0.30	0.01
	Defending	0.27	0.61	0.00
	Narrating	1.53	0.22	0.01
Mother's Education	Labeling	0.35	0.56	0.00
When Born	Explaining	7.11	0.01	0.04
	Legitimizing	2.38	0.13	0.02
	Defending	8.75	0.004	0.06
	Narrating	5.13	0.03	0.03
Mother's Education	Labeling	0.03	0.86	0.00
Growing Up	Explaining	0.08	0.78	0.00
	Legitimizing	1.02	0.32	0.01
	Defending	0.03	0.88	0.00
	Narrating	0.31	0.58	0.00
Mother's Education Now	Labeling	0.25	0.62	0.00
	Explaining	1.59	0.21	0.01
	Legitimizing	0.41	0.52	0.00
	Defending	1.33	0.25	0.01
	Narrating	1.16	0.28	0.01
Father's Education When	Labeling	0.23	0.63	0.00
Born	Explaining	0.91	0.34	0.01
	Legitimizing	2.37	0.13	0.02
	Defending	2.96	0.09	0.02
	Narrating	0.10	0.75	0.00
Father's Education	Labeling	0.05	0.83	0.00
Growing Up	Explaining	0.04	0.84	0.00
	Legitimizing	0.10	0.75	0.00

	Defending	0.73	0.39	0.00
	Narrating	0.00	0.99	0.00
Father's Education Now	Labeling	0.89	0.35	0.01
	Explaining	1.26	0.26	0.01
	Legitimizing	4.06	0.05	0.03
	Defending	0.13	0.72	0.00
	Narrating	0.03	0.86	0.00
People in Household	Labeling	1.79	0.18	0.01
Growing Up	Explaining	0.13	0.72	0.00
	Legitimizing	0.29	0.59	0.00
	Defending	0.07	0.79	0.00
	Narrating	3.06	0.08	0.02
Closeness	Labeling	2.01	0.16	0.01
	Explaining	1.33	0.25	0.01
	Legitimizing	1.14	0.29	0.01
	Defending	0.88	0.35	0.01
	Narrating	0.19	0.67	0.00
Cohesion	Labeling	1.16	0.28	0.01
	Explaining	3.08	0.08	0.02
	Legitimizing	2.29	0.13	0.02
	Defending	0.72	0.40	0.01
	Narrating	1.50	0.22	0.01
Was Participant	Labeling	2.99	0.09	0.02
Personally Stigmatized?	Explaining	5.09	0.03	0.03
	Legitimizing	3.06	0.08	0.02
	Defending	3.20	0.08	0.02
	Narrating	0.15	0.70	0.00
Was Parent Personally	Labeling	0.65	0.42	0.00
Stigmatized?	Explaining	2.57	0.11	0.02
	Legitimizing	0.91	0.34	0.01
	Defending	1.07	0.30	0.01
	Narrating	11.45	0.001	0.07

Note. For whether the participant's parent was personally stigmatized: $R^2_{Labeling} = 0.15$, adjusted $R^2_{Labeling} = 0.04$; $R^2_{Explaining} = 0.24$, adjusted $R^2_{Explaining} = 0.15$; $R^2_{Legitimizing} = 0.21$, adjusted $R^2_{Legitimizing} = 0.11$; $R^2_{Defending} = 0.19$, adjusted $R^2_{Defending} = 0.08$; $R^2_{Narrating} = 0.22$; adjusted $R^2_{Narrating} = 0.12$.

Research question 2 asked what proportion of those born to adolescent parents reported hearing their birth/origin story throughout their lives. Given that this research question was based on descriptive statistics and not a statistical test, no covariates were used for this analysis. Results showed that 68.79% of participants reported hearing their birth/origin story throughout

their lives (n = 97). Only Reponses from those who indicated they had heard their birth/origin story were utilized in the analysis for hypotheses 7, 8, and 9.

Hypothesis 7 predicted individuals' ratings of the positivity of their birth/origin story would be related to their self-esteem and family satisfaction such that, the more positive an individual rates their story a) the higher their self-esteem and b) the higher their family satisfaction. This hypothesis was tested using two regressions. In the first, participants' self-ratings of their birth/origin story's positivity was the independent variable and self-esteem was the dependent variable. In the second, participants' self-ratings of their birth/origin story's positivity was the independent variable and their family satisfaction was the dependent variable. Prior to adding in covariates, the overall regression for hypothesis 7a was significant, $F(1, 95) = 15.42$, $p < 0.001$, $R^2 = 0.14$. Results revealed the more positively individuals rated their birth/origin story, the higher their self-esteem, $\beta = 0.37$, $t(95) = 10.58$, $p < 0.001$. The overall regression for hypothesis 7b was also significant, $F(1, 95) = 28.03$, $p < .001$, $R^2 = 0.23$. Results revealed the more positively individuals rated their birth/origin story, the higher their family satisfaction, $\beta = 0.48$, $t(95) = 7.07$, $p < .001$. In order to account for covariates, hypothesis 7 was examined using a hierarchical regression. After covariates were added, the overall regression for hypothesis 7a was significant, $F(15, 79) = 2.74$, $p < .01$, $R^2 = 0.34$, adjusted $R^2 = 0.22$, $\Delta R^2 = 0.02$, $\Delta F = 2.49$, $p = 0.12$; however, the slope associated with the independent variable was not significant, $\beta = 0.17$, $t(94) = 1.58$, $p = 0.12$ (see Table 15). The overall regression for hypothesis 7b was significant, $F(15, 79) = 15.81$, $p < .001$, $R^2 = 0.75$, adjusted $R^2 = 0.70$, $\Delta R^2 = 0.01$, $\Delta F = 2.63$, $p = 0.11$; however, the slope associated with the independent variable was not significant, $\beta = 0.11$, $t(94) = 1.62$, $p = 0.11$ (see Table 16). Therefore, hypothesis 7 was not supported.

Positivity of one's birth/origin story did not significantly predict self-esteem or family satisfaction once demographic control variables were included.

Table 15. Standardized Regression Coefficients Predicting Self-Esteem

		B	*SE B*	*β*
Block 1				
	Constant	2.62	0.44	--
	Ethnicity	-0.10	0.09	-0.13
	Parental Relationship When Born	-0.06	0.07	-0.09
	Parental Relationship Growing Up	0.07	0.07	0.14
	Parental Relationship Now	-0.08	0.05	-0.22
	Participant's Education	0.16	0.07	0.31*
	Mother's Education When Born	-0.03	0.14	-0.03
	Mother's Education Growing Up	-0.03	0.13	-0.05
	Mother's Education Now	0.02	0.12	0.03
	Father's Education When Born	0.04	0.12	0.05
	Father's Education Growing Up	0.16	0.13	0.29
	Father's Education Now	-0.10	0.11	-0.23
	People in Household Growing Up	-0.02	0.08	0.03
Block 2				
	Constant	1.79	0.44	--
	Ethnicity	-0.10	0.08	-0.14
	Parental Relationship When Born	-0.00	0.06	-0.00
	Parental Relationship Growing Up	0.12	0.07	0.27
	Parental Relationship Now	0.07	0.05	0.19
	Participant's Education	0.12	0.06	0.23*
	Mother's Education When Born	-0.03	0.12	-0.03
	Mother's Education Growing Up	-0.04	0.12	-0.06
	Mother's Education Now	0.02	0.11	0.03
	Father's Education When Born	0.04	0.10	0.05
	Father's Education Growing Up	0.07	0.12	0.12
	Father's Education Now	-0.06	0.10	-0.12
	People In Household Growing Up	-0.07	0.07	-0.13
	Closeness	-0.08	0.11	-0.12**
	Cohesion	0.37	0.11	0.55**
Block 3				
	Constant	1.57	0.46	--
	Ethnicity	-0.09	0.08	-0.12
	Parental Relationship When Born	-0.02	0.06	0.03
	Parental Relationship Growing Up	0.12	0.07	0.25
	Parental Relationship Now	-0.06	0.05	-0.16
	Participant's Education	0.12	0.06	0.23*
	Mother's Education When Born	-0.05	0.12	-0.04

	Mother's Education Growing Up	-0.03	0.12	-0.5
	Mother's Education Now	0.00	0.11	0.01
	Father's Education When Born	0.05	0.10	0.06
	Father's Education Growing Up	0.06	0.12	0.10
	Father's Education Now	-0.05	0.10	-0.11
	People in Household Growing Up	-0.07	0.07	-0.12
	Closeness	-0.09	0.11	-0.13
	Cohesion	0.32	0.12	0.48**
	Positivity of Birth/Origin Story	0.12	0.07	0.17

Note. * indicates significance at $p < 0.05$, ** indicates significance at $p < 0.01$, *** indicates significance at $p < 0.001$.

Table 16. Standardized Regression Coefficients Predicting Family Satisfaction

		B	*SE B*	*β*
Block 1				
	Constant	3.93	0.85	--
	Ethnicity	-0.05	0.17	-0.04
	Parental Relationship When Born	-0.09	0.13	-0.08
	Parental Relationship Growing Up	0.34	0.14	-0.38*
	Parental Relationship Now	0.06	0.10	0.08
	Participant's Education	0.20	0.12	0.19
	Mother's Education When Born	-0.00	0.26	-0.00
	Mother's Education Growing Up	0.27	0.26	0.22
	Mother's Education Now	-0.18	0.23	-0.16
	Father's Education When Born	-0.12	0.22	-0.08
	Father's Education Growing Up	0.61	0.25	0.57*
	Father's Education Now	-0.33	0.20	-0.36
	People in Household Growing Up	0.17	0.15	0.15
Block 2				
	Constant	0.97	0.54	--
	Ethnicity	-0.10	0.10	-0.07
	Parental Relationship When Born	0.05	0.08	0.04
	Parental Relationship Growing Up	-0.13	0.08	-0.14
	Parental Relationship Now	0.07	0.06	0.10
	Participant's Education	0.07	0.07	0.06
	Mother's Education When Born	0.05	0.15	0.02
	Mother's Education Growing Up	0.26	0.15	0.21
	Mother's Education Now	-0.21	0.13	-0.18
	Father's Education When Born	-0.14	0.13	-0.09
	Father's Education Growing Up	0.30	0.13	0.28*
	Father's Education Now	-0.21	0.12	-0.22
	People in Household Growing Up	0.01	0.09	0.01
	Closeness	0.10	0.13	0.08
	Cohesion	0.99	0.14	0.75***

Block 3			
Constant	0.68	0.56	--
Ethnicity	-0.08	0.10	-0.06
Parental Relationship When Born	0.07	0.08	0.06
Parental Relationship Growing Up	-0.14	0.08	-0.15
Parental Relationship Now	0.08	0.06	0.11
Participant's Education	0.07	0.07	0.07
Mother's Education When Born	0.03	0.15	0.01
Mother's Education Growing Up	0.27	0.15	0.21
Mother's Education Now	-0.22	0.13	-0.19
Father's Education When Born	-0.12	0.13	-0.08
Father's Education Growing Up	0.29	0.14	0.27*
Father's Education Now	-0.20	0.12	-0.22
People in Household Growing Up	0.01	0.09	0.01
Closeness	0.09	0.13	0.07
Cohesion	0.93	0.14	0.70***
Positivity of Birth/Origin Story	0.15	0.09	0.11

Note. * indicates significance at $p < 0.05$, ** indicates significance at $p < 0.01$, *** indicates significance at $p < 0.001$.

Both hypothesis 8 and hypothesis 9 were tested with Hayes' (2013) PROCESS macro using a simple moderation analysis (model 1). Importantly, prior to engaging in any analysis utilizing Hayes' PROCESS, all variables examined in the corresponding hypothesis tests were mean centered. This analysis is based on 5000 bootstrapped samples using bias-corrected and accelerated 95% confidence intervals.

Hypothesis 8 predicted valence of the birth/origin story would moderate the relationship between stigmatization and self-esteem such that those individuals who report perceiving that their parents were stigmatized due to being adolescent parents, but who rate their birth/origin story more positively, will have higher self-esteem than those that rate their birth/origin story more negatively and who perceived their parents were stigmatized. Prior to adding covariates, the moderation was not significant (b = -0.09, se = 0.12, t = -0.71, p = 0.48). Once covariates were added to the analysis this relationship remained non-significant, (b = -0.08, se = 0.15, t = -0.52, p = 0.60). Therefore, hypothesis 8 was not supported, and positivity of one's birth/origin

story did not moderate the relationship between parental stigmatization and self-esteem. See Figure 1 for the moderation model associated with hypothesis 8 and Table 17 for the coefficients associated with the moderation of hypothesis 8 with covariates.

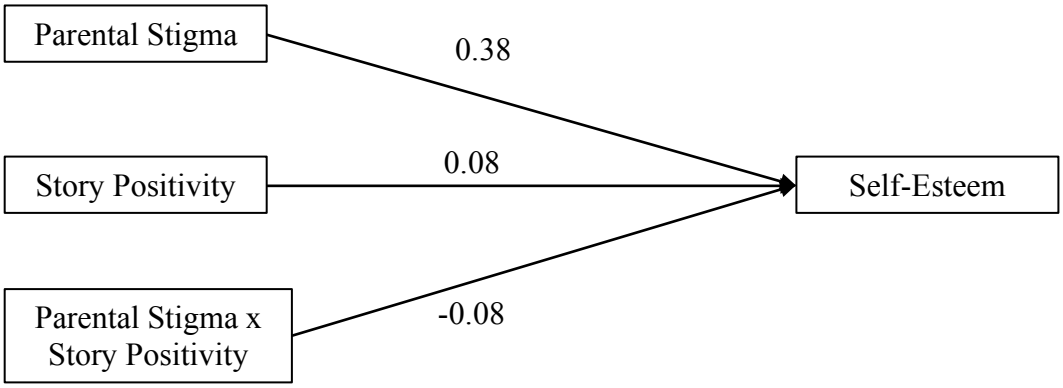


Figure 1. H8 moderation model of birth/origin story positivity on the relationship between parental stigmatization and self-esteem

Table 17. Coefficients for the Interaction of Birth/Origin Story Positivity on the Relationship Between Parental Stigmatization and Self-Esteem

		B	*SE*	*t*	*p*
Intercept	i_1	2.03	0.59	3.44	< .01
Ethnicity		-0.09	0.09	-0.94	0.35
Parental Relationship When Born		0.03	0.07	0.34	0.73
Parental Relationship When Growing Up		0.09	0.07	1.33	0.19
Parental Relationship Now		-0.06	0.05	-1.28	0.20
Participant Education		0.12	0.06	1.88	0.06
Mother's Education When Born		-0.08	0.13	-0.64	0.53
Mother's Education Growing Up		-0.04	0.13	0.18	0.78
Mother's Education Now		0.02	0.11	0.12	0.91
Father's Education When Born		0.04	0.13	0.28	0.78
Father's Education Growing Up		0.02	0.13	0.19	0.85
Father's Education Now		-0.04	0.09	-0.47	0.63
People In Household Growing Up		-0.06	0.09	-0.73	0.47
Closeness		-0.05	0.12	-0.42	0.67
Cohesion		0.32	0.13	2.53	<.05
Personal Stigmatization		-0.03	0.23	-0.14	0.89
Parental Stigmatization (X)	b_1	0.38	0.22	1.78	0.08
Positivity of Birth/Origin Story (M)	b_2	0.08	0.08	1.04	0.30
Parental Stigmatization and Positivity of Birth/Origin Story (XM)	b_3	-0.08	0.15	-0.52	.60
		R^2 = .39, MSE = 0.43			
		$F(18, 76) = 3.41$, $p < .001$			

Hypothesis 9 predicted valence of the birth/origin story would moderate the relationship between stigmatization and self-esteem such that those individuals who report they were stigmatized because their parent(s) was an adolescent parent, but who rate their birth/origin story more positively, will have higher self-esteem than those who rate it more negatively and report they were stigmatized. Prior to adding covariates, the moderation was not significant (b = -0.14, se = 0.13, t = -1.06, p = 0.29). Once covariates were added to the analysis this relationship remained non-significant, (b = -0.08, se = 0.17, t = -0.48, p = 0.64). Therefore, hypothesis 9 was not supported, and positivity of one's birth/origin story did not moderate the relationship between personal stigmatization and self-esteem. See Figure 2 for the moderation model associated with hypothesis 9 and Table 18 for the coefficients associated with the moderation of hypothesis 9 with covariates.

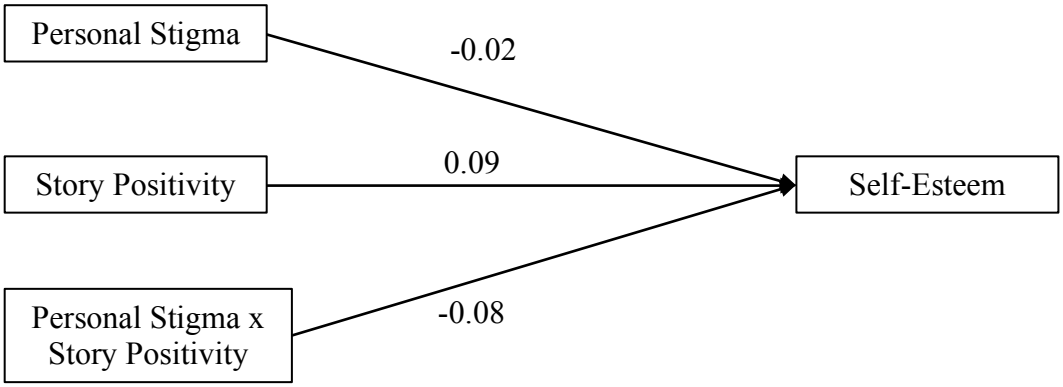


Figure 2. H9 moderation model of birth/origin story positivity on the relationship between participant stigmatization and self-esteem

Table 18. Coefficients for the Moderation Model of Birth/Origin Story Positivity on the Relationship Between Participant Stigmatization and Self-Esteem

		B	*SE*	*t*	*p*
Intercept	i_1	1.45	0.58	2.51	< .05
Ethnicity		-0.09	0.09	-0.93	0.05
Parental Relationship When Born		0.03	0.08	0.39	0.70
Parental Relationship When Growing Up		0.09	0.07	1.29	0.20
Parental Relationship Now		-0.06	0.05	-1.14	0.26
Participant Education		0.12	0.06	1.87	0.07
Mother's Education When Born		-0.08	0.12	-0.64	0.52

Mother's Education Growing Up		-0.04	0.12	-0.34	0.73
Mother's Education Now		0.01	0.11	0.12	0.91
Father's Education When Born		0.03	0.13	0.22	0.82
Father's Education Growing Up		0.03	0.13	0.20	0.85
Father's Education Now		-0.04	0.09	-0.42	0.67
People In Household Growing Up		-0.07	0.08	-0.77	0.45
Closeness		0.32	0.13	-0.45	0.65
Cohesion		0.32	0.13	2.46	< .05
Parental Stigmatization		0.37	0.21	1.72	0.09
Participant Stigmatization (X)	b_1	-0.02	0.23	-0.09	0.93
Positivity of Birth/Origin Story (M)	b_2	0.09	0.08	1.03	0.31
Personal Stigmatization and Positivity of Birth/Origin Story (XM)	b_3	-0.08	0.17	-0.48	0.64
		$R^2 = 0.39$, MSE = 0.43			
		$F(18, 76) = 3.17$, $p < .001$			

Chapter 9: Main Study Method: Interviews

Participants and Procedures

Participants for the interview portion of the main study data collection were individuals who indicated in their survey responses that they would be willing to participate in a follow-up interview, provided contact information for a follow-up, reported that either they or their parents were stigmatized growing up due to their parent(s) age when they were born, and d) reported hearing a birth or origin story that they indicated clearly was positive **or** negative (based on self-reported ratings) in tone and which they also indicated was influential in their life. These criteria were chosen because it was important that anyone who participated in interviews was able to speak about the influence of their experiences with stigma and storytelling on their lives. As previously mentioned, the goal of this analysis was to provide context, so that the researcher could understand *why* experiences with stigma and storytelling influenced participants' identities the way that they did. Therefore, only those participants who reported experiences with both stigma and storytelling were relevant for this portion of data collection. Additionally, participants with stories that they rated as having a clear positive or negative tone were necessary given the

importance of tone of the story to the outcomes examined in this dissertation and the basics of CNSM. The goal was to understand how positively and negatively rated stories influence identity, so interviewing participants who experienced clearly positive or clearly negative stories and described them as influential was important. The above described criteria also helped to ensure the qualitative phase of data analysis was guided by theoretical sampling, which is an important part of the interview process (Lindlof & Taylor, 2011).

Out of the 141 participants that qualified for and completed the survey, 65 individuals accessed the survey via a recruitment method other than MTurk. Out of those 65 individuals, 27 indicated they would be willing to be contacted for a follow-up interview. Fifteen of these participants met the criteria described above. All 15 of these individuals were sent an IRB-approved email providing information about the follow-up interview and asking potential participants to contact the researcher if they were interested in moving forward to schedule an interview, or if they had any concerns or questions. The email also let them know they would receive a $20 Amazon gift card if they completed an interview as compensation for their time. Of the 15 people who were contacted, 8 individuals responded and agreed to participate in the follow-up interview. Based on their survey responses, five of the participants tended to rate their birth/origin stories as negative [$M = 2.75$ on a scale of 1 (negative) – 5 (positive)], while three rated them as positive [$M = 4.17$ on a scale of 1 (negative) – 5 (positive)].

Additionally, based on the data provided in surveys, 7 interviewees were female, and only one was male. They ranged in age from 19 to 57 ($M = 33$, $SD = 13.58$) and 62.50% were Caucasian ($n = 5$), 25.00% were African American ($n = 2$), and 12.50% identified as Hispanic or Latino ($n = 1$). Half of the interview participants said their parents were married when they were born (50.00%, $n = 4$), 37.50% said their parents were in a relationship ($n = 3$), and 12.50% said

they were cohabiting (*n* = 1). While they were growing up, 62.50% said their parents were married (*n* = 5), 25.00% said they were never married (*n* = 2), and 12.50% listed their parents' relationship while growing up as "Other" (*n* = 1). Half of interviewees said their parents are currently married (50.00%, *n* = 4), 25.00% said they were never married (*n* = 2), 12.50% said they are divorced (*n* = 1), and 12.50% listed their parents' current relationship as "Other" (*n* = 1). While growing up, 62.50% of people said they were in a household with both biological parents (*n* = 5), 25.00% said they grew up in a single parent household (*n* = 2), and 12.50% described the parental figures in their household as "Other" (*n* = 1), elaborating that they grew up with their mother and maternal grandparents. About 37.50% of interviewees had a 4-year college degree (*n* = 3), 37.50% had a Master's degree (*n* = 3), 12.50% said they attended some college (*n* = 1), and 12.50% had a Doctoral degree (*n* = 1). See Table 19 for frequency counts concerning the education of interviewee participants' parents when they were born, while they were growing up, and currently.

Table 19. Frequency Counts of Interviewees' Parents' Highest Educational Attainment When Born, While Growing Up, and Currently

Parent	Mother			Father		
Time Period	Born	Growing	Now	Born	Growing	Now
Less than HS	37.50%, *n* = 3	12.50%, *n* = 1	0.00%, *n* = 0	25.00%, *n* = 2	12.50%, *n* = 1	12.50%, *n* = 1
HS or GED	50.00%, *n* = 4	37.50%, *n* = 3	50.00%, *n* = 4	62.50%, *n* = 5	50.00%, *n* = 4	37.50%, *n* = 3
Some College	12.50%, *n* = 1	25.00%, *n* = 2	12.50%, *n* = 1	12.50%, *n* = 1	0.00%, *n* = 0	0.00%, *n* = 0
2-Year Degree	0.00%, *n* = 0	12.50%, *n* = 1	25.00%, *n* = 2	0.00%, *n* = 0	0.00%, *n* = 0	0.00%, *n* = 0
4- Year Degree	0.00%, *n* = 0	0.00%, *n* = 0	12.50%, *n* = 1	0.00%, *n* = 0	25.00%, *n* = 2	25.00%, *n* = 2
Master's Degree	0.00, *n* = 0	12.50%, *n* = 1	0.00%, *n* = 0	0.00%, *n* = 0	12.50%, *n* = 1	12.50%, *n* = 1
Doctoral Degree	0.00%, *n* = 0	0.00%, *n* = 0	0.00%, *n* = 0	0.00%, *n* = 0	0.00%, *n* = 0	0.00%, *n* = 0
Professional Degree	0.00%, *n* = 0	0.00%, *n* = 0	0.00%, *n* = 0	0.00%, *n* = 0	0.00%, *n* = 0	12.50%, *n* = 1

Missing Data	$n = 0$	$n = 0$	$n = 0$	$n = 0$	$n = 0$	$n = 3$

Note. Total $n = 8$, Professional Degree refers to a JD or MD.

After consenting to participate and refusing the option to opt-out of the study, all eight individuals partook in interviews asking them questions related to their experiences as a child of adolescent parents (or in some cases one adolescent parent), their experiences with stigma due to their parent(s)' age when they were born, the influence their birth/origin story had on their identity growing up, and how their understanding of their birth/origin story had changed over time. The interviews were semi-structured to allow participants to answer in a variety of different ways, and to make sure the researcher did not ask questions that were so specific to the research questions that the participants felt like they needed to answer in any certain way. Also, Rubin and Rubin (2005) have suggested that the use of open-ended questions gives participants the opportunity to provide thick description of their experiences, which is essential when conducting qualitative research. If the participants did not provide sufficient information when answering the general questions, probes were used to encourage more disclosure. The interviews took place over the phone and were also audio-recorded, with transcripts of the conversation that were analyzed later. All participants were identified by a pseudonym instead of their real name, and all identifying information was kept confidential. After participating in interviews lasting about 30-40 minutes, the participants were thanked for their participation and emailed their $20 Amazon gift card.

Interview Schedule

During the interview the researcher asked a variety of questions such as, "What was it like for you growing up in a family with adolescent parents" and "Did your family ever tell you stories about your conception? If so, would you please tell me one that sticks out most to you?" The semi-structured nature of the interviews meant that each interview was slightly different and

allowed the researcher to follow the unique story of each participant. Therefore, although participants were asked the same basic questions, a variety of other questions developed organically during each individual conversation and were not necessarily asked of all participants. Besides the general questions, probes such as "Can you tell me more about that?" and "How did that make you feel?" were also used when necessary to encourage participants to tell their story in as much detail as possible. See Appendix B for the full interview schedule.

Chapter 10: Main Study Interview Findings

Data Analysis for Supplemental Qualitative Interview Data

The interviews produced about 111 single-spaced pages of transcription for analysis. To identify themes, a modified version of constant comparative analysis was used. This analysis aims to develop themes and trends based on answers participants give (Charmaz, 2006). Usually the analysis ends with the proposition of a theory or model developed from the data (Lindlof & Taylor, 2011). To carry out this analysis, the author first separated those portions of data that did not pertain to the research questions from those portions of data that were relevant. Portions of data that were deemed irrelevant to the research questions were deleted from the transcript pages, while relevant data were retained. This process is known as data reduction (Bisel, Barge, Dougherty, Lucas & Tracy, 2014) and helps ensure the researcher only analyzes data applicable to the research questions. The data reduction process resulted in a total of 58 single-spaced pages of transcription.

Next, the author began open coding (Lindlof & Taylor 2011) by reading through the relevant utterances with the goal of understanding what each participant was trying to convey. As the codes were created, the author also made memos, which allowed the researcher to record any thoughts that came to mind during the process, as well as write down any similarities

between the codes. Open coding ended when all responses had a code. The codes developed through open coding were then compared to one another so that the researcher could combine similar codes into broader categories (Lindlof & Taylor, 2011). After making several passes through the data during this phase, the researcher then reduced the categories so that they were more parsimonious. Categories were reduced by examining each original category, comparing each category to the others, and combining those that were similar in nature.

The last phase the researcher went through was axial coding, in which the goal was to figure out how categories were connected and what the big picture was, (i.e., what were the data saying about this phenomenon; Lindlof & Taylor, 2011). Axial coding ended when no new connections between the categories were made. Lastly, the author also engaged in two credibility checks in order to ensure the integrity of the analysis. First, a negative case analysis was utilized (Bisel & Barge, 2011), which occurs when researchers use a disconfirming case to refine a hypothesis. In these cases, when certain responses do not fit into the categories researchers have developed, they might actually be used to support the hypothesis they have developed instead of hinder it. Second, the author engaged in member checking with two of the interview participants, which occurs when researchers ask the participants to comment about the perceived credibility of the findings and interpretations (Creswell, 2007).

Findings for Supplemental Qualitative Interview Data

As mentioned earlier, the goal of the qualitative portion of this analysis, and the reason for conducting interviews with a subset of survey participants, was to provide some context to the results of the survey data. Although this dissertation takes the perspective of CNSM in suggesting people's subjective storytelling experiences occur in predictable, patterned ways, previous research has not explored the influence of stigma or storytelling on the identity

development process of those born to adolescent parents. Therefore, there is no previous scholarship on families of adolescent parents to utilize in order to understand the nature of the survey results. In other words, the bigger picture provided by the quantitative analysis, while informative, is incomplete. The findings described below should therefore be interpreted in tandem with the hypothesis tests and answers to research questions described in chapter 8.

Notably, during the axial coding phase it became clear that the responses to all three research questions (RQ3 through RQ5, listed below) were linked to describe the overall influence storytelling has had on the interviewees' lives, and why the stories they heard influenced them in the ways they did. The author has termed this process *agency-driven attribution shift*. *Agency-driven attribution shift* refers to a transformative process whereby the act of taking agency over one's own story helps individuals rid themselves of the guilt and blame they have personally taken on for their family's circumstances. The results of each separate research question are discussed first, with an explanation of *agency-driven attribution shift* provided subsequently. All names reported in this section are pseudonyms to protect the confidentiality of the interviewees. Information associated with the educational attainment of these interviewees and their parents can be found in the interview method section and in Table 19. Table 20 shows a summary of demographic information associated with each interviewee, as well as their pseudonym used throughout the discussion of the qualitative analysis results.

Table 20. Demographic Information for Interviewees

Pseudonym	Sex	Age	Age of Mother	Age of Father
Sarah	Female	57	15	17
Kiana	Female	19	18	19
Naomi	Female	24	18	19
Ashley	Female	37	16	20
Emerson	Female	23	17	19
Erin	Female	22	18	19
Manuel	Male	35	17	17
Rebecca	Female	47	19	19

Note. Age of mother and age of father refer to the age of the respective parent at the interviewee's birth.

Research Question 3: How do those born to adolescent parent(s) describe their childhood?

The constant comparative analysis revealed three themes concerning how those born to adolescent parents described their childhood: as *supportive,* as a *struggle*, and as *independent*. A supportive atmosphere was sometimes focused on the support their parent or parents had while rearing them. For example, when describing a story in which her grandfather asked her mother if she was sure she wanted to marry her father, Sarah, a 57 year-old Caucasian woman whose mother was 15 and father was 17 when she was born, said

> …my grandfather was not pleased about [the pregnancy] and he certainly didn't like the decisions my mom made…but yet he was still there for her. And was not going to force her to do something that she didn't want to do. That meant so much.

This was particularly moving for Sarah because she was born in 1961, when adolescent pregnancy was highly stigmatized, and many pregnancies resulted in marriages (some that were forced). For Sarah, knowing that her grandfather supported her mother's decisions regardless of societal pressures set the stage for a supportive family environment as she grew. Sarah also mentioned that without her grandfather's support she believes her life could have taken a negative turn. Her mother ended up divorcing her father and never remarried, but endured with the help and support of Sarah's grandparents.

Kiana, a 19-year old African American female whose mother was 18 and father was 19 when she was born, echoed the importance of having supportive grandparents when she said,

> …for about the first years of my life, me and my mom, we just lived with my grandparents, and so they kinda [sic] helped raise me. I would stay with my grandma during the day while my mom went to school and work and stuff, just so my mom could take care of what she needed.

Kiana went on to say that the support her grandparents offered her mother resulted in a lot of open communication in her family that created a very positive, loving, and accepting environment. Her supportive family environment was particularly important because her grandfather was a pastor at the time, and before their family communication became more open, the relationship between her grandfather and mother was strained.

The second way the theme of support described was that the interviewees themselves believed their family supported their goals and dreams. Many times this type of support was described as helpful, but there was also a sense that participants' parents "pushed" them to reach their potential. For example, when describing the influence her mother has had on her, Naomi, 24-year old African American female whose mother was 18 and father was 19 when she was born, said, "[my mom has] always been there to make sure I don't break" and she attributed this support from her mother to her own successes in her life. Ashley, a 37-year old Caucasian woman whose mother was 16 and father was 20 when she was born, said the fact that her mother always pushed her to do better became a driving force for her academic success as a child. Ashley said, "Because they didn't have time and education wasn't a focus [when they were young], my mother was very strong on getting good grades in regular school. If I brought home a B it was like, why isn't this an A?" According to Ashley, her mother's comments about her grades helped her to realize the importance of education in her own life.

The second way those born to adolescent parents described their childhood was as a *struggle*. All of the interviewees reported going through some sort of family struggle throughout their childhood. Struggles described by the interviewees ranged from feeling their parents having a tough time reaching their potential, witnessing relationship issues between their parents, feeling as if their parent(s) were not always capable of taking care of themselves, and experiencing

economic issues. Seeing her mother not reach her potential was a key memory for Ashley. When describing her childhood, Ashley consistently referred to the things her mother had to give up, including attending school because she became a stay at home mom instead. When describing this, Ashley said,

> My mom didn't finish high school because of my birth and it held her back for years until she decided to get her diploma through an at-home school through the mail. My mom is an amazing women and I think she has tremendous potential that she never got to see fully blossom.

A few interviewees also talked about the hardships that came with watching their parents go through relationship struggles of their own. Naomi said, "growing up I was the person who kind of saw the issues [my parents] had, and trying to make it work for the kids." Naomi also said that witnessing her parents' relationship issues encouraged her to step in and help her mother. She said, "I didn't always try to fix it necessarily, I guess I just didn't know how to do anything like that, but I definitely tried to be helpful." Her description of these events suggests watching her parents struggle in their relationship made her feel she had to step in at a young age and try to help in some way. Naomi's feeling that she needed to help her parents is quite a hefty responsibility for a young child and could have had detrimental effects on her relationship with her parents later. In fact, after watching these struggles and seeing everything her mother did to support her and her siblings, she said that growing up she did not really have a relationship with her father. Although she has tried to repair that relationship as an adult, they are still not as close as she and her mother are.

For Emerson, a 23-year old Caucasian woman whose mother was 17 and father was 19 when she was born, the struggle she experienced was that she felt her mother was not equipped to be a parent. Importantly, Emerson seemed to be the only one who felt her main caregiver was not capable of parenting, and unlike the description of all of the other interviewees, her

relationship with her mother is currently essentially nonexistent. When describing her mother's lack of responsibility when she was young she said,

> She would literally live on the couch. And I remember she would, on the weekends, she would sleep until 2:00 or 3:00 in the afternoon, and we were expected to be quiet and I had to take care of my brother. And then…on top of that, it was my responsibility to do housework and everything. Even when I was super young.

Although Emerson's struggle was different from the struggle of other participants, the influence it had on her life was similar. Emerson described her relationship with her mother as strained, and mentioned the burden she experienced at a young age due to her mother's lack of involvement with her and her brother.

Lastly, economic struggles were common among interviewees. Erin, a 22-year old Caucasian female whose mother was 18 and father was 19 when she was born, said her dad worked two jobs and her mom worked night shifts so they could make ends meet, but also have someone home with her when she was a baby. Manuel, a 35 year-old Hispanic male whose parents were both 17 when he was born, also described experiencing economic struggles. When reflecting on the shame that his father experienced because he was not able to afford Christmas presents for his kids he said, "My father is a construction worker, so two things would typically happen; summers would be fine, busy, he's working, money's good. But then come winter, work gets slow….my family was on welfare…[they] definitely felt shame about it."
The influence of the economic struggles Manuel's family experienced came up throughout his interview, with Manuel saying his father always told him how much easier life would have been if they waited to have children later in life.

The third way in which those born to adolescent parents described their childhood was as *independent*. This description focused on the idea that those born to adolescent parents tended to be very mature at a young age, as well as being internally motivated to succeed. Many

interviewees also described taking care of themselves and figuring out how to complete basic tasks on their own instead of being taught by their parents. Importantly, as interviewees described this experience, all but one of them were careful to mention that they *never* felt neglected by their parent(s), just that they did not remember their parents sitting them down and teaching them certain life lessons or how to complete certain tasks. For example, Rebecca, a 47-year old Caucasian woman whose parents were both 19 when she was born, said that, as she grew up, she and her parents were extremely close. Although she never felt neglected in any way, she believed her parents assumed she could take care of herself because she was smart. When describing this experience Rebecca said,

> I really didn't know that I needed to brush my teeth everyday until I started going to school. Because that wasn't something that…it just almost seemed like well, [Rebecca] is a smart little girl, she'll know she needs to do that everyday…We were very close but there was also this kind of, 'Well you're smart you know what you're doing, you can take care of stuff.'

When describing his experience, Manuel reiterated Rebecca's discussion of growing up. He said his lack of training by his parents was likely a reflection of how hard it is to take care of children when you are still a child yourself. For example, when describing how his parents did not have the opportunity to learn to be adults before having children, he said,

> Being a kid taking care of other kids is hard…They raised us well, but what I mean by that they didn't have time to become adults is...at what point did I really learn how to balance a checkbook? At what point did I know how to make good decisions about healthy eating? At what point did I learn all of those things that take time?

All the interviewees described a childhood in which they grew up fast, and many described being motivated in school, with many specifically mentioning academic achievements. This academic achievement was described as an internal motivation that interviewees seemed to have naturally, not something that they had to be taught to have. For example, Emerson said, "I was always more academic in school. And I guess I would say well behaved, I was never into

crazy things." Relatedly, when describing that her mother and grandmother made sure that she knew education was important and told her she was capable of achieving great things Sarah said,

> …I was very fortunate that I was bright. I was born with the genes that I was bright in a number of areas, I had aptitudes in a number of areas, and so I think that my academic success reinforced what my mother said…If I hadn't had that ability…I'm not sure I would have believed [my mother's claims] as much.

Notably, when Sarah brought up her academic success during the interview, it was in response to a story she told about reading a newspaper article describing the negative implications of adolescent pregnancy. Sarah said she was able to read at an early age, and when she was young she was reading the newspaper and came across an article suggesting those born to parents who do not finish high-school (she said this was describing adolescent parents) would also not graduate from high school and were destined to be unsuccessful. Her takeaway from the article was, "No education, no income, your whole life is decided already." In response to what she read, Sarah's mother and grandmother told her she was smart, and that she was capable of achieving great things because they wanted to make sure the information she read in the article did not influence her and did not hold her back. In this sense, although Sarah described her success as due to her natural abilities, it seems clear that at least some of her motivation came from a desire to want to push back against the stigma of adolescent pregnancy referred to in that newspaper article.

Other participants also mentioned similar driving forces that encouraged them to be self-motivated. For example, Kiana said her motivation came from wanting to make sure she gave back to her mother for choosing to give birth to her. When describing her motivation to succeed she said, "[My mother's experiences] motivate me to want to be better and want to get my education and do everything I can so I can give back." Additionally, Naomi said the fact that her

mother was not able to go to college after high school because of her birth had motivate her to achieve her academic goals.

The descriptions provided by Sarah, Kiana, and Naomi (as well as the other interviewees) all seem to point to a sense that those born to adolescent parents had something to prove, or had to achieve the things that their parents were unable to achieve themselves due to their birth. This idea will be discussed in more detail in response to research question 4.

Research Question 4: While growing up, how do those born to adolescent parents describe the influence of their birth/origin story (or stories) on their identity?

The constant comparative analysis revealed two themes concerning how the birth/origin stories told to those born to adolescent parents influenced their identity while growing up: *identity support* and *identity struggle*. The theme of identity support is associated with stories that helped interviewees to know that they were chosen, wanted, planned, and/or desired and had positive influences on their identity. These stories seemed as if they were purposely told to participants in an effort to make sure they did not think of themselves as a mistake. Most of the time, these stories succeeded in providing positive reinforcement. For example, Rebecca's origin story focused on how her birth was planned and desired, and she even referred to her origin story as the "spite baby story." According to her story, her parents got pregnant on purpose so that they could get married at a young age, despite the reservations of her paternal grandmother. When describing her story, she said,

> When they were dating my father said, 'I'm going to marry this girl.' My grandmother said, 'No, you can't…I'm not going to allow that to happen.' Whether or not they got pregnant on purpose I don't know if that part is true, but it certainly enabled them to get married without her raising a fuss.

In this sense, Rebecca's story showed her that she never has to question whether she was wanted because her existence gave her parents exactly what they wanted: to be together. Kiana was also

told that she was wanted and chosen, but her story had a religious tone. As previously mentioned, her maternal grandfather was a pastor, and Kiana said her family always reminded her that she was born because it was part of God's plan. She said, "Sometimes I feel like maybe I was a mistake, but then my mom [made] sure to reinforce that if God wanted me to be here that's why." She said she carried this message with her through life and continues to remember that "mistakes" are part of God's plan.

Although most of the stories that let interviewees know they were chosen had a positive influence on their identity, some of these stories seemed to backfire. In these cases, while the topic of the story itself seemed as if it was associated with the theme of identity support, the influence of the story actually meant their experiences were associated with the theme of *identity struggle*. The theme of *identity struggle* related to negative implications caused by the stories interviewees heard. For example, Erin heard contradicting stories from her family members. Some family members told her that she was unplanned and an accident, but her mother's story was different. Erin said her mother had been pregnant before becoming pregnant with Erin, but chose to terminate her previous pregnancies. Erin was the first baby her mother carried to term, and her mother always made sure to tell Erin that she was wanted, that she chose to carry her to term, and that she chose keep her. Although a story with this focus may seem as if it would be positive, for Erin it led to a lot of frustration and mixed emotions. She said the contradicting stories made her believe her mother was lying and telling her what she thought would be helpful instead of the truth. She said, "She had good intentions…she told me these stories and they just made the bad ones truer…I would have preferred the truth." She also said that the stories she heard growing up negatively influenced her self-esteem, and that she ended up having to go to therapy to work through the issues they caused.

Almost every interviewee whose story fell into the *identity struggle* theme talked about the stories they heard leading to a sense of guilt and burden, which ultimately made them feel they have to prove their worth. For example, the story Ashley talked about came from her father's side of the family and focused on the idea that her mother got pregnant young and out of wedlock, and suggested Ashley was destined for a life of failure. When discussing her desire to always be her best, Ashley said, "I do believe my parent's approval has been a driving force for me…I had to prove to my paternal grandparents that I wasn't going to make the same mistake as my parents because my parents were good parents that raised me right." It was clear that the story Ashley heard from the paternal side of her family made her feel as if she had something to prove.

Importantly, everyone who mentioned experiencing feelings of guilt and burden also made it very clear that their parents never explicitly told them that they were a burden, or that they needed to prove their worth. Instead, as they reflected on their experiences, they said that, as children, they heard certain stories and then reasoned that, based on what they were told, they were a burden on their family. Their sense of burden then led to the belief that they made their parents' lives harder (i.e., guilt), and made them feel they had to prove that their parents' sacrifices were worth it. Manuel described hearing stories from his father about how much harder life was because his parents had children at a young age. Manuel talked at length about how these stories influenced him, particularly in terms of feeling like a burden. He said,

> …it would kill [my father] to hear that, but I got the sense that I made things harder. My parents ultimately did get divorced…but I know…without a doubt that they got married because of me. So there was that sense of burden, that you were responsible for all of this that happened. But there was this, the second type of burden, which is that I felt like because I felt responsible for all this, I also felt like I had to succeed. I had to prove to them that I was worthwhile, even though…it would kill them to hear that.

Sarah made similar statements and said that hearing stories about the difficulties her parents' experienced were particularly influential. She said,

> But the thing that I wrestled with that affected me my whole life and that I didn't realize it until…this therapist helped me see it…is that I, I guess I had to prove that it was okay that I was alive. Because I took responsibility for my parents having such difficult lives. And so I had to make sure that it was okay that I was born.

For Manuel and Sarah, as well as the other interviewees who mentioned feelings of burden, guilt, and the need to prove their worth, the stories they heard growing up clearly negatively influenced their identity even if the intention of the stories were not negative. Many spoke of going to therapy, engaging in a lot of self-reflection, and/or using religion as a way to cope with and work through the blame they put on themselves as children. These coping mechanisms relate to the themes associated with research question 5, which will be discussed next.

Research Question 5: How do those born to adolescent parent(s) describe the way their understanding of their birth/origin story has changed over time?

Before explaining the themes that emerged from the analysis of interview data pertaining to research question 5, it is important to note that although all interviewees mentioned something that pointed to a changed understanding of their story, regardless of whether the story provided *identity support* or led to an *identity struggle*, those who referenced an identity struggle seemed to go through more of a transformation of understanding than those who did not. Therefore, the examples provided within this section come from the interviews of those who described their stories as leading to an *identity struggle*.

The analysis revealed two themes associated with how one's understanding of their birth/origin story changed over time: *acceptance* and *agency*. The theme of *acceptance* refers to a sense of understanding one's parents did the best they could given their circumstances. Many times this theme also included a more positive outlook on their story than they had developed

when they were younger. Sometimes, interviewees said their story became a motivator in their lives. Importantly, this theme was specifically associated with how the interviewee viewed *their parents* and reflected a sense of acceptance and understanding of who their parents were. For example, Emerson, an individual who has had a particularly difficult relationship with her mother due, in part, to her birth/origin story said,

> So in some ways I don't look on my past with as much resentment and anger as I did, especially in high school and then into very early adulthood. And so I don't blame my parents as much for my experiences. I kinda wish that they had been different, but I understand that my parents are who they are and my experiences were what they were. All I can do is just learn from them and just look ahead.

Manuel also said, "That's why I said I think a lot of this was things beyond my parents' control…when you think about being a teenager, being a parent and the fact that we're all alive and all of us are successful in our ways…hey, kudos to them."

Naomi's description of how her understanding of her story has changed provides a good example of how some interviewees' new understanding was both a positive reflection on what their parents were able to accomplish despite having a child as an adolescent, but also how some used their positive outlook as motivation in their own lives. She said,

> So I think after awhile, I did turn it into motivation. I think it also just gave me an even bigger appreciation of my mom and stuff. Just that she had to change her plans kind of abruptly, and yet she's still a great person…she always told us she didn't want us to be like her, and I'm like, 'Well, I actually want to be like you.'

In all these examples, the interviewees have been able to reflect on their childhood experiences and the negative influence their stories have had on their identity, and realize that their parents did what they could to give them good lives. Each also referenced that they now understand they cannot blame their parents for how their lives turned out; instead, they must accept the past for what it was and move on with a more positive outlook.

The second theme concerning how interviewees' understanding of their stories has changed over time is the theme of *agency*. This theme has to do with taking control of one's story and letting go of the things one cannot control. Importantly, while the *acceptance* theme focused on accepting their parents' limitations and circumstances, the theme of *agency* focused on respondents' own role in their story and the realization that they cannot harbor guilt for choices they did not make. This theme is particularly important when considering the *identity struggle* theme from research question 4. By taking agency of their story, those born to adolescent parents have been able to shed their blame and become free from their burden. For example, when discussing how his understanding of his story has changed over time Manuel said, "When I was young I couldn't help but take [the stories] personally. It was hard not to think that….you impacted your parents' life in ways that they regret. But I think somehow [in graduate school] my understanding changed…"

Sarah made similar comments when discussing the importance of therapy in her life. After saying that therapy has given her tools she uses when she starts to blame herself for her parents' circumstances, Sarah said,

> I can understand, so sometimes I might have a reaction, but I can, I know where it came from. I can understand it and so then I can defuse it. If it's a positive [thought] that's great, I can continue…but if it's a negative [thought] I [can diffuse it]…we all have value. We don't need to prove anything. Or justify our existence. We are all valuable. And we're all here, there's something that we're all learning that's going to contribute to the bigger picture.

In both these examples, it is clear that the thought processes these interviewees went through, whether thanks to therapy or introspection, helped those born to adolescent parents realize that the blame they felt throughout their childhood was something they brought on themselves because of the way they understood their stories. Now that they are older they are able to recognize that, although their births may have created a struggle for their parents, they did not

choose to be born, and they cannot be responsible for the choices their parents made as individuals. The connection between struggle, guilt, and agency that has been previewed here will be discussed in more detail in the next section.

Agency-Driven Attribution Shift

During the axial coding phase of data analysis, it became clear that the experiences interviewees discussed in response to each research question were inextricably linked. When those born to adolescent parents witnessed their parents struggling it tended to lead to feelings of guilt, a sense of burden, and the desire to prove one's existence was worth the struggle, until the child grew and took agency of their story so they could rid themselves of the burden they had been carrying. The process of ridding oneself of blame that came as a result of taking agency of one's story was termed *agency-driven attribution shift*. While many of those whose stories provided them with *identity support* also went through this process, they did so to a lesser degree than those whose stories led to *identity struggle*. This result makes sense given the fact that stories associated with *identity support* were positive, and were interpreted positively by the interviewees. If one's story was interpreted positively, it is not necessary to go through a transformative process that allows one to break free of the negative implications of one's story.

The *agency-driven attribution shift* process described in this section focuses on understanding why those born to adolescent parents might perceive their birth/origin stories negatively, and what steps they have since taken to try to work through the identity-related issues caused by their interpretation of their story. Importantly, the *agency-driven attribution shift* seemed to develop because individuals were going through a sort of identity crisis, and they felt as if they needed to make a change in how they interpreted their life circumstances. For many people this meant working with a therapist to help themselves realize they could not be blamed

for their parents' choices and/or engaging in an introspective process to identify that they internalized blame for something over which they had no control. Although the identity crisis described above seemed to be what sparked the beginning of the *agency-driven attribution shift* process, the actual act of ridding oneself of blame occurred as a result of taking agency of one's story, which allowed one to change the attributions one had made as a child. The importance of attribution is discussed at length below. According to CNSM, the process of making attributions is central to the sensemaking process, therefore, it is not surprising that the attributions those born to adolescent parents made about their parents' circumstances are central to the *agency-driven attribution shift* process. The importance of attribution is discussed at length below.

According to attribution theory (Heider, 1958), humans act as naïve scientists who seek to make sense of the world around them by explaining why people behave in certain ways and why certain events occur. An important part of the attribution process occurs when people try to determine the locus of causality for theirs and others' behavior, or the reason for why things occur the way they do. According to Heider (1958), causality could be rooted in the actor, the environment, or some combination of both. Relatedly, Heider also developed several levels of responsibility that individuals may take on when determining the locus of causality. Some researchers believe Heider's levels of responsibility relate to how much blame the individual accepts for the issue at hand (Shaver, 1985). There are five levels of responsibility: association, commission, foreseeable, intentional, and justifiability, but two seem to be most closely related to the experiences those born to adolescent parents described in their interviews. The first is termed *association*, which refers to a situation in which a person is considered responsible because he or she was associated with a negative outcome although he or she was not the causal agent of the event. The second is termed *commission*, which occurs when someone is considered

responsible because he or she was associated with a negative event, and their behavior caused a negative outcome for another person, even though he or she did not intend nor foresee the outcome resulting from their behavior (Mongeau, Hale, & Alles, 1994).

Based on the responses of the interviewees, those born to adolescent parents who saw their parents struggle in some way observed the stressors their parent or parents went through, and placed the locus of causality on themselves. As such, they took blame for their parents' circumstances by taking responsibility for the choices their parents made due to their birth. The process of taking blame for something out of one's control seems to align with Heider's (1958) conceptualization of the *commission* level of responsibility. In this context the "behavior" they engaged in was being born, and it was their birth (which was perceived as negative) that they believed caused their parents' problems. Their sense of personal responsibility for their parents' problems then seemed to taint their interpretation of the stories they were told as children.

As part of CNSM, Koenig Kellas and Kranstuber Horstman (2015) describe what they call *accounts as storied constructions*, which are "storied explanations we make for any difficult life situation" (p. 80). When this concept is considered in tandem with Heider's definition of attributions and levels of responsibility, and the description of the experience of those born to adolescent parents, it becomes clear that it is not necessarily the interviewee's respective birth/origin story that influenced their identity development, but the story they create to understand why their parents struggled. The narrative they created based on the attributions they made about their parents' experiences is really what led to damaging emotions such as guilt, and the sense that one was a burden on their family. Previous research has linked attributions and level of responsibility to feelings of guilt (McGraw, 1987). So, it is not surprising that the result of the act of taking responsibility for their parents' circumstances then lead to feelings of guilt,

the belief that one was a burden, and the desire to prove one's existence was worth the struggle caused by their birth. The importance of guilt, burden, and the desire to prove oneself in the *agency-driven attribution shift* is described next.

Through the interviews, it became clear that those born to adolescent parents would seek to prove their worth by doing things to show their parents that their struggle was not in vain. For example, when describing how they were self-motivated, many interviewees credited their family members for encouraging them to be that way. While a push from one's parents is a common phenomenon, in this context, upon reflection, some interviewees seemed to describe their parents' insistence on being better as creating a burden on them. For example, Kiana described herself as self-motivated, but when describing how difficult college is for her right now, she said, "They've done their best with me, especially being teen parents and stuff so I just need to kinda make them proud."

Additionally, when discussing the importance of academic achievement, many interviewees said they wanted to succeed to make their parents proud. The desire to make one's parents proud can be seen in Manuel's description of feeling he had to succeed to prove to his parents that he was worthwhile, Ashley's admission that her parent's approval has been a driving force for her, and Sarah's realization that, as a child, she felt she had to make sure her parents knew it was okay that she was born. The burden described by many participants seemed to have negative repercussions for their identity, with multiple interviewees mentioning going to therapy to work through their experiences. Even those who did not go to therapy talked about engaging in careful introspection to work through why they took the blame for their parents' choices, or wondering why they would think there was something they could have personally done as children to change their parents' circumstances. All the examples described above suggest those

who went through the *agency-driven attribution shift* came to a realization that, on some level, the attributions they made as children were faulty and harmful. The insight that their thoughts were the issue, and not their existence, seemed to spark the attribution shift many individuals experienced, although this shift likely was not easy, nor did it happen right away. The process associated with this attribution shift is described below.

Interviewees were only able to cast away their guilt, sense of burden, and desire to prove their worth when they could reject the idea that they were responsible for their parents' choices, and put the locus of control for their parents' struggles outside of themselves. Interviewees seemed successful at changing the locus of control when they focused on the positive aspects of their life and took agency over their story. During this process interviewees allowed themselves simultaneously to acknowledge that their birth was an event that caused their parents to struggle, but that their birth was not their fault. The ability to separate the locus of control from the negative event itself seems to align with Heider's (1958) conceptualization of the *association* level of responsibility. Additionally, the process interviewees went through resembles an intrapersonal version of the concept of *communicated perspective-taking*, which is part of CNSM. *Communicated perspective-taking* refers to, "the communicative manifestation of putting oneself in another's shoes" (Koenig Kellas & Kranstuber Horstman, 2015, p. 82). The process Koenig Kellas and Kranstuber Horstman refer to is an interpersonal storytelling interaction in which at least one individual communicates with the other in a way that shows he or she is trying to understand their perspective. As part of the *communicated perspective-taking process* individuals communicate with their storytelling partner in a way that shows agreement, attentiveness, coordination, and a positive tone.

Interviewees who went through the *agency-driven attribution shift* had to go through the same process, but the person they were talking to was themselves. They had to work through their story in their mind by placing the locus of control for their parents' struggles outside of themselves, and turning their story into a positive one by focusing on all their parents did for them despite their circumstances. Turning one's story into a positive one is the last step in the *agency-driven attribution shift*; it allows the individual to work through their issues while recognizing that they cannot be responsible for decisions they did not make and over which they had no control. In essence, interviewees were able to realize that because they could not foresee that their own birth would cause their parents to struggle, and because they had no control over their birth in the first place, they have to let go of their burden.

Importantly, there were two interviewees whose experiences did not follow the full pattern proposed by *agency-driven attribution shift*. The first individual whose experiences did not completely align with *agency-driven attribution shift* was Emerson. Emerson definitely watched her family struggle, and she described her childhood as tumultuous. Her relationship with her mother has been strained, and part of that strain was due to her mother's insistence that her birth gave her mother's life purpose. Despite a story that sounds positive on the surface, Emerson consistently said that the story actually became a source of pressure for her and the idea that she was her mother's purpose became a burden. She felt her mother had no identity outside of her children, and that her relationship with her mother became very "co-dependent," which ended up resulting in a pushback where Emerson decided she did not want to be anything like her mother. Emerson did experience stress as a child. She felt a sense of burden and moved through that burden by realizing her mother's issues are her own and not something she can

control; however, Emerson never experienced issues associated with guilt, nor the need to prove that her existence was worth the struggles her family went through.

Based on Emerson's description of her life, it makes sense that she never felt she needed to prove her worth because the entire point of her mother's story to her was that Emerson's existence was more than enough; in fact, it was everything. Emerson's sense of burden came from the fact that her mother placed her responsibility for her own happiness on Emerson's shoulders, not from taking personal responsibility for her mother's choices after watching her struggle. While Emerson went through some of the experiences associated with *agency-driven attribution shift*, the essence of her story and the way it influenced her meant guilt and proving her worth were never part of her personal identity struggle. Therefore, it was not Emerson's attributions about her parents' struggles that caused issues for her; instead it was her mother's reliance on her that was so damaging.

The other interviewee whose experience did not seem to match the process described by *agency-driven attribution shift* was Rebecca. Although Rebecca experienced some struggle growing up, she described her story as a positive and funny one, and said she never experienced feelings of guilt or that she was a burden. An examination of her struggles and her life experiences can explain why. There were two struggles Rebecca described during her interview. One was that her paternal grandmother initially disapproved of her parents' relationship because her mother was from a "not very good family." Her grandmother's disapproval strained the relationship between her mother and her paternal grandmother when she was very young, but this changed when she was still a child and their relationship has been positive for most of Rebecca's life. The second struggle occurred when her elementary school principal questioned

her parents' choices for her education because they were so young, and essentially suggested her parents were not capable of making the right choice due to their age.

While these two situations could have caused issues for someone else, Rebecca described them as unfortunate, but not as having a negative influence on her. The reason why Rebecca said her paternal grandmother's disapproval of her parents' relationship did not have a negative influence on her is because her mother and paternal grandmother ended up having a loving relationship for most of their lives. Rebecca also mentioned that the disapproval was not an issue because she understands that her grandmother was worried getting married so young would keep her father from going to college and having a good job. However, Rebecca is the only interviewee whose father earned a graduate degree. Her mother earned her high school degree before she was born, her father had a Master's while she was growing up, and he currently has a professional degree. She also described her father as being in the oil business, and her parents have remained married for her whole life. She never described any sort of relationship issues between them that she witnessed. Instead she said she and her parents were a happy three-person unit who have always been close. Her father's education was also a reason why her experience with her elementary school principal did not seem to faze her. When the principal questioned their ability, her father mentioned his graduate degrees as a way to prove he was capable of making choices for his daughter. Although Rebecca witnessed a few struggles her family went through, they did not seem to influence the life she and her parents led, and there was never any reason for her to blame herself for anything. Her parents were successful, and even her paternal grandmother's fear that her father would not go to college if her mother and father got married was not realized.

The stories she heard also never negatively influenced her, or made her question her value. In fact, the origin story she wrote about focused on the idea that her parents got pregnant with her on purpose so that they could get married despite her paternal grandmother's concerns. There was no reason for Rebecca to blame herself for anything or to feel guilty because her existence gave her parents everything they ever wanted, and they were always a happy, highly functional family unit. She did mention having a sense of acceptance when thinking back on her origin story, but her acceptance was not about accepting that she was not to blame for her parents' choices. Instead her acceptance focused on realizing that her grandmother only wanted what was best for her father. She was wanted, planned for, and highly desired. Her birth was the final piece of the puzzle that her parents so desperately wanted in their lives. Rebecca had no *agency-driven attribution shift* to go through because she never had to take responsibility for her parents' struggles in the first place.

Chapter 11: Discussion and Conclusion

In an effort to discuss the results of the hypotheses and research questions examined quantitatively, and to incorporate the findings from the interviews as a supplement to the quantitative analysis, the discussion will go through the results based on three major themes of the overall analysis: 1) parental stigmatization has a significant influence on those born to adolescent parents; 2) storytelling is a widely used boundary management tactic for families of adolescent parents; and 3) demographic characteristics, such as socioeconomic status and the relationship between one's parents, have a significant influence on the relationship between stigma, storytelling, and self-esteem for those born to adolescent parents. As each of these three themes is explained, the discussion of the relevant results from the quantitative analysis will be supplemented with information provided by the qualitative analysis.

Discussion of The Influence of Parental Stigmatization on Those Born to Adolescent Parents

Before one can understand the influence of parental stigmatization on those born to adolescent parents, it is first necessary to highlight which family members tended to experience stigmatization in families of adolescent parents. An examination of the results suggests that adolescent parents experience stigmatization, and that those born to adolescent parents are aware of their parents' stigmatized status. Specifically, hypothesis 1 predicted that people are more likely to perceive that their parents were stigmatized than they are to say they, themselves, were stigmatized; this hypothesis was supported. These results are important because they suggest those born to adolescent parents are aware of how others view their parents and the judgment placed on their parents by society, above and beyond their own personal experiences. Previous research suggests adolescent parenthood is still stigmatized in American society (Kelley, 1996; Smithbattle, 2013), and these results support that conclusion.

One way that parental stigma influenced those born to adolescent parents is that when one's parents worried about being stigmatized, one was more likely to worry about being stigmatized as well. Hypothesis 2 predicted the more often participants remembered their parents being worried about being stigmatized, the more likely they were to worry that their parents' stigmatization would influence how others viewed them (i.e., stigma transfer), and the more worried they were about being stigmatized themselves. Even after controlling for a variety of demographic and family relationship characteristics, this hypothesis was supported. Previous research has found that family members of a stigmatized person might worry about their family member's stigma transferring to them (Corrigan & Miller, 2004). The current results suggest this process occurs in families of adolescent parents as well.

The second, and final, way parental stigmatization influenced those born to adolescent parents has to do with their identity. Hypothesis 3 predicted that participants who were personally stigmatized because of their parents' status as an adolescent parent would have lower self-esteem than those who were not personally stigmatized, but this hypothesis was not supported, even before covariates were added to the analysis. Research constantly links the experience of personal stigmatization to negative implications for one's identity (Dahnke, 1982; Goffman, 1963; Meisenbach, 2010), but it was not significantly related in the current study, at least when it comes to self-esteem.

Although personal stigmatization did not significantly relate to one's self-esteem, parental stigmatization was. Hypothesis 4 predicted those who perceived that their parents were stigmatized because of their status as an adolescent parent would have lower self-esteem than those who did not perceive that their parents were stigmatized in this way. Even after controlling for covariates this hypothesis was supported. The results of this hypothesis highlight the negative implications of stigma on the identity development of those born to adolescent parents, and align with previous research that has found a link between stigma and low self-esteem (Corrigan & Miller, 2004; Whitehead, 2001). Importantly, when combined with the results of hypothesis 1 and hypothesis 2, these results show that the effects of stigmatization of one person within the family has a variety of negative implications for the thought processes of other family members. For example, believing that one's parents are worried about being stigmatized seems to encourage those born to adolescent parents to worry about stigma transfer and being stigmatized themselves, at least in this sample.

Worry about being stigmatized could create a burden that children carry around with them as they grow, particularly if they are highly aware of their parents' stigmatization and

wonder how others are viewing them in light of their parents' status as an adolescent parent. In fact, findings from the qualitative analysis of interviews with those born to adolescent parents support the possibility that worry leads to burden. Many described feeling they were a burden to their family, and some specifically referenced feeling they needed to succeed in order to prove that being born to adolescent parents does not mean a person is destined for failure. For example, Ashley talked about doing her best so that she could prove to others that her parents were good parents. Sarah mentioned that she worked hard to be academically successful to prove that stories she read in the newspaper about the detriments of being born to adolescent parents would not apply to her. Clearly, the experiences these women had due to their parents' status as an adolescent parent had an effect on their lives and influenced the choices they made as children and even as adults. Importantly, the fact that hypothesis 3 was not supported suggests the stigmatization of one's parents is more influential than someone personally being stigmatized. These results beg the question, why would someone's parents' experience with stigma be more harmful than their own experience with stigma?

Examination of the qualitative findings suggests that perhaps the experience of parental stigmatization was significantly related to one's self-esteem while being personally stigmatized was not because of the attributions those born to adolescent parents made for their parents' circumstances. One of the themes that developed from interviewees' responses regarding the influence of their birth/origin story on their identity was that many people ended up blaming themselves for the experiences and struggles their parents had. Smith (2011) suggests that one way individuals realize they have a stigmatized characteristic is when others communicate to them in a way that suggests they have immoral character. Relatedly, in her study of cultural discourses surrounding adolescent motherhood, Kelley (1996) found that one of the frames of

adolescent motherhood depicted by the media seemed to place the blame for the downfall of the traditional family structure on adolescent mothers.

When combined, the research by Smith (2011) and Kelley (1996) makes it likely that adolescent parents learn they are stigmatized when others blame them for making a choice that society deems inappropriate. Research suggests that when individuals blame themselves for the circumstances of their family, they are also likely to have low self-esteem (Goodman & Pickens, 2001). For example, Goodman and Pickens found that children who blamed themselves for their parents' divorce had lower self-esteem than those who did not. Therefore, it is possible the self-blame described by participants in their interviews can help explain why parental experiences with stigma are associated with lower self-esteem for those born to adolescent parents. The results of this dissertation build upon the connection between stigma and blame by suggesting that when children see others blaming their parents for making a choice society perceives as negative (i.e., having a baby as an adolescent), the children absorb that blame and believe the issues their parents have are because of their existence. For the interviewees in this dissertation, their blame then led to lower self-esteem and had a negative influence on their self-concept.

The concept of *agency-driven attribution shift* showed that by witnessing one's parents struggle, and by experiencing self-blame as a result of witnessing the struggle, people tended to feel guilty about their parents' circumstances and believe they have to prove their worth. For example, Manuel and Sarah both specifically mentioned feeling they needed to prove that their existence in the world was worth the struggle it caused their parents. Parental stigmatization represents one type of struggle that those born to adolescent parents might witness and take personal blame for; after all, it was literally their birth that has caused their parents' stigmatization. Therefore, it makes sense that if someone watched their parent(s) be stigmatized

due to their birth, or even simply heard a story about it, it would have a significant negative influence on their self-esteem.

The CNSM model supports the importance of self-blame in the relationship between parental stigmatization and identity. The model is partially based upon Heider's (1958) research on attribution and suggests attributions are one mechanism through which people make sense of their lives and construct their identities. As previously described in chapter 10, self-blame represents one type of attribution interviewees in this dissertation seemed to make about their parents experiences with stigma. Therefore, the results of this dissertation highlight the importance of utilizing CNSM when scholars are seeking to understand sensemaking processes individuals go through as they develop their identities.

Discussion of the Importance of Storytelling as a Boundary Management Tactic for Families of Adolescent Parents

The second major takeaway from the quantitative results was that storytelling seemed to emerge as an important boundary management tactic used by families of adolescent parents. For example, research question 1 asked whether those born to adolescent parents reported engaging in certain boundary management tactics more often than other tactics. Results revealed they were more likely to engage in explaining and narrating than in labeling, legitimizing, or defending. Additionally, in response to research question 2, 68.79% of participants reported hearing their birth/origin story from their family. Combined, the answers to these two questions highlight that storytelling is one of the most frequently used boundary management tactics of those examined in this dissertation, at least for this sample. Future research should continue to examine what types of boundary management tactics are used most frequently in different discourse-dependent families. For example, families with members who do not look like one another, such as those

families who have adopted internationally or interracially, might have family ties that are more ambiguous to outsiders than those with family members that look alike. The ambiguous nature of their family ties could confuse outsiders, making external boundary management tactics such as explaining or defending more common in these families than in others.

Additionally, hypothesis 6 predicted that those who report their parents were stigmatized due to their status as an adolescent parent would be more likely to engage in each of the five boundary management tactics than those who report their parents were not stigmatized. Although this hypothesis was fully supported prior to adding covariates to the analysis, after covariates were added, parental stigmatization only predicted the use of narrating as a boundary management tactic. Findings from the interview data seem to highlight how storytelling was used as a way to respond to stigmatizing experiences. Many of the interviewees described their parents talking to them about their ability and their presence on this earth in response to either real or imagined stigmatization. For example, Sarah's mom constantly told her that she was smart and capable of achieving great things after Sarah read a newspaper article suggesting those born to adolescent parents were doomed to a life of failure. Kiana's mom always told her that she was on this earth because God had a purpose for her and she was not a mistake (something that she feared and grappled with as a child). Finally, Erin's mom told her stories suggesting her parents actively chose to carry her to term and keep her, which Erin thinks was in response to other family members telling her she was an accident.

According to Galvin (2006), families engage in narrating in order to help family members develop their identity. When Galvin's understanding of the purpose of narration is combined with the results on the importance of narration in families of adolescent parents, and the influence of parental stigma on one's identity, it is possible that families engage in storytelling as

a response to the stigma parents experience and in an effort to help their children develop a more positive identity. In fact, Galvin (2006) and Kranstuber and Koenig Kellas (2011) found a link between story positivity and increased self-esteem. Unfortunately, results of hypothesis 8 and hypothesis 9 suggest parents' hopes may not be entirely realized. Hypothesis 8 predicted that positivity of the birth/origin story told to those born to adolescent parents would moderate the relationship between parental stigmatization and self-esteem, while hypothesis 9 predicted positivity of the birth/origin story told to those born to adolescent parents would moderate the relationship between personal stigmatization and self-esteem. Neither of these results were significant before or after covariates were added to the analyses. These results suggest that the stories parents tell might not always significantly influence the self-esteem of their children.

The null results for hypotheses 8 and 9 are important because CNSM suggests participants' recollections of storytelling in their family should be significantly related to their identity, their health, and their family outcomes (Koenig Kellas & Kranstuber Horstman, 2015). Previous research has supported the connection between storytelling and personal and family outcomes (Kranstuber & Koenig Kellas, 2011; Koenig Kellas et al., 2014). However, in this particular sample, storytelling did not emerge as a significant predictor of self-esteem nor of family satisfaction, while parental stigmatization did significantly predict self-esteem. Notably, previous research that has found significant relationships between storytelling and one's self-esteem/family satisfaction have not accounted for the influence of stigma in their analyses. The discrepancy between what CNSM predicts and the results described above highlights the need for scholars to consider how stigma might be influential to the storytelling process and suggests future scholars should seek to control for other communicative experiences (such as stigma) that influence identity development, in addition to storytelling.

As previously mentioned, results of this dissertation seem to suggest that although storytelling may be used by families in order to mitigate the negative effect of stigmatization, stories might not always function in the way family members intend. The findings provided by the interview data seem to support the idea that the intent of one's parents when telling a story might not always match up with the child's perception of the story. For example, there were two specific interviewees who wrote about stories that seem positive to an objective individual and that they believe were told to them with positive intentions, but that they perceived in a negative manner, and that, in turn, negatively influenced their identity. Emerson's story focused on how her birth gave her mother purpose and saved her from what she felt could have been a downward spiral had Emerson not been born. To some, hearing that their birth had such a positive influence on their parent's life might seem positive and uplifting, but for Emerson, this story became a burden that negatively influenced her relationship with her mother for years.

Additionally, Erin mentioned that her mother would tell her that she was chosen and that her parents wanted her to be in their lives. Again, this story sounds as if it has a positive tone, but Erin had also heard some contradictory stories from other family members, and because of the mismatch in information provided in both versions of the story, she felt her mother's story was a lie. Even though she believes her mother had good intentions by telling her the story, she said the story negatively influenced her self-esteem. It is something that she has dealt with for most of her adult life thus far, including discussing the story with a therapist who helped her work through the influence it has had on her self-concept. Therefore, although previous research suggests positive stories should have positive outcomes for both self-esteem and family relationships, these two examples provide an explanation for why this might not always be the case.

Lastly, qualitative findings can help explain why storytelling, regardless of how the story is perceived by those born to adolescent parents, might not be enough to mitigate the damage associated with parental stigmatization. The qualitative results focused on *agency-driven attribution shift* can help explain why story positivity might not be significantly influential when it comes to identity development. Based on the description of many interviewees, nothing their parents told them helped them overcome the damage watching their parents struggle had on their identity. Instead, they had to go through an internal thought-process that allowed them to shift responsibility for their parents' struggles from themselves (due to their birth) to their parents' own choices, and they had to realize that their parents did the best they could given their circumstances, instead of harboring resentment against them. In the context of CNSM, interviewees had to try to formulate a different perspective of their story, and essentially rewrite their interpretation of it. Additionally, the shift in how individuals thought about their story and their ability to rewrite their story as adults seems to represent a change in their personal myth, as described by McAdams (1993). CNSM utilized McAdam's research on personal myth to develop the portion of the model that focuses on the influence of storytelling on identity development. So, the fact that interviewees seemed to change their personal myth through the *agency-driven attribution shift* process lends support to the CNSM model.

Many times interviewees described the shift in their perspective as something that occurred because of careful introspection, or even as a result of therapy. In the context of adolescent parenthood, stories may not be enough to help children overcome the blame they place on themselves as they watch their parents struggle. Instead, children must learn to stop blaming themselves for a situation they had zero control over and stop burdening themselves with the responsibility to make their parents' struggles "worth it."

Importantly, although storytelling did not emerge as a significant moderator of the relationship between stigma and self-esteem, that finding does not mean storytelling does not influence the identity of children of adolescent parents. On the contrary, the results, particularly the qualitative findings, of this dissertation seem to suggest that storytelling was influential, but that its influence could only be understood in tandem with stigma. The stories individuals heard while growing up did influence their identity, and the struggles they and their families went through seemed to become a perceptual filter for how they understood their stories. For example, while describing experiences with stigmatization, Ashley mentioned that while she was growing up her dad's family made negative comments about her mother's status as an adolescent parent. Ashley also mentioned that her grandmother would tell her stories about how hard her mother's life was, and as Ashley heard these stories she internalized the blame for her mother's struggles and believed it was her fault that her mother did not reach her potential. She specifically mentioned feeling like she was a burden to her parents and held them back. This example highlights the connection between stigma, storytelling, and internalizing blame. Notably, Ashley also went through the *agency-driven attribution shift* after she realized that her birth did not actually stop her parents from having fulfilling lives.

Discussion of the Importance of Covariates on the Relationship Between Stigma, Storytelling, and Identity Development of Those Born to Adolescent Parents

The third and final major takeaway from the quantitative data analysis was that demographic variables, such as socioeconomic status and the relationship of one's parents, and aspects of the relationship between one's family members (such as family closeness and family cohesion) are an important piece of the puzzle when examining the relationships between stigma, storytelling, and identity development for those born to adolescent parents. For example,

hypothesis tests revealed that results of hypothesis 3, hypothesis 6, and hypothesis 7 were all altered once covariates were added to their respective analyses. Kranstuber and Koenig Kellas (2015) mentioned the importance of sociohistorical context when examining the influence of storytelling, but very few studies seem to consider the way demographic variables might alter the relationship between storytelling and other personal and interpersonal outcomes. In this dissertation, it was only variables associated with education and/or family closeness and family cohesion that were significant covariates. Variables associated with education were meant to be a proxy for socioeconomic status, whereas family closeness and family cohesion were meant to reflect the family environment one grew up within. The results of each of the three hypotheses are discussed below, and findings from the qualitative interview data are utilized to explain why these particular covariates might have had a significant influence on the hypothesized relationships.

Hypothesis 3 predicted those individuals whose were personally stigmatized due to their parents' status as an adolescent parent would have lower self-esteem than those who were not personally stigmatized. This hypothesis was supported before covariates were added to the analysis, but was no longer supported once they were added. A look at the results revealed that both participant education and family cohesion were covariates that were significantly related to self-esteem in this particular analysis. Perhaps those individuals who came from cohesive and unified family units were able to work together to overcome the stigma those born to adolescent parents experienced. For example, they might have used their family members as a support system for managing the stigma, and their familial support could have helped them reject their stigma instead of internalizing it (Meisenbach, 2010).

Findings associated with the qualitative interview data seem to support this idea. For example, Rebecca was one individual who did not go through the *agency-driven attribution shift* pattern that almost every other person went through. Rebecca was also the one person who watched her parents be stigmatized and said it did not influence her identity at all. Her parents' ability to make decisions about her education was questioned by her elementary school principal, which seems as if it might have been a damaging situation to witness. In this scenario, Rebecca said that not only were her parents stigmatized, but she also felt the principal was suggesting she was not capable of being smart on her own, which suggests she personally felt stigmatized as well. Instead of ruminating on the experience, Rebecca just said she thought it was odd that someone would say her parents had anything to do with how smart she was. Interestingly, Rebecca also described her family as a three-person unit and suggested that she and her parents had a very strong bond. She said she always felt supported by her family, and right after her principal made the comments she did, Rebecca's father responded quickly and definitively to defend his and his daughters' capabilities. Perhaps watching someone she was so close to defend himself in the face of adversity helped Rebecca overcome her stigmatizing experience.

Additionally, participant education might have influenced the results because, as individuals receive more education, their education might help them realize that they have the ability to reject their stigma instead of internalizing it. This possibility seems to be supported by the interview findings. For example, when describing the shift in their thought pattern so that they no longer blamed themselves for their parents' choices, many interviewees pointed to the idea that as they got older and learned more, they realized that blaming themselves for situations out of their control was pointless. In fact, Manuel mentioned that his thought process began to turn around while he was studying for his PhD. Others also mentioned that as they received

tangible evidence of their academic ability (e.g., receiving high grades), they realized that other people's views of what they were capable of were not an accurate reflection of their ability. For example, after reading an article that suggested those born to adolescent parents were destined to be uneducated and poor, Sarah's mother and grandmother made sure to tell her she was smart and capable. She also mentioned that she was able to believe her mother and grandmother's words only because she also received good grades in school. It seemed that Sarah's academic achievements actually worked to disprove the ideas her experiences with stigmatization put into her head, which helped her reject her stigma.

The results of hypothesis 6 were also altered after covariates were added to the analysis. Hypothesis 6 predicted those who report that their parents were stigmatized due to their status as an adolescent parent would be more likely to engage in labeling, explaining, legitimizing, defending, and narrating as boundary management tactics. As previously mentioned, prior to adding covariates, this hypothesis was fully supported; but after covariates were added, only narrating remained significantly associated with parental stigma. Narrating is the only internal boundary management tactic that was measured, and all of the other boundary management tactics were external. Internal boundary management tactics are those used within the family to maintain a sense of "family-ness", while external boundary management tactics help explain one's family to outsiders (Galvin, 2006). Therefore, the results of this hypothesis suggest that families tended to respond to stigmatization by coming together as a family instead of by trying to educate outsiders about their family form.

Still, why would the relationship between parental stigma and all of the boundary management tactics be significant before adding covariates, but not after? The only significant covariates in this analysis were the highest level of education one's mother had obtained by the

time they were born (significant for explaining, defending, and narrating) and the highest level of education for one's father currently (significant for legitimizing). These results point to the importance of parental level of education on the need to engage in boundary management tactics in response to experiences with stigma. For example, perhaps if one's mother was educated (compared to what society would expect of adolescent mothers), those born to adolescent parents do not feel the need to explain their families to others via external boundary management tactics. In a sense, this might mean that parental education almost works as a way to validate the ability of adolescent parents in the face of stigmatization, which makes external boundary management tactics unnecessary.

This idea seemed to be supported by the interview findings. For example, those individuals who seemed least influenced by their parents' experiences with *stigma* were Naomi, Kiana, Emerson, and Rebecca; each of these three interviewees had parents with the highest level of education out of the group of interviewees. Naomi's father currently has a four-year degree, Kiana's mother currently has a Master's degree and had the highest level of education when she was born compared to all other interviewee's mothers, Emerson's father currently has a Master's degree, and Rebecca's father currently has a professional degree. Although not every one of these four people talked about their parents' education and how it influenced the way in which they dealt with stigma, Rebecca did specifically mention her father used his education as a way to combat stigmatization by her elementary school principal. Thus, it seemed as if her father's education was enough evidence for her to not allow that experience to influence her identity.

Another reason why parental education might have been so influential in the examination of parental stigma's effect on the use of boundary management tactics is that education might serve as a proxy for socioeconomic status. In fact, the main reason for including education in the

survey was to have a measure that related to socioeconomic status without having to ask participants for information regarding their income level and the income level of their parents. If one's parents' education is used as a proxy for socioeconomic status, in the context of hypothesis 6, that would mean those with higher socioeconomic status (SES) would not feel the need to discuss their family form with outsiders. Adolescent parents tend to be stigmatized because others view adolescent pregnancy as a burden on society (Kelley, 1996); perhaps those families with higher socioeconomic status were able to reject their stigma by telling themselves they have been successful and are not a burden on society despite what others might say. In fact, when Rebecca's father was stigmatized by her elementary school principal, he responded by telling her how educated and successful he was.

Lastly, the results of hypothesis 7 were altered after covariates were added to the analysis. Hypothesis 7 predicted that positivity of one's birth/origin story (as rated by participants themselves) would be positively related to participant self-esteem and family satisfaction. Although this hypothesis was fully supported prior to adding covariates, once covariates were added, positivity of one's birth/origin story was no longer significantly related to self-esteem or family satisfaction. Previous research has documented the importance of story positivity on these two outcome variables (Kranstuber & Koenig Kellas, 2011; Koenig Kellas et al., 2014). Galvin (2006) herself says positivity of ones' story should determine the influence narrating has in the identity of family members, so why were these relationships no longer significant after covariates were added to the analysis?

Significant covariates in the analysis examining the relationship between story positivity and self-esteem were the participants' education, family closeness, and family cohesion. As previously mentioned, participant education and family cohesion also influenced the relationship

between the participant's experience with stigmatization and self-esteem, so it is not entirely surprising that these covariates would influence the relationship between story positivity and self-esteem as well. These results suggest that if one's family unit is close-knit and/or one is highly educated, they are able to work through the influence of their story, regardless of whether it was positive or negative so that they avoid negative implications on their self-esteem. In other words, family cohesion and participant education (and thus SES) played a larger role in understanding why participants had low self-esteem than did the positivity of their story.

Education and family cohesion also influenced the relationship between story positivity and family satisfaction. Results revealed that the highest education a participants' father had achieved when they were growing up and participants' family cohesion were the only significant covariates for the analysis examining the relationship between story positivity and family satisfaction. Based on the connection between education and socioeconomic status mentioned earlier, perhaps the influence of father's education level growing up reflects the importance of the socioeconomic status of one's family on the stressors they experience, and thus their satisfaction as a family unit. This would suggest that the more education one's father has, the more money one's family has and, therefore, the less stressed they are as a family, and the more satisfied they are, regardless of how positive one's birth/origin story is. Family cohesion might function in a similar way, but reflect the supportive nature that helps family members get through tough times, which, therefore, has a stronger influence on family satisfaction than the positivity of one's birth/origin story.

Findings provided by the qualitative analysis can help shed some light on why these covariates were significantly related to participant self-esteem and family satisfaction while story positivity was not. Family cohesion was a significant predictor for both self-esteem and family

satisfaction, while family closeness significantly predicted self-esteem. These results suggest coming together as a family and being there for one another was an important part of having positive life experiences. One of the themes that emerged from the interview data was that many interviewees described their family environment as supportive and close, and went on to talk about how important familial support was to their success. For example, Rebecca described her family relationships as extremely close and never seemed to struggle with her identity. Even those who did go through struggles seemed to reference their family's support as a way to remain positive in the face of adversity. For example, Kiana and Naomi both mentioned their parents' support as an important reason for why they have been successful academically, and Kiana specifically mentioned being able to reject the idea that she was a mistake because of her mother's support. Sarah even mentioned that her mother's support helped her realize that she was capable of achieving great things, despite what society told her. Clearly, family was an important part of the puzzle for those born to adolescent parents.

Participant education was also another significant covariate that had more of an influence on one's self-esteem than the positivity of one's story. This finding is not surprising based on the possibility that education might work to prove to those born to adolescent parents that they are capable and smart. Those born to adolescent parents would observe their parents being stigmatized, internalize blame for their parents' experiences, and sometimes even assume that they were mistakes, or destined for failure; however, as they started to succeed, they had evidence to suggest they were not bad people. Therefore, education worked to boost their self-esteem in the face of other obstacles suggesting they were not good enough.

Lastly, father's education while growing up was more influential to a participants' self-esteem than the positivity of their story. Qualitative findings also help explain this result. The

key part of the experience of those born to adolescent parents, and the issue that most influenced their identity, was watching their parents go through some sort of struggle. One of the most common struggles interviewees described themselves witnessing was an economic struggle. Manuel talked at length about his family's socioeconomic issues and how his father pointed out how hard life was because he and Manuel's mother started a family so young. Based on Manuel's description of these events, it was clear that watching his parents struggle (and blaming himself for their struggle) was the key to how he understood the stories his parents told him, and how the stories he was told influenced his identity.

Rebecca was the only person who saw her parents struggle (her mother's relationship with her paternal grandmother was strained for a short time and her parents' ability was questioned), but these struggles did not influence her in the same way other people's struggles influenced them. Rebecca's father also had the highest level of education out of any of the other interviewee's parents. When she was growing up, he had a Master's degree, and he currently has a professional degree. Rebecca's description of her childhood also suggested that her family did not really struggle financially (she described her father as being in the oil industry), so it seems likely that she did not experience the same socioeconomic issues others, such as Manuel, experienced. Manuel took the blame for his parents' financial struggles because they seemed to be directly related to his existence, but for Rebecca, the struggles she saw her parents endure were not her fault. In fact, her father's education was used as a way to refute her principal's criticisms. This seems to speak to the importance of both parental education level and socioeconomic status more broadly when explaining how those born to adolescent parents make sense of their life experiences.

Overall, the findings associated with the *agency-driven attribution shift* experienced by almost all of the interviewees point out the importance of demographic characteristics such as socioeconomic status and cohesion of members within the family. Many of the struggles that seemed most damaging for interviewees to witness (and those they tended to blame themselves for) were financial in nature, or due to relationship issues their parents experienced (potentially representing a decline in family cohesion during times of relationship strife).

The big picture painted by the quantitative results and the supplement provided by the interview findings suggests that witnessing some sort of family struggle (which is often brought on by demographic and family characteristics) is at the heart of the identity-related issues those born to adolescent parents experience. The struggle is linked to instances of stigmatization that occurred because one's parent was an adolescent when they were born, and at times the experience of stigma becomes an example of a struggle people witnessed. Witnessing one's parents struggle also led to an internalized sense of responsibility for the issues those born to adolescent parents saw their families experience, which then manifested itself via feelings of guilt, believing one is a burden to one's family, and feeling the need to prove one's existence. In essence, issues brought on by socioeconomic status and family relationship struggles were a catalyst for the experiences those born to adolescent parents went through that negatively influenced their identity. Given the influence of witnessing one's parents struggle, it is no wonder covariates such as education and family cohesion were related to many of the outcome variables examined in the statistical analyses.

Theoretical and Practical Implications

The results described above have both theoretical and practical implications. Theoretically, these results highlight the importance of examining communication processes that

encourage the use of storytelling in the first place. Both the quantitative and the qualitative analyses highlighted the idea that experiences with stigmatization likely lead to the use of storytelling in families of adolescent parents, and suggested that perceptions of parental stigmatization were significantly influential to one's identity development while in this particular sample storytelling was not. CNSM focuses specifically on storytelling as a sensemaking tool and, therefore, only examines what happens as stories are being told, or after stories have been told. Thus, CNSM ignores what happens before stories are told, and what might lead to the use of storytelling in the first place (at least in the theoretical model). Results of this dissertation suggest that CNSM's focus on what happens post-storytelling might be too limited to truly understand *why* stories influence people the way they do.

Admittedly, Kranstuber Horstman and Koenig Kellas (2015) might respond to this criticism by saying the intent of CNSM is not to understand *why* stories influence, but to explore *how* they do. The question then becomes, how much researchers can truly say about how stories influence people if they do not understand *why* stories would have an influence in the first place. To illustrate, in this dissertation stigma represented an experience individuals had prior to engaging in family storytelling. If stigma were not included as an independent variable in this dissertation, the connection between stigma, storytelling, struggle, blame, and one's identity might not have been made. Therefore, without the inclusion of variables that represented experiences that occurred before stories were told, the true influence of the stories themselves might not have been realized. With this in mind, scholars might consider expanding CNSM's theoretical model to include the influence of experiences individuals have that lead to storytelling.

Additionally, some previous research on storytelling (e.g., Koenig Kellas, 2005; Kranstuber & Koenig Kellas, 2011) has relied on ratings of outside observers to determine the tone or theme of a particular story. Although this has provided important and useful information in the past, the results of this dissertation suggest that sometimes the ratings of outside observers might not provide accurate representations of the perceptions individuals have of the stories they have been told. Therefore, future scholars who utilize CNSM should consider asking participants themselves to rate the positivity or negativity of their family stories and utilize those self-ratings in order to predict the family and life outcomes CNSM examines.

The results of this dissertation also have practical implications. For example, previous research has identified the importance of social support on outcomes for both adolescent parents themselves and their children (Baldwin & Cain, 1980; Card, 1981; Chafel, 1994; Dubow & Luster, 1990; Pinzon & Jones, 2012; Roosa, Fitzgerald, & Carlson, 1982; SmithBattle & Leonard, 2012), and the results of this dissertation also highlight the importance of a supportive atmosphere. Importantly, all but one of the interviewees described having a supportive and positive childhood, overall. For a few of the interviewees, the support they received from family either made it easier for them to let go of damaging thought patterns that resulted from stigmatization, or helped them to avoid negative implications of stigmatization all together. It is therefore important that adolescent parents, as well as other family members in general, speak to their children in a supportive manner and remind them that they are not a mistake, and not destined for failure.

Additionally, the importance of supportive communication and the influence it had on some interviewees' ability to let go of negative thoughts suggests parents should talk to their children about the idea of self-blame. None of the interviewees mentioned talking to their parents

about the responsibility they took for their parents' circumstances as children. In fact, many interviewees said that if their parents knew they felt as if they were a burden, their parents would be extremely upset. In many circumstances, parents seemed to openly communicate with their children about their academic ability and/or the idea that they were chosen (i.e., not a mistake), but it does not seem that parents even realized their children felt guilty or felt as if they were a burden. Perhaps if adolescent parents brought up the idea of self-blame during conversation with their children, they could help their children reverse their negative thought-patterns before self-blame could severely harm their identity. If nothing else, engaging in a supportive conversation about childhood self-blame might help those born to adolescent parents work through their issues and concerns earlier than they would have if they kept their burden to themselves. Therefore, adolescent parents should try to identify behaviors that might suggest their children are trying to prove their worth (such as being self-motivated and/or taking care of oneself), and have conversations about self-blame with their children if it seems their children might be engaging in some of these behaviors.

Moreover, the results of this dissertation highlight the importance of being an effective storyteller if adolescent parents want to help their children manage their experiences with stigma. For example, based on the qualitative interview results, when individuals born to adolescent parents remember their parents being stigmatized, they internalize blame for their parents' stigmatization. This internalized blame then becomes a perceptual filter that influences how they understand the stories their parents tell them. For example, Manuel talked about stories his father told him about the importance of waiting until you were older to have a family, stories that his father likely meant to be positive life lessons in an effort to help Manuel avoid the struggles his parents faced. However, Manuel said when he heard those stories he internalized blame for his

family's circumstances. This suggests adolescent parents should try to be aware of how their children might perceive their stories and talk with them to make sure the intent of their stories is not misinterpreted.

Notably, some parents were able to tell stories that children perceived positively and therefore mitigated the negative outcomes associated with stigma, such as those stories told by Rebecca's parents, and some stories told by both Kiana and Naomi's mothers. In a practical sense, these results suggest some parents might be better at telling stories that discourage the internalization of blame than others. The majority of the results of this dissertation focused on the agency that children of adolescent parents took in order to move past their childhood attributions, but there is also an opportunity for parents to use storytelling as a chance to take agency of their life choices. Perhaps groups and organizations focused on supporting adolescent parents and their children could provide training to adolescent parents to improve their storytelling techniques so that stories can highlight the idea that parents made choices themselves and are therefore responsible for their own life outcomes, not their children. This type of training could increase the likelihood that parents have the skill to help make sure their children do not take on the blame for their parents' circumstances.

Future Directions

Throughout this dissertation, the fact that minimal research has examined the influence of stigma and storytelling on the lives of those born adolescent parents has been highlighted. Therefore, and not surprisingly, the first major direction for future research is to examine the connection between experiences with stigmatization, communication processes within the family, and identity-related outcomes for members of this particular family form further. For example, to the author's knowledge, this was the first study to examine the influence of

stigmatization on those born to adolescent parents instead of the adolescent parents themselves. Quantitative data analysis results revealed the experience of parental stigmatization had a significant influence on the self-esteem of those born to adolescent parents, and supplemental information from the qualitative analysis suggests that stigma influences children of adolescent parents because stigmatization represents a struggle children see their parents go through, and for which they potentially (depending on other family and individual factors) blame themselves. Although this is a good start in understanding the influence of stigmatization, more work could be done to expand upon these results.

One way to delve into the relationship between stigma and identity would be to ask those born to adolescent parents about the attributions they made when witnessing or hearing about their parents' experiences with stigmatization. The connection made between parental stigma and self-esteem in this dissertation was explained utilizing the supplemental interview data and interviewees' descriptions of taking on blame for their parents' experiences. While that supplemental data was useful in understanding and unraveling why parental stigma might influence one's self-esteem, it would be better to take the information identified in the interviews and see if the relationships between stigma, attribution, and identity are significant when tested quantitatively with a larger sample. Although this connection was common among the eight interviewees, there are still questions about how widespread this phenomenon is, but future research could help scholars better understand the role of attributions in the connection between stigma, storytelling, and identity.

Another way to expand knowledge about the relationship between stigma and identity for those born to adolescent parents would be to examine other identity-related outcomes besides self-esteem. Although the concept of one's identity is closely related to feelings of self-worth

and therefore self-esteem, other outcome variables might also be of interest and relevant. For example, previous research has found a link between experiences with stigma and feelings of worthlessness and shame, lower self-esteem, and experiences with depression in adolescent parents themselves (Whitehead, 2001). The results of this research suggest parental stigma also influences the self-esteem of those born to adolescent parents, so, perhaps, it also influences feelings of worthlessness, shame, and depression. Based on descriptions provided by interviewees, it appears at least some of the aforementioned connections are likely.

Lastly, in terms of stigma, although Galvin (2006) mentions the influence of stigma in her description of discourse-dependent families, and storytelling researchers have mentioned the importance of stigma (Kranstuber & Koenig Kellas, 2011), CNSM does not account for the experience of stigma in its model. CNSM is based on the idea that individuals use storytelling to help them make sense of difficult experiences, but the model itself focuses specifically on how storytelling functions as a sensemaking tool, not why storytelling is necessary (and what it is used to make sense of) in the first place. Based on the information provided by the qualitative analysis in this dissertation, stigma and other family struggles seem to be one of the factors at the core of understanding *why* family stories may influence one's self-concept. Future researchers should continue to examine and measure the role of stigma in their studies instead of briefly mentioning it and then focusing specifically on family communication processes. Leaving out the stigma piece of the puzzle paints an incomplete picture of the whole storytelling process and does family communication scholars a disservice.

The second major direction for future research involves more research on the role of family communication processes on the experiences of those born to adolescent parents. This dissertation focused on stories specifically. This choice was largely due to the focus of stories in

previous research (Koenig Kellas et al., 2014; Kranstuber & Koenig Kellas, 2011), Galvin's (2006) suggestion that storytelling is used by families to help manage their "differentness," and the core tenet of CNSM, which suggests storytelling works as a way for people to make sense of their life struggles. Although it made theoretical sense to examine storytelling, and limiting the discussion to one communication process helped this dissertation have focus, throughout the interviews it became clear that memorable messages might be just as influential as birth/origin stories, and, in some cases, potentially more influential. Additionally, memorable messages are part of the CNSM framework (although they are described as often being derived from family stories), so an examination of memorable messages would be theoretically appropriate. Therefore, future research should examine if and how memorable messages work with stigmatization to influence the identity of those born to adolescent parents. Furthermore, it would be informative to examine storytelling and memorable messages together within the same study to examine whether the memorable messages of those born to adolescent parents are a reflection of the stories they have been told, as CNSM suggests, or if they are different. If memorable messages do differ from individuals' birth/origin stories, it would be useful to know which type of family communicative process has the most influence on one's identity.

The third major avenue for future research is methodological in nature. This dissertation was the first study (as far as the author knows) that quantitatively measured boundary management tactics associated with discourse-dependent families. There is no doubt that the measures are in need of refinement, which future research can provide, but the existence of such scales opens up the opportunity for scholars to stop simply describing families as discourse-dependent, and, instead, actually examine how discourse-dependence (and boundary management tactics) influence family communication. Scholars have examined the role of

narrating as an internal boundary management tactic to be sure, but the existence of the other tactics tends to be assumed, and scholars know little about their widespread influence. The existence of a quantitative measure of the frequency with which individuals engage in the boundary management tactics means scholars can now see how common the use of each tactic is, and see if engagement in each tactic is related to any particular family or social outcomes.

The fourth and final major avenue for future research that this dissertation provides is to continue and examine the relationship between stigma, storytelling, and identity with different (potentially larger) samples of individuals born to adolescent parents. Unfortunately, it is difficult to access individuals who fit the inclusion criteria for a study such as this one; however, the results of this dissertation provide some promising connections that future researchers should continue examining. Replicating the results of this study would be helpful, as it would allow scholars to understand whether the relationships found in this analysis were a result of characteristics of the sample, or something that seems to happen to a wide range of individuals born to adolescent parents. Additionally, it would be wise for future research to include interviews with a larger group of participants. The information gleaned from the eight interviews conducted in this dissertation is invaluable, but it is important to see if the themes identified, particularly the idea of *agency-driven attribution shift,* resonates with more individuals born to adolescent parents, or even other relevant family groups. In fact, one of the goals of qualitative research is *transferability*, or being able to identify a concept that could be applicable in other contexts (Lindlof & Taylor, 2011). Given the importance of guilt and burden to the processes described in this dissertation, the concept of *agency-driven attribution shift* could be relevant in single-parent families, families that have experienced divorce, and/or children of prisoners.

Limitations

Although this dissertation provided a much-needed glimpse into the experiences of those born to adolescent parents, it is not without its limitations. First, the sample size for many of the quantitative (and arguably the qualitative) analyses was small. When it comes to the quantitative analyses specifically, only 97 participant responses could be utilized to examine any of the relationships focused on storytelling. A post-hoc power analysis using G*Power suggests that to find a relationship with a moderate effect size with a type I error rate of 5% a sample of 102 would be preferable. Although 97 is close to the 102 recommended number, it is still below this minimum; a larger sample size would have been ideal. Additionally, for the qualitative analysis, a number closer to 15 interviews would likely be more acceptable; however, it is important to note that for qualitative research, the number of participants is less important than making sure that the sample the researcher has utilized is of theoretical interest. In this dissertation the sample size was small because only a small number of survey participants met the criteria for inclusion in the interview (identifying a birth/origin story with a clear positive or negative tone and experiencing stigma).These criteria, though, were necessary in order to make sure the sample was of theoretical interest, which is an important part of the interview process (Lindlof & Taylor, 2011). Therefore, in this case, having a smaller sample size for the interviews was potentially better than increasing the number of participants and interviewing individuals that did not fit the criteria, and were not of theoretical interest.

Another limitation of this study is that many of the individuals who completed the survey indicated that their parents were not stigmatized (66 said yes, 75 said no), they did not experience stigma themselves (45 said yes, 96 said no), and they were not told any stories about their birth, conception, or existence (97 said yes, 44 said no). Unfortunately, this made some of

the measures included in the original survey either unusable, or meant that analyses completed with those items would have a lower than preferred sample size (as was the case with storytelling described previously). For example, there were measures asking participants to rate the damage caused by the stigma they and their parents experienced, but only those individuals who answered "yes" to the respective questions about experiencing stigma were presented with the questions about the damage those experiences caused. This meant the numbers of participants who could have been utilized in any sort of quantitative analysis including damage of the stigma was too small, which reduced power. Therefore, those measures examining stigma damage were not used in any analyses. Luckily, no hypotheses or research questions called for the use of these items, but, given the findings from the interviews, it would have been interesting to do some post-hoc analyses with these data. For example, it would have been beneficial to see if the damage caused by one's experience with stigma was significantly related to their self-esteem and/or engagement in boundary management tactics. Future researchers should take this into consideration and make sure to consider participants' self-reported intensity of stigmatization when examining the influence of stigma on identity.

Furthermore, as noted within the discussion of the results, all but one of those who volunteered to complete interviews described having a very positive childhood. In fact, many made sure to note during their interview that their experiences were positive, and some even described how important it was to highlight that those born to adolescent parents can come from functional and positive family environments. For example, toward the end of his interview, Manuel talked about how important it is to realize that not all of the experiences of those born to adolescent parents while growing up are negative. It is possible that those who experienced positive childhoods were more motivated to speak about their experience in an effort to help

others see the positive side of growing up with adolescent parents, and therefore, were more willing to participate in an interview.

Although this means the results of the qualitative analysis do not necessarily take into account the experiences of those who would describe their childhoods as negative, this is not necessarily a flaw. In fact, while Manuel described the importance of highlighting what he referred to as "the good, the bad, the happy, and the ugly" he said it is important to talk about the positives because doing so fights back against the stigma against adolescent pregnancy that still exists today. Given the importance of stigmatization to this dissertation, it is possible that speaking to those with mostly self-described positive childhoods might actually make the interview sample of more theoretical interest than speaking to those with self-described negative childhoods. Still, it would be useful to see if the experiences described by interviewees in this dissertation are similar to the experiences those who describe their childhood as negative have had. Future researchers could seek to interview such participants and examine whether the concepts developed from the qualitative analysis resonate.

Lastly, the use of open-ended survey data to collect information about people's experiences with stigma, and the tone of their stories, was not very useful. Many people wrote very little in response to the open-ended questions, which caused the researcher to decide not to utilize any of the open-ended survey data. While this was frustrating and unfortunate, it is not surprising that participants opted not to provide much detail when prompted with open-ended questions. It is possible participants did not want to put more effort into their responses than they had to given they had already completed a lengthy questionnaire. Luckily, there were enough people who did provide enough details that the researcher was able to identify people who fit the parameters to engage in interviews, so this limitation did not hinder the qualitative aspect of data

collection. Additionally, previous research has used open-ended data to identify the themes of stories (positive or negative) and then use the coded open-ended data to examine the relationship between the stories and personal and relational outcomes (Kranstuber & Koenig Kellas, 2011). However, the lack of open-ended data meant utilizing the same analysis method used in previous research was impossible for this dissertation. Although the inability to code the open-ended data might sound like an issue, the author did include a measure that asked participants to rate the positivity of their stories themselves. Given that it is the participant's understanding of their story that influences their identity, the author believes utilizing participants' self-ratings was actually more appropriate than relying on ratings made by an outside observer.

Concluding Remarks

To the author's knowledge, this dissertation was the first study to examine how family communication processes influence the identity development of those born to adolescent parents. A combination of quantitatively analyzed survey data and a supplemental qualitative analysis of interview data revealed that not only do both stigma and storytelling influence the identity of those born to adolescent parents, but also that they work hand in hand to do so. As children watch their parents be stigmatized due to their status as an adolescent parent and see their parents go through other struggles throughout their lives, they seem to make attributions that suggest their birth was the cause of all their parents' issues. They, therefore, take responsibility for their parents' struggles and tend to have lower self-esteem, as a result. Stigma and struggle also influenced the storytelling process because it was their parents' struggle that caused individuals to blame themselves for their parents' experiences, and their self-blame then tainted how they perceived the stories their parents told them. The importance of struggle, and the process of

taking on blame for the struggle of one's parents, is also possibly why storytelling was not able to mitigate the negative influence of stigmatization.

Although the stories those born to adolescent parents were told by their family members might not have been significantly related to their self-esteem, the stories they told themselves did seem to influence their identity overall. When individuals were able to rewrite their own story, realize they could not blame themselves for choices they did not make, and focus on the positive aspects of their childhood, they were able to recover from the damaging experiences they had as children. This does not mean family communication processes are not influential to the identity of those born to adolescent parents, or that storytelling is not an important avenue of future research. In contrast, family communication is still vital to the identity development of those born to adolescent parents, but the importance of attributions in the storytelling process cannot be ignored in future studies. Additionally, results highlighting the importance of family closeness and family cohesion suggest that creating a supportive and loving environment is important to the positive identity development of those born to adolescent parents. Although some interviewees felt as if their families were supportive and still experienced self-blame and low self-esteem, a few did suggest that the support of their family members helped them work through the difficult experiences they had as children. Overall, the results of this dissertation highlight the importance of talking to one's children about not engaging in self-blame. Although this might not stop children completely from viewing themselves as the cause of their parents' circumstances, it might encourage them to start shifting their perspective at an earlier age.

References

Afifi, T. D., Davis, S., & Merril, A. (2014). Single parent families: Creating a sense of family from within. In L. A. Baxter (Ed.), *Remaking family communicatively* (pp. 67-84). New York, NY : Peter Lang Publishing.

Baldwin, W., & Cain, V. S. (1980). The children of teenage parents. *Family Planning Perspectives, 12*, 34-39, 42-43. doi:10.2307/2134676

Barcelos, C. A., & Gubrium, A. C. (2014). Reproducing stories: Strategic narratives of teen pregnancy and motherhood. *Social Problems, 61,* 466-481. doi:10.1525/sp.2014.122an41

Bartell Sheehan, K. (2018). Crowdsourcing research: Data collection with Amazon's Mechanical Turk. *Communication Monographs, 85*, 140-156. doi:10.1080/03637751.2017.1342043

Baxter, L. A., & Babbie, E. (2004). *The basics of communication research*. Belmont, CA: Wadsworth.

Becker, G. (1997). *Disrupted lives: How people create meaning in a chaotic world*. Berkley: University of California Press.

Becker-Weidman, A., & Shell, D. (2010). Storytelling: How to use stories to help your children. In A. Becker-Weidman & D. Shell (Eds.), *Attachment parenting: Developing connections and healing children* (pp. 159-171). Lanham, MD: Jason Aronson.

Bisel, R. S., & Barge, K. J. (2011). Discursive positioning and planned change in organizations. *Human Relations, 64,* 257-283. doi:10.1177/0018726710375996

Bisel, R. S., Barge, K. J., Dougherty, D. S., Lucas, K., & Tracy, S. J. (2014). A round-table discussion of "big" data in qualitative organizational communication research. *Management Communication Quarterly, 28*, 625-649. doi:10.1177/0893318914549952

Bowlby, J. (1973). *Attachment and Loss: Vol. 2. Separation: Anxiety and Anger*. New York, NY: Basic Books.

Brand, G., Morrison, P., & Down, B. (2014). How do health professionals support pregnant and young mothers in the community? A selective review of the research literature. *Women and Birth, 27*, 174-178. doi:10.1016/j.wombi.2014.05.004

Brown, P., & Levinson, S. C. (1987). *Politeness: Some universals in language use.* Cambridge, MA: Cambridge University Press.

Bruner, J. (1990). *Acts of meaning*. Cambridge, MA: Harvard University Press.

Card, J. J. (1981). Long-term consequences for children of teenage parents. *Demography, 18*, 137-156. doi:10.2307/2061089

Chafel, J. A. (1994). Meeting the developmental needs of young children of teen parents: A critique of social policy and implications for advocacy. *Child & Youth Care Forum, 23*, 297-314. doi:10.1007/BF02209064

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Thousand Oaks, CA: Sage.

Corrigan, P. W., & Miller, F. E. (2004). Shame, blame, and contamination: A review of the impact of mental illness stigma on family members. *Journal of Mental Health, 6*, 537-548. doi:10.1080/09638230400017004

Creswell, J. W., (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage.

Crocker, J., Major, B., & Steele, C. (1998). Social stigma. In D. Gilbert, S. T. Fiske, & G. Lindzey (Eds.), *The handbook of social psychology* (4th ed., Vol. 2, pp. 504-553). New York, NY: McGraw Hill.

Dahnke, G. (1982). Communication between handicapped and nonhandicapped persons: Toward a deductive theory. In M. Burgoon (Ed.), *Communication yearbook 6*, (pp. 92-135). Beverly Hills, CA: Sage.

Davis, C. S., & Salkin, K. A. (2008). Sisters and friends: Dialogue and multivocality in a relational model. In L. C. Lederman (Ed.), *Beyond these walls: Readings in health communication* (pp. 235-251). New York, NY: Oxford University Press.

Dubow, E. F., & Luster, T. (1990). Adjustment of children born to teenage mothers: The contribution of risk and protective factors. *Journal of Marriage and Family, 52*, 393-404. doi:10/2307/353034

Edin, K., & Kefalas, M. J. (2005). *Promises I can keep*. Berkley: University of California Press.

Fiese, B. H., & Winter, M. A. (2009). Family stories and rituals. In J. Bray & M. Stanton (Eds.) *The Wiley-Blackwell handbook of family psychology* (pp. 625-636). Malden, MA: Wiley-Blackwell.

Fink, E. L. (2009). The FAQs on data transformation. *Communication Monographs, 76*, 379-397. doi:10.1080/03637750903310352

Fisher, W. R. (1987). *Human communication as narration: Toward a philosophy of reason, value and action.* Columbia: University of South Carolina Press.

Furstenberg, F. (2007). *Destinies of the disadvantaged: The politics of teenage childbearing.* New York, NY: Sage.

Galvin, K. (2006). Diversity's impact on defining the family: Discourse-dependence and identity. In L. H. Turner, & R. West (Eds.), *The family communication sourcebook* (pp. 3-19). Thousand Oaks, CA: Sage.

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. New York, NY: Simon & Schuster.

Goodman, C., & Pickens, J. (2001). Self-blame and self-esteem in college-aged children from divorced-families. *Journal of Divorce & Remarriage, 34*, 119-135. doi:10.1300/J087v34n03_07

Harter, S. (1993). Causes and consequences of low self-esteem in children and adolescents. In R. F. Baumeister (Ed.), *Self-esteem: The puzzle of low self- regard*, (pp. 87-116). New York, NY: Plenum Press.

Hayden, J. M., Singer, J. A., & Chrisler, J. C. (2006). The transmission of birth stories from mother to daughter: Self-esteem and mother-daughter attachment. *Sex Roles, 55*, 373-383. doi:10.1007/s11199-006-9090-3

Hecht, M., L. (1993). A research odyssey: Towards the development of a communication theory of identity. *Communication Monographs, 60*, 76-82. doi:10.1080/03637759309376297

Hecht, M., L., Warren, J. R., Jung, E., & Krieger, J. L. (2005). The communication theory of identity: Development, theoretical perspective, and future directions. In W. B. Gudykunst (Ed.), *Theorizing about intercultural communication* (pp. 257-278). Thousand Oaks, CA: Sage.

Heider, F. (1958). *The psychology of interpersonal relations.* New York, NY: Wiley.

Hu, L., & Bentler, P. M. (1999). Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling: A Multidisciplinary Journal, 6,* 1-55. doi:10.1080/10705519909540118

Holmberg, D, Orbuch, T. L., & Veroff, J. (2004). *Thrice told tales: Married couples tell their stories*. Mahwah, NJ: Lawrence Erlbaum.

Huisman, D. (2014). Telling a family culture: Storytelling, family identity, and cultural membership. *Interpersona, 8*, 144-158. doi:10.5964/ijpr.v8i2.152

Huston, T., McHale, S., & Crouter, A. (1986). When the honeymoon's over: Changes in the marriage relationship over the first year. In R. Gilmore & S. Duck (Eds.), *The emerging field of personal relationships* (pp. 109-132). Hillsdale, NJ: Lawrence Erlbaum.

Jöreskog, K. G., & Sörbom, D. (2015). LISREL 9.20 [Computer software]. Skokie, IL: Scientific Software International, Inc.

Kelley, D. M. (1996). Stigma stories: Four discourses about teen mothers, welfare, and poverty. *Youth and Society, 27*, 421-449. doi:10.1177/0044118X96027004002

Kendall, M. G., & Stuart, A. (1958). *The advanced theory of statistics*. New York City, NY: Hafner Publishing Co.

Kenny, D. A., Kaniskan, B., & McCoach, D. B. (2015). The performance of RMSEA in models with small degrees of freedom. *Sociological Methods & Research, 44*, 486-507. doi:10.1177/0049124114543236

Kiselica, M. S. (2008). *When boys become parents: Adolescent fatherhood in America*. New Brunswick, NJ: Rutgers University Press.

Knapp, M., Stohl, C., & Reardon, K. (1981). Memorable messages. *Journal of Communication, 31*, 27-41. doi:10.1111/j.1460-2466.1981.tb00448.x

Koenig Kellas, J. (2005). Family ties: Communicating identity through jointly told family stories. *Communication Monographs, 72*, 365-389. doi:10.1080/03637750500322453

Koenig Kellas, J., Baxter, L., LeClair-Underberg, C., Tatcher, M., Routsong, T., Lamb Normand, E., & Braithwaite, D. O. (2014). Telling the story of stepfamily beginnings: The relationship between young-adult stepchildren's stepfamily origin stories and their satisfaction with the stepfamily. *Journal of Family Communication, 14*, 149-166. doi:10.1080/15267431.2013.864294

Koenig Kellas, J., & Trees, A. (2013). Family stories and storytelling. In A. L. Vangelisti (Ed.), *The Routledge handbook of family communication* 2nd ed. (pp. 391-406). New York, NY: Routledge.

Koenig Kellas, J., Willer, E., & Kranstuber, H. (2010). Fairytales and tragedies: Narratively making sense of (and the dark side of making sense) of personal relationships. In B. H. Spitzberg & W. R. Cupach (Eds.), *The dark side of close relationships,* 2nd ed. (pp. 63-93). Mahwah, NJ: Lawrence Erlbaum.

Kranstuber, H., & Koenig Kellas, J. (2011). "Instead of growing under her heart, I grew in it": The relationship between adoption entrance narratives and adoptees' self-concept. *Communication Quarterly, 59*, 179-199. doi:10.1080/01463373.2011.563440

Krusiewicz, E. S., & Wood, J. T. (2001). 'He was our child from the moment we walked in that room': Entrance stories of adoptive parents. *Journal of Social and Personal Relationships, 18*, 785-803. doi:10.1177/0265407501186003

Kuhn, M. H. (1960). Self-attitudes by age, sex and professional training. *Sociological Quarterly*, *1*, 39-56. doi:10.1111/j.1533-8525.1960.tb01459.x

Langellier, K. M. & Peterson, E. E. (2006). Family storytelling as communication practice. In L. H. Turner & R. West, *The Family Communication Sourcebook* (pp. 109-128).

Thousand Oaks, CA: Sage.

Lindlof, T. R., & Taylor, B. C. (2011). *Qualitative communication research methods* (3rd ed.). Thousand Oaks, CA: Sage.

Livingston, G. (2018, April 25). The changing profile of unmarried parents. *Pew Research Center*. Retrieved from http://www.pewsocialtrends.org/2018/04/25/the-changing-profile-of-unmarried-parents/

Lucas, K., & Buzzanell, P. M. (2012). Memorable messages of hard times: Constructing short- and long-term resiliencies through family communication. *Journal of Family Communication, 12*, 189-208. doi:10.1080/15267431.2012.687196

Major, B., & O'Brien, L. (2005). The social psychology of stigma. *The Annual Review of Psychology, 56*, 393-421. doi:10.1146/annurev.psych.56.091103.070137

Manusov, V., & Spitzberg, B. H. (2008). Attribution theory: Finding good cause in the search for theory. In L. A. Baxter & D. O. Braithwaite (Eds.), *Engaging theories in interpersonal communication* (pp. 37-50). Thousand Oaks, CA: Sage.

Marko Harrigan, M. (2010). Exploring the narrative process: An analysis of the adoption stories mothers tell their internationally adopted children. *Journal of Family Communication, 10*, 24-39. doi:10.1080/15267430903385875

Martins, N., Malacane, M., Lewis, N., & Kraus, A. (2016). A content analysis of teen parenthood in "Teen Mom" reality programming. *Health Communication*, *31*, 1548-1556. doi:10.1080/10410236.2015.1089465

McAdams, D. P. (1993). *The stories we live by: Personal myths and the making of the self*. New York, NY: Guilford Press.

McCall, G. J., & Simons, J. L. (1978). *Identities and interactions* (rev. ed.). New York, NY: The Free Press.

McGraw, K. M. (1987). Guilt following transgression: An attribution of responsibility approach. *Journal of Personality and Social Psychology, 53*, 247-256. doi:10/1037/0022-3514.53.2.247

Mead, G. H. (1934). *Mind, self, and society*. Chicago, IL: University of Chicago Press.

Meisenbach, R. J. (2010). Stigma management communication: A theory and agenda for applied research on how individuals manage moments of stigmatized identity. *Journal of Applied Communication Research, 38*, 268-292. doi:10.1080/00909882.2010.490841

Miller, C. T., & Kaiser, C. R. (2001). A theoretical perspective on coping with stigma. *Journal of Social Issues, 57*, 73-92. doi:10.1111/0022-4537.00202

Mongeau, P. A., Hale, J. L., & Alles, M. (1994). An experimental investigation of

accounts and attributions following sexual infidelity. *Communication Monographs, 61*, 326-244. doi:10.1080/03637759409376341

Office of Adolescent Health (2016, June 2). Trends in teen pregnancy and childbearing. *U.S. Department of Health and Human Services*. Retrieved from https://www.hhs.gov/ash/oah/adolescent-development/reproductive-health-and-teen-pregnancy/teen-pregnancy-and-childbearing/trends/index.html

Pennebaker, J. W. (1997). Writing about emotional experiences as a therapeutic process. *Psychological Science, 8,* 162-166. doi:10.1111/j.1467-9280.1997.tb00403.x

Pescosolido, B. A., & Martin, J. K. (2015). The stigma complex. *Annual Review of Sociology, 41*, 87-116. doi:10.1146/annurev-soc-071312-145702

Piner, K. E., & Kahle, L. R. (1984). Adapting to the stigmatizing label of mental illness: Forgone but not forgotten. *Personality Processes and Individual Differences, 47,* 805-811. doi:10.1037/0022-3514.47.4.805

Pinzon, J. L., & Jones, V. F. (2012). Care of adolescent parents and their children. *Pediatrics, 130*, 1743-1756. doi:10.1542/peds.2012-2879

Roosa, M. W., Fitzgerald, H. E., & Carlson, N. A. (1982). Teenage parenting and child development: A literature review. *Infant Mental Health Journal, 3*, 4-18. doi:10.1002/1097-0355(198221)3:1<4::AID-IMHJ2280030103>3.0.CO;2-#

Rosenberg, M. (1985). Self-concept and psychological well-being in adolescence. In R. L. Leahy (Ed.), *The development of self* (pp. 205-242). Orlando, FL: Academic Press.

Rubin, H. J., & Rubin, I. S. (2005). *Qualitative interviewing: The art of hearing data* (2nd ed.). Thousand Oaks, CA: Sage.

Shaver, K. G. (1975). *An introduction to attribution processes*. Cambridge, MA: Winthrop Publishers.

Smith, R. A. (2011). Stigma, communication, and health. In T. L. Thompson, R. Parrott, & J. F. Nussbaum (Eds.), *The Routledge handbook of health communication* (2nd ed.) (pp. 455-468). New York, NY: Lawrence Erlbaum.

SmithBattle, L. I. (2013). Reducing the stigmatization of teen mothers. *The American Journal of Maternal Child Nursing, 38*, 235-241. doi:10.1097/NMC.0b013e3182836bd4

SmithBattle, L., Leonard, V. (2012). Inequities compounded: Explaining variations in the transition to adulthood for teen mothers' offspring. *Journal of Family Nursing, 18*, 409-431. doi:10.1177/1074840712443871

Stevens Aubrey, J., Behm-Morawitz, E., & Kim, K. (2014). Understanding the effects of MTV's

16 and Pregnant on adolescent girls' beliefs, attitudes, and behavioral intentions toward teen pregnancy. *Journal of Health Communication, 19*, 1145-1160. doi:10.1080/10810730.2013.872721

Stone, E. (1988). *Black sheep and kissing cousins: How our family stories shape us*. New York, NY: Times Books.

Tabachnik, B. G., & Fidell, L. S. (2013). *Using multivariate statistics* (6th ed.). Boston, MA: Pearson.

Tolan, P. H., Gorman-Smith, D., & Huesmann, L. R. (1997). Assessment of family relationship characteristics: A measure to explain risk for antisocial behavior and depression among urban youth. *Psychological Assessment*, *9*, 212–223. doi:10.1037/1040-3590.9.3.212

Westman, J. C. (2009). *Breaking the adolescent parent cycle: Valuing fatherhood and motherhood*. Lanham, MD: University Press of America.

Wheaton, B., Muthen, B., Alwin, D., F., & Summers, G. (1977). Assessing reliability and stability in panel models. *Sociological Methodology, 8*, 84-136. doi:10.2307/270754

Whitehead, E. (2001). Teenage pregnancy: On the road to social death. *International Journal of Nursing Studies, 38*, 437-446. doi:10.1016/S0020-7489(00)00086-9

Whitley, R., & Kirmayer, L. J. (2008). Perceived stigmatization of young mothers: An exploratory study of psychological and social experience. *Social Science & Medicine, 66*, 339-348. doi:10.1016/j.socscimed.2007.09.014

Appendix A: Survey Measures with Labels

Below is a list of all if the items included in the survey used both in the pilot test and for the main study. Labels for each item used in the CFA for the pilot and the main study an be found in the brackets next to their respective statements.

Please answer the following demographic questions.

What is your biological sex? Male Female

How old are you in years, (ex: 28)?_____

How old, in years (e.g.: 19) was **your mother** when you were born?_____

How old, in years (e.g., 19), was **your father** when you were born?_____

What race/ethnicity best describes you?

African American

Caucasian

Hispanic or Latino

Asian

Native Hawaiian or Other Pacific Islander

Native American

Other _____

Which description below best describes the relationship between your biological parents **when you were born**?

Married

In a relationship

Cohabiting

Separated

Unknown

Other _____

Which description below best describes the relationship between your biological parents **while you were growing up?**

Married

In a relationship

Cohabiting

Separated

Unknown

Other _____

Which description best describes the relationship between your biological parents **currently?**

Married

In a relationship

Cohabiting

Separated

Unknown

Other _____

What is the highest level of education you have completed?

Less than High School

High School / GED

Some College

2-year College Degree

4-year College Degree

Master's Degree

Doctoral Degree

Professional Degree

What is the highest level of education **your mother had completed when you were born?**

Less than High School

High School / GED

Some College

2-year College Degree

4-year College Degree

Master's Degree

Doctoral Degree

Professional Degree

What is the highest level of education **your mother had completed when you were growing up?**

Less than High School

High School / GED

Some College

2-year College Degree

4-year College Degree

Masters Degree

Doctoral Degree

Professional Degree

What is the highest level of education **your mother has completed as of now?**

Less than High School

High School / GED

Some College

2-year College Degree

4-year College Degree

Masters Degree

Doctoral Degree

Professional Degree

What is the highest level of education **your father had completed when you were born?**

Less than High School

High School / GED

Some College

2-year College Degree

4-year College Degree

Masters Degree

Doctoral Degree

Professional Degree

What is the highest level of education your father had completed when you were **growing up**?

Less than High School

High School / GED

Some College

2-year College Degree

4-year College Degree

Masters Degree

Doctoral Degree

Professional Degree

What is the highest level of education **your father has completed as of now**?

Less than High School

High School / GED

Some College

2-year College Degree

4-year College Degree

Masters Degree

Doctoral Degree

Professional Degree

In which state do you currently reside?

In which state did you grow up?

Please choose the option that best describes the parental figures in the household you grew up in.

Biological Parents

Biological Parent and a Stepparent

Adoptive Parents

Single Parent

Other _____

Please indicate the number of people in the household in which you grew up. Please use numerals (i.e., 7).

For all of the questions in this section please think about your relationship with your family members from the house in which you grew up. Please choose the options that most closely describes your feelings toward those family members.

[FAMSAT1] Miserable -- -- -- -- -- -- -- Enjoyable

[FAMSAT2] Hopeful -- -- -- -- -- -- -- Discouraging

[FAMSAT3] Free -- -- -- -- -- -- -- Tied Down

[FAMSAT4] Empty -- -- -- -- -- -- -- Full

[FAMSAT5] Interesting -- -- -- -- -- -- -- Boring

[FAMSAT6] Rewarding -- -- -- -- -- -- -- Disappointing

[FAMSAT7] Doesn't give me much chance -- -- -- -- -- -- -- Brings out the best in me

[FAMSAT8] Lonely -- -- -- -- -- -- -- Friendly

[FAMSAT9] Hard -- -- -- -- -- -- -- Easy

[FAMSAT10] Worthwhile -- -- -- -- -- -- -- Useless

All things considered, how satisfied have you been with your relationship with your family members from the house in which you grew up? [FAMSAT11]

Completely Dissatisfied 2 3 Neutral 5 6 Completely Satisfied

Please answer the following questions regarding the level of closeness between those who resided in the household you grew up in. **While answering these questions please do so based on your experiences growing up, NOT your experiences currently.**

Family members really helped and supported one another. [COH1]

Definitely False 2 Neither True Nor False 4 Definitely True

We often seemed to be killing time at home. [COH2]

Definitely False 2 Neither True Nor False 4 Definitely True

We put a lot of energy into what we did at home. [COH3]

Definitely False 2 Neither True Nor False 4 Definitely True

There was a feeling of togetherness in our family. [COH4]

Definitely False 2 Neither True Nor False 4 Definitely True

We rarely volunteered when something had to be done at home. [COH5]

Definitely False 2 Neither True Nor False 4 Definitely True

Family members really backed each other up. [COH6]

Definitely False 2 Neither True Nor False 4 Definitely True

There was little group spirit in our family. [COH7]

Definitely False 2 Neither True Nor False 4 Definitely True

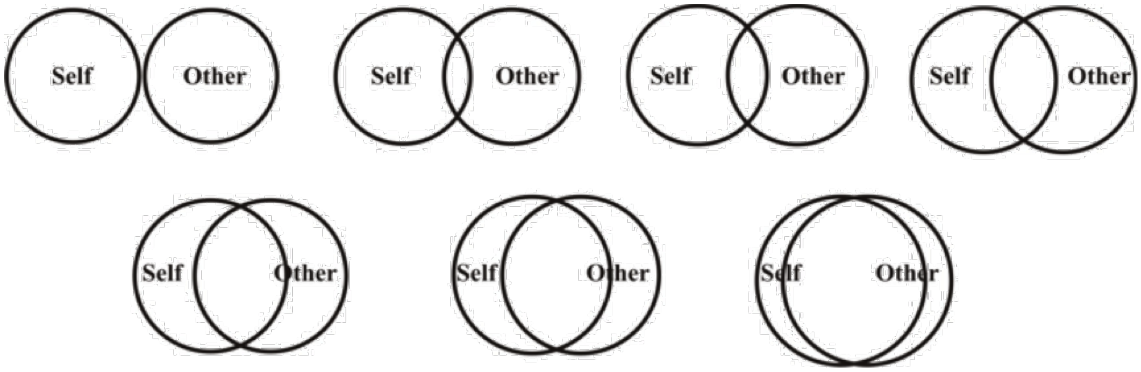
We really got along well with each other. [COH8]

Definitely False 2 Neither True Nor False 4 Definitely True

There was plenty of time and attention for everyone in our family. [COH9]

Definitely False 2 Neither True Nor False 4 Definitely True

Please click on the picture that best describes the relationship you have with those who lived in the household you grew up in. Please answer this question based on your experiences growing up, NOT your experiences currently. [IOS—this was not used in any analyses and is not referenced in the text]



Please answer the following questions about those that lived in the household you grew up in. While answering these questions please do so based on your experiences growing up, NOT your experiences currently.

We could easily think of things to do together as a family. [CLOSE1]

Not True 2 Neutral 4 Always True

Family members felt very close to each other. [CLOSE2]

Not True 2 Neutral 4 Always True

Family members asked each other for help. [CLOSE3]

Not True 2 Neutral 4 Always True

I was available when others in the family wanted to talk to me. [CLOSE4]

Not True 2 Neutral 4 Always True

Family members liked to spend free time with each other. [CLOSE5]

Not True 2 Neutral 4 Always True

I listened to what other family members had to say even when I disagreed. [CLOSE6]

Not True 2 Neutral 4 Always True

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

On the whole, I am satisfied with myself. [SE1]

Strongly Disagree Disagree Agree Strongly Agree

At times I think I am no good at all. [SE2]

Strongly Disagree Disagree Agree Strongly Agree

I feel that I have a number of good qualities. [SE3]

Strongly Disagree Disagree Agree Strongly Agree

I am able to do things as well as most other people. [SE4]

Strongly Disagree Disagree Agree Strongly Agree

I feel I do not have much to be proud of. [SE5]

Strongly Disagree Disagree Agree Strongly Agree

I certainly feel useless at times. [SE6]

Strongly Disagree Disagree Agree Strongly Agree

I feel that I'm a person of worth, at least on an equal plane with others. [SE7]

Strongly Disagree Disagree Agree Strongly Agree

I wish I could have more respect for myself. [SE8]

Strongly Disagree Disagree Agree Strongly Agree

All in all, I am inclined to feel that I am a failure. [SE9]

Strongly Disagree Disagree Agree Strongly Agree

I take a positive attitude toward myself. [SE10]

Strongly Disagree Disagree Agree Strongly Agree

This section of questions is concerned with you and your family's experience with stigma as you were growing up. **Stigmatization refers to being judged or treated differently**. Please keep this definition in mind when answering the next list of questions.

Do you remember believing that your parent(s) were judged or treated differently because they had a child as a teenager?

Yes No

On a scale from 0 to 100, how damaging would you say this experience was for your parents?

In the space below, please explain an example of a time your parent(s) were judged or treated differently because they had a child as a teenager.

How often do you remember your parent(s) feeling concerned about people treating them differently because they were a teenage parent? [FPS1]

Never Rarely Sometimes Often Always

How often do you remember your parent(s) feeling worried about people treating them differently because they were a teenage parent? [FPS2]

Never Rarely Sometimes Often Always

How often do you remember your parent(s) feeling scared about people treating them differently because they were a teenage parent? [FPS3]

Never Rarely Sometimes Often Always

How often do you remember your parent(s) feeling anxious about people treating them differently because they were a teenage parent? [FPS4]

Never Rarely Sometimes Often Always

How often do you remember your parent(s) feeling fearful about people treating them differently because they were a teenage parent? [FPS5]

Never Rarely Sometimes Often Always

he following questions are interested in understanding how any treatment your parents received influenced you. Please read them carefully and choose the option that best represents your experience as you grew up.

How often do you remember feeling concerned that the fact that your parent(s) were teenagers when you were born would influence how people viewed you? [FSS1]

Never Rarely Sometimes Often Always

How often do you remember feeling worried that the fact that your parent(s) were teenagers when you were born would influence how people viewed you? [FSS2]

Never Rarely Sometimes Often Always

How often do you remember feeling scared that the fact that your parent(s) were teenagers when you were born would influence how people viewed you? [FSS3]

Never Rarely Sometimes Often Always

How often do you remember feeling anxious about the fact that your parent(s) were teenagers when you were born would influence how people viewed you? [FSS4]

Never Rarely Sometimes Often Always

How often do you remember feeling fearful that the fact that your parent(s) were teenagers when you were born would influence how people viewed you? [FSS5]

Never Rarely Sometimes Often Always

This set of questions is interested in learning more about your personal experience with stigmatization. Remember, stigmatization refers to being judged or treated differently. Please answer them based on your experiences growing up.

Do you remember feeling judged or treated differently because your parents were teenagers when you were born?

Yes No

On a scale from 0-100, how damaging would you say this experience was to you as a person.

In the space below, please describe an experience that represents a time you were judged or treated differently because your parents were teenagers when you were born.

How often do you remember feeling concerned about people treating you differently because your parents were teenagers when you were born? [FCS1]

Never Rarely Sometimes Often Always

How often do you remember feeling worried about people treating you differently because your parents were teenagers when you were born? [FCS2]

Never Rarely Sometimes Often Always

How often do you remember feeling scared about people treating you differently because your parents were teenagers when you were born? [FCS3]

Never Rarely Sometimes Often Always

How often do you remember feeling anxious about people treating you differently because your parents were teenagers when you were born? [FCS4]

Never Rarely Sometimes Often Always

How often do you remember feeling fearful about people treating you differently because your parents were teenagers when you were born? [FCS5]

Never Rarely Sometimes Often Always

Next you will be presented with five different behaviors you and your family may or may not have engaged in while you were growing up. For each behavior you will be provided with a definition of that behavior, followed by a hypothetical scenario that depicts a family engaging in that behavior. Please read each scenario carefully and consider whether you and your family engaged in the behavior as well

Sometimes people feel the need to identify the nature of the relationship they have with other family members. An example of this is provided below.

Amy (aged 22) went out to run some errands and brought her younger brother, Matt, along. Her parents had her brother when she was 18, so he is much younger than her. While in line to pay for some groceries, a mother in line with her children mentioned how well behaved Matt was and asked how she got so lucky. She was thankful for the comment, but worried the person assumed Matt was her son so she quickly said, "That's very kind of you! I can't take the credit though; he's just my brother. I'll have to ask our mom what her secret is!"

How frequently did you identify the relationship you had with family members, like Amy did with her brother?

Infrequently -- -- -- Frequently [EXP1]

Often -- -- -- Not Often [EXP2]

Rarely -- -- -- Regularly [EXP3]

Always -- -- -- Never [EXP4]

Sometimes people feel the need to explain their family relationships to others so they better understand those relationships. An example of this is below.

Amy (age 22) went out with her mother to watch a local sporting event and two male patrons came up to them asking if they would like a drink. Amy and Laura politely declined, but the men stayed to chat. They mentioned that Amy and Laura looked alike and asked if they were sisters. The two ladies laughed and smiled, and let them know that they were, in fact, mother and daughter, not sisters. The men were shocked and said, “No way, you’re joking right?” Laura smiled and said, “Yes, we are only 16 years apart, so we really are not that far apart in age.”

Q90 How frequently did you explain the relationship you have with family members, like Amy did with her mother?

Infrequently -- -- -- Frequently [EXP1]

Often -- -- -- Not Often [EXP2]

Rarely -- -- -- Regularly [EXP3]

Always -- -- -- Never [EXP4]

Sometimes outsiders might not believe you when you explain how you are related to your family members. In these situations some people feel the need to help others realize that their family relationships are real and genuine. An example of this is below.

The men from the bar were shocked that Laura could be Amy's mom and said, "Wow, that's crazy! I thought for sure you were sisters. I don't even believe you. There is no way that's true!" Amy responded by saying, "I know, I know. She actually is my mom though, I promise! I have the birth certificate to prove it!"

How frequently did you try to make others realize your family relationships were genuine, like Amy did with her mother?

Infrequently -- -- -- Frequently [LEG1]

Often -- -- -- Not Often [LEG2]

Rarely -- -- -- Regularly [LEG3]

Always -- -- -- Never [LEG4]

Sometimes other people might say something about your family that makes you upset. In those situations some people react by defending their family to others. An example of this is below.

Amy (age 22) started a new job and started talking to a coworker about her plans for the weekend. She mentioned that it was her father's 39th birthday in a week so she was spending her weekend planning for the party. The coworker was surprised by the young age of her dad and said, "Wow that's really young. Is your life like those kids from the show on MTV, 16 and

pregnant or whatever?" Amy was annoyed by the comparison and said, "It's actually nothing like that and honestly, my family is none of your business" then she walked way.

How frequently did you defend your family from others, like Amy did with her coworker?

Infrequently -- -- -- Frequently [DEF1]

Often -- -- -- Not Often [DEF2]

Rarely -- -- -- Regularly [DEF3]

Always -- -- -- Never [DEF4]

Some families tell stories about family members to one another as a way to help them understand their family relationships. An example of this is below.

Amy (age 22) was cleaning out a closet in her parents' house one day and noticed a piece of art in the corner. She wasn't sure where it should go so she grabbed the piece and asked her dad what he wants her to do with it. He said, "Oh, that's a painting I made back when I was in high school. Can you just put it on the table and I'll deal with it later?" Amy was surprised, she knew her dad was a decent artist, but had no idea he was that good, so she asked him about it. He told her a story about how he made the piece for a competition at school and was actually offered a scholarship to an art institute because of it. "But then we found out you were on the way, so I turned down the scholarship so I could get a job and start making money. It would have been fun, but I had responsibilities that were more important."

Infrequently -- -- -- Frequently [NAR1]

Often -- -- -- Not Often [NAR2]

Rarely -- -- -- Regularly [NAR3]

Always -- -- -- Never [NAR5]

This final section of the survey is interested in better understanding stories you might have been told from your family members throughout your life. Specifically, it is interested in learning more about stories you have heard regarding your conception, stories about experiences your family had while your mother was pregnant with you, and/or stories about your birth. Please take a moment to think about whether you have heard stories about any of these events.

Do you remember ever being told a story, or stories, about one or more of the events described above?

Yes No

Please explain how you came to hear these stories (i.e. did you ask to hear them, did your family offer to tell them to you, was it part of a tradition, etc.)

Please use the space provided to describe a story you were told by your family concerning either your birth, your family's experience while your mother was pregnant, or your conception.

Some of the stories people hear from family members are rather positive, and/or happy, while others might be more negative and/or sad. Please indicate how you feel about the story you described above.

Very Positive -- -- --- Very Negative [POS1]

Unhappy -- -- -- Happy [POS2]

Pleased -- -- -- Displeased [POS3]

Dissatisfied -- -- -- Satisfied [POS4]

Please use the space provided to describe the ***most influential*** story you were told by your family concerning either your birth, your family's experience while your mother was pregnant, or your conception.

Some of the stories people hear from family members are rather positive, and/or happy, while others might be more negative and/or sad. Please indicate how you feel about the story you described above.

Very Positive -- -- --- Very Negative [POSIN1]

Unhappy -- -- -- Happy [POSIN2]

Pleased -- -- -- Displeased [POSIN3]

Dissatisfied -- -- -- Satisfied [POSIN4]

Appendix B: Interview Schedule

1) What was it like for you growing up in a family with adolescent parents?
2) If you have one, tell me a story about a time you and/or your family members were treated differently because your parents were young.
3) Please explain how this experience influenced you.
4) Did your family ever tell you stories about your birth? If so, would you please tell me one that sticks out most to you?
5) Did your family ever tell you stories about your conception? If so, would you please tell me one that sticks out most to you?
6) Did your family ever tell you stories related to finding out your mother was pregnant with you? If so, would you please tell me the one that sticks out most to you?
7) How has your understanding of these stories changed over time, if at all?
8) Are there any other closing remarks you have concerning your family and your experience growing up with parents who were teenagers when you were born?