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Helicopter Parenting, Emotional Avoidant Coping, Mental Health, and Homophobic Stigmatization Among Emerging Adult Offspring of Lesbian Parents

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Helicopter parents are highly involved parents who hover over and around their child, applying developmentally inappropriate levels of control and tangible assistance. Previous research with different-sex parent families indicates that helicopter parenting is particularly problematic in emerging adulthood as it may indirectly affect the offspring's mental health through their use of emotional avoidant coping. Knowledge is lacking, however, on the antecedents and consequences of helicopter parenting in lesbian-parent families. The present longitudinal, questionnaire-based study investigated the effect of homophobic stigmatization in adolescence on mental health via helicopter parenting and emotional avoidant coping among 76 (37 females and 39 males) National Longitudinal Lesbian Family Study 25-year-old offspring of lesbian parents. All participants were cisgender, born in the USA, and conceived through donor sperm, with the majority being White, heterosexual, highly educated, and no longer living with their parents. Parents who reported that their offspring experienced homophobic stigmatization in adolescence were likely to enact higher helicopter parenting in emerging adulthood. Then, higher scores on helicopter parenting were associated with offspring's greater use of emotional avoidant coping, which in turn negatively affected the mental health of emerging adult offspring. Discussed in light of Bowen's family differentiation theory, the results suggest that clinicians should examine helicopter parenting in the context of lesbian parents' developmental history and potential tendency to project their own concerns about safety onto their child in order to reduce the distress of experienced homophobic stigmatization.

Keywords: emerging adulthood, lesbian parents, helicopter parenting, coping style, mental health


When parents support their children's developing autonomy, their children are more likely to demonstrate better psychological adjustment (LeMoyné & Buchanan, 2011; Schiffrin et al., 2014, 2015; Segrin et al., 2013; Srivastav & Mathur, 2020). However, there is a fine line between parental behavior that supports children's autonomy versus behavior that controls, intrudes, and limits them. In recent years, the term "helicopter parent" (Cline & Fay, 1990) has emerged to describe the highly involved parent who hovers over and around their child, applying developmentally inappropriate levels of control and tangible assistance, and immediately interceding when the child faces an unpleasant situation or uncertainty. Helicopter parenting further includes risk aversion, anticipatory

problem-solving, preoccupation with children's success and happiness, and resistance to children's development of autonomy (Padilla-Walker & Nelson, 2012).

There is some evidence that helicopter parenting is particularly problematic when offsprings are emerging adults (aged 18–29 years), because emerging adulthood is typified by high levels of autonomy, exploration, instability and uncertainty, alongside greater independence in decision-making and finances, the assumption of adult roles and responsibilities, and commitment to stable romantic partners, careers, and places of residence (Arnett et al., 2014). Although many emerging adults no longer live with their families of origin, most still interact regularly with their parents, seeking assistance and counsel (Arnett et al., 2014). Research on parent–child interaction during emerging adulthood suggests that a modification—but not elimination—of the parent–child relationship occurs during this period, underscoring the importance of appropriate parenting to foster healthy child adjustment (Nelson et al., 2011).

Helicopter parenting is often motivated by parents' genuine and benevolent intentions. However, it is also associated with several offspring adjustment problems and maladaptive outcomes (e.g., anxiety, depression, stress, poor affect quality, low life satisfaction) in multiple contexts (e.g., academic, professional, relational; LeMoyné & Buchanan, 2011; Odenweller et al., 2014;

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Requests to access the dataset should be directed to Nanette K. Gartrell, who is the principal investigator of the National Longitudinal Lesbian Family Study. This study was not preregistered. Data appearing in the article have not been disseminated before.

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Pistella et al., 2022; Segrin et al., 2012, 2015). To date, among published studies, knowledge of the effects of helicopter parenting on child adjustment has derived exclusively from families headed by different-sex parents.

From a within-group perspective, this means that data are lacking about the unique experiences of marginalized family groups, including families headed by sexual minority parents (Fish & Russell, 2018). These families face particular experiences, such as homophobic stigmatization (Bos & Gartrell, 2020), which heterosexual-parent families do not. This type of experience, along with the obstacles and adversities sexual minority people encounter on the path to intentional parenthood (e.g., Gartrell et al., 1996; Goldberg & Smith, 2011), may contribute to helicopter parenting. Whether this is the case for lesbian-parent families and how their offspring manage and adjust to helicopter parenting remain unknown. The present study examined the longitudinal influence of homophobic stigmatization experienced in adolescence on mental health via helicopter parenting and emotional avoidant coping among the National Longitudinal Lesbian Family Study (NLLFS) 25-year-old offspring of lesbian parents.

Stigmatization, Parenting, and Mental Health in Lesbian-Parent Families Through Donor Insemination

Over the past 40 years, a wide body of research has found that lesbian parents who conceived their child through donor insemination engage in positive parenting practices and are successful in their parental roles (Bos & Gartrell, 2020; Carone et al., 2017; Golombok, 2020). Also, their donor-conceived children develop in healthy ways, across varying age brackets and adjustment domains (e.g., Baiocco et al., 2018; Bos et al., 2015; Carone et al., 2018, 2020; Fedewa et al., 2015; Gartrell & Bos, 2010; Gartrell et al., 2018; Kabátek & Perales, 2021). However, no prior research has specifically addressed helicopter parenting in lesbian-parent families through donor insemination.

Within this population, some evidence is available on related parenting behaviors (i.e., emotional involvement and controlling behaviors) and their association with child adjustment. For instance, in a Dutch study conducted by Bos et al. (2007), comparing lesbian two-parent families through donor insemination and heterosexual two-parent families through unassisted conception with children aged 6 years on average, the lesbian biological parents reported significantly more involvement in child-rearing than the heterosexual biological parents. Furthermore, irrespective of family type, parents' greater supportive presence was associated with more child internalizing problems, whereas parents' lower emotional involvement was associated with more child externalizing and total problems.

In a U.K. community study, lesbian and heterosexual parents were found to display a similar level of emotional involvement with their 7-year-old children (Golombok et al., 2003) and a similar degree of supervision of outside play. However, in contrast to the study by Bos et al. (2007), the study sample of lesbian parents by Golombok et al. (2003) included both children born into a previous heterosexual relationship and children conceived through donor insemination. In a follow-up study by Bos et al. (2015), when the children were adolescents (average age 16 years), no differences were found across family type in children's perception of parental controlling behavior, though girls reported higher scores than boys. Also, in both family types, higher parental control was associated

with lower self-esteem, more conduct problems, and greater consumption of cigarettes among the adolescent children.

Golombok and Badger (2010) found that lesbian and single heterosexual mothers in the U.K. were more emotionally involved with their early adult offspring than heterosexual mothers in two-parent families. In contrast, all three groups of mothers showed similar levels of supervision and control of their offspring's activities. To date, the NLLFS is the only investigation to have followed the donor-conceived offspring of lesbian parents from birth to emerging adulthood. Among other results, Koh et al. (2019) found that, at the age of 25, offspring who perceived lower parental support of their autonomy reported more internalizing and externalizing problems.

Overall, studies of lesbian-parent families based on both parental/offspring self-report and observational measures across various Western industrialized countries (e.g., the Netherlands, Belgium, Italy, the U.K., the USA) have found a positive parent-child relationship quality and an appropriate level of parental emotional involvement and control over the donor-conceived offspring, from infancy to emerging adulthood (e.g., Bos & Gartrell, 2020; Golombok, 2020; Patterson, 2017). Considering these findings, one might wonder why it is relevant to investigate helicopter parenting among lesbian-parent families. A closer examination of associated causal factors might help clarify this issue.

To the extent that parenting styles and parenting behaviors do not develop in isolation, the literature has demonstrated that environmental events, alongside other causal factors (e.g., parental anxiety, parental regret, gender, culture), contribute to the development of helicopter parenting (Srivastav & Mathur, 2020). Lesbian parents and their donor-conceived offspring may experience stigmatization due to their diverse family structure, and this may configure a significant environmental event that elicits helicopter parenting. Previous studies have documented that sexual minority parent families, regardless of their path to parenthood, are likely to encounter various forms of stigmatization in daily life (e.g., structural discrimination, offences, microaggressions; Bos et al., 2004; Farr, Crain, et al., 2016; Goldberg & Smith, 2011). Such experiences may pose particular challenges for parenting and child adjustment (Bos et al., 2004; Carone et al., 2018; Farr, Oakley, & Ollen, 2016).

From this perspective, parents who are concerned about their offspring's safety due to environmental threats are more likely to become overprotective (Nelson, 2010). Although it may be expected that emerging adult offspring are sufficiently mature and equipped to face stigmatization on their own (Bos & Gartrell, 2010), lesbian parents, who may have had to overcome decades of stigmatization and obstacles to form their family (Gartrell et al., 1996), may feel anxious and worried about their offspring and unknowingly exhibit helicopter parenting even when their children are emerging adults, hoping to protect them from discrimination and marginalization. In addition to lesbian parents' experiences of stigmatization, previous research also indicates that offspring may be teased due to their family structure (e.g., Bos et al., 2021; Carone et al., 2022). Van Gelderen et al. (2012) found that out of 78 NLLFS adolescent offspring, 39 had experienced homophobic stigmatization. While these adolescents generally responded to these experiences using adaptive (e.g., optimism) rather than maladaptive strategies, 21 (53.8%) chose to avoid the problem (van Gelderen et al., 2012). Most adolescents who used avoidant coping strategies kept their parents' sexual orientation a secret, whereas some ignored the situation and a few others did nothing.

Helicopter Parenting and Emotional Avoidant Coping as Mediators of Homophobic Stigmatization in Adolescence on Mental Health in Emerging Adulthood

When facing the developmental challenges of emerging adulthood, offspring may resort to thoughts and behaviors (defined as *coping strategies*), including self-distraction, denial, and behavioral disengagement, to avoid distress and other negative emotions. Furthermore, they may engage in self-blame for not being able to contain their parents' overinvolvement, or they may (ab)use substances to self-regulate by restoring an internal locus of control. These coping strategies fall into the category of "emotional avoidant coping" (Carver, 1997), which may configure a possible mediator between helicopter parenting and the mental health of emerging adult offspring (Segrin et al., 2013).

Of relevance for this study is that some previous research shows that helicopter parenting is associated with two avoidant coping strategies among emerging adults—internalizing (e.g., directing anger at oneself) and distancing (e.g., refusing to think about a distressing object or situation)—and that helicopter parenting may indirectly exacerbate symptoms of anxiety via avoidant coping (Segrin et al., 2013). The mediating role of emotional avoidant coping has a developmental explanation. Parenting behaviors and practices are instrumental for the development of effective coping skills in children, adolescents, and emerging adults (Power, 2004).

In the early stages of the socialization of coping, parents protect their very young children from stressors, either by ensuring that the children avoid those stressors altogether or by providing comfort when confrontation is unavoidable. As children age, they need to acquire their own coping strategies; accordingly, parents must decrease their level of protection appropriately to support their children's developing independence. Simultaneously, parents may help their children to learn effective coping strategies that can be internalized and autonomously performed by direct teaching or modeling (Power, 2004). However, as described in the previous section, when parents perceive the environment as dangerous (e.g., an arena for homophobic stigmatization), they may struggle to step back from their children and instead enact developmentally inappropriate hovering behavior.

As a secondary point, helicopter parenting has also been described as a parent's inability to adjust their level of protectiveness to suit their child's developing coping skills (Power, 2004). Thus, the very act of helicopter parenting may implicitly communicate to the child that the parent believes them to be incapable of autonomously coping (Hastings et al., 2010). In lesbian-parent families, experienced homophobic stigmatization may confirm lesbian parents' concerns about their offspring's abilities to cope. However, this hypothesis is speculative and needs to be documented by research.

Over time, a child who is protected from threat to an unnecessary or excessive degree may experience fewer normative opportunities to increase self-confidence by mastering coping skills and learning that threats can be overcome without parental assistance (Segrin et al., 2013; Srivastav & Mathur, 2020). Emerging adults who have had helicopter parents may have limited experience of specific stressors (as their parents will have managed these for them), leaving them ill-equipped to adapt to difficult situations and vulnerable to psychological maladjustment (Power, 2004).

Prior research has generally found that the offspring of lesbian parents display adaptive coping strategies in the face of difficulty (e.g., stigmatization), including seeking social support, turning to parents for comfort and discussion, and reframing negative experiences (Bos et al., 2020; Farr, Crain, et al., 2016; Gershon et al., 1999; Kuvalanka et al., 2014). Despite their experiences with stigmatization, these offspring also positively conceptualized their family (Farr, Crain, et al., 2016). However, the use of emotional avoidant coping strategies cannot be excluded, as previously shown by van Gelderen et al.'s (2012) study.

In addition to the developmental perspective of emerging adulthood (Arnett et al., 2014), the family differentiation theory (Bowen, 1978) may help explain helicopter parenting as a response to homophobic stigmatization, resulting in emerging adult offspring's use of emotional avoidant coping, which may diminish their mental health. Bowen (1978) used the term "fusion" to describe a person's reactions within a relationship, and in the context of the family unit, wherein a lack of differentiation of the self results in enmeshment when interpersonal boundaries become too permeable or unclear. Research on helicopter parenting suggests that these parents see their children as vulnerable and, in turn, are anxious about reducing potential harm (Segrin et al., 2013; Srivastav & Mathur, 2020). Enmeshed sexual minority parents may project their concerns about homophobic stigmatization onto their (fused) child, with the solution being overparenting. If helicopter parents perceive that their child is distressed, they immediately address the issue, blurring interpersonal boundaries. In this vein, Bowen (1978) would view helicopter parenting as a fused relationship between the parent and the child, making it difficult for children to self-differentiate and develop effective coping strategies, thus increasing their risk for emotional and behavioral problems.

The Present Study

For the present study, data were drawn from the two most recent waves (Wave 5 and Wave 6, when the offspring were 17 and 25 years old, respectively) of the NLLFS. The aim was to investigate whether parental reports of homophobic stigmatization experienced by their adolescent offspring were associated with more helicopter parenting when they became emerging adults, and if so, whether such parenting would result in more emotional avoidant coping by the emerging adult offspring, with an overall detrimental effect on their mental health.

Previous studies on emerging adult offspring of heterosexual parents showed that greater helicopter parenting was associated with more anxiety, depression, psychological distress, behavioral problems, and lower life meaning and satisfaction (LeMoyne & Buchanan, 2011; Schiffrin et al., 2014, 2015; Segrin et al., 2013; Srivastav & Mathur, 2020). Consequently, the present study operationalized mental health into several domains (i.e., behavioral problems, satisfaction with life, meaning in life, positive and negative affect) to gain a more complete understanding of the implications of helicopter parenting for emerging adult offspring of lesbian parents.

Method

Data Transparency and Openness

We report how we determined our sample size, all data exclusions, and all measures in the study. The data set analyzed in this

article is not publicly available. Requests to access the data set should be directed to Nanette K. Gartrell, who is the principal investigator of the NLLFS. This study was not preregistered.

Participants

A total of 76 emerging adult offspring (37 females and 39 males) of lesbian parents participated in the present study. At Wave 6, all were 25 years old, born in the USA, and conceived through donor sperm: 39.5% ($n = 30$) with a permanently unknown donor, 28.9% ($n = 22$) with a donor they had known since childhood, and 31.6% ($n = 24$) with an open-identity donor who could be contacted after the offspring reached the age of 18; of these, eight had met their donors and 16 had not at the time of the study. A majority identified as White (90.8%, $n = 69$), with 9.2% ($n = 7$) identifying as people of color: African American/Black ($n = 3$), Latina/o or Hispanic ($n = 1$), or other/mixed ($n = 3$). Most (68.4%, $n = 52$) had completed a bachelor's or registered nurse degree. Of the remainder, 11.8% reported some college but no college degree ($n = 9$), 2.6% an associate degree ($n = 2$), 9.2% some graduate school but no graduate degree ($n = 7$), and 7.9% a master's degree ($n = 6$). In terms of sexual orientation, a majority of participants identified as heterosexual (80.3%, $n = 61$) and a smaller number as lesbian/gay (5.3%, $n = 4$) or bisexual (14.5%, $n = 11$). Most participants (82.7%, $n = 62$) lived independently of their parents.

Procedure

The lesbian prospective parents were enrolled in the NLLFS between 1986 and 1992, when they were inseminating or pregnant. They had received information about the NLLFS during announcements at lesbian events, via flyers in women's bookstores and in lesbian-oriented publications; those who wanted to learn more about the study were invited to contact the researchers by telephone. All interested callers became part of the first wave of data collection, which resulted in an initial cohort of 84 families. The parents were interviewed again when their children were 2 (Wave 2), 5 (Wave 3), 10 (Wave 4), 17 (Wave 5), and 25 (Wave 6) years old (Gartrell, 2021). At Wave 6, the offspring were legal adults and provided written informed consent to participate.

Each offspring who completed a Wave 6 survey received the equivalent of \$60 in compensation (e.g., gift card). The Wave 6 data collection was completed in October 2017 through a protected online survey. The family retention rate since Wave 1 is 92% (Gartrell, 2021). One offspring was excluded from the Wave 6 analyses due to an incomplete survey, and a second because that offspring had turned 26 before completing the survey. Therefore, the final sample size for the present study was 76 participants, including one set of twins. The institutional review board at Sutter Health approved the study (SHIRB no. 20.070-2; IRBNet no. 348911-17).

Measures

Wave 5 (17-Year-Old Offspring, Parent Reports)

Homophobic Stigmatization. Homophobic stigmatization in adolescence was investigated by asking parents, "Has your teen been explicitly teased or taunted about having (a) lesbian mom(s)?" (0 = *no*, 1 = *yes*).

Mental Health Problems. Adolescent offspring were asked, "During the past month, how often have you had serious emotional or mental health problems that you felt you needed help with?" (1 = *never*, 5 = *very often*). This question was used as a control variable for potential mental health problems in emerging adulthood.

Wave 6 (25-Year-Old Offspring, Offspring Reports)

Helicopter Parenting. Twelve items from the "parents as facilitators of independence scale" of the Parental Relationship Questionnaire (Kenny, 1987) were used to assess helicopter parenting in emerging adulthood. Participants were asked to rate their parents on these items on a 5-point Likert scale (1 = *not at all* to 5 = *very much*). Example items included "Would you say that your parent(s) . . . (a) respect your privacy? (b) Encourage you to make your own decisions? (c) Give you advice whether or not you want it?" Items were reverse-scored, and a total mean score was then calculated so that higher scores indicated greater helicopter parenting. The Cronbach's α was .84.

Emotional Avoidant Coping. Participants were also administered the 10-item avoidant emotional coping subscale of the "Brief COPE" (Carver, 1997) to assess how often they used particular maladaptive coping strategies when faced with difficult or stressful circumstances in emerging adulthood (1 = *I don't do this at all*, 4 = *I do this a lot*). The subscale included items on self-distraction (e.g., "I turn to work on other activities to take my mind off things"), denial (e.g., "I refuse to believe that it has happened"), behavioral disengagement (e.g., "I give up trying to deal with it"), self-blame ("I criticize myself"), and substance use (e.g., "I use alcohol or other drugs to make myself feel better"). Higher scores indicated higher levels of emotional avoidant coping. The Cronbach's α was .65.

Mental Health. Five mental health indicators in emerging adulthood were used: (a) behavioral problems, (b) satisfaction with life, (c) meaning in life, (d) positive affect, and (e) negative affect.

Behavioral Problems. Behavioral problems during the prior 6 months were self-rated by completing the 120-item Achenbach Adult Self-Report (ASR; Achenbach & Rescorla, 2003) on a 3-point Likert scale (0 = *not true*, 1 = *somewhat or sometimes true*, 2 = *very true or often true*). Scores were tabulated on all individual items and then summed into a total problem behavior scale (inclusive of internalizing and externalizing behavior problems in addition to thought and attention problems). In the ASR, for each scale, the total raw score is a sex- and age-specific summary of all items and is converted to a standard T score, with higher total T scores indicating more behavioral problems. T scores were used in all analyses to account for sex and age specificities. Achenbach and Rescorla (2003) defined T scores greater than or equal to the 93rd percentile ($T \geq 65$) as falling in the combined borderline and clinical ranges. The Cronbach's α was .95.

Satisfaction With Life. The Satisfaction With Life Scale (Diener et al., 1985) assessed participants' global satisfaction with life (e.g., "The conditions of my life are excellent") and comprised five items that were rated on a 5-point Likert scale (1 = *strongly disagree*, 5 = *strongly agree*). A total mean score was calculated for each participant, with higher values representing greater satisfaction with life. The Cronbach's α was .81.

Meaning in Life. Three items from the Meaning in Life Scale (Steger et al., 2006) were used to assess the extent to which

participants perceived their lives as meaningful and worthwhile (e.g., “My life has a clear sense of purpose”) on a 5-point Likert scale (1 = *not all true*, 5 = *completely true*). A total mean score was used, with higher scores reflecting greater perception of meaningfulness in life. The Cronbach’s α was 0.82.

Positive and Negative Affect. The Positive and Negative Affect Schedule scale (Watson et al., 1988) measured positive (e.g., “I felt in good spirits”) and negative (e.g., “I felt fidgety or restless”) affect during the past 30 days on a 5-point Likert scale (1 = *none of the time*, 5 = *all of the time*). Two separate total mean scores for positive and negative affect were calculated, with higher values representing greater positive and negative affect, respectively. The Cronbach’s α s for positive and negative affect were .88 and .81, respectively.

Data Analysis

All analyses were conducted using R and SPSS. Descriptive statistics were used to report figures such as percentages, means, and standard deviations of the variables that were included in the mediation model (i.e., helicopter parenting, emotional avoidant coping, and the mental health variables). Preliminary analyses were conducted to assess the relationship of demographic characteristics on these variables. For these preliminary analyses, the findings on race/ethnicity, education, and sexual orientation were recoded due to the small cell sizes for the response categories on these variables. Race/ethnicity was recoded into two categories: 1 = *people of color* (i.e., African American/Black, Latina/o or Hispanic, or other/mixed) and 2 = *White* (i.e., non-Latina/o or Hispanic). Education was recoded into 1 = *no college degree* (i.e., no high school diploma and no general equivalency diploma, general equivalency diploma, high school graduate, and some college but no college degree) and 2 = *college degree or higher* (i.e., associate’s degree, bachelor’s or registered nurse degree, some graduate school but no graduate degree, master’s degree, and doctoral or law degree). None of the participants checked the answer category “other education.” Participants who identified as lesbian/gay/homosexual¹ or bisexual were recoded (sexual orientation: 1 = *heterosexual* and 2 = *lesbian/gay/homosexual or bisexual*).

Analyses of variance (ANOVAs) were used to assess gender differences in perceived helicopter parenting, emotional avoidant coping, and mental health indicators, whereas the nonparametric Mann–Whitney U test was employed to assess differences in race/ethnicity, education, and sexual orientation in relation to perceived helicopter parenting, emotional avoidant coping, and mental health indicators. This was done because even after recoding, the cell sizes for the categories on the demographic variables were too small to use standard ANOVAs.

Finally, the mediational hypothesis was tested by using one serial multiple mediation model and computing 95% CIs with bootstrap percentiles and 5,000 resamples as recommended by Hayes (2017). A post hoc Monte Carlo power simulation was computed to obtain the statistical power of the results for the indirect effects using the shiny and MASS add-on R packages (Schoemann et al., 2017). In cases where demographic variables were significantly associated with one or more variables, they were included as covariates in the mediational model. The analysis was further controlled for mental health problems reported by offspring in adolescence.

Given that multiple indicators of mental health were assessed, to reduce overlap in variance and retain greater power for the analyses, principal component analysis (PCA) with oblimin rotation was used to create a single standardized composite variable of overall mental health. Oblimin rotation was chosen because there were theoretical and empirical reasons to expect correlation between the indicators. Before running PCA, positive indicators (i.e., life satisfaction, meaning in life, and positive affect) were reversed so that in the serial multiple mediation model, higher scores reflected worse mental health outcomes. All components loading was at least equal to 0.646 (0.646–0.795). Reverse scores were used only for the mediational model, while original scores were used for descriptive purposes.

Results

Descriptive and Preliminary Analyses

At Wave 5, 21 parents (27.6%) reported their adolescent offspring being stigmatized because of having lesbian parents; however, on average, adolescent offspring reported very low levels of mental health problems ($M = 1.83$, $SD = 0.92$). At Wave 6, emerging adult offspring reported on average low levels of helicopter parenting ($M = 2.02$, $SD = 0.62$), emotional avoidant coping ($M = 1.89$, $SD = 0.37$), behavior problems ($M = 49.93$, $SD = 10.13$), and negative affect ($M = 2.01$, $SD = 0.58$), whereas they reported high levels of life satisfaction ($M = 3.75$, $SD = 0.76$), life meaning ($M = 3.92$, $SD = 0.82$), and positive affect ($M = 3.54$, $SD = 0.58$).

Table 1 displays descriptives and differences in Wave 5 and Wave 6 study variables by participants’ sociodemographics. While no differences were identified based on gender, race/ethnicity, and sexual orientation, offspring with no college degree had higher scores on helicopter parenting (Mann–Whitney $U = 166.00$, $p = .029$), emotional avoidant coping (Mann–Whitney $U = 135.00$, $p = .007$), and negative affect (Mann–Whitney $U = 173.00$, $p = .038$), relative to offspring with a college degree or higher. Hence, education was included as a covariate in the mediational model. Table 2 displays all associations among study variables.

Serial Multiple Mediation of Helicopter Parenting and Emotional Avoidant Coping in Emerging Adulthood in the Association Between Homophobic Stigmatization During Adolescence and Emerging Adults’ Mental Health

The serial multiple mediation analysis with confidence intervals (CIs) computed using the bootstrap percentiles method, and 5,000 resamples indicated that the total indirect effect was significant, point estimate = 0.298, $SE = 0.187$, 95% CI [−0.022, 0.715]. Specifically, the indirect path from homophobic stigmatization reported by parents at Wave 5 through helicopter parenting and emotional avoidant coping at Wave 6 on offspring mental health was

¹ As per the American Psychological Association guidelines, we acknowledge the negative connotation of the term “homosexual.” However, when the study was initiated, participants were asked whether they identified their sexual orientation as “lesbian,” “gay,” “homosexual,” “bisexual,” or “heterosexual” because the term “homosexual” was still used by participants and in the scientific literature.

Table 1*Descriptives and Differences in Wave 5 and Wave 6 Study Variables by Participants' Sociodemographics (N = 76)*

Variable	Gender		χ^2/F	<i>p</i>	Race/ethnicity		χ^2 /Mann-Whitney <i>U</i> test	<i>p</i>
	Female <i>n</i> = 37	Male <i>n</i> = 39			People of color <i>n</i> = 7	White people <i>n</i> = 69		
Adolescence (W5)	<i>n</i> (%)	<i>n</i> (%)			<i>n</i> (%)	<i>n</i> (%)		
Homophobic stigmatization			0.429	.512			1.619	.203
No	25 (67.57)	30 (76.92)			7 (100.00)	48 (69.57)		
Yes	12 (32.43)	9 (23.08)			0 (0.00)	21 (30.43)		
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)			<i>Mdn</i>	<i>Mdn</i>		
Mental health problems (range score 1–5)	2.03 (0.99)	1.64 (0.81)	3.492	.066	3.00	2.00	183.00	.259
Emerging adulthood (W6)								
Helicopter parenting (range score 0–5)	2.16 (0.74)	1.87 (0.46)	4.32	.041	2.08	1.83	188.00	.336
Emotional avoidant coping (range score 1–4)	1.89 (0.37)	1.89 (0.38)	<0.01	.995	1.90	1.90	211.50	.588
Mental health								
Total problem behavior (<i>T</i> scores ≥ 65 = combined borderline and clinical ranges)	48.60 (10.70)	51.20 (9.49)	1.21	.274	45.00	51.00	145.50	.084
Satisfaction with life (range score 1–5)	3.92 (0.79)	3.58 (0.71)	3.80	.055	4.00	4.00	216.00	.645
Meaning in life (range score 1–5)	3.95 (0.78)	3.90 (0.87)	0.07	.779	4.00	4.00	217.50	.663
Positive affect (range score 1–5)	3.63 (0.55)	3.46 (0.60)	1.56	.216	3.83	3.50	203.00	.487
Negative affect (range score 1–5)	2.02 (0.63)	2.00 (0.54)	0.02	.892	1.83	2.00	184.50	.301
Variable	Education		χ^2 /Mann-Whitney <i>U</i> test	<i>p</i>	Sexual orientation		χ^2 /Mann-Whitney <i>U</i> test	<i>p</i>
	No college degree <i>n</i> = 9	College degree or higher <i>n</i> = 67			Heterosexual <i>n</i> = 61	Lesbian/gay/bisexual <i>n</i> = 15		
Adolescence (W5)	<i>n</i> (%)	<i>n</i> (%)			<i>n</i> (%)	<i>n</i> (%)		
Homophobic stigmatization			0.647	.421			0.763	.382
No	5 (55.56)	50 (74.63)			46 (75.41)	9 (60.00)		
Yes	4 (44.44)	17 (25.37)			15 (24.59)	6 (40.00)		
	<i>Mdn</i>	<i>Mdn</i>			<i>Mdn</i>	<i>Mdn</i>		
Mental health problems (range score 1–5)	2.00	2.00	228.00	.204	2.00	1.00	436.50	.769
Emerging adulthood (W6)								
Helicopter parenting (range score 0–5)	2.08	1.83	178.00	.047	1.83	1.83	414.00	.570
Emotional avoidant coping (range score 1–4)	2.10	1.80	166.00	.029	1.90	1.90	399.50	.447
Mental health								
Total problem behavior (<i>T</i> scores ≥ 65 = combined borderline and clinical ranges)	57.00	49.00	134.50	.007	51.00	48.00	431.50	.734
Satisfaction with life (range score 1–5)	3.00	4.00	188.00	.067	4.00	3.60	394.50	.409
Meaning in life (range score 1–5)	4.00	4.00	251.50	.417	4.00	3.67	314.50	.059
Positive affect (range score 1–5)	3.17	3.67	233.00	.268	3.50	3.33	439.50	.813
Negative affect (range score 1–5)	2.17	2.00	173.00	.037	2.00	2.00	396.50	.421

Note. Participants' sociodemographics (gender, race/ethnicity, sexual orientation, education) and associations with homophobic stigmatization and mental health in adolescence, and helicopter parenting, emotional avoidant coping, and mental health indicators in emerging adulthood ($N = 76$). W5 = Wave 5 (adolescence); W6 = Wave 6 (emerging adulthood); *Mdn* = median. The chi-square test was used to calculate potential differences in homophobic stigmatization based on participants' sociodemographics. Means and standard deviations were used to calculate potential differences in study variables across offspring's gender using the analysis of variance; the median was used to calculate potential differences in study variables across races/ethnicities, educational levels, and sexual orientations using the nonparametric Mann-Whitney *U* test.

Table 2

Associations Among Homophobic Stigmatization in Adolescence, and Helicopter Parenting, Emotional Avoidant Coping, and Mental Health Indicators in Emerging Adulthood (N = 76)

Variable	1	2	3	4	5	6	7	8	9	10
1. Homophobic stigmatization at W5	—									
2. Mental health problems at W5	.179	—								
3. Helicopter parenting at W6	.168	.202	—							
4. Emotional avoidant coping at W6	.191	.159	.397***	—						
5. Behavioral problems at W6	.387**	.158	.467***	.666***	—					
6. Satisfaction with life at W6	-.404***	.037	-.293*	-.313**	-.385***	—				
7. Meaning in life at W6	-.059	.005	-.237*	-.277*	-.295*	.421***	—			
8. Positive affect at W6	-.237*	.085	-.282*	-.413***	-.446***	.606***	.390***	—		
9. Negative affect at W6	.320**	.209	.428***	.702***	.630***	-.335**	-.371***	-.461***	—	
10. Mental health problems at W6	.374**	.065	.463***	.645***	.751***	-.744***	-.646***	-.795***	.761***	—
<i>M</i>	—	1.83	2.02	1.89	49.93	3.75	3.92	3.54	2.01	0.00
<i>SD</i>	—	0.92	0.62	0.37	10.13	0.76	0.82	0.58	0.58	1.00

Note. W5 = Wave 5 (adolescence); W6 = Wave 6 (emerging adulthood). Spearman *r* correlations were used for the associations among homophobic stigmatization and helicopter parenting, emotional avoidant coping, and mental health indicators, whereas Pearson *r* correlations were used for the associations among helicopter parenting, emotional avoidant coping, and mental health indicators.

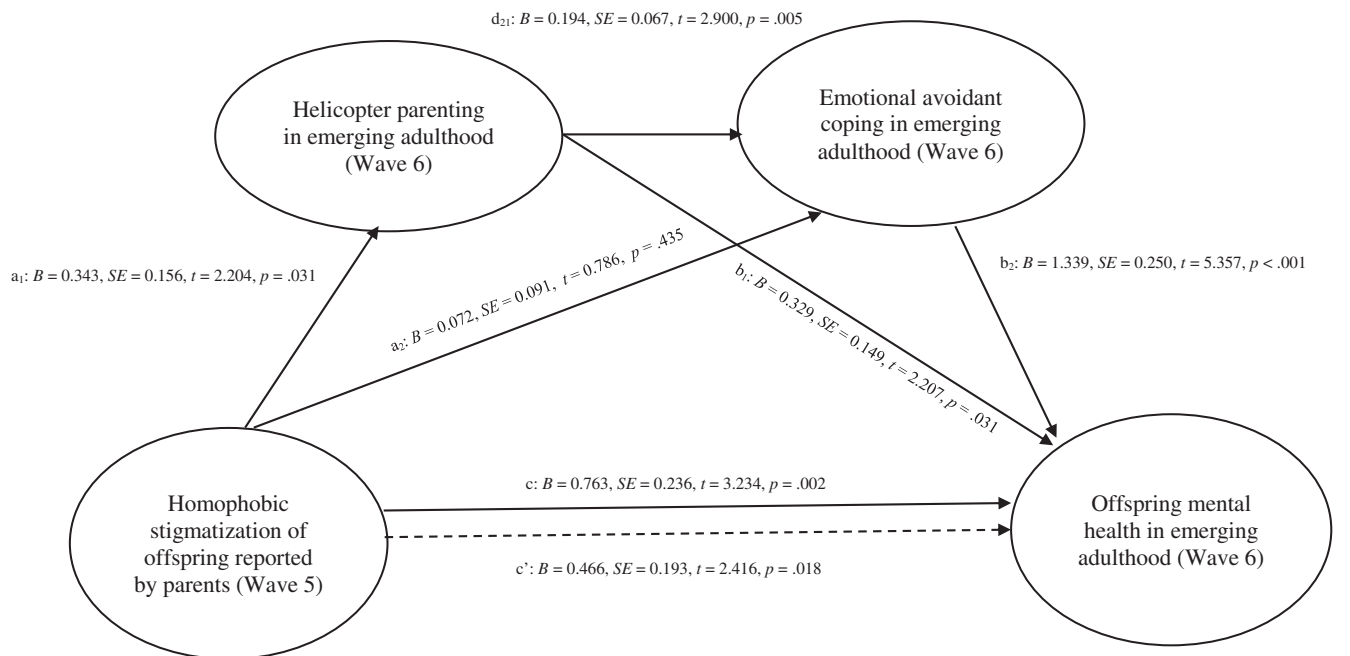
* *p* < .05. ** *p* < .01. *** *p* < .001.

significant, point estimate = 0.089, *SE* = 0.069, 95% *CI* [-0.009, 0.253], *p* < .001. As shown in Figure 1, in families where parents reported their offspring experienced homophobic stigmatization at Wave 5, the emerging adult offspring perceived higher helicopter parenting at Wave 6, which was associated with their greater use of emotional avoidant coping in the same developmental period. As a result, this had a detrimental effect on the overall mental health

of the affected 25-year-old offspring. However, homophobic stigmatization during adolescence also had a direct effect on emerging adult offspring’s mental health, point estimate = 0.466, *SE* = 0.193, 95% *CI* [-0.081, 0.851], *p* = .018, thus suggesting a partial serial multiple mediation. Monte Carlo power analysis for indirect effects showed a moderate power of 46% (based on 95% *CI*; Schoemann et al., 2017). Figure 1 shows full statistics.

Figure 1

Serial Multiple Mediation of Helicopter Parenting and Emotional Avoidant Coping in the Association Between Homophobic Stigmatization in Adolescence and Offspring Mental Health in Emerging Adulthood (N = 76)



Note. *B* = nonstandardized betas; *SE* = standard error. The mediational analysis was controlled for mental health problems in adolescence, *B* = -0.116, *SE* = 0.093, *t* = -1.246, *p* = .217, and education, *B* = -0.377, *SE* = 0.267, *t* = -1.412, *p* = .162.

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Discussion

The present study examined homophobic stigmatization experienced by the first generation of offspring of lesbian parents during adolescence as an antecedent for helicopter parenting when they were emerging adults, and their use of emotional avoidant coping as a strategy to deal with such parenting behavior. This is the first time a serial multiple mediation model was used to consider mechanisms involved in the detrimental effects of homophobic stigmatization on offspring mental health from adolescence to emerging adulthood. Given that helicopter parenting typically involves elements of overcontrol (Padilla-Walker & Nelson, 2012), emerging adulthood was considered an appropriate time for such an investigation, as helicopter parenting during this developmental period is likely to interfere in NLLFS offspring's decisions, difficulties, and opportunities (Arnett et al., 2014).

On a preliminary descriptive level, it is relevant to note that the present results align with previous research indicating that the offspring of lesbian parents demonstrate healthy development (Bos & Gartrell, 2020; Fedewa et al., 2015; Patterson, 2017). Specifically, the NLLFS offspring reported relatively low mean levels of behavioral problems and negative affect, and high mean levels of positive affect; also, on average, they were highly satisfied with their lives and experienced their lives as meaningful. In a similar vein, they perceived low levels of helicopter parenting and tended to manage life difficulties with little use of emotional avoidant coping. Considered together, these results suggest that the emerging adult offspring of lesbian parents were able to manage and navigate through this difficult transitional period effectively. This is particularly important given that emerging adults tend to be more sensitive to environmental inputs (Mulye et al., 2009) and to experience great uncertainty and frequent setbacks along their journey to adulthood (Arnett et al., 2014). Hence, future studies should seek to identify which factors buffer against risk to emerging adults' mental health during this period.

In line with previous research across diverse samples of sexual minority parent families (e.g., Bos et al., 2021; Carone et al., 2018, 2022; Farr, Oakley, & Ollen, 2016; Golombok, 2020), this study found a direct, detrimental, effect of homophobic stigmatization on child adjustment. However, the novel finding was that helicopter parenting and emotional avoidant coping emerged as sequential linchpins connecting homophobic stigmatization during adolescence to the mental health of the emerging adult offspring. Parents who reported that their adolescent offspring experienced homophobic stigmatization were likely to engage in more helicopter parenting during emerging adulthood. This parenting behavior was associated with emerging offspring's greater use of emotional avoidant coping as a strategy to distance themselves from their parents, with a resultant negative impact on offspring's mental health. Looked at through the lens of family differentiation theory (Bowen, 1978), it stands to reason that when parents' hovering was perceived by their offspring as a sign of enmeshment and boundary loosening, the NLLFS emerging adult offspring responded by avoiding, rather than dealing with, stressors.

The longitudinal nature of this study supported the view that parenting and coping styles have developmental roots and are cultivated through experience with challenges (Power, 2004). In this vein, homophobic stigmatization can be viewed as an environmental event that plays a crucial causal role in the development and enactment of helicopter parenting (Srivastav & Mathur, 2020).

Therefore, it is not surprising that when lesbian parents' efforts to keep their emerging adult offspring out of harm's way translated into overinvolved parenting behaviors due to their offspring's experiences with homophobic stigmatization as adolescents, the offspring reacted maladaptively and distanced themselves, resulting in more mental health difficulties.

It is important to note that this detrimental path occurred in spite of previous research with the NLLFS lesbian parents showing their genuine intention to prepare their offspring to cope with challenges and respond to homophobic stigmatization in a healthy way from an early age (Gartrell et al., 2019). Similarly, since adolescence, the NLLFS offspring have been found to be more likely to use adaptive strategies than maladaptive strategies when coping with negative experiences (van Gelderen et al., 2012).

Future studies examining helicopter parenting among diverse families may benefit from the inclusion of a measure of offspring attachment to parents. In this vein, an alternative explanation of our findings through an attachment lens may be that emerging adults whose parents were less likely to act as a secure base (because they did not facilitate their offspring's independence) were more likely to engage in emotional avoidant coping. Previous research indicates that insecure attachment is also associated with emotion regulation issues (e.g., Girme et al., 2021).

Several limitations of the present study should be considered when interpreting the results. First, although the NLLFS is the longest running prospective study on lesbian parents and their offspring (Gartrell, 2021), data on helicopter parenting and emotional avoidant coping were collected only at the offspring's age of 25 years. It is possible, therefore, that offspring with poor coping skills elicited helicopter parenting. Future longitudinal investigation may clarify the precise ordering of these effects. Second, the emotional avoidant coping scale had a relatively low α , meaning that the target items likely were not entirely representative of the domain of behavior examined, items had a poor interrelatedness, and/or the construct considered (i.e., emotional avoidant coping) was heterogeneous. Also, such coping strategy was investigated in general, rather than as a particular response to helicopter parenting. Thus, it may be the case that, if specifically asked, offspring would have reported different results.

As a third limitation, this cohort of first-generation U.S.-planned lesbian-parent families has a middle to high socioeconomic status; is mostly White; is highly educated; and is urban, with many living in Boston, Washington, DC, and San Francisco. Therefore, they may not reflect the experiences and adjustment of more demographically diverse lesbian-parent families, either in the United States or in other places around the world, such as the Global South (Costa & Shenkman, 2020). Cultural variation is a particularly salient issue in parenting research, since the meanings attributed to parenting practices may vary widely across cultures, with differing effects on children's mental health (Bornstein, 2012). Fourth, data were gathered using an online questionnaire, which did not ask participants to expand on the particular parenting behaviors they experienced as limiting their autonomy and competence, and prevented researchers from asking additional in-depth questions.

Finally, this study was framed by Arnett et al.'s (2014) emerging adulthood theory, which has been critiqued especially for its assumed applicability to all Americans aged 18–29 years (Côté, 2014). According to opponents, this theory does not properly consider the influence of variations in socioeconomic status and

life circumstances in determining an involuntary prolongation of the transition to adulthood (e.g., lack of personal or family resources, decline of economic opportunities for young people who are forced out of workforce and/or driven into higher educational systems in the hopes of improving their employability). That being the case, not all young people may benefit from delaying adulthood. However, previous research on the current sample (Zarr et al., 2022) found that regardless of educational level, these emerging adult offspring reported a number of concerns (e.g., related to family, work, education, personal health, and partner relationship) consistent with those identified by Arnett et al. (2014). Also, in the mediation analysis, education was not a significant covariate.

The study also had strengths, especially the longitudinal nature of the data, which made it possible to test the predictive role of homophobic stigmatization for mental health in emerging adulthood, while controlling for mental health problems reported during adolescence. Also, the study included firsthand data from emerging adult offspring of lesbian parents. This strength is substantial since previous studies with heterosexual-parent families have highlighted that positive and null findings are common in the context of parent-reported helicopter parenting (Segrin et al., 2013), possibly because helicopter parents do not view “helping” their offspring as potentially problematic (e.g., limiting their children’s autonomy), or because they feel that the benefits of their involvement outweigh the consequences of their children’s lack of autonomy. A third strength was the focus on a range of mental health outcomes, including positive indicators (e.g., life meaning and satisfaction), which are particularly relevant in both emerging adulthood (Arnett et al., 2014) and in minority groups such as lesbian-parent families (Bos et al., 2020).

Furthermore, to date, most research on lesbian-parent families and their offspring used a deficit-comparison approach, with heterosexual-parent families serving as the standard against which other family types were assessed (Bos & Gartrell, 2020; Fish & Russell, 2018). Conversely, the present study pointed in the opposite direction and used previous knowledge derived from research with heterosexual-parent families to shed light on contextual factors (i.e., homophobic stigmatization), parenting, and individual processes that matter for mental health within lesbian-parent families. Finally, and no less importantly, the application of family differentiation theory (Bowen, 1978), as well as of an emerging adulthood framework (Arnett et al., 2014), expanded our understanding of the implications of parent–offspring relation for offspring’s mental health. Few studies on sexual minority parent families thus far have drawn explicitly on an overt theoretical framework (Farr et al., 2017).

Conclusions and Implications

The NLLFS emerging adults did not experience extreme levels of helicopter parenting, and they were in good mental health (Gartrell et al., 2018; Koh et al., 2019). However, when helicopter parenting due to past homophobic stigmatization led offspring to use emotional avoidant coping strategies in emerging adulthood, this had a detrimental effect on their behavioral adjustment, affect, life meaning, and life satisfaction. Homophobic stigmatization may be experienced by diverse sexual minority parent families (e.g., gay father families, families headed by bisexual parents; Patterson, 2017). Therefore, these results are not unique to lesbian-parent families and have a number of implications for practitioners, sexual minority parents, and their offspring.

As most sexual minority people must engage in conscious preparation and complex decision-making before they become parents, prospective sexual minority parents are likely to seek professional advice to be maximally equipped to raise their children in a healthy manner. Consulted clinicians and other health care professionals should prepare these intended parents for the various challenges they will face as their offspring age, anticipating that, when the offspring reach emerging adulthood, parent–offspring dyads may struggle to achieve a healthy balance between control and support.

Research with lesbian-parent families has consistently demonstrated close and positive relationships between parents and their offspring (Bos & Gartrell, 2020; Carone et al., 2018; Patterson, 2017). Therefore, offspring in these families, just as those in other family forms, are likely to turn to their parents for advice and support during the ambiguous and uncertain developmental period of emerging adulthood. Lesbian parents must be careful that they do not react to their offspring’s behaviors and communications in an inappropriate way (e.g., triggered by their own preoccupations), which could leave their offspring feeling controlled and limited in their autonomy, potentially compromising their mental health.

The NLLFS parents belong to the first generation of planned lesbian-parent families. As such, many have experienced criticism from their families of origin, social and religious communities, and even other lesbian women (Gartrell et al., 2019). In addition, their children have suffered from homophobic stigmatization in a variety of settings (e.g., within schools, medical systems, and social spheres). In order to interpret parenting behaviors correctly and provide appropriate explanations and interventions, family therapists should understand that these experiences may have influenced the NLLFS lesbian parents to become particularly anxious about the safety and well-being of their offspring over time.

Also, given the potential developmental explanation of helicopter parenting from a family system perspective (Bowen, 1978), family therapists should explore the parents’ developmental history in the context of both their family of origin and their life course, to illuminate factors that may shape their parenting style. Bowen (1978) pointed out that parents do not intend to project anxiety onto their child. Still, this process is largely instinctual and automatic, often stemming from multigenerational transmission of emotional processes that exist in families and are passed down from generation to generation. From this perspective, if lesbian parents have not achieved autonomy in their family of origin, it is likely that under circumstances of distress or danger (as homophobic stigmatization may be), these parents may feel intensely responsible for their emerging adult offspring’s safety, with the result of limiting their offspring’s independent decision-making and behavior.

When working with the emerging adult offspring of lesbian parents, clinicians should aim at helping these children see that their choices and behaviors might trigger their parents’ behaviors. Practitioners should support both lesbian parents and their emerging adult offspring in their efforts to understand the reciprocal nature of their relationship and help both parties identify contextual, individual, and relationship factors that can promote children’s healthy development, particularly when the offspring no longer live with the parents and begin to assume increasingly adult responsibilities.

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