



Meaning in Life as a Moderator between Homophobic Stigmatization and Coping Styles in Adult Offspring from Planned Lesbian-Parent Families

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Abstract

Introduction The current study examined whether achieving a sense of meaning in life moderated the association between experienced homophobic stigmatization and coping styles in emerging adult offspring of lesbian mothers. In the sixth wave of the U S National Longitudinal Lesbian Family Study, completed in 2017, the 76 participating offspring were 25 years old.

Methods The offspring completed an online survey containing questions about homophobic stigmatization, coping styles (problem-focused, active emotional, and avoidant emotional coping), and meaning in life.

Results The interaction between homophobic stigmatization and meaning in life was significant for problem-focused and avoidant emotional coping. Further analyses showed that for participants with low levels of meaning in life, exposure to homophobic stigmatization was associated with less problem-focused coping and more avoidant emotional coping.

Discussion The social policy implications of these findings suggest that achieving a sense of meaning in life can serve as a protective factor in reducing the negative influence of homophobic stigmatization on coping styles.

Social Policy Implications Thus homophobia associated with being raised by sexual minority parents may affect offspring as adults, even after these offspring no longer live with their parents. This finding illuminates the importance of developing a sense of meaning in life by encouraging self-efficacy on the part of schools and community organizations.

Keywords Offspring-planned lesbian mother families · Homophobic stigmatization · Coping · Meaning in life

Introduction

The 1980s witnessed the first generation of offspring conceived through donor insemination (DI) and born into planned

lesbian-parent families (Gartrell et al. 1996). These offspring are now adults. Most previous studies compared these offspring during their childhood or adolescence with peers raised by heterosexual parents or with demographically matched

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samples from population-based surveys. These investigations revealed that having sexual minority parents is not in itself a risk factor for the development of psychological problems (e.g., Bos et al. 2007; Carone et al. 2018; Golombok et al., 2003). Research on other types of sexual minority parent families (e.g., children of gay fathers through surrogacy, children with single lesbian mothers, children with adoptive lesbian or gay parents; Golombok, 2015) confirms thus far that in early and middle childhood, parental sexual orientation has no detrimental effect on child adjustment. However, stigmatization due to their parents' sexual minority identity has been shown to have a negative impact on the psychological well-being of children and adolescents in sexual minority parent families (Bos & van Balen, 2008; Gartrell & Bos, 2010; Carone et al., 2018). Only one study has focused on emerging adults who were born and raised in lesbian-parent families. That US study found that these adult offspring did not differ in problem behavior from same-age counterparts in a population-based normative sample (Gartrell et al. 2018).

There is a knowledge gap about the relation between homophobic stigmatization and the ways emerging adults with sexual minority parents cope with this type of discrimination. Also, there is limited information about the role of meaning in life in the association between homophobic stigmatization and coping styles. Coping is a reflection of how people deal with stressful and difficult situations (e.g., Compas et al. 2001). Meaning in life refers to the "sense made of and significance felt regarding the nature of one's being and existence" (Steger et al. 2006; p. 81). Although studies have examined how meaning in life impacts coping styles in stressful situations (e.g., Halama & Bakošová, 2009), no prior research has assessed whether meaning in life influences the relation between homophobic stigmatization and coping styles among adult offspring from planned lesbian-parent families.

From the time that sperm banks began serving lesbian clients, attitudes, policies, and laws concerning same-sex parenting in the United States (US) have been evolving. In a 1992 US population-based study, 29% of respondents indicated their support of adoption by same-sex couples; by 2014, 63% of respondents endorsed it (Gallup, 2014). Also, in 2015, same-sex marriage was legalized in all fifty states (*Obergefell v. Hodges*, 135 S. Ct. 1732 2015). Yet, despite a culture more affirming of lesbian, gay, and bisexual (LGB) parenting, the legacy of homophobic discrimination against sexual minorities continues in the legal, policy, and religious arenas. For example, in many US states, efforts have been made to limit parental rights and access to fertility services for sexual minority people (NeJaime, 2015; the Nashville statement: <https://cbmw.org/nashville-statement>; Mississippi House Bill 1523: <http://billstatus.ls.state.ms.us/documents/2016/html/HB/1500-1599/HB1523SG.htm>; Movement Advancement Project website: <http://www.lgbtmap.org>). It is in this context that the children of sexual minorities experience

homophobic stigmatization associated with the sexual orientation of their parents.

Limited research exists on the specifics of the discrimination and marginalization experienced by the children, adolescents, and adults with sexual minority parents. Farr et al. (2016) reported that 65% of 49 children adopted by same-sex parents (27 gay and 22 lesbian couples; children's average age = 8.06 years, $SD = 6.11$) felt that their families were different from others in some capacity. Most children (57%) mentioned experiences of microaggression, such as heterosexism, public outing by others, and being teased because of their family type. However, on average, the children's feelings about family difference and the microaggressions were medium in intensity (Farr et al., 2016).

Another study in which stigmatization was investigated is the ongoing US National Longitudinal Lesbian Family Study (NLLFS), which is the largest, longest-running, prospective investigation on planned lesbian-parent families (Gartrell et al., 2018). The study began in 1986 with 84 families. At Waves 4 and 5, 78 families participated, and at Wave 6, 77 families were included (see Gartrell et al. (2018) for more information on the response rates at different waves). The offspring were asked at age 10 (Wave 4), 17 (Wave 5), and 25 (Wave 6) about their experiences of homophobic discrimination. When they were 10 and 17 years old, 41% responded affirmatively to the question, "Do other kids ever say mean things to you about your mom(s) being lesbian?" (Gartrell & Bos, 2010). At the 6th Wave, the most frequently mentioned experiences of homophobic stigmatization were that people asked the adult offspring annoying questions (72.8%)¹ and made jokes (58.2%)¹ related to their parents' sexual orientation (Koh et al. 2019).

In another US study, Kuvalanka et al. (2014) interviewed emerging adults with lesbian parents ($M_{age} = 21$, $N = 30$) about experiences of homophobic stigmatization during their adolescence. Half of their sample was born into planned lesbian families and half was born into a heterosexual union before the mothers came out as lesbian. Nearly all participants in this study had been subjected to negative comments about their family type. Half of the participants also reported structural forms of stigma in which the government, schools, churches, media, and other institutions discriminated against, failed to protect, or rendered LGB individuals and their families invisible.

A key question that remains unanswered is how children from sexual minority parent families cope with homophobic stigmatization during emerging adulthood. Coping strategies can be adaptive or maladaptive (e.g., Hampel & Petermann, 2005; Thompson et al., 2010). Adaptive coping strategies are considered helpful in overcoming negative experiences. While maladaptive strategies may help in the short term, they can have deleterious effects over time (e.g., Skinner et al. 2003;

¹ Percentage based on those who responded "rarely," "sometimes," "often," and "very frequently."

Thompson et al., 2010). An example of an adaptive strategy is problem-focused coping, because it emphasizes action directed toward change. Problem-focused coping includes actively planning or engaging in a specific behavior to overcome the problem causing distress (Folkman & Lazarus, 1985). Emotional-focused coping, however, can be adaptive or maladaptive (Holahan & Moos, 1987). An active emotional coping style is viewed as an adaptive strategy when it involves cognitively reframing the stressor's impact (Folkman & Lazarus, 1985). Avoidant emotional coping is considered maladaptive when it includes denial or self-distraction to avoid the source of distress (Holahan & Moos, 1987).

There is limited research on how children in sexual minority parent families cope with homophobic comments associated with their parents' sexual orientation. The 2016 qualitative study of Farr et al. explored how adopted children coped with feeling different and microaggressions associated with having same-sex parents. The researchers found that some children told bullying peers that their same-sex parent families were both different from and similar to other families; other children responded to the microaggressions by seeking social support.

With an open-ended question at Wave 5 of the NLLFS, the 17-year-old adolescents who acknowledged discriminatory experiences were asked how they coped with such comments (van Gelderen et al. 2012). A majority indicated that they were secretive about their parents' sexual orientation—an avoidant coping strategy. The second most frequently mentioned strategy was to comfort themselves by reframing the experience (e.g., some told themselves that they had learned something from the encounter). This type of active emotional coping is an adaptive strategy.

Kuvalanka et al. (2014) also asked emerging adults with lesbian parents how they responded to homophobic stigmatization during adolescence. Of their 30 participants, more than a third reported that they had been anxious—constantly worried that others would tease them about their mothers' sexual orientation. Most coped with these fears by not telling others about their family type. Nearly a third indicated that they adopted a defiant attitude—attempting to avoid being fearful by not allowing the stigma to push them “into the closet” about their family type. Those who were defiant also adopted an active role, sometimes political, in confronting and/or educating people about the negative consequences of stigmatization. For the final third, the experienced stigma did not seem to play a major role in their lives, and they ignored it.

Both of the above studies focused on how the offspring coped with homophobic stigmatization. The effort required to deal with stigma can diminish psychological resources and affect coping styles in general. Several studies found that individuals who experienced stigma used more maladaptive regulation strategies than individuals who were exposed to fewer stigma-related stressors. Denton et al. (2014), for example, found that discrimination experiences among LGB individuals were associated with low self-efficacy in emotion-

focused and socially based coping. The extent to which experienced stigmatization leads to maladaptive coping may vary among individuals. Research suggests that achieving a sense of meaning in life may explain why stigmatization leads to adaptive coping behaviors in some but not others (Park & Folkman, 1997).

Having meaning in life is generally understood to imply that one's life has purpose, accompanied by a sense of coherence or understanding of existence (e.g., Newman & Nezelek, 2019; Steger et al. 2008; Steger et al. 2009). Meaning in life includes a set of beliefs and expectations about one's life that provide purpose and order, and affect a person's interpretation of experiences (Park, 2010). Meaning in life is an important cognitive personality trait, because humans have a strong desire to understand themselves and the world around them (Steger et al., 2008). Meaning in life has two components: (1) the search for meaning in life, or the pursuit of something that makes one's life purposeful and significant, and (2) the presence of meaning in life, which refers to having attained a clear sense of purpose (Steger et al., 2006; Szymanski & Mikorski, 2016). Having attained meaning in life has been linked to adaptive coping, because such a perspective helps in identifying useful responses to stressful situations (Park & Folkman, 1997). By contrast, struggling to find meaning in life may increase susceptibility to stress (Halama & Bakošová, 2009). The importance of having a meaningful life when coping with stress is well described in the literature on trauma (e.g., Park & Ai, 2006; Park & Folkman, 1997), but it is less understood in everyday and non-traumatic stress (Newman & Nezelek, 2019).

Some investigators have examined meaning in life among sexual minority individuals (e.g., Michaels et al. 2018; Riggle et al. 2010; Shenkman & Shmotkin, 2016; Szymanski and Mikorski 2016). Szymanski and Mikorski (2016) found that having a meaningful life reduced the association between heterosexual discrimination and distress. In a study of Michaels et al. (2018), meaning in life mediated the relationship between heterosexual discrimination and satisfaction in life. Michaels et al. suggested that having a meaningful life buffered the association between distal stigma-related stressors (i.e., homophobic stigmatization) and general psychological processes such as coping strategies.

Purpose of the Present Study

Based on the above literature pertaining to stress, coping, and meaning in life (e.g., Compas et al., 2001; Halama & Bakošová, 2009; Hatzenbuehler et al. 2013; Park & Ai, 2006; Thompson et al., 2010), the current study examined whether having meaning in life influenced (i.e., moderated) the association between homophobic stigmatization experienced as an adult, and coping, among emerging adults who were born and raised in lesbian-parent families. We expected that higher levels of experienced stigmatization would be

associated with less adaptive (problem-focused and active emotional) and more maladaptive coping (avoidant emotional) only for those with lower scores on meaning in life. Therefore, we assume that meaning in life will be a moderator in the association between experienced stigmatization and coping strategies.

The rationale of focusing on emerging adults is based on the developmental perspective that at this stage of life, offspring born and raised in sexual minority parent families have the cognitive ability to interpret homophobic discrimination associated with their parents' sexual orientation (Koh et al., 2019; Prendergast & MacPhee, 2018). The emerging adult life phase is characterized as a time for exploring one's identity, and finding meaning in the realms of romantic relationships, work, and world views (Arnett et al. 2014). Since meaning in life is explored and sought after in this life phase, it is germane to study its complexities and effects. Furthermore, although coping styles are developed during adolescence, they continue to be applied in future stressful situations that occur during emerging adulthood (Seiffge-Krenke & Beyers, 2005).

The current study was drawn from the NLLFS at a time when the offspring had reached the emerging adult stage of life. The NLLFS provided a unique opportunity to investigate the concepts of homophobic stigmatization, meaning in life, and coping styles among emerging adults born and raised in lesbian-parent families. Because the NLLFS is a longitudinal study, it was possible to take into account prior experiences of homophobic discrimination (i.e., those reported at age 17), which may have affected the developmental trajectories at this stage of life for the NLLFS adult offspring.

Method

Participants

A total of 76 emerging adults (37 females and 39 males) participated in the present study. All had been conceived through donor insemination, were 25 years old, and born in the USA. 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 ($n = 6$). Regarding 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. All were conceived through donor sperm: 39.5% ($n = 30$) through a permanently unknown donor, and 28.9% ($n = 22$) with a donor they had

known since childhood. The remainder had open-identity donors who could be contacted after the offspring reached the age of 18 (31.6%, $n = 24$); of these, 8 had met their donors and 16 had not.

Procedure

Between 1986 and 1992, when they were inseminating or pregnant, the lesbian prospective parents of the participants were enrolled in the NLLFS (Gartrell et al., 1996). They had received information about the NLLFS via announcements at lesbian events, in women's bookstores, and in lesbian-oriented publications, and those who wanted to learn more about the study were invited to contact the researchers by telephone. All interested callers joined the first wave of data collection, which resulted in an initial cohort of 84 families.

The mothers were interviewed again when their children were two (Wave 2), five (Wave 3), 10 (Wave 4), 17 (Wave 5) and 25 (Wave 6) years old (Gartrell et al., 2018). After obtaining parental assent, data were collected from the offspring at Waves 4 and 5. At Wave 6, when the offspring were legal adults, they provided written informed consent to participate. Each offspring who completed a Wave 5 or 6 survey received the equivalent of \$60 in compensation (e.g., gift card). In October 2017, the Wave 6 data collection (through a protected online survey) was completed. The retention rate since Wave 1 is 92%. 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 current study was 76 participants, including one set of twins. The Institutional Review Board at Sutter Health approved this study.

Measures

Perceived Homophobic Stigmatization

Experience of homophobic stigmatization was assessed by asking the 25-year-old offspring how often they had been stigmatized as adults for being raised by (a) lesbian mother(s) (0 = *Never* to 4 = *Very frequently*). This stigmatization scale (Koh et al., 2019) consisted of six items (e.g., "Peers asked annoying questions"). Because of the distribution and small cell sizes, for each item, the answer categories 1 = *Rarely*, 2 = *Sometimes*, 3 = *Often*, and 4 = *Very frequently* were collapsed. The scores (recoded as 0 = *No experience of homophobic stigmatization* and 1 = *Experienced homophobic stigmatization*) on the six items were then tabulated, with totals ranging from 0 to 6, and higher scores indicating multiple stigmatizations associated with having lesbian parents. Cronbach's alpha was 0.76. At the previous (5th) wave of data collection, the participants at 17 years old were asked whether

they had been treated unfairly because of having (a) lesbian mom(s) (0 = *No*, 1 = *Yes*).

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”). Participants responded to each of these items on a 5-point Likert scale (1 = *Not all true*, 5 = *Completely true*). Mean scores were used, with higher scores reflecting a greater perception of meaningfulness in life. Cronbach’s alpha was 0.82.

Coping

The Brief COPE (Carver, 1997) was used to assess the utilization of various coping strategies. This instrument, consisting of 28 items, was derived from the longer COPE inventory (Carver et al. 1989). Participants were asked to report how often they used a particular strategy when faced with difficult or stressful circumstances (1 = *I don’t do this at all*, 4 = *I do this a lot*). For the current study, the items were grouped together into three subscales covering different types of coping (see also Schnider et al. 2007) with higher scores indicating higher levels of coping. Two subscales (problem-focused and active emotional coping) contained adaptive, and one (avoidant emotional coping) contained maladaptive strategies. The problem-focused scale consists of eight items, including statements illustrative of active coping (2 items, e.g., “I concentrate my efforts on doing something about the situation I’m in”), planning (2 items, e.g., “I try to come up with a strategy about what to do”), instrumental support (2 items, e.g., “I get help and advice from other people”), and religion (2 items, e.g., “I try to find comfort in my religion or spiritual beliefs”). Based on these eight items, the Cronbach alpha was 0.63; by deleting the two religion-related items that were found to lack utility in prior research (Grant & Langan-Fox, 2006), the Cronbach alpha was improved to 0.71. Therefore, the problem-focused scale was based on six items, after excluding the two religion-related statements.

The active emotional coping subscale contained 10 items related to positive reframing (2 items, e.g., “I try to see it in a different light, to make it seem more positive”), humor (2 items, e.g., “I make jokes about it”), acceptance (2 items, e.g., “I learn to live with it”), emotional support (2 items, e.g., “I get emotional support from others”), and venting (2 items, e.g., “I say things to let my unpleasant feelings escape”). Based on these ten items, the internal consistency reliability of the scale was low (Cronbach alpha = 0.55). By deleting the two venting items and one acceptance item (i.e., “I accept the reality of the fact that it has happened”), the Cronbach alpha could be improved

to 0.61, and therefore, seven items were used for the active emotional coping subscale.

The avoidant emotional coping subscale (10 items, Cronbach’s alpha = 0.65) 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”).

Demographics

Participants were asked whether they identified as African American/Black, Asian, Latina/o or Hispanic, Native American, Pacific Islander, White (non-Latina/o or Hispanic), or other or mixed. Participants were also asked about their educational level (1 = *No high school diploma and no General Equivalency Diploma*, 2 = *General Equivalency Diploma*, 3 = *High school graduate*, 4 = *Some college but no college degree*, 5 = *Associate’s degree*, 6 = *Bachelor’s or registered nurse degree*, 7 = *Some graduate school but no graduate degree*, 8 = *Master’s degree*, 9 = *Doctoral or law degree*, 10 = *Other education*). Regarding sexual orientation, participants were asked the following question: “Do you think of yourself as ...” (1 = *Heterosexual or straight*, 2 = *Lesbian, gay, or homosexual*, or 3 = *Bisexual*). Participants were asked whether they lived with their parents (0 = *No*, 1 = *Yes*) and to specify the type of donor used for their conception (1 = *Permanently unknown*, 2 = *Open-identity but had not yet met him*, 3 = *Had known him since childhood*, 4 = *Open-identity and met him after turning 18*).

Analyses

Descriptive statistics were used for experienced homophobic stigmatization, meaning in life, problem-focused, active emotional, and avoidant emotional coping styles. To ensure that the effects of experienced homophobic stigmatization could not be attributed to the associations of gender, race/ethnicity, education, sexual orientation, living with parents, or donor type with meaning in life and the different coping styles, preliminary analyses were carried out. 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 collapsed into two categories: 1 = *People of color* and 2 = *White*. For education, the answer categories 1, 2, 3, and 4 were pooled as 1 = *No associate degree*, and 5, 6, 7, and 8 as 2 = *Associate degree or higher* (none of the participants checked “other education”). Participants who identified as lesbian/gay/homosexual or bisexual were pooled (sexual orientation: 1 = *Heterosexual* and 2 = *Lesbian/gay/homosexual or bisexual*). *t*

tests were used to assess gender differences in meaning in life, problem-focused, active emotional, and avoidant emotional coping styles. Nonparametric tests were employed to assess race/ethnicity, education, sexual orientation, living with parents, and donor type in relation to meaning in life and coping styles. This was done because, even after recoding, the cell sizes for the categories on these demographic variables were too small to use standard *t* testing. Demographic variables that were significantly associated with a specific meaning in life or coping style were included as covariates in the analyses.

A PROCESS macro package for SPSS (Hayes, 2017) was used to assess the potential moderating role of meaning in life in the relation between homophobic stigmatization and problem-focused, active emotional, and avoidant emotional coping styles. The analysis was done separately for each coping style. To reduce multicollinearity (Aiken & West, 1991; Frazier et al. 2004), homophobic stigmatization and meaning in life were centered around the mean scores. Significant interactions between homophobic stigmatization and meaning in life in predicting coping styles were considered as evidence for moderation. In all the moderation analyses, homophobic stigmatization at Wave 5 (when the participants were 17 years old) was entered as a control variable. At Wave 5, 29 (38.2%) of the participants in the current study reported that they had been treated unfairly because of their family type, and 42 (55.3%) indicated that they had no such experiences (5 participants in the current study did not respond to this question at Wave 5).

The Johnson-Newman technique was used for probing significant interactions. It identified regions in the range of the moderator variable when the effect of perceived homophobic stigmatization (at Wave 6) on the coping style variable was statistically significant (Dearing & Hamilton, 2006; Hayes & Matthes, 2009).

Results

Preliminary Analyses

Table 1 shows the descriptive and bivariate Pearson *r* correlations on experienced homophobic stigmatization, meaning in life, problem-focused, active emotional, and avoidant emotional coping styles. Overall, participants had relatively low scores on homophobic stigmatization and avoidant emotional coping (a maladaptive coping strategy) and relatively high scores on meaning in life and problem-focused and active emotional coping (adaptive coping strategies). Participants with high scores on problem-focused coping showed higher scores on meaning in life ($r = 0.33, p = 0.004$) and on active emotional coping ($r = 0.29, p = 0.012$). Those with lower scores on meaning in life had high scores on avoidant emotional coping ($r = -0.28, p = 0.015$).

As shown in Table 2, women had significantly higher scores on problem-focused coping than men, $t(74) = 2.07, p = 0.042$. There was no significant gender difference on active emotional or avoidant emotional coping. Participants with an associate's degree or higher scored significantly lower on avoidant emotional coping than those with lower levels of educational achievements, Mann-Whitney $U = 166.00, p = 0.029$. There was no significant educational difference on problem-focused or active emotional coping. None of the other demographics were related to problem-focused or avoidant emotional coping. In addition, none of the demographics was related to active emotional coping. Thus, only gender was included as a covariate in the analysis on problem-focused coping and education as a covariate in the analysis on avoidant emotional coping.

Meaning in Life as a Moderator for the Association between Homophobic Stigmatization and Coping Styles

The moderating effect of meaning in life on the association between homophobic stigmatization and the three different coping styles was significant for problem-focused, $R^2 = 0.23, F(5, 65) = 3.94, p = 0.004$, and avoidant emotional coping, $R^2 = 0.22, F(5, 65) = 3.69, p = 0.005$. The overall model was not significant for active emotional coping, $R^2 = 0.04, F(4, 66) = 0.67, p = 0.614$.

Problem-Focused Coping

After controlling for gender and experienced homophobic stigmatization at Wave 5, higher scores on meaning in life significantly predicted more problem-focused coping, $b = 0.17, SE = 0.07, \beta = 0.27, 95\% \text{ CIs } [0.028, 0.302], p = 0.019$. The interaction between homophobic stigmatization and meaning in life was also significantly associated with problem-focused coping, $b = 0.08, SE = 0.04, \beta = 0.23, 95\% \text{ CIs } [0.003, 0.159], p = 0.043$, and this interaction explained an additional 5% of the variance in problem-focused coping, $\Delta R^2 = 0.05, F(1, 65) = 4.27, p = 0.043$ (Table 3). Thus, the relation between experienced homophobic stigmatization and problem-focused coping varied by participants' scores on meaning in life. The Johnson-Newman technique (see Fig. 1) indicated that for participants with low scores on meaning in life (mean-centered scores below -0.29), a significant negative relation was found between problem-focused coping and homophobic stigmatization, $b = -0.11, SE = 0.046, 95\% \text{ CIs } [-0.203, -0.021], p = 0.017$. For participants with high scores on meaning in life (mean-centered scores > -0.29), a statistically significant relation was not found, $b = 0.02, SE = 0.046, 95\% \text{ CIs } [-0.071, 0.111], p = 0.666$.

Table 1 Means (*M*), standard deviations (*SD*), observed minimal and maximal scores, and intercorrelations on the studied variables

	<i>M</i>	<i>SD</i>	Observed minimal and maximal scores		Intercorrelations			
			Minimal	Maximal	1	2	3	4
1. Experienced homophobic stigmatization at Wave 6	2.26	1.75	0.00	6.00	–			
2. Meaning in life	3.92	0.82	2.00	5.00	– 0.00	–		
3. Problem-focused coping style	3.27	0.50	2.00	4.00	– 0.10	0.33**	–	
4. Active emotional coping style	2.76	0.48	1.71	3.71	0.15	0.14	0.29*	–
5. Avoidant emotional coping style	1.90	0.73	1.20	2.90	0.17	– 0.28*	– 0.16	0.07

Note: Absolute scores on these scales: homophobic stigmatization = 0–6, meaning in life = 1–5, coping styles = 1–4

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Avoidant Emotional Coping

After controlling for education and experienced homophobic stigmatization at Wave 5, lower scores on meaning in life were significantly associated with more avoidant emotional coping, $b = -0.12$, $SE = 0.05$, $\beta = -0.26$, 95% CIs $[-0.222, -0.014]$, $p = 0.024$. The interaction between homophobic stigmatization and meaning in life was also significantly associated with avoidant emotional coping, $b = -0.06$, $SE = 0.03$, $\beta = -0.24$, 95% CIs $[-0.123, -0.006]$, $p = 0.032$. This interaction explained an additional 6% of the variance on avoidant emotional coping $\Delta R^2 = 0.06$, $F(1, 65) = 4.82$, $p = 0.032$ (Table 3). Thus, the association between homophobic stigmatization and avoidant emotional coping was reflected in participants' scores on meaning in life. Figure 2 plots the Johnson-Newman technique-findings, indicating that for participants with low scores on meaning in life (mean-centered scores below -0.50), a significant positive relation was found between avoidant emotional and homophobic stigmatization, $b = 0.08$, $SE = 0.03$, 95% CIs $[0.009, 0.147]$, $p = 0.027$. For participants with high scores on meaning in life (mean-centered scores > -0.50), no statistically significant relation was found, $b = -0.03$, $SE = 0.03$, 95% CIs $[-0.095, 0.401]$, $p = 0.426$.

Conclusion

Demographic Differences in Coping Styles

We had no specific hypotheses about gender differences in coping style, so we were surprised to find that women scored significantly higher on problem-focused coping than did men. The coping literature has generally found men to score higher on problem-focused coping than women (cf. Crăciun, 2013; Matud, 2004; Ptacek et al. 1994), so this result is interesting—it implies that lesbian parents may model more adaptive coping styles for daughters. There was no significant gender

difference in our study on active emotional or avoidant emotional coping, in contrast to the literature that generally finds women to score higher on emotion-focused coping than men (Crăciun, 2013; Matud, 2004; Ptacek et al. 1994) and sometimes finds women to score higher than men on avoidant coping (Matud, 2004). These findings that daughters reared by lesbian parents have more non-traditional coping styles mirror recent research of Green et al. (2019) that daughters born to gay fathers via surrogacy had markedly lower internalizing problems than a matched sample of girls in the general population. Banyard and Graham-Bermann (1993) review theories about the role of gender in coping styles and argue that women's lack of access to power and exposure to sexism accounts for these different methods of coping. Simonson et al. (2011) have stated that “femininity is associated with an emphasis on experiencing and expressing emotions” (p. 940), arguing that gender role socialization may predict emotional expression more than biological sex does. Further research is needed to focus on how sexual minority parents model adaptive coping.

Our results also found that avoidant emotional coping was inversely related to educational level, and this has been found in other studies (e.g., Matud, 2004). If coping styles are the result of access to power (Banyard & Graham-Bermann, 1993), people with higher educational levels presumably have more ability to make use of active rather than avoidant coping.

Meaning in Life as a Moderator between Homophobic Stigmatization and Coping Styles

Our study is the first to demonstrate that the relationship between homophobic stigmatization and coping strategies is related to achieving a sense of meaning in life. Participants with higher scores on meaning in life were more likely to use problem-focused coping and less likely to use avoidant emotional coping. Overall, there was no significant relationship between homophobic stigmatization and the three studied coping styles. However, the associations of perceived

Table 2 Comparisons of gender, race/ethnicity, education, sexual orientation, living with parents, and donor type with meaning in life, problem-focused, active emotional, and avoidant emotional coping styles

	Coping styles															
	Meaning in life				Problem-focused				Active emotional				Avoidant emotional			
	<i>M</i>	<i>SD</i>	<i>t</i> /Mann-Whitney <i>U</i> /Kruskal-Wallis	<i>p</i>	<i>M</i>	<i>SD</i>	<i>t</i> /Mann-Whitney <i>U</i> /Kruskal-Wallis	<i>p</i>	<i>M</i>	<i>SD</i>	<i>t</i> /Mann-Whitney <i>U</i> /Kruskal-Wallis	<i>p</i>	<i>M</i>	<i>SD</i>	<i>t</i> /Mann-Whitney <i>U</i> /Kruskal-Wallis	<i>p</i>
Gender			0.26	0.799			2.07	0.042			0.01.81	0.074			- 0.01	0.995
Female	3.95	0.78			3.39	0.49				2.86	0.45			1.89	0.37	
Male	3.90	0.87			3.15	0.49			2.66	0.50				1.89	0.38	
Race/Ethnicity			217.50	0.663			226.50	0.786			160.00	0.141			211.50	0.588
People of color	3.09	0.32			3.31	0.51			2.49	0.47				1.79	0.36	
White	3.92	0.86			3.26	0.50			2.78	0.48				1.90	0.37	
Education			251.50	0.417			221.50	0.195			240.00	0.321			166.00	0.029
No associate's degree	3.52	1.24			3.06	0.62			2.89	0.51				2.19	0.41	
Associate's degree or higher	3.98	0.75			3.30	0.48			2.74	0.48				1.85	0.35	
Sexual orientation			314.50	0.059			438.00	0.798			418.50	0.609			418.50	0.609
Gay/lesbian/bisexual	3.62	0.72			3.24	0.50			2.83	0.41				1.97	0.35	
Heterosexual	3.99	0.83			3.27	0.51			2.74	0.50				1.87	0.38	
Living with parents			368.00	0.621			296.00	0.132			370.50	0.648			299.50	0.146
No	3.95	0.80			3.30	0.48			2.74	0.50				1.85	0.36	
Yes	3.79	0.95			3.05	0.57			2.82	0.43				2.05	0.42	
Donor type			4.33	0.228			2.33	0.507			0.77	0.857			3.00	0.392
Permanently unknown	3.90	0.88			3.16	0.55			2.76	0.43				1.84	0.43	
Open-identity, had not met him	3.83	0.88			3.26	0.51			2.84	0.47				1.98	0.31	
Knew the donor since childhood	4.15	0.71			3.38	0.45			2.71	0.57				1.90	0.35	
Open-identity, had met him	3.54	0.82			3.40	0.43			2.70	0.49				1.89	0.32	

Note. *t* tests were carried out for gender; Mann-Whitney *U* tests for race/ethnicity, education, sexual orientation, and living with parents; and Kruskal-Wallis tests for donor type

Table 3 The moderating effect of meaning in life on the relationship between homophobic stigmatization and problem-focused, active emotional, and avoidant emotional coping

	R^2	p	ΔR^2	p	b	SE	β	p	95% confidence intervals (CIs) for b	
									Lower	Upper
Problem-focused coping ¹	0.23	0.004	0.05	0.043						
Gender					-0.29	0.11	-0.29	0.012	-0.513	-0.065
Homophobic stigmatization Wave 5					-0.05	0.12	-0.05	0.668	-0.283	0.182
Homophobic stigmatization Wave 6 (A)					-0.05	0.03	-0.16	0.172	-0.111	0.020
Meaning in life (B)					0.17	0.07	0.27	0.019	0.028	0.302
A × B					0.08	0.04	0.23	0.043	0.003	0.159
Active emotional coping	0.04	0.614	0.00	0.878						
Homophobic stigmatization Wave 5					0.02	0.12	0.03	0.841	-0.218	0.267
Homophobic stigmatization Wave 6 (A)					0.03	0.03	0.11	0.391	-0.038	0.097
Meaning in life (B)					0.10	0.07	0.17	0.180	-0.046	0.240
A × B					0.01	0.04	0.02	0.878	-0.075	0.088
Avoidant emotional coping ²	0.22	0.005	0.06	0.032						
Education					-0.24	0.13	-0.22	0.061	-0.500	0.011
Homophobic stigmatization Wave 5					-0.10	0.87	-0.13	0.244	-0.276	0.072
Homophobic stigmatization Wave 6 (A)					0.03	0.02	0.12	0.318	-0.024	0.074
Meaning in life (B)					-0.12	0.05	-0.26	0.027	-0.222	-0.014
A × B					-0.06	0.03	-0.24	0.032	-0.123	-0.006

Note: Post hoc power analyses: Problem-focused coping: $1-\beta$ error probability = 0.95, $f^2 = 0.300$ ($p < 0.05$); Active emotional coping: $1-\beta$ error probability = 0.23, $f^2 = 0.042$ ($p < 0.05$); Avoidant emotional coping: $1-\beta$ error probability = 0.93, $f^2 = 0.282$ ($p < 0.05$)

¹ Johnson-Neyman = -0.29

² Johnson-Neyman = -0.50

homophobic stigmatization with problem-focused and avoidant emotional coping were moderated by meaning in life. Only for participants with low scores on meaning in life was exposure to homophobic stigmatization significantly related to less problem-focused and more avoidant emotional coping.

High levels of problem-focused coping may be associated with the development of personal characteristics such as self-worth. Such characteristics are important in problem-focused coping, specifically when experiencing homophobic stigmatization. By contrast, low scores on avoidant emotional coping suggest an increased vulnerability to discrimination, especially when lacking a sense of meaning in life (Lock & Steiner, 1999). That meaning in life did not moderate the association between homophobic stigmatization and active emotional coping may be explained by the low statistical power in this analysis. G*Power version 3.1.9.1 showed that post hoc power analyses ($\alpha = 0.05$) for the moderation analyses on active emotional coping was 0.23. Active emotional coping was also the coping scale with the lowest reliability, which may have impacted this finding. Post hoc power analyses showed an adequate power for the moderation analyses on problem-focused and avoidant coping ($1-\beta$ error probability is 0.95 and 0.93, respectively).

It is conceivable that homophobically stigmatized young adults with less meaningful lives employ more avoidant emotional coping because they perceive their situations as unchangeable. In addition, they may have negative attitudes about themselves and thus use more maladaptive coping strategies (Park & Folkman, 1997). Also, they may see themselves as victims of a heteronormative society in which homophobic stigmatization is routine for LGB people and sexual minority parent families.

Prendergast and MacPhee (2018) emphasized that most research on planned lesbian-parent families and their offspring used a deficit-comparison approach: New family forms were compared with heterosexual-parent families, with the latter serving as a benchmark against which other family types were measured. As a consequence, less is known about strength and resilience in sexual minority parent families, particularly associated with the ways they cope with stigmatization. In order to illuminate these strengths, researchers have called for the integration of a positive psychology approach for studies on LGB-parent families (e.g., Vaughan & Rodriguez, 2015). Studies on resilience are largely absent from LGB-parent family research to date (Meyer, 2015). As such, our study on meaning in life as a protective factor contributes to this new direction of research on LGB-parent families. However, since

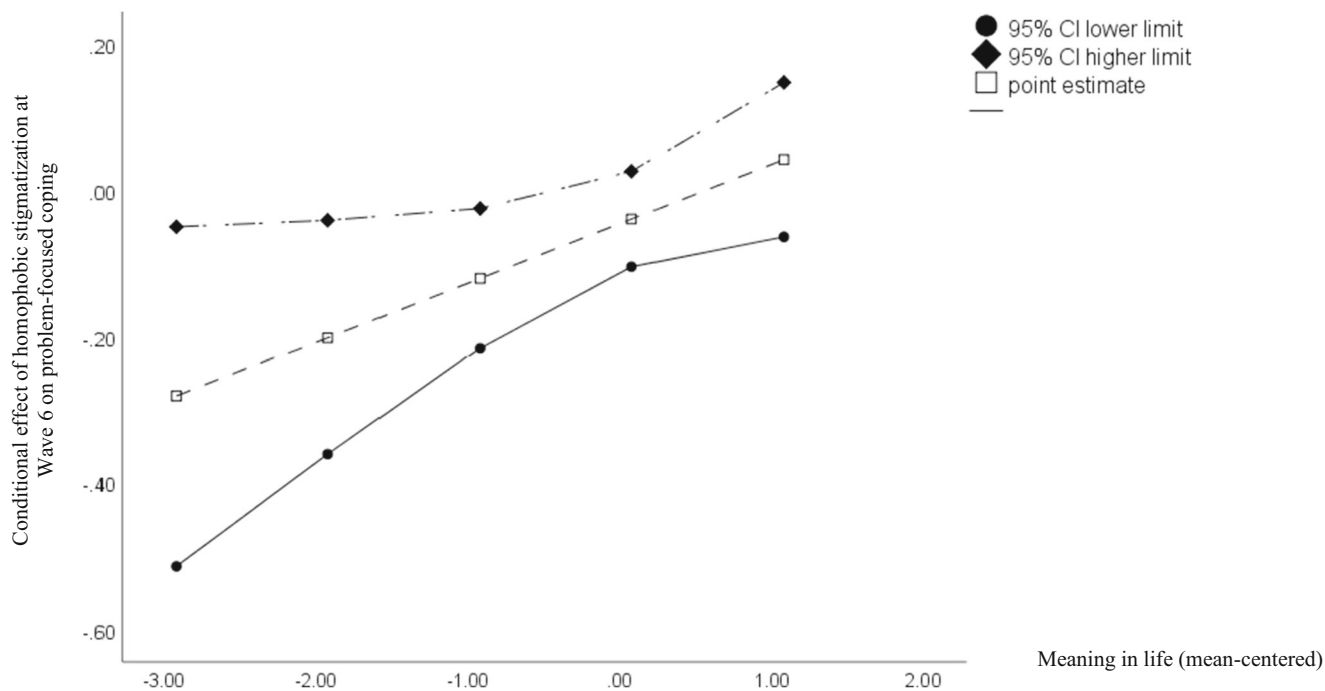


Fig. 1 The conditional effect of homophobic stigmatization at Wave 6 on problem-focused coping as a function of meaning in life

we only focused on the adult offspring of lesbian parents, future studies should include comparisons with adult offspring from other family types. In such comparisons, it would be interesting to determine whether there are differences in meaning in life and coping strategies among adults raised in various

types of families. Evidence suggests that belonging to a minority group and experiencing stigmatization reinforce certain coping styles and discourage others (Miller & Kaiser, 2001). Sandfort et al. (2009) found that emotion-oriented and avoidant coping strategies were more strongly applied by

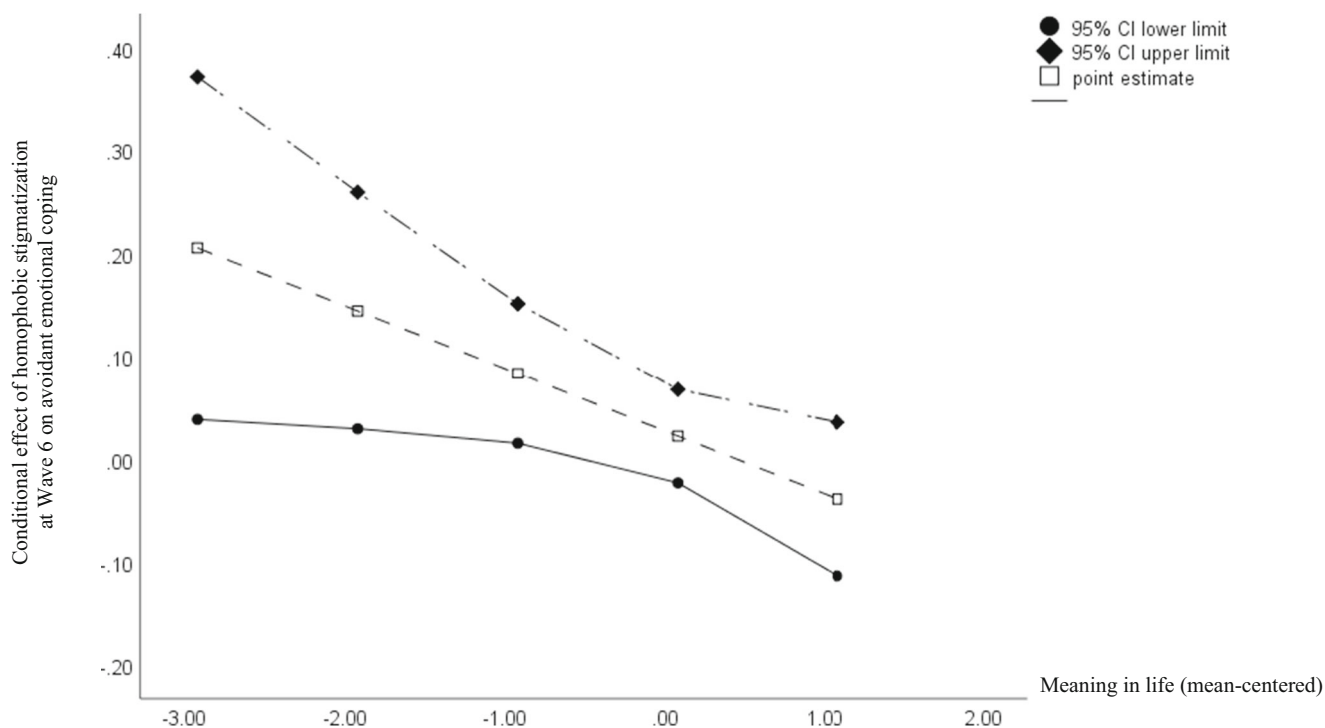


Fig. 2 The conditional effect of homophobic stigmatization at Wave 6 on avoidant emotional coping as a function of meaning in life

gay men than by heterosexual men. There are no data indicating whether this may be the case for adults raised in lesbian- or gay-parent versus mother-father families.

The findings of our study draw attention to meaning in life as a protective/resilience factor for emerging adults who were born and raised in planned lesbian-parent families, and the importance of healthy strategies for coping with homophobic stigmatization. However, the present findings must be interpreted in light of some limitations. First, our findings are derived from a community-based sample. As such, the participants were informed that we were studying lesbian-parent families and may have wished to illustrate their strengths. This desire may have been reflected in their relatively low scores on homophobic stigmatization and high scores on meaning in life. Second, we investigated coping strategies in general, rather than coping responses to homophobic stigmatization. Third, the current study was primarily cross-sectional, and it is therefore impossible to determine causality. However, we did include longitudinal data on stigmatization, and thus, our finding that meaning in life moderated associations between homophobic stigmatization and coping even when considering earlier stigmatization (Wave 5) suggests some directionality. Fourth, participants were asked for a retrospective report on experienced homophobic stigmatization. Over the 7-year period between Waves 5 and 6, some such experiences may have been forgotten or reinterpreted, resulting in underreporting. Finally, because the sample was not representative, most NLLFS offspring were, like their parents, White and highly educated. Given the relatively small sample size, it would be advisable to replicate this study with a demographically diverse, population-based sample to increase the generalizability of the findings.

Offspring in all types of families face challenges, but some are unique to growing up in planned sexual minority parent families. The current study has several implications for social policy. It shows that homophobia associated with being raised by sexual minority parents may affect offspring as adults, even when these offspring no longer live with their parents. This finding illuminates the importance of parental preparation for the prospect of homophobic stigmatization so that their children learn to cope effectively with this type of discrimination (Oakley et al. 2017; Wyman Battalen et al. 2019). Counselors and other practitioners working with sexual minority parent families in which the children are suffering from stigma-related stressors would be advised to help them recognize and reduce maladaptive coping strategies, such as avoidant emotional coping (Mishara & Ystgaard, 2006). Educators and teachers could play an important role in facilitating the development of meaning in life by promoting self-efficacy—a building block of resilience (e.g., Hamill, 2003). By cultivating policies about healthy coping strategies in schools and community programs (Kraag et al. 2006), all children—not only those with sexual minority parents—will benefit.

Compliance with ethical standards The Institutional Review Board at Sutter Health approved this study.

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