

Impact of Mental Health on Perceptions of Relationship Satisfaction and Quality
among Female Same-Sex Couples

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Abstract

Using data from both partners in female same-sex couples, individual and dyadic (individual/actor-partner) level analyses were conducted to determine the associations between couple members' global mental health, internalized homophobia, and perceptions of relationship qualities and satisfaction (N = 90). Findings at the dyadic level indicated that an individual's global mental health was uniquely associated with her partner's assessment of relationship satisfaction and qualities, beyond the effects of the individual's own mental health and internalized homophobia. Implications for further research on the strengths and challenges within female same-sex couple relationships are discussed.

Key Words: interdependence, minority stress, internalized homophobia, relationship satisfaction

Close relationships are, by definition, characterized by a certain amount of interdependence involving shared experiences, feelings and emotions (Rusbult & Van Lange, 1996). A substantial body of literature, focusing predominantly on opposite-sex couples, has developed around exploring the structure and dynamics of intimate couple relationships and the myriad of ways partners influence and impact one another's perceptions of that union. While some of these studies have included data from same-sex couples, little is known about various factors that may influence the perceptions of relationship quality (support, depth of feelings, conflict, intimacy, commitment, and passion) and the degree of relationship satisfaction within female same-sex couples. Within this limited body of work, lesbian relationships have been alternately described as overly enmeshed (Burch, 1982; Krestan & Bepko, 1980), or supportive and positive with high levels of intimacy and relationship satisfaction (Green, Causby, & Miller, 1999). Notably, these seemingly disparate interpretations often emerge from very similar data.

The relationship between mental health and perceptions of relationship quality and satisfaction has also been a focus of study. The majority of these studies have focused on the association between relationship status (generally defined as married versus not married) and depression. Although far from conclusive, cross-sectional and longitudinal studies have shown relationship dissatisfaction and lower evaluations of the quality of the relationship to be associated with higher levels of depression (Coyne, Kessler, Tal, Turnbull, Wortman, & Greden, 1987; Whisman, 2001) and higher levels of neuroticism (Kurdek, 1997). Efforts to determine what role, if any, gender might play in these relationships have produced mixed results. For instance, Heim and Snyder (1991) found a greater amount of the variance in depressive symptoms of women to be associated with relationship factors than was the case for men. The vast majority of extant research has focused on opposite sex couples.

Questions addressing how mental health factors and sexual minority status impact women's intimate relationships have received minimal attention. In fact, beyond a few studies of relational correlates of internalized homophobia, few empirical studies have examined lesbians' reported psychological symptoms and possible associations between psychological distress and perceptions of relationship quality (Downey & Friedman, 1995). In one notable exception, Oetjen and Rothblum (2000) found no significant association between depression and relationship satisfaction for lesbians who reported being in a committed relationship. This finding runs counter to the significant associations that have been found between depression and marital satisfaction among heterosexual couples (e.g., Johnson & Jacob, 1997). On the other hand, lower levels of neuroticism have been found to be associated with more satisfying relationships in lesbian couples and gay male couples (Kurdek, 1997), a finding that is consistent with findings in the literature focusing on opposite-sex couples (Kurdek, 1994).

The majority of published work addressing the mental health status of lesbian and bisexual women has been based on qualitative methodologies, and small and/or clinical non-probability samples. This research has explored a variety of aspects of psychological well-being, and identified a number of factors that may potentially contribute to mental health – some related and some unrelated to sexual minority status. Much of the research involving non-clinical samples has focused on substance use and/or depression among non-heterosexual women. These studies suggest that lesbians are at a higher risk for substance use (particularly cigarettes and alcohol) than heterosexual women (e.g., Otis & Skinner, 1996; Diamant, Wold, Spritzer, & Gelberg, 2000; Gruskin, Hart, Gordon, & Ackerson, 2001), and that lesbians and gay men often experience higher rates of anxiety and mood disorders than their heterosexual counterparts (e.g., Standfort, Graaf, Bijl, & Schnabel, 2001; Gilman, Cochran, Mays, Hughes, Ostrow, & Kessler,

2001). In an effort to make sense of these differences, researchers have argued that the increased use of substances and possible higher rates of mental health symptomatology for lesbians (and gay men) may be due, in part, to the impact of social stigma associated with any non-heterosexual orientation (Mays & Cochran, 2001; Shidlo, 1994). Much of this research has addressed psychological well-being as an individual factor, with the influence of mental health problems on perceptions of relationship quality for either the individual or her partner left largely unexplored.

As previously noted, researchers have demonstrated that internalized homophobia is positively associated with indicators of psychological distress, including symptoms of anxiety and depression (Szymanski, Chung, & Balsam, 2001; Stein & Cabaj, 1996). Additionally, contextual factors such as isolation from an affirmative community have been shown to be associated with higher levels of internalized homophobia in lesbians (Szymanski et al., 2001). Particularly relevant to the current study, high levels of internalized homophobia have been associated with individual's reports of decreased relationship satisfaction and stability (Stein & Cabaj, 1996; Meyer & Dean, 1998; Ross & Rosser, 1996). Thus, we expect higher levels of internalized homophobia to be associated with lower levels of relationship satisfaction and more negative perceptions of the quality of the relationship.

Finally, any examination of the mental well-being of women in a same-sex relationship must also acknowledge the relationship between gender and increased risk of compromised mental health. The rate of depression, for example, for women is typically twice as high as for men (Kessler, et al., 1994). Underscoring this finding, Landrine and colleagues found that discrimination based on sexism, more so than other daily events, explained reports of depression (Landrine, Klonoff, Gibbs, Manning, & Lund, 1995). Although the vast majority of research in

this area has focused on predominantly (or assumed) heterosexual samples, Bradford, Ryan, and Rothblum (1994) found that rates of depression were similar for lesbian and heterosexual women.

Given the relative dearth of research on female same-sex couple relationships, this study seeks to contribute to the development of knowledge in the area by drawing on interdependence theory (Kelley & Thibaut, 1978) to explore the influence of mental health factors on relationship satisfaction and perceptions of relationship quality at both the individual and dyadic levels. To that end, we began by examining associations between psychological health and relationship satisfaction and perceptions of the relational (i.e., levels of conflict, feelings of support, and depth of attachment) and romantic (i.e., passion, emotional commitment, and level of intimacy) qualities (Hassebrauck & Fehr, 2002) for women in same-sex relationships. Specifically, we examined the following hypotheses:

1. Better psychological health (i.e., global mental well-being and lower levels of internalized homophobia) will predict more positive perceptions of the quality of the relationship and greater relationship satisfaction for individual respondents.
2. Poorer psychological health for one partner will predict more negative perceptions of the quality of the relationship and less satisfaction in the relationship for the other partner.

Method

Procedures

Forty-five female same-sex couples were recruited as part of a larger study of commitment in same-sex couples that took place in the mid-south region of the U.S. (Additional information about the larger study can be found in Rostosky et al, 2004; Rostosky, Riggle, Dudley & Comer Wright, in press) The couples were recruited using announcements printed in

local newsletters and listservs, flyers distributed at local community events, and snowball sampling techniques. Couple members had to be at least 18 years of age and had to have defined themselves as a couple for at least six months.

Each couple that responded to the announcement was scheduled for an appointment with a research team member at the university. The research was conducted in a suite of private clinic rooms that were reserved for study use. After receiving a detailed explanation of all study procedures and after giving informed consent, the couple members completed the qualitative interview portion of the study and then were placed in separate, private rooms to complete the survey. Participation was voluntary and participants could skip any question(s) they did not want to answer. At the end of the data collection session, each couple member received debriefing materials and a stipend (\$25.00) to compensate for her time.

Participants

The mean age of the participants was 32.4 years (ranging from 18 to 58), with nearly 65% having a college degree, and an annual median household income bracket of \$30,000 to \$39,999. Eighty-six percent of the participants were White/Caucasian, and 95% identified as lesbian (5% identified as bisexual). The couples had been together an average of almost 4 years, with a range of 6 months to more than 21 years.

Measures

Internalized homophobia. The Internalized Homophobia Scale (IHS) (Wright, Dye, Jiles, & Marcello, 1999) is an indicator of internal minority stress. The IHS is a nine-item Likert scale with five response categories ranging from (1) "strongly agree" to (5) "strongly disagree" measuring positive and negative attitudes toward the self as a same-sex attracted person. Items include "I have a positive attitude about being gay/lesbian/bisexual" and "I wish I weren't

attracted to the same sex.” Higher scores on the scale are associated with higher levels of internalized homophobia. The sample mean was 1.82 (sd = 0.64, Cronbach’s alpha = 0.84).

Mental health. Symptom Checklist-90-R (Derogatis, 1977) is a 90-item 5-point Likert inventory designed to assess a wide range of psychological symptoms and psychopathology (including somatization, obsessive-compulsive, interpersonal sensitivity, depression, and anxiety). Participants were asked to indicate to what extent a series of items applied to them on a scale of (0) "not at all" to (4) "extremely." Because this was a non-clinical sample, the Global Severity Index (GSI) was used as the most appropriate measure of overall mental health. An additive index was created and divided by total number of items, with higher scores on the GSI indicating higher levels of distress. The mean of 0.55 (sd = 0.51) suggests a very low level of psychological distress in this sample of women.

Relationship satisfaction. The Relationship Adjustment Scale (RAS) (Hendrick, 1988) is a 7-item measure of general relationship satisfaction. Participants rated satisfaction on a scale ranging from (1) "low satisfaction" to (5) "high satisfaction" with higher scores indicating greater satisfaction. The mean RAS score for this sample was 4.44 (sd = 0.53), suggesting that respondents generally reported high levels of relationship satisfaction (Cronbach’s alpha = 0.81).

The Quality of Relationship Inventory and the Triangular Love Scale were used to assess couple members’ perceptions of a range of specific emotional and relational aspects of relationships. The Quality of Relationship Inventory (QRI) (Pierce, Sarason, & Sarason, 1991) is a 25-item 4-point Likert scale index measuring the relational dimensions of Conflict, Depth, and Support. Response options ranged from (1) “not at all” to (4) “very much.” Cronbach’s alphas were 0.86 for Conflict, 0.60 for Depth, and 0.78 for Support. The mean scores for the sample were 2.02 (sd = .52) for Conflict, 3.68 (sd = .31) for Depth, and 3.75 (sd = .32) for Support.

Higher scores on the subscales indicate higher levels of relationship conflict, greater depth of feelings toward the partner, and higher levels of perceived support, respectively.

Sternberg's Triangular Love (STL) Scale (Sternberg, 1997) is a 45-item 9-point Likert scale designed to assess three components of "love" within a relationship: Commitment, Intimacy, and Passion. Answers range from (1) "not at all" to (9) "extremely." The subscales demonstrated strong internal consistency with the sample with Cronbach's alphas of 0.93 for Commitment (mean = 8.36, sd = .91), 0.93 for Intimacy (mean = 8.38, sd = .91), and 0.92 for Passion (mean = 7.84, sd = .92). Higher scores are indicative of greater commitment to the relationship, more feelings of intimacy, and greater feelings of passion.

Analytic Plan

Individual-level analyses. Research involving both partners in a couple must take into account the non-independence of the measured variables. With this in mind, we first conducted analyses on individual-level data, beginning with zero-order correlations of all study variables. OLS regression analysis with each respondent's relationship satisfaction and relationship quality measures regressed on her individual-level measures of general psychological well-being and internalized homophobia was conducted. Given the non-independence of the data and that couple members in same-sex couples are non-distinguishable, couple members were randomly assigned as either partner A or partner B for separate analysis.

Couple-level analyses. Interdependence was assessed using intraclass correlations to test for significant covariation between couple members for each independent variable (Kenny & Cook, 1999). The double-entry method takes into account the exchangeability of partners in same-sex couples (Griffin & Gonzalez, 1995). Where significant non-independence within independent variables was found, a separate analysis using Kenny's (1996) method for testing

actor (respondent) and partner effects was used to evaluate the unique contributions of individuals and their partners to their scores for relationship satisfaction and relationship quality.

Results

Initial data screening of individual variables identified a number of problems with normality. Appropriate transformations were conducted to produce more normal distributions, and subsequent analyses utilized these new variables. Specifically, positively skewed data was transformed by taking the square root of the each score (Partner A's internalized homophobia), moderately skewed variables were transformed by reflecting and taking the inverse of each score (Partner A's relationship satisfaction, support, and depth, Partner B's commitment, and intimacy for both partners), and a severe negative skew was transformed by reflecting the score and then computing the logarithm (Partner A's commitment) (Tabachnick & Fidell, 1996).

Bivariate relationships among study variables and partner scores

Table 1 contains the zero-order correlations for all variables considered for inclusion in the regression models below the diagonal, with intraclass correlations between couple members on the diagonal. Consistent with past research, poorer psychological health was significantly correlated with less satisfaction with the relationship, fewer feelings of intimacy and commitment, and greater conflict within the relationship. Similarly, internalized homophobia related to significantly higher levels of relationship conflict, and lower levels of intimacy and overall relationship satisfaction. Neither variable related to measures of depth, passion, or support. Scores on the GSI and IHS were not significantly correlated with each other, suggesting that the two measures may be tapping into different constructs for these respondents. Since the GSI assesses internalized psychological phenomenon, the lack of correlation may suggest that internalized homophobia may be assessing more awareness of potential social consequences

associated with being a sexual minority, rather than actual negative feelings towards one's self. Thus, the moderate relationship between higher levels of internalized homophobia and greater relationship conflict may result in increased stress from disagreements over how open to be about the relationship or reactions of friends and family.

Intraclass correlations for couple members' scores on all dependent variables were also examined. Given the hypothesized interdependence of couple members' responses, statistically significant correlations for members' scores on relationship satisfaction, the QRI subscales (support, depth, and conflict), and the STL subscales (intimacy, commitment, and passion) were expected. Six of the seven correlations were statistically significant ($p < .05$): overall relationship satisfaction (RAS), $r = .448$; Depth, $r = .330$; Conflict, $r = .482$; Intimacy, $r = .269$; Commitment, $r = .242$; Passion, $r = .604$. Only the correlation for scores on Support failed to be statistically significant ($r = -.035$, $p = .741$). Given past studies suggesting that female same-sex relationships may be characterized as highly interdependent, failure to find a significant relationship between partner's scores on support warrants further consideration.

Intraclass correlations for GSI and IHS scores were computed to identify potential partner effects among predictors. A significant correlation between couple members' scores was found for the GSI ($r = .497$, $p \leq .001$), but not the IHS ($r = .110$, ns) using a Z-score to test significance. The moderate correlation between couple members' scores indicates somewhat similar levels of psychological well-being within dyads.

Mental Health and Relationship Quality and Satisfaction

Due to lack of independence of couple member's responses, separate ordinary least squares regression analyses were conducted for partner A and partner B. In each analysis individual-level measures of relationship quality and satisfaction were regressed on general

mental health and internalized homophobia. Table 2 contains coefficients for analyses that produced statistically significant models. These analyses provide partial support for our first hypothesis. Poorer mental health significantly predicted lower levels of intimacy and overall relationship satisfaction, and higher levels of conflict (and lower levels of commitment in Partner A). Increased levels of internalized homophobia significantly predicted lower levels of reported intimacy for Partner B. The models for satisfaction, intimacy and conflict were significant and explained 10.1% (Conflict, Partner B) to 29.0% (Intimacy, Partner A) of the variance in the model.

Respondent (Actor) Effects and Partner Effects

To address the interdependence of responses (as shown by the significant intraclass correlations of the couple members), additional analyses were necessary. Kenny (1996) has provided an analytic process for examining the impact of actor-partner effects on members of a dyad. Specifically, the analysis used score averages to estimate actor effects and score differences to estimate partner effects for each of the variables in the analysis. Using the regression coefficients produced by these separate analyses and calculating the pooled standard error and degrees of freedom allowed the estimation of distinct actor [Actor effect = $(b_{\text{between}} + b_{\text{within}})/2$] and partner effects [Partner effect = $(b_{\text{between}} - b_{\text{within}})/2$]. T-values are calculated for each variable and significance is determined by using a table of t-scores.

Table 3 shows computed actor-partner effects of general mental health and internalized homophobia for all relationship quality and satisfaction measures. The examination of actor and partner effects underscores the impact of general mental health (GSI) on perceptions of relationship quality and satisfaction. The actor effects for the GSI were greater than partner effects in predicting support and conflict. For example, although the actor effects for

psychological distress predicting amount of conflict experienced in the relationship was 3.5 times greater than partner effects ($t_{\text{comp}} = 8.15, p < .001$ versus $t_{\text{comp}} = 2.22, p < .05$), the general mental health of the partner did contribute uniquely and significantly to the actor's perceptions of relationship conflict. Also lending support to the second hypothesis, partner's level of psychological distress made significant contributions to actor's perceptions/feelings relating to support, intimacy, passion, commitment, and overall relationship satisfaction.

Some similarities and some notable differences were identified for actor and partner effects of internalized homophobia. While actor and partner-effects were significant for support, depth, conflict, and commitment, partner's level of internalized homophobia also made significant contributions to the actor's levels of intimacy and passion. Neither partner nor actor effects of internalized homophobia were significantly associated with levels of overall relationship satisfaction.

Discussion

The association between psychological health, internalized homophobia and relationship quality and satisfaction within female same-sex couples has received very little attention in the research. Consistent with previous research on heterosexual married couples, our findings lend support to the conclusion that mental health is positively associated with general relationship satisfaction (Mead, 2002). We found that the overall level of mental health for members of female same-sex couples is associated with reports of general relationship satisfaction and with specific dimensions of relationship quality (conflict, intimacy and commitment) within the relationship. Notably, both partners' general mental health contributed to each partners' perceptions of the relationship (c.f., Kelley & Thibaut, 1978). Our findings indicate that even

low levels of psychological distress in either couple member are negatively associated with the relationship satisfaction for both partners.

At the bivariate-level, psychological health was associated with these couples' commitment to their relationships, and suggests that psychological distress may lead to a decrease in commitment to a relationship. Part of the negative cultural stereotype and stigma is that lesbian relationships are not stable nor long-lasting. This negative belief can be communicated to partners in same-sex relationships, directly or indirectly, and internalized by one or both partners. Those with poorer mental health may be especially vulnerable to the activation of a negative belief about the level of commitment in their relationship. This may also hold true for perceptions of intimacy in stigmatized relationships. Likewise, as a partner experiences psychological distress, that distress may increase conflict within the relationship.

The measure of internalized homophobia used in these analyses was not significantly associated with relationship quality in the separate OLS regression analyses for Partners A and B. However, internalized homophobia was significantly related to four of the seven measures of an actor's perception of the relationship, and the partner's internalized homophobia was significantly related on six of seven measures (Beals & Peplau, 2001). Thus, even when an actor's own internalized homophobia had no significant impact, their partner's internalized homophobia still had an impact on their perception of the relationship (Rostosky & Riggle, 2002). Further study of the effects of internalized homophobia within relationships is warranted. The associations between general mental distress and specific relational dimensions of support, depth, and passion were also not significant in this study. This was possibly due to the relatively small sample size, low variance in relationship quality, and the resulting limits in statistical power to detect effects for these variables. Alternately, perhaps these findings are clues to

understanding potential strengths in female same-sex couple relationships. This possibility awaits further empirical exploration.

Limitations

Similar to other research involving non-heterosexual men and women, we acknowledge the limits of data from purposive, non-probability samples. This research may be biased by self-selection, and may be biased toward couples that are satisfied and enjoy good mental health. Couples with lower satisfaction and lower levels of mental health may not have volunteered to participate in a study of same-sex relationships. Nevertheless, the overall mental health and relationship satisfaction of these couples is notable given the social realities of being a member of a stigmatized minority. Therefore, it is imperative that researchers and practitioners continue to examine and address the factors that facilitate and/or impede the healthy development and maintenance of lesbian couple relationships.

Relatedly, a number of more complex relationships were not explored in this study due to the limited size of the sample. Our sample of 45 (n=90) couples allows for sufficient statistical power to complete the analyses presented, but limited our ability to include other demographic variables of potential interest (e.g., age, income). Further, past research suggests a possible mediating role of relationship commitment in explaining overall relationship satisfaction. Future research with a larger sample could explore this question.

The sample also is limited due to lack of racial and ethnic variability. Although data was collected on the race/ethnicity of respondents, the small sample size and predominance of Caucasian respondents made inclusion in the multivariate analyses unreliable. Given past research on the impact of multiple oppressions on overall mental health, additional caution should be taken when considering the relevance of these findings for women of color and women

from different cultural and social backgrounds. Minority stress models support the importance of acknowledging the roles of racism, classism, and other oppressions in explaining mental health and relational experiences (DiPlacido, 1998).

Implications for Practitioners

Future research should continue to pursue the integration of analytic techniques that extend beyond the individual (and therefore conceptually limited) level of analysis (Kashy & Snyder, 1995). The likely bi-directionality or reciprocity of effects of these variables should also be examined. For example, being in a satisfying relationship may help to promote positive overall mental health. Likewise, a woman experiencing little or no psychological distress may positively influence the mental health status of her partner. These findings lend support to previous empirical research and clinical observation that treating individuals in isolation may exclude important aspects of a relational system that are crucial to effective intervention (Whisman, Weinstock, & Uebelacker, 2004). Unfortunately, many helping professionals have had little training in the treatment of same-sex relationships. Research on same-sex couples from a normative perspective will build the scientific knowledge base for clinicians to use in developing and delivering effective services.

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Table 1: Zero-Order Correlations for Global Severity Index (GSI), Internalized Homophobia Scale (IHS), and Relationship Satisfaction and Quality (below diagonal) and Intraclass Correlations for Couple Members (on diagonal)

Variable	GSI	IHS	RAS	Support	Depth	Conflict	Intimacy	Commit	Passion
GSI	.497**								
IHS	.126	.110							
RAS	-.457**	-.341**	.448**						
Support	-.045	-.120	.491**	-.073					
Depth	-.150	-.055	.441**	.516**	.330**				
Conflict	.441**	.283**	-.704**	-.424**	-.387**	.482**			
Intimacy	-.356**	-.276**	.759**	.684**	.646**	-.628**	.432**		
Commitment	-.357**	-.150	.626**	.375**	.699**	-.408**	.771**	.374**	
Passion	-.156	-.191	.527**	.327**	.589**	-.381**	.645**	.746**	.603**

* $p \leq .05$, ** $p \leq .001$ (2-tailed test)

Table 2. Standardized OLS Regression Coefficient for Models Predicting Individual-level Relationship Satisfaction, Conflict, Intimacy, and Commitment

	Satisfaction		Commitment		Intimacy		Conflict	
	Partner A	Partner B	Partner A	Partner B	Partner A	Partner B	Partner A	Partner B
GSI	-.481**	-.350*	-.307*	-.204	-.490**	-.354*	.520**	.385*
IHS	-.177	-.277	-.097	-.286	-.236	-.352*	.091	-.022
Adj. R ²	.243	.192	.068	.098	.290	.255	.250	.101
F	7.75**	5.77*	2.56	3.11	9.76**	7.66*	7.80*	3.25*

*p < .05; ** p < .01

Table 3. Computed T-Score Estimates of Actor (Individual) Effects and Partner Effects for General Severity Index (GSI) and Internalized Homophobia (IHS)

	<u>Actor Effects</u>		<u>Partner Effects</u>	
	GSI	IHS	GSI	IHS
Support	10.00***	2.42*	7.17***	4.50***
Depth	0.26	3.47***	0.29	3.65***
Conflict	8.15***	3.02***	2.22*	2.68**
Intimacy	8.14***	1.99	8.43***	4.05***
Passion	7.43***	1.10	9.43***	3.18***
Commitment	6.13***	2.32*	7.75***	3.98***
RAS	6.09***	0.79	7.17***	1.06

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