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Abstract

This study focuses on the relationship between sources of minority stress and the quality of same-sex couples' relationships. Interdependence theory and the minority stress model are used to examine actor-partner effects of internalized homophobia, discrimination, and perceived stress on perceptions of relationship quality in same-sex couples. Couples were recruited through web-based solicitations (N = 131). OLS regression and Kenny's (1996) technique for examining interdependent relationships for exchangeable dyad members were used to identify between and within couple differences. Internalized homophobia and discrimination were found to impact couple members in unique ways. Higher levels of internalized homophobia and discrimination were predictive of less favorable perceptions of relationship quality, however, as hypothesized the overall impact was mediated by levels of perceived stress.

Stress and Relationship Quality in Same-sex Couples

Same-sex couples live in a cultural context of stigmatization by virtue of their relationships as well as their individual identities. Regardless of whether one self-identifies as “gay” or “lesbian”, others who become aware of their involvement in same-sex relationships may attach those labels. As a result of their stigmatized minority status, same-sex couple members often experience chronic stress associated with being part of a stigmatized and/or disenfranchised group, that may impact mental well-being and relationship satisfaction (Brooks, 1981). For same-sex couples, the situation may be further complicated by questions concerning whether to publicly acknowledge their relationship, and/or their ability to control information concerning their relationship, should they so choose. While Brooks initially explored the phenomenon identified as minority stress in studies examining the impact of stigmatization on African-Americans, its applicability to the study of same-sex couples is evident from the growing body of literature that examines the impact of victimization, discrimination, and homophobia in the lives of lesbians and gay men (e.g., Herek, Gillis, & Cogan, 1999; Otis & Skinner, 1996). The scenario is further complicated by the unique factors relating to possessing an ascribed, rather than attained, stigmatized status, where the potential to control information concerning one’s same-sex relationship exists. Recognizing the interrelatedness of couple member’s experiences, we were interested in the association between aspects of minority stress and perceptions of the quality of same-sex couples’ relationships. The framework for this study is drawn on the arguments put forth in the minority stress model (Meyer, 1995) and interdependence theory (Kelley & Thibaut, 1978).

The quality of intimate relationships has been associated with subjective well-being (see reviews by Argyle, 1987; Myers & Diener, 1995), psychological health (Kurdek, 1991b) and

longevity (e.g., Hemstrom, 1996; Salovey, Rothman, & Rodin, 1998). Further empirical evidence supports the view that marital status and marital quality have implications for individual health (see review in Berscheid & Reis, 1998). In same-sex relationships, partners have been identified as one of the main sources of social support (Kurdek, 1988). The preponderance of findings suggests that same-sex intimate relationships do not differ significantly in quality from heterosexual intimate relationships. Specifically, same-sex male and female couples report similar levels of commitment to and satisfaction with their relationships as heterosexual couples (Eskridge, 1996; Kurdek, 1991a; 1994).

Much of the aforementioned research focuses on individuals, rather than couples as the unit of analysis, however. The growing body of research on intimate couples supports the conceptualization of relationship factors interdependent in nature. This interdependence in close relationships means that partners will experience their own stress, and will be affected by stresses of their partner as well. In this paper we evaluated the dyadic effects of minority stress conditions and the unique effects of one partner's stress on the other member of the dyad. Specifically, we hypothesized that stress experienced by individuals by virtue of their minority status impacts the stress level of both the individual and his/her partner. This in turn impacts the individual's perception of relationship quality. Finally, we discuss the implications of the findings for same-sex couples and those who provide psychotherapeutic services to them.

Minority Stress

Minority stress results from “culturally sanctioned, categorically ascribed inferior status, social prejudice and discrimination,” which have an impact on psychological well-being (Brooks, 1981: p. 107). The basic assumption of the minority stress model is that social identities (based on gender, sexuality, race, ability) that are marginalized relative to more privileged

identities are subjected to *chronic* stress. For sexual minorities (those who do not enjoy heterosexual privilege), minority stress includes external experiences of perceived discrimination and victimization, and internal experiences of a lack of self-acceptance and positive self-image and self-esteem (internalized homophobia) that are encountered as a result of being a member of marginalized, stigmatized group. Meyer (1995) has proposed a minority stress model that delineates the causal pathways between the stigmatization of a gay/lesbian identity, experiences and expectations of marginalization and discrimination, and increased risk of psychological distress.

When LGBT (lesbian, gay, bisexual and transgendered individuals) people have experiences that reinforce their minority status (e.g., homophobic comments, job discrimination due to sexual orientation), they may experience minority stress, which then leads to psychological distress (Lewis, Derlega, Berndt, Morris, & Rose, 2001). More than forty percent of LGBT individuals report being victims of discrimination, and even those who have remained closeted report lower levels of psychological well-being and life satisfaction than those who have more openly disclosed their sexual minority status (Garnets & Kimmel, 1993; Lane & Wegner, 1995; Savin-Williams & Rodriguez, 1993), increased health risks, greater levels of stress-sensitive mental health problems (Mays & Cochran, 2001), and extensive and energy-draining behaviors to hide and/or cope with their stigmatized identities (Ellis & Riggle, 1996).

For LGBT individuals, internalized homophobia presents a unique source of minority stress. Internalized homophobia has been conceptualized as the negative feelings or even self-hate that results from growing up in a heterosexist environment that devalues and denigrates non-heterosexuals (Bohan, 1996; Malyon, 1982; Shidlo, 1994). As lifelong members of the dominant cultural society, members of minority groups internalize societal anti-minority attitudes. Then,

as the individual establishes a more developed sense of self, he or she is forced to attempt to reconcile his or her self-identity with the views of the dominant majority. Absorbing negative societal attitudes into one's self perceptions can result in an aberrant self-identity and undermine psychological health and well-being (Meyer, 1995). On the other hand, incorporating empowering beliefs can counter the negative associations a positive self-identity and sense of well-being.

An individual's sexual identity development therefore requires that he or she overcome or at least manage not only the homophobia in the social environment, but also the homophobia that is incorporated into views of the self. Empirical findings have documented a positive correlation between measures of internalized homophobia and indicators of psychological distress including lower self-esteem (see Shidlo, 1994) and increased anxiety and depression (Stein & Cabaj, 1996). Those with high levels of internalized homophobia are also considered to be more susceptible to restricted success in their intimate relationships and in their careers (Stein & Cabaj, 1996). In a large longitudinal study of gay men in New York City, for instance, high levels of internalized homophobia were associated with a reduced likelihood of being in a couple relationship at all, or, if in a relationship, a reduced likelihood of relationship stability (Meyer & Dean, 1998). Ross and Rosser's (1996) study of 202 gay men in a Mid-western city supported these findings and indicated that internalized homophobia was significantly associated with relationship satisfaction.

Meyer's (1995) findings confirmed that each of the minority stressors (internalized homophobia, stigma, and prejudice) had a significant independent association with a variety of mental health measures, indicating that men who had high levels of minority stress were two to three times as likely to suffer also from high levels of psychological distress. Similarly, a study

of the psychological aftereffects of hate-crime victimization (Herek, Gillis & Cogan, 1999) found that LGBT hate-crime survivors manifested significantly more symptoms of depression, anger, anxiety, and post-traumatic stress. These survivors also displayed significantly more crime-related fears and beliefs than survivors of non-bias motivated crimes.

Stress and Relationship Quality

Research on the relationship between stress and subjective assessments of the quality of intimate relationships has been limited. In a study of heterosexual couples, Tesser and Beach (1998) found negative life events to be a significant factor in the erosion of positive judgments of intimate relationships. In an attempt to make sense of stressful events, partners initially responded by devaluing the relationship, then moved back to a more positive assessment, and finally, returned to a view that was more negative. The persistence of such responses led to a continual decline in positive assessments of the quality of the relationship, and documented the deleterious effects of stressful life events on intimate relationships.

Research specifically addressing minority stress has focused largely on the impact of racism on personal relationships (Clark, Anderson, Clark & Williams, 1999; Murry, Brown, Brody, Cutrona, & Simons, 2001). Compounding the effects of minority stress, individuals tend to carry the effects of discrimination with them to other spheres of their lives, where those effects have negative consequences on a variety of relationships. Intimate relationships are particularly at risk. Using the Mundane Extreme Environmental Stress model (MEES; Peters & Massey, 1983), Murry and colleagues (2001) conceptualized minority stress, specifically racism, “as a ubiquitous, continuous contextual variable in African Americans’ lives” (p. 917). The psychological and emotional impact of perceived racism was particularly pronounced in

relationships already feeling the strain of 'stress-pileup' from a variety of other sources, such as financial difficulties, and health and job-related problems.

While the majority of findings indicate that minority stress has a predominantly negative impact on the well-being of individuals and their relationships, it has been suggested that experiences of perceived racism may have a moderating effect on perceptions of relationship quality when shared with significant others (Murry et al., 2001). Although the encounter with discrimination may be an individual experience, sharing that experience with family members provides an opportunity to place discrimination in a social context of social injustice, thus serving as a rallying point for family members. While this suggests the potential to attenuate some of the negative impact of stigmatization and prejudice, it does not suggest the elimination of all repercussions.

Minority Stress and Relationship Quality of Same-Sex Couples

In trying to create satisfying and long-lasting intimate relationships, LGBT individuals face all of the same challenges faced by heterosexual couples. Because they are members of a minority group, they have additional unique concerns, including if, when, and how to disclose their relationship to members of their public and private spheres, how to develop healthy intimate relationships in the absence of same-sex relationship models, and how to cope with the stress created by antigay prejudice and discrimination. In general, significantly stressful events take a toll on intimate relationships (Murry et al., 2001), and for LGBTs this may result in a much higher rate of internally and externally-generated stressors that must be managed often without the support of their family of origin or the larger community (Peplau, 1993; Weston, 1997). This combination of perceived discrimination and/or internalized homophobia has the potential to adversely affect the perceived quality of intimate personal relationships.

The focus of this study was on the impact of minority stress on perceived relationship quality for same-sex couples. We hypothesized that one partner's experience of minority stress and feelings of internalized homophobia would influence levels of perceived stress and assessments of relationship quality for the second member of the dyad. Specifically, we tested the following hypotheses:

(H1). Individuals who indicate higher levels of minority stress will indicate higher levels of stress and less positive perceptions of the quality of the relationship.

(H2). Higher levels of stress reported by Partner B will result in higher levels of perceived stress for Partner A and lower levels of perceived relationship quality for Partner A.

(H3). Higher levels of internalized homophobia reported by Partner B will result in higher levels of perceived stress for Partner A and less positive perceptions of relationship quality for Partner A.

Method

Procedures

Participants completed a closed-access web-based survey. When issuing identification numbers to couples, one member of the couple was assigned to be "A" and the other to be "B." This designation was made without regard to any participant characteristic. The sample was recruited via announcements on email listservs serving the LGBT population. Recipients of the original solicitation forwarded the announcements to additional listservs. The announcements requested that same-sex couples who were at least 18 years old, who had considered themselves to be a couple for at least 6 months and who were interested in completing an online survey concerning couple relationships contact the researcher for access. Upon contact, the couple members were each asked to complete the survey individually and were informed that if they

both completed the survey by the stated deadline they would each receive an electronic gift certificate.

Participants

Two hundred ninety-nine individuals completed the survey. Of the respondents, 131 couples completed the survey (i.e., both partners completed the survey and were not eliminated for missing data or lack of a valid identification number). Using the total number of identification numbers distributed (394), the valid response rate was 77% (n=299). [The participants whose partner did not respond to the survey (n = 37) did not significantly differ (t-test, $p > .05$) from the included participants in terms of age, education, income, gender, and length of relationship.]

Respondents were from 28 states. Female partners (n = 170) were predominantly White (79.7%) with a mean age of 38.7 years (SD = 10.13). Female participants had an average education level of a bachelor's degree and a median annual income of \$30,000 to \$39,999. The average length of relationship reported by female couples was 7.49 years (SD = 6.83). When asked to self-identify, the majority of partners indicated that they were lesbian (88.6% of partner A and 85.7% of partner B). The other partners identified as either gay (4.3% and 2.9%, respectively) or bisexual (7.1% and 11.4%).

Male partners (n = 92) were also predominantly White (87.8%) with a mean age of 37.3 years (SD = 8.96). Similar to female participants, the average education attainment for male participants was a bachelor's degree, with a median annual income of \$30,000 to \$39,999. The average length of relationship reported by male couples was 6.29 years (SD = 5.25). Most male partners self-identified as gay (95.7% of partner A and 95.6% of partner B), only two indicated that they were bisexual.

Measures

Participants provided information about their age, racial/ethnic identity, primary gender identity, their individual income level chosen from \$10,000 incremental categories, and their educational attainment (from categories ranging from grade school to a doctorate). Participants were also asked to indicate how long they had considered themselves to be “a couple”.

The Internalized Homophobia Scale (IHS, Wright, Dye, Jiles, & Marcello, 1999) is a nine-item Likert scale with five response categories ranging from "strongly agree" to "strongly disagree." Sample items from this measure include "I have a positive attitude about being gay/lesbian/bisexual" and "I wish I weren't attracted to the same sex" (reverse scored). High scores on the scale are associated with higher levels of internalized homophobia. Wright et al. (1999) reported an alpha of 0.87 in a sample of 171 late adolescents and young adults who identified as gay, lesbian, or bisexual. Wright and Perry (2002) further reported a six-month test/retest reliability of 0.56. Rostosky and Riggle (2002) reported a Cronbach's alpha of 0.81 with a sample of 236 participants from 118 same-sex couples. The scale demonstrated good internal reliability for the current sample (Cronbach's alpha of 0.76).

An assessment of experiences and expectations of discrimination based on sexual orientation is based on a series of items from the Trilogy Project Survey (Otis & Skinner, 1996). These questions asked about specific perceived experiences with discrimination such as "Have you ever had property destroyed or vandalized because of your sexual orientation?" and "Have you ever been refused, neglected or received delayed service by emergency (such as the police) or health care personnel?" Original data was coded “0” if the event had not occurred and “1” if the event had occurred. A summation of the 9 items yielded an overall sample average of 2.42 (SD = 1.91) experiences of perceived discrimination.

A generalized perceived stress measure developed by Cohen (1988) was included as an intervening variable in the study. Respondents used a 7-point scale ranging from “never” to “several times a week” for each of the 14 items in the measure. High scores on the scale indicate high levels of perceived stress. The average score for partner A was 42.61 (SD = 10.19) with of range from 25 to 74. For partner B, scores on the perceived stress measure ranged from 18 to 86 with an average of 43.85 (SD = 12.81). An average score for partners was calculated as well (mean = 43.20, SD = 9.61, range = 25 - 73). Cronbach’s alpha for the 14-item scale was 0.74.

The dependent variable in the analysis was a measure of perceived relationship quality. The Relationship Adjustment Scale (RAS; Hendrick, 1988) is a 7-item global measure of relationship quality. Sample items include: “How well does your partner meet your needs?” and “How often do you wish you hadn’t gotten into this relationship?” Participants rated their relationship on a scale ranging from 1 “low satisfaction” to 5 “high satisfaction.” Hendrick (1988) obtained an alpha reliability of 0.86 for this measure, and found that the RAS correlated 0.80 with the Dyadic Adjustment Scale (Spanier, 1976), providing evidence for the concurrent validity of the measure. Cronbach’s alpha in a sample of 90 same-sex couples was 0.82 (Owens, Rostosky, Reed, Prather, Jackson, & Frisiello, 2002). The overall average RAS for the sample was 26.21 (SD = 3.54) with higher scores indicating higher levels of relationship satisfaction. In the current study (Cronbach’s alpha = 0.87) the average score for female partners was 26.56 (SD = 3.58); the average score male partners was 25.58 (SD = 3.40).

Partner Effects

Couples research examining perceptions and behaviors must take into account the potential for partner effects due to non-independent relationships (Kashy & Snyder, 1995). Kenny (1996) suggested that three sources of non-independence in couple dyads generally exist:

1) pre-relationship compositional factors (similarities and shared interests) that attract two individuals to one another; 2) partner effects that result from individuals impact on one another in their day-to-day lives; and 3) a common fate that relates to shared experience with external influences.

Beyond the issue of identifying sources of non-independence, couples research must also attend to the unique aspects of particular predictor variables. Specifically, three types of predictor variables that present unique challenges for couples research are often present: between-couples, within-couples, and mixed independent variables (Kenny, 1996). Between-couples differences relate to the common experience of members of the dyad that are different than other couples in the study. Within-couples variables refer to things like gender for heterosexual couples, (i.e., each couple has both male and a female). Obviously, gender is not a factor in research on same-sex couples. Finally, mixed independent variables are those that vary both within the couple and between couples. For instance, individual members of the dyad may have different perceived stress or relationship quality scores, and the average score for these factors may be lower or higher than the average for other couples in the study.

Analytic Strategy

The preliminary analysis focused on identifying individual relationships at the bivariate level by computing zero-order correlations for all study variables. Subsequently, regression analysis was used to test the relationship identified in the first research hypothesis before proceeding to an examination of partner effects.

The second and third hypotheses were informed by the growing body of literature that underscores the need for analytic strategies that takes the interdependent nature of dyadic responses into account. With that in mind, couple-level analyses utilized techniques developed

by Kenny (1996) to examine partner effects on perceived relationship quality in the sample of male and female same-sex couples. The first step in the process requires the computation of intraclass correlations for relationship quality, internalized homophobia, stress and discrimination. We utilized the double-entry method (Kenny, November 3, 2003 <http://users.rcn.com/dakenny/dyad.htm>) to compute the necessary correlations. The obtained value can then be tested for statistical significance by multiplying the value by the square root of the number of couples and comparing the product to the distribution of Z scores.

Given the interdependency of couple-member responses identified by intraclass correlations, Kenny's (1996) techniques for dyadic research were utilized. Two regression analyses were completed to explore the potential actor-partner effects on perceived relationship quality. Since dyad members are interchangeable in same-sex couples, we use Partner A and Partner B designations, rather than actor and partner. The first analysis used average scores for each of the predictors (age, internalized homophobia, discrimination, and stress) and the outcome variable, to provide within-couples variation statistics. A second regression analysis was computed using scores derived from calculating the difference between Partner A and Partner B's scores on each of the predictor variables. Effects were estimated as a t statistic. The effect for Partner A was calculated by taking the average of the two regression coefficients for each independent variable and the effect for Partner B was computed as the difference between the two coefficients. The calculated effects were then divided by the pooled standard error and statistical significance was assessed using a table of t values.

RESULTS

Predicting the Relationship between Minority Stress Factors and Same-sex Partners' Perceptions of Relationship Quality

Initial exploration of the data indicated expected correlations between variables included in the analysis. Table 1 displays Pearson's product moment correlations for internalized homophobia, discrimination, perceived stress (conceptualized as an intervening variable) and relationship quality (dependent variable) measures for Partner A and Partner B. These correlations indicate stress and internalized homophobia are significantly related in perception of relationship quality in the direction expected. Expressly, as internalized homophobia and perceived stress increase, perceptions of overall relationship quality decline.

Ordinary Least Squares (OLS) regression was used to examine the relationships between internalized homophobia, perceived discrimination, generalized perceived stress, and perceptions of relationship quality. Table 2 contains results predicting Partner A's RAS score and Table 3 displays results predicting Partner B's RAS score, including direct, indirect, and total effects for all paths.

For Partner A, three factors were associated with perceived relationship quality – age, internalized homophobia, and perceived stress. For Partner B only the IHS score for Partner A and stress significantly predicted relationship quality. In both cases an increase in the respondent's reported level of perceived stress and their partners' higher internalized homophobia was significantly related to lower levels of perceived relationship quality, with corresponding unstandardized coefficients of $-.177$ and $-.006$, respectively. The role of perceived stress as an intervening variable was somewhat supported in the analysis, with gender (unstandardized beta = 5.054) and respondent's perceived discrimination (unstandardized beta = $.920$) being significant predictors. The variables in the equation explained approximately 12% of the variance in perceived stress. The respondent's experience with discrimination, however, did not have a statistically significant impact on relationship quality – suggesting that much of the

impact of perceived discrimination on perceptions of relationship quality may be mediated by perceived stress. Similarly, while gender significantly predicted differences in perceived stress, there were no significant gender differences in partners' perceptions of relationship quality.

Identifying Dyadic Effects

The second and third hypotheses addressed in the study focus on couple-level effects of the predictors on perception of relationship quality. Intraclass correlations calculated for internalized homophobia ($r = .223, p < .05$), discrimination ($r = .410, p < .001$), stress ($r = .354, p < .001$), and perception of relationship quality ($r = .661, p < .001$), demonstrated a high level of interdependence among dyad members responses. Thus, analyses proceeded to further our understanding of these relationships.

Table 4 contains the computed t values identifying partner effects. The analysis highlights the potential for different types of minority stressors to impact members of same-sex couples in unique ways. Specifically, internalized homophobia has a significant impact on the individual's perceived stress, with no meaningful impact of the perceived stress level of one's partner. Internalized homophobia, however, has a significant actor and partner-effects on perceptions of relationship quality, with higher levels of internalized homophobia decreasing positive feelings about the quality of the relationship.

The experience of perceived discrimination seemed to work in a different manner for this sample. Only Partner B's effect on perceived stress was statistically significant, with an impact over 13 times that of Partner A's effect. This increased impact of perceived stress was not retained in the analysis of predicted views on relationship quality. Instead, very similar, non-significant, actor and partner effects occurred for the impact of discrimination on couples' perception of the quality of their relationship.

The strongest effects for both partners were between stress and perceived relationship quality, with higher levels of perceived stress predicting less positive views of the relationship. Similar to the initial analyses presented in Tables 2 and 3, these findings suggested that perceived stress is a mediating factor between experiences of minority stress and perceptions of the quality of same-sex relationships.

Discussion

This research examined the relationship between two sources of minority stress – internalized homophobia and perceived discrimination – and the impact of these factors on perceptions of relationship quality. The study focused on two primary issues. First, the study sought to investigate the potential impact of different types of minority stress on overall perceptions of stress and relationship quality. And second, the interdependence of couples' experiences with minority stress was explored through the examination of actor and partner effects.

Perceived stress had a significant impact on perceptions of relationship quality. This perceived stress was significantly associated with an individual's own experience of internalized homophobia and his/her partner's experiences of perceived discrimination. An increase in either partner's reported level of internalized homophobia was also negatively associated with reported relationship quality. These results suggest that a partner's experiences and feelings make a unique contribution to individual perceptions. These unique contributions are lost when both members of a couple are not considered in research or practice.

Internalized homophobia impacts both the individual and his/her partner. As a source of additional stress in the lives of lesbians and gay men it can serve to isolate individuals and couples from other members of the community and, impact the quality of intimate relationships

(Garnet & Kimmel, 1993; Meyer & Dean, 1998). Couples who share similarly high levels of internalized homophobia may bring societal views of the instability of same-sex relationships into their expectations about the quality and potential for longevity in their own relationship. In the absence of positive external messages, such interactions may lead to a self-fulfilling prophecy and the demise of the relationship.

As would be suggested by the minority stress model, perceived discrimination was not a consistent predictor of stress or relationship quality in this analysis. A number of factors may have contributed to this finding. First, for the respondents in the current study, acts of discrimination were fairly commonplace. The majority of respondents reported having experienced one or more acts of discrimination – a finding that fits closely with the minority stress model that guided this study. The conceptualization of minority stress as a pervasive and continuous aspect of the social environment suggests that for many respondents, discrimination may be experienced more as a constant than an additive index (Meyer, 1995). In this sense only the most grievous infraction may contribute to notable variations in stress levels, and thus subsequently impact views of relationship quality.

The dissimilarities between the effect of internalized homophobia and experiences of physically perceived discrimination suggest that minority stress related to sexual orientation is multi-dimensional. On the one hand, factors that may be perceived as being more directly within the purview of the individual may have more direct effects on the perceived quality of the relationship, with personal accountability becoming a potential issue. On the other hand, discrimination encountered in the world outside the relationship may be externalized. However, the perceived discrimination experienced by Partner B had a strong impact on the stress-level of Partner A that was ultimately associated with quality of the relationship through a partner effect.

In the development of the model of minority stress, the focus has been on understanding the experiences of those who inhabit a social context characterized by prejudice and daily assaults to one's sense of self. That backdrop sets the stage for members of same-sex couples to be particularly vigilant in their interactions with others. Meyer (1995) argues that that level of hyperawareness and preparedness for potential threats serves to elevate stress levels, independent of any experience of discrimination. The potential negative impact on one's psychological well-being and personal relationships is elevated by feelings of negativity associated with internalized homophobia (Lewis et al., 2001).

The impact of stress on physical, emotional and mental well-being has been the focus of much inquiry. This exploration has only recently, and in limited form, included the examination of perceived stress as a causal influence on perceptions of relationship quality. While the current cross-sectional study fails to provide the avenue for clearly articulating the nature of these relationships, the findings do suggest that feelings of stress may have an impact on subsequent evaluations of relationship quality.

Implications for Practice with Same-Sex Couples

The current study suggests a number of important considerations for work with same-sex couples. First, a key goal of the study was to examine the dyadic influence of discrimination and internalized homophobia on perceived stress and subsequent evaluations of intimate relationships. The findings support the hypothesized relationship between one's partner's experiences and feelings and one's own assessment of relationship quality. This finding underscores the importance of gleaning relevant information from both members of the dyad in any work that focuses on the nature and quality of the couple's relationship.

The impact of internalized homophobia on both the individual and the couple is also an important factor to be considered in the counseling setting (Garnet & Kimmel, 1993; Wright & Perry, 2002). These findings suggest the need to consider the impact of internalized homophobia on the stress level of both partners – regardless of who may be verbalizing concerns. For instance, understanding ways in which one partner may be affected by the feelings of self-hate of the other couple member may lead to clarity concerning other relationship dynamics. Arguments over differences about level of public disclosure may be replaced by efforts to better identify and understand sources of self-hate and the internalization of negative societal views concerning the quality and significance of same-sex intimate relationships – one of which may include a belief about relationship longevity.

Limitations

Research on LGBT persons is replete with cautionary notes concerning the potential representativeness of the respondents, and the generalizability of the data to the unknown LGBT population (Herek, Gillis, Cogan, 1999; Otis & Skinner, 1996; Lewis, et al., 2001). This study is no exception, and consequently, no population-related claims are made. It remains true that members of same-sex couples are stigmatized in a society that continues to impose legal sanctions on gay unions, fails to protect employment and parental rights, and has only recently reached an agreement on the national level that protects one's right to privacy in the home. That said the respondents in the current study are recognized to be only a sampling of the myriad of same-sex couples in the United States. Sampling is biased by concerns over disclosure that disproportionately favors the research participation of those who are most comfortable risking public awareness of their sexual orientation. Thus, the findings of this study tell us something

about the lives of the same-sex couples that chose to participate, and that information has the potential to guide us toward more revealing exploration.

The utilization of online research methods for the recruitment of research participants and the collection of data is still a fairly new frontier for the social sciences. A number of safeguards have been put in place to reduce efforts to compromise the research endeavor, but the possibility that respondents may not be who they propose to be remains. While this is stated as a potential limitation, it is a limitation that arguably exists with mail-out surveys as well. Given the potential equity of the situation in terms of misrepresentation, the greater concern rests in establishing a comparable assessment of response rates. In this case the response rate was based on the number of couples who completed the survey after requesting the access code. It is unknown how many (if any) individuals requested the code in error – a factor that could reduce the initial number of potential respondents, and subsequently increase the final response rate.

The cross-sectional design of the project limits the ability to make causal statements about the relationships being explored. The basic conceptual framework used to delineate the hypotheses tested are supported by extant literature. A longitudinal study would facilitate the testing of more theoretically sound relationships that would include a recognition of the feedback loop from perceptions of relationship quality to the increase (based on negative perceptions of the relationship) or decrease (based on negative perceptions of the relationship) in the level of perceived stress.

Ultimately, the limitations of doing research that involves members of a stigmatized and highly heterogeneous population often leads to concerns over understating, rather than overstating, the nature and extent of the problems being addressed. The movement away from research on institutionalized or clinical populations has been rightfully replaced by efforts to

understand the everyday lives of lesbians and gay men. While this certainly improves on the stereotypical image that suggests that all LGBT people struggle with severe mental health concerns, the minority stress model underscores the importance of understanding the debilitating effects of living in a social climate replete with negative images and potential threats. It is far more likely that a person experiencing fewer rather than more stressful events and feelings would feel comfortable participating in research. Thus, any bias in the current study is likely to err on the side of minimizing the potential negative consequences of discrimination, internalized homophobia, and stress on the quality of lesbian and gay relationships.

Directions for Future Exploration

The limitations of reaching a varied population of same-sex couples notwithstanding, the implications of these accessibility concerns are important factors to consider for future studies. It has often been stated anecdotally that lesbian and gay unions struggle to survive in a climate that provides limited social support. Previous studies have supported the importance of such support for the psychological well-being of individuals and couples (e.g., Kurdek, 1988). It remains unclear however, how these supports serve to bolster the longevity of intimate relationships. Likewise, the process by which individual experiences, beliefs, and perceptions may lead same-sex couples to view their intimate relationships in more or less positive ways needs to be articulated. The current study begins this process by examining one set of relationships that contribute to views of the quality of intimate relationships, and sets the stage for the continuation of that exploration.

References

- Argyle, M. (1987). *The psychology of happiness*. London: Methuen.
- Berscheid, E. & Reis, H. T. (1998). Attraction and close relationships. In D. T. Gilbert, S. T. Fiske & G. Lindzey (Eds.), *The handbook of social psychology* (4th ed., Vol. 2, pp. 193-281). New York: McGraw-Hill.
- Bohan, J. S. (1996). *Psychology and sexual orientation: Coming to terms*. New York: Routledge.
- Brooks, V. R. (1981). *Minority stress and lesbian women*. Lexington, Massachusetts: D. C. Heath and Company.
- Clark, R., Anderson, N. B., Clark, V. R., & Williams, D. R. (1999). Racism as a stressor for African Americans: A biopsychosocial model. *American Psychologist*, 54, 805-816.
- Cohen, S. (1988). Psychosocial models of the role of social support in the etiology of physical disease. *Health Psychology*, 7, 269-297.
- Duffy, S., & Rusbult, C. E. (1986). Satisfaction and commitment in homosexual and heterosexual relationships. *Journal of Homosexuality*, 12, 1-23.
- Ellis, A. L., & Riggle, E. D. B. (Eds.). (1996). *Sexual Identity on the Job: Issues and Services*. New York: Haworth Press.
- Eskridge, W. N. (1996). *The case for same-sex marriage*. New York: Free Press.
- Garnets, L. D., & Kimmel, D. C. (1993). Lesbian and gay male dimensions in the psychological study of human diversity. In L. D. Garnets & D. C. Kimmel (Eds.), *Psychological Perspectives on Lesbian and Gay Male Experiences* (pp.1 – 51). New York: Columbia University Press.
- Hemstrom, O. (1996). Is marriage dissolution linked to differences in mortality risks for men and women? *Journal of Marriage and the Family*, 58, 366-378.

- Hendrick, S. S. (1988). A generic measure of relationship satisfaction. *Journal of Marriage and the family*, 50, 93-98.
- Herek, G. M., Gillis, J. R., & Cogan, J. C. (1999). Psychological sequelae of hate-crime victimization among lesbian, gay, and bisexual adults. *Journal of Consulting and Clinical Psychology*, 67, 945 - 951.
- Kashy, D. A., & Snyder, D. K. (1995). Measurement and data analytic issues in couples research. *Psychological Assessment*, 7, 338-348.
- Kelley, H. H., & Thibaut, J. W. (1978). *Interpersonal relations: A theory of interdependence*. New York: Wiley.
- Kenny, D. A. (1996). Models of interdependence in dyadic research. *Journal of Social and Personal Relationships*, 13, 279-294.
- Kurdek, L. A. (1988). Perceived social support in gays and lesbians in cohabiting relationships. *Journal of Personality and Social Psychology*, 54, 504-509.
- Kurdek, L. A. (1991a). Correlates of relationship satisfaction in cohabiting gay and lesbian couples: Integration of contextual, investment, and problem-solving models. *Journal of Personality and Social Psychology*, 61, 910-922.
- Kurdek, L. A. (1991b). The relations between reported well-being and divorce history, availability of a proximate adult, and gender. *Journal of Marriage and the Family*, 53, 71-78.
- Kurdek, L. A. (1994). Areas of conflict for gay, lesbian, and heterosexual couples: What couples argue about influences relationship satisfaction. *Journal of Marriage and the Family*, 56, 923-934.

- Lane, J. D. & Wegner, D. M. (1995). The cognitive consequences of secrecy. *Journal of Personality and Social Psychology*, 69, 237-254.
- Lewis, R. J., Derlega, V. J., Berndt, A., Morris, L. M., & Rose, S. (2001). An empirical analysis of stressors for gay men and lesbians. *Journal of Homosexuality*, 42, 63 – 88.
- Maylon, A. K. (1982). Psychotherapeutic implications of internalized homophobia in gay men. *Journal of Homosexuality*, 7, 59-69.
- Mays, V. M., & Cochran, S. D. (2001). Mental health correlates of perceived discrimination among lesbian, gay, and bisexual adults in the United States. *American Journal of Public Health*, 91, 1869 – 1876.
- Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, 36, 38-56.
- Meyer, I. H. & Dean, L. (1998). Internalized homophobia, intimacy, and sexual behavior among gay and bisexual men. In G. M. Herek (Ed.), *Stigma and sexual orientation: Understanding prejudice against lesbians, gay men, and bisexuals* (pp. 160-186). Thousand Oaks: Sage.
- Murry, V. M., Brown, P. A., Brody, G. H., Cutrona, C. E., & Simons, R. L (2001). Racial discrimination as a moderator of the links among stress, maternal psychological functioning, and family relationships. *Journal of Marriage and the Family*, 63, 915-926.
- Myers, D. G., & Diener, E. (1995). Who is happy? *Psychological Science*, 6, 10-19.
- Otis, M. D., & Skinner, W. F. (1996). The prevalence of victimization and its effect on mental well-being among lesbian and gay people. *Journal of Homosexuality*, 30, 93-121.
- Owens, G. P., Rostosky, S.S., Reed, A., Prather, R., Jackson, C., Frisiello, M. (2002, August). *Predictors of relationship satisfaction in gay male and lesbian couples*. Poster presented

- at the annual meeting of the American Psychological Association, Chicago, Illinois.
- Peplau, A. (1993). Lesbian and gay relationships. In L. D. Garnets & D. C. Kimmel (Eds.), *Psychological Perspectives on Lesbian and Gay Male Experiences* (pp.395-419). New York: Columbia University Press.
- Peters, M. F., & Massey, G. C. (1983). Mundane extreme environmental stress in family stress theories: The case of Black families in White America. *Marriage and Family Review*, 6, 193-218.
- Ross, M. W. & Rosser, B. R. S. (1996). Measurement and correlates of internalized homophobia: A factor analytic study. *Journal of Clinical Psychology*, 52, 15-21.
- Rostosky, S.S. & Riggle, E.D.B. (2002). 'Out' at work: The relation of actor and partner workplace policy and internalized homophobia to disclosure status. *Journal of Counseling Psychology*, 49, 411-419.
- Salovey, P., Rothman, A. J., & Rodin, J. (1998). Social psychology and health behavior. In D. T. Gilbert, S. T. Fiske & G. Lindzey (Eds.), *The handbook of social psychology* (4th ed., Vol. 2, pp. 633-683). New York: McGraw-Hill.
- Savin-Williams, R. C. & Rodriguez, R. G. (1993). A developmental, clinical perspective on lesbian, gay male, and bisexual youths. In T. P. Gullota, G. R. Adams, & R. Montemayor (Eds.), *Adolescent Sexuality: Advances in Adolescent Development* (pp. 77-101). Newbury Park, CA: Sage.
- Shidlo, A. (1994). Internalized homophobia: Conceptual and empirical issues in measurement. In B. Greene & G. M. Herek (Eds.), *Lesbian and gay psychology: Theory, research, and clinical applications* (pp. 176-205). Thousand Oaks, CA: Sage.
- Spanier, G. B. (1976). Measuring dyadic adjustment. *Journal of Marriage and the Family*, 38, 15-28.

- Stein, T. S., & Cabaj, R. P. (1996). Psychotherapy with gay men. In R. P. Cabaj and T. S. Stein (Eds.), *Textbook of homosexuality and mental health* (pp. 413-432). Washington, DC: American Psychiatric Press, Inc.
- Tesser, A., & Beach, S. R. H. (1998). Life events, relationship quality, and depression: An investigation of judgment discontinuity in vivo. *Journal of Personality and Social Psychology*, 74, 36-52.
- Weston, K. (1997). *Families We Choose: Lesbians, Gays, Kinship*. New York: Columbia University Press.
- Wright, E. R. & Perry, B. L. (2002). *Sexual identity distress, social support, and the health of gay, lesbian, and bisexual youth*. Manuscript submitted for publication.
- Wright, E. R., Dye, J. D., Jiles, M. E. & Marcello, M. K. (1999). *Empowering gay, lesbian, and bisexual youth: Findings from the Indiana youth access project (Final Evaluation Report)*. Indianapolis, IN: Indiana University.

Table 1.

Zero-ordered Correlations, Means and Standard Deviations for all Study Variables (N = 131)

	1	2	3	4	5	6	7	8	9	10	Mean	SD
1. INH - A	1.00										12.61	4.07
2. INH - B	.309**	1.00									13.82	4.20
3. DISCR. A	-.106	-.005	1.00								2.55	1.90
4. DISCR. B	-.038	-.064	.434**	1.00							2.31	1.93
5. STRESS A	.205*	.036	-.003	.176*	1.00						42.6	10.2
6. STRESS B	-.251*	.187*	.035	.243*	.360**	1.00					43.9	9.6
7. GENDER	-.048	-.040	-.068	-.195*	-.007	-.203*	1.00				.65	.48
8. AGE	-.035	.112	.131	.063	-.056	.027	.048	1.00			38.18	10.69
9. LENGTH	-.172	-.001	.238*	.246*	.025	.018	.088	.578**	1.00		6.8	6.0
10. RSA – A	-.229*	-.029	-.018	-.160	-.432**	-.342**	.156	.070	-.003	1.00	26.27	3.89
11. RSA – B	-.251*	-.142	.104	-.122	-.338**	-.372**	.074	.035	-.014	.668**	26.16	4.26

* $p \leq .05$ ** $p \leq .001$

Table 2.

Path Coefficients of Model for Partner A: Standardized and (Unstandardized) Coefficients (n = 131)

	Stress	Relationship Quality		
		Direct	Indirect	Total
Gender	-.005 (-.010)	-.136 (-.983)	.002	-.135 (-.971)
Age	-.167 (-.171)	.163 (.006)	.060	.223* (.008)
Relationship Length	.201 (.351)	-.075 (-.004)	-.073	-.147 (-.009)
Internalized Homophobia				
Partner A	.220*(.564)	-.203* (-.176)	-.079	-.283**(-.244)
Partner B	-.053 (-.139)	.012 (.001)	.019	.031 (.002)
Discrimination				
Partner A	.002 (.001)	-.079 (-.010)	-.001	-.080 (-.010)
Partner B	.101 (.354)	-.038 (-.004)	-.036	-.074 (-.009)
Stress	---	-.361**(-.122)	----	-.361**
R ²	.077	.267***		.146*
Adj. R ²	.014	.209		.088

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

Table 3.

Path Coefficients of Model for Partner B: Standardized and (Unstandardized) Coefficients (n = 131)

	Stress	Relationship Quality		
		Direct	Indirect	Total
Gender	.191* (5.054)	-.007 (-.005)	-.044	-.050 (-.366)
Age	-.212 (-.247)	.033 (.001)	.048	.081 (.002)
Relationship Length	.062 (.133)	.014 (.001)	-.014	.000 (.000)
Internalized Homophobia				
Partner A	.116 (.364)	-.206*(-.177)	-.027	-.232* (-.199)
Partner B	.161 (.516)	-.035 (-.003)	-.037	-.072 (-.006)
Discrimination				
Partner A	.213* (.920)	-.115 (-.136)	-.049	-.163 (-.193)
Partner B	.084 (.373)	.048 (.006)	-.019	-.074 (.004)
Stress	---	-.228*(-.006)	----	-.228*
R ²	.174**	.131*		.089
Adj. R ²	.120	.066		.029

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

Table 4.

Estimates of Partner Effects for Mixed Predictor Variables

	Stress		Relationship Quality			
	Partner A	Partner B	Partner A		Partner B	
	t _{comp.}	t _{comp.}	t _{comp.}	t _{comp.}	t _{comp.}	t _{comp.}
Age	-1.415	-1.563	.235	.188	.059	.006
Internalized						
Homophobia	4.775**	.858	-2.056*	-2.531*	-4.861**	-2.813*
Discrimination	.278	3.818**	-1.517	-.004	-1.655	.002
Stress	----	----	----	-5.061**	-----	-4.615**

* p < .05, ** p < .001