

THESIS

COUPLE-LEVEL MINORITY STRESS IN LGBTQ COUPLES: THE IMPACT OF DYADIC
COPING AND OUTNESS

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ABSTRACT

COUPLE-LEVEL MINORITY STRESS IN LGBTQ COUPLES: THE IMPACT OF DYADIC COPING AND OUTNESS

Lesbian, gay, bisexual, transgender, and queer (LGBTQ) couples face sexual-minority identity stressors that are uniquely different from heterosexual couple experiences. Much of the literature has focused on the effect of minority stressors on the individual level, however, no current research has examined couple-level minority stress. LGBTQ couple-level minority stress can be conceptualized as stressors related to the sexual-minority status of each individual within the couple, and how these stressors manifest within the couple and affect couple functioning and health. The current study sought to fill this gap in the literature by creating and testing a measure of LGBTQ couple-level minority stress, adapted from established qualitative research on the subject (Frost et al., 2017). Couple-level minority stress likely impacts relationship satisfaction, and we hypothesize that this relationship is moderated by degree of outness (e.g., level of disclosure of one's sexual identity) and by engagement in dyadic-coping (e.g., how partners cope with stress jointly). Individuals who report being in a same-sex relationship took a one-time self-report survey answering questions regarding outness, dyadic coping, the impact of LGBTQ couple-level minority stress, and relationship satisfaction. Results reveal a significant positive relationship between dyadic coping and relationship satisfaction, and a significant negative relationship between outness and couple-level minority stress.

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LITERATURE REVIEW

Before the monumental *Obergefell v. Hodges* (2015) Supreme Court case, same-sex marriage was illegal in the United States. Although this ruling allowed same-sex couples the same legal rights to marry as heterosexual couples, the stigmatization against this population has not disappeared. Expression of one's lesbian, gay, bisexual, transgender, or queer (LGBTQ) identity can increase stress; one conceptualization of this stress is referred to as minority stress. LGBTQ relationships often have more unique stressors as compared to heterosexual couples; this is often referred to as minority stress (Frost et al., 2017). While similarities between same-sex couples and heterosexual couples outweigh the differences, same-sex couples do experience stressors specific to their sexual minority status (Mohr & Daly, 2008). These minority stressors are present at both the individual level and the couple level and have been shown to be impactful on same-sex couples' relationship satisfaction, level of attraction, and communication skills (Mohr & Daly, 2008). However, the impact of couple-level minority stress on LGBTQ romantic relationships may be buffered by variables such as levels of outness (expression of LGBTQ identity) and dyadic coping. This buffering effect may have direct implications for romantic relationship satisfaction. The current study seeks to explore this gap in the literature.

Romantic Relationships

Romantic relationships have been associated with positive benefits for the individuals who are in them, which may present in the form of physical health and mental well-being (Braithwaite et al., 2010; Roberson et al., 2018). Braithwaite and colleagues (2010) found that compared to single counterparts, individuals who are in a romantic relationship show a decrease in risk taking behavior, are less likely to be obese, and have fewer mental health problems.

Ultimately, both negative and positive aspects of romantic relationships can influence the well-being of individual partners and the couple.

While romantic relationships have many researched benefits, there are also negative experiences associated with romantic relationship involvement. Some of those negative experiences can include higher levels of stress, worry, personal and social sacrifices, and unhealthy dependence on a romantic partner (Sedikides et al., 1994). In relationships with high conflict and unhealthy relationship qualities, partners often show higher levels of depression and an increase in physical health ailments (Roberson et al., 2018). However, individuals in high-stress, high-conflict relationships are not destined to a life of poor physical and mental health. Roberson and colleagues (2018) found that these stressed and conflictual couples show improved physical and mental health, when healthy communication occurs more frequently. Clearly romantic relationships are important to functioning and well-being for many individuals. However, most research is focused on heterosexual couples, while less is known about LGBTQ romantic relationship functioning.

LGBTQ Romantic Relationships

LGBTQ couples enjoy many of the same benefits as heterosexual couples, however there are differences in stress that can make their romantic relationship struggles different (Chen & van Ours, 2018). Otis and researchers, (2006) found that both heterosexual and same-sex couples present similar levels of satisfaction and commitment within their romantic partnerships. Being in a romantic relationship for LGBTQ couples also may bring social support, as marital commitment is linked to support from friends, family, the community or all three, as well as from their partner (DeVries, 2007; Otis et al., 2006). A romantic relationship may also act as a buffer to the impact of stress. Baams and colleagues (2014) have found that social support

buffers the effects of minority stress on individuals by alleviating the impact of stigmatization and rejection that the individuals may feel outside of their relationship. This type of support may be novel for the individuals, as identifying as LGBTQ still generates experiences of stigma for many.

De Vries (2007) notes that lack of relationship recognition among LGBTQ couples often leads to social inequalities, disenfranchisement, and negative relational, physical and mental health outcomes. LGBTQ couples are more likely to experience discrimination, unsafe 'out' environments, alienation from family members, and risks to physical safety than their heterosexual counterparts (Baams et al., 2014; Rostosky et al., 2007). Unfortunately, despite the groundbreaking Supreme Court verdict on legalizing same-sex marriage, same-sex couples are still often stigmatized in the workplace, in their communities, and sometimes within their own families (Frost et al., 2017). To understand the stress that same-sex couples face within multiple contexts, the concept of minority-level stress needs to be explored.

Minority Stress

Minority stress is described as the discrimination, stigma, and prejudice minority identified individuals may feel when interacting with social contexts (Meyer, 1995).

Assumptions of minority stress include: (a) that the stress is unique in the sense that it is felt in addition to everyday stressors experienced by all groups of people, (b) the stress is chronic and related to cultural and social structures stably rooted in society, (c) the stress is socially based in processes and contexts beyond the individual (Meyer, 2003).

The concept of minority stress was proliferated from general theories of stress (Dohrenwend, 2000; Meyer, 1995, 2003; Pearlin, 1999). Stress researchers believed that different populations had different levels of vulnerability when exposed to stress, with one of the

most important and influential stressors being discrimination (Kessler et al., 1999). However, this research has lacked the inclusion of discriminatory stress in analyses of mental health. Thoits (1983) found that research failing to consider the effects of discrimination on well-being were unsuccessful in correlating higher rates of mental health psychopathology among marginalized populations (women, non-whites persons, and people of low socioeconomic status). Countless studies have corroborated Thoits' (1983) findings, as discrimination has been correlated with strong negative effects on emotional and mental well-being (Amaro et al., 1987; Meyer, 1995; de Snyder, 1987). Thus, by experiencing discrimination, marginalized populations are interacting with secondary stress in addition to everyday stressors that members of the dominant culture do not experience. From this proposition, the concept of minority stress was created.

The Minority Stress Model posits that stressors can be individual or social in nature; such that social status, including race and gender, influences the amount of stress exposure (Hendricks & Testa, 2012). This is in addition to everyday environmental stress experienced by all social groups, which ultimately may affect the well-being of minority individuals (Dohrenwend & Dohrenwend, 1969). An individual may experience social stress when out in public and feel they are being stigmatized, discriminated, or rejected due to their race or sexual orientation. This framework was adapted and applied to LGBTQ individuals. According to Meyer (2003), some of the reasons why LGBTQ populations have higher rates of mental health disorders is due to minority stress. Furthermore, the construct of minority stress has shifted the psychological theories of stress related to sexual orientation- the unique stressors felt by LGBTQ individuals are currently often viewed as the result of societal bigotry and disenfranchisement rather than mental health pathology (Mohr & Fassinger, 2000). Although minority stress models boost our understanding of the toll of discrimination and oppression, the model often examines

the effects of this stress on individuals- what is far less examined is how minority stress manifests at the couple-level.

Couple-Level Minority Stress

Couple-level minority stress was theorized from the individual minority stress framework (Stewart et al., 2019). Individual-level minority stress is conceptualized as impacting only an individual, even if that individual is in a romantic relationship. According to Meyer's (2003) and Rostosky's study (2007), at the individual level, minority stress can be characterized by five main factors: (a) anticipated rejection, (b) experiences of discrimination, (c) hiding or concealment of identity, (d) navigating internalized stigma, and (e) development of coping strategies. This can be conceptualized as a gay man refusing to hold his partner's hand while at the grocery store to protect himself from potential discrimination while out in public, therefore acting as a coping strategy to conceal his identity in fear of anticipated rejection.

Couple-level minority stress impacts both individuals in a romantic relationship and adds a second dimension to negative outcomes related to minority stress (Stewart et al., 2019). Couple-level minority stress can be experienced by both heterosexual and same-sex couples. In a heterosexual couple, this may be perceived as the female partner experiencing discrimination and sexual harassment at work, which leads to her refusal to connect with her partner, causing the couple to feel disconnected and hostile. In same-sex couples, this may be conceptualized as being excluded from family events because others do not want to be around a same-sex couple, which results in one or both partners not being as committed to their relationship due to the stress and alienation experienced.

To expand the research on individual minority stress, Frost and colleagues (2017) utilized qualitative interviews to understand and examine the explicit stressors felt by same-sex couples.

The researchers discovered that same-sex couples often experience a very specific set of minority stressors, couple-level minority stressors, that may impact same-sex couple relationship quality and functioning (Frost et al., 2017). This type of minority stress is referred to as LGBTQ couple-level minority stress. A few examples of these LGBTQ couple-level minority stressors identified in this study are experiences of rejection as a couple, hiding one's same-sex relationship, unequal legal recognition of relationship, and not being recognized as a couple (Frost et al, 2017). A non-exhaustive list of stressors outlined in this study are unique to LGBTQ relationships. LGBTQ couple-level stress can be conceptualized as stressors related to the minority status of everyone within the couple, and how these stressors manifest within the couple and affects the couple's functioning (Frost et al., 2017). The manifestation of these stressors in LGBTQ couples' lives may have implications on the satisfaction and outcome of their romantic relationship. It seems imperative to better understand the mechanisms that may contribute to the exacerbation of couple-level minority stress felt by couples, and mechanisms that may buffer the impact.

Heterosexism

A mechanism that may intensify the couple-level minority stress felt by same-sex couples is experiences of heterosexism. Although non directly measured in this study, we introduce this concept as a way of framing our ideas that we explored in the data. Heterosexism is defined as the negative messages that society puts on sexual minority individuals (Pistella et al., 2016), in many contexts, to stigmatize and deny any way of sexual expression that is not heterosexual in nature (Szyman et al., 2008). Herek and colleagues (2015) explain that heterosexism can be experienced externally and internally. External heterosexism may be experiences of rejection, discrimination, or feelings of unsafety in public spaces, in which the

stigma associated with a sexual minority identity is felt at the hands of others. Conversely, internalized heterosexism is experienced when a member of the LGBTQ community conceals their identity, directs negative attitudes toward themselves, or devalues themselves due to stigma felt within (Herek et al., 2015). Internalized heterosexism is often born out of frequent experiences of external heterosexism (Szymanski et al., 2008) as research has shown that experiencing heterosexist discrimination more greatly is associated with greater levels of internalized heterosexism (Sanscartier & MacDonald, 2019). In past research this was referred to as internalized homophobia. (Meyer & Dean, 1998). Similar to the effects of minority stress on individuals, experiences of heterosexism, both internal and external are associated with higher levels of psychological distress (Herek et al., 2015; Szymanski & Mikorski, 2016) and lower levels of outness with both family and non-family members (Pistell et al., 2016).

Internalized Heterosexism Implications

In the most ideal scenario, once an individual acknowledges their sexual orientation, they begin the coming out process and develop their identity, incorporating their sexuality. In LGBTQ individuals with internalized feelings of heterosexism, the coming out process can be stunted, negatively impacted, or never occurs in order to ward off stigma and the negative self-perception of one's sexuality (Meyer, 2003). However, researchers have argued that internalized identity confusion or heterosexism may be a normal part of the developmental process for LGBTQ individuals (Fassinger, 1991; Gonsiroek & Rudolph, 1992).

Prolonged feelings of identity confusion and internalized heterosexism are often associated with negative mental and physical health outcomes (Meyer, 2003). Keeping one's LGBTQ identity hidden for an extended time can be a burden on the individual (Meyer, 2003). High levels of heterosexism within LGBTQ individuals have been found to be associated with

higher incidence of mental health problems and poor levels of self-care (Mohr & Daly, 2006; Smart & Wagner, 2000). Furthermore, the avoidance of stigma is related to negative and detrimental mental health outcomes in individuals (Herek et al., 2015; Szymanski & Mikoski, 2016); and even if the internalized shame is overcome with time, internalized heterosexism will remain an important psychological adjustment factor throughout their life, even when entering romantic relationships.

Heterosexism, in the way in which it manifests in several contexts and contributes to several of the LGBTQ couple-level minority stressors (Figure 1.), may have devastating implications on romantic partnerships. Meyer and Dean (1998) found that internalized heterosexism displayed at varying levels within one or both partners was related to sexual dysfunction and romantic relationship difficulties. Furthermore, Frost and Meyer (2009) found that regardless of whether couples were open about their relationship, internalized heterosexism exhibited by one or both partners was associated with greater relationship problems. It is evident that feelings of heterosexism can be detrimental to relationship functioning, but outness, or expression of sexual identity, may buffer the effects of this stigma.

Identity Related Outness: A Possible Moderator

While internalized heterosexism may lead to negative relational outcomes, an LGBTQ individual's level of 'outness', or expression of their identity as an LGBTQ person may moderate of the effects of couple-level minority stress. While the concept of outness may seem simple, researchers believe that outness and expression of identity may be imperative when trying to understand frameworks regarding positive and negative functioning of LGBTQ couples and individuals (Mohr & Fassinger, 2000).

‘Outness’ is the extent to which an individual may express themselves as gay, lesbian, bisexual, transgender, and/or queer (Mills et al., 2001). Outness is also the degree to which LGBTQ individuals have shared their sexual orientation with families, friends, work, and communities (Mohr & Fassinger, 2000). While some argue that being ‘out’ may induce more prejudice against LGBTQ individuals, Pastrana Jr. (2014) found that living an ‘out’ life was associated with positive health outcomes and benefits. Moreover, Otis and colleagues (2006) report that LGBTQ individuals who hid their identity showed increased levels of stress, mental health diagnoses, and lower overall life satisfaction.

Many factors influence an LGBTQ person’s level of outness. One significant predictor of outness is family support, with others being importance of sexual orientation, and having strong connections to the LGBTQ community (Pastrana Jr., 2014). How strongly an LGBTQ person feels their sexual identity is tied to their individuality is also a strong predictor of outness, especially among Black LGBTQ persons (Pastrana Jr., 2014). Acceptance of one’s own identity as an LGBTQ person may also be linked to satisfaction within a romantic relationship and satisfaction about growing old with a same-sex partner (Lee & Quam, 2013).

Mohr and Fassinger (2006) argue that LGBTQ individuals and couples must always make decisions about who they come ‘out’ to, and the degree to which they share their sexual orientation. In some contexts, revealing their identity as an LGBTQ person or same-sex couple, the individuals may have negative consequences or interpersonal rejection (Mohr & Fassinger, 2000). While LGBTQ individuals and couples navigate who they come out to and how they express their sexual identity, exhibiting internalized heterosexism or being out may lead to increased levels of stress that may directly impact LGBTQ couple functioning and relationship satisfaction.

Dyadic Stress

The concept of dyadic stress was introduced by Bodenmann (1997). Previously, research surrounding topics of coping and stress had been limited to an individualistic approach.

Bodenmann (1997) describes dyadic stress as, “any form of emotional or problem-centered stress directly concerning the couple as a unit,” (p.138). Specifically, dyadic stress manifests as stressful events that affect both individuals within the couple, opposed to stressful events that affect only one individual. This type of stress could impact couples differently, and at different intensities. Examples of dyadic stress events could include the death of a family member, when a partner loses a job, or the birth of a child.

Otis and colleagues (2006) studied the dyadic impact of stress on LGBTQ couples and found that as negative life events increased, (i.e., frequent interactions with minority level stressors) positive judgements and feelings within romantic relationships slowly eroded. Frost and colleagues (2017) discovered that two specific dyadic stress processes are evident among couples who experience couple-level minority stress: discrepancies of stress impact among partners, and contagion of minority stressors at the individual level within the couple.

Discrepancies occur when each partner reacts to and feels the impact of individual-level minority stressors differently (Frost et al., 2017). Discrepancies among partners may include situations where one individual within the couple reacts to or is impacted more strongly to a specific stressor than another, where one partner is more ‘out’ than the other, or when one individual in the couple has higher levels of internalized heterosexism. Contagion occurs when one partner’s interaction with an individual-level minority stressor negatively impacts their partner’s well-being (Frost, et al., 2017). This can be seen when one partner is devalued or rejected by a family member, but the other partner feels the greatest amount of distress. Couple-

level minority stress discrepancies or contagion felt among LGBTQ couples may be buffered by specific couple coping strategies.

Dyadic Coping: A Possible Moderator

Dyadic stress impacts both individuals within a couple, therefore coping strategies utilized to combat this stress should incorporate the entire couple. This form of coping is called dyadic coping. Dyadic coping is defined as, “the interplay between the stress signals of one partner and the coping reactions of the other, a genuine act of shared coping,” (Revenson et al., 2005, p.4). Thus, when a stressful event occurs, the resources at the disposal of both partners work together to maintain or restore balance among the partners (Bodenmann, 1997). Additionally, Bodenmann (1997) describes the concept of dyadic coping as a way for a partner to stabilize their significant other to their own stress is reduced and stabilized. For the process of dyadic coping to be initiated among couples, stress needs to be communicated by one partner, thus initiating the support and empathy of the other partner (Leuchtmann, 2018).

Mohr et al., (2013) found that an individual who has a responsive and supportive partner may be more likely to develop intimacy and trust with their partner, which can lead to better relationship outcomes. Thus, the way partners handle and respond to stress is an important factor in relationship quality. The way the responsive and supportive partner reacts to their partner’s stress initiates the type of dyadic coping the couple exhibits. Positive dyadic coping strategies include supportive helping behaviors, and negative dyadic coping strategies include hostile and superficial behaviors like sarcasms or dismissing the seriousness of a partner’s stress (Margola et al, 2018). Margola and colleagues. (2018) found in their study that positive dyadic coping strategies employed amongst heterosexual couples resulted in positive changes including high levels of commitment, higher relationship satisfaction. Negative dyadic coping strategies resulted

in lower relationship satisfaction, lack of communication, and blame. Because of the results found in heterosexual couples, the impact of dyadic coping strategies on LGBTQ couples needs to be analyzed. Studies examining dyadic coping among LGBTQ couples are limited and are imperative to understanding associations between minority stress, coping, and relationship satisfaction.

Relationship Satisfaction

Couple-level minority stress and internalized heterosexism, levels of outness and the degree to which same-sex couples utilize dyadic coping strategies may influence relationship satisfaction (Rostosky et al., 2007). Relationship satisfaction is the subjective measure of how positive and/or negative a romantic relationship is (Mohr & Daly, 2008). Romantic relationships with positive communication, strong support and positivity can lead to increased levels of self-esteem and relationship satisfaction (Voss et al., 1999; Pateracki & Roussi, 2013). For couples who are in a conflictual or highly stressful relationship, research has shown that engaging in healthy communication and coping strategies may improve individual well-being as well as relationship satisfaction (Roberson et al., 2018). Otis and colleagues (2007) examined the link between minority stress and relationship satisfaction; a couple's perceived level of stress had significant implications on their perception of relationship quality (Otis et al., 2007). The implications of stress on same-sex couples is evident, therefore it is important to understand how dyadic coping strategies and levels of outness and expression may buffer the negative consequences of experiencing couple-level minority stress.

CURRENT STUDY

Frost and colleagues (2017) stated in their research that minority stressors at the couple level may negatively affect partner well-being and relationship quality, however additional research is needed to unpack these associations. It is important to investigate couples' outness, as well as their coping strategies, and their experiences with couple-level minority stressors. Grounded in the review of the literature in this paper, it is hypothesized that: Couple-level minority stress will be negatively associated with relationship satisfaction (hypothesis 1), outness will be positively associated with relationship satisfaction (hypothesis 2), and dyadic coping strategies will be positively associated with relationship satisfaction (hypothesis 3; Figure 1). Next, we hypothesize that dyadic coping will be negatively associated with couple-level LGBTQ minority stress (hypothesis 4) and 'outness' will be negatively associated with couple-level LGBTQ minority stress (hypothesis 5; Figure 2). The next two hypotheses examine moderating effects: the effects of couple-level minority stress on levels of relationship satisfaction among LGBTQ couples will be moderated by dyadic coping strategies (hypothesis 6; Figure 3). In addition, we hypothesize that the effects of couple-level minority stress on levels of relationship satisfaction among LGBTQ couples will be moderated by individual reported levels of outness (hypothesis 7; Figure 4).

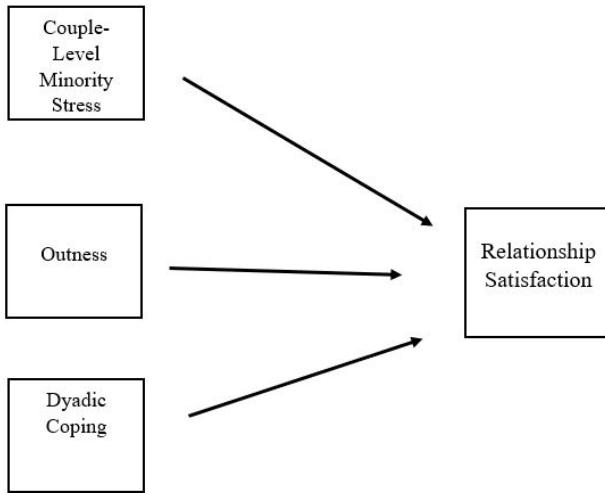


Figure 1.

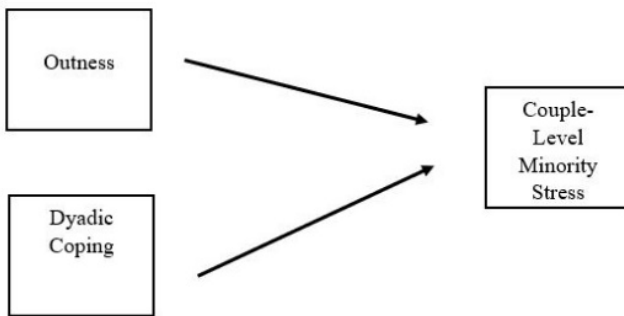


Figure 2.

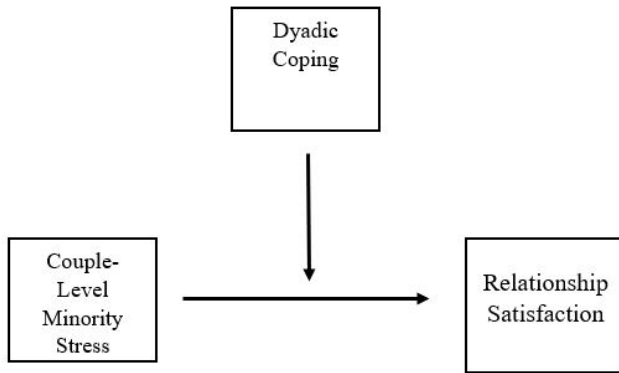


Figure 3.

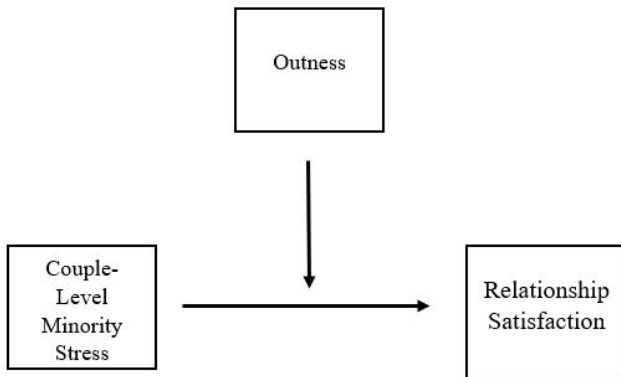


Figure 4.

METHOD

Participants and Procedures

Individuals who identified as lesbian, gay, bisexual, transgender, or queer, and identified their current romantic relationship as being same-sex, were recruited for this study. All individuals who participated in the study were 18 years or older (Demographic Data see Table 1). Participants were recruited through an undergraduate research pool in a human development and family studies department at a western United States university. Participants were also recruited via LGBTQ online forums, mobile applications, and social media. Participants were directed to an informed consent document, indicating the procedure, risks, and benefits. Upon agreement to this informed consent document, individuals were asked to complete a survey. The survey consisted of questions regarding couple level minority stressors, dyadic coping strategies, levels of outness, and relationship satisfaction. Participants responded to a questionnaire using Qualtrics Software. Participant responses to the online survey were confidential with no identifying information included within the surveys.

Measures

Couple Level Minority Stress Scale-Impact (CLMS-I). To assess minority stress that exists at the couple level, items were developed based on the Frost (2017) study which describes 17 minority stress phenomena that occur at the couple-level. These 17 LGBTQ minority stressor experiences were adapted into items for this study. These items allowed participants to rate the impact of each stressor. This scale, created for this study, is referred to as the Couple Level Minority Stress Scale-Impact, (CLMS-I), which has 22 items of specific couple-level minority stressors which include but are not limited to: experiences of rejection, hiding same-sex

relationship, unequal legal recognition of relationship, and internalized stigma. Participants were asked how impactful the 22 stressors have been in the last 30 days. (*1 = Not at all, and 5 = Severely*). For example: *How impactful has experiences of rejection been for the duration of your current relationship?* (See Table 2). Reliability analysis for the instrument yielded a Cronbach's $\alpha = .92$.

The Nebraska Outness Scale (NOS). The Nebraska Outness Scale (NOS) was used to measure degree of outness (Meidlinger & Hope, 2014). This scale is a 10-item measure with two 5-item subsections, concealment (NOS-C) and disclosure (NOS-D), each using an 11-point Likert scale. Concealment is measured from 0 (Never avoid) to 10 (Always avoid), while disclosure is measured from 0% (None) to 100% (All). Both subsections ask participants about their concealment and disclosure of identity among five groups: immediate family, extended family, friends and acquaintances, individuals at school and/or work, and strangers (Meidlinger & Hope, 2014).

The full NOS has shown strong internal consistency, with alphas ranging from 0.87 to 0.92 across sexual orientations and gender identities, as well as high internal reliability for the full scale ($\alpha = 0.89$). For each subscale the alphas varied slightly- the NOS-C was $\alpha = 0.80$, and the NOS-D was $\alpha = 0.82$. The NOS showed strong convergent validity when compared to the Mohr and Fassinger (2000) Outness Inventory (OI) $r = 0.84$ (Meidlinger & Hope, 2014). Reliability analysis for the instrument yielded a Cronbach's $\alpha = .93$.

Dyadic Coping Inventory (DCI). The Dyadic Coping Inventory (DCI) was used to measure dyadic coping strategies (Bodenmann, 2008). This scale is a 37-item measure using a 5-point Likert scale (*1 = Very Rarely to 5 = Very often*) to rate the individual's coping style as well as their partner's coping style. The scale includes 10 subsections. Examples of some questions

include: *My partner lets me know that they appreciate my practical support, advice, or help; My partner shows empathy and understanding to me; My partner blames me for not coping well enough to stress; and We try to cope with the problem together and search for ascertained solutions* (Bodenmann, 2008) Wording in some of the questions were modified to include gender-neutral pronouns and to better relate to our anticipated sample demographic.

In a test of reliability, Levesque et al., (2014) found that the measures were reliable with alpha coefficients ranging from 0.69 to 0.85. Furthermore, when testing for validity, Levesque and colleagues (2014) found that the DCI was positively correlated to measures of relationship satisfaction ($r=0.54$) showing convergent validity and negatively correlated to measures of demographics showing divergent validity ($r < 0.13$). Reliability analysis for the instrument yielded a Cronbach's $\alpha = .93$.

The Relationship Assessment Scale (RAS). The Relationship Assessment Scale (RAS) was used to measure relationship satisfaction (Hendrick, 1988). The RAS is a 7-item scale using a 5-point Likert scale ($1=Not\ at\ all\ to\ 5= A\ lot$). Some of the questions include: *How well does your partner meet your needs?, In general, how satisfied are you with your relationship?, and How much do you love your partner?*

According to Hendrick et al., (1988) the RAS has an alpha of 0.86. Concurrent validity analysis shows the RAS to be highly correlated with the full Dyadic Adjustment Scale, $r=0.8$ (Hendrick et al., 1988; Spanier, 1976). Furthermore, the RAS was highly correlated with the Kansas Marital Satisfaction Scale, $r=0.7$ for women and $r=0.64$ for men (Hendrick et al., 1988; Schumm et al., 1986). Hendrick and colleagues (1988) found the test-retest reliability of the RAS to be 0.85. Lastly, the RAS is highly correlated with measures of marital satisfaction, as well as

the Couples Satisfaction Index, indicating convergent validity (Hendrick et al., 1988; Maroufizadeh et al., 2018). Reliability analysis for the instrument yielded a Cronbach's $\alpha = .93$.

RESULTS

A multiple regression was conducted to predict relationship satisfaction from couple-level minority stress, dyadic coping, and outness. A significant regression equation was found, indicating this model has predictive utility, $F(3,27) = 9.24, p < .001$. The R^2 of 0.452 indicated that 45.2% of variance in relationship satisfaction is explained by couple-level minority stress, outness, and dyadic coping. Relationship satisfaction increased .023 units for each 1-point increase in dyadic coping, $B = .023, p < .001$. Outness ($p = .07$) and couple-level minority stress ($p = .45$) had no significant effects on relationship satisfaction (Table 3).

A second multiple regression was conducted to predict couple-level minority stress from dyadic coping and outness. A significant regression equation was found, indicating that this model also had predictive utility, $F(2, 28) = 12.70, p < .001$. The R^2 of .476 indicated that 47.6% of the variance in couple-level minority stress is explained by outness and dyadic coping. There was a significant relationship between outness and couple-level minority stress indicating that for every 1-point increase in outness, the impact of couple-level minority stress decreased by .20 points, $B = -.21, p < .001$. Dyadic coping, ($p = .60$) had no significant effect on the impact of couple-level minority stress (Table 4).

Since dyadic coping had a significant direct effect on relationship satisfaction, and outness had a significant direct effect on couple-level minority stress, interaction terms were created to examine the moderation of dyadic coping and outness on relationship satisfaction. No interactions (DCI x CLMS-I, Outness x CLMS-I and DCI x Outness x CLMS-I) were found to be significant, $p > .05$ (Table 5).

A factor analysis was conducted to analyze the CLMS-I scale. After running the initial analysis, the 22 items of the CLMS-I loaded onto six factors. The KMO measure of sampling adequacy was .43 ($p < .001$) indicating that a factor analysis with all 22 items was not highly justifiable. Upon further examination of the correlation matrix, several items did not load meaningfully onto any factors (value of less than .50). After removing Item 1, Item 3, Item 5, Item 13, and Item 21, a factor analysis was run a second time. This second factor analysis had a KMO measure of sampling adequacy of .70, $p < .001$ indicating that a factor analysis was justifiable for this number of items. All remaining 17 items seemed to load meaningfully onto two factors. The first factor was labeled “General Couple-Level Minority Stressors,” and comprised of 14 of the 17 remaining items. Three remaining items loaded onto a second factor and seemed to tap into more social couple-level minority stressors (Items 2, 10, & 20). For the sake of parsimony to assess a single overarching construct of couple level minority stress, a final factor analysis was run to try assess all of the remaining 17 items onto a singular factor. The KMO measure of sampling adequacy was .70 ($p < .001$) indicating that a factor analysis with these 17 items was highly justifiable. The analysis indicated that two of the three social stressors (Items 2 & 10) did not load meaningfully onto this factor. This resulted in a final scale of 15 items, with a Cronbach $\alpha = .92$ (Table 6).

DISCUSSION

The relationships between couple-level minority stress, dyadic coping, outness, and relationship satisfaction were examined. Dyadic coping strategies were significantly correlated with relationship satisfaction such that the more dyadic coping strategies used, the higher the relationship satisfaction. Bodenmann (1997) describes the concept of dyadic coping as a way for a partner to stabilize their significant other so their own stress is reduced and stabilized. For the process of dyadic coping to be initiated among couples, stress needs to be communicated by one partner, which initiates empathy and support from the other partner (Leuchtmann, 2018). Margola and colleagues (2018) found in their study that positive dyadic coping strategies employed amongst heterosexual couples resulted in positive changes including high levels of commitment and higher levels of relationship satisfaction. Negative dyadic coping strategies resulted in lower relationship satisfaction, lack of communication, and increased instances of blame. This finding adds to the literature that dyadic coping strategies implemented in LGBTQ relationships tend to yield more positive relationship outcomes, seen similarly in heterosexual couples. No other significant main effects on relationship satisfaction were found.

Additionally, the relationships between outness, dyadic coping, and couple-level minority stress were examined. Outness was significantly negatively correlated with the impact of couple-level minority stress, indicating that the more out participants were, the less of an impact couple-level minority stressors were. Outness is described as the degree to which LGBTQ individuals have shared their sexual orientation with families, friends, work, and communities (Mohr & Fassinger, 2000). Living an 'out' life has been associated with positive health outcomes and benefits (Pastrana Jr., 2014) including reduced levels of stress, fewer mental health diagnoses

and a higher overall life satisfaction (Otis et al., 2006). This finding supports and adds to the literature that outness can contribute as a protective factor against minority identity related stressors.

The data indicated that higher levels of outness did not correspond to higher levels of relationship satisfaction, however outness was associated with lower reported impacts of couple-level minority stress. Outness has been associated with benefits at the individual level, including higher self-esteem and fewer mental health symptoms, while dyadic coping has consistently been associated with higher levels of relationship satisfaction. One possibility for outness not having a significant relationship with relationship satisfaction is due to outness being measured at the individual-level. Measured this way, research has indicated the outness alone cannot determine relationship satisfaction in LGBTQ couples (Knoble & Linville, 2012). Most outness scales, including the NOS, measure outness of the individual, not the outness levels of a couple. And some studies indicate that if couples both display higher levels of outness, there is higher satisfaction reported in relationship dynamics (Clausell & Roisman, 2009; Rostosky & Riggle, 2017). Perhaps if questionnaires assessed the outness of LGBTQ couples specifically, outness would then have a significant relationship with relationship satisfaction.

Conversely, dyadic coping was found to significantly impact relationship satisfaction, but did not significantly impact the affect of couple-level minority stress. Dyadic coping may not have a significant relationship with couple-level minority stress due to the mismatch of dyadic stress felt by partners within a couple. Bodenmann (1997) describes dyadic stress as any stressor that impacts the couple directly as a unit. This type of stress could impact partners within a couple differently, and at different intensities. Couple-level minority stress would be considered a form of dyadic stress, however, this study interviewed individuals, not both partners within a

coupled unit. Otis and colleagues (2006) studied the dyadic impact of stress on LGBTQ couples and found that as negative life events increased, positive feelings within romantic relationships slowly eroded. Thus if couple-level minority stressors were measured dyadically, a more significant relationship with dyadic coping may be revealed.

The data also indicated no significant relationship between couple-level minority stress and relationship satisfaction. Studies have shown that minority stress can have negative impacts on individual functioning (Amaro et al., 1987; Dohrenwend & Dohrenwend, 1969; Meyer, 1995; Meyer, 2003; de Snyder, 1987), and our data suggests that the impact of couple-level minority stress does not impact the couple, thus indicating that minority stress may act as a mediator between other relationship impacts, like dyadic coping, and should be further explored.

The potential moderating effects of dyadic coping and outness on the relationship between couple-level minority stress and relationship satisfaction were explored. Both moderating effects were found to be insignificant, meaning both dyadic coping and outness were not found to change the relationship between couple level minority stress and relationship satisfaction. This indicates that while dyadic coping and outness did not impact the relationship between couple-level minority stress and relationship satisfaction in a meaningful way, they both still play important roles in impacting other aspects of LGBTQ individual and couple functioning, as seen by the significant main effects. Additionally, these results suggest that there may be other important moderators, or potential mediators, that have not been explored that impact couple-level minority stress and LGBTQ relationships.

Regardless, both outness and dyadic coping are important factors to continue exploring when working with LGBTQ couples and their relational wellbeing. Otis and colleagues (2006) studied the dyadic impact of stress on LGBTQ couples and found that as negative life events

increased, feelings within romantic relationships slowly eroded. Furthermore, Mohr and colleagues (2013) found that an individual who has a responsive and supportive partner may be more likely to develop trust with their partner, leading to better relationship outcomes. Examining outness, Pastrana Jr. (2014) found LGBTQ individuals who had higher levels of outness, were more likely to report positive health outcomes and benefits, and LGBTQ individuals who hid their identity were more likely to have an increase in experiences of stress, mental health symptomology, and lower overall life satisfaction (Otis et al., 2006). While this study did not identify significant moderating effects of dyadic coping and outness on the relationship between couple-level minority stress and relationship satisfaction, the literature indicates that the associations between stress and dyadic coping and outness are significant. Thus, with higher power, the researchers argue that the relationships between these variables would truly be significant.

A strength of the current study is the addition of a measurement tool to the literature. LGBTQ individuals face a unique set of stressors, called minority stressors, that are unique to their identity as an LGBTQ person. Experiences of these stressors have been shown in the literature to produce more physical and mental health symptomology (Amaro et al., 1987; Meyer, 1995; Meyer, 2003; Mohr & Fassinger, 2000; de Snyder, 1987). A newly researched construct, couple-level minority stress, explores how minority stress is experienced among LGBTQ individuals in the context of a same-sex/gender relationship (Frost et al., 2017). Some of these stressors include experiences of discrimination, coming out to family, and experiencing a lack of community identity.

As a relatively novel and unexplored element of minority stress experienced by LGBTQ couples, the CLMS-I measures the impact of specific couple-level minority stressors that

LGBTQ couples may experience, which may be in addition to other individual level minority stressors. This measurement tool is the first tool introduced to the literature that examines how impactful specific couple-level minority stressors have been within the previous month. With the addition of this measure, other studies can be conducted utilizing the tool to examine further effects of couple-level minority stress on other aspects of LGBTQ couples' and individuals' physical and mental health. While this particular study did not find a significant main effect between couple-level minority stress and relationship satisfaction, this scale used in other studies with more participants has the potential to contribute further to the literature by examining the relationship between couple-level minority stress and other health indicators, as minority stress is linked to an increase in mental and physical health symptomology (Amaro et al., 1987; Meyer, 1995; Meyer, 2003; Mohr & Fassinger, 2000; de Snyder, 1987). Additionally, while several of the associations examined in this study were found to be insignificant, this was the first study to explore how couple-level minority stress, dyadic coping, and outness contribute to LGBTQ relationship satisfaction.

Limitations

While this study was the first to introduce a new measurement tool into the literature, and the first to examine couple-level minority stress and relationship satisfaction, there are several limitations that should be considered. This study introduced a new measurement tool; however, this measure was un-tested, had threats to content validity as it was not tested and reviewed by other experts in the field prior to use by the researchers, and had low power due to the small sample size used to test this tool for the first time. Future studies utilizing the CLMS-I should further test the measurement's validity and test-retest reliability. Additionally, the CLMS-I should be further tested for expert content validity, to ensure that the scale's language and

wording makes sense to participants, and indeed measures what it intends to measure. Furthermore, the scale only asked for the impact of specific stressors over the past 30 days. By doing so, this measurement tool may have not included very impactful experiences that may have experienced prior to the 30-day window of inquiry.

Additionally, this study used convenience sampling, which limited responses to our study to the LGBTQ demographics of a western university and surrounding cities. Most participants were Caucasian and lived in a progressive area, and thus indicated few highly impactful experiences of couple-level minority stress. Due to the progressive nature of the area utilized for recruitment, results may not be generalizable to LGBTQ populations in more conservative areas of the country.

The small sample size was another limitation of this study. With a sample size of 29 individuals, the power was low. This was due to having to remove many data points due to the lack of randomized missing data or participants ending the survey before they were finished answering all of the questions. Additionally, data collection occurred during the global COVID-19 pandemic, which greatly limited the ways that participants could be recruited and likely contributed to the lack of interest in research participation. If a larger sample was gathered, there may have been more significant findings between the main effects and moderation relationships. Additionally, a larger sample size would yield greater power to detect significance.

One last limitation of this study may be due to the social desirability bias. When examining relationship satisfaction and dyadic coping specifically, participants may have felt the need to hide their dissatisfaction in their relationship or underreported their use of unhelpful coping strategies. Thus, lower ratings of relationship satisfaction and dyadic coping may not have been accurately reported.

CONCLUSION

Couple-level minority stress is a relatively new concept in the literature and given what we know regarding the health impacts of individual level minority stress, it is imperative that these variables are explored further in respect to their influence on the well-being of LGBTQ couples. In this study, we examined the impact of couple-level minority stress, dyadic coping, and outness on relationship satisfaction. The relationship between dyadic coping and relationship satisfaction was found to be significant; however, it is important that future studies continue to examine the relationship between couple-level minority stress and health and relationship outcomes in LGBTQ couples. A new measurement tool was also introduced into the literature with the aim of examining the impact of couple-level minority stress on LGBTQ couples. This has the potential to deepen our understanding of couple-level minority stress and to contribute a breadth of knowledge to the literature to help inform intervention and prevention strategies specifically for the LGBTQ population.

Table 1.

Demographic Data of Study Population

Variable	Number (N=31)	Percentage (%)
Gender		
Male	8	26
Female	22	71
Non-binary	1	3
Sexual Orientation		
Gay	9	29
Lesbian	8	26
Bisexual	13	42
Queer	1	3
Race/Ethnicity		
African American	1	3
Asian	1	3
Caucasian	24	77
Hispanic/Latinx	2	6.5
Jewish	1	3
Multi-racial	2	6.5
Age		
18-24	9	29
25-34	9	29
35-44	9	29
45-54	3	10
55+	1	3

Note. Percentages rounded to the nearest whole

Table 2.

Preliminary Couple-Level Minority Stress Scale- Impact (CLMS-I)

Couple Level Minority Stress Scale-Impact (CLMS-I)		<i>How impactful have the following stressors been in the past 30 days?</i>					
		Not at all	A little bit	Sometimes	Quite often	Most of the time	Does not apply
1.	Fears of rejection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Experiences of rejection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	Consequences of unequal legal recognition of same-sex relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Hiding same-sex relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	Experiencing internalized stigma or shame	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	Coming out at a same-sex couple	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	Fears of discrimination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	Experiences of discrimination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	Lack of feeling safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	Lack of community identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11..	Not being perceived as a couple	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	Deciding to have children or not	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	Navigating benefits for same-sex couples	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	Limitations to participation with/in family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	Fears of devaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.	Experiences of devaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	Managing stereotypes about what same-sex couples are like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.	Feeling public scrutiny	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.	Terminology regarding relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.	Exclusion from social support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.	Lack of role models	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.	Negotiating gender roles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Table 3

Unstandardized (B) and Standardized (B) Regression Coefficients for Couple-Level Minority Stress, Dyadic Coping, and Outness in a Multiple Regression Model

Variable	<i>B(SE)</i>	β
Couple-Level	0.115 (0.151)	0.142
Minority Stress		
Dyadic Coping	0.023 (.005)*	0.675
Outness	0.086(.045)	0.352

Note. * $p < .001$. Couple-level minority stress refers to scores on the Couple-Level Minority Stress Scale-Impact. Dyadic coping refers to the scores on the Dyadic Coping Inventory. Outness refers to the scores on the Nebraska Outness Scale.

Table 4.

Unstandardized (B) and Standardized (B) Regression Coefficients for Dyadic Coping and Outness in a Multiple Regression Model

Variable	<i>B(SE)</i>	β
Dyadic Coping	0.003 (.006)	.073
Outness	-0.21(.042)*	-.68

Note. * $p < .001$. Dyadic coping refers to the scores on the Dyadic Coping Inventory. Outness refers to the scores on the Nebraska Outness Scale.

Table 5.

Multiple Regression Predicting Relationship Satisfaction

Predictor Variable	<i>B</i>	<i>SE</i>	β	<i>p</i> -value
Couple-Level Minority Stress X Dyadic Coping	.013	.012	2.42	.29
Couple-Level Minority Stress X Outness	.29	.41	1.61	.48
Couple-Level Minority Stress X Dyadic Coping X Outness	-.002	.003	-.81	.43

Note. Couple-level minority stress refers to scores on the Couple-Level Minority Stress Scale-Impact. Dyadic coping refers to the scores on the Dyadic Coping Inventory. Outness refers to the scores on the Nebraska Outness Scale. Relationship satisfaction refers to the scores on the Relationship Assessment Scale.

Table 6.

Final CLMS-I Scale with Factor Loadings

Item Number	Factor 1	Communality Extraction
Item 2: Experiences of Rejection	.15	.023
Item 4: Hiding same-se relationship	.74	.54
Item 6: Coming out at a same-sex couple	.75	.56
Item 7: Fears of Discrimination	.57	.32
Item 8: Experiences of Discrimination	.74	.55
Item 9: Lack of feeling safe	.60	.36
Item 10: Lack of community identity	.32	.10
Item 11: Not being perceived as a couple	.76	.58
Item 12: Deciding to have children or not	.65	.42
Item 14: Limitations to participation with/in family	.62	.38
Item 15: Fears of devaluation	.73	.53
Item 16: Experiences of devaluation	.76	.58
Item 17: Managing stereotypes about what same-sex couples are like	.73	.53
Item 18: Feeling public scrutiny	.74	.55
Item 19: Terminology regarding relationships	.75	.56
Item 20: Exclusion from social support	.51	.26
Item 22: Negotiating gender roles	.60	.35

Note. Factor 1 named “General Couple-Level Minority Stressors.” Items refer to items on the CLMS-I. Cronbach’s $\alpha=.92$.

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