THE IMPACT OF PERCEIVED DISCRIMINATION AND SOCIAL SUPPORT ON GAY MALE COUPLES

by

CHARLES KAMEN

(Under the Direction of Steven R. H. Beach)

ABSTRACT

The minority stress model (Meyer, 2003) has been proposed to explain higher rates of psychopathology in lesbian, gay, and bisexual individuals. With a few exceptions (e.g., Otis et al., 2007), however, studies of minority stress processes have not taken into account the impact of discrimination on same-sex relationship satisfaction and processes. In the current study, 208 gay men in a romantic relationship with another man completed an online survey assessing experiences of discrimination, minority stress processes, depression, and relationship satisfaction. Men who experienced more incidents of discrimination also reported higher depression scores, and this effect was moderated by perception of the importance of these incidents. While discrimination did not have a direct effect on relationship satisfaction, indirect effects were visible through depression, which has been shown to impact relationship functioning, and gay identity. Men at a lower level of gay identity were both less likely to report being in a relationship overall and more likely to report experiences of discrimination. Results are discussed in the context of future research on same-sex relationships, perceptions of discrimination, and gay identity.

INDEX WORDS: Couples, Gay Men, Discrimination, Social Support, Depression
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MALE COUPLES

by

CHARLES KAMEN
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M.S., University of Georgia, 2006

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by

CHARLES KAMEN

Major Professor: Steven R. H. Beach
Committee: Joshua D. Miller
Richard L. Marsh

Electronic Version Approved:

Maureen Grasso
Dean of the Graduate School
The University of Georgia
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CHAPTER 1

INTRODUCTION

An invisible minority among American family structures for decades, same-sex couples have garnered increased public and scientific attention over the past thirty years (Peplau & Fingerhut, 2007). The political debate over same-sex marriage has pushed this historically marginalized group to the forefront of social consciousness and raised a bevy of empirical and clinical questions regarding the lives and experiences of same-sex oriented individuals. There is a need for the clinical community in particular to attend to unique variables that may affect same-sex couples, as such variables could impact same-sex couples’ willingness to seek mental health services (Cabaj & Stein, 1996; Green & Mitchell, 2002; Morrow, 2000). Though the nature and influence of some of these variables are beginning to be characterized, many questions about same-sex couples remain unanswered, and some have yet to be asked in an empirical context.

Same-sex couples, comprised of two individuals identifying as men or as women, live in a social and political climate characterized by prejudice. Images of lesbian, gay, and bisexual (LGB) individuals are rare in American media (Carl, 1990), and depictions of same-sex couples are more rare still. Until recently, many parts of the country legally restricted the rights of lesbian and gay individuals (Fassinger, 1991) and only a handful of states afford legal benefits to same-sex couples. Nearly half of Americans polled report believing that homosexuality is a sin (Newsweek poll, 2000), while a third believe that it is a mental or physical illness (Americans on Values poll, 1999).
Despite the reality of discrimination in America, many individuals who report same-sex attraction establish committed relationships. According to the 2000 Census, one out of every nine U.S. households headed by a cohabiting couple was headed by two individuals of the same sex, a total of over 600,000 households approximately equally divided between male and female couples (Gates & Ost, 2004). Between 40 and 60% of gay men and 45 and 85% of lesbian women report being involved in committed romantic relationships at any given time (Kurdek, 1995), and estimates indicate that approximately 28% of gay men and 44% of lesbian women are currently living with same-sex romantic partners (Black, Gates, Sanders, & Taylor, 2000). Though numbers are greater in urban centers, same-sex couples live in a variety of settings throughout the United States. Given that 99% of mental health workers report treating a LGB-identified client at some point in their practice (Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991) and that a high percentage of LGB individuals enter into committed relationships, it is critical that empirical research delineate the features of these relationships and describe the influence that couplehood exerts on the mental health of LGB persons.

Much of the research on same-sex relationships has focused on comparisons between these couples and heterosexual dating, cohabiting, and married dyads (see Peplau & Fingerhut, 2007, for a review). These studies have shown that there is no difference between heterosexual and same-sex couples in terms of relationship satisfaction (Kurdek, 1991), and that similar factors predict relationship satisfaction and stability for both types of couples (Duffy & Rusbult, 1986; Kurdek, 1995). However, there is also some indication that unique and specific variables impact same-sex couples’ functioning, including societal discrimination, internalized heterosexist attitudes, flexible relationship boundaries, and a lack of social support (Green & Mitchell, 2002). As research on same-sex couples has been and remains largely atheoretical and
comparison-based (Kurdek, 1988), theoretical models of same-sex relationship formation and 
maintenance could provide a nuanced framework for future empirical study. Incorporating 
unique variables into these models will be critical in learning to treat same-sex couples 
competently in a therapy context.

Recently, a minority stress model has been advanced to describe the chronic anxiety and 
vigilance LGB individuals experience as a result of their minority status (Meyer, 1995, 2003). 
The model indicates that minority stress, which includes perceived societal discrimination, 
internalized heterosexism, and expectation of a lack of support, can have a profound impact on 
endorsement of psychological distress among LGB persons. Across time and in multiple 
research studies, LGB individuals are 2.5 times more likely than heterosexual men and women to 
report mood, anxiety, and substance use disorders (Meyer, 2003). Relationship dissatisfaction 
may also be affected by minority stress (Otis, Rotosky, Riggle, & Hamrin, 2006), and is itself 
linked to the prevalence of certain mental disorders. In heterosexual marriages, marital distress 
may be correlated with increases in depressive symptoms, as well as with general sadness, 
irritability, and diminished interest in sex (Beach, 2001). By contrast, high marital satisfaction is 
related to low reports of depressive symptoms in both husbands and wives (Whisman, 2001). In 
another line of research involving heterosexual couples, Beach et al. (2003) indicated that 
relationship satisfaction can have both direct and indirect (mediated by partner variables) effects 
on mental health. As both minority stress experiences and aspects of relationship functioning 
relate to prevalence of mental disorders, examining the interface of these factors will be 
important in understanding psychological outcomes for same-sex couples.

To date, only a handful of studies (e.g., Elizur & Mintzer, 2003; Otis, Rotosky, Riggle, & 
Hamrin, 2006; Rotosky, Riggle, Gray, & Hatton, 2007) have explored the interface of minority
stress and relationship factors as it relates to mental health in LGB individuals. I will engage in a
discussion of the features of the minority stress model (including LGB identity, discrimination,
outness, and internalized heterosexism) and features of same-sex relationships (including
interdependence processes and social support) to highlight the need for a more nuanced view of
this interface in the clinical and relationship literature. The literature reviewed will discuss
findings for a range of LGB individuals and relationship configurations. However, as
differences between lesbian women and gay men necessitate different conceptual models as well
as separate analyses for each gender group (Kitzinger & Wilkinson, 1995), the final sample for
the current study will involve only gay men. From a minority stress standpoint, gay male
couples are more likely to report anxiety regarding discrimination and violence than are lesbian
couples (Todosijevic, Rothblum & Solomon, 2005), and aggressive discrimination is particularly
likely for gay men (Parrott, Adams, & Zeichner, 2002). Therefore, the results of the current
study will be generalizable only to gay male couples.

Minority Stress

Early in the 20th century, Cooley (1902/1922) described social relationships as the
“looking glass to the self,” implying that one constructs one’s sense of self by relating to others
in the social environment. Given that one learns about oneself through relationships, it might be
expected that negative events within the social environment, or social stressors, would have a
particularly profound impact on sense of self (Allport, 1954). As traditionally described,
however, stress is an intrapersonal experience, acting on and perceived solely by the self (e.g.,
Lazarus & Folkman, 1984). Only recently have social contributions to stress, including the
impact of interpersonal rejection, ostracism, and conflict, been described (Hobfoll, 1998).
All people experience stress related to maintaining social relationships (Pearlin, 1999). In addition to this general stress, individuals with marginalized social identities are subjected to chronic levels of stress as a result of their stigmatized or minority status (Miller & Kaiser, 2001). For such individuals, rejection and the anticipation of such rejection are daily realities, and their sense of self must be constructed to incorporate the experience of societal discrimination. As might be expected, prejudice and social marginalization can create a heavy psychological burden and have pervasive effects on the lives and well-being of marginalized individuals (Crocker, Major, & Steele, 1998). Examples of marginalized social groups include racial and ethnic minorities (Pearlin, 1999; Swim, Hyers, Cohen, & Ferguson, 2001), individuals with stigmatizing physical characteristics (Miller & Myers, 1998), and individuals with stigmatizing conditions, such as HIV/AIDS (Fife & Wright, 2000). Individuals whose sexual attractions fall outside the societal norm may also be conceptualized as possessing a marginalized social identity. For LGB individuals, whose same-sex attractions have been alternately tolerated and vilified by American culture and psychiatric practice (Bayer, 1981), a model of minority stress has been advanced to describe the impact of marginalization on mental health outcomes (Meyer, 1995).

Features of the minority stress model. As a member of a sexual minority group, an LGB person may confront chronic stress on both an interpersonal (i.e., societal) and intrapersonal level (Meyer, 2003). Minority stress may also contribute unique variance that is additive to other general social and personal stressors. Because minority stress is likely to be chronic, related to relatively stable social beliefs, and socially based, arising from interpersonal and not intrapersonal events (Meyer, 1995, 2003), it may exert a particularly strong effect on mental health outcomes.
The distinction between interpersonal and intrapersonal sources of stress highlights another salient feature of the minority stress model. The distal, or interpersonal, reality of a prejudicial environment must always be filtered through a proximal, or intrapersonal, assessment of the impact of discrimination on one’s own life (Crocker, Major & Steele, 1998; Lazarus & Folkman, 1984). In other words, one interprets interpersonal discriminatory acts in a proximal, intrapersonal frame. Both the external reality and this internal assessment contribute to the influence of minority stress on the lives of LGB individuals. Overall, three forms of minority stress can be seen as impacting the LGB community (and same-sex couples by proxy). Moving from most interpersonal/distal/external to most intrapersonal/proximal/internal, they are: a) external stressful events and conditions (e.g., objective experiences of discrimination), b) expectation of social rejection and perception of discrimination, and c) internalized heterosexist attitudes (Meyer, 1995, 2003; Meyer & Dean, 1998). These three sources of stress are highly interconnected, and together may contribute to the pervasiveness and chronicity of this type of stress.

_Hypothesized moderators of the impact of minority stress._ In applying a minority stress model to same-sex couples, it is important to note as well several protective factors that may ameliorate the impact of minority stress (Meyer, 2003). On a societal level, identifying oneself as an LGB individual and making this identity known may aid in coping with prejudicial environments (Morris, Waldo, & Rothblum, 2001). Personal acceptance of an LGB identity also correlates with interpersonal stress-ameliorating factors, including increased perception of social support from family and friends (Kertzner, 2001). Support from family members, in particular, has been shown to help LGB adolescents cope with experiences of discrimination (Hershberger & D’Augelli, 2000). As the provisions of romantic relationships can buffer heterosexual men
and women from the impact of trauma and discrimination (Furstenberg & Hughes, 1995), it is likely that certain relationship processes would serve to defray the effects of minority stress for LGB individuals as well. However, no studies to date have examined the ameliorating effects of specific facets of same-sex couplehood on experiences of discrimination.

*The overall impact of minority stress.* Exposure to minority stress has a number of negative effects on LGB individuals. Most importantly, the prevalence of mental disorders among LGB individuals, debated for years in the literature due to its implication that homosexuality should be classified as a psychiatric disorder in its own right (Bailey, 1999), can perhaps be better understood in the context of minority stress. LGB individuals consistently display a higher rate of mental disorders than heterosexual individuals as a result of exposure to minority stress (Meyer, 2003). These disorders include major depression, various forms of anxiety, and substance abuse (Meyer, 2003).

While few studies have examined the impact of minority stress on same-sex relationship dysfunction (e.g., Otis, Rotosky, Riggle & Hamrin, 2006), previous research has shown that racism directly and negatively affects family relationships among groups marginalized by ethnic background, particularly when accompanied by general life stress (Murry, Brown, Brody, Cutrona & Simons, 2001). In addition, depression has been shown to have a strong correlation with relationship dissatisfaction (Beach, Sandeen & O’Leary, 1990), and individuals who are more likely to become depressed can be assumed to be more likely to experience indirect relationship distress. Thus, minority stress may have both a direct and an indirect (through depression and general stress) impact on the satisfaction and stability of same-sex relationships.

In sum, minority stress is a unique, chronic, and socially based form of stress that impacts the lives of LGB individuals. It has an interpersonal and intrapersonal basis, and is comprised of
both distal incidents of discrimination and proximal responses to these events. The effects of
minority stress are pervasive, and include an increased rate of mental disorders among LGB
individuals and decreased endorsement of relationship satisfaction for same-sex couples.
Examining intrapersonal factors (sexual identity formation), distal events (experiences of
discrimination, perception of discrimination), proximal responses (concealment, internalized
heterosexism), and ameliorating factors (specific relationship factors, social support) may
provide additional insight into the impact of minority stress on relationship functioning in same-
sex couples.

*Intrapersonal Factors: LGB Identity*

For heterosexual individuals, development of a sexual identity begins early in life and
occurs relatively automatically. From infancy, the 72% of children raised in two-parent homes
are exposed to a normative model of heterosexual romance (US Bureau of the Census, 2000).
Heterosexual boys and girls are able to internalize this model, and later find it reflected in all
aspects of society as they grow and mature. Sexual identity development for LGB individuals is
rarely so automatic. The LGB population is unique among minorities in that they are raised in a
family structure generally composed of majority group members, or heterosexuals (Patterson,
1994), and so are exposed to a normative model of sexuality which does not match their own
internal orientation. This means that LGB individuals have additional stages of sexual identity
formation to work through when compared to heterosexuals and may struggle to find a coherent
identity as a result (Eliason, 1996).

Much of the current American research on gay identity began after the Stonewall Riots of
1969. Corresponding with the emergence of gay men and lesbian women as a visible faction in
United States culture, the 1970’s saw the inception of research on the “coming out” process and
on the socialization of “homosexuals,” which led directly into research on lesbian and gay
identity formation (Dank, 1971; Warren, 1974). From the publication of the earliest research
studies on gay men, it was clear that LGB identities were unique. In addition to being raised in
majority family structures, the LGB minority may not deviate from the majority in terms of
ethnic/cultural background (e.g., race and sex), and their minority status can often be concealed
(Lindquist & Hirabayashi, 1979). Gay middle class white males, in particular, may not
necessarily feel disenfranchised before “coming out” as gay. The “coming out” process
(described later) therefore takes on special significance in terms of LGB identity formation, as it
moves the LGB person from assumed majority into minority status.

Models of LGB identity. Based on models of identity formation for ethnic minority
groups (e.g., Cross, 1978) theorists have largely assumed that LGB individuals move through a
series of discrete, predictable stages or events in response to burgeoning awareness of their
sexual activity, self-identification as an LGB individual, involvement in the LGB subculture, and
formation of a same-sex romantic attachment were critical events that marked the development
of LGB sexual identity. Other early researchers proposed similar developmental models of
sexual identity formation (e.g., Coleman, 1982), some beginning in puberty and some beginning
earlier. Most of these models were based purely on psychological theory or the recollections of
LGB individuals, and so were not examined with any degree of scientific rigor.

Cass (1979) was the first theorist to propose a model of LGB identity formation based on
clinical observations in combination with interpersonal theory, thereby circumventing many of
the limitations of retrospective data. She called her model the Homosexual Identity Formation
(HIF) model and subjected the discrete stages outlined in the model to empirical tests (e.g., Cass,
1984). The HIF model posits that a marginalized sexual identity is developed when individuals begin to a) question personal attributions about their sexuality, b) question their sexual behavior, and c) question social perceptions of their sexuality (Cass, 1979). This questioning process leads to discrete stages of identity development. The stages outlined by the HIF model are (Cass, 1979, 1984):

1. Identity “Confusion,” in which an individual begins to notice homosexual feelings that interrupt heterosexual identity formation and result in confusion,
2. Identity “Comparison,” in which an individual compares his or her behavior and feelings with both heterosexual and homosexual identities,
3. Identity “Tolerance,” in which the individual begins to accept the label of “homosexual” and may make initial, limited contact with other LGB persons,
4. Identity “Acceptance,” in which the individual moves rapidly into acceptance of an LGB identity and begins disclosing this identity to family and friends,
5. Identity “Pride,” in which a person may reject heterosexuality and heterosexual culture and develop increased loyalty to the LGB community, and finally,
6. Identity “Synthesis,” in which the individual integrates sexuality as one facet of their identity and merges into both the LGB and heterosexual culture. A sense of peace and wholeness results.

Critics of Cass’s model (e.g., Kitzinger, 1987) point out that integration into heterosexual culture may not be the end goal for all LGB individuals, and that some may choose to remain politically active and hence reject “heterosexist” society. In addition, other critics have pointed out that not all LGB persons move through the stages in a linear fashion (Kahn, 1991). Some may skip steps or regress to earlier stages at various points in their lives. Other factor analyses
may also describe the data Cass used more parsimoniously (e.g., Brady & Busse, 1994).

However, in spite of its shortcomings, this model has substantial heuristic value and remains the most widely empirically studied and accepted model of LGB identity formation (Eliason, 1996).

*LGB identity and “coming out.”* Forming an LGB identity is predicated on the critical event of “coming out.” Coming out describes the process by which an LGB individual makes his or her identity known to the broader social community. It is often conflated with identity formation, with a greater degree of “outness” (i.e., coming out to more people in a broader array of social spheres) assumed to imply a higher level of identity development. However, outness is rarely a clean or a well-understood variable. There may be no psychological gain, in terms of identity development, in coming out to people other than close friends and family (Brady & Busse, 1994). For individuals who have taken those first steps toward coming out and who are at a higher level of LGB identity (i.e., at the Identity Acceptance stage or beyond), other factors may play a greater role in determining psychological well-being, including the quality of close relationships and perception of discrimination.

**Distal Events: Experiences of Discrimination**

The objective reality of the social and political climate has a tremendous impact on LGB individuals. For this marginalized group, minority stress experiences are based in sexually prejudiced social structures (Herek, 2000). Modern American culture is heterosexist, in that it views heterosexuality as the default and normative sexual orientation (Riggs & Riggs, 2004). In the same way, penile-vaginal intercourse is the default and most desirable sexual act. Therefore any sexuality outside of the heterosexual norm is considered deviant, and any sexual behavior other than heterosexual intercourse is viewed with suspicion. LGB individuals are constantly
bombarded with media images and overt and subtle messages stating that their orientation and their sexual behaviors are “different,” “inferior,” and “wrong.”

*The impact of discrimination.* As a result of living in a sexually prejudiced environment, LGB individuals are likely to experience traumatic events, including sexuality-driven violence, and to internalize heterosexist messages (Gonsiorek, 1995). This may be especially true for gay men. A man seen as violating gender norms, or acting un-masculine, tends to incite gender role stress in other men, particularly men with rigidly held gender stereotypes (Parrott, Adams, & Zeichner, 2002). This leads most often to aggression and violence against the “deviant” male (Parrott & Zeichner, 2005). Such experiences of aggression, or even the threat of aggression, may affect gay men’s view of the world as a safe place, while internalized heterosexist beliefs may lead gay men to view themselves as unworthy of love or as deserving of punishment (Gonsiorek, 1995).

Violent crimes committed against LGB individuals, often referred to as anti-gay violence, are particularly problematic in terms of mental health outcomes. LGB survivors of anti-gay violence are more anxious, depressed, traumatized, and angry than LGB individuals who have been the targets of non-sexuality-based violent crime (Herek, Gillis, & Cogan, 1999). The heterosexist nature of these crimes appears to make minority stress particularly salient to the victims, resulting in worse outcomes.

Experience of any sort of heterosexist prejudice, however, whether it be anti-gay violence or relatively more minor forms of discrimination, predicts worse psychological outcomes for LGB individuals (Meyer, 1995). For example, LGB individuals experiencing heterosexist discrimination in the workplace, both directly (e.g., through anti-gay jokes) and indirectly (e.g., through assumptions of heterosexuality) report more depression, health problems, psychological
distress, and job dissatisfaction (Smith & Ingram, 2004). LGB individuals are also more likely than heterosexual persons to report that discrimination has a harmful effect on their lives (Mays & Cochran, 2001). It is interesting to note, however, that both LGB and heterosexual individuals who experience discrimination have poorer health and psychological outcomes. The objective and inescapable reality of living in and interacting with a discriminatory environment affects all people, regardless of sexuality. For LGB individuals, whose sexualities are mocked, questioned, and denigrated, experiences of discrimination are more common and the psychological effects are far more pervasive.

The impact of perception in experiences of discrimination. Perception of discrimination is another critical and understudied factor related to minority stress. Just as LGB individuals are more likely to report that discrimination has a negative effect on their lives (Mays & Cochran, 2001), personal awareness and interpretation of discriminatory events plays a role even in the extent to which these events are reported by minority group members (e.g., Kobrynowicz & Branscombe, 1997; Operario & Fiske, 2001). While it might seem that discriminatory events are both objective, in that they can be quantified, and distal, in that they relate more to societal perceptions of the victim’s sexuality rather than the victim’s self-identification with a particular sexuality (Diamond, 2000), it is also quite evident that these events have a subjective and proximal impact.

Within the minority stress model, expectation of rejection is fundamentally related to the stigmatized quality of same-sex sexual orientations (Meyer, 2003). As a result of being raised with stigma in a discriminatory culture, LGB individuals approach many social situations with anxiety and anticipation of prejudice (Goffman, 1963). This anxiety arises whether or not any discriminatory events occur and in the absence of any overt prejudice (Crocker, 1999). In fact,
research with gay men has indicated that expectation of social rejection has a stronger impact on psychological distress than actual experiences of discrimination (Ross, 1985). In a similar vein, Otis et al. (2006) showed that the perception of stress mediates the impact of discriminatory events on same-sex relationship satisfaction. In the area of basic psychopathology research, perceptions of social events, including attributions regarding the globality, controllability, and cost of social rejection, have been shown to affect the influence of these events on social anxiety symptoms (e.g., Foa, Franklin, Perry, & Herbert, 1996). Perception must be taken into account, then, in any study examining the psychological cost of rejection and discrimination. To date, no studies of minority stress have taken a nuanced view of the effect of proximal perception on the impact of distal discriminatory events. However, other proximal factors have been shown in previous research to moderate the impact of discriminatory events on well-being, including concealment and internalized heterosexism.

Proximal Responses: Concealment and Internalized Heterosexism

Because LGB status is a concealable stigma (Lindquist & Hirabayashi, 1979), and because LGB individuals live in a heterosexist environment, there is considerable intrapersonal and interpersonal pressure not to reveal a marginalized sexual identity. The period of concealment before an LGB person “comes out” is often referred to as being “in the closet,” and is considered an important phase of psychological development in its own right (Gortmaker & Brown, 2006). Being “closeted” can be a period of self-exploration and a time to gather psychological resources. As heterosexuality is assumed in American culture, an LGB individual is “in the closet” until she or he makes a conscious effort to come out.

Many LGB individuals begin the coming out process with parents, as parents are the most easily accessible confidants when a youth enters puberty and begins to recognize her or his
sexual orientation. However, coming out to parents is neither universal nor simple. An estimated 25% of lesbian and gay adults are not out to their mothers, whereas 50% are not out to their fathers (Savin-Williams, 2001). When their child’s sexuality does become known, 10-15% of parents react with hostility and rejection. While these hostile reactions are in the minority, the anecdotes recounting parental rejection are particularly compelling, and so lesbian and gay youth exposed to such stories learn that they cannot necessarily rely on parental support at the same time that they begin the coming out process.

The impact of concealment and outness. In general, concealing even an “invisible” stigma is difficult and requires considerable psychological effort. Attempts by LGB individuals to conceal their sexual orientation are related to more, rather than less, stress-related mental illness (DiPlacido, 1998; Mays & Cochran, 2001). An LGB individual may attempt to conceal her or his identity out of shame or to avoid negative consequences, including discrimination (D’Augelli & Grossman, 2001). Whatever the psychological cost of coming out and being exposed to minority stress, however, the burden of concealing one’s identity is greater still (Waldo, 1999). Concealment is also related to having less access to social support from other minority group members, which is itself related to negative mental health outcomes (Frable, Platt, & Hoey, 1998).

As stated earlier, “outness” is not always a clean or an informative variable in psychological research. Coming out simultaneously predicts psychological well-being among LGB persons and also predicts increased levels of discrimination and rejection (Green & Mitchell, 2002), particularly if the individual comes out to a non-accepting source. Outness is also highly correlated with several other measures of functioning. For example, coming out
predicts enhanced coping strategies and lowered reactivity to stress in LGB individuals (e.g., Morris, Waldo & Rothblum, 2001).

In terms of relationship functioning, research findings for the benefits of coming out are inconsistent. Looking specifically at lesbian couples, some studies have shown that outness does not correlate with relationship satisfaction (e.g., Beals & Peplau, 2001) and that degree and similarity of social involvement between partners explains a greater portion of variance. Other studies have shown that outness does correlate with relationship satisfaction, through the mechanism of relationship decision making (Jordan & Deluty, 2000). These studies show that outness may influence pragmatic decisions a couple makes, including where to live, when to engage in public displays of affection, and what social events to attend. On a more abstract level, however, it may be environmental factors, rather than social involvement or outness, that truly impact same-sex couples (Brady & Busse, 1994). It is possible to imagine a same-sex couple who live in a gay-friendly area and are “out” at home and with friends, but choose to remain “closeted” at work and still report a high level of relationship satisfaction.

The impact of internalized heterosexism. Another proximal stressor impacting LGB individuals, in addition to concealment, is internalized heterosexism. Heterosexism is often conflated with homophobia, the irrational fear and hatred of things related to LGB persons. Homophobia refers to a set of negative beliefs, not a phobia in the clinical sense, and therefore is something of a misnomer (Herek, 1984). Heterosexism is a more accurate term describing the belief that heterosexuality is the natural and preferred sexual orientation, and that all other sexualities are inferior. Internalized heterosexism then can be conceptualized as negative affect and self-hatred in LGB individuals resulting from exposure to heterosexist ideas and beliefs (Shidlo, 1994). Raised by parent(s) of a majority sexual identity, inundated from an early age
with images of normative heterosexuality, over time the LGB person begins to think of her or his sexuality as deviant and wrong, and longs for and idealizes heterosexual sexuality.

Early psychological theories of internalized heterosexism, including theories put forward by Cabaj (1988), stated that ego dystonic homosexuality included a component of internalized heterosexism. In studies testing these theories, internalized heterosexism was shown to lead to increased concealment of sexuality, lower self-acceptance and identity formation (Kahn, 1991), as well as self-doubt, acceptance of popular stereotypes about LGB persons, and expectation of societal rejection on the basis of sexuality (Cabaj, 1988). Internalized heterosexism is also correlated with the prevalence of certain behavioral disorders, including substance use disorders among gay men (Cabaj, 1989). Specific beliefs endorsed by men high in internalized heterosexism include: older gay men are lonely and sad, gay men would become heterosexual if given the choice, heterosexual lives are more fulfilling than gay lives, and that it is uncomfortable and anxiety provoking to be in gay environments (Cabaj, 1988). These beliefs could directly fuel an episode of depression or anxiety for a gay man.

In terms of minority stress, internalized heterosexism moderates, and in fact exacerbates, the impact of heterosexist prejudice on mental health (Meyer, 1995). This may be particularly true for gay men. Szymanski (2006) indicates that internalized heterosexism does not moderate the relationship between discrimination and psychological adjustment for lesbian women. Examination of additional variables is needed to gain a more nuanced view of this mechanism for both gay men and lesbian women.

Internalized heterosexism has been shown to have a direct impact on relationship satisfaction and relationship length for gay men (Ross & Rosser, 1996), and directly prevents gay men from entering into or maintaining a romantic relationship (Meyer & Dean, 1998). As males
who endorse high internalized heterosexism report discomfort with other gay men and guilt over same-sex sexuality (Cabaj, 1988), it seems likely that internalized heterosexism impairs gay men’s romantic relationship skills. Indirectly, internalized heterosexism has a number of effects which jeopardize same-sex relationships. The negative affect and self-hatred which accompany internalized heterosexism prevent gay and bisexual males in relationships with other men from interacting with the larger GB community, resulting in social isolation and impaired relationship quality (Meyer & Dean, 1998). Internalized heterosexism can also indirectly affect relationship satisfaction through a dyadic effect. The partners of men high in internalized heterosexism are likely to report decreased relationship satisfaction (Otis, Rotosky, Riggle & Hamrin, 2006), perhaps due to the effects of societal prejudice on the relationship as a whole. However, the impact of internalized heterosexism on specific relationship behaviors has not been explored in previous research.

Identity, outness, and internalized heterosexism. The constructs of LGB identity, outness, and internalized heterosexism seem to overlap to a considerable degree. While these three variables are correlated, however, they are also conceptually distinct (Ross & Rosser, 1996). As stated, outness and identity are only directly related at the lower levels of identity formation (Brady & Busse, 1994). Similarly, Kahn (1991) argued that for lesbian women, integrating internalized heterosexism is only the first step in developing a lesbian identity. Studies utilizing all three variables have shown that they have unique impact on well-being for LGB individuals (Ross & Rosser, 1996), and so all three will be incorporated into the minority stress model for the current study. Previous research has failed to account for level of identity formation when assessing minority stress and relationship outcomes.
Moderating Factors: Features of Same-Sex Couples and Social Support

While minority stress is unique to those burdened with a marginalized social identity, environmental stress takes its toll on all people, regardless of sexuality. Adaptation to daily and life stressors is a function of one’s coping skills, resources, and support (Kessler, Price, & Wortman, 1985). A committed romantic relationship is a powerful resource that individuals can bring to bear when confronting challenging situations. Just as environmental stress can have a negative impact on relationship satisfaction, so too can a satisfying relationship have a positive impact on one’s ability to cope with stress (Karney & Bradbury, 1995). Previous research examining the impact of minority stress on LGB persons has looked at relationship satisfaction as an outcome measure (i.e., Otis et al., 2006), but has failed to account for specific aspects of same-sex relationships that might make them satisfying and allow them to shield component members from stress.

Relationship factors and interdependence theory. For any couple, attachment, equality, and autonomy are core dimensions of relationship quality (Cochran & Peplau, 1985). Feeling secure with one’s partner is critical, as is feeling valued as an independent person and having a sense that neither party in the relationship is the inferior of the other. For same-sex couples, autonomy and equality are particularly important (Kurdek, 2004). Often times, however, being independent and autonomous leads to a lack of commitment to the relationship. This is reflected by the fact that same-sex couples see fewer barriers to leaving relationships (Kurdek, 2004), both in terms of logistical restrictions (e.g., children, legal marriage) and emotional restraints. However, gay men and lesbian women in couples are similar to heterosexuals in terms of commitment to, investment in, and perception of rewards from their romantic relationships (Duffy & Rusbult, 1986). Reconciling this discrepancy between autonomy and commitment
involves careful examination of the components of interdependence theory (Rusbult & Van Lange, 2003), a comprehensive theory of relationship functioning.

According to interdependence theory, individuals satisfied with their romantic relationships perceive few costs (i.e., low negative affect) and high rewards (i.e., high positive affect) in their relationships (Rusbult, 1983). Relationship stability, in turn, is based on high relationship satisfaction, high investment in the relationship (high commitment), and low numbers of attractive alternatives to the relationship (low autonomy). It is important to note that, from an interdependence standpoint, many factors that predict satisfaction and stability in same-sex couples overlap with identical factors in heterosexual couples (Kurdek, 1995). As with heterosexual couples, negative affect (depression, anxiety, anger, and neuroticism) is negatively correlated with relationship satisfaction for same-sex couples (Kurdek, 1994) and positive affect is positively correlated with relationship satisfaction (Todosijevic, Rothblum & Solomon, 2005). Satisfaction likewise predicts relationship stability (Kurdek, 1992). So, while same-sex couples differ from heterosexual dyads in autonomy (perceived barriers/alternatives), they may be similar enough in other facets of interdependence that their overall satisfaction and stability are equivalent.

From a minority stress perspective, two components of interdependence theory that might have a unique impact on relationship functioning for same-sex couples would be commitment and trust. Building commitment to a relationship involves ensuring a strong attachment to one’s partner and feeling a desire to maintain the relationship for better or for worse (Rusbult & Buunk, 1993). Commitment to a relationship could give LGB individuals a sense of security in the face of discrimination and stress, and could be particularly important given the lack of external barriers to leaving the same-sex relationship. Trust, likewise, has been shown to affect
relationship satisfaction for individuals encountering discrimination as a result of racial prejudice (Kelly & Floyd, 2006). Trust could be critical for same-sex couples confronted with minority stress, as it would allow LGB individuals to confide in and rely on their partners. These specific features of same-sex relationship interdependence have not been examined in a minority stress context.

*Unique features of same-sex couples.* There are some unique features of same-sex relationships, many of which relate to minority stress processes. Gay identity development (operationalized in one study as self-acceptance) predicts relationship satisfaction among gay men (Elizur & Mintzer, 2003) and serves as an example of a specific variable that would not be considered in studies of heterosexual relationships. LGB individuals may also confront unique relationship dysfunctions as a result of a dyadic configuration comprised of two individuals socialized into the same gender role. Relationship problems for gay couples, for example, may result from societal expectation for men in relationships, and may include difficulty negotiating sexual and gender roles (George & Behrendt, 1987). Early research suggested that because gay men are raised to be non-communicative with regard to emotions, gay couples engage in less discussion and more mindreading about emotional problems (Kurdek & Schmitt, 1986). However, more recent research has shown that same-sex couples overall resolve conflict adaptively, with high levels of positive affect and less demand-withdraw patterns than heterosexual couples (Gottman et al., 2003; Kurdek, 2004). Similarly, due to a lack of gender-bound relationship roles (i.e., husband and wife), same-sex couples are more likely to divide household labor in an egalitarian fashion and along lines of interest and skill rather than gender (Carrington, 1999).
Prejudice, discrimination, and violence are a part of the lives of all LGB individuals, but may be particularly salient to gay couples. Relative to lesbian couples (and by extension, heterosexual couples), gay couples report more stress and anxiety about violence/harassment, as well as HIV/AIDS (Todosijevic, Rothblum & Solomon, 2005). It is critical then that gay men address any internalized heterosexism they may feel and learn to trust and rely upon their partners as they confront societal expectations and minority stress.

In sum, LGB individuals enter into committed relationships at a high rate (Gates & Ost, 2004; Kurdek, 1995), are no different from heterosexual couples in terms of relationship satisfaction (Kurdek, 1991), and are similar to heterosexual couples in terms of relationship functioning (Kurdek, 1994; Duffy & Rusbult, 1986). In terms of general functioning, LGB individuals can rely on satisfying relationships to buffer them from the chronic stress engendered by their minority status at about the same rate that heterosexual couples can use their relationship resources as a shield against environmental stressors. These relationship resources are predicated on interdependence processes, such as commitment and trust, and on perceptions of social support.

**Social support and relationship functioning.** In heterosexual samples, degree of perceived social support is positively related to physical and psychological health and adjustment (Cohen & Syme, 1985). However, the strength of the relationship between social support and well-being depends on the amount, source, type, and idiographic perception of support (Cutrona, 1986). For example, in married heterosexual couples, the spouse is a primary source of social support (Coyne & DeLongis, 1986), and support from the spouse has a strong influence on well-being (Brown & Harris, 1978; Lin, Dean, & Ensel, 1981; Rogers, 1987). External support from family and friends, by contrast, correlates directly with relationship stability (Lewis & Spanier,
1979) and may increase social pressure to remain in the relationship (Milardo, 1982), even in the face of stressful events. For same-sex couples, relationship satisfaction and stability are closely linked to the level of dependence and perceived support that partners share (Kurdek, 1995b). As with measures of attachment, measures of support reveal that couples who feel secure relying on one another and their social environments experience the best relationship outcomes.

Due to heterosexist social norms, same-sex relationships must be maintained without societal, and often times familial, support (Peplau, 1993). This means that social support derived from non-family sources takes on a special significance for same-sex couples. Unlike married and cohabiting heterosexual couples, cohabiting gay and lesbian couples perceive more support from friends than from family members (Kurdek & Schmitt, 1987). Elizur and Mintzer (2003) showed that acceptance by friends predicts relationship satisfaction for gay men specifically, and that it mediates the impact of minority stress on relationship outcomes. External social support also impacts relationship functioning in gay men by enhancing commitment to the relationship (Smith & Brown, 1997).

When compared with perceived global support, support from romantic relationships has a unique influence on subjective well-being (Davis, Morris & Kraus, 1998). The provisions of romantic relationships may help individuals to deal with daily hassles more adaptively and may shield one to some extent from the effects of environmental stress, including discrimination and trauma (Furstenberg & Hughes, 1995). Therefore social support from a partner may be especially important for LGB individuals, whose marginalized social identities lead them to be confronted with chronic discrimination and stress. LGB individuals in relationships state that their romantic partner is a major source of social support (Kurdek, 1988). However, the specific influence of perceived partner support has not yet been examined. Incorporating measures of
social support and examining support from romantic partners specifically will be important in fully understanding how social support and minority stress interact.

Psychological Outcomes: Relationship Satisfaction and Depression

Minority stress can have a wide range of negative outcomes on LGB populations (Meyer, 2003), including prodromal sadness and reports of decreased well-being (e.g., Cochran, 2001), as well as increases in psychopathology. While many studies have focused on rates of depression, anxiety, and substance abuse in LGB populations (Meyer, 2003), there is some indication that relationship functioning for same-sex couples may be impacted by minority stress (Rotosky, Riggle & Scales, 2007), even while rates of satisfaction remain equivalent to heterosexual couples overall (Kurdek, 1991).

Impact of stress on relationships. Models of heterosexual marriage have long recognized that relationships do not exist in a vacuum, and must be understood as a product of the environment that surrounds them (Neff & Karney, 2007). An environment characterized by stress and negative circumstance takes its toll on marriages, resulting in increased reports of marital dysfunction (Conger, Rueter, & Elder, 1999; Coyne & Downey, 1991). The study of marital quality, then, should be a study of environmental risk factors and dyadic resilience factors that together predict a couple’s stability or dissolution (Karney & Bradbury, 1995).

When stressful events are frequent and salient to either member of the dyad, relationship quality is likely to suffer, through the process of stress spillover (Bolger, DeLongis, Kessler, & Wethington, 1989).

In models of stress spillover, the negative outcomes engendered by stress are not limited to a single aspect of an individual’s life, but tend to result in increased negative behaviors across a number of roles and relationships (Bolger, DeLongis, Kessler, & Wethington, 1989).
context of marriage, the experience of negative life events decreases a couple’s sense of marital well-being (Tesser & Beach, 1998), both by increasing negative relationship behaviors and by impairing positive or adaptive attributions for partner behaviors (Neff & Karney, 2004). This effect is moderated by specific relationship processes, notably interdependence processes, which may allow partners to confront stress as a committed and secure dyad, rather than as two vulnerable individuals (Cohan & Bradbury, 1997). In addition, positive supportive behaviors from the partner predict positive relationship outcomes and relationship stability, even in the face of challenges experienced by a target member of the dyad (Pasch & Bradbury, 1998).

These findings further emphasize the importance of building a model of relationship functioning for same-sex couples that will incorporate the chronic negative effect of minority stress, as well as the risk and resilience factors that moderate its impact. Following from a model of heterosexual marriage, it can be expected that an individual in a committed same-sex relationship who experiences acts of discrimination would respond with negative relationship behaviors and attributions as a result of spillover stress. This effect may be moderated by perceptions of discrimination and negative beliefs about the self (i.e., internalized heterosexism), which would increase the stressful impact of the experiences. It would likewise be ameliorated by the level of positive behaviors (i.e. commitment, trust, support) the individual perceives in his or her relationship, which would buffer relationship functioning and reduce the likelihood that minority stress would spill over to influence relationship satisfaction.

The impact of stress on depression. Reports of depressive symptoms have been shown to increase in individuals experiencing minority stress (Meyer, 2003). Like relationship quality, symptoms of depression are strongly impacted by context and life events. Brown et al. (Brown, Bifulco & Harris, 1987; Brown & Harris, 1978) proposed a model of depression characterized by
the impact of social roles, context (including negative life events), and vulnerability factors on prevalence of depression. A social role characterized by oppression and hardship, such as being a single working-class woman raising a small child, predisposes one to become depressed (Brown, 2002). Negative life events act as the catalyst by which a period of depression is instigated. And vulnerability factors, including lack of a spouse or a social support network, reduce individuals’ coping resources and sense of mastery over their own future, increasing the likelihood that depression will result from contextual stressors (Brown & Harris, 1978). This model has been tested with a variety of oppressed populations, including African American women living in impoverished neighborhoods (Cutrona, Russell, & Brown, 2005), revealing that environmental context, stress, and lack of support do interact to predict depression in minority individuals.

In LGB populations, this model would dovetail with a model of minority stress. An individual’s minority status would act as a predisposing social role, experiences of discrimination would act as negative life events, and lack of social support and internalized heterosexism would act as vulnerability factors in predicting incidence of depression. Examining resilience factors, such as support received from a committed romantic partner, would expand on this model for LGB populations and serve to verify the impact of ameliorating factors in the minority stress model as applied to romantic relationships.

The Current Study

Overall, examining the relationship between minority stress, relationship processes, and mental health outcomes may shed additional light on the protective power of couplehood for LGB populations. To date, no studies of minority stress have examined specific aspects of same-sex relationships, and no studies of relationship behaviors in same-sex couples have examined
minority stress. The current study addresses these gaps in the literature by incorporating specific measures of minority stress processes and relationship functioning. As differences between lesbian women and gay men necessitate separate analyses for each gender group (Kitzinger & Wilkinson, 1995), the study will include only gay men. By examining stages of gay identity formation, perception of discrimination, and the supportive provisions of relationships including trust and commitment, the current study can identify ameliorating factors that may reduce the impact of minority stress on mental health and relationship outcomes for gay men. The study comprises four hypotheses.

1. As shown by the model in Figure 1, individuals who report higher internalized heterosexism, experiences of discrimination, and perceived discrimination will report more psychological distress (i.e., depression) and lower relationship satisfaction, replicating findings of previous research (Otis et al., 2006).

2. Individuals who report higher LGB identity, perceived social support, and relationship trust and commitment will report less depression and higher relationship satisfaction.

3. The impact of experiences of discrimination on psychological outcomes (i.e., depression and relationship satisfaction) will be moderated by perception of discrimination and internalized heterosexism.

4. The impact of experiences of discrimination on psychological outcomes will be moderated by social support and relationship trust and commitment.
CHAPTER 2

METHOD

Participants

Participants in this study were gay men recruited via e-mail announcements to listservs serving the lesbian, gay, bisexual, and transgender (LGBT) community. Specifically, information about the study was sent to LGBT undergraduate, graduate, and faculty organizations on college and university campuses in selected locations around the country. A total of 497 individuals responded to the survey announcement. Of these, 308 (61.97%) provided complete data (defined as answering all questions in the survey). 286 (57.54%) participants reported being in a current relationship with another man. The final sample consisted of 208 gay men who were involved in a same-sex romantic relationship and who provided complete data for the survey. Ages of the participants ranged from 18 to 84, with a mean age of 32.95 and a standard deviation of 12.88.

In terms of demographic factors, the current sample was 77.9% (N=162) white/non-Hispanic, 9.6% (N=20) Hispanic, 6.2% (N=13) mixed race, 2.9% (N=6) Asian/Pacific Islander, 1.0% (N=2) Black/African American, and 2.4% (N=5) “other” ethnicity. 71.2% (N=148) reported “exclusively homosexual” sexual activity on the Kinsey scale, with the other 28.8% (N=60) endorsing “predominantly homosexual” activity with some heterosexual activity. The modal response for level of education completed was “Bachelor’s degree” (28.8%, N=60), followed by “Master’s degree” (25.5%, N=53) and “some college or Associate’s degree” (25.0%, N=52). The response for yearly income showed a bimodal distribution, with 18.3% (N=38)
reporting “$0-$10,000” a year, 18.3% (N=38) reporting “$80,000+” a year, and the rest of the sample ranging between those extremes. 28.4% (N=59) of the sample reported being in a non-cohabiting dating relationship, with 26.9% (N=56) reporting a formal commitment ceremony or marriage and 23.6% (N=49) cohabiting with their dating partners.

**Procedure**

The e-mail sent to LGBT listservs included a request for moderators to post the announcement, followed by a brief description of the study, as follows:

We are recruiting men who are attracted to men and are at least 18 years of age to participate in an online study of social beliefs and behaviors among gay men. Your honest responses to these questions will help us to understand the relationship between social events (including experiences of discrimination), social beliefs, and adjustment for men who are attracted to men. This research project has been approved by the Institutional Review Board of the University of Georgia. We would like to assure you that this information is collected anonymously, and that we have no way to identify you. IP addresses will be neither solicited nor identifiable. Any identifying information will be provided at your discretion, separately from the body of the survey, and will be removed prior to data analysis. There is absolutely no risk to you in completing these questionnaires. By clicking on the link below, you signify that you voluntarily consent to completing these questionnaires, are over 18 years old, and are doing so anonymously.

You will be asked to submit a password on the initial screen before viewing the survey; this password is provided below. If you are in a committed relationship with another man, we ask that either you or your partner completes the survey, but not both.
At the bottom of the e-mail announcement, participants were provided with a link to a SurveyMonkey webpage. SurveyMonkey has been used successfully in other dissertation research (e.g., Hoole, 2006), and provides secure sockets layer (SSL) encryption to ensure security of data. Upon following the link, participants were directed to a consent form page, where they will be given further information about the current study, including anticipated risks and benefits, and asked to agree to participate. Individuals who agreed were then given the opportunity to respond to the measures detailed below, in addition to measures examining social anxiety collected for a separate study. At the conclusion of the survey, participants were thanked for their time and interested individuals were invited to enter a lottery to receive a $20 check. Participants were informed that to enter the lottery, they would have to provide a valid e-mail address in a separate SurveyMonkey form. This e-mail address was not connected to any data they provided in the primary survey. After all surveys were been collected, ten e-mail addresses were selected to receive a check. In accordance with the policies of the Institutional Review Board, winners of the lottery were contacted via e-mail and asked for a mailing address, to which a payment form was sent. The winners completed this payment form and returned it to the first author of this study, at which time a check was mailed to the provided address. Participation in the lottery was completely voluntary.

Measures

Participants were asked to provide demographic information, including age, racial/ethnic identity, gender identity, education level, income, and current relationship status. Participants were also asked about their relationship status over the past five years. Sexual orientation was assessed using a scale proposed by Kinsey, Pomeroy, and Martin (1948), which assesses sexual activity (a proxy for sexual orientation) on a seven-point continuum ranging from 1, “exclusively
heterosexual,” to 7, “exclusively homosexual.” This scale has been used extensively in research as a measure of LGB self-definition (e.g., Wells & Kline, 1987).

Gay identity. Stage of gay identity formation was assessed using the Gay Identity Questionnaire (GIQ; Brady & Busse, 1994). The GIQ is a 45-item measure assessing identity formation in the six stages of Cass’s (1979) HIF model. Items are rated as true or false. A sample item from stage three, “Tolerance,” is, “I am probably homosexual but I am not sure yet.”

For both pragmatic and psychometric reasons, only the 21 items assessing stages four, “Acceptance,” five, “Pride,” and six, “Synthesis,” were used in this study (seven items assessing each stage). Pragmatically, men who have not reached a stage of “Acceptance,” that is, internalizing a gay identity, would be extremely unlikely to join an LGBT organization or listserv. Psychometrically, Brady and Busse (1994) did not recruit sufficient men at stages one and two to ascertain psychometric properties for the items assessing those stages, and their sample size was small for stage three. Therefore, it is unclear whether these items are psychometrically valid and it is also evident that recruiting men at early stages of identity development is difficult in a research study. The items assessing stages four through six have generally valid psychometric properties (interitem consistency: stage four, r = .71; stage five, r = .44; stage six, r = .78). Low interitem consistency for stage five, “Pride,” was the result of few participants at that stage of identity in the original sample. In the current sample, alpha reliabilities were similar (stage four, GIQ4, α = .74; stage five, GIQ5, α = .52; stage six, GIQ6, α = .71). Again, few participants were found at stage five of identity development.

Experiences and perception of discrimination. Participants’ encounters with discrimination were assessed using nine questions derived from a study of heterosexism and lesbian women (Szymanski, 2006). These questions assessed the frequency of particular
experiences of heterosexist discrimination, and wording was changed slightly for the current study to ask about sexual orientation more generally, rather than lesbian identity. These items were chosen because they ask about relatively commonplace and chronic experiences of discrimination. Participants rate frequency on a five-point scale from 0, never happened, to 4, happened almost all of the time. An example item is, “How many times have you been verbally insulted because of your sexual orientation?” Alpha reliability for this Frequency of Discrimination (FoD) scale was acceptable, $\alpha = .83$.

Based on research in social anxiety, items assessing perception of discrimination focused on the causality, stability, controllability, and importance/cost of discriminatory events (e.g., Foa, Franklin, Perry, & Herbert, 1996). For the current study, perceptions of controllability (Control) and importance (Importance) were highlighted, as viewing discrimination as both imposed uncontrollably on the self and critically important is likely to increase its impact on mental health. Reliability for each was acceptable (Control $\alpha = .85$, Importance $\alpha = .87$).

*Internalized heterosexism and concealment.* Internalized heterosexism was measured using the Short Internalized Homonegativity Scale (SIHS; Currie, Cunningham, & Bruce, 2004). This 12-item measure assesses internalized heterosexist beliefs on a five-point scale from 0, strongly disagree, to 4, strongly agree. The SIHS items were originally derived from the Reactions to Homosexuality Scale (RHS; Ross and Rosser, 1996), out of a sense that existing scales of internalized heterosexism did not adequately capture the changing social milieu of the gay subculture. An example item is, “It is important for me to control who knows about my homosexuality.” The SIHS demonstrated adequate reliability in this sample, $\alpha = .78$.

Concealment was measured with a single item assessing outness in various social relationships. Participants indicated to which types of people they have disclosed their sexual
orientation (i.e., to friends, to work peers, to extended family members). The nine types of social relationships were derived from the Outness Inventory (OI; Mohr & Fassinger, 2000). Scores on this measure were used only to differentiate between those who did and did not complete the survey, as described below.

Relationship processes and social support. Commitment and trust are two aspects of interdependence theory that are of interest to the study of same-sex couples. Commitment was assessed using five items drawn from a previous study of interdependence theory in heterosexual couples (Wieselquist, Rusbult, Agnew & Foster, 1999). In their initial formulation, these items utilized a nine-point scale. For the purpose of consistency in the current study, however, participants will respond on a seven-point scale from 1, not at all committed, to 7, very committed. An example item is, “To what extent do you feel committed to maintain your relationship?” Reliability for this Commitment Scale (CS) was adequate in this sample, $\alpha = .88$.

Following the precedent of Wieselquist et al. (1999), trust was assessed using the three most reliable items from the faith, dependability, and predictability subscales of the Rempel et al. (1985) trust scale. These nine items all had reliability scores of .7 or higher. Items are answered using a seven-point scale from 1, strongly disagree, to 7, strongly agree. An example item is, “I can rely on my partner to react in a positive way when I expose my weaknesses to him.” This scale has been used previously in studies of minority populations confronted with discrimination (i.e., Kelly & Floyd, 2006). In the current sample, the Trust Scale (TS) had adequate reliability, $\alpha = .88$.

Perceived social support was measured with the short form of the Sarason’s Social Support Questionnaire (SSQ6; Sarason, Sarason, & Shearin, 1987). This six item measure traditionally asks for the initials of individuals who provide specific types of social support (e.g.,
“Whom can you really count on to be dependable when you need help?”). The number of individuals are counted and summed to form an N score. To facilitate administration in an online format, the current study asked participants to enter the number of individuals they perceive as social support providers, rather than listing initials. Items also ask about overall satisfaction with each type of support on a seven-point scale (from 1, not at all satisfied, to 7, completely satisfied). Responses are then summed to form an S score. This measure has demonstrated adequate psychometric properties and has been used in previous research involving same-sex couples (e.g., Kurdek, 1988). Reliability for the N scale was not meaningful due to the wide variability in individual numbers of support providers entered. The SSQ6-S, however, had adequate reliability in this sample, $\alpha = .95$.

To measure the specific impact of romantic partner support, six additional items were added to the SSQ6 for this study. The items asked participants to respond “yes” or “no” to questions regarding categories of perceived support from the partner (e.g., “Can you really count on your partner to be dependable when you need help?”). The items then asked participants to rate their satisfaction with this type of support from their partners, using a seven-point scale from 1, not at all satisfied, to 7, completely satisfied. The Social Support from a Partner – Number subscale (SSP-N; $\alpha = .86$) and the Social Support from a Partner – Satisfaction subscale (SSP-S; $\alpha = .92$) both demonstrated adequate reliability.

**Outcome measures.** Psychological outcomes of interest included relationship satisfaction and depression. Relationship satisfaction was measured using the Kansas Marital Satisfaction Scale (KMS; Schumm, 1983). This three item measure assesses overall satisfaction with the relationship and the partner on a seven-point scale from 1, extremely dissatisfied, to 7, extremely satisfied. It has been used extensively in research with married couples and is both reliable and
economical (Crane, Middleton, & Bean, 2000), with psychometric properties similar to the Quality Marriage Index, another widely-used measure of relationship satisfaction (Calahan, 1996). The wording of the KMS was changed slightly to reflect the non-marital status of same-sex relationships. The KMS demonstrated adequate reliability in this sample, $\alpha = .95$.

Depression was measured using the depression module of the Patient Health Questionnaire (PHQ-9), a self-report measure used in medical settings (Kroenke, Spitzer, & Williams, 2001). This nine-item measure assesses the nine DSM-IV diagnostic criteria for a depressive episode on a four-point scale from 0, not at all, to 3, nearly every day. The PHQ-9 displayed construct and criterion validity when compared with other measures of depression (e.g., HAM-D) and with an interview by a mental health professional. In this sample, the PHQ-9 demonstrated adequate reliability, $\alpha = .83$.

**Analytic Strategy**

Analyses began with descriptive statistics, characterizing the sample in terms of age, ethnicity, education level, and income. Descriptive statistics for each of the scales used in the survey were also calculated, including the reliability scores above (see Table 1). To test hypotheses regarding the relationships between various factors of the minority stress model and psychological outcomes, a two step hierarchical multiple regression framework was utilized. Following the recommendations of Aiken and West (1991), the quantitative, continuous independent variables were entered as the first step of theoretically derived regression equations to predict the variables of interest, namely relationship satisfaction and depression. Following initial examination of the predictive relationships between variables, those factors hypothesized to serve a moderating role in the relationship between the independent variable (frequency of discrimination) and outcomes were centered and added as a product term in the second step of
these hierarchical regression equations. Post hoc analyses were conducted to highlight findings from the theoretically derived procedure and to clarify the relationship between outcome variables.
CHAPTER 3

RESULTS

Characteristics of the Current Sample

The final sample included only those participants who reported being in a same-sex relationship and who completed the survey. Of the 497 participants who began the survey, 286 participants answered the demographics questionnaire and reported being in a same-sex relationship, 194 participants reported that they were not in a relationship, and 17 participants who started the survey did not complete the demographics questionnaire (i.e., provided no data whatsoever). Those individuals who were in a romantic relationship were significantly older, $t = 3.35$, $p < .001$, less depressed, $t = -2.88$, $p < .001$, less likely to be at gay identity stage four, “Acceptance,” $t = -3.77$, $p = .006$, and more likely to be at gay identity stage six, “Synthesis,” $t = 2.834$, $p = .009$, compared to those not in a relationship.

Of the 286 participants who indicated that they were in a relationship, 208 individuals who reported being in a same sex relationship completed the survey, while 78 did not complete the survey. Individuals in same-sex relationships who completed the survey were significantly older, $t = -1.96$, $p = .03$, more satisfied in their relationships, $t = -2.16$, $p = .03$, more committed to their partners, $t = 2.78$, $p = .006$, out to more people, $t = -10.21$, $p < .001$, and perceived their partners as being out to more people, $t = -8.48$, $p < .001$. These findings were comparable to those from a previous study, which indicated that men who were younger and less open about their sexual identity were more likely to discontinue an online survey targeted at men who have sex with men (Evans et al., 2008).
The mean score on the KMS for the final sample was 16.46 (s.d. = 3.86), comparable to the reported mean in heterosexual couples of 16.29 (s.d. = 3.0; Schumm et al., 2008). The mean score on the PHQ-9 was 5.93 (s.d. = 4.64), slightly above the clinical cutoff of 5, indicating the sample was on average mildly depressed. The modal response on items measuring frequency of discrimination was a 2, indicating that individuals in this sample experienced various forms of discrimination “sometimes (25-50% of the time)”. Of the nine categories of discrimination assessed, on average participants reported having experienced 5.64 different categories of discrimination (s.d. = 2.44). See Table 1 for a list of means and standard deviations of other scales used in the current study.

Relations Between Discrimination and Other Factors

The relationships between experiences of discrimination, proximal responses (internalized heterosexism, perception of discrimination), ameliorating factors (relationship processes, social support, gay identity) and psychological outcomes (relationship satisfaction, depression) were examined using Pearson correlations. With regard to relationship satisfaction, the number of individuals relied upon for social support (SSQ6-N), satisfaction with this support (SSQ6-S), the number of areas in which one can rely on one’s partner for support (SSP-N), satisfaction with support from one’s partner (SSP-S), commitment to one’s partner (CS) and trust in one’s partner (TS) were all significantly positively related to scores on the KMS (see Table 2).

With regard to depression, frequency of experiencing discriminatory events (FoD), being at the “Acceptance” level of gay identity (GIQ4), and perceiving incidents of discrimination as being highly important (Importance) were significantly positively related to scores on the PHQ-9. The number of individuals relied upon for support (SSQ6-N), satisfaction with this support (SSQ6-S), the number of areas in which one can rely on one’s partner for support (SSP-N),
satisfaction with support from one’s partner (SSP-S), and being at the “Synthesis” level of gay identity formation (GIQ6) were significantly negatively related to scores on the PHQ-9 (see Table 2). In addition, scores for relationship satisfaction and depression were significantly negatively related to one another.

Hypothesis 1

Predicting outcome using proximal responses. To test the first hypothesis, that the complex proximal responses of gay men to experiences of discrimination would ultimately affect mental health and relationship outcomes, analyses were conducted to examine the contributions of experience and perception of discrimination (measured by FoD, Importance, and Control) and internalized heterosexism (measured by the SIHS) to relationship quality (measured by the KMS) and depression (measured by the PHQ-9). A separate regression framework was utilized for each outcome variable, with all predictor variables entered simultaneously into the first step of the model.

In predicting scores on the KMS, the overall regression model was not significant, $R^2 = .061$, $p = .06$. Only the SIHS predicted a significant proportion of the variance in the model (see Table 3). In predicting scores on the PHQ-9, the overall regression model was significant, $R^2 = .225$, $p < .001$. Only two variables predicted a significant proportion of the variance in the model, however: the frequency of discrimination and the perceived importance of discrimination (see Table 3). Both tolerance and VIF for the models model were close to 1, indicating that no multicollinearity problems existed.

Hypothesis 2

Predicting outcome using ameliorating factors. To test the second hypothesis, that certain factors would serve to mitigate the impact of discrimination on mental health and
relationship outcomes, again two separate regression equations were used, examining the contributions of gay identity (measured by the GIQ4-6), social support variables (measured by the SSQ6-N and -S, and SSP-N and -S), and commitment and trust (measured by the CS and TS) to relationship quality (measured by the KMS) and depression (measured by the PHQ-9). All predictor variables were entered simultaneously.

In predicting scores on the KMS, the overall regression model was significant, $R^2 = .518$, $p < .001$. The SSP-S, CS and TS all predicted a significant proportion of the variance in the model (see Table 3). In predicting scores on the PHQ-9, the overall regression model was significant, $R^2 = .174$, $p < .001$. The SSP-N and the GIQ6 predicted a significant proportion of the variance in the model (see Table 4). Tolerance and VIF for the model were both close to 1, indicating that no multicollinearity problems existed.

Hypothesis 3

Entering proximal responses as moderators. To test moderation of the impact of discrimination (FoD) by internalized heterosexism (SIHS) and perceptions of discrimination (Importance and Control), the recommendations of Baron and Kenny (1986) were followed, and the product of the IV (frequency of discrimination) and each of the moderators was added to the second step of hierarchical regression equations predicting KMS and PHQ-9 scores. To avoid the problem of multicollinearity, the IV and moderators were centered before creation of the product term.

For the model predicting scores on the KMS, addition of the product terms did not significantly increase the fit of the model, $\Delta R^2 = .009$, $p = .717$. While the SIHS continued to predict a significant proportion of the variance, no other significant factors emerged (see Table 4). For the model predicting scores on the PHQ-9, addition of the product terms did significantly
increase the fit of the model, $\Delta R^2 = .084$, $p = .001$. Again, FoD and Importance predicted a significant proportion of the variance, and the moderating effect of perception of importance on frequency of discrimination (FoD by Importance) also emerged as a significant factor predicting unique variance in the model (see Table 3 and Figure 2).

Hypothesis 4

*Entering ameliorating factors as moderators.* To test moderation of the impact of discrimination (FoD) by social support (SSQ6-N and -S, and SSP-N and -S) and relationship commitment and trust (CS and TS), the IV, frequency of discrimination, and each of the moderators (the product of the ameliorating factor and the IV) were added to the second step of hierarchical regression equations predicting KMS and PHQ-9 scores. The IV and moderators were centered before creation of the product term.

For the model predicting scores on the KMS, addition of the product terms did not increase the fit of the model, $\Delta R^2 = .012$, $p = .706$. The SSP-S, CS and TS continued to predict a significant proportion of the variance; however, no other significant factors emerged (see Table 4). For the model predicting scores on the PHQ-9, addition of the product terms did not significantly increase the fit of the model, $\Delta R^2 = .029$, $p = .508$. Again the FoD and SSP-N predicted a significant proportion of the variance, but no other significant factors emerged (see Table 4).

Post-hoc Analysis

*Exploring the relationship between KMS and PHQ-9 scores.* A post-hoc analysis was performed to establish the relationship between the two outcome variables and to explore whether or not depression scores could explain additional variance in level of relationship satisfaction, or vice versa. Accordingly, a “best-fitting” regression equation for KMS scores was
constructed, wherein scores from measures salient to relationships (the CS, TS, and SSP-S) were entered at step 1 and the PHQ-9 was entered as a predictor at step 2. However, PHQ-9 scores did not predict any additional variance in KMS scores above that predicted by relationship variables, $\Delta R^2 = .003$, $p = .237$.

Next, the KMS was entered as a predictor variable into a “best-fitting” regression equation for PHQ-9 scores, wherein frequency of discrimination (FoD), perceived importance of discrimination (Importance), and the interaction of those variables were entered simultaneously at step 1 and the KMS was entered as a predictor at step 2. The KMS did predict unique, additional variance in PHQ-9 scores, resulting in a better-fitting model, $\Delta R^2 = .027$, $p = .009$. 
CHAPTER 4
DISCUSSION

This study utilized a minority stress model to examine the interaction of discriminatory events, proximal responses to these events, ameliorating factors, and psychological outcomes, specifically depression and relationship outcomes. Previous research in this area has not accounted for personal resource and relationship resource variables, including level of gay identity formation and the supportive provisions of intimate relationships, that might be expected to have a moderating role in the relationship between discrimination and mental health for LGB individuals. As such, this study represented an attempt to characterize idiographic variables that may be incorporated into future research on same-sex couples.

For the first hypothesis, results of the regression analyses indicate that different aspects of proximal response predict relationship satisfaction and depression. While proximal response variables overall did not predict a significant portion of the variance in relationship scores, internalized heterosexism was uniquely predictive of satisfaction, as might be expected given the negative beliefs about gay male relationships that accompany internalized heterosexism (Meyer & Dean, 1998). For depression, proximal response variables did predict a significant proportion of variance, with frequency of experiencing discriminatory events and perceived importance of these events emerging as uniquely predictive factors. Again, this is consistent with previous research on the role of minority stress in LGB individuals’ mental health (Meyer, 2003).

Analyses related to the second hypothesis similarly revealed results consistent with previous research on stress and coping. Relationship satisfaction in gay men in this sample was
predicted by support from one’s partner, commitment, and trust, all factors that have been shown to predict satisfaction and stability in heterosexual couples (i.e., Wieselquist, Rusbult, Agnew & Foster, 1999). Depression was negatively related to reliance on one’s partner and level of gay identity, with lower depression scores predicted for those who relied on their partners in more areas and those who were at a high level of gay identity.

The third and fourth hypotheses, examining moderating factors in these relationships, received partial support. In examining the moderating influence of proximal reactions, perception of discrimination was found to moderate the relationship between experiences of discrimination and depression, such that those who view discrimination as highly important report higher depression scores after incidents of discrimination than those who view discrimination as low in importance (see Figure 2). This highlights the importance of intrapersonal interpretations of discriminatory events, particularly for gay men (Ross, 1985). The interaction is also explicable from a cognitive therapy perspective, as those who are depressed tend to engage in magnification of negative events, and depression itself leads to mental filtering, wherein the importance of negative events is highlighted (Wedding, 2000). No moderating effects were found, however, for relationship satisfaction or among ameliorating factors, indicating either that these categories of variables do not play a role in modulating reactions to discrimination, or perhaps that the particular aspects examined in the current study are not powerful moderators of the cross-sectional relationships.

Overall, the minority stress model was partially supported by this study. Particularly for depression, the impact of minority stress was evident in the interplay between distal events of discrimination and proximal perceptions of the importance of this discrimination. Minority stress thus can arise both from confrontations with a discriminatory environment and from
personal expectation of the toxicity of discrimination. For relationship satisfaction, minority stress processes were not evident in this sample. Rather, the current study replicated findings from previous research (e.g., Kurdek, 1994), showing that gay couples are similar to heterosexual couples both in terms of overall level of satisfaction and in the factors that predict satisfaction. In post hoc analyses, there was indication that a strong relationship might provide unique benefits net of the effects of minority stress, emphasizing the importance of taking into account ameliorating factors when predicting mental health outcomes for gay men.

There is some indication from literature focusing on other minority groups that the functioning of romantic relationships may be fairly resilient, even in the face of discrimination. For example, in a study focusing on African-American couples, many of the predicted cognitive orientations toward racially-based prejudice did not impact relationship satisfaction and functioning (Kelly & Floyd, 2006). Further, a study focusing specifically on same-sex male and female couples found that discrimination did not consistently predict either stress or relationship quality, counter to the predictions of the minority stress model (Otis et al., 2006). It may be that the pervasive effects of minority stress are diffuse, influencing many areas in the lives of LGB individuals, and that only the most overt and invasive acts thus acutely affect mental health outcomes. It may also be that minority stress effects are relatively indirect. Relationship quality may be relatively robust in the face of overt discrimination, as same-sex partners are able to rely on and support one another, build connections to the broader LGB community, or validate their couplehood in other ways. However, chronic perceived discrimination was shown in this study to impact a partner’s level of depression, which would in turn decrease relationship satisfaction (Beach et al., 2003). Discrimination could also exacerbate an LGB individual’s internalized heterosexist beliefs, which have been shown in previous research to influence relationship
quality (Otis et al, 2006) and which uniquely predicted some variance in relationship satisfaction scores in the current sample. Finally, frequency of discrimination was related to level of gay identity, with more frequent discrimination correlating with a reduced chance of endorsing “Synthesis” level identity facets. As endorsing a high level of gay identity was one factor that differentiated those in relationships from those not in relationships in this sample, it may be that discrimination impairs the ability to form a coherent gay identity, thus reducing one’s overall chance of entering into a same-sex relationship, satisfying or otherwise.

Implications

As this study used multiple outcome measures to test tenets of the minority stress model, it offers several considerations for clinical work and research involving gay men and same-sex couples. First, it is apparent that mental health outcomes for gay men are multiply determined. While many of the factors contributing to depression in gay men are likely similar to those observed in heterosexual men, clinicians may find it beneficial to attend to factors unique to the minority stress model, including perceptions of discrimination and level of gay identity formation. Clinicians may also assess the relative importance of a same-sex romantic relationship for gay male clients and, perhaps, for LGB individuals more generally, utilizing these relationships as a coping resource to reduce the effects of stress.

In terms of implications for research, some attention has been paid in the literature recently to the characteristics of gay men who do and do not complete internet surveys (e.g., Evans, Wiggins, Bolding, & Elford, 2008; Ross, Rosser, Stanton, & Konstan, 2004). Accordingly, participants of interest in the current study were examined to delineate the characteristics differentiating those who completed the study from those who did not. Results of these analyses indicate that utilizing a survey methodology to assess the experiences of gay men
may result in a sample comprised only of men who are comfortable disclosing their sexual
identity (i.e., who are out in multiple areas of their lives). It is notable that, on average,
individuals in same-sex relationships who completed the survey reported being out in 6.76 of the
10 areas assessed and viewed their partners as being out in 6.05 of 10 areas. By contrast, those
who discontinued the survey were out in only 3.08 areas and viewed their partners as being out
in only 2.81 areas. It seems that survey methods, such as the one used in this and in previous
studies (i.e., Evans et al., 2008), may miss a significant segment of the population of gay men
and men who have sex with men. This can be considered both as a limitation and a direction for
future research.

Limitations and Future Research

An ongoing challenge in the study of LGB individuals and same-sex couples is
establishing the extent to which results of research can be generalized to a broader population
(Herek et al., 1999). In the current study, for example, only self-identified men who reported
predominantly same-sex sexual activities were sampled. While many of the findings for this
particular sample may apply to LGB individuals in relationships more generally, this study did
not take into account the experiences of lesbian women, bisexuals, and those who may identify
along the broad spectrum of gender. It is clear that discrimination against LGB individuals and
same-sex couples remains a reality and doubtless has pervasive effects on all those who
experience same-sex attraction. However, idiographic experience of discrimination and the
interplay between sexual, ethnic, cultural, gender, and regional/geographical identities must be
taken into account in working with any LGB individual or in developing public policy.

A specific limitation in this study, as highlighted above, is the extent to which sampling
was limited by the methodology utilized. Individuals were recruited largely from university-
based listservs serving the LGBT community, and so may represent a more highly educated subsection of the gay male population. Also, at the same time that the survey sampled only self-identified men who engaged in same-sex sexual activities, it appeared to selectively exclude men who were less open about their sexuality, as very few men who reported concealment of their sexual orientation provided complete data on the survey. Thus, while the current study may represent the experience of men who identify as gay, it may not be representative of the larger population of men who have sex with men.

This latter limitation also highlights the particular limitations involved with online survey methodologies more broadly. While sites such as SurveyMonkey allow for unparalleled dissemination of research study announcements and vastly increase the scope of the geographic region from which a sample can be obtained, they also present challenging issues regarding data security, validity of responses, and participant retention. Due to the inherently insecure nature of data transmission over the internet, an attempt was made to a) inform participants that their anonymity could be protected only to the limit of SurveyMonkey’s encryption technology and b) safeguard data and participants’ identities by using secure storage methods and by separating any identifying information from participant-provided data. While such methods maintain the integrity of data that has already been received, ensuring valid responses to internet-based surveys is another, perhaps more pernicious issue. Without meeting participants in a lab or recruiting and making contact with individuals personally, there is no guarantee that those responding to an anonymous internet survey are who they purport to be. Finally, because internet-based surveys can be discontinued at any time simply by closing a browser window, this methodology is subject to the issue of high participant dropout and incomplete data. In the
current study, for example, while 497 individuals began the survey, only 308 (61.97%) provided data for all questionnaire items.

Methodologically, the current study was limited by its cross-sectional design, which did not allow for analysis of the ways in which discrimination may impact the trajectory of a same-sex relationship or symptoms of depression. The study also was not designed to address the ways in which same-sex couples might adapt and grow over time as they confront heterosexism both internally and in their environments. Due to reliance on reports of satisfaction from only one member of a dyad, the study was not designed to examine ways in which partners’ satisfaction, depression, and perceptions of discrimination may be interrelated, nor could dyad-level processes that may be particular to gay male couples be characterized.

Despite the limitations and difficulties inherent to studying a stigmatized minority sample, the current study does offer several directions for future research. First, studies addressing the basic elements of relationship functioning in same-sex couples are critical. While the minority stress model may be a useful heuristic for examining mental health outcomes for LGB individuals, as this study and others have shown, it may not directly explain the workings of a same-sex relationship, even one confronted with discrimination. Comparison studies utilizing samples of committed same-sex and heterosexual couples have emphasized similarities between these populations in terms of elements that predict relationship satisfaction and dissolution (e.g., Kurdek, 1994, 2004). Researchers must now begin to build a model incorporating unique facets of same-sex relationships, just as was done in early research characterizing heterosexual romantic relationships (Rusbult, 1983). This model might include supportive processes exchanged between two individuals of the same sex, negotiation of gender roles, social and political validation of couplehood, and cohesion in the face of discrimination as
unique predictors of adaptive functioning for same-sex couples. Second, further study of the role of social support in validating and enhancing same-sex relationships is warranted. Previous research has shown that support from family members (Elizur & Mintzer, 2003) and friends (Rotosky et al., 2007) plays a role in predicting same-sex couples’ commitment and satisfaction. Given the importance of support from one’s partner in heterosexual couples (Coyne & DeLongis, 1986), future studies should characterize the incremental value of a supportive partner for same-sex couples, over and above the value of support from friends and family. Third, the current study assessed only relatively minor forms of discrimination. A study examining a range of discriminatory acts, from unequal treatment to physical assault, might better characterize specific types of discrimination that could activate minority stress processes.

Finally, collecting data on minority stress from broader and more diverse samples of same-sex couples and LGB and transgendered (T) individuals will serve to advance this model and validate or refine its tenets. Including additional mental health outcomes in these studies will also highlight the generalizability of minority stress effects across the broad and varied set of experiences and histories that comprise the LGBT community. Hopefully, by showing the prevalence and vituperative effect of minority stress, such research can inform public policy aimed at reducing effects of discrimination and prejudice. Future studies highlighting the protective nature of same-sex relationships might similarly influence decisions made regarding the legal and social recognition of same-sex unions. Overall, increasing the literature focused on this invisible minority can only help to shape an educated public opinion, and thereby to increase support for LGBT individuals and same-sex couples from society as a whole.
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APPENDIX A

MEASURES

1. Demographics

1. Age: _____________

2. How would you describe your ethnic background:
   - White/Non-Hispanic
   - Black/African Descent
   - Hispanic/Latino
   - Asian/Pacific Islander
   - Mixed race
   - Other

3. How would you describe your gender identity:
   - Man
   - Woman
   - Transgender/Gender Queer
   - Neither

3. How would you describe your sexual orientation:
   - Exclusively heterosexual with no homosexual
   - Predominantly heterosexual, only incidentally homosexual
   - Predominantly heterosexual, but more than incidentally homosexual
   - Equally heterosexual and homosexual
   - Predominantly homosexual, but more than incidentally heterosexual
   - Predominantly homosexual, only incidentally heterosexual
   - Exclusively homosexual with no heterosexual

4. Your highest educational level:
   - Did not graduate high school
   - High school or GED
   - Some college or Associate’s degree
   - Bachelor’s degree
   - Masters degree
   - Professional or doctoral degree

5. Total income:
   - $0-10,000
   - $10,000-20,000
   - $20,000-30,000
   - $30,000-40,000
   - $40,000-50,000
   - $50,000-60,000
   - $60,000-70,000
   - $70,000-80,000
☐ $80,000+

6. Current relationship status (select all that apply):
☐ Single
☐ Dating, not cohabitating
☐ Dating, cohabitating
☐ Formally committed/married
☐ Divorced
☐ Separated
☐ Widowed

a. How long have you and your current partner been together?
   ___________ years  ___________ months

7. Have you been in a long-term relationship (lasting more than six months) in the past 5 years?
   ☐ Yes
   ☐ No

   a. If yes, how many previous long-term relationships including any current relationship:
      __________

8. Please indicate where you live by marking the time zone in which you reside:
   ☐ Eastern Standard
   ☐ Central
   ☐ Mountain
   ☐ Pacific Standard
2. Gay Identity Questionnaire (GIQ)

1. I live a homosexual lifestyle at home, while at work/school I do not want others to know about my lifestyle.  
   T  F

2. My homosexuality is a valid private identity that I do not want made public.  
   T  F

3. I have little desire to be around most heterosexuals.  
   T  F

4. I do not want most heterosexuals to know that I am definitely homosexual.  
   T  F

5. I am very proud to be gay and make it known to everyone around me.  
   T  F

6. I don’t have much contact with heterosexuals and can’t say that I miss it.  
   T  F

7. I generally feel comfortable being the only gay person in a group of heterosexuals.  
   T  F

8. I’m probably homosexual, even though I maintain a heterosexual image in both my personal and public life.  
   T  F

9. I am not as angry about society’s treatment of gay men because even though I’ve told everyone about my sexuality, they have responded well.  
   T  F

10. I am definitely homosexual but I do not share that knowledge with most people.  
    T  F

11. I don’t mind if homosexuals know that I have homosexual thoughts and feelings, but I don’t want others to know.  
    T  F

12. More than likely I’m homosexual, though I’m not positive about it yet.  
    T  F

13. I’m openly gay and fully integrated into heterosexual society.  
    T  F

14. I frequently confront people about their irrational, homophobic (fear of homosexuality) feelings.  
    T  F

15. Getting in touch with homosexuals is something I feel I need to do, even though I’m not sure I want to.  
    T  F

16. I am proud and open with everyone about being gay, but it isn’t the major focus of my life.  
    T  F
17. I feel accepted by homosexual friends and acquaintances, even though I’m not sure I’m homosexual.  T  F
18. I frequently express anger over heterosexuals’ oppression of me and other gay individuals.  T  F
19. I have not told most of the people at work that I am definitely homosexual.  T  F
20. I accept but would not say I am proud of the fact that I am definitely homosexual.  T  F
21. Most heterosexuals are not credible sources of help for me.  T  F
22. I am openly gay around gays and heterosexuals.  T  F
23. I am not about to stay hidden as gay for anyone.  T  F
24. I tolerate rather than accept my homosexual thoughts and feelings.  T  F
25. My heterosexual friends, family, and associates think of me as a person who happens to be gay, rather than as a gay person.  T  F
26. Even though I am definitely homosexual, I have not told my family.  T  F
27. I am openly gay with everyone, but it doesn’t make me feel all that different from heterosexuals.  T  F
28. I’m probably homosexual, but I’m not sure yet.  T  F
3. Experiences of Discrimination

Please think carefully about your life as you answer the questions below. Read each question and then mark the option that best describes events in the PAST FIVE YEARS, using this scale.

0—If the event has NEVER happened to you
1—If the event happened ONCE IN A WHILE (less than 25% of the time)
2—If the event happened SOMETIMES (25-50% of the time)
3—If the event happened A LOT OF THE TIME (50–75% of the time)
4—If the event happened ALMOST ALL OF THE TIME (more than 75% of the time).

1. How many times have you been treated unfairly by your employer, boss, supervisors, advisors, teachers or professors because of your sexual orientation?

- [ ] 0 (Never)  [ ] 1 (<25%)  [ ] 2 (25-50%)  [ ] 3 (50-75%)  [ ] 4 (>75%)

a. How much control do you have over this situation?

- No control at all  [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 5  [ ] 6  [ ] 7  Complete control

b. How important do you think this situation was?

- Not at all important  [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 5  [ ] 6  [ ] 7  Extremely important

2. How many times have you been treated unfairly by your co-workers, fellow students, or colleagues because you of your sexual orientation?

- [ ] 0 (Never)  [ ] 1 (<25%)  [ ] 2 (25-50%)  [ ] 3 (50-75%)  [ ] 4 (>75%)

a. How much control do you have over this situation?

- No control at all  [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 5  [ ] 6  [ ] 7  Complete control

b. How important do you think this situation was?

- Not at all important  [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 5  [ ] 6  [ ] 7  Extremely important

3. How many times have you been treated unfairly by people in service jobs (by store clerks, waiters, bartenders, waitresses, bank tellers, mechanics, and others) because of your sexual orientation?

- [ ] 0 (Never)  [ ] 1 (<25%)  [ ] 2 (25-50%)  [ ] 3 (50-75%)  [ ] 4 (>75%)
a. How much control do you have over this situation?
   [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 5  [ ] 6  [ ] 7  Complete control
   Mixed

b. How important do you think this situation was?
   [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 5  [ ] 6  [ ] 7  Extremely important
   Mixed

4. How many times have you been treated unfairly by strangers because of your sexual orientation?
   [ ] 0 (Never)  [ ] 1 (<25%)  [ ] 2 (25-50%)  [ ] 3 (50-75%)  [ ] 4 (>75%)
   a. How much control do you have over this situation?
      [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 5  [ ] 6  [ ] 7  Complete control
      Mixed
   b. How important do you think this situation was?
      [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 5  [ ] 6  [ ] 7  Extremely important

5. How many times were you denied a raise, a promotion, tenure, a good assignment, a job, or other such thing at work that you deserved because of your sexual orientation?
   [ ] 0 (Never)  [ ] 1 (<25%)  [ ] 2 (25-50%)  [ ] 3 (50-75%)  [ ] 4 (>75%)
   a. How much control do you have over this cause?
      [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 5  [ ] 6  [ ] 7  Complete control
      Mixed
   b. How important do you think this situation was?
      [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 5  [ ] 6  [ ] 7  Extremely important

6. How many times have you been pushed, shoved, hit, or threatened with physical harm because of your sexual orientation?
   [ ] 0 (Never)  [ ] 1 (<25%)  [ ] 2 (25-50%)  [ ] 3 (50-75%)  [ ] 4 (>75%)
   a. How much control do you have over this situation?
7. How many times have you been rejected by family members because of your sexual orientation?

- 0 (Never)
- 1 (<25%)
- 2 (25-50%)
- 3 (50-75%)
- 4 (>75%)

a. How much control do you have over this situation?

- No control at all
- Mixed
- Complete control

b. How important do you think this situation was?

- Not at all important
- Mixed important
- Extremely important

8. How many times have you been rejected by friends because of your sexual orientation?

- 0 (Never)
- 1 (<25%)
- 2 (25-50%)
- 3 (50-75%)
- 4 (>75%)

a. How much control do you have over this situation?

- No control at all
- Mixed
- Complete control

b. How important do you think this situation was?

- Not at all important
- Mixed important
- Extremely important

9. How many times have you heard anti-gay remarks from family members?

- 0 (Never)
- 1 (<25%)
- 2 (25-50%)
- 3 (50-75%)
- 4 (>75%)

a. How much control do you have over this situation?

- No control at all
- Mixed
- Complete control
b. How important do you think this situation was?

Not at all important ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 Extremely important

10. How many times have you been verbally insulted, picked on, or made fun of because of your sexual orientation?

☐ 0 (Never) ☐ 1 (<25%) ☐ 2 (25-50%) ☐ 3 (50-75%) ☐ 4 (>75%)

a. How much control do you have over this situation?

No control at all ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 Complete control

b. How important do you think this situation was?

Not at all important ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 Extremely important

11. How many times have you had property or possessions vandalized because of your sexual orientation?

☐ 0 (Never) ☐ 1 (<25%) ☐ 2 (25-50%) ☐ 3 (50-75%) ☐ 4 (>75%)

c. How much control do you have over this situation?

No control at all ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 Complete control
d. How important do you think this situation was?

Not at all important ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 Extremely important

12. How many times have you been the victim of violent criminal action (e.g., mugging, battery, sexual assault) because of your sexual orientation?

☐ 0 (Never) ☐ 1 (<25%) ☐ 2 (25-50%) ☐ 3 (50-75%) ☐ 4 (>75%)
e. How much control do you have over this situation?

No control at all ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 Complete control
f. How important do you think this situation was?

<table>
<thead>
<tr>
<th>Rating</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<tr>
<td>Not at all</td>
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<td>1</td>
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</table>
4. Internalized Homophobia Scale

The following questions ask about your feelings over the past five years. Please answer as honestly as you can.

<table>
<thead>
<tr>
<th></th>
<th>0 – Strongly Disagree</th>
<th>1 – Disagree</th>
<th>2 – Neutral/No Feeling</th>
<th>3 – Agree</th>
<th>4 – Strongly Agree</th>
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</thead>
<tbody>
<tr>
<td>1. I have tried to stop being attracted to men in general</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. If someone offered me the chance to be completely heterosexual, I would accept the chance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I wish I weren’t gay/bisexual</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I feel that being gay/bisexual is a personal shortcoming for me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I would like to get professional help in order to change my sexual orientation from gay/bisexual to straight</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. I have tried to become more sexually attracted to women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I often feel it best to avoid personal or social involvement with other gay/bisexual men</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I feel alienated from myself because of being gay/bisexual</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. I wish that I could develop more erotic feelings about women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5. Outness Scale

The following item asks about the people to whom you have disclosed your sexual orientation, or “come out.” To which people do you consider yourself to be “out?”

I am out to:
- My new straight friends
- My work (school) peers
- My work (school) supervisors (teachers)
- Strangers
- Mother
- Father
- Siblings
- Extended family/relatives
- Members of my religious community (e.g., church, temple)
- Leaders of my religious community (e.g., minister, rabbi)

Think about your current or most recent partner. (If you have not had a partner in the last five years, leave this question blank.) To which people do you feel your partner would consider himself to be “out?”

My partner is out to:
- His new straight friends
- My friends
- His work (school) peers
- His work (school) supervisors (teachers)
- Strangers
- His mother
- His father
- His siblings
- His extended family/relatives
- Members of my religious community (e.g., church, temple)
- Leaders of my religious community (e.g., minister, rabbi)
6. Commitment Scale

Please think about your current or most recent relationship. Answer according to your feelings at the time you were in the relationship. If you have not been in a committed (six months or longer) relationship in the last five years, please leave these questions blank.

1 – Strongly Disagree (SD)
2 – Disagree (D)
3 – Disagree A Little (DA)
4 – Neutral/No Feeling (N)
5 – Agree A Little (AA)
6 – Agree (A)
7 – Strongly Agree (SA)

1. I want our relationship to last for a very long time.
   □ 1 (SD) □ 2 (D) □ 3 (DA) □ 4 (N) □ 5 (AA) □ 6 (A) □ 7 (SA)

2. I am committed to maintaining my relationship with my partner.
   □ 1 (SD) □ 2 (D) □ 3 (DA) □ 4 (N) □ 5 (AA) □ 6 (A) □ 7 (SA)

3. I would not feel very upset if our relationship were to end in the near future.
   □ 1 (SD) □ 2 (D) □ 3 (DA) □ 4 (N) □ 5 (AA) □ 2 (A) □ 4 (SA)

4. I feel very attached to our relationship—very strongly linked to my partner.
   □ 1 (SD) □ 2 (D) □ 3 (DA) □ 4 (N) □ 5 (AA) □ 2 (A) □ 4 (SA)

5. I want our relationship to last forever.
   □ 1 (SD) □ 2 (D) □ 3 (DA) □ 4 (N) □ 5 (AA) □ 2 (A) □ 4 (SA)

6. I am oriented toward the long-term future of my relationship (for example, I imagine being with my partner several years from now).
   □ 1 (SD) □ 2 (D) □ 3 (DA) □ 4 (N) □ 5 (AA) □ 2 (A) □ 4 (SA)

7. I believe my partner is very committed to maintaining our relationship.
   □ 1 (SD) □ 2 (D) □ 3 (DA) □ 4 (N) □ 5 (AA) □ 6 (A) □ 7 (SA)
7. Trust Scale

Please think about your current or most recent relationship. Answer according to your feelings at the time you were in the relationship. If you have not been in a committed (six months or longer) relationship in the last five years, please leave these questions blank.

1 – Strongly Disagree (SD)
2 – Disagree (D)
3 – Disagree A Little (DA)
4 – Neutral/No Feeling (N)
5 – Agree A Little (AA)
6 – Agree (A)
7 – Strongly Agree (SA)

9. My partner is very unpredictable. I never know how he is going to act from one day to the next. P
   - [ ] 1 (SD)
   - [ ] 2 (D)
   - [ ] 3 (DA)
   - [ ] 4 (N)
   - [ ] 5 (AA)
   - [ ] 6 (A)
   - [ ] 7 (SA)

10. I feel very uncomfortable when my partner has to make decisions which will affect me personally. D
    - [ ] 1 (SD)
    - [ ] 2 (D)
    - [ ] 3 (DA)
    - [ ] 4 (N)
    - [ ] 5 (AA)
    - [ ] 6 (A)
    - [ ] 7 (SA)

14. Whenever we have to make an important decision in a situation we have never encountered before, I know my partner will be concerned about my welfare. F
    - [ ] 1 (SD)
    - [ ] 2 (D)
    - [ ] 3 (DA)
    - [ ] 4 (N)
    - [ ] 5 (AA)
    - [ ] 6 (A)
    - [ ] 7 (SA)

16. I can rely on my partner to react in a positive way when I expose my weaknesses to him. F
    - [ ] 1 (SD)
    - [ ] 2 (D)
    - [ ] 3 (DA)
    - [ ] 4 (N)
    - [ ] 5 (AA)
    - [ ] 6 (A)
    - [ ] 7 (SA)

18. When I share my problems with my partner, I know he will respond in a loving way even before I say anything. F
    - [ ] 1 (SD)
    - [ ] 2 (D)
    - [ ] 3 (DA)
    - [ ] 4 (N)
    - [ ] 5 (AA)
    - [ ] 6 (A)
    - [ ] 7 (SA)

20. I am certain that my partner would not cheat on me, even if the opportunity arose and there was no chance that he would get caught. D
    - [ ] 1 (SD)
    - [ ] 2 (D)
    - [ ] 3 (DA)
    - [ ] 4 (N)
    - [ ] 5 (AA)
    - [ ] 6 (A)
    - [ ] 7 (SA)

21. I sometimes avoid my partner because he is unpredictable and I fear saying or doing something which might create conflict. P
    - [ ] 1 (SD)
    - [ ] 2 (D)
    - [ ] 3 (DA)
    - [ ] 4 (N)
    - [ ] 5 (AA)
    - [ ] 6 (A)
    - [ ] 7 (SA)

22. I can rely on my partner to keep the promises he makes to me. D
    - [ ] 1 (SD)
    - [ ] 2 (D)
    - [ ] 3 (DA)
    - [ ] 4 (N)
    - [ ] 5 (AA)
    - [ ] 6 (A)
    - [ ] 7 (SA)

25. Even when my partner makes excuses which sound rather unlikely, I am confident that he is telling the truth. D
    - [ ] 1 (SD)
    - [ ] 2 (D)
    - [ ] 3 (DA)
    - [ ] 4 (N)
    - [ ] 5 (AA)
    - [ ] 6 (A)
    - [ ] 7 (SA)
8. SSQ 6

The following questions will ask you to think of the people you rely on for support in certain situations. These people can include family members, partners, lovers, friends, co-workers and acquaintances. For each question, first think of the NUMBER of individual people you can rely on in each situation. Then think of how SATISFIED you are, overall, with the help and support you receive in this situation.

1. How many individuals can you really count on to be dependable when you need help?
   a. Overall, how satisfied are you with this type of support in your life?
      Very Dissatisfied [ ] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 Very Satisfied

2. How many individuals can you really count on to help you feel more relaxed when you are under pressure or tense?
   a. Overall, how satisfied are you with this type of support in your life?
      Very Dissatisfied [ ] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 Very Satisfied

3. How many individuals accept you totally, including both your worst and best points?
   a. Overall, how satisfied are you with this type of support in your life?
      Very Dissatisfied [ ] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 Very Satisfied

4. How many individuals can you really count on to care about you, regardless of what is happening to you?
   a. Overall, how satisfied are you with this type of support in your life?
      Very Dissatisfied [ ] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 Very Satisfied

5. How many individuals can you really count on to make you feel better when you are feeling down-in-the-dumps?
   a. Overall, how satisfied are you with this type of support in your life?
      Very Dissatisfied [ ] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 Very Satisfied

6. How many individuals can you count on to console you when you are very upset?
   a. Overall, how satisfied are you with this type of support in your life?
      Very Dissatisfied [ ] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 Very Satisfied

The next part of the questionnaire asks you to think about the type of help and support you receive from your romantic partner specifically. If you are not currently in a romantic relationship, think back to the last relationship you were in.

7. Can you really count on your partner to be dependable when you need help?
   a. Overall, how satisfied are you with this type of support from your partner?
      Very Dissatisfied [ ] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 Very Satisfied

8. Can you really count on your partner to help you feel more relaxed when you are under pressure or tense?
9. Does your partner accept you totally, including both your worst and best points?
   a. Overall, how satisfied are you with this type of support from your partner?
      Very Dissatisfied □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  Very Satisfied

10. Can you really count on your partner to care about you, regardless of what is happening to you?
    a. Overall, how satisfied are you with this type of support from your partner?
       Very Dissatisfied □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  Very Satisfied

11. Can you really count on your partner to make you feel better when you are feeling down-in-the-dumps?
    a. Overall, how satisfied are you with this type of support from your partner?
       Very Dissatisfied □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  Very Satisfied

12. Can you count on your partner to console you when you are very upset?
    a. Overall, how satisfied are you with this type of support from your partner?
       Very Dissatisfied □ 0  □ 1  □ 2  □ 3  □ 4  □ 5  Very Satisfied
9. KMS – Kansas Marital Satisfaction Scale

Please think about your current or most recent relationship. Answer according to your feelings at the time you were in the relationship. If you have not been in a committed (six months or longer) relationship in the last five years, please leave these questions blank.

1 = Extremely Dissatisfied (ED)
2 = Very Dissatisfied (VD)
3 = Somewhat Dissatisfied (SD)
4 = Mixed (M)
5 = Somewhat Satisfied (SS)
6 = Very Satisfied (VS)
7 = Extremely Satisfied (ES)

1. How satisfied are you with your marriage?

☐ 1 (ED)  ☐ 2 (VD)  ☐ 3 (SD)  ☐ 4 (M)  ☐ 5 (SS)  ☐ 6 (VS)  ☐ 7 (ES)

2. How satisfied are you with your husband as a spouse?

☐ 1 (ED)  ☐ 2 (VD)  ☐ 3 (SD)  ☐ 4 (M)  ☐ 5 (SS)  ☐ 6 (VS)  ☐ 7 (ES)

3. How satisfied are you with your relationship with your husband?

☐ 1 (ED)  ☐ 2 (VD)  ☐ 3 (SD)  ☐ 4 (M)  ☐ 5 (SS)  ☐ 6 (VS)  ☐ 7 (ES)
10. PHQ-9

Please think about how you have been feeling over the last two weeks. Over the last two weeks, how often have you been bothered by any of the following problems?

- 0 – Not at all
- 1 – Several days
- 2 – More than half the days
- 3 – Nearly every day

1. Little interest or pleasure in doing things
   - 0 Not at all
   - 1 Several days
   - 2 More than half
   - 3 Nearly every day

2. Feeling down, depressed, or hopeless
   - 0 Not at all
   - 1 Several days
   - 2 More than half
   - 3 Nearly every day

3. Trouble falling or staying asleep, or sleeping too much
   - 0 Not at all
   - 1 Several days
   - 2 More than half
   - 3 Nearly every day

4. Feeling tired or having little energy
   - 0 Not at all
   - 1 Several days
   - 2 More than half
   - 3 Nearly every day

5. Poor appetite or overeating
   - 0 Not at all
   - 1 Several days
   - 2 More than half
   - 3 Nearly every day

6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down
   - 0 Not at all
   - 1 Several days
   - 2 More than half
   - 3 Nearly every day

7. Trouble concentrating on things, such as reading the newspaper or watching television
   - 0 Not at all
   - 1 Several days
   - 2 More than half
   - 3 Nearly every day

8. Moving or speaking so slowly that other people could have noticed; or, the opposite, being so fidgety or restless that you have been moving around a lot more than usual
   - 0 Not at all
   - 1 Several days
   - 2 More than half
   - 3 Nearly every day

9. Thoughts that you would be better off dead or of hurting yourself in some way
   - 0 Not at all
   - 1 Several days
   - 2 More than half
   - 3 Nearly every day

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?
    - 0 Not difficult
    - 1 Somewhat diff.
    - 2 Very difficult
    - 3 Extremely difficult
Table 1.

Descriptive statistics for measures (N=208).

<table>
<thead>
<tr>
<th>Scale</th>
<th>M</th>
<th>s.d.</th>
<th>α</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency of Discrimination (FoD)</td>
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<tr>
<td>Perception of Control</td>
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<td>Perception of Importance</td>
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<td>Internalized Heterosexism (SIHS)</td>
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<td>Trust in Partner (TS)</td>
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<td>16.46</td>
<td>3.86</td>
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<tr>
<td>Depression (PHQ-9)</td>
<td>5.93</td>
<td>4.64</td>
<td>.85</td>
</tr>
</tbody>
</table>
### Table 2.

Correlations between minority stress factors.

| 1. Frequency of Discrimination (FoD) | 1.00 |
| 2. Perception of Control | -.11 1.00 |
| 3. Perception of Importance | .16 -.27** 1.00 |
| 4. Internalized Heterosexism (SIHS) | .04 .16 -.06 1.00 |
| 5. Social Support-Number (SSQ6-N) | -.13 -.17* -.13 -.09 1.00 |
| 6. Social Support-Satisfaction (SSQ6-S) | -.32** -.04 -.08 -.13 .41** 1.00 |
| 7. Partner Support-Number (SSP-N) | -.08 -.07 .07 -.23** .22** .32** 1.00 |
| 8. Partner Support-Satisfaction (SSP-S) | -.05 -.11 .12 -.25** .23** .39** .84** 1.00 |
| 9. Gay Identity Stage 4 (GIQ4) | .10 .06 -.05 .17* -.10 -.23** -.12 -.13 1.00 |
| 10. Gay Identity Stage 5 (GIQ5) | .27** -.02 .08 -.13 .05 -.06 .07 .08 -.33** 1.00 |
| 11. Gay Identity Stage 6 (GIQ6) | -.39** .09 -.21* .02 .13 .28** .12 .12 -.56** -.04 1.00 |
| 12. Commitment to Partner (CS) | .09 -.13 .15 -.11 .06 .13 .47** .58** -.07 .08 .05 1.00 |
| 13. Trust in Partner (TS) | -.06 -.07 .00 -.13 .20** .20** .51** .60** -.08 .10 .11 .51** 1.00 |
| 14. Relationship Satisfaction (KMS) | -.04 -.14 .07 -.12 .17* .16* .55** .63** -.12 .07 .09 .61** .54** 1.00 |
| 15. Depression (PHQ-9) | .34** .04 .25** .10 -.22** -.29** -.28** -.22** .14* .01 -.25** -.06 -.07 -.16* |

*Note.* *p < .05* (two-tailed); **p < .01* (two-tailed)
Table 3.

Main and moderating effects of proximal responses.

<table>
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<tr>
<th>Predictors</th>
<th>Relationship Satisfaction (KMS)</th>
<th></th>
<th></th>
<th>Depression (PHQ-9)</th>
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<td></td>
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<td>.05</td>
<td>.53</td>
<td>.17**</td>
<td>.05</td>
<td>3.08</td>
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<td>.04</td>
<td>-2.10</td>
<td>.06</td>
<td>.05</td>
<td>1.28</td>
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<td>After Step 1</td>
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<td></td>
<td>R² = .23, F(4, 204) = 10.35**</td>
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<td>.01</td>
<td>-.10</td>
<td>.01</td>
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<td>1.32</td>
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<tr>
<td>FoD by Importance</td>
<td>-.00</td>
<td>.01</td>
<td>-.46</td>
<td>.03**</td>
<td>.01</td>
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*Note. *p < .05; **p < .01
Table 4.

Main and moderating effects of ameliorating factors.

<table>
<thead>
<tr>
<th>Predictors</th>
<th>Relationship Satisfaction (KMS)</th>
<th>Depression (PHQ-9)</th>
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<tr>
<td>Partner Support-Number (SSP-N)</td>
<td>.17</td>
<td>.206</td>
</tr>
<tr>
<td>Partner Support-Satisfaction (SSPS)</td>
<td>.14**</td>
<td>.049</td>
</tr>
<tr>
<td>Gay Identity Stage 4 (GIQ4)</td>
<td>-.12</td>
<td>.145</td>
</tr>
<tr>
<td>Gay Identity Stage 6 (GIQ6)</td>
<td>.01</td>
<td>.142</td>
</tr>
<tr>
<td>Commitment to Partner (CS)</td>
<td>.18**</td>
<td>.034</td>
</tr>
<tr>
<td>Trust in Partner (TS)</td>
<td>.10**</td>
<td>.041</td>
</tr>
</tbody>
</table>

After Step 1

R^2 = .52, F(9, 199) = 26.76**

R^2 = .17, F(9, 199) = 5.24**

Frequency of Discrimination (FoD)

- .06  | .05  | -1.30

FoD by SSQ6-N

.00   | .00  | .00

FoD by SSQ6-S

.00   | .01  | .37

FoD by SSP-N

.00   | .04  | -.04

FoD by SSP-S

-.00  | .01  | -.26

FoD by GIQ4

.04   | .03  | 1.54

FoD by GIQ6

.02   | .03  | .76

FoD by CS

-.01  | .01  | -.55

FoD by TS

.01   | .01  | 1.32

After Step 2

R^2 = .54, ΔF(17, 191) = .75

R^2 = .25, ΔF(17, 191) = 2.16*

Note. *p < .05; **p < .01
Figure Captions

*Figure 1.* Relationships of interest from a minority stress model for gay male couples.

*Figure 2.* Moderation of the effect of frequency of discrimination on depression by perception of importance of discrimination.
Proximal Responses
(Internalized heterosexism, Concealment)

Psychological Outcomes
(Relationship dissatisfaction, Depression)

Ameliorating Factors
(Social support, Gay identity, Relationship factors)

Minority Status

Distal Events
(Discrimination)

→ Main effect

--- Moderating effect