2022

Associations Between Body Dissatisfaction and Relationship Functioning Among Same-Sex Female Couples: An Actor-Partner Interdependence Model

Cassidy M. Sandoval
Old Dominion University

Kelly A. Romano
Old Dominion University, kroma001@odu.edu

Kristin E. Heron
Old Dominion University, kheron@odu.edu

Charlotte A. Dawson
Old Dominion University, cdawson@odu.edu

Tiphanie G. Sutton
Old Dominion University, tsutton@odu.edu

See next page for additional authors

Original Publication Citation

Sandoval, C. M., Romano, K. A., Heron, K. E., Dawson, C. A., Sutton, T. G., Winstead, B. A., & Lewis, R. J. (2022). Associations between body dissatisfaction and relationship functioning among same-sex female couples: An actor-partner interdependence model. *Journal of Family Psychology*, *36*(5), 780-790. https://doi.org/10.1037/fam0000945

Associations Between Body Dissatisfaction and Relationship Functioning Among Same-Sex Female Couples: An Actor–Partner Interdependence Model

Cassidy M. Sandoval, Kelly A. Romano, Kristin E. Heron, Charlotte A. Dawson, Tiphanie G. Sutton, Barbara A. Winstead, Robin J. Lewis

Funded by:

- National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism

Associations Between Body Dissatisfaction and Relationship Functioning Among Same-Sex Female Couples: An Actor-Partner Interdependence Model

Abstract

Nearly all past research about body dissatisfaction and romantic relationship factors is among heterosexual couples; little is known about these associations in sexual minority couples. The present study aimed to fill gaps in the current literature by using actor-partner interdependence models to examine dyadic patterns of association between body dissatisfaction and different aspects of relationship functioning among same-sex female couples. Participants were 163 same-sex female romantic dyads (326 women) between the ages of 18-35 years who completed measures of body dissatisfaction and relationship factors. Results from significance testing of actor and partner effects indicated higher levels of women's own body dissatisfaction were associated with lower levels of their own, but not their partner's, relationship satisfaction, closeness, sexual satisfaction, and intimacy/connectedness. Significance testing alone indicated that the association between one's own body dissatisfaction and their partner's relationship satisfaction was not significant. However, dyadic pattern testing identified a partner pattern for this effect, which suggests that the association between one's own body dissatisfaction and one's own relationship satisfaction is similar in magnitude and direction as that between an individuals' own body dissatisfaction and their partner's relationship satisfaction. In this study, women's own body dissatisfaction was found to be negatively associated with their own relationship functioning, which is consistent with findings of women in male-female couples. Thus, these findings highlight the important role that body dissatisfaction plays in women's relationship experiences. More research is needed to better understand potential cross-partner effects of body dissatisfaction and relationship factors in same-sex female couples.

Key words: romantic relationships; same-sex female relationships; body dissatisfaction; relationship satisfaction; relationship functioning

Associations Between Body Dissatisfaction and Relationship Functioning Among Same-Sex Female Couples: An Actor-Partner Interdependence Model

Being in a romantic relationship of good quality and having strong family relationships are linked to life satisfaction and well-being (Hudson et al., 2020; Thomas et al., 2017), making it important to examine factors contributing to relationship quality and functioning. Body dissatisfaction and, more broadly, negative body image have been consistently linked with maladaptive relationship functioning in a type of family relationship -- romantic couples (Gillen & Markey, 2019; Juarez & Pritchard, 2012; Pujols et al., 2010). However, nearly all of the research using a dyadic approach to examine body dissatisfaction or other body image-related constructs and relationship factors is among heterosexual couples, with very limited research among sexual minority couples. Same-sex female couples may be particularly important to consider because sexual minority women (SMW; i.e., non-heterosexual; lesbian, bisexual, queer, etc.) navigate psychosocial factors (e.g., minority stressors, discrimination; Meyer, 2003) that are associated with health disparities (Simoni et al., 2017). Sexual minority stress may be buffered by well-functioning relationships (Whitton et al., 2018), making understanding factors that contribute to strong relationships for SMW critical to advancing their health and well-being. Therefore, the aim of this study was to examine dyadic associations between body dissatisfaction and aspects of relationship functioning among same-sex female couples.

Body dissatisfaction is a component of poor body image and can be conceptualized as negative perceptions, thoughts, and feelings about one's body (Tiggemann, 2011). Body dissatisfaction is a prevalent concern among women (Fallon et al., 2014) and is associated with increased risk for eating pathology (Stice & Shaw, 2002) and mental health concerns such as depression and decreased quality of life (Griffiths et al., 2016). In mixed-sex romantic

relationships, body dissatisfaction and negative body image have been associated with sexual dissatisfaction (Gillen & Markey, 2019; Pujols et al., 2010) and relationship dissatisfaction (Hoyt & Kogan, 2002; Meltzer & McNulty, 2010).

Just as body dissatisfaction is multifaceted, relationship functioning is also best captured with multiple measures. Importantly, relationship quality is related to both positive relationship factors (e.g., satisfaction, commitment) and negative factors (e.g., conflict, jealousy). Previous research focusing on relationship functioning has measured variables including, but not limited to, relationship satisfaction, sexual satisfaction, relationship quality, commitment, and conflict (Carnelley et al., 1996; Hogan et al., 2021; Patrick et al., 2007). Given its multifaceted nature, assessing relationship functioning from a multidimensional approach may reveal important nuances with respect to its association with body dissatisfaction in same-sex female couples.

Dyadic Associations Among Body Image and Relationship Factors in Male-Female Dyads

Previous research has identified significant within-person associations between various body image constructs and relationship quality, marital satisfaction, and sexual satisfaction (Meltzer & McNulty, 2010; van den Brink et al., 2018) among male-female couples. However, research in this area is mixed, as Boyes and colleagues (2007) found no within-person associations between men and women's own body satisfaction and their own relationship satisfaction. Findings regarding dyadic associations between one person's body image and their romantic partner's experiences are also equivocal. For example, female partners' positive body image (i.e., operationalized as perceived sexual attractiveness) was positively associated with her husband's marital satisfaction in a study of 53 heterosexual married couples (Meltzer & McNulty, 2010). In another study of 57 male-female couples with a range of marital statuses (i.e., married, unmarried, cohabitating, etc.), women's body satisfaction was positively

associated with the male partners' relationship satisfaction, and there were no associations between the men's body satisfaction and the female partners' relationship satisfaction (Boyes et al., 2007). More recently, van den Brink and colleagues (2018) did not find evidence of cross-over effects in a dyadic examination of 151 heterosexual couples; results showed that one partner's body appreciation was positively associated with their own relationship quality and sexual satisfaction, but not their partners' (van den Brink et al., 2018). Despite the mixture of findings in previous studies examining these associations in male-female dyads, there is some evidence that one's body image has the potential to play an important role in romantic relationships. More research is needed to understand if these associations exist in sexual minority couples and, if so, how these associations function within the context of romantic relationships. For theoretical reasons, there are likely to be both similarities and differences in these associations between male-female and female-female romantic dyads.

Theoretical Rationale

Objectification theory (Fredrickson & Roberts, 1997) is a useful framework for understanding how body dissatisfaction may negatively impact relationship functioning for women in general, regardless of the gender of their romantic partner. This theory suggests society teaches women that their bodies are objects to be evaluated by others on the basis of physical appearance. This societal perspective and emphasis on physical appearance may also be internalized, such that women self-objectify even in the absence of others directly observing their bodies. Objectification could potentially lead to negative body image and associated maladaptive behaviors (e.g., body surveillance, body shame, disordered eating; Fredrickson & Roberts, 1997). Although previous studies have supported these associations in heterosexual women (Engeln-Maddox et al., 2011; Tiggeman & Williams, 2012), findings regarding associations between

objectification and body image concerns/behaviors among SMW are mixed; some researchers found these associations differ for SMW (Engeln-Maddox et al., 2011; Kozee & Tylka, 2006) and others found that the theory extends well to sexual minority populations (Brewster et al., 2014; Watson et al., 2015). Some SMW, like heterosexual women, are negatively impacted by objectification, and negative body image and associated behaviors may impact women's romantic relationship experiences (Fredrickson & Roberts, 1997; Gillen & Markey, 2019). Thus, it is possible that women, regardless of sexual orientation, will experience some level of relationship dissatisfaction if negative body image is present.

Although there may be some similarities between heterosexual women and SMW in their body image experiences, there are also likely differences. Drawing from the dual-identity framework (Fingerhut et al., 2005), SMW have intersecting identities as both women and sexual minorities (as well as potentially many other identities), and therefore may be connected to, and influenced by, both sexual minority and heterosexual communities and cultures. In other words, as women, SMW likely experience some of the same body-related pressures that non-SMW experience (e.g., related to body objectification). A recent meta-analysis found limited support for body dissatisfaction differences among women based on sexual orientation (He et al., 2020), and Hazzard and colleagues (2019) found lesbian, bisexual, and heterosexual women experience similar levels of appearance-related pressures.

At the same time, SMW may also have unique body image experiences related to their identity as a sexual minority person given associations between sexual minority stressors and the development of poor body image. Sexual minority and heterosexual girls/women may have similar body image concerns, but disordered eating and weight-related behaviors between sexual minority and heterosexual individuals may vary. For instance, SMW are at greater risk for

engaging in disordered eating behaviors (e.g., purging, binging), especially during adolescence, compared to their heterosexual counterparts (Miller & Luk, 2019). Past research suggests that greater experiences of sexual minority stress (Meyer, 2003) are associated with greater body image concerns (Watson et al., 2015; Convertino et al., 2021), and two recent systematic reviews emphasized sexual minority stress's critical association with SMW's body image (Mason et al., 2018; Miller & Luk, 2019). Given the similarities between heterosexual women's and SMW's body image experiences (e.g., both influenced by cultural objectification) coupled with factors unique to SMW (e.g., sexual minority stressors), it is important to understand how SMW's body dissatisfaction is associated with relationship functioning.

Although there are likely to be similarities between male-female and female-female romantic dyads, negative body image may function differently in same-sex female couples wherein, based on gender, both partners are at risk for body dissatisfaction (Fallon et al., 2014). Members of same-sex female couples have more potential to make body comparisons to another woman and use this information to inform perceptions and opinions of self (Huxley et al., 2011; Markey & Markey, 2014). This comparison increases the complexity of potential across-partner effects of negative body image in same-sex female couples. Taken together, objectification theory (Fredrickson & Roberts, 1997) and the dual-identity framework (Fingerhut et al., 2005) provide a theoretical rationale that highlights the importance of examining how body dissatisfaction is associated with relationship experiences in same-sex female couples.

Body Image and Relationship Functioning in Sexual Minority Couples

Among the limited research regarding body image and relationship functioning in sexual minority couples, Shepler et al. (2018) found body image (i.e., measured as satisfaction with one's body) to be associated with one's own sexual satisfaction, but not relationship

commitment, in a sample of lesbian, gay, and bisexual men and women in relationships. Similarly, a study of 217 bisexual women in romantic relationships with men and women found body dissatisfaction and relationship satisfaction were negatively correlated (Kashubeck-West et al., 2018). The aforementioned studies did not include both partners of the couple, which does not allow for the examination of dyadic patterns between partners. Given the important associations between high quality romantic and family relationships and overall well-being (Hudson et al., 2020; Thomas et al., 2017) and negative body image's association with negative relationship outcomes (Gillen & Markey, 2019; Juarez & Pritchard, 2012; Pujols et al., 2010), more studies including reports of body dissatisfaction and relationship functioning from both partners are needed to increase understanding of potential dyadic patterns. Information about body dissatisfaction's association with relationship functioning in same-sex female couples may be critical to better understanding and promoting SMW's well-being.

Study Purpose

The present study examined dyadic associations between body dissatisfaction and aspects of relationship functioning among same-sex female couples. As discussed previously, relationship functioning is multifaceted, and several aspects were considered. Specifically, in the present study, same-sex female couples completed a baseline assessment (of body dissatisfaction, relationship satisfaction, relationship commitment, and jealousy) and daily assessments for 14 days (of relationship commitment, jealousy, closeness, sexual satisfaction, relationship conflict, and intimacy/connectedness). Given the present study is focused on dyadic associations between body dissatisfaction and relationship functioning (rather than how these vary across days), daily data were aggregated and used along with baseline measures in actor-partner interdependence model (APIM) analyses.

Although previous studies have used APIMs to examine associations between body image constructs and relationship functioning among heterosexual couples (e.g., van den Brink et al., 2018), this is one of the first studies to investigate body dissatisfaction within same-sex female couples and its inter- and intra-personal associations with a variety of relationship functioning factors. It was hypothesized that a partner's own body dissatisfaction would be negatively associated with both personal and partner relationship experiences of relationship satisfaction, relationship commitment, partner closeness, sexual satisfaction, and intimacy/connectedness and be positively associated with jealousy and relationship conflict.

Method

Participants and Procedure

The present study is a secondary analysis of data collected as part of a larger daily diary study (Heron et al., 2019). Participants were 163 same-sex cisgender female dyads (total N = 326) between the ages of 18 and 35 years. Demographic information is presented in Table 1. Participants were recruited by a marketing research firm focusing on the recruitment of LGBTQ populations for research studies. The firm prescreened potentially eligible participants and their partners in the U.S. and provided their email addresses to the researchers. The research team then contacted and screened the potential participants for eligibility. If the couple met the study's eligibility criteria and both members expressed interest, both partners were invited to participate in the study. A total of 4,182 people completed a prescreening process by the market research firm, and 3,252 were eligible. Of these, 930 people (n = 465 couples) expressed interest in the study and were then screened by the research team. Additional details about the recruitment process are presented in Lewis et al. (2021).

Inclusion criteria included: (1) both partners were cisgender women between the ages of 18 and 35; (2) in a relationship together for at least 3 months; (3) the couple had to see each other in person at least once per week; (4) at least one partner within each couple was exclusively or mostly attracted to women. Given that the larger study involved research questions related to high-risk alcohol use among SMW, for the couple to be eligible, the same partner meeting the attraction criteria was required to drink alcohol $\geq$ three days in the past two weeks and must have had four or more drinks in a single sitting (i.e., binge drinking episode) at least one time in the past two weeks. Additionally, both partners needed to be available to respond to daily morning surveys for two weeks. If a participant had a partner who did not agree to participate in the study or did not complete the initial baseline survey, then both partners were excluded from the study. After screening by the research team, 376 individuals (n = 188 couples) were invited to participate. Of these, the final sample of 326 individuals (n = 163 couples) was obtained after couples were removed for not consenting and not completing the baseline survey.

After reviewing the electronic informed consent detailing study procedures, participants completed a baseline survey and subsequently completed 14 days of daily surveys to make reports about the previous day (completion rate 89.9%). Each participant received an email each morning with the survey link and was instructed to complete their surveys individually (i.e., not with their partner). Only responses from the baseline and daily diary surveys were used in the present analyses. Participants were compensated up to $77 (i.e., varied based on number of daily surveys completed). All study procedures were conducted in line with the Declaration of Helsinki and its later amendments and were approved by Old Dominion University's Institutional Review Board. Data were collected between January and September 2018.

Additional procedure and recruitment information can be found in Heron et al. (2019) and Lewis et al. (2021).

Measures

Baseline Measures

Body Dissatisfaction. Body dissatisfaction was measured with the 7-item body dissatisfaction subscale (e.g., "I did not like how my body looked.") from the Eating Pathology Symptoms Inventory (EPSI; Forbush et al., 2013). Participants indicated how frequently each statement applied to them during the past three months using a 5-point scale (0 = *never*; 4 = *very often*). Items were summed for a total body dissatisfaction score, with higher scores reflecting higher levels of body dissatisfaction. The Cronbach's α for the present sample was .88.

Relationship Satisfaction. Items from Downey and Feldman (1996) assessed personal relationship satisfaction. Participants responded to 3 items (e.g., "I am satisfied with our relationship.") using an 8-point response scale (0 = *not at all true of my feelings*; 7 = *completely true of my feelings*). Supporting validity of this measure, Downey and Feldman (1996) found responses to strongly correlate with another validated measure of relationship satisfaction. A total relationship satisfaction score was calculated for each dyadic partner by averaging the responses to all 3 items, with higher scores reflecting greater relationship satisfaction. The Cronbach's α for the present sample was .93.

Relationship Commitment. The 7-item commitment subscale from the Investment Model Scale (Rusbult et al., 1998) assessed participants' commitment to their current romantic relationship. Participants indicated the extent to which they agreed with the items (e.g., "I want our relationship to last forever.") using a 9-point scale (0 = *do not agree at all*; 8 = *agree completely*). Items were averaged for a total commitment score, with higher scores reflecting

higher levels of relationship commitment. This was originally developed and validated in a sample of men and women in romantic relationships where sexual identity was unknown. However, the commitment subscale has been used in a previous study with a similar sample (i.e., same-sex female couples) and was positively associated with relationship persistence, relationship satisfaction, and investment (Barrantes et al., 2017). The Cronbach's α for the present sample was .79.

Jealousy. The 8-item cognitive subscale from Pfeiffer and Wong's (1989) Multidimensional Jealousy Scale assessed participants' jealousy in their romantic relationship (e.g., "I suspect that she is secretly seeing someone else."). Participants indicated the extent to which they had jealousy-related thoughts about their partner using a 7-point scale (1 = *all the time*; 7 = *never*). Consistent with Pfeiffer and Wong's (1989) validation of the measure, items were reverse coded before calculating an average total score, such that higher scores reflect higher levels of cognitive jealousy. The Cronbach's α for the present sample was .95.

Height and Weight. Participants self-reported their height (feet and inches) and weight (pounds). This information was used to calculate body mass index (BMI).

Aggregated Daily Diary Measures

A series of single items was used to measure daily reports of relationship factors in order to gather information about additional aspects not measured at baseline and to examine reports of relationship satisfaction and commitment on a daily basis (i.e., multi-modal assessment). Responses from the 14-day daily diary collection period were aggregated for the present analyses, such that each participant had a mean value of all of her daily reports for each of the following constructs.

Partner Closeness. An item adapted from Young and colleagues (2013) measured daily experiences of partner closeness. The question asked "Yesterday, how close did you feel to your partner?" Participants responded using a 7-point scale (0 = *not at all*; 6 = *very much*).

Relationship Satisfaction. The question "Yesterday, how satisfied were you with your relationship with your partner?" was adapted from Young and colleagues (2013) to assess daily experiences of relationship satisfaction. Participants responded using a 7-point scale (0 = *not at all*; 6 = *very much*).

Relationship Commitment. Relationship commitment was measured with a single item adapted from Young and colleagues (2013). Using a 7-point scale (0 = *not at all*; 6 = *very much),* participants answered "Yesterday, how committed were you to your relationship with your partner?" Due to violations of normality, a recoded dichotomous version of this variable was created (0 = *very committed* [previous response of 6]; 1 = *not very committed* [previous response of 0-5]) for each day. However, this variable was treated as continuous in the present study's aggregated analyses given that participants' person-level averages could range between 0 and 1 and represented the proportion of days when women indicated they were not very committed; larger proportions represented less commitment.

Sexual Satisfaction. Participants reported their daily experiences of sexual satisfaction by responding to a single item adapted from a study including same-sex female couples in the sample by Totenhagen et al. (2012; i.e., "Yesterday, how sexually satisfied were you with your relationship?") using a 7-point scale (0 = *not at all*; 6 = *very much*).

Relationship Conflict. Daily experiences of conflict were measured using a single item (i.e., "Yesterday, much conflict did you experience in your relationship?") adapted from

Laurenceau et al. (2005). Participants responded using a 7-point scale (0 = *none at all*; 6 = *very much or a lot*).

Intimacy or Connectedness. To report their daily experiences of intimacy or connectedness with their romantic partner, participants responded to a single item adapted from Laurenceau et al. (2005; i.e., "Yesterday, how much intimacy or connectedness did you feel with your partner?") using a 7-point scale (0 = *none at all*; 6 = *very much or a lot*).

Statistical Analyses

Statistical analyses were conducted in Mplus 8.4 (Muthén & Muthén, 2017). The structural equation modeling approach for performing actor-partner interdependence models (APIM) was used to examine the dyadic data. Indistinguishable APIMs (Kenny & Ledermann, 2010; Olsen & Kenny, 2006) were used to examine associations between participants' body dissatisfaction and relationship functioning outcomes, while controlling for participants' BMI. BMI was controlled for given its positive association with body dissatisfaction in previous studies (e.g., Slevec & Tiggemann, 2011; Weinberger et al., 2016).[1] APIMs permit the examination of both actor effects (e.g., are higher levels of Partner A's body dissatisfaction associated with lower levels of her own relationship satisfaction?) and partner effects (e.g., are higher levels of Partner A's body dissatisfaction associated with lower levels of Partner B's relationship satisfaction?).

Following the APIM recommendations for indistinguishable dyads by Kenny and Ledermann (2010) and Olsen and Kenny (2006), a three-step approach was used. First, saturated models that estimated all possible effects were examined. Second, dyadic patterns were examined in order to detect patterns potentially not captured by the initial significance testing in

[1] Given the known limitations of BMI (Nuttall, 2015), we also ran models controlling for weight and height instead of BMI and the pattern of findings did not change from what is presented.

the first step, per recommended procedures (Ledermann et al., 2011). Both approaches are considered helpful in understanding the fullest picture of the data. Indeed, although confounded by factors such as sample size, patterns of significance provide insight into the nature and directionality of the assessed effects, whereas dyadic pattern testing provides information on the relative contribution of one partner's predictor variable to explaining variance in their own outcome variable and that of their partner. In the second step, dyadic patterns were tested by computing new parameters, *K*, and their 95% bias-corrected bootstrapped confidence intervals (CI) using Mplus' model constraint command, wherein *K* was defined as a given partner effect divided by the respective actor effect. These tests were not conducted when βs for a given *K* were trivial in magnitude, as such values have been shown to generate uninterpretable CIs (Kenny & Ledermann, 2010). $K = 0$ reflects an actor-only pattern (e.g., Partner A's body dissatisfaction is associated with her own, but not her partner's, relationship satisfaction) and is supported when 0 is but 1 and -1 are not within *K*s CI. $K = 1$ reflects a couple pattern (e.g., Partner A's body dissatisfaction is associated with her own and her partner's relationship satisfaction, and both effects are equal in magnitude) and is supported when 1 is and 0 is not within *K*'s CI. Finally, $K = -1$ reflects a contrast pattern (e.g., Partner A's body dissatisfaction is associated with her own and her partner's relationship satisfaction, and both effects are equal in magnitude but have opposite signs) and is supported when -1 is and 0 is not within *K*s CI (Ledermann et al., 2011). Third, dyadic patterns for all *K*s were verified using the Mplus model test command (See Supplement A). For example, for a *K* that appeared to produce a 0 pattern (actor-only) via its point estimate and CI in the second step described above, the model test function was used to ensure that the null hypothesis $K = 0$ could not be rejected and that both $K = 1$ and $K = -1$ could be rejected.

Prior to conducting analyses, normality was examined for all variables of interest. Skewness and kurtosis were within normal limits for all variables except for daily commitment, which was then dichotomized as described above. Following recommendations in Barnett and Lewis (1994), outliers were winsorized (i.e., 1 value winsorized for BMI [57.61→53.5], 2 values for baseline relationship satisfaction [.00→.67 for both], and 2 values for baseline relationship commitment [1.71→2.71, 1.86→2.86]). There were < 2% missing data across study variables of interest, which were managed using maximum likelihood estimation. Given this sample was originally recruited based on alcohol use, we examined zero-order correlations to determine if participants' global alcohol use meaningfully covaried with our study variables of interest. Correlations between participants' baseline alcohol use and all variables of interest were trivial in magnitude. Thus, alcohol use was not included in future models for parsimony purposes. Dyadic patterns were assessed via 95% bias-corrected bootstrapped CIs, which were computed using 5,000 bootstrapped samples.

Above, we report how we determined our sample size (also see Heron et al., 2019), all data exclusions (if any), all manipulations, and all measures in the study. Consistent with the informed consent participants provided, raw data from this study are not available to anyone outside the study team. Computer code to conduct the analyses is available upon request from the corresponding author. This study was not preregistered.

Results

Descriptive statistics for all measures are presented in Table 2. First, we examined the results from the APIMs that examined dyadic associations between body dissatisfaction and relationship satisfaction, relationship commitment, and relationship jealousy outcomes using baseline data. We took a multi-step approach to analyzing and interpreting the results of these

models (Kenny & Ledermann, 2010; Ledermann et al., 2011; Olsen & Kenny, 2006). The results from the three APIM models that used baseline data are presented at the top of Table 3. Given that all models were saturated, model fit statistics do not provide meaningful information (Olsen & Kenny, 2006) and are thus not reported. Based on the first step of examining the significance testing for the saturated models (as shown in Table 3), higher levels of participants' own body dissatisfaction were associated with lower levels of their own, but not their partners', relationship satisfaction. However, dyadic pattern testing (i.e., the second and third steps) revealed a couple pattern not captured by significance testing alone (K = 0.776 [95% CI: -0.187, 2.144]). This suggests that one partner's greater body dissatisfaction was associated with both her own and her partner's lower relationship satisfaction and that the effect sizes were similar in magnitude and direction. For the relationship commitment and relationship jealousy outcomes measured at baseline, (as shown in Table 3) there were no significant associations with body dissatisfaction. Given this, alongside trivial standardized actor effects identified for these associations (β = -0.02 and 0.03, respectively), dyadic patterns were not tested (Kenny & Ledermann, 2010).

The bottom half of Table 3 presents the results of six APIMs that examined associations between body dissatisfaction and relationship satisfaction, relationship commitment, partner closeness, sexual satisfaction, relationship conflict, and intimacy/connectedness outcomes using between-person aggregated daily data for replicability purposes and multi-modal assessment. Higher levels of participants' body dissatisfaction were associated with lower levels of their own, but not their partners', relationship satisfaction, feelings of closeness with their partner, sexual satisfaction, and intimacy/connectedness. As shown in Table 3, dyadic testing (i.e., the second and third steps) revealed actor-only patterns for each of these models. Both actor and partner associations between participants' body dissatisfaction relative to relationship commitment and

relationship conflict outcomes were not significant. Given this, alongside trivial standardized actor effects identified for these associations ($\beta = 0.068$ and 0.098, respectively), dyadic patterns could not be tested. Figure 1 depicts the significant dyadic associations between body dissatisfaction and relationship factors.

Discussion

The present study aimed to examine dyadic associations between body dissatisfaction and different types of relationship functioning among same-sex female couples using actor-partner interdependence models. As one of the first studies to examine these associations in SMW and including both partners from each dyad in the sample, the present study fills gaps in the current literature by considering the understudied family unit of SMW in same-sex relationships, rather than focusing exclusively on heterosexual women in relationships with men.

In the present study, higher levels of women's own body dissatisfaction were associated with lower levels of their own reports of relationship satisfaction, sexual satisfaction, feelings of closeness to partner, and intimacy or connectedness to partner. These findings are consistent with previous studies of SMW that found negative associations between body dissatisfaction and sexual satisfaction (Shepler et al., 2018) and relationship satisfaction (Kashubeck-West et al., 2018). There were also consistencies with existing research among women in heterosexual relationships finding that women's body image is associated with their own experiences of poorer relationship satisfaction (Meltzer & McNulty, 2010) and relationship quality (van den Brink et al., 2018). Thus, SMW in same-sex female relationships may have similar experiences as their counterparts in heterosexual relationships regarding the intrapersonal effects of body image concerns on romantic relationship experiences. In the context of the dual-identity framework (Fingerhut et al., 2005), these findings suggest SMW may be heavily influenced by heterosexual culture in terms of how body image is connected to relationship functioning.

Interestingly, in the present study, women's body dissatisfaction was generally not significantly associated with their partner's reports of relationship functioning, regardless of the relationship functioning construct under investigation. Thus, the hypothesis that one's own body dissatisfaction would be associated with their own *and* their partners' reports on all relationship factors is only partially supported, as these associations were generally only evident at the within-person, but not the cross-dyad member, level. However, as an exception, there is preliminary support for the notion that SMW's own body dissatisfaction may map onto lower levels of their partners' relationship satisfaction based on tests for dyadic patterns, rather than statistical significance alone. Indeed, tests for dyadic pattern identification for an association between these constructs at baseline exhibited a couple pattern. This suggests that one partner's greater body dissatisfaction was associated with both her own and her partner's lower relationship satisfaction. Cross-partner effects of body dissatisfaction in same-sex female couples have the potential to be complex given that both partners in same-sex female couples are at risk for body dissatisfaction (Fallon et al., 2014) and may use their female partner to make influential body comparisons (Huxley et al., 2011; Markey & Markey, 2014). More research is needed to further explore potential partner effects for body dissatisfaction and relationship satisfaction in same-sex female couples.

The presence of actor, but not partner, effects in the present study may represent the roles that body image and relationship quality play in an overarching construct of general well-being or psychosocial functioning (Hudson et al., 2020; Thomas et al., 2017; Wilson et al., 2013). Individuals who have negative feelings about their bodies may also have negative feelings about other aspects of their life, including their relationships. Having a general tendency towards worry or anxiety could affect both body image and relationship quality. Although actor effects

predominated, there is a suggestion that the effect for the baseline relationship satisfaction measure is a couple pattern. Persistent negative feelings about oneself could certainly affect one's partner, leading her to question the relationship even if she were inclined to be happy with it. Interestingly, some aspects of relationship functioning (i.e., commitment, jealousy, and conflict) were not significantly related to actor (or partner) body dissatisfaction. This suggests that commitment (a positive aspect of relationship functioning) may be separate in some ways from the normal ups and downs (e.g., more or less satisfaction or intimacy) that occur in relationships. Body dissatisfaction was also not related to jealousy or conflict. Perhaps these relationship experiences are less individual and more interactional, that is, dependent in part on the partner's behaviors as well as one's own perceptions.

The present study's findings related to partner associations and effects differ from some past research of women in male-female romantic dyads that suggests women's body image is also associated with their male partners' relationship satisfaction (Boyes et al., 2007; Meltzer & McNulty, 2010). Yet, even among the heterosexual couple literature there is some inconsistency in findings for cross-partner effects. For example, van den Brink and colleagues (2018) found that, among heterosexual couples, one partner's body appreciation was not associated with their partner's experiences of sexual satisfaction or relationship quality. When comparing the current findings to previous research, it is important to consider how body image, a multidimensional construct, was operationalized in various studies. In the present study, a measure of body dissatisfaction was used, which is an aspect of negative body image. Other studies may refer to other dimensions of body image (e.g., perceived sexual attractiveness; Meltzer & McNulty, 2010) or focus on positive body image (e.g., body appreciation; van den Brink et al., 2018),

which is not simply the opposite of negative body image (Tylka & Wood-Barcalow, 2015). Differences in how body image is defined may, in part, contribute to inconsistencies in findings.

Limitations and Future Directions

Strengths of the present study include focusing on SMW and including both partners involved in a romantic relationship, though certain limitations warrant attention. First, the sample was primarily White (71.5%) and Non-Hispanic (88.3%) and restricted to cisgender young women between the ages of 18 and 35. All participants were coupled, meaning the current study did not consider how body dissatisfaction is associated with relationship functioning in single SMW or SMW with multiple partners. Although meaningful effect sizes were identified in the present study, it may have been slightly underpowered to detect small effects (e.g., partner effects) based on levels of significance alone. Thus, more couples may be needed in future studies. In addition to conducting studies with larger, more diverse samples of SMW regarding age, weight, race/ethnicity, and across various relationship statuses, future research may consider additional negative body image constructs and incorporate positive body image constructs.

Given the larger study was about SMW and heavy alcohol use, at least one partner in each dyad engaged in risky drinking (defined as drinking alcohol $\geq$ 3 days in the past two weeks and drinking four or more drinks in a single sitting at least one time in the past two weeks), which increased the specificity of this sample. Although associations between participants' alcohol use and study variables were non-significant and trivial in magnitude in the current study, it is possible that this sample presents with unique relationship dynamics due to risky alcohol use that may be influencing the observed associations between body dissatisfaction and relationship functioning.

The timeframe in which body dissatisfaction was assessed is also noteworthy. Body dissatisfaction was assessed at baseline, and participants responded based on their body dissatisfaction from the past three months. However, women's body image is not always stable and may vary across days depending on situations (e.g., body-focused conversations; Tiggemann, 2001). Thus, collecting body dissatisfaction and relationship functioning reports more regularly (e.g., daily or several times in a day) might be helpful for understanding how these processes occur at the daily level. Longitudinal examinations of the associations between body image and relationship factors may also be fruitful. Given the cross-sectional nature of the data used in the present study, the directionality of associations between body dissatisfaction and relationship functioning identified in the present study cannot be confirmed. It is plausible that aspects of relationship functioning may predict body dissatisfaction at the dyadic level (e.g., Huxley et al., 2011; Markey et al., 2017), and the temporality of these effects should be assessed in future longitudinal research. For example, data collected over an extended period of time (rather than a brief 2-week period of time) may clarify if body dissatisfaction predicts poor romantic relationship outcomes or if poor relationship functioning contributes to the development of body dissatisfaction.

Fingerhut et al.'s (2005) dual-identity framework suggests SMW, as women, are influenced by both the sexual minority and heterosexual communities. Thus, their body image experiences are likely influenced by the extent to which they identify with each of these communities and other identity-related communities (e.g., racial/ethnic groups). In a study of lesbian, gay, and bisexual men and women currently in a romantic relationship, Shepler and colleagues (2018) considered identity pride and found a positive association between pride and sexual satisfaction. Identity-related factors such as sexual minority stress have been linked to

poor body image outcomes in past research (e.g., Convertino et al., 2021; Mason et al., 2018; Miller & Luk, 2019; Watson et al., 2015). Although not considered in the present study, it would be important for future research to further explore the role of identity and individual- and couple-level sexual minority stressors in dyadic associations between body dissatisfaction and relationship functioning in same-sex couples. More broadly, examination of within-couple variability and interaction effects to test for within- and between-dyad moderators of associations between body image and relationship factors may be an important extension of the present study's findings. Lastly, considering additional sources of stigma (e.g., weight stigma, fatphobia, body shame) and their potential impact on SMW's relationship functioning may contribute to a greater understanding of the role of multiple forms of marginalization in these processes. As the research examining various body image constructs' association with relationship functioning in same-sex female couples continues to develop, findings may inform couples and family therapy interventions to improve SMW's experiences in romantic relationships.

Conclusions

As one of the first studies to examine dyadic associations and patterns between body dissatisfaction and relationship factors in same-sex female couples, this study contributes to the literature by providing initial information about associations between SMW's body dissatisfaction and the quality of their romantic relationship. Findings suggest one's own body dissatisfaction is associated with lower levels of their own relationship satisfaction, sexual satisfaction, closeness to partner, and intimacy/connectedness; evidence also emerged suggesting body dissatisfaction is negatively associated with partner's relationship satisfaction in same-sex female couples. This study also highlights the need for continued research identifying factors contributing to positive relationship functioning for SMW. Given the known health disparities

between sexual minority and heterosexual women on a range of health behaviors and conditions (Simoni et al., 2017), such research may be useful in identifying factors either protecting SMW from disparities or perpetuating their risk. Information about risk and protective factors is necessary for the development of relevant interventions.

References

Barnett, V., & Lewis, Y. (1994). *Outliers in statistical data* (3rd ed.). John Wiley & Sons.

Barrantes, R. J., Eaton, A. A., Veldhuis, C. B., & Hughes, T. L. (2017). The role of minority stressors in lesbian relationship commitment and persistence over time. *Psychology of Sexual Orientation and Gender Diversity, 4*(2), 205-217. https://doi.org/10.1037/sgd0000221

Boyes, A. D., Fletcher, G. J., & Latner, J. D. (2007). Male and female body image and dieting in the context of intimate relationships. *Journal of Family Psychology, 21*(4), 764–768. https://doi.org/10.1037/0893-3200.21.4.764

Brewster, M. E., Velez, B. L., Esposito, J., Wong, S., Geiger, E., & Keum, B. T. (2014). Moving beyond the binary with disordered eating research: A test and extension of objectification theory with bisexual women. *Journal of Counseling Psychology, 61*(1), 50-62. https://doi.org/10.1037/a0034748

Carnelley, K. B., Pietromonaco, P. R., & Jaffe, K. (1996). Attachment, caregiving, and relationship functioning in couples: Effects of self and partner. *Personal Relationships, 3,* 257-278. https://doi.org/10.1111/j.1475-6811.1996.tb00116.x

Convertino, A. D., Brady, J. P., Albright, C. A., Gonzales IV, M., & Blashill, A. J. (2021). The role of sexual minority stress and community involvement on disordered eating, dysmorphic concerns and appearance- and performance-enhancing drug misuse. *Body Image, 36*, 53-63. http://dx.doi.org.proxy.lib.odu.edu/10.1016/j.bodyim.2020.10.006

Downey, G., & Feldman, S. T. (1996). Implications of rejection sensitivity for intimate relationships. *Journal of Personality and Social Psychology, 70*(6), 1327-1343. https://doi.org/10.1037/0022-3514.70.6.1327

Engeln-Maddox, R., Miller, S. A., & Doyle, D. M. (2011). Tests of objectification theory in gay, lesbian, and heterosexual community samples: Mixed evidence for proposed pathways. *Sex Roles, 65*, 518-532. https://doi.org/10.1007/s11199-011-9958-8

Fallon, E. A., Harris, B. S., & Johnson, P. (2014). Prevalence of body dissatisfaction among a United States adult sample. *Eating Behaviors, 15*(1), 151-158. https://doi.org/10.1016/j.eatbeh.2013.11.007

Fingerhut, A. W., Peplau, L. A., & Ghavami, N. (2005). A dual-identity framework for understanding lesbian experiences. *Psychology of Women Quarterly, 29*(2), 129-139. https://doi.org/10.1111/j.1471-6402.2005.00175.x

Forbush, K. T., Wildes, J. E., Pollack, L. O., Dunbar, D., Luo, J., Patterson, K., Petruzzi, L., Pollpeter, M., Miller, H., Stone, A., Bright, A., & Watson, D. (2013). Development and validation of the Eating Pathology Symptoms Inventory (EPSI). *Psychological Assessment*, *25*(3), 859–878. https://doi.org/10.1037/a0032639

Fredrickson, B. L., & Roberts, T. (1997). Objectification theory: Toward understanding women's lived experiences and mental health risks. *Psychology of Women Quarterly, 21*(2), 173-206. https://doi.org/10.1111/j.1471-6402.1997.tb00108.x

Gillen, M. M., & Markey, C. H. (2019). A review of research linking body image and sexual well-being. *Body Image, 31,* 294-301. https://doi.org/10.1016/j.bodyim.2018.12.004

Griffiths, S., Hay, P., Mitchison, D., Mond, J. M., McLean, S. A., Rodgers, B., Massey, R., & Paxton, S. J. (2016). Sex differences in the relationships between body dissatisfaction, quality of life and psychological distress. *Australian and New Zealand Journal of Public Health, 40*(6), 518-522. https://doi.org/10.1111/1753-6405.12538

Hazzard, V. M., Schaefer, L. M., Schaumberg, K., Bardone-Cone, A. M., Frederick, D. A., Klump, K. L., Anderson, D. A., & Thompson, J. K. (2019). Testing the Tripartite Influence Model among heterosexual, bisexual, and lesbian women. *Body Image, 30*, 145-149. https://doi.org/10.1016/j.bodyim.2019.07.001

He, J., Sun, S., Lin, Z., & Fan, X. (2020). Body dissatisfaction and sexual orientations: A quantitative synthesis of 30 years research findings. *Clinical Psychology Review, 81*, 1-15. https://doi.org/10.1016/j.cpr.2020.101896

Heron, K. E., Lewis, R. J., Shappie, A. T., Dawson, C. A., Amerson, A., Braitman, A. L., Winstead, B. A., & Kelley, M. L. (2019). Rationale and design of a remote web-based daily diary study examining sexual minority stress, relationship factors, and alcohol use in same-sex female couples across the United States: Project Relate study protocol. *JMIR Research Protocols, 8*(2). Article e11718. https://doi.org/10.2196/11718

Hogan, J. N., Crenshaw, A. O., Baucom, K. J. W., & Baucom, B. R. W. (2021). Time spent together in intimate relationships: Implications for relationship functioning. *Contemporary Family Therapy*. https://doi.org/10.1007/s10591-020-09562-6

Hoyt, W. D., & Kogan, L. R. (2001). Satisfaction with body image and peer relationships for males and females in a college environment. *Sex Roles, 45*(3/4), 199-215. https://doi.org/10.1023/A:1013501827550

Hudson, N. W., Lucas, R. E., & Donnellan, M. B. (2020). The highs and lows of love: Romantic relationship quality moderates whether spending time with one's partner predicts gains or losses in well-being. *Personality and Social Psychology Bulletin, 46*(4), 572-589. https://doi.org/10.1177/0146167219867960

Huxley, C.J., Clarke, V., & Halliwell, E. (2011). "It's a comparison thing, isn't it?": Lesbian and bisexual women's accounts of how partner relationships shape their feelings about their body and appearance. *Psychology of Women Quarterly, 35*(3), 415-427. https://doi.org/10.1177/0361684311410209

Juarez, L., & Pritchard, M. (2012). Body dissatisfaction: Commitment, support and trust in romantic relationships. *Journal of Human Behavior in the Social Environment, 22*(2), 188-200. https://doi.org/10.1080/10911359.2012.647478

Kashubeck-West, S., Zeilman, M., & Deitz, C. (2018). Objectification, relationship satisfaction, and self-consciousness during physical intimacy in bisexual women. *Sexual and Relationship Therapy, 33*(1-2), 97-112. https://doi.org/10.1080/14681994.2017.1419569

Kenny, D. A., & Ledermann, T. (2010). Detecting, measuring, and testing dyadic patterns in the actor-partner interdependence model. *Journal of Family Psychology, 24*(3), 359-366. https://doi.org/10.1037/a0019651

Kozee, H. B. & Tylka, T. L. (2006). A test of objectification theory with lesbian women. *Psychology of Women Quarterly, 30*(4), 348-357. https://doi.org/10.1111/j.1471-6402.2006.00310.x

Laurenceau, J.P., Troy, A.B., & Carver, C.S. (2005). Two distinct emotional experiences in romantic relationships: Effects of perceptions regarding approach of intimacy and avoidance of conflict. *Personality and Social Psychology Bulletin, 31*(8), 1123-1133. https://doi.org/10.1177/0146167205274447

Ledermann, T., Macho, S., & Kenny, D. A. (2011). Assessing mediation in dyadic data using the actor-partner interdependence model. *Structural Equation Modeling: A Multidisciplinary Journal, 18*(4), 595-612. https://doi.org/10.1080/10705511.2011.607099

Lewis, R. J., Dawson, C. A., Shappie, A. T., Braitman, A. L., & Heron, K. E. (2021). Recruiting cisgender female couples for health disparity-focused daily research: Challenges, successes, and lessons learned. *Psychology and Sexuality*. https://doi.org/10.1080/19419899.2021.1942177

Markey, C. H., Gillen, M. M., August, K. J., Markey, P. M., & Nave, C. S. (2017). Does "body talk" improve body satisfaction among same-sex couples? *Body Image, 23,* 103-108. https://doi.org/10.1016/j.bodyim.2017.08.004

Markey, C. N., & Markey, P. M. (2014). Gender, sexual orientation, and romantic partner influence on body image: an examination of heterosexual and lesbian women and their partners. *Journal of Social and Personal Relationships, 31*(2), 162-177. https://doi.org/10.1177/0265407513489472

Mason, T. B., Lewis, R. J., & Heron, K. E. (2018). Disordered eating and body image concerns among sexual minority women: A systematic review and testable model. *Psychology of Sexual Orientation and Gender Diversity, 5*(4), 397-422. http://dx.doi.org/10.1037/sgd0000293

Meltzer, A. L., & McNulty, J. K. (2010). Body image and marital satisfaction: evidence for the mediating role of sexual frequency and sexual satisfaction. *Journal of Family Psychology, 24*(2), 156-164. https://doi.org/10.1037/a0019063

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674-697. https://doi.org/10.1037/0033-2909.129.5.674

Miller, J. M., & Luk, J. W. (2019). A systematic review of sexual orientation disparities in disordered eating and weight-related behaviors among adolescents and young adults:

Toward a developmental model. *Adolescent Research Review, 4*, 187-208. https://doi.org/10.1007/s40894-018-0079-2

Muthén, L. K., & Muthén, B. O. (2017). *Mplus User's Guide* (8th ed.). Los Angeles, CA: Muthén & Muthén.

Nuttall, F. Q. (2015). Body mass index: Obesity, BMI, and health: A critical review. *Nutrition Today, 50*(3), 117–128. https://doi.org/10.1097/nt.0000000000000092

Olsen, J. A., & Kenny, D. A. (2006). Structural equation modeling with interchangeable dyads. *Psychological Methods, 11*(2), 127-141. https://doi.org/10.1037/1082-989X.11.2.127

Patrick, H., Knee, C. R., Canevello, A., & Lonsbary, C. (2007). The role of need fulfillment in relationship functioning and well-being: A self-determination theory perspective. *Journal of Personality and Social Psychology, 92*(3), 434-457. https://doi.org/10.1037/0022-3514.92.3.434

Pfeiffer, S. M., & Wong, P. T. P. (1989). Multidimensional jealousy. *Journal of Social and Personal Relationships, 6*, 181-196. https://doi.org/10.1177/026540758900600203

Pujols, Y., Meston, C. M., & Seal, B. N. (2010). The association between sexual satisfaction and body image in women. *The Journal of Sexual Medicine, 7*(2), 905-916. https://doi.org/10.1111/j.1743-6109.2009.01604.x

Rusbult, C. E., Martz, J. M., & Agnew, C. R. (1998). The Investment Model Scale: Measuring commitment level, satisfaction level, quality of alternatives, and investment size. *Personal Relationships, 5*, 357-391. https://doi.org/10.1111/j.1475-6811.1998.tb00177.x

Shepler, D. K., Smendik, J. M., Cusick, K. M., & Tucker, D. R. (2018). Predictors of sexual satisfaction for partnered lesbian, gay, and bisexual adults. *Psychology of Sexual Orientation and Gender Diversity, 5*(1), 25-35. https://doi.org/10.1037/sgd0000252

Simoni, J. M., Smith, L., Oost, K. M., Lehavot, K., & Fredriksen-Goldsen, K. (2017). Disparities in physical health conditions among lesbian and bisexual women: A systematic review of population-based studies. *Journal of Homosexuality, 64*(1), 32-44. https://doi.org/10.1080/00918369.2016.1174021

Slevec, J. H., & Tiggemann, M. (2011). Predictors of body dissatisfaction and disordered eating in middle-aged women. *Clinical Psychology Review, 31,* 515-524. https://doi.org/10.1016/j.cpr.2010.12.002

Stice, E., & Shaw, H. E. (2002). Role of body dissatisfaction in the onset and maintenance of eating pathology: A synthesis of research findings. *Journal of Psychosomatic Research, 53*(5), 985-993. https://doi.org/10.1016/S0022-3999(02)00488-9

Thomas, P. A., Liu, H., & Umberson, D. (2017). Family relationships and well-being. *Innovation in Aging, 1*(3), 1-11. https://dx.doi.org/10.1093%2Fgeroni%2Figx025

Tiggemann, M. (2001). Person x situation interactions in body dissatisfaction. *International Journal of Eating Disorders, 29*(1), 65-70. https://doi.org/10.1002/1098-108X(200101)29:1%3C65::AID-EAT10%3E3.0.CO;2-Y

Tiggemann, M. (2011). Sociocultural perspectives on human appearance and body image. In T. F. Cash & L. Smolak (Eds.), *Body image: A handbook of science, practice and prevention* (2nd ed., pp. 12-19). New York, NY: Guilford Press.

Tiggemann, M. & Williams, E. (2012). The role of self-objectification in disordered eating, depressed mood, and sexual functioning among women: A comprehensive test of objectification theory. *Psychology of Women Quarterly, 36*(1), 66-75. https://doi.org/10.1177/0361684311420250

Tylka, T. L., & Wood-Barcalow, N. L. (2015). What is and what is not positive body image? Conceptual foundations and construct definition. *Body Image, 14,* 118-129. https://doi.org/10.1016/j.bodyim.2015.04.001

Totenhagen, C.J., Butler, E.A., & Ridley, C.A. (2012). Daily stress, closeness, and satisfaction in gay and lesbian couples. *Personal Relationships, 19,* 219-233. https://doi.org/10.1111/j.1475-6811.2011.01349.x

van den Brink, F., Vollmann, M., Smeets, M.A.M., Hessen, D. J., & Woertman, L. (2018). Relationships between body image, sexual satisfaction, and relationship quality in romantic couples. *Journal of Family Psychology, 32*(4), 466-474. https://doi.org/10.1037/fam0000407

Watson, L. B., Grotewiel, M., Farrell, M., Marshik, J., & Schneider, M. (2015). Experiences of sexual objectification, minority stress, and disordered eating among sexual minority women. *Psychology of Women Quarterly, 39*(4), 458-470. https://doi.org/10.1177/0361684315575024

Weinberger, N., Kersting, A., Ridel-Heller, S. G., & Luck-Sikorski, C. (2016). Body dissatisfaction in individuals with obesity compared to normal-weight individuals: A systematic review and meta-analysis. *Obesity Facts, 9,* 424-441. https://doi.org/10.1159/000454837

Whitton, S. W., Dyar, C., Newcomb, M. E., & Mustanski, B. (2018). Romantic involvement: A protective factor for psychological health in racially-diverse young sexual minorities. *Journal of Abnormal Psychology, 127*(3), 265-275. https://doi.org/10.1037/abn0000332

Wilson, R. E., Latner, J. D., & Hayashi, K. (2013). More than just body weight: The role of body image in psychological and physical functioning. *Body Image, 10*(4), 644-647. https://doi.org/10.1016/j.bodyim.2013.04.007

Young, V., Curran, M., & Totenhagen, C. (2013). A daily diary study: Working to change the relationship and relational uncertainty in understanding positive relationship quality. *Journal of Social and Personal Relationships, 30*(1), 132-148. https://doi.org/10.1177/0265407512453826

Table 1

Demographic Information

Characteristics	*M (SD)* or *% (N)*
Age (Years)	27.57 (3.65)
BMI	27.00 (6.57)
Sexual Identity	
Lesbian	274 (84%)
Bisexual	67 (20.6%)
Queer	122 (37.4%)
Asexual	2 (0.6%)
Pansexual	17 (5.2%)
Questioning	1 (0.3%)
Gay	98 (30.1%)
Other	2 (0.6%)
Attraction	
Only attracted to women	149 (45.7%)
Mostly attracted to women	158 (48.5%)
Equally attracted to men and women	17 (5.2%)
Mostly attracted to men	1 (0.3%)
Only attracted to men	0
Sex Within Past Year	
Women only	305 (93.6%)
Women and men	20 (6.1%)
Race	
African American or Black alone	28 (8.6%)
American Indian and Alaska Native alone	2 (0.6%)
Asian, Asian American, Native Hawaiian, or Pacific Islander alone	19 (5.8%)
European American, Caucasian, or White alone	233 (71.5%)
Multiracial	34 (10.4%)
Other	10 (3.1%)
Ethnicity	
Hispanic, Latina, or Spanish origin	38 (11.7%)
Not Hispanic, Latina, or Spanish origin	288 (88.3%)
Live with Partner	
Yes	246 (75.5%)
No	79 (24.2%)
Length of Current Relationship (Years)	3.42 (2.61)

Note. Total $N = 326$. Participants selected all sexual identities that applied; thus, percentages will not equate to 100%. Other percentages may not equate to 100% due to missing data.

Table 2

Descriptive Statistics for Baseline and Aggregated Daily Diary Variables

	M	*SD*	Min.	Max.
Baseline Measures				
Relationship Satisfaction	5.85	1.40	.67	7.00
Relationship Commitment	7.24	1.13	2.71	8.00
Jealousy	.91	1.42	0.00	6.00
Body Dissatisfaction	12.64	6.47	0.00	28.00
Aggregated Daily Measures				
Partner Closeness	4.74	.95	0.00	6.00
Relationship Satisfaction	4.99	.94	.33	6.00
Relationship Commitment	.23	.32	0.00	1.00
Sexual Satisfaction	3.84	1.44	0.00	6.00
Relationship Conflict	.96	.74	0.00	4.14
Intimacy or Connectedness	4.28	1.13	0.00	6.00

Note. Aggregated daily relationship commitment is a dichotomized variable.

Table 3

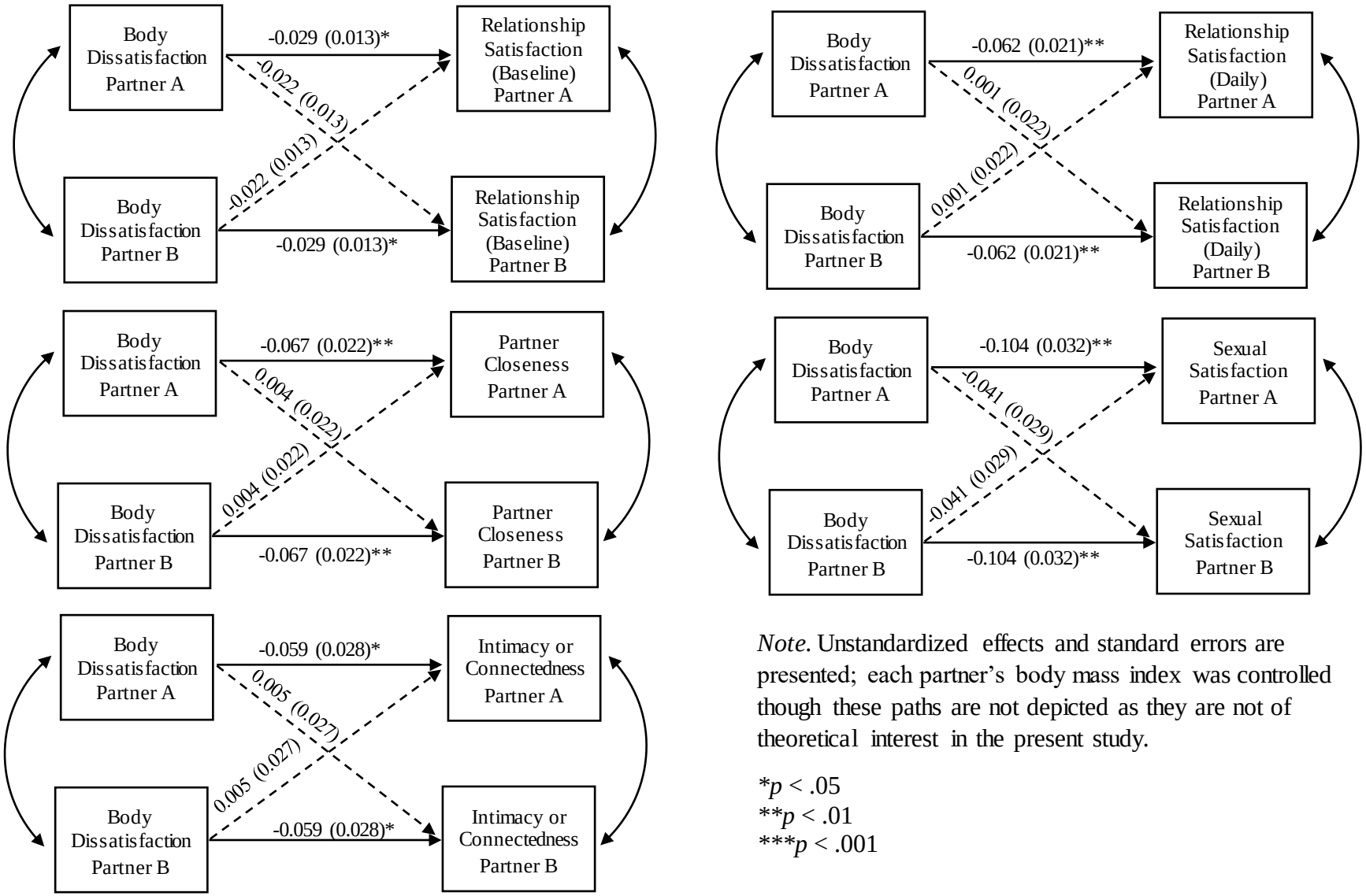
Dyadic Associations between Body Dissatisfaction and Relationship Functioning Factors

	b(SE)	*p*	β	*K* [95% CI]	Dyadic Pattern
Baseline Relationship Measures					
Relationship Satisfaction					
Actor Effect	**-0.029 (0.013)**	**.023**	**-0.132**	0.776	Couple
Partner Effect	-0.022 (0.013)	.085	-0.102	[-0.187, 2.144]	
Relationship Commitment					
Actor Effect	-0.003 (0.009)	.770	-0.016	-2.447	-
Partner Effect	0.007 (0.011)	.531	0.039	[-1779.995, -0.100]	
Jealousy					
Actor Effect	0.007 (0.015)	.651	0.030	1.039	-
Partner Effect	0.007 (0.012)	.573	0.032	[-0.482, 254.092]	
Aggregated Daily Relationship Measures					
Relationship Satisfaction					
Actor Effect	**-0.062 (0.021)**	**.004**	**-0.156**	-0.021	Actor
Partner Effect	0.001 (0.022)	.953	0.003	[-1.610, 0.551]	
Relationship Commitment					
Actor Effect	0.009 (0.008)	.248	0.068	-0.049	-
Partner Effect	0.000 (0.007)	.953	-0.003	[-15.293, 3.462]	
Partner Closeness					
Actor Effect	**-0.067 (0.022)**	**.002**	**-0.166**	-0.058	Actor
Partner Effect	0.004 (0.022)	.859	0.010	[-1.407, 0.530]	
Sexual Satisfaction					
Actor Effect	**-0.104 (0.032)**	**.001**	**-0.175**	0.389	Actor
Partner Effect	-0.041 (0.029)	.162	-0.068	[-0.204, 1.111]	
Relationship Conflict					
Actor Effect	0.031 (0.017)	.073	0.098	0.697	-
Partner Effect	0.022 (0.016)	.182	0.068	[-1.035, 3.543]	
Intimacy or Connectedness					
Actor Effect	**-0.059 (0.028)**	**.035**	**-0.125**	-0.079	Actor
Partner Effect	0.005 (0.027)	.864	0.010	[-3.283, 0.917]	

Note. *N*=163 couples for baseline and *N*=162 couples for aggregated daily data; all models controlled for participants' body mass indices; 95% CI = 95% bias-corrected, bootstrapped confidence interval; *K* = variable assessing dyadic patterns, wherein a value approximating 0 supports an Actor pattern, 1 supports a Couple pattern, and -1 supports a Contrast pattern; - = trivial actor effect beta, dyadic pattern unable to be assessed.

Figure 1

Dyadic Associations between Body Dissatisfaction and Relationship Factors



Note. Unstandardized effects and standard errors are presented; each partner's body mass index was controlled though these paths are not depicted as they are not of theoretical interest in the present study.

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