

Summer 8-2020

A Multi-Dimensional Model of Sexual Stigma and Relationship Satisfaction Among Female Same-Sex Couples: The Self-Fulfilling Prophecy of Rejection Sensitivity

Alexander Thomas Shappie
Old Dominion University, ashap005@odu.edu

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**A MULTI-DIMENSIONAL MODEL OF SEXUAL STIGMA AND
RELATIONSHIP SATISFACTION AMONG FEMALE SAME-SEX COUPLES:
THE SELF-FULFILLING PROPHECY OF REJECTION SENSITIVITY**

by

Alexander Thomas Shappie
B.A. May 2014, Case Western Reserve University

A Dissertation Submitted to the Graduate Faculties of
Eastern Virginia Medical School
Norfolk State University
Old Dominion University
in Partial Fulfillment of the Requirements for the Degree of

DOCTOR OF PHILOSOPHY

CLINICAL PSYCHOLOGY

VIRGINIA CONSORTIUM PROGRAM IN CLINICAL PSYCHOLOGY
August 2020

Approved by:

Robin J. Lewis (Director)

Scott M. Debb (Member)

Abby L. Braitman (Member)

Barbara A. Winstead (Member)

Valerian Derlega (Member)

ABSTRACT

A MULTI-DIMENSIONAL MODEL OF SEXUAL STIGMA AND RELATIONSHIP SATISFACTION AMONG FEMALE SAME-SEX COUPLES: THE SELF-FULFILLING PROPHECY OF REJECTION SENSITIVITY

Alexander Thomas Shappie
The Virginia Consortium Program in Clinical Psychology, 2020
Director: Dr. Robin J. Lewis

Sexual stigma is associated with impaired relationship functioning among sexual minority couples and is associated with a variety of negative outcomes that result in an inequitable burden for members of this population. While there is considerable evidence that sexual stigma and minority stress are related to individual health outcomes, less research has examined relationship health. The present study provides an important contribution to the literature because it was the first to offer a dyadic model that tested the relatedness between all three individual-level manifestations of sexual stigma (i.e., enacted, internalized, and perceived sexual stigma) and relationship satisfaction among same-sex couples.

Data were drawn from a larger study of sexual minority relationship functioning. Participants were recruited by a third-party market research firm and completed an online baseline questionnaire and then subsequently completed a two-week daily diary component. In total, 163 female same-sex couples were recruited. This study examined data gathered from the baseline questionnaire portion of the larger study, which included measures of sexual stigma (i.e., enacted, internalized, and perceived stigma) as well as relationship functioning. The present study found support for a novel model investigating how sexual stigma may impact relationship functioning among female same-sex couples and developed two novel latent variables that operationalize the impact that perceived sexual stigma may have on interpersonal functioning.

The final model suggests that internalized homonegativity and experiences of being discriminated against due to one's sexual orientation are associated with expectations of rejection by others. These expectations are associated with negativistic expectations of their romantic partner's behaviors and cognitions, which are associated with diminished personal relationship satisfaction and, in some cases, diminished partner relationship satisfaction. Thus, the present study presents initial evidence for a self-fulfilling prophecy in which expectations of rejection may lead the individual and their partner to feel less satisfied with their relationship. By focusing on the potential impact of sexual stigma at the dyadic level, researchers may develop an improved understanding of sexual minority health within the context of same-sex romantic relationships. This work may also inform efforts to develop culturally tailored and sensitive approaches for providing sexual minority couple's therapy.

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This dissertation is dedicated to my father.

ACKNOWLEDGEMENTS

There are many people who have supported me over the years. To my mother, Janice, and my brothers, Brian and Ben: Thank you. Your protection is the root of my optimism, and our disagreements are the root of my passion for psychology. Thank you to my friends for showing me unconditional support and love. You have made this journey far more rewarding, and I am lucky to have you in my life. I am also thankful for my dog, Mufasa, for his constant affection and reminder to remain in the present. I would be remiss if I did not express my gratitude for the members of my committee, Dr. Scott Debb, Dr. Abby Braitman, Dr. Barbara Winstead, and Dr. Valerian Derlega. You have each played a role in my professional development, and I very much appreciate your willingness to support me in this project. A special and sincere thank you to my chair and mentor, Dr. Robin Lewis, who continues to provide guidance. Finally, to the participants who made this project possible: Thank you for the privilege of learning from your experience.

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CHAPTER I

INTRODUCTION

Although a growing body of research demonstrates that heterosexual and same-sex couples appear remarkably similar in terms of relationship satisfaction, intimacy, and commitment (Khaddouma, Norona, & Whitton, 2015; Kurdek, 2005; Peplau & Fingerhut, 2007), some of the potential stressors that same-sex couples face are dramatically different than their heterosexual peers. Sexual stigma (Herek, 2007), defined as negative attitudes, judgments, or behaviors about sexual minority identities, represents a risk factor that is unique to same-sex couples (Rostosky & Riggle, 2017). Sexual stigma is a multi-dimensional construct that is conceptualized at both the individual and institutional level (Herek, 2007; Logie & Earnshaw, 2015). There are three key manifestations of sexual stigma at the individual level: enacted stigma (e.g., experienced discrimination or harassment), perceived stigma (e.g., expectations of being discriminated against due to one's sexual identity), and internalized stigma (e.g., the internalization of negative attitudes about non-heterosexual identities).

Sexual stigma is associated with impaired relationship functioning among sexual minority couples (Doyle & Molix, 2015) and is associated with lower levels of social support for the relationship from friends and family (Kurdek, 2005, 2006; Savin-Williams, 2001), resulting in an inequitable burden for members of this population. In addition, sexual stigma is associated with the lack of a normative societal template for same-sex couplehood (Green, 2004), which may contribute to the proliferation of stereotypes that same-sex couples are unstable and dysfunctional (Rostosky, Riggle, Gray, & Hatton, 2007). Despite the impact of sexual stigma, individuals who identify as a sexual minority are no less able to form and maintain long-term romantic relationships than heterosexual individuals (Fingerhut & Peplau, 2013; Kurdek, 2005).

Nevertheless, these unique risks may result in same-sex couples experiencing greater likelihood of negative outcomes than their heterosexual peers. Thus, it is imperative that researchers, clinicians, policy makers, and the public have an improved understanding of the impact that sexual stigma has on sexual minority health.

While there is considerable evidence that sexual stigma and minority stress (i.e., the unique stress that results from identifying with a stigmatized group) are related to individual health outcomes (Gonzales & Henning-Smith, 2017; Herek, 2007; King et al., 2008; Logie, 2012; Meyer, 2003), less research has examined relationship health. Since couple's experience and respond to minority stress both individually and as a dyad, minority stress that impacts one couple member may also impact their partner (Rostosky & Riggle, 2002), which in turn could influence the quality of the relationship. Studies of same-sex couples suggest that greater minority stress is associated with poorer relationship quality (Otis, Rostosky, Riggle, & Hamrin, 2006) and more domestic violence (Balsam & Szymanski, 2005). Despite the known interdependency inherent to romantic relationships, the influence of minority stress on same-sex relationship quality has received much less attention than individual-level outcomes (Doyle & Molix, 2015; LeBlanc, Frost, & Wright, 2015; Rostosky & Riggle, 2017). In addition, relationship instability associated with sexual minority stress is different for female same-sex couples and male same-sex couples (Khaddouma et al., 2015). More specifically, sexual identity distress, relationship commitment, and perceived quality of alternatives were each associated with relationship instability for female same-sex couples but not male. Furthermore, relationship satisfaction was more strongly associated with relationship instability for female same-sex couples than for male same-sex couples (Khaddouma et al., 2015). These findings emphasize the importance of studying these two populations separately.

Rostosky and Riggle (2017) propose an ecological framework to conceptualize the ways in which sexual stigma impacts same-sex couples. They argue that heteronormativity privileges heterosexual identities and stigmatizes same-sex relationships, which results in prejudice and discrimination against same-sex couples that negatively impacts the health and well-being of same-sex couples vis-à-vis minority stress (Meyer, 2003). Rostosky and Riggle's (2017) ecological model includes a series of nested levels consisting of intrapersonal, dyadic, interpersonal, institutional, and cultural factors. Minority stress is thought to be the result of stigma that manifests within and between each of the levels, and this stress not only influences the well-being of the individual but also the well-being of the couple (LeBlanc et al., 2015). Rostosky and Riggle (2017) emphasize the importance of research that moves beyond a focus on the intrapersonal level. The present study built upon this recommendation and aimed to improve our understanding of same-sex relationships by investigating the associations that sexual stigma may have on the health of romantic relationships among sexual minority women at the dyadic level through interpersonal dynamics (i.e., partner effects).

Sexual Minority Stress

Individuals who identify as a sexual minority are at greater risk for overall poor physical health, chronic health conditions, obesity, smoking, and binge drinking (Gonzales & Henning-Smith, 2017) than their heterosexual peers. They are also at risk for greater psychological distress (Frisell, Lichtenstein, Rahman, & Langstrom, 2010), including higher rates of depression (Cochran & Mays, 2009; King et al., 2008) and anxiety (Brennan, Ross, Dobinson, Velduizen, & Steele, 2010; Lewis, 2009). The 2011 Institute of Medicine report recommended a National Institute of Health (NIH) research agenda that emphasized the advancement of knowledge and understanding of LGB health (Institute of Medicine, 2011). To address this recommendation,

NIH established the Sexual and Gender Minority Research Office in 2015 and recognized sexual minorities as a health disparity population in 2016. The health disparities observed between sexual minority individuals and heterosexuals are largely attributed to minority stress (Gonzales & Henning-Smith, 2017; Meyer, 2003). Minority stress refers to the unique stress that results from belonging to a stigmatized group (Meyer, 2003), such as identifying as a sexual minority individual. Minority stress is related to both psychological (Gonzales & Henning-Smith, 2017) as well as physical (Denton, Rostosky, & Danner, 2014; Frost, Lehavot, & Meyer, 2015; Lick, Durso, & Johnson, 2013) health disparities among individuals who identify as a sexual minority. Meyer's (2003) minority stress model consists of five factors: enacted stigma, internalized stigma, perceived stigma, disclosure and concealment concerns, and coping strategies for dealing with the above factors. It's important to note that coping strategies can be positive (e.g., developing supportive connections in the LGB community or developing a positive view of their sexual identity) as well as negative (e.g., using substances to cope). As demonstrated by Meyer's (2003) model, sexual stigma is attributed as the primary cause of sexual minority stress.

Sexual Stigma and Same-Sex Relationship Functioning

While the different manifestations of sexual stigma represent distinct categories, recent research has emphasized the importance of developing models that are inclusive of the multiple dimensions of sexual stigma (Logie & Earnshaw, 2015), as these different dimensions likely interact with and influence one another. For example, Dyar, Feinstein, Eaton, and London (2016a) developed a model of sexual stigma in sexual minority women that included enacted stigma, internalized stigma, as well as perceived stigma. Their model emphasized the mediating role that perceived stigma is theorized to play in the relation between enacted stigma and internalizing mental health symptoms. The present study developed a model of sexual stigma

among female same-sex couples that built upon Dyar and colleagues (2016a) model; however, the model offered in the present study emphasized the hypothesized mediating role that perceived sexual stigma may play in the relation between enacted sexual stigma on same-sex relationship satisfaction, while also taking in to account internalized sexual stigma. In the following sections, the relevant literature on sexual stigma and same-sex relationship functioning is reviewed.

Enacted sexual stigma. Enacted sexual stigma (e.g., experienced sexual stigma) refers to the behavioral expression of sexual stigma (Herek, 2007). Examples include the use of derogatory language, ostracization, or overt discrimination and violence towards sexual minorities. Consistent with sexual minority stress theory, enacted sexual stigma is associated with anxiety and depression symptoms among both sexual minority men and women (Hatzenbuehler, Nolen-Hoeksema, & Erickson, 2008; Kuyper & Fokkema, 2011), and this association is partially explained by minority-related stressors, including internalized sexual stigma, anxious expectations of rejection, and isolation from others (Feinstein, Goldfried, & Davila, 2012; Hatzenbuehler et al., 2008). Among lesbian and bisexual women, enacted sexual stigma is associated with substance use (McCabe, Bostwick, Huges, West, & Boyd, 2010; Newcomb, Heinz, & Mustanski, 2012), risky sexual behavior (Bontempo & D'Augelli, 2002), decreased sexual satisfaction and increased mental health concerns (Kuyper & Vanwesenbeeck, 2011), suicidal ideation (Duncan & Hatzenbuehler, 2014), and emotional as well as psychological distress (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009; Mays & Cochran, 2001).

Most research concerning the impact of sexual stigma on same-sex relationships has focused on internalized sexual stigma (Rostosky & Riggle, 2017); however, there is evidence

that experiences of heterosexist discrimination are negatively associated with relationship satisfaction among sexual minority women (Szymanski, Ikizler, & Dunn, 2015) and relationship commitment among both sexual minority men and women (Doyle & Molix, 2014). In addition, enacted sexual stigma is associated with both internalized sexual stigma (Feinstein et al., 2012) as well as perceived sexual stigma among sexual minority women (Dyar et al., 2016a). Thus, it is important that models of sexual stigma incorporate enacted sexual stigma to provide a fuller depiction of the impact that sexual stigma may have on same-sex relationships.

Internalized sexual stigma. Internalized sexual stigma (e.g., self-stigma, internalized homophobia, internalized homonegativity, internalized heterosexism) refers to an individual's internalization of sexual stigma as part of their own self-concept (Herek, 2007; Meyer, 2003). Among lesbian and bisexual women, internalized sexual stigma is associated with mental health concerns (Igartua, Gill, & Montoro, 2003; Szymanski, Chung, & Balsam, 2001), reduced sexual satisfaction (Kuyper & Vanwesenbeeck, 2011), and lower self-esteem (Luhtanen, 2003; Szymanski & Chung, 2001).

Internalized sexual stigma has also been linked to several negative outcomes in both male and female same-sex romantic relationships (Frost & Meyer, 2009). The shame, anxiety, and devaluation of sexual minority individuals (including the self) that are inherent to internalized sexual stigma are thought to influence relationships with other individuals who identify as a sexual minority (Coleman, Rosser, & Strapko, 1992). These negative feelings likely decrease the quality and satisfaction of romantic relationships (Frost & Meyer, 2009), and, indeed, internalized sexual stigma is associated with relational conflict, ambivalence, and miscommunication among both male and female same-sex couples (Mohr & Fassinger, 2006). Internalized sexual stigma is associated with greater psychological distress in individual couple

members (Rostosky, Riggle, Horne, & Miller, 2009) and negatively associated with relationship quality (Balsam & Szymanski, 2005; Otis et al., 2006) as well as length of the relationship (Ross & Rosser, 1996). In addition, both female and male same-sex couples with greater internalized sexual stigma were more likely to conceal their relationship from others (Rostosky et al., 2007; Rostosky & Riggle, 2002). Taken together, these findings emphasize the negative impact that internalized sexual stigma may have on same-sex relationships. Internalized sexual stigma is thought to negatively impact relationship functioning by decreasing the individual's motivation to maintain the relationship when conflict arises (Gains et al., 2005). Greater internalized sexual stigma is associated with less investment and commitment to the relationship (Whitton & Kuryluk, 2014; Greene & Britton, 2015) as well as less perceived support for the relationship from others (Khaddouma et al., 2015).

Perceived sexual stigma. Perceived sexual stigma (e.g., felt-stigma, stigma consciousness, rejection sensitivity) refers to expectations that sexual stigma will be enacted in different situations and circumstances (Herek, 2007). Greater perceived sexual stigma is associated with greater desire to conceal one's sexual identity, as concealment is thought to decrease the likelihood that the individual may face discrimination (Herek, 1996). Perceived sexual stigma has received less attention in the literature than enacted or internalized sexual stigma (Rostosky & Riggle, 2017), and there are few reliable and valid measurements of this construct (Logie & Earnshaw, 2015). Nevertheless, an emerging area of research concerning Sexual Minority Rejection Sensitivity (SM-RS) provides an opportunity to study the impact that perceived sexual stigma may have on sexual minority functioning. SM-RS is defined as anxious expectations of rejection due to one's sexual identity (Pachankis, Goldfried, & Ramrattan, 2008; Dyar, Feinstein, Eaton, & London, 2016b). As such, the present study operationalizes perceived

sexual stigma as SM-RS. To explain the importance of this emerging area of research and the role that it plays in the present study, the development of this construct is reviewed in the two sections that follow.

Rejection sensitivity. Rejection Sensitivity (RS) was originally developed by Downey and Feldman (1996) to explain how past experiences of rejection may result in anxious expectations of future rejection. In their seminal article on RS, Downey and Feldman (1996) investigate the associations of RS on intimate relationships among individuals who identified as heterosexual. In several studies, they found that individuals high in RS interpret ambiguous or insensitive behavior as intentionally rejecting and react to these perceived rejections in a way that increases the likelihood of further rejection. In the context of romantic relationships, they found a positive correlation between rejection sensitivity and concern about being rejected by their partner, regardless of their partner's self-reported commitment to the relationship. In addition, they found a significant negative correlation between rejection sensitivity and perceptions of partner's relationship satisfaction, even after controlling for partner's self-reported relationship satisfaction, indicating that rejection-sensitive individuals tended to perceive their partners to be even more dissatisfied with the relationship than their partner reported themselves to be.

Downey and Feldman (1996) also found that the negative relation between rejection sensitivity and partner's relationship satisfaction was mediated by the rejection sensitive individual's behavior; however, they found significant gender differences in their sample of heterosexual couples. They hypothesized that rejection sensitivity would be positively associated with hostile behaviors toward their partner because individuals high in rejection sensitivity would be more likely to perceive their partner's behavior as ambiguous or rejecting.

Furthermore, they hypothesized that individuals higher in rejection sensitivity would behave in a controlling or jealous manner due to their insecurities in the relationship, and they would reduce their emotional support of their partner due to their doubts that their partner was committed to the relationship. Indeed, path analyses revealed that male partners' jealous behavior mediated the negative relation between rejection sensitivity and female partners' relationship satisfaction. In addition, female partners' hostile and emotionally unsupportive behavior mediated the negative relation between rejection sensitivity and male partners' relationship satisfaction. Thus, these results demonstrate that rejection sensitivity is associated with decreased relationship satisfaction among heterosexual couples. Furthermore, hostile and emotionally unsupportive behaviors by women high in rejection sensitivity and jealous behavior by men high in rejection sensitivity helped explain their partner's dissatisfaction with the relationship (Downey & Feldman, 1996).

Downey and Feldman's (1996) seminal work provided ample evidence that RS undermines romantic relationships. Their findings demonstrated that RS is positively associated with insecurity and dissatisfaction in romantic relationships, which may lead the individual to perceive their partner as less satisfied, secure, and committed to their relationship than their partner reports themselves to be. Furthermore, RS is associated with behaviors that may perpetuate their partner's dissatisfaction with the relationship, which may ultimately lead to a less satisfying relationship for both members of the dyad. Although previous research demonstrates how RS is associated with relationship outcomes among heterosexual couples, these relations have yet to be measured among same-sex couples.

Downey, Freitas, Michaelis, and Khouri (1998) built upon Downey and Feldman's seminal work by conducting a daily diary study investigating rejection-sensitivity and naturally occurring relationship conflicts among heterosexual couples. They found that male partners of

women who were high in RS were more likely to act with greater rejection than male partners of women who were low in RS. These findings provide additional evidence of the self-fulfilling prophecy of rejection sensitivity in romantic relationships. Among heterosexual couples, RS is also positively associated with violence towards dating partners as well as increased likelihood of suppressing one's own opinions in the hope of preserving a relationship (Downey, Feldman, & Ayduk, 2000). In addition, rejection sensitivity is positively correlated with greater hostile/aggressive reactions to conflict in romantic relationships (Romero-Canyas, Downey, Berenson, Ayduk, & Jan Kang, 2010), and this association is particularly salient among heterosexual women compared to heterosexual men. Finally, heterosexual couples with one highly rejection sensitivity partner are about three times more likely to break up within a year compared to couples without a highly rejection sensitive partner (Downey et al., 1998).

The original rejection sensitivity construct focused broadly on general expectations of rejection that are not associated with a specific component of an individual's identity (Downey & Feldman, 1996). However, the literature on rejection sensitivity has since been expanded to include the expectations of rejection that are associated with stigmatized social identities, such as gender, race, and sexual orientation (London, Downey, Romero-Canyas, Rattan, & Tyson, 2012; Pachankis et al., 2008). Rejection sensitivity associated with specific identities is referred to as identity-based rejection sensitivity in which past experiences of direct, indirect, or vicarious discrimination may lead individuals to develop anxious expectations that they will experience similar marginalization in the future due to their stigmatized identity (Dyar et al., 2016b; London et al., 2012; London, Ahlqvist, Gonzalez, Glanton, & Thompson, 2014). Identity-based rejection sensitivity is associated with greater preoccupation with rejection cues and greater emotional reactivity to rejection (Downey & Feldman, 1996; Downey et al., 1998). For example, a

challenge that same-sex couples face is determining whether to disclose their relationship to family members (Rostosy et al., 2007; Rostosky, Riggle, Dudley, & Wright, 2006). While heterosexual couples may also face this decision, this decision is thought to be less fraught for heterosexual couples due to the risks associated with disclosing same-sex relationships. Nevertheless, heterosexual individuals high in RS have shown a tendency to conceal their opinions and even compromise their values to preserve their relationship (Purdie & Downey, 2000; Romero-Canyas et al., 2010). As a result, identity-based RS among sexual minorities is theorized to increase the motivation to conceal one's sexual identity from others (Dyar et al., 2016a).

Sexual minority rejection sensitivity. Sexual minority rejection sensitivity (SM-RS) is a specific category of identity-based rejection sensitivity that refers to the tendency to anxiously expect to be rejected due to one's sexual identity (Feinstein et al., 2012; Pachankis et al., 2008). It is a relatively new construct; however, previous research has demonstrated that SM-RS is negatively associated with the mental health of men and women who identify as homosexual or bisexual (Hatzenbuehler et al., 2008; Pachankis et al., 2008; Dyar et al., 2016a). Sexual minority individuals who experience greater expectations of rejection also tend to experience more internalizing symptoms as well as internalized homonegativity (Dyar et al., 2016a; Lewis, Derlega, Clarke, & Kuang, 2006; Quinn & Chaudoir, 2009). Among gay men, SM-RS was related to internalized homophobia (Pachankis et al., 2008). Among a sample of lesbian women and gay men, SM-RS was positively associated with experiences of discrimination and internalized homophobia, and all three were positively correlated with depression and anxiety symptoms (Feinstein et al., 2012). SM-RS has also been associated with increased tobacco and alcohol use in sexual minority men (Pachankis, Hatzenbuehler, & Starks, 2014). Feinstein et al.

(2012) suggest that SM-RS may lead an individual to be hypervigilant to future rejection even in situations that take place in inclusive spaces, which may have a negative impact on their interpersonal functioning in romantic relationships.

Dyar and colleagues (2016b) argue for the importance of studying SM-RS separately for sexual minority women (SMW) and sexual minority men (SMM). They critiqued the previous literature that attempted to study SM-RS among both SMW and SMM together, arguing that this was inadequate because SMW's experiences of discrimination differ from the experiences of SMM (Friedman & Leaper, 2010; Hequembourg & Brallier, 2009; Kertzner, Meyer, Frost, & Stirratt, 2009; Szymanski, 2005). As a result, they argue that situations that elicit anxious expectations of rejection differ for sexual minority men and women because the stereotypes that inform the stigmatization of sexual identities differ based upon the individual's gender and sexual orientation (Dyar et al., 2016b). Dyar and colleagues (2016b) developed a measure of RS in SMW and found that RS was positively correlated with experienced discrimination, internalized negativity, and concealment motivation. In addition, SM-RS was positively associated with acceptance concerns and difficulty establishing a positive sexual identity.

Building upon this work, Dyar et al. (2016a) developed a latent variable called rejection-based proximal stress (RBPS), which refers to a set of proximal stressors (motivation to conceal one's sexual identity, preoccupation with sexual stigma, and difficulty developing a positive sexual identity) that are predicated on pre-existing concerns that the individual may face rejection because of their sexual identity (Dyar et al., 2016a). These proximal stressors are associated with negative mental health outcomes among sexual minorities (Meyer, 2003; Pachankis, 2007; Mohr & Kendra, 2011). For example, given that concealment is often used as a strategy to avoid rejection, RS theory would suggest that there would be a positive relation

between RS and motivation to conceal one's sexual identity. In addition, RS theory suggests that anxious expectations of rejection could lead an individual to be hypervigilant to potential cues of rejection, which manifests itself as preoccupation with stigma, and likely contributes to difficulty developing a positive sexual minority identity. As a result, it is proposed that RBPS may be the mechanism through which SM-RS impacts individual health and functioning. However, the associations between these factors and relationship functioning has yet to be investigated.

Dyar et al. (2016a) developed a model that tested the relations among experienced discrimination, SM-RS, RBPS, internalized homophobia, and internalizing mental health symptoms (i.e., anxiety and depression symptoms) and found that SM-RS partially mediated the relation between experienced discrimination and internalizing mental health symptoms among women who identify as a sexual minority. Dyar et al.'s (2016a) findings were recently replicated in a larger, more racially diverse sample of sexual minority women (Shappie, Ehlke, Lewis, & Braitman, 2019). In addition, the factor structure associated with RBPS held together when tested separately for lesbian and bisexual women. These results support the theory that SM-RS has a negative impact on the psychological health of sexual minorities and emphasizes the importance of continuing to study this emerging area of research. However, the sexual minority literature has not yet investigated how SM-RS is associated with factors outside of the intrapersonal level. The present study attempted to connect the SM-RS literature with the original RS literature by hypothesizing that SM-RS was associated with negative interpersonal functioning within the context of same-sex romantic relationships while controlling for the impact of general rejection sensitivity.

The Current Study

The purpose of the present study was to test a model of sexual stigma and relationship satisfaction among same-sex couples. The proposed model extended the work of Dyar and colleagues (2016b), in which SM-RS and RBPS partially mediated the relation between experienced discrimination and internalizing mental health symptoms. However, in the proposed model it was hypothesized that SM-RS would mediate the relation between enacted sexual stigma and negative relationship outcomes. More specifically, it was hypothesized that experienced discrimination and rejection-based proximal stress would be associated with rejection-based interpersonal behaviors and rejection-based interpersonal cognitions that would be associated with lower relationship satisfaction for both members of the dyad. To date, the self-fulfilling prophecy of rejection sensitivity in opposite-sex couples (Downey & Feldman, 1996; Downey et al., 1998) has not been studied in same-sex couples. While the associations between enacted stigma, internalized stigma, perceived stigma (i.e., SM-RS), and rejection-based proximal stress are informed by the work of Dyar and colleagues (2016b), the factors that were hypothesized to constitute rejection-based interpersonal behaviors and rejection-based interpersonal cognitions were based upon the work of Downey and Feldman (1996). In this way, the present study's model represented a novel and original contribution that attempted to bring together two distinct literatures.

This study also represented an acknowledgement of the need to move beyond focusing solely on individual health factors among individuals who identify as a sexual minority. One potential roadblock to moving analyses from the individual level to the dyadic level is the assumption of independent observations, which is inherent to most statistical analyses (Kenny, Kashy, & Cook, 2006), including structural equation modeling. Dyadic data cannot be

considered totally independent from one another due to the likelihood that partners will influence one another on dyadic variables. Therefore, to test a dyadic model without violating the assumption of independence, the Actor-Partner Interdependence Model (APIM) was applied to the proposed model structure (Kenny, 1996; Kenny & Cook, 1999; see proposed analyses section for additional information). The APIM is the most commonly used model to test the associations among dyadic variables (Fitzpatrick, Gareau, Lafontaine, & Gaudreau, 2016) because it allows for the testing of partner effects (i.e., influences across individual members of a dyad). By focusing on the associations of sexual stigma at the dyadic level, researchers may develop a better understanding of sexual minority health within the context of same-sex romantic relationships.

A recently conducted study involving same-sex male couples implemented the APIM in order to investigate whether minority stress was associated with relationship functioning and relationship quality (Feinstein, McConnell, Dyar, Mustanski, & Newcomb, 2018). Relationship functioning was operationalized as two correlated latent variables: relationship quality (composed of self-reported relationship satisfaction, trust in partner, and commitment to the relationship) and relationship interactions (composed of self-reported conflict in the relationship and negative communication behaviors). Greater general stress, internalized sexual stigma, and experienced microaggressions were associated with greater negative communication between partners (e.g., being insulted by their partner). In addition, greater general stress and internalized sexual stigma was associated with decreased relationship quality. Finally, having a partner that reported high levels of internalized sexual stigma was associated with greater negative interactions. While this study is promising because it represents the need to move beyond individual-health variables, the authors only included internalized sexual stigma in their model.

The current study was the first to offer a model that tested the relatedness between multiple manifestations of sexual stigma (i.e., enacted, internalized, and perceived sexual stigma) and relationship satisfaction in same-sex couples. This is an important step because each of these constructs are theoretically linked but had not yet been statistically modeled together, despite findings that indicate each is associated with negative outcomes in same-sex couples (Doyle & Molix, 2014; Rostosky & Riggle, 2017). As such, the proposed model may provide valuable insight for the development of dyadic interventions for same-sex couples.

In addition to testing model fit and applicability to the sample, seven hypotheses related to direct effects (H1a - H1g) and four hypotheses related to indirect effects (H2a - H2d) were tested. Direct effects refer to the association between two constructs, whereas indirect effects refer to associations between two constructs vis-à-vis other constructs. See Figure 1 for a graphical representation of the proposed model structure.

H1: The following direct effects were hypothesized:

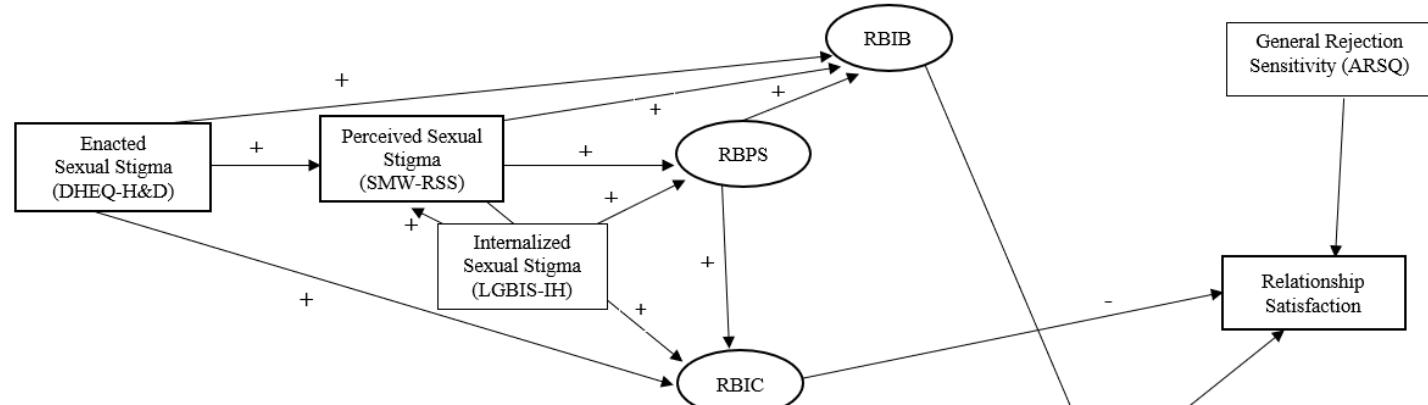
H1a: There will be actor effects between enacted sexual stigma and perceived sexual stigma, rejection-based interpersonal behaviors, and rejection-based interpersonal cognitions.

H1b: There will be actor effects between perceived sexual stigma and RBPS, rejection-based interpersonal behaviors, and rejection-based interpersonal cognitions.

H1c: There will be an actor effect between internalized sexual stigma and RBPS.

H1d: There will be actor effects between RBPS and rejection-based interpersonal behaviors as well as rejection-based interpersonal cognitions.

Partner A



Partner B

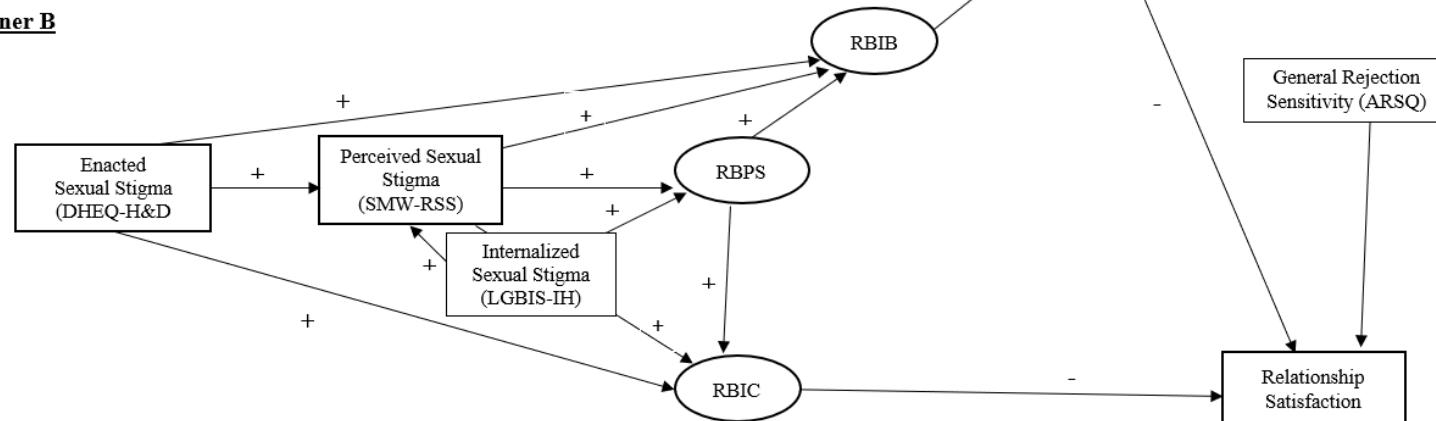


Figure 1. Hypothesized structural equation model. RBPS = Rejection-based proximal stress. RBIB = Rejection-based interpersonal behaviors. RBIC = Rejection-based interpersonal cognitions. DHEQ-H&D = Daily Heterosexist Experiences Questionnaire Harassment and Discrimination Subscale; LGBIS-IH = Lesbian, Gay, and Bisexual Identity Scale – Internalized Homophobia Subscale; SMW-RSS = Sexual Minority Women Rejection Sensitivity Scale; ARSQ = Adult Rejection Sensitivity Questionnaire.

H1e: There will be an actor effect between internalized sexual stigma and perceived sexual stigma.

H1f: There will be a partner effect between rejection-based interpersonal behaviors and partner relationship satisfaction.

H1g: There will be an actor effect between rejection-based interpersonal cognitions and personal relationship satisfaction.

H1h: General rejection sensitivity will serve as a covariate in the proposed model in order to examine the impact of perceived sexual stigma on relationship satisfaction over-and-above that of general rejection sensitivity. Thus, there will be an actor effect between general rejection sensitivity and relationship satisfaction.

H2: The following indirect effects were hypothesized:

H2a: There will be an indirect actor effect of enacted sexual stigma on RBPS through perceived sexual stigma.

H2b: There will be an indirect partner effect of enacted sexual stigma on partner relationship satisfaction through rejection-based interpersonal behaviors, RBPS, and perceived sexual stigma.

H2c: There will be an indirect actor effect of enacted sexual stigma on personal relationship satisfaction through rejection-based interpersonal cognitions, RBPS, and SM-RS.

H2d: There will be an indirect actor effect of internalized sexual stigma on RBPS through perceived sexual stigma.

CHAPTER II

METHOD

Participants and Procedure

Data were drawn from a larger study of sexual minority relationship functioning funded by a grant awarded to Dr. Robin Lewis by the National Institute on Alcohol Abuse and Alcoholism (R15AA020424). Women who were in a relationship with another woman were recruited by a third-party market research firm, Community Marketing and Insights (CMI). CMI is a leading market research firm that specializes in the online recruitment of members of the LGBT community. Potential participants were recruited by CMI from their proprietary research panel and potential new panel members. To be eligible to participate, both members of the dyad had to meet the following criteria: be between the age of 18 and 35 years, self-identify as a cisgender woman, be in a romantic relationship with a woman for at least three months, see their partner in person at least once per week, and be able to respond to daily surveys between 6am and 12pm for two weeks. In addition to these five criteria that all participants had to meet, at least one member of the couple was also required to meet the following criteria: reported mostly or exclusive same-sex attraction, reported drinking alcohol at least three times in the previous two weeks, and drank four or more standard alcoholic drinks in one sitting at least once in the previous two weeks (i.e., at least one binge drinking episode). Initially, to be eligible to participate, one member of the same-sex female couple had to self-identify as a lesbian, be between the ages of 18 and 30, score at least a 3 on the AUDIT-C, indicating some alcohol use, and be a resident of the United States. However, these criteria were expanded to the above criteria approximately one-third of the way through recruitment due to unanticipated difficulty recruiting participants. See Appendix A for the screening survey and demographic questionnaire.

The larger study from which this study was drawn consisted of two parts: an initial baseline online survey and a two-week daily diary component. Although the current study only drew data from the baseline survey, participants agreed to complete both parts of the larger study. Participants completed 30 measures in the baseline survey related to physical and mental health, alcohol use, sexual minority stress, intimate partner violence, and relationship functioning of which nine were included in the present study. The baseline survey took approximately 30-40 minutes to complete. Data were collected between January 2018 and September 2018. A total of 338 participants enrolled in the study and received the baseline survey. Eight participants enrolled in the study but did not complete the baseline survey, so they were excluded from the analyses. In addition, four participants who enrolled in the study were excluded from the analyses because they did not meet the inclusionary criteria (e.g., they did not have a participating partner or did not meet the age criterion). The final sample included 326 individuals (163 couples), with a mean age of 27.57 ($SD = 3.65$) years.

Participants were compensated for their time and effort. Each participant had the option of receiving a \$25 check or Amazon.com gift card for completing the initial “baseline” survey and up to an additional \$52, depending on the percentage of daily questionnaires they completed. All participants completed an informed consent form prior to distribution of survey materials. The study received approval from the Institutional Review Board at Old Dominion University.

Power Analysis

In order to evaluate the minimum sample size needed for the proposed analyses, Monte Carlo analyses for the proposed structural equation model were conducted using the Mplus program (Muthén & Muthén, 2015). Following the recommendations of Muthén and Muthén (2002; 2015), the proposed model was created in Mplus using data generated from hypothesized

parameter values drawn from previous studies as well as data recently collected by this writer. The model was run across 10,000 replications and the results of each test were pooled together to provide the estimated power for each pathway included in the model (i.e., the probability of finding significant results), given a sample of 150 couples. All but one pathway in each model demonstrated adequate power (i.e., values greater than .80). The estimated likelihood of finding a significant relation between SM-RS and RBPS was .709; however, two recent studies involving sexual minority women demonstrated a significant association between these two measures (Dyar et al., 2016a; Shappie et al., 2019). Given that sexual stigma theory suggests that these two constructs are related, recent studies have demonstrated a significant relation between these two measures, and the Monte Carlo analysis found that the likelihood of finding a significant relation was near the .80 recommendation, the evidence that the present study may find a significant relation between these two constructs was deemed sufficient for the purposes of *a priori* testing.

Measures

Screening and demographic surveys. Participants reported their age, gender, sexual orientation, race, educational level, average individual income, height, weight, state of residence, and employment. Sexual orientation was assessed by asking participants to indicate their sexual identity, attraction, and behavior as well as by asking a single item, Likert scale question, “Which of the following best represents how you think of yourself?” With response options: “Only homosexual/lesbian,” “Mostly homosexual/lesbian,” “Bisexual,” “Mostly heterosexual,” “Only heterosexual,” “Other,” or “Prefer not to answer.” Sexual identity was assessed by asking the question, “There are many ways that individuals think of their sexual identity. Choose all that describe you:” with the following response options: lesbian, bisexual, queer, asexual, pansexual, questioning, gay, and other. Sexual attraction was assessed by asking participants, “People are

different in their sexual attraction to other people. Which best describes your feelings?" with response options: "I am only attracted to women." "I am mostly attracted to women." "I am equally attracted to men and women." "I am mostly attracted to men." "I am only attracted to men." or "Prefer not to answer." Sexual behavior was assessed by asking participants with whom they have had sex with during their lifetime and during the previous year (i.e., women only, women and men, men only, no one, or prefer not to answer). Also included in the demographic questionnaire are items that assess milestones of participants' sexual identity development, such as the age at which they first wondered about their sexual orientation and the age at which they came out of the closet. For a full list of screening and demographic questions, see Appendix A.

Enacted sexual stigma. The Daily Heterosexist Experiences Questionnaire (DHEQ; Balsam, Beadnell, & Molina, 2013; see Appendix B) was developed to assess the unique aspects of minority stress experienced by sexual minority individuals. It consists of 50 items, which comprise nine subscales and a total scale representing overall heterosexist experiences during the previous year. The DHEQ provides both a clear time frame for stressors as well as response categories that include the subjective distress associated with minority stressors, a strength over other measures of minority stress which typically include only one or the other. The total scale score of DHEQ has demonstrated excellent internal reliability ($\alpha = .91$; Balsam et al., 2013). The internal reliability scores of each of the subscales in the current study were acceptable as well, with Cronbach's alpha coefficients ranging from .76 to .86.

To ensure content validity, Balsam et al. (2013) conducted focus groups and interviews of LGBT individuals to assist initial item creation and then conducted an exploratory factor analysis (EFA) to narrow the item pool. They distributed the initial items in a national, web-based survey of 900 LGBT adults and included an open-ended question at the end of the survey

that allowed participants to list any additional stressors that the survey did not address. After conducting the initial follow up survey, they conducted a second EFA to narrow the item pool. Following this analysis, they distributed the remaining 83 items in a national, web-based survey of 1,217 LGBT adults and conducted a third EFA, which narrowed the item pool to the final 50-items. In a recent review of measures that assess discrimination against sexual minorities, the DHEQ was the only measure reviewed that met all five criteria, including: reliability, factor structure, content validity, criterion-related validity, and construct validity (Morrison, Bishop, Morrison, & Parker-Taneo, 2016). The authors note that the DHEQ the best example of a “gold standard” measure of discrimination among sexual minority individuals.

The present study used the Harassment and Discrimination subscale of the DHEQ to operationalize enacted sexual stigma. The Harassment and Discrimination subscale consists of 6 items, such as “Being verbally harassed by strangers because you are LGBT.” Participants respond using a 6-point Likert scale, ranging from 0, “*Did not happen/not applicable to me*,” to 5, “*It happened, and it bothered me EXTREMELY*.” In a racially diverse sample of individuals who identified as a sexual minority, the Harassment and Discrimination subscale demonstrated strong internal reliability ($\alpha = .85$; Balsam et al., 2013). In a large sample of sexual minority women ($N = 626$), the Harassment and Discrimination subscale demonstrated similarly strong internal reliability ($\alpha = .86$; Shappie et al., 2019). The Harassment and Discrimination subscale is correlated with relevant measures of psychological distress (including depression, anxiety, PTSD symptoms, and perceived stress), demonstrating strong convergent validity (Balsam et al., 2013). Concurrent validity was supported by positive correlations with two face-valid items of discrimination (e.g., “How much has homophobia interfered with your ability to live a fulfilling and productive life?” and “How different do you think your life would be if you had not had to

deal with the challenges of being LGBT?”). In the present study, the Harassment and Discrimination subscale demonstrated adequate internal reliability, $\alpha = .81$.

Perceived sexual stigma. The Sexual Minority Women Rejection Sensitivity Scale (SMW-RSS; see Appendix C) was used by the present study to operationalize perceived sexual stigma. The SMW-RSS is a 16-item measure that assesses rejection sensitivity in sexual minority women (Dyar et al., 2016a). Participants were presented with a series of scenarios in which sexual minority women may experience discrimination or be treated unfairly due to their sexual identity. For example, one scenario is “You and your female partner are walking together holding hands. Several men are gathered on a corner outside a bar.” Participants are asked how anxious/concerned they would feel that they would experience a negative outcome using a 6-point Likert scale ranging from 1 (*not at all anxious*) to 6 (*very anxious*). Using a similar scale, ranging from 1 (*very unlikely*) to 6 (*very likely*) participants are also asked the degree to which they would expect to be treated unfairly due to their sexual orientation. Scores on the SMW-RSS are computed by multiplying the participant’s anxiety response by their expectation of rejection and then averaging across the 16 scenarios.

The SMW-RSS has demonstrated excellent internal reliability with a Cronbach’s alpha ranging from .90 to .91 in three recent studies (Dyar et al., 2016a, 2016b; Shappie et al., 2019). The SMW-RSS has demonstrated convergent validity with correlations between the SMW-RSS and other measures of RS, such as the Gender Rejection Sensitivity Questionnaire (London et al., 2012) and the Gay-Related Rejection Sensitivity Scale (Pachankis et al., 2008), as well as correlations with minority stressors, internalizing symptoms, and sexual orientation salience. Dyar et al. (2016b) found evidence for divergent validity by demonstrating that the SMW-RSS continued to predict minority stress and mental health variables even after controlling for other

measures of RS. In the present study, the SMW-RSS demonstrated strong internal reliability, $\alpha = .91$.

Internalized sexual stigma. The Lesbian, Gay, and Bisexual Identity Scale (LGBIS-R; Mohr & Kendra, 2011; see Appendix D) is a 27-item measure that includes eight subscales related to LGB identity. The subscales include internalized homonegativity, difficult process, acceptance concerns, concealment motivation, identity superiority, identity centrality, identity uncertainty, and identity affirmation. Each item is rated on a Likert scale of 1 (*strongly disagree*) to 6 (*strongly agree*), and subscale scores are calculated by taking the average of the respective subscale items. The present study included four subscales from the LGBIS: internalized homonegativity, difficult process of sexual identity development, acceptance concerns, and concealment motivation. The internalized homonegativity subscale was used in the present study to operationalize internalized sexual stigma. It is composed of three items (e.g., “If it were possible, I would choose to be straight”), and has demonstrated strong internal reliability in the initial validation study ($\alpha = .87$; Mohr & Kendra, 2011) as well as more recently in a sample of sexual minority women ($\alpha = .89$; Dyar et al., 2016a). In the present study, internalized homonegativity had similarly adequate internal reliability, ($\alpha = .82$). The internalized homonegativity subscale was also positively related to measures of negative psychosocial functioning and negatively related to life satisfaction and self-esteem, demonstrating convergent validity (Mohr & Kendra, 2011).

Rejection-based proximal stress. RBPS was a latent construct comprised of three subscales of the LGBIS: acceptance concerns, concealment motivation, and difficult process (see Appendix D). All three subscales are composed of three items. The acceptance concerns (AC) subscale refers to concern that the individual has about whether others will accept their sexual

identity (e.g., “I can’t feel comfortable knowing that others judge me negatively for my sexual orientation”). The concealment motivation (CM) subscale measures the individual’s motivation to conceal their sexual identity from others (e.g., “My sexual orientation is a very personal and private matter”). The difficult process (DP) refers to the ease with which the individual developed their sexual identity (e.g., “Admitting to myself that I’m an LGB person has been a very slow process”). All three subscales have demonstrated adequate reliability in a sample of sexual minority women ($\alpha = .82$, DP $\alpha = .80$, and CM $\alpha = .80$; Dyer et al., 2016a). In addition, these three subscales have been used to measure the latent variable RBPS in two previous studies, both of which found similarly significant factor loadings in large samples of sexual minority women (Dyer et al., 2016a; Shappie et al., 2019). Test-retest reliability is also good for acceptance concerns ($r = .83$), acceptable for concealment motivation ($r = .70$), and excellent for difficult process ($r = .92$) (Mohr & Kendra, 2011). Finally, Mohr and Kendra (2011) conducted correlation analyses between the subscales of the LGBIS and theoretically related measures to establish their construct validity. As hypothesized, the acceptance concerns subscale was negatively associated outness and self-esteem. The concealment motivation subscale was negatively related to outness as well as self-concealment. The difficult process subscale was positively related to measures of negative psychological functioning, such as feelings of depression, guilt, fear, and hostility (Mohr & Kendra, 2011). In the present study, the acceptance concerns had borderline acceptable internal reliability ($\alpha = .68$), and the difficult process as well as concealment motivation subscales had acceptable internal reliability ($\alpha = .79$ and $\alpha = .78$, respectively).

Rejection-based interpersonal behaviors. Rejection-based interpersonal behaviors (RBIB; see Appendix E) is a novel latent construct comprised of three measures of perceptions

about the respondent's partner's negative behaviors related to relationship functioning, which include: hostility, jealousy, and emotional unsupportiveness. All three measures are drawn from the work of Downey and Feldman (1996), who adapted the measures from the work of Kasian and Painter (1992). The hostile behavior scale consists of 10 items (e.g., "My partner insulted or shamed me in front of others"). The emotionally supportive behavior scale consists of 8 items (e.g., "My partner said things to encourage me"). The Jealous behavior scale consists of 3 items (e.g., "My partner monitored my time and made me account for my whereabouts"). Participants respond to all three scales on a 6-point Likert scale ranging from 0 (*never*) to 5 (*daily/always*), indicating the frequency with which their partner engaged in the behavior during the previous month. Each scale is scored by calculating the mean of all scale items. Scores on the emotionally supportive behavior scale were reversed to match the directionality of the other two scales (i.e., a higher score will be indicative of less emotionally supportive behavior).

In a sample of heterosexual couples, the hostile behavior scale demonstrated strong internal reliability (male $\alpha = .86$; female $\alpha = .83$), the emotionally supportive behavior scale demonstrated strong internal reliability (male $\alpha = .82$; female $\alpha = .78$), and the jealous behavior scale demonstrated adequate internal reliability (male $\alpha = .70$; female $\alpha = .65$). In addition, the behavior scales were positively correlated with rejection sensitivity among heterosexual couples, indicating convergent validity (Downey & Feldman, 1996). In the present study, all three scales demonstrated good internal reliability (jealousy $\alpha = .81$; hostility $\alpha = .88$; emotional unsupportiveness $\alpha = .84$).

Rejection-based interpersonal cognitions. Rejection-based interpersonal cognitions (RBIC; see Appendix F) is a novel latent construct comprised of three measures of the participant's cognitions about their partner's view of the relationship. All three measures are

drawn from the work of Downey and Feldman (1996): perception of partner's relationship security (one item; "My partner feels secure in our relationship"), perception of partner's satisfaction with the relationship (three items, e.g., "My partner is satisfied with our relationship"), and perception of partner's commitment to the relationship (four items, e.g., "My partner often thinks of leaving our relationship"). Scores on all three measures were reversed so higher scores will be indicative of greater perceptions of partner insecurity, dissatisfaction, and less commitment to the relationship. Participants respond to all three measures on a 9-point Likert scale ranging from 0, point Likert scale ranging from 0 (*not at all true of my partner's feelings*) to 8 (*completely true of my partner's feelings*). In a sample of heterosexual couples, the perception of partner's commitment scale and the perception of partner's satisfaction scale demonstrated adequate reliability among both men ($\alpha = .82$; $\alpha = .70$) and women ($\alpha = .78$; $\alpha = .71$). All three measures were positively correlated with rejection sensitivity among men and women in opposite sex relationships, indicating convergent validity (Downey & Feldman, 1996). In the present study, both perception of partner's satisfaction and commitment had good internal reliability ($\alpha = .91$, $\alpha = .86$, respectively). It is not possible to assess internal reliability for the perception of partner's security measure because it is a single-item.

Relationship satisfaction. Relationship satisfaction was measured by brief, three-item measure drawn from the work of Downey and Feldman (1996). This scale was chosen because of its brevity and face validity (e.g., "I am satisfied with our relationship"). Participants responded the extent to which each item was true of their feelings about their romantic relationship on a scale of 0 (*not at all true of my feelings*) to 7 (*completely true of my feelings*). In Downey and Feldman's (1996) heterosexual sample, scores on the relationship satisfaction scale were strongly

correlated with scores on the Dyadic Adjustment Scale, $r = .73$, $p < .001$. In the present study, internal reliability was strong, $\alpha = .93$.

General rejection sensitivity. The Adult Rejection Sensitivity Questionnaire (A-RSQ; Berenson et al., 2009; see Appendix H) is a 9-item measure of rejection sensitivity validated in a sample of adults. Each item on the A-RSQ is rated on a 6-point Likert scale ranging from 1 (*very unconcerned*) to 6 (*very concerned*). The A-RSQ is scored by multiplying the ratings of concern/anxiety by ratings of expected rejection in each situation, and then averaging the resulting scores. The A-RSQ was adapted from the original RSQ (Downey & Feldman, 1996) which included situations that were relevant to college student populations. The A-RSQ was developed by revising items on the RSQ to be more generally applicable, removing items that were specific to college life and generating additional items concerning potential rejection in adulthood (Berenson et al., 2009). This measure was used as a covariate on relationship satisfaction to control for the association that an individual's general rejection-sensitivity may have on the proposed model. The A-RSQ was strongly correlated with the original RSQ ($r = .87$) and demonstrated sufficient reliability ($\alpha = .74$; Berenson et al., 2009). The A-RSQ also demonstrated strong test-retest reliability ($\alpha = .91$; Berenson, Downey, Rafaeli, Coifman, & Leventhal Paquin, 2011). Similar to the original RSQ, the A-RSQ is associated with interpersonal sensitivity ($r = .45$), social avoidance/distress ($r = .34$), and self-esteem ($r = -.46$), demonstrating strong convergent validity (Berenson et al., 2009). In the present study, the A-RSQ had adequate internal reliability, $\alpha = .74$.

CHAPTER III

RESULTS

Preliminary Analyses and Data Cleaning

Prior to hypothesis testing, descriptive statistics were reviewed to determine whether there were substantial missing data or systematic errors in the data set. Across all measures, there were no missing data. This was attributed to Qualtrics survey logic that caused a popup message to appear for participants who proceeded in the survey without completing all of the questions on the current page. As a result, there was no need to address missingness in the dataset. Descriptive statistics as well as box plots and histograms were used to examine normality, including outliers, skewness, and kurtosis. Skewness and kurtosis were addressed if skewness was greater than the absolute value of 2 and/or kurtosis was greater than the absolute value of 3. To address outliers, skewness, and kurtosis, variables were either winsorized or transformed. See Table 1 for descriptive statistics of the sample and Table 2 for scale normality as well as indications of whether a scale was transformed or values were winsorized. Bivariate correlations were created to assess relatedness among the variables included in the proposed model (see Table 3).

Model Testing

Structural equation modeling (SEM) was used to conduct path analyses among the observed and latent variables, including testing the hypothesized direct and indirect effects. Observed variables in the model were: enacted sexual stigma, internalized sexual stigma, perceived sexual stigma, general rejection sensitivity, and relationship satisfaction. Latent variables included in the model were: Rejection-Based Proximal Stress (RBPS), Rejection-Based Interpersonal Behaviors (RBIB), and Rejection-Based Interpersonal Cognitions (RBIC), which were comprised of three indicator variables each. RBPS was comprised of acceptance concerns,

Table 1
Descriptive Statistics of Final Sample

Demographic Characteristics	<i>N</i> = 326
Age	
18-21	10 (3.1%)
22-25	93 (28.6%)
26-29	113 (41.3%)
30-35	109 (33.5%)
Latina	38 (11.7%)
Race	
White	233 (71.5%)
Black	28 (8.6%)
Asian/Hawaiian/Pacific Islander	19 (5.8%)
American Indian/Alaskan	2 (0.6%)
Multiracial	34 (10.4%)
Other	10 (3.1%)
Sexual Identity (select all that apply)	
Lesbian	274 (84.0%)
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%)
Sexual Attraction	
Only Women	149 (45.8%)
Mostly Women	158 (48.6%)
Equally Women & Men	17 (5.2%)
Mostly Men	1 (0.3%)
Only Men	0

Table 1 *Continued*

Demographic Characteristics	N = 326
Closetedness	
Half-in and half-out	15 (4.6%)
Out of the closet most of the time	94 (28.8%)
Completely out of the closet	217 (66.6%)
City/Community of Residence	
Urban	234 (71.8%)
Suburban	77 (23.6%)
Rural	15 (4.6%)
Employment (select all that apply)	
Part-Time	56 (17.2%)
Full-Time	244 (74.8%)
Student	50 (15.3%)
Homemaker	4 (1.2%)
Unemployed	11 (3.4%)
Retired	0
Education	
Some High School	3 (0.9%)
High School Graduate	20 (6.1%)
Some College	48 (14.7%)
Associate's Degree	16 (4.9%)
Bachelor's Degree	156 (47.9%)
Master's Degree	67 (20.6%)
Doctoral/Professional Degree	16 (4.9%)
Income (individual)	
\$0 - \$19,999	56 (17.2%)
\$20,000 - \$39,999	87 (26.7%)
\$40,000 - \$59,999	107 (32.8%)
\$60,000 - \$79,999	46 (14.1%)
\$80,000 - \$99,999	14 (4.3%)
\$100,000+	16 (4.9%)

Table 2
Normality of Study Variables by Scale

	Outliers	Action	Final	Final
			Skewness	Kurtosis
Harassment and Discrimination Subscale	0	None	1.565	2.242
Internalized Homophobia Subscale	3	W	1.699	2.284
Sexual Minority Women's Rejection Sensitivity Scale	0	None	0.345	-0.274
Adult Rejection Sensitivity Questionnaire	0	None	0.956	0.945
Rejection-Based Proximal Stress				
Acceptance Concerns Subscale	0	None	0.300	-0.264
Difficult Process Subscale	0	None	0.400	-0.651
Concealment Motivation Subscale	0	None	0.633	-0.651
Rejection-Based Interpersonal Behaviors				
Jealousy Subscale	8	SQRT	0.682	-0.504
Emotional Unsupportiveness Subscale	4	SQRT	1.091	1.377
Hostility Subscale	6	SQRT	0.599	0.036
Rejection-Based Interpersonal Cognitions				
Satisfaction Subscale	0	None	-1.619	2.738
Security Subscale	0	None	-1.517	1.562
Commitment Subscale	15	W	-1.742	2.051
Relationship Satisfaction Scale	2	W	-1.558	2.133

Note. W = Winsorized outliers. SQRT = Square-Root Transformation.

Table 3

Means, Standard Deviations, and Bivariate Correlations of Model Variables

Variable	1	2	3	4	5	6	7
1. Enacted Stigma	--	.039	.371***	.190***	.149*	-.026	-.094
2. Internalized Stigma		--	.137*	.148**	.085	-.037	.012
3. Perceived Stigma			--	.204***	-.018	.010	.018
4. General Rejection Sensitivity				--	.464***	-.330***	-.311***
5. RBIB					--	-.791***	-.771***
6. RBIC						--	.738***
7. Relationship Satisfaction							--
Mean	1.05	1.48	13.45	6.87	0.80	6.75	5.85
Standard Deviation	1.11	.74	6.79	4.09	.28	1.69	1.40
Range	0 – 5	1 – 4.33	1 – 36	1 – 22.44	0 - 2.83	0 - 8	0.67 – 7.00

Note. RBIB = Rejection-Based Interpersonal Behaviors; RBIC = Rejection-Based Interpersonal Cognitions.

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

concealment motivation, and difficult process establishing a positive sexual identity. RBIB was comprised of perceptions of partner's jealous behavior, hostile behavior, and emotionally unsupportive behavior. RBIC was comprised of perceptions about partner's relationship security, relationship satisfaction, and commitment to the relationship.

The observed and latent variables form a dyadic SEM model, which was estimated in Mplus (Version 7; Muthén & Muthén, 2015). SEM is the preferred statistical technique for researchers who wish to investigate dyadic models (Fitzpatrick et al., 2016) because of its ability to incorporate multiple dependent variables in a single model as well as impose equality and/or restrictions on parameters in the model, which is extremely useful when analyzing dyadic data. More specifically, the present study tested an Actor Partner Interdependence Model (APIM), which is a particular type of SEM that provides a framework for conceptualizing relatedness among variables in dyadic data (Kenny & Cook, 1999).

The APIM is defined as a “model of dyadic relationships that integrates a conceptual view of interdependence with the appropriate statistical techniques to measure and test it” (Cook & Kenny, 2005, p. 101). The APIM provides a framework for organizing both individual and dyadic-level variables, which can be analyzed via SEM. There are two types of effects included in the APIM. The first is the actor effect, which represents the association that a participant's score on an independent variable may have with her own score on a dependent variable. The second is the partner effect, which represents the association that a participant's score on an independent variable may have with the dependent variable of her partner. By incorporating both actor and partner effects in to a single model, the APIM allows researchers to explore relations across partners of a dyad without violating the assumption of independence (Fitzpatrick et al., 2016). Testing dyadic patterns allows the comparison of each dyad member's associations with

outcomes, thereby increasing researchers' understanding of the individual and/or combined roles of actor and partner.

The present study included only same-sex couples whose members are indistinguishable from one another because there is no characteristic that uniformly distinguishes members of the dyad. Following the recommendations of Olsen and Kenny (2006), SEM for interchangeable dyads requires equality restrictions to be placed upon corresponding parameters of a symmetrically structured model. Thus, the APIM for interchangeable dyads includes not only equal actor and partner effects, but also equal predictor means, predictor variances, outcome intercepts, and residual variances across both members of the dyad. These constraints are noted in Figure 2, which includes pathways that are labeled to correspond with equality constraints (i.e., both pathways labelled "A" were constrained to equality with one another). These constraints were implemented when the proposed model was tested in Mplus.

Confirmatory Factor Analyses

Prior to analyzing the full SEM model, confirmatory factor analyses were conducted to assess the factor structure of the latent variables included in the model. Three separate CFAs were done in Mplus (Version 7; Muthén & Muthén, 2015), one for each of the three latent variables (RBPS, RBIB, and RBIC). Following the above described guidelines for conducting APIMs, data from both members of the dyad were included in the CFA for each of the latent variables, and equality constraints were placed on each of the factor loadings, means, and variances when conducting the analysis. Model fit was considered acceptable if the comparative fit index (CFI) $> .90$, the Tucker-Lewis index (TLI) $> .90$, and the root-mean-square error (RMSEA) $<.08$ (Bentler, 1990; Bentler & Bonett, 1980; MacCallum, Browne, & Sugawara, 1996). Chi-square tests of model fit were also examined; however, this test can be overpowered

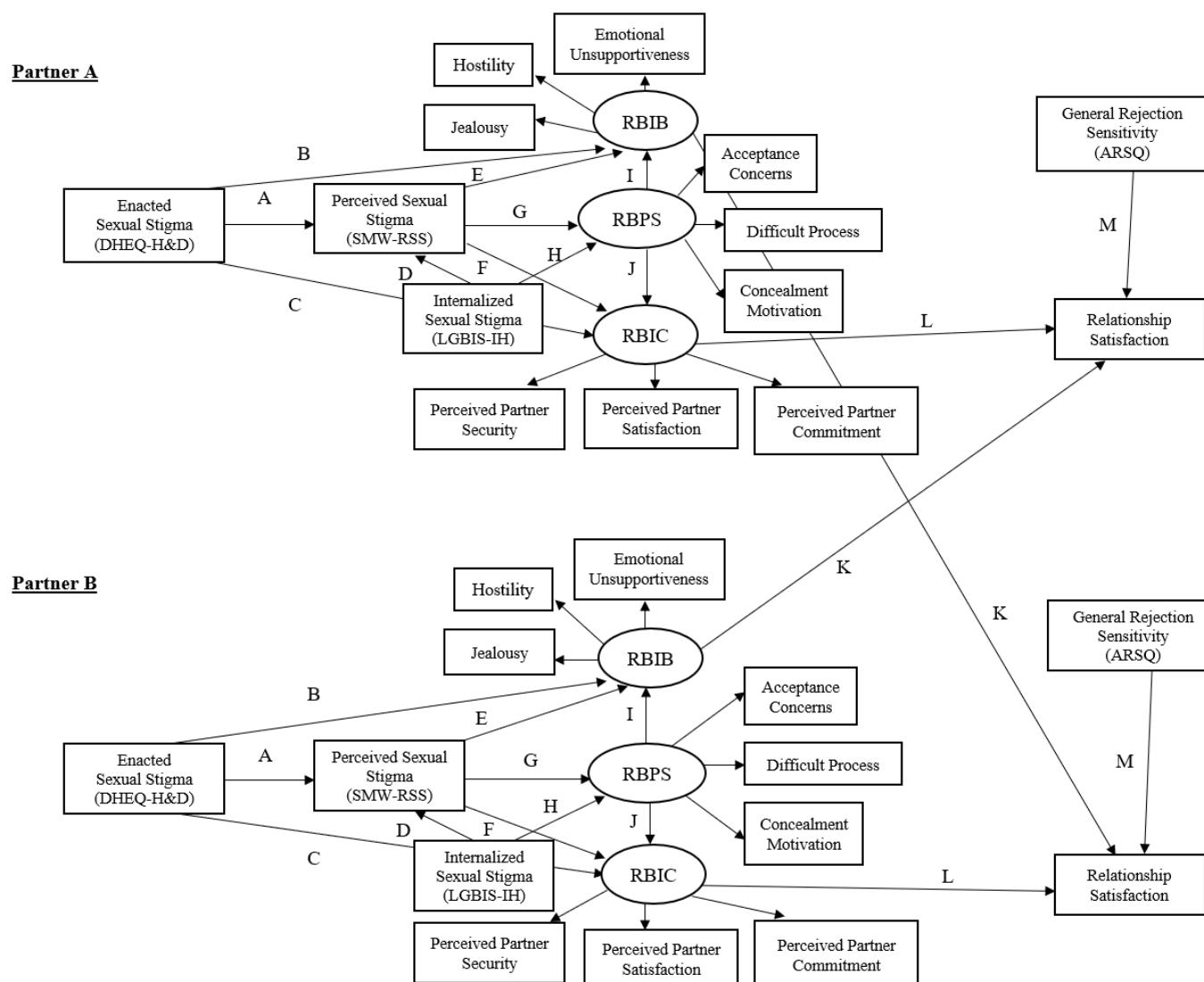


Figure 2. Hypothesized structural equation model with equality labels on path coefficients. DHEQ-H&D = Daily Heterosexist Experiences Questionnaire Harassment and Discrimination Subscale; LGBIS-IH = Lesbian, Gay, and Bisexual Identity Scale – Internalized Homophobia Subscale; SMW-RSS = Sexual Minority Women Rejection Sensitivity Scale; ARSQ = Adult Rejection Sensitivity Questionnaire; RBIB = Rejection-Based Interpersonal Behaviors; RBIC = Rejection-Based Interpersonal Cognitions; RBPS = Rejection-Based Proximal Stress.

in moderate to large sample sizes, and as a result is not a good indicator of model fit on its own (Bentler & Bonnet, 1980).

The first CFA tested the hypothesis that participant's acceptance concerns, concealment motivation, and difficulty coming to terms with their sexual identity would contribute to an underlying factor of RBPS. The CFA supported this hypothesis, with the fit indices suggesting good model fit, $\chi^2(10) = 17.84, p = .06$, CFI = .91, TLI = .87, RMSEA = .07. Since the TLI did not reach the required .90 cutoff, the Standardized Root Mean Square Residual (SRMR) was examined as an additional indicator of model fit, and a value $< .08$ is generally considered indicative of good model fit (Hu & Bentler, 1999). This cutoff was met, SRMR = .06, indicating good model fit (see Figure 3 for factor loadings, standard errors, and significance).

The second CFA tested the hypothesis that participant's perceptions of their partner's hostile, jealous, and emotionally unsupportive behaviors contributed to an underlying factor of RBIB. The CFA supported this hypothesis, with the fit indices suggesting good model fit, $\chi^2(16) = 29.54, p = .02$, CFI = .94, TLI = .95, RMSEA = .07 (see Figure 4 for factor loadings, standard errors, and significance). The third CFA tested the hypothesis that participant's perceptions of their partner's security, satisfaction, and commitment to their romantic relationship contributed to an underlying factor of RBIC. The CFA supported this hypothesis, with fit indices suggesting good model fit, $\chi^2(16) = 26.76, p = .04$, CFI = .98, TLI = .98, RMSEA = .06 (see Figure 5 for factor loadings, standard errors, and significance).

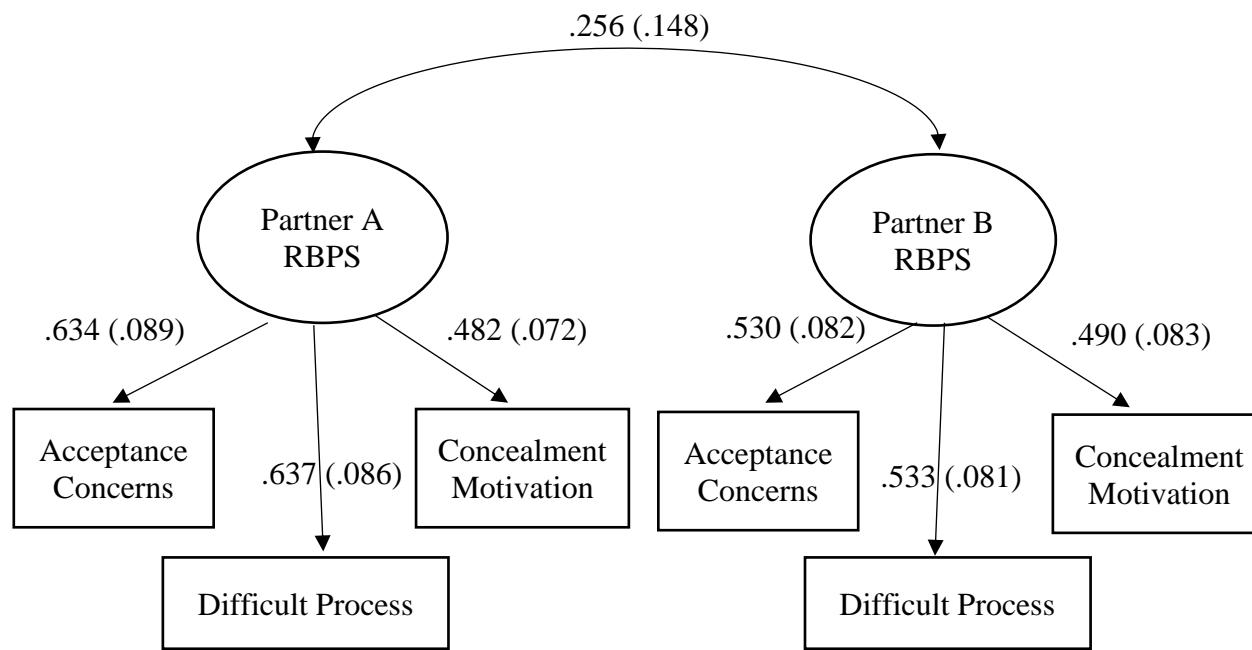


Figure 3. Confirmatory Factor Analysis for Rejection-Based Proximal Stress (RBPS) across partners. Values represent standardized estimates, with SEs in parentheses. Correlation between Partner A's RBPS and Partner B's RBPS nonsignificant, $r = .256, p = .08$. All factor loadings significant, $p < .001$.

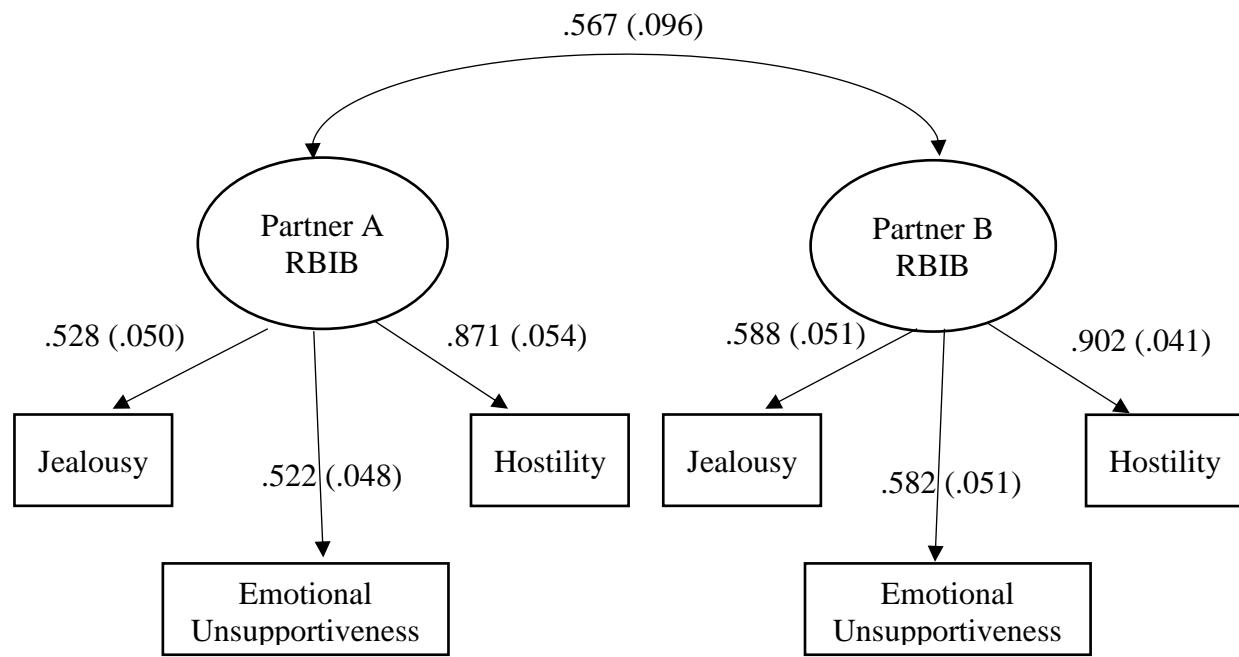


Figure 4. Confirmatory Factor Analysis for Rejection-Based Interpersonal Behaviors (RBIB) across partners. Values represent standardized estimates, with SEs in parentheses. Correlation and all factor loadings significant, $p < .001$.

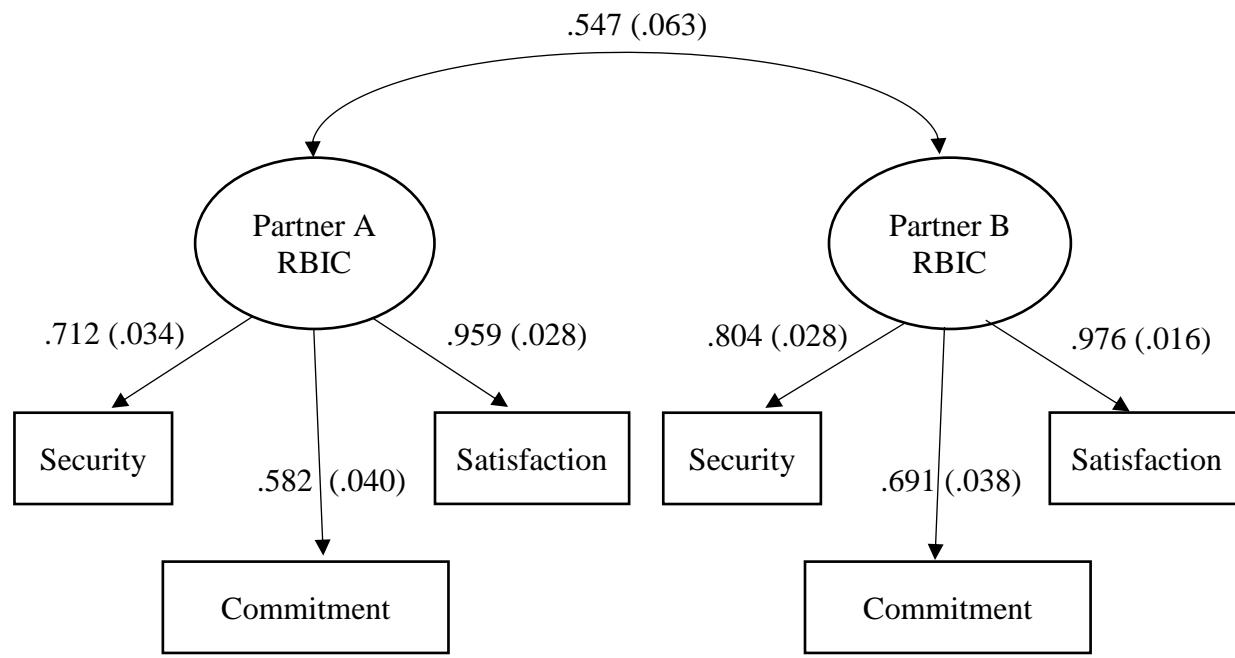


Figure 5. Confirmatory Factor Analysis for Rejection-Based Interpersonal Cognitions (RBIC) across partners. Values represent standardized estimates, with SEs in parentheses. Correlation and all factor loadings significant, $p < .001$.

Full Model Testing

After confirming the latent variable factor structure, the full model was tested in Mplus.

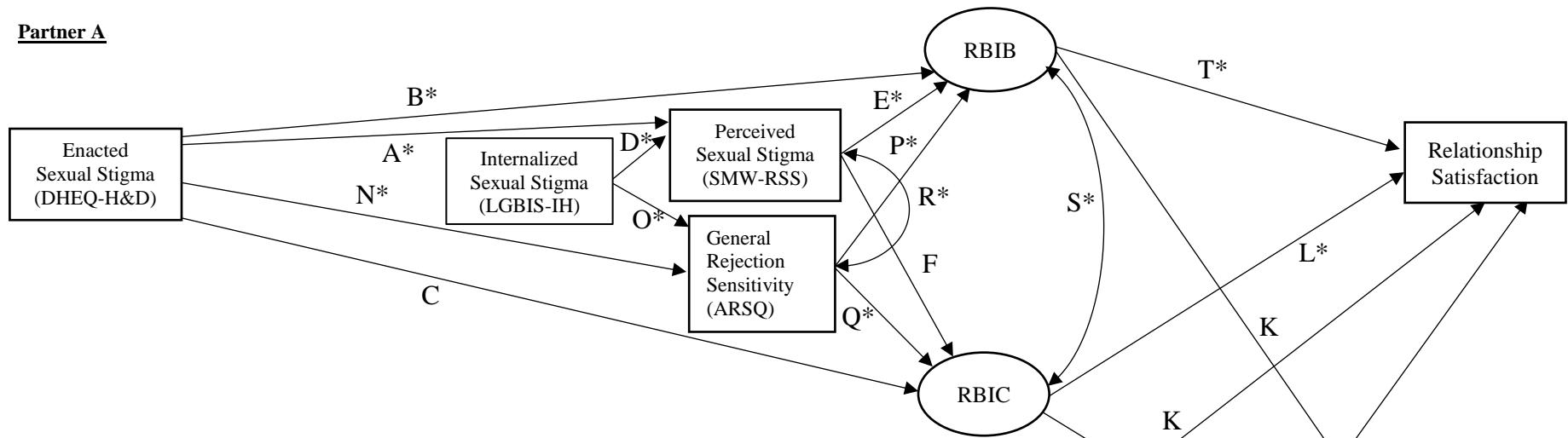
Typically, a non-significant χ^2 GOF, an RMSEA value less than .08, and a TLI and CFI values greater than .90 are considered to indicate good model fit (Bentler, 1990; Bentler & Bonett, 1980; MacCallum, Browne, & Sugawara, 1996). However, Olsen and Kenny (2006) point out that model fit indices are inaccurate when applied to models with interchangeable dyads and provide modifications for conducting these analyses. The modifications include calculating the χ^2 GOF statistic and degrees of freedom for the theoretical model, the fully saturated model, and the null model and then subtracting the fully saturated model from the theoretical model before calculating model fit statistics. The resulting model fit indices did not indicate acceptable model fit, $\chi^2(337) = 899.90, p < .001, \text{CFI} = .66, \text{TLI} = .63, \text{RMSEA} = .10$.

Mplus provides modification indices, which suggest correlations and direct effects that could be included in the model to improve model fit. When the original full model was tested, it became apparent that the latent variable Rejection-based Proximal Stress (RBPS) negatively impacted model fit. RBPS was not significantly associated with RBIB (path I) or RBIC (J), and the associations among other variables in the model were improved by removing RBPS from the model. As a result, RBPS was removed from the model (also losing path G from perceived sexual stigma). Furthermore, the modification indices suggested that the model would be improved by adding pathways from Enacted Stigma and Internalized Stigma to General Rejection Sensitivity (paths N and O, respectively) and from General Rejection Sensitivity to RBIB (path P) and RBIC (path Q). General Rejection Sensitivity was originally intended to be used as a covariate; however, upon reviewing the bivariate correlations and modification indices, the decision was made to incorporate General Rejection Sensitivity in to the model as a predictor

of RBIB and RBIC, alongside Perceived Stigma. In addition, a correlation was added between Perceived Stigma and General Rejection Sensitivity (path R) as well as between RBIB and RBIC (path S). These changes make theoretical sense because it is expected that experiences of being discriminated against (i.e., enacted stigma) and internalized homophobia (i.e., internalized stigma) are likely to be associated with sexual minority specific rejection sensitivity (i.e., perceived stigma) as well as general rejection sensitivity, and these two forms of rejection sensitivity are likely associated with one another. Furthermore, the factors that constitute RBIB and RBIC were inspired by the General Rejection Sensitivity literature, and they are likely influenced by this construct. It is important to note that other modifications were suggested by the modification indices; however, the changes outlined above were the only changes made to the model because they improved the model fit and were theoretically sound. Nevertheless, these model changes altered the direct and indirect effects tested. See Figure 6 for the final APIM.

Following the modifications described above, model fit of the final APIM was assessed by examining the χ^2 goodness of fit (GOF) test, as well as the following fit indices: the root-mean-square error of approximation (RMSEA), Tucker-Lewis index (TLI), and the comparative fit index (CFI). The resulting model fit indices indicate acceptable model fit, $\chi^2(92) = 217.11, p = < .001$, CFI = .91, TLI = .88, RMSEA = .06. While assessing model fit is a potentially important research question, it is important to note that whether it is necessary to establish model fit prior to conducting path analyses is debated. Developing a model that has strong model fit and conducting direct or indirect effects testing are separate research questions and confirming the factor structure of the latent variables included in the model is thought by some researchers to be sufficient for conducting path analyses.

Partner A



Partner B

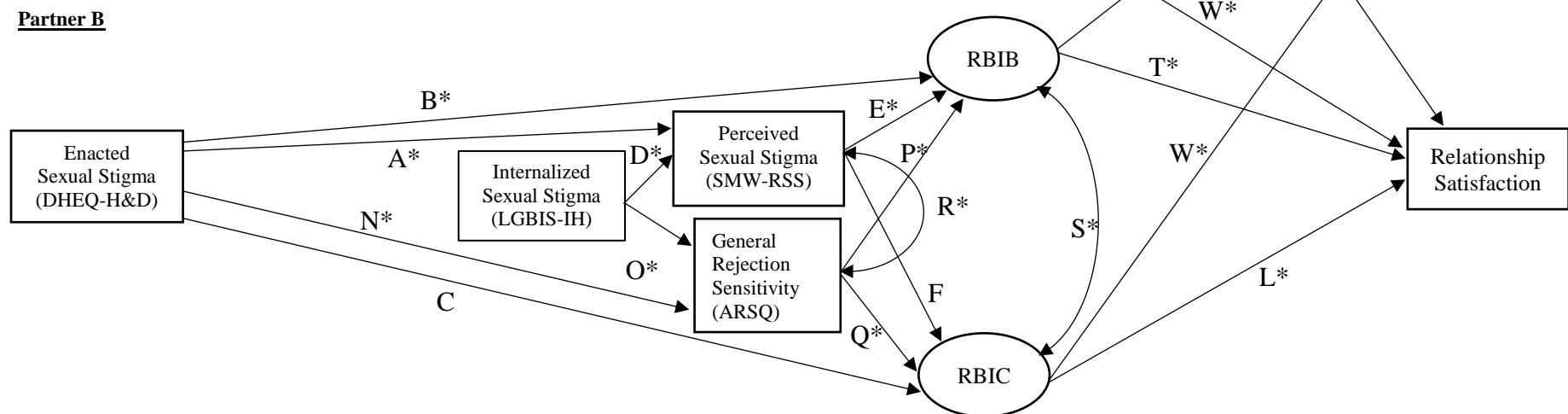


Figure 6. Final Model with equality labels on path coefficients. Asterisks (*) indicate significant pathways. DHEQ-H&D = Daily Heterosexist Experiences Questionnaire Harassment and Discrimination Subscale; LGBIS-IH = Lesbian, Gay, and Bisexual Identity Scale – Internalized Homophobia Subscale; SMW-RSS = Sexual Minority Women Rejection Sensitivity Scale; ARSQ = Adult Rejection Sensitivity Questionnaire; RBIB = Rejection-Based Interpersonal Behaviors; RBIC = Rejection-Based Interpersonal Cognitions. See CFA figures above for factor structure/loadings of latent variables. Variables in the top half of the figure represent Partner A, and variables in the bottom half refer to Partner B.

Standardized and unstandardized path coefficients were examined to test the direct and indirect effects in the proposed model. Indirect effects were tested via the MODEL INDIRECT command in Mplus. Following the recommendations of Hayes and Scharkow (2013), 95% bias-corrected bootstrap confidence intervals were used to determine significant indirect effects at an alpha level of .05, where confidence intervals not containing 0 would be considered significant. For each of the indirect effects tested, the associated direct effect was also tested.

Direct effects testing. With the exception of two paths, all direct actor effects and correlations in the updated model (see Figure 6) were significant. Enacted sexual stigma and perceived sexual stigma were not significantly associated with RBIC (i.e., paths C and F, respectively). As expected, enacted stigma was associated with perceived stigma (path A), general rejection sensitivity (path N), and RBIB (path B). Internalized stigma was associated with perceived stigma (path D) as well as general rejection sensitivity (path O). Perceived stigma and general rejection sensitivity were correlated with one another (path R) and both were associated with RBIB (paths E and P, respectively). General rejection sensitivity was associated with RBIC (path Q). Furthermore, RBIB and RBIC were correlated with one another (path S) and both were associated with the participant's own relationship satisfaction (paths T and L). See Table 4 for standardized and unstandardized path coefficients as well as 95% bias-corrected bootstrapped confidence intervals for direct actor effects. In addition, one of the two proposed direct partner effects was supported. RBIB was not significantly associated with partner's relationship satisfaction (path K); however, RBIC was associated with partner's relationship satisfaction (path W). See Table 5 for standardized and unstandardized path coefficients as well as 95% bias-corrected bootstrapped confidence intervals for direct actor and partner effects of RBIB and RBIC on relationship satisfaction.

Table 4

APIM Interchangeable Actor Effects, Direct Pathways Only

Direct Effect	B (SE)	β (SE)	Bootstrapped 95% CI
Enacted Stigma → Perceived Stigma	2.245 (.312)***	.37 (.05)***	1.591, 2.898
Enacted Stigma → General RS	0.682(.199)**	.19 (.06)**	0.235, 1.129
Enacted Stigma → RBIB	0.048(.007)**	.16 (.06)*	0.003, 0.077
Enacted Stigma → RBIC	-0.004(.087)	-.002 (.07)	-0.188, 0.182
Internalized Stigma → Perceived Stigma	1.118(.467)*	.12 (.06)*	0.043, 2.193
Internalized Stigma → General RS	0.775(.297)**	.14 (.07)*	-0.166, 1.490
Perceived Stigma → RBIB	-0.009(.003)**	-.23 (.06)***	-0.015, -0.004
Perceived Stigma → RBIC	0.022(.014)	.09 (.06)	-0.007, 0.049
General RS → RBIB	0.029(.005)***	.41 (.06)***	0.015, 0.041
General RS → RBIC	-0.133(.022)***	-.35 (.06)***	-0.197, -0.086

Note. B = unstandardized coefficients, β = standardized coefficient. β values rounded to nearest hundredth to account for slight variation among partner's standardized coefficients. Bootstrapped CIs of unstandardized effects.

General RS = General Rejection Sensitivity; RBIB = Rejection-Based Interpersonal Behaviors; RBIC = Rejection-Based Interpersonal Cognitions.

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

Table 5

Actor and Partner Effects of Rejection-Based Behaviors and Cognitions on Relationship Satisfaction

Predictor	Actor Effect			Partner Effect		
	<i>B</i> (<i>SE</i>)	β (<i>SE</i>)	Bootstrapped	<i>B</i> (<i>SE</i>)	β (<i>SE</i>)	Bootstrapped
			95% CI			95% CI
RBIB → RS	-1.665 (.292)***	-.542 (.117)***	-4.300, -0.861	.627 (.235)	0.289 (.176)	-0.532, 3.289
RBIC → RS	0.399 (.045)***	.271 (.119)*	0.025, 0.435	.228 (.044)***	0.422 (.164)*	0.060, 0.655

Note. *B* = unstandardized coefficient, β = standardized coefficient. Bootstrapped CIs of unstandardized effects.

RBIB = Rejection-Based Interpersonal Behaviors; RBIC = Rejection-Based Interpersonal Cognitions; RS = Relationship Satisfaction.

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

Indirect effects testing. It was originally hypothesized that there would be indirect effects between enacted sexual stigma and relationship satisfaction through RBIB/RBIC, RBPS, and perceived stigma. After removing RBPS from the model, it was no longer possible to evaluate the hypothesized indirect effects. Nevertheless, it was intended to test the indirect effects between enacted stigma and relationship satisfaction through the remaining variables (i.e., RBIB/RBIC, perceived stigma, and general rejection sensitivity). However, before conducting indirect effects testing, the assumptions of mediation analyses were examined, including that there be a significant correlation between the independent variable and the dependent variable (i.e., enacted stigma and relationship satisfaction; Baron & Kenny, 1986). It was determined that the analysis could not proceed because enacted stigma and relationship satisfaction were not significantly correlated with one another. Thus, indirect effects testing was not conducted.

CHAPTER IV

DISCUSSION

The sexual minority health literature provides ample evidence that sexual stigma and minority stress have a negative impact on the health and well-being of individuals who identify as a sexual minority (Herek, 2007; King et al., 2008; Logie, 2012; Meyer, 2003). Despite evidence that these factors influence both intrapersonal functioning and interpersonal functioning, few studies have gone beyond the individual level to investigate the relation between sexual stigma and relationship functioning among same-sex couples (Otis et al., 2006; Rostosky & Riggle, 2017). To the author's knowledge, this study was the first to offer a dyadic model that tested the relation between multiple manifestations of sexual stigma (i.e., enacted, internalized, and perceived sexual stigma) and relationship satisfaction in same-sex couples. Dyadic models are especially important because they allow researchers to investigate relatedness among variables at both the intrapersonal and interpersonal levels. More specifically, the present study employed the Actor Partner Interdependence Model (APIM), which allows for the testing of both actor effects (i.e., the association between a participant's score on an independent variable and their own score on a dependent variable) and partner effects (i.e., the association between a participant's score on an independent variable and their partner's score on a dependent variable). By testing both actor and partner effects in the same model, APIMs allow comparisons of associations within an individual member of the dyad as well as between the two dyad members. In addition, the present study began to analyze the self-fulfilling prophecy of rejection sensitivity, which had previously only been tested in opposite-sex couples (Downey & Feldman, 1996; Downey et al., 1998) and expanded this literature by including not only general rejection sensitivity but also sexual minority specific rejection sensitivity in the same model.

Full Model Testing

The present study originally proposed a model that included Rejection-Based Proximal Stress (RBPS), a latent variable comprised of acceptance concerns, difficult process accepting one's sexual identity, and concealment motivation. RBPS is theorized to be a mechanism through which sexual minority rejection sensitivity (a.k.a. perceived sexual stigma) impacts individual functioning (Dyar et al., 2016b). For example, individuals high in rejection sensitivity are thought to be more likely to be concerned about being accepted by others, have greater motivation to conceal their sexual orientation from others, and have a difficult time accepting their own sexual orientation. The RBPS latent variable was included in the proposed model because of its importance in previous research on sexual minority rejection sensitivity; however, it was dropped from the model because the hypothesized associations were not significant. RBPS was not significantly associated with Rejection-Based Interpersonal Behaviors (RBIB) or Rejection-Based Interpersonal Cognitions (RBIC), nor was RBPS significantly associated with relationship satisfaction. In retrospect, it makes sense that RBPS was not strongly associated with RBIB or RBIC because all three of these latent variables represents "outcomes" of perceived sexual stigma. By removing RBPS from the model and adding direct pathways from perceived stigma to RBIB and RBIC, model fit was improved substantially. In light of the absence of support for RBPS, the hypothesized indirect effects were adjusted to reflect model changes because the originally hypothesized indirect effects were no longer testable. In addition, direct effects involving RBPS were no longer testable (i.e., paths G, H, I, and J in Figure 2).

The present study created two novel latent variables that assessed the impact that negative perceptions of a romantic partner have on same-sex relationship satisfaction (i.e., RBIB and RBIC). These latent variables grew out of the rejection sensitivity literature that had

previously only been tested in opposite-sex relationships (Downey & Feldman, 1996). Model fit was also improved by including general rejection sensitivity as a predictor of RBIB and RBIC alongside perceived stigma, which differed from the originally proposed model that conceptualized general rejection sensitivity as a covariate. The results provided support for the finalized model, including acceptable model fit. The following hypotheses remained after making the above model changes (refer to Figure 6 for final model). Note that only hypothesized direct effects remained because the hypothesized indirect effects were no longer testable after removing RBPS from the model.

H1a: There will be actor effects between enacted sexual stigma and perceived sexual stigma (path A), rejection-based interpersonal behaviors (path B), and rejection-based interpersonal cognitions (path C).

H1b: There will be actor effects between perceived sexual stigma and rejection-based interpersonal behaviors (path E) as well as rejection-based interpersonal cognitions (path F).

H1e: There will be an actor effect between internalized sexual stigma and perceived sexual stigma (path D).

H1f: There will be a partner effect between rejection-based interpersonal behaviors and partner relationship satisfaction (path K).

H1g: There will be an actor effect between rejection-based interpersonal cognitions and personal relationship satisfaction (path L).

Direct Effects Testing

Overall, strong support was found for the hypothesized direct actor and partner effects. With the exception of two, all hypothesized direct actor effects were supported. As expected,

there was a direct actor effect between enacted stigma and perceived stigma (path A), suggesting that experiencing discrimination or harassment on the basis of one's sexual orientation is associated with greater sensitivity to future rejection based on one's sexual orientation. However, there was a direct actor effect between enacted stigma and RBIB (path B) but not RBIC (path C), which was counter to what was expected because it was hypothesized that enacted stigma would be associated with both RBIB and RBIC. Similarly, there was an actor effect between perceived stigma and RBIB (path E) but not RBIC (path F), which was counter to what was hypothesized.

These findings suggest that sexual stigma may have a larger influence on the perception of behaviors as opposed to the perceptions of cognitions. This finding is curious, and more research is needed to better understand the associations among these variables; however, an initial hypothesis is that measures of enacted stigma tend to focus on overt behaviors (e.g., being verbally harassed or physically harmed) as opposed to the less explicit attitudes or thoughts of perpetrators. Experiences of being explicitly discriminated against may have a more salient association with how an individual views the behaviors of others as opposed to their internal thought processes.

In addition, there was a significant actor effect between internalized stigma and perceived stigma (path D), confirming that, as hypothesized, both enacted and internalized stigma were positively associated with perceived stigma. This is an important finding, as these three manifestations of sexual stigma are rarely studied concurrently in the same model, and this study provides a model structure that builds upon previous research, which future studies may also employ. Similarly, and not surprisingly, there were significant actor effects between both enacted stigma and internalized stigma with general rejection sensitivity (paths N and O). However, contrary to perceived stigma, there were significant actor effects between general rejection

sensitivity and both RBIB (path P) and RBIC (path Q). Thus, sexual minority specific rejection sensitivity (i.e., perceived stigma) and general rejection sensitivity were not consistently associated with perceptions of romantic partner. Perceived stigma was not associated with RBIC, while general rejection sensitivity was associated with both RBIB and RBIC. Future studies examining the differential impact of sexual minority specific rejection sensitivity and general rejection sensitivity on other categories of relationships (e.g., friendships, co-workers, familial, etc.) could improve our understanding of how these constructs impact interpersonal perception.

Nevertheless, the associations between enacted stigma and internalized stigma with general rejection sensitivity (paths N and O) are important because they provide an example of how sexual stigma can have far-reaching consequences. The preoccupation or sensitivity to future rejection that tends to develop from internalizing negative beliefs about one's sexual orientation and/or experiences of being discriminated against on the basis of one's sexual orientation is not limited to potential rejection based solely upon one's sexual orientation. Indeed, enacted and internalized stigma are associated with a preoccupation with rejection regardless of whether sexual orientation is attributed to be the cause of the potential rejection. This finding is in line with the premise of the proposed model: sexual stigma is theorized to have an insidious impact on functioning that influences even theoretically "safe" spaces (e.g., one's romantic relationship). Enacted stigma and internalized stigma are associated with greater preoccupation with rejection generally *and* due to one's sexual orientation. Enacted stigma and internalized stigma may cause a shift in how sexual minorities view others and the world they inhabit, leading to perceptions of others that may increase the likelihood that they experience future rejections.

As expected, there was a significant actor effect from RBIC to personal relationship satisfaction (path L), indicating that participants who perceived their partner to be less committed, less secure, and less satisfied with the relationship reported themselves to be less satisfied with the relationship. Similarly, there was a significant actor effect from RBIB to personal relationship satisfaction (path T), indicating that participants who perceived their partner to be more hostile, jealous, and emotionally unsupportive reported less relationship satisfaction. Furthermore, contrary to what was hypothesized, there was not a significant partner effect from RBIB to partner's relationship satisfaction (path K); however, there was a significant partner effect from RBIC to partner's relationship satisfaction (path W). When one partner viewed the other as being less satisfied, committed, and secure in the relationship, their partner tended to report themselves to indeed be less satisfied with the relationship. On the face of it, this finding is not surprising; however, it is important to consider the direct partner effect between RBIC and partner's relationship satisfaction in light of the associations between sexual stigma and general rejection sensitivity, which were also associated with RBIC.

Indirect Effects Testing

It was hypothesized that there would be indirect effects between enacted stigma and relationship satisfaction through the RBIB/RBIC, RBPS, and perceived stigma. However, it was no longer possible to evaluate these hypothesized indirect effects after removing RBPS from the model. Nevertheless, modified indirect effects between enacted stigma and relationship satisfaction through the remaining variables in the final model could be evaluated; however, testing associations among the variables in the final model revealed that enacted stigma and relationship satisfaction were not significantly correlated. This finding prevented indirect effects testing, as a requirement of indirect effects testing is that the independent variable and dependent

variable are correlated with one another (Baron & Kenny, 1986). Thus, indirect effects testing was not conducted.

The finding that enacted stigma and relationship satisfaction were not correlated with one another was contrary to expectations. It was expected that experiences of being discriminated against by others would lead to less satisfying relationships generally, as these experiences may contribute to increased isolation and greater negative expectations of others. There are several potential explanations for this finding. The present sample was relatively high functioning, with a restricted range on relationship satisfaction in the positive direction, and a high mean relationship satisfaction score. In addition, mean scores on enacted stigma, internalized stigma, and perceived stigma were lower than mean scores on these measures from another recently collected sample of SMW (Shappie, Ehlke, Lewis, & Braitman, 2019). Furthermore, the larger project from which the present study was drawn may have inadvertently increased the likelihood of recruiting higher functioning participants due to the multiple phases of screening and requirement that participants complete a 14-day daily diary component.

Another potential explanation is that enacted stigma may have a more salient influence on other kinds of relationship satisfaction (i.e., familial, friendships, etc.) or interpersonal functioning more broadly. The present study assessed relationship satisfaction in one's romantic relationship generally (i.e., no time frame was given). Future studies may incorporate alternative ways of assessing relationship satisfaction. For example, Ecological Momentary Assessment (EMA) may be used to assess changes in relationship satisfaction in real time as participants experience enacted stigma (or other manifestations of sexual stigma). By doing so, researchers may gain a more nuanced understanding of the ways in which enacted stigma (or sexual stigma, more generally) impacts relationship satisfaction. It could also be informative to implement

EMA methodology to assess the implications of sexual stigma for other kinds of relationship functioning or social support more broadly.

Limitations and Future Directions

Improving our understanding of how sexual stigma impacts same-sex relationships is an important and worthwhile endeavor that has largely been overlooked by the literature in favor of investigating individual-level outcomes of sexual stigma. This study represents a starting point, and there are many questions that remain. Nevertheless, the present study's findings should be interpreted with several limitations in mind. The sample was collected for a larger study focusing on alcohol use among young same-sex female couples that necessitated inclusionary criteria that may limit the generalizability of the present study's findings. For example, at least one member of each dyad consumed alcohol and engaged in one binge drinking episode in the previous two weeks. In addition, the present sample consisted of young adult women between the ages of 18 and 35. Whereas it is important to understand the experiences of young sexual minority women (Hughes et al., 2006), there are potential age or cohort effects when comparing younger and older sexual minority women, which also limits generalizability. Future research would be enhanced by recruiting a more representative sample across a variety of demographic characteristics. Along these lines, future work should examine intersectionality at both the individual and couple level. At the individual level it is important to consider how intersecting identities (e.g., sexual, gender, racial, and/or ethnic identities, etc.) may be associated with distal or proximal minority stressors and relationship experiences. At the couple-level it is important to investigate how the experiences of inter-racial and/or inter-ethnic sexual minority couples may differ from those of same-race or same-ethnicity sexual minority couples.

Furthermore, the present study used only cross-sectional data in a sample of cisgender women. The use of cross-sectional data impacts the generalizability of the findings because it relies on retrospective reporting and prevents determination of directionality (e.g., greater RBIB may lead to less relationship satisfaction *or* less relationship satisfaction may lead to greater RBIB). To begin to address causality, future studies would benefit from investigating how sexual stigma impacts relationship functioning among same-sex couples over time (e.g., collect data from participants before and after experiencing enacted stigma). Along these lines, future research could incorporate daily diary methodology or EMA in order to examine how RBIB and RBIC are influenced by daily stressors and/or relationship conflict in real time. For example, future research may investigate if RBIB or RBIC are elevated on days in which the participant argues with their partner or experiences discrimination and whether elevations of RBIB or RBIC impact later experiences/functioning. This research could help to inform an emerging literature that seeks to create culturally tailored and sensitive approaches for providing sexual minority couple's therapy.

Alternatively, future research may investigate how individuals who are high in RBIB and RBIC tend to react to stress (e.g., greater internalizing or externalizing symptoms). This information could improve our understanding of how these latent variables are linked to sexual stigma and provide additional information about how they impact interpersonal functioning. For example, it may be useful to investigate how sexual stigma and RBIB/RBIC impact social support and relationship functioning more broadly. Sexual minorities tend to report less social support after an experience of discrimination or harassment compared to their reported social support on days in which they did not experience discrimination or harassment (Hatzenbuehler, Nolen-Hoeksema, & Dovidio, 2009). Investigating the role that expectations and perceptions of

others play in this finding could be useful to developing interventions that aim to improve social support and community connectedness among sexual minorities. It could also be useful to investigate similarities or differences between couples with regard to their levels of the variables in the proposed model so that researchers may identify couple-level trends (e.g., are individuals high in perceived stigma likely to date other individuals who are also high in perceived stigma?).

Future research would also benefit from testing the proposed model in a sample of male same-sex couples. It may also be illuminative to investigate these relations among individuals who hold a non-monosexual identity and are in a relationship with a heterosexual. For example, bisexuals may be higher in sexual minority rejection sensitivity due to bi-invisibility and experiencing discrimination from both heterosexuals and other sexual minorities, which may influence the salience or pervasiveness of RBIB/RBIC in their relationships. It may also be useful to examine the impact that RBIB/RBIC have on relationship functioning more generally, as opposed to simply relationship satisfaction. Although it was not possible to examine indirect effects in the current study due to a lack of association between enacted stigma and relationship satisfaction, future research may incorporate indirect effects testing to further illuminate whether there are associations between sexual stigma, RBIC, and relationship functioning.

The present study included the three individual-level manifestations of sexual stigma; however, one additional manifestation of sexual stigma exists: structural stigma, or societal conditions, social norms, and institutional policies that impact or constrain the well-being of sexual minorities (Hatzenbuehler & Link, 2014). Future research may expand the present model to incorporate structural stigma so as to examine how the associations established by the present study may be stronger or weaker depending on the societal/cultural context in which sexual minorities live. For example, structural stigma is positively associated with enacted stigma

(Pachankis & Bränström, 2018). Exploring how the associations among sexual stigma, RBIB, RBIC, and interpersonal functioning may change in countries, states, or municipalities that have fewer protections for sexual minorities may be worthwhile for ongoing efforts to advocate for policy change. Furthermore, multiple alternative measures for the manifestations of sexual stigma exist. For example, the Heterosexist Harassment, Rejection, and Discrimination Scale (HHRDS; Szymanski, 2006) is an alternative measure of enacted stigma, the Lesbian Internalized Homophobia Scale (LIHS; Szymanski & Chung, 2001) is an alternative internalized stigma measure, and the Stigma Consciousness Questionnaire (SCQ; Pinel, 1999) is an alternative measure of perceived stigma. While the item content of these measures is broadly similar to the items on the DHEQ, LGBIS, and SMW-RSS, there are some key differences between the measures. For example, the DHEQ asks participants whether the items bothered them in the previous 12 months and a “0” answer indicates that the item did not occur, while the HHRDS asks simply whether the item occurred in the past year. The literature would benefit from a refined focus on how to operationalize the manifestations of sexual stigma with recommendations provided for when one measure might be preferred over another.

Along these lines, rejection sensitivity is a particular kind of social expectation that is anxiety-based. Whereas a large body of literature exists for general rejection sensitivity, some caution is warranted when extending this construct to operationalize perceived stigma. The inherent focus on anxiety as a part of rejection sensitivity may alter how it captures perceived stigma. For example, individuals who experience expectations of rejection by others based upon their sexual identity but who do not experience elevated levels of anxiety from these perceptions will have decreased scores on this measure. Thus, it is important that researchers who use the SMW-RSS are interested in examining this anxious expectation of rejection, and the literature

may be improved by the development of a more general measure of expectations of rejection. Furthermore, while the present study used rejection sensitivity as an endogenous variable that was impacted by enacted stigma, other studies have used rejection sensitivity as an exogenous variable (e.g., Romero-Canyas, Downey, Berenson, Ayduk, & Jan Kang, 2011). It is possible that rejection sensitivity and experienced discrimination could switch places in the present model, as rejection sensitivity may impact an individual's perceptions of enacted stigma.

Finally, the present study did not investigate the underlying mechanisms connecting sexual stigma, rejection-based perceptions, and relationship functioning. Why is it that some individuals develop greater perceived stigma after experiencing discrimination than others? As argued by Hatzenbuehler (2009), exploring potential mediators of this relationship would improve our understanding of how sexual stigma gets "under the skin." The present study offered initial evidence for the self-fulfilling prophecy of general rejection sensitivity among same-sex couples; however, additional research is needed to clarify how rejection sensitivity influences behavior. For example, Downey and Feldman's (1996) seminal work demonstrated that individuals high in general rejection sensitivity were reported by their opposite-sex partner to be hostile, jealous, and emotionally unsupportive and that these behaviors mediated the association between the participant's rejection sensitivity and their partner's relationship dissatisfaction. The present study examined whether participants' rejection sensitivity (both sexual minority specific and general) was associated with perceiving their partner as hostile, jealous, and emotionally unsupportive and whether these perceptions were associated with relationship satisfaction. These two studies are distinct in that Downey and Feldman (1996) examined how participants who were high in rejection sensitivity behaved (as reported by their partner), whereas the present study examined how participant's rejection sensitivity was

associated with their perceptions of their partner's cognitions and behaviors. The present study developed a model that goes beyond Downey and Feldman's original work by including multiple manifestations of sexual stigma, two novel latent variables, and dyadic analyses. Replicating Downey and Feldman's findings fell outside of the scope of this study; however, future work that replicates Downey and Feldman's original model among same-sex couples could further illuminate this self-fulfilling prophecy.

CHAPTER V

CONCLUSIONS

Combined with the associations among sexual stigma, general rejection sensitivity, RBIB, and RBIC, the final model suggests that experiences of being discriminated against due to one's sexual orientation are associated with expectations of rejection by others, both as a result of their sexual identity (i.e., sexual minority rejection sensitivity) as well as more generally. These expectations are associated with negativistic expectations of their romantic partner, perceiving them as more interpersonally hostile and unsupportive as well as perceiving them as less satisfied and committed to their relationship. These perceptions are then associated with diminished personal relationship satisfaction and, in some cases, diminished partner relationship satisfaction. Thus, the present study began to find evidence for a self-fulfilling prophecy in which these perceptions may lead the individual and their partner to feel less satisfied with their relationship. However, it remains to be seen whether these perceptions are linked to personal behaviors that increase the likelihood that the individual experiences future rejection by their romantic partner.

It may appear that these findings place the “blame” upon individuals who are high in rejection sensitivity (i.e., an intervention may aim to correct distorted cognitions which may lead to a more integrated view of one's self and their romantic partner). However, it is important to note that sensitivity to potential rejection is, at its core, an adaptive process (Romero-Canyas et al., 2010), which is thought to be a defensive motivational system (Romero-Canyas et al., 2011). This sensitivity may alert the individual to potentially unsafe environments or individuals who may otherwise threaten their safety; however, this adaptive system may become maladaptive if this response becomes over-generalized. Nevertheless, if this process does become maladaptive,

it is important to remember that the overgeneralization of this process is likely rooted in a history of past experiences in which the individual was harmed and/or unsupported by others. Perceiving a romantic partner's benign behavior as hostile, jealous, or emotionally unsupportive is likely rooted in previous interactions and relationships in which behaviors *were* hostile or unsupportive, and this sensitivity may be representative of a strong desire to be in a relationship in which the individual feels understood, supported, and loved.

By focusing on the potential impact of sexual stigma at the dyadic level, researchers may develop an improved understanding of sexual minority health within the context of same-sex romantic relationships. The present study found support for a novel model investigating how sexual stigma may impact relationship functioning among female same-sex couples. The present study provides an important contribution to the literature because it was the first to offer a dyadic model that tested the relatedness between all three manifestations of sexual stigma at the individual level (i.e., enacted, internalized, and perceived) and relationship satisfaction among same-sex couples.

While the present study contributes to a broader literature on same-sex relationship functioning so that researchers may develop culturally tailored interventions for same-sex couples, it is imperative that these findings be interpreted in the larger context of the sexual minority health literature. The present study provides evidence that sexual stigma is alive and well, unfairly impacting the experience of individuals who identify as a sexual minority due to its associations with relationship functioning. These findings add to the already established literature demonstrating the many negative impacts that sexual stigma has on individual health outcomes (for a recent review, see Gonzales & Henning-Smith, 2017) and emphasizes the importance of expanding the literature to also include interpersonal health outcomes.

Nevertheless, the burden of addressing the impact of heterosexism should fall upon society at large and, namely, those who continue to legitimize and perpetuate sexual stigma. Our understanding of health disparities has increased greatly in the previous two decades; however, much work remains to address the health disparities that have been well documented. Continued research and advocacy are needed so that we may inform society of these disparities and work together to negate them.

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APPENDIX A

SCREENING AND DEMOGRAPHIC SURVEYS

Screening Survey

1. How old are you? _____ years

2. People are different in their sexual attraction to other people. Which best describes your feelings?
 - I am only attracted to women.
 - I am mostly attracted to women.
 - I am equally attracted to men and women.
 - I am mostly attracted to men.
 - I am only attracted to men.

3. Which of the following best represents how you think of yourself?
 - Only homosexual/lesbian
 - Mostly homosexual/lesbian
 - Bisexual
 - Mostly heterosexual
 - Only heterosexual
 - Other (specify): _____
 - Prefer not to answer

4. Which sex were you assigned at birth? (i.e., what appears on your birth certificate?)
 - Male
 - Female

5. How would you describe yourself?
 - Male
 - Female
 - Male to female transgender
 - Female to male transgender
 - Gender queer/non-conforming
 - Other (please specify): _____

6. Do you have a female partner?
 - Yes
 - No

7. How long have you been together?

- Less than a month
- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 or more months

8. During an average week, on how many days do you see your partner in person?

- I don't see my partner during an average week
- 1-2 days
- 3-5 days
- 6-7 days

9. In the past two weeks, how many days did you drink alcohol? _____

10. Again, thinking about the last two weeks, when you drank alcohol, what was the most drinks you had at one time?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10+

11. In what state do you live? (drop down menu of all 50 states, Washington, D.C., Puerto Rico, and 'I do not reside in the United States)

12. What is your time zone?

- Eastern
- Central
- Mountain
- Pacific

13. Would your schedule permit you to respond to a brief online survey each morning for 2 weeks between the hours of 6am and 12 (noon)?

- Yes
- No

Demographic Survey

Please tell us about yourself:

1. What is your age? _____ years
2. In what state do you currently reside? _____
3. What is your employment status? (check all that apply)
 - Employed part-time
 - Employed full-time (or more)
 - Retired
 - Student
 - Homemaker
 - Unemployed
4. What best describes your educational level?
 - Less than high school
 - Some high school
 - High school graduate
 - Some college
 - Associate's degree
 - Bachelor's degree
 - Master's degree
 - Doctoral/Professional degree
5. How much are finances an issue for you or your immediate family?
 - Difficulty meeting my/my family's basic needs
 - Barely able to meet my/my family's basic needs
 - Once-in-a-while have difficulty covering my/my family's basic needs
 - No difficulty covering basic needs
 - Have extra money each month
6. What is your average individual income?
 - \$0 - \$9,999
 - \$10,000 - \$19,999
 - \$20,000 - \$29,999
 - \$30,000 - \$39,999
 - \$40,000 - \$49,999
 - \$50,000 - \$59,999
 - \$60,000 - \$69,999
 - \$70,000 - \$79,999
 - \$80,000 - \$89,999
 - \$90,000 - \$99,999
 - \$100,000+

7. The city/community/town in which I live is:

- Urban
- Suburban
- Rural

8. What is your ethnicity?

- Hispanic, Latina, or Spanish origin
- Not Hispanic, Latina, or Spanish origin

9. Which racial group BEST describes you?

- African American or Black alone
- American Indian and Alaska Native alone
- Asian, Asian American, Native Hawaiian, or Pacific Islander alone
- European American, Caucasian or White alone
- Multiracial
- Other: _____

10. There are many ways that individuals think of their sexual identity. Choose all that describe you:

- Lesbian
- Bisexual
- Queer
- Asexual
- Pansexual
- Questioning
- Gay
- Other (specify): _____

11. People are different in their sexual attraction to other people. Which best describes your feelings?

- I am only attracted to women.
- I am mostly attracted to women.
- I am equally attracted to men and women.
- I am mostly attracted to men.
- I am only attracted to men.
- Prefer not to answer

12. **During the past year**, with whom have you had sex?

- Women only
- Women and men
- Men only
- No one
- Prefer not to answer

13. With whom have you had sex in your **lifetime**?

- Women only
- Women and men
- Men only
- No one
- Prefer not to answer

14. At what age did you first wonder about your sexual identity? _____ years

15. At what age did you self-identify as being lesbian/gay/bisexual/other? _____ years

16. At what age did you first disclose your sexual identity to someone else? _____ years

17. Have you disclosed your sexual identity to a parent or guardian? Yes/No

[If yes to question 19, then:]

At what age did you first disclose your sexual identity to a parent or guardian?
_____ years

18. Have you disclosed your sexual identity to another family member other than a parent or guardian? Yes/No

[If "yes" to question 20, then:]

At what age did you first disclose your sexual identity to another family member other than a parent or guardian? _____ years

19. Have you "come out" to any of your friends? Yes/No

[If "yes" to question 21, then:]

At what age did you first "come out" to friends? _____ years

20. Have you "come out" to any of your coworkers? Yes/No

[If "yes" to question 22, then:]

At what age did you first "come out" to coworkers? _____ years

21. Relative to other lesbian/gay/bisexual individuals, I am:

- Definitely in the closet.
- In the closet most of the time.
- Half-in and half-out.
- Out of the closet most of the time.
- Completely out of the closet.
- Prefer not to answer

22. How often do you think about your sexual orientation/identity?

- 1 - Never
- 2
- 3
- 4
- 5
- 6 - Often

23. What is your height? _____

24. What is your best guess of your current weight in pounds? _____

25. How would you describe your relationship status?

- Single, dating a main partner but not in an exclusive relationship
- Single, exclusively dating one person
- Partnered, in a relationship that is not exclusive
- Partnered, in an exclusive relationship
- Partnered, married or in a civil union
- Other: _____

26. How do you and your partner handle sex outside of your relationship?

- Neither of us has sex with others
- Only I have sex with others
- Only she has sex with others
- We both have sex with others separately
- We only have sex with others together
- We have sex with others separately and together
- I have sex with others - I don't know what she does
- I do not have sex with others - I don't know what she does

27. Do you live with your partner?

- Yes
- No

28. How long have you been in your current relationship?

_____ Years _____ Months

APPENDIX B

THE DAILY HETEROSEXIST EXPERIENCES QUESTIONNAIRE: HARASSMENT & DISCRIMINATION SUBSCALE

Directions: The following is a list of experiences that LGBT people sometimes have. Please read each one carefully, and then respond to the following question:

How much has this problem distressed or bothered you during the past 12 months?

- 0 = Did not happen/not applicable to me
- 1 = It happened, and it bothered me NOT AT ALL
- 2 = It happened, and it bothered me A LITTLE BIT
- 3 = It happened, and it bothered me MODERATELY
- 4 = It happened, and it bothered me QUITE A BIT
- 5 = It happened, and it bothered me EXTREMELY

1. Being called names such as “fag” or “dyke.”
2. People staring at you when you are out in public because you are LGBT.
3. Being verbally harassed by strangers because you are LGBT.
4. Being verbally harassed by people you know because you are LGBT.
5. Being treated unfairly in stores or restaurants because you are LGBT.
6. People laughing at you or making jokes at your expense because you are LGBT.

APPENDIX C

THE SEXUAL MINORITY WOMEN REJECTION SENSITIVITY SCALE

Directions: For the next items, please read the following descriptions of situations and answer the two questions that follow each one. Imagine each situation as vividly as you can, as if you were actually there.

1. You and your female partner are having dinner together at a restaurant. A male customer approaches your table.

- 1a. How concerned/anxious would you be that the man might sexually harass you because of your sexual orientation?
- 1b. How likely is it that the man will sexually harass you because of your sexual orientation?

2. You and your female partner are leaving a store holding hands. A car drives by, and the driver honks the horn loudly several times.

- 2a. How concerned/anxious would you be that the driver might have honked because of your sexual orientation?
- 2b. How likely is it that the driver honked because of your sexual orientation?

3. You are on a date with a woman at a restaurant. The waiter provides you and your date with poor service.

- 3a. How concerned/anxious would you be that the poor service may have been because of your sexual orientation?
- 3b. How likely is it that the poor service was because of your sexual orientation?

4. You and your female partner are walking together holding hands. Several men are gather on a corner outside of a bar.

- 4a. How concerned/anxious would you be that you may be harassed or assaulted because of your sexual orientation?
- 4b. How likely is it that you will be harassed or assaulted because of your sexual orientation?

5. You are at a bar with a female friend and an intoxicated male approaches you and attempts to pick you up. You turn him down and he reacts angrily, calling you a "dyke."

- 5a. How concerned/anxious would you be that he might physically assault you because of your sexual orientation?
- 5b. How likely is it that he will physically assault you because of your sexual orientation?

6. You and your female partner are looking to buy a house. After looking at a house together with a realtor, the realtor fails to schedule an appointment to view a house she represents.

- 6a. How concerned/anxious would you be that the realtor failed to schedule an appointment because of your sexual orientation?
- 6b. How likely is it that the realtor failed to schedule an appointment because of your sexual orientation?

7. A few of your female coworkers regularly try to set you up with me, but they never try to set you up with women.

7a. How concerned/anxious would you be that they may be doing this because they don't accept your sexual orientation?

7b. How likely is it that they are doing this because of your sexual orientation?

8. You are hanging out with a group of heterosexual female coworkers, and the subject turns to boyfriends and husbands.

8a. How concerned/anxious would you be that they may treat you differently because of your sexual orientation?

8b. How likely is it that they will treat you differently because of your sexual orientation?

9. A new female friend of yours makes negative remarks about lesbians.

9a. How concerned/anxious would you be that she may not want to be friends with you if she knew of your sexual orientation?

9b. How likely is it that she wouldn't want to be friends if she knew of your sexual orientation?

10. You disclose your sexual orientation to a new friend. Your friend doesn't express concern about it, but your friendship soon drifts apart.

10a. How concerned/anxious would you be that the drifting apart of this friendship is because of your sexual orientation?

10b. How likely is it that your friendship drifted apart because of your sexual orientation?

11. You walk into the locker room at the gym and begin to change. A woman near you moves to a different part of the locker room.

11a. How concerned/anxious would you be that she may have moved because of your sexual orientation?

11b. How likely is it that she moved because of your sexual orientation?

12. Your supervisor begins raising concerns about your performance at work for the first time after you bring your female partner to a company picnic.

12a. How concerned/anxious would you be that your supervisor may be raising concerns about your performance at work because of your sexual orientation?

12b. How likely is it that that your supervisor is raising concerns about your performance at work because of your sexual orientation?

13. You notice your relatives looking at you and your female partner at a family reunion, but they don't come over to talk to you.

13a. How concerned/anxious would you be that they may not have come over to talk to you because of your sexual orientation?

13b. How likely is it that they didn't come over to talk to you because of your sexual orientation?

14. You and your female partner are getting married. Several of your coworkers do not come to the wedding ceremony.

14a. How concerned/anxious would you be that they may not have come because of your sexual orientation?

14b. How likely is it that they did not come because of your sexual orientation?

15. The principle at your child's elementary school has never spoken to you and your partner at school events, but you often see him speaking with other parents.

15a. How concerned/anxious would you be that he may not have spoken to you because of your sexual orientation?

15b. How likely is it that he doesn't speak to you because of your sexual orientation?

16. During a lecture on sexual orientation, your professor includes several stereotypes about lesbian and bisexual women as if they were facts. After the lecture, you approach the professor and politely point out the incorrect aspects of the lecture. You receive a lower grade than expected in the class.

16a. How concerned/anxious would you be that you may have received a lower grade in the class because of your sexual orientation?

16. How likely is it that you received a lower grade in the class because of your sexual orientation?

Note. Participants respond to each scenario in two follow up questions. The first question asks participants to indicate how anxious/concerned they would feel on a 6-point Likert scale ranging from 1 (not at all anxious) to 6 (very anxious), and the second question asks participants to indicate the likelihood that they would be treated unfairly due to their sexual orientation on a 6-point Likert scale ranging from 1 (very unlikely) to 6 (very likely).

APPENDIX D

THE LESBIAN, GAY, AND BISEXUAL IDENTITY SCALE: INTERNALIZED HOMONEGATIVITY SUBSCALE (IH), CONCEALMENT MOTIVATIONS SUBSCALE (CM), ACCEPTANCE CONCERN SUBSCALE (AC), AND DIFFICULT PROCESS SUBSCALE (DP)

Directions: For each of the following questions, please mark the response that best indicates your current experience as an LGB person. Please be as honest as possible: Indicate how you really feel now, not how you think you should feel. There is no need to think too much about any one question. Answer each question according to your initial reaction and then move on to the next.

1. I prefer to keep my same-sex romantic relationships rather private. (CM)
2. If it were possible, I would choose to be straight. (IH)
3. I keep careful control over who knows about my same-sex romantic relationships. (CM)
4. I often wonder whether others judge me for my sexual orientation. (AC)
5. I can't feel comfortable knowing that others judge me negatively for my sexual orientation. (AC)
6. Admitting to myself that I'm an LGB person has been a very painful process. (DP)
7. I think a lot about how my sexual orientation affects the way people see me. (AC)
8. Admitting to myself that I'm an LGB person has been a very slow process. (DP)
9. My sexual orientation is a very personal and private matter. (CM)
10. I wish I were heterosexual. (IH)
11. I have felt comfortable with my sexual identity just about from the start. (DP) (R)
12. I believe it is unfair that I am attracted to people of the same sex. (IH)

Note. (R) = Reverse-scored item.

APPENDIX E

REJECTION-BASED INTERPERSONAL BEHAVIORS ITEMS

Directions: Please indicate the frequency with which your partner has enacted each of the following behaviors towards you during the past month.

Note: Scales scored on a 5-point Likert scale ranging from 0 (never) to 5 (daily/always). Emotionally Supportive Behavior subscale reverse-scored to match the directionality of the Hostile Behavior and Jealous Behavior subscales.

Hostile Behavior:

1. My partner insulted or shamed me in front of others.
2. My partner called me nasty names.
3. My partner treated me like I was an inferior.
4. My partner sulked or refused to talk about a problem.
5. My partner withheld affection from me.
6. My partner treated me like his/her servant.
7. My partner told me my feelings are irrational or crazy.
8. My partner blamed me for causing his or her violent behavior.
9. My partner tried to make me feel like I was crazy.
10. My partner blamed me when I had nothing to do with it.

Jealous Behavior:

1. My partner was jealous of other men/women.
2. My partner was jealous and suspicious of my friends.
3. My partner monitored my time and made me account for my whereabouts.

Emotionally Supportive Behavior:

1. My partner treated me as if my feelings were important and worthy of consideration.
2. My partner said things to encourage me.
3. My partner praised me in front of others.
4. My partner told me my feelings were reasonable or normal.
5. My partner let me talk about my feelings.
6. My partner was affectionate with me.
7. My partner was sensitive to my sexual needs and desires.
8. My partner made requests politely.

Note. Emotionally Supportive Behavior subscale reverse-scored to match directionality of Hostile and Jealous Behavior subscales.

APPENDIX F

REJECTION-BASED INTERPERSONAL COGNITIONS ITEMS

Directions: Please answer the following questions about how you think your partner feels. If you are uncertain, use your best guess.

Perceptions of partner's commitment:

1. My partner often thinks of leaving our relationship.
2. My partner does not feel very attached to me.
3. My partner feels trapped in our relationship.
4. My partner thinks that her life would be better if she were in a relationship with someone else.

Perceptions of partner's security with the relationship:

1. My partner feels secure in our relationship.

Perception of partner's satisfaction with the relationship:

1. My partner is satisfied with our relationship.
2. My partner feels positively about our relationship.
3. My partner feels we communicate well.

Note. All scales scored on an 8-point Likert scale ranging from 0 (not at all true of my partner's feelings) to 8 (completely true of my partner's feelings). Perceptions of partner's commitment subscale reverse-scored to match directionality of Perceptions of partner's security and satisfaction subscales.

APPENDIX G

RELATIONSHIP SATISFACTION ITEMS

Directions: Please answer the following questions about how you think your partner feels. If you are uncertain, use your best guess.

1. I am satisfied with our relationship.
2. Our relationship meets my expectations of what a good relationship should be like.
3. I could not be happier in our relationship.

Note. Scale scored on an 8-point Likert scale ranging from 0 (not at all true of my partner's feelings) to 8 (completely true of my partner's feelings)

APPENDIX H

THE ADULT REJECTION SENSITIVITY QUESTIONNAIRE

Directions: The items below describe situations in which people sometimes ask things of others. For each item, **imagine that you are in the situation, and then answer the questions that follow it.**

1. You ask your parents or another family member for a loan to help you through a difficult financial time.
 - 1a. How concerned or anxious would you be over whether or not your family would want to help you?
 - 1b. I would expect that they would agree to help as much as they can. (R)

2. You approach a close friend to talk after doing or saying something that seriously upset him/her.
 - 2a. How concerned or anxious would you be over whether or not your friend would want to talk to you?
 - 2b. I would expect that he/she would want to talk with me to try to work things out. (R)

3. You bring up the issue of sexual protection with your significant other and tell her how important you think it is.
 - 3a. How concerned or anxious would you be over her reaction?
 - 3b. I would expect that he/she would be willing to discuss our possible options without getting defensive. (R)

4. You ask your supervisor for help with a problem you have been having at work.
 - 4a. How concerned/anxious would you be over whether or not the person would want to help you?
 - 4b. I would expect that he/she would want to try to help me out. (R)

5. After a bitter argument, you call or approach your significant other because you want to make up.
 - 5a. How concerned or anxious would you be over whether or not your significant other would want to make up with you?
 - 5b. I would expect that she would be at least as eager to make up as I would be. (R)

6. You ask your parents or other family members to come to an occasion important to you.
 - 6a. How concerned or anxious would you be over whether or not they would want to come?
 - 6b. I would expect that they would want to come. (R)

7. At a party, you notice someone on the other side of the room that you'd like to get to know, and you approach him or her to try to start a conversation.

7a. How concerned or anxious would you be over whether or not the person would want to talk with you?

7b. I would expect that he/she would want to talk with me. (R)

8. Lately you've been noticing some distance between yourself and your significant other, and you ask her if there is something wrong.

8a. How concerned or anxious would you be over whether or not she still loves you and wants to be with you?

8b. I would expect that she will show sincere love and commitment to our relationship no matter what else may be going on. (R)

9. You call a friend when there is something on your mind that you feel you really need to talk about.

9a. How concerned or anxious would you be over whether or not your friend would want to listen?

9b. I would expect that he/she would listen and support me. (R)

Note. Participants respond to each scenario in two follow up questions. The first question asks participants to indicate how concerned or anxious they would feel on a 6-point Likert scale ranging from 1 (very unconcerned) to 6 (very concerned), and the second question asks participants to indicate the degree to which they would expect to be rejected on a 6-point Likert scale ranging from 1 (very unlikely) to 6 (very likely).

(R) = Reverse-scored item.

VITA

Alexander Thomas Shappie
 Virginia Consortium Program in Clinical Psychology
 Norfolk, VA 23529

Education

- Ph.D. Clinical Psychology (*expected August 2020*)
 Virginia Consortium Program in Clinical Psychology
 Norfolk, Virginia
- B.A. Psychology and Anthropology (awarded May 2014)
 Case Western Reserve University
 Cleveland, Ohio

Selected Publications

- Shappie, A. T.**, Dawson, C. A., & Debb, S. M. (2019). *Personality as a predictor of information security attitudes, awareness, and behaviors*. Manuscript accepted for publication in Psychology of Popular Media Culture.
- Heron, K. E., Lewis, R. J., **Shappie, A. T.**, Dawson, C., Amerson, R., Braitman, A., Winstead, B., & Kelley, M. (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: Study Protocol of Project Relate. *The Journal of Medical Internet Research: Research Protocols*. doi: 10.2196/resprot.11718
- Heron, K. E., Braitman, A. L., Lewis, R. J., **Shappie, A. T.**, & Hitson, P. T. (2018). Measuring sexual minority stressors in lesbian women's daily lives: Initial scale development. *Psychology of Sexual Orientation and Gender Diversity*, 5, 387-395. doi: 10.1037/sgd0000287
- Shappie, A. T.**, & Debb, S. M. (2017). African American student achievement and the historically black university: The role of student engagement. *Current Psychology*, 1-13. doi: 10.1007/s12144-017-9723-4

Selected Presentations

- Shappie, A. T.**, Ehlke, S. J., Lewis, R. J., & Braitman, A. L. (2019, March). *Sexual stigma and internalizing symptoms: Model comparisons between lesbian and bisexual women*. Poster accepted for presentation at the annual conference of the Society of Behavioral Medicine, Washington D.C.
- Shappie, A. T.**, Dawson, C. A., & Lewis, R. J. (2019, March). *The feasibility of recruiting a nationally representative sample of sexual minority men via Facebook advertising*. Poster accepted for presentation at the annual conference of the Society of Behavioral Medicine, Washington D.C.
- Shappie, A. T.**, Lewis, R. J., & Braitman, A. L. (2018, August). Sexual behavior history and health outcomes among sexual minority women. Poster presented at the annual meeting of the American Psychological Association, San Francisco, CA.
- Shappie, A. T.**, & Lewis, R. J. (2017, August). *Recruiting racially diverse sexual minority women via Facebook advertising: A descriptive study*. Poster presented at the Annual Conference of the American Psychological Association, Washington D.C.