

RUNNING HEAD: *Unequal Relationship Recognition and Mental Health*

**Legal Marriage, Unequal Recognition, and Mental Health
among Same-Sex Couples**

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ABSTRACT

The authors examined whether the perception of unequal relationship recognition, a novel, couple-level minority stressor, has negative consequences for mental health among same-sex couples. Data came from a dyadic study of 100 ($N = 200$) same-sex couples in the U.S. Being in a legal marriage was associated with lower perceived unequal recognition and better mental health; being in a registered domestic partnership or civil union – not *also* legally married – was associated with greater perceived unequal recognition and worse mental health. Actor Partner Interdependence Models tested associations between legal relationship status, unequal relationship recognition, and mental health (nonspecific psychological distress, depressive symptomatology, and problematic drinking), net controls (age, gender, race/ethnicity, education, and income). Unequal recognition was consistently associated with worse mental health, independent of legal relationship status. Legal changes affecting relationship recognition should not be seen as simple remedies for addressing the mental health effects of institutionalized discrimination.

Keywords: Gay, lesbian, bisexual, transgender; Dyadic/couple data; Mental health; Stress, coping, and/or resiliency; Alcohol abuse

Political and legal debates concerning the legal recognition of same-sex relationships – marriage in particular – have been longstanding and they will certainly endure, despite the U.S. Supreme Court’s 2015 landmark ruling that made same-sex marriage legal in all 50 states (*Obergefell v. Hodges*). Consequently, there is now a significant research literature concerning the public health relevance of the degree to which same-sex relationships are legally recognized.

In contrast, the perception of fairness or respect for one’s primary intimate relationship from society-at-large, regardless of its legal status (e.g., as a legal marriage), has received less attention in existing sexual minority health research. Indeed, such perception reflects peoples’ experiences of both eventful and chronic stressors associated with being in a stigmatized relationship form, including – for example – ongoing or occasional fears of discrimination, and actual acts of discrimination that are uniquely experienced by individuals in same-sex relationships and jointly by same-sex couples (Author citation; LeBlanc, Frost, & Wight, 2015).

Such couple-level minority stressors (LeBlanc et al., 2015) represent a novel domain of stress affecting minority populations that is only beginning to become a focus in applications of minority stress theory, which has historically focused predominantly on individual-level experiences of discrimination, stigma, identity concealment, and internalized stigma (Meyer 2003). The conceptualization of minority stress – whether applied to individuals or couples – is deeply rooted in Goffman’s classic works on stigma (1963) and impression management (1959), and minority stressors exist on a continuum of proximity to the self. Stressors most distal to the self are objective stressors emanating primarily from the social environment, such as prevailing stereotypes, prejudice, and discrimination. These, in turn, lead to more proximal appraisals of the environment as threatening, to expectations of being stereotyped (i.e., stigma consciousness [Pinel 1999]), as well as to expectations of being rejected or treated unfairly. More proximal to

the self are efforts to conceal stigmatized identities and the internalization of stigma.

We theorize that like individual-level minority stressors, couple-level minority stressors contribute to the well-documented mental health disparities faced by sexual minority populations (Institute of Medicine, 2011). For instance, one review and meta-analysis (King, Semlyen, Tai, Killaspy, Osborn, Popelyuk, et al., 2008) of research conducted over the past four decades concludes that sexual minorities have higher rates of mental disorder, substance misuse, suicidal ideation, and deliberate self-harm than heterosexual populations.

Existing studies suggests there are significant positive associations between being in a legally recognized same-sex relationship and mental health among sexual minority populations (Riggle, Rostosky, & Horne, 2010; Wight, LeBlanc, & Detels, 2012; Wight, LeBlanc, & Badgett, 2013). One study in particular presented evidence to suggest that being in a legalized same-sex relationship, marriage in particular, may diminish mental health disparities based on sexual orientation (Wight, LeBlanc, & Badgett, 2013). These findings are in keeping with the longstanding research evidence that legal marriage holds health-related benefits among heterosexual populations (Hughes & Waite 2009; Umberson, Thomeer, & Williams, 2012). Additional studies suggest that state-level bans on same-sex marriage – a form of institutionalized discrimination that emerged prior to *Obergefell v. Hodges* – were negatively associated with sexual minority mental health (Hatzenbuehler, McLaughlin, Keyes, & Hasin, 2010). Collectively, such studies provide compelling support for the idea that social stressors emanating from the stigmatization and marginalization of same-sex relationships, in and of themselves, are important to consider as determinants of sexual minority mental health.

Accordingly, focusing on peoples' perception of fairness or respect for their primary intimate relationship helps us to broaden the growing understandings of minority stress

experience as it unfolds in relational contexts. Moreover, examining the potential association of such perception about the potential diminishment or devaluation of same-sex relationships with mental health creates an opportunity to deepen existing insights into the effects of important legal and institutional changes affecting the recognition of marginalized relationship forms on individual and relational well-being. In the current study, we investigate both legal relationship status and the perception of unequal recognition simultaneously as determinants of mental health in a sample of established same-sex couples.

The Current Study

Following previous research, we hypothesized that same-sex couples with legal marriage status would report better mental health than couples who were not legally married (Wight et al., 2012; Wight et al., 2013). Further, we hypothesized that perceptions of unequal recognition of one's relationship, conceptualized as a couple-level minority stressor (Author citation; LeBlanc et al., 2015), would be associated with poorer mental health for individuals in same-sex couples (actor effects) and their partners (partner effects), and that this association would persist independent of the legal status of couples' relationships.

METHODS

Recruitment

Data were from a dyadic study of 100 same-sex couples living in the U.S. Eligibility criteria for participation were: (1) both partners were at least 21 years of age; (2) both individuals must have perceived of themselves to be in a relationship with the other (i.e., forming a couple); and (3) at some point in their shared history, they must have been engaged in a sexual relationship with one another. Transgender individuals were not included in recognition of the unique stressors that they face (Hendricks & Testa, 2012). We did not limit inclusion to couples

who cohabit, or to those who had registered as domestic partners or were married in a symbolic, religious, or legal ceremony, because we wished to include a range of relationship types across a variety of legal statuses.

Participants in study were recruited through a modified targeted nonprobability Internet-based recruitment strategy (Meyer, Schwartz, & Frost, 2008; Meyer & Wilson 2009). We began by identifying a diverse array of online venue types from across the United States, and then selectively filled “recruitment cells” to ensure sample diversity, as explained further below.

In order to construct the online recruitment venue list, initial google searches containing the terms “LGBT,” “organization,” and “name of state” were run in order to find prominent LGBT online venues for each state in the country. Each state had at least one LGBT center, and these LGBT centers were considered as online “hubs” for identifying additional online resources for sexual and gender minority communities. The websites for such centers typically offer a “resource” section where information about that state’s LGBT-related activities, groups, and organizations are available, and such online resources were added to our venue list. Subsequent google searches contained the terms “LGBT,” “group,” “event,” “sports,” “pride,” “club,” and “name of city and/or state,” and these searches also identified additional online venues. Finally, to identify venues more broadly focused on geographic areas inclusive of multiple states or regions of the country, and those with a national focus, similar google searches were conducted using the terms named above in combination with the terms, “regional” and “national.”

In order to be considered an online recruitment venue, venues had to have some sort of online presence, such as a functioning and active website, or via social media such as Facebook or Twitter. Venues were broken into the following two general types: (1) Online Communities, or those existing solely or primarily online, and (2) Organizations with an Online Presence, or

organizations that have physical meeting spaces or sponsor social gatherings, but that also maintain a website or are active on social media. These were then further categorized as follows, with two types of Online Communities ([1] Social/Leisure/Sports Groups and [2] Parenting Groups) and seven types of Organizations with an Online Presence ([1] LGBT Centers; [2] Arts Organizations; [3] Chambers of Commerce or Business/Professional Groups; [4] College- or University-based Organizations; [5] Political/Advocacy Organizations; [6] Planners and Organizers of Annual LGBT Pride Events; and [7] Religious Organizations/Associations. We identified over 1,500 online recruitment venues, each of which could be categorized as belonging to one of these nine venue types.

Through our outreach to these venues, which included online communications via messaging through social media and e-mail communications with organizational representatives – sometimes requiring the payment of advertising fees – persons interested in participating in the research were invited to complete a brief online eligibility screener, which required just a few minutes of their time. Once both partners completed the eligibility screener, they were subsequently invited to each individually complete the full survey after providing online consent. The full survey required about 45 minutes for completion and each partner was electronically sent a \$30 Amazon gift card for completing it. Both the brief eligibility screener and the full survey were programmed using Qualtrics software. These procedures were reviewed and approved by the Institutional Review Board at (lead author's home university).

The first full survey was completed on July 21, 2015 and the final one was completed on January 21, 2016. Thus, the survey began just after the U.S. Supreme Court's 2015 ruling making same-sex marriage legal in all 50 states on June 26, 2015 (*Obergefell v. Hodges*).

Precautions to minimize fraudulent participation (Bauermeister, Pingel, Zimmerman,

Couper, Carballo-Diequez, & Strecher, 2013) were taken. After completing the brief eligibility screener, all potentially eligible participants were then sent an e-mail invitation containing a unique survey link to complete the full survey. This full survey link could only be used by the recipient of this e-mail, which helped to ensure the validity of e-mail addresses given in the eligibility screener. Also, IP addresses for persons responding to the full survey were then compared with the zip code and state they listed in the eligibility screener to make sure those match, and searches for the identification of IP addresses from which more than two surveys – one for each partner – originated were also conducted. In addition, it was required that the eligibility screener be completed by each partner, and consequently their responses could then be compared to identify differences between partners in data describing their relationship. Finally, some questions from the eligibility screener are repeated in the full survey, allowing for the identification of additional data inconsistencies for individuals across the two surveys.

To ensure a rich diversity of this sample – beyond the basic eligibility criteria to establish that the two partners were at least 21 years of age and constituted a couple – we sought roughly equal distribution by couple gender and relationship duration (across three categories [6 months to < 3 years; 3 years to < 7 years; and 7 years or more]). Consequently we included “new” couples who have been together as few as six months in order to identify some of the early stressors that emerge through the process of relationship formation, some of which may have become too temporally distal for longer-term couples to remember in detail. Our 7-year benchmark distinguishing long-term couples is in keeping with a general finding—from studies of heterosexual marriages—that the risk of relationship dissolution increases in the early years, reaches a peak, and then steadily declines with time (Kulu, 2014). We also sought to equally recruit participants from four regions of the U.S. (Midwest, Northeast, South, and West). Thus

we created 24 recruitment cells (3 relationship duration categories X 4 regions, within each of the 2 sub-samples based on couple gender).

To further ensure sample diversity, we set quotas to ensure that at least 40% of participating couples were couples where at least one partner is a person of color, and that 20% reported residing in non-Urban areas. Finally, to prevent an over reliance on particular venue types we required that at least two different venue types were referenced by the participants in each recruitment cell illustrated above.

Sample

In total, 1,804 individuals completed the brief eligibility screener. From this pool of respondents, 266 same-sex couples were identified as meeting eligibility criteria to participate. Of those, 106 couples (212 individuals) completed the full survey, providing cross-sectional data, based on the quota-based sampling strategy described above. The analytic sample for the present analyses equals 100 couples (200 individuals) because we excluded four couples who did not cohabit, and two who did not provide data on their relationship status.

Table 1 contains descriptive statistics for participating couples providing useful data (N = 100), as well as for the 200 individuals that comprise those couples. As per the study design, the sample was nearly evenly distributed by couple gender, relationship duration, and region of the country. The average time known was just under eight years. Forty-eight percent of participating couples were couples where at least one partner was a person of color. Thirty-four percent of the couples were couples where both partners were persons of color. Twenty-four percent of couples resided in a rural area. One fifth were legally married, and one-fifth were in registered domestic partnerships or civil unions (RDP/CUs) – but not legally married. Ten couples were both legally married and in a RDP/CU, and in these analyses were included in the legally married category

since they have the highest level of legal recognition possible. Thus, well over half of these couples were in relationships that were not legally recognized as marriages or RDP/CUs. All of these couples reported cohabiting. Just under one-fifth reported having children and co-parenting them. Finally, over 80 percent of participating couples reported a household income of \$65,000 - \$74,999, or more. This income category represents the category closest to, but above, the median income level for the U.S. in 2016 (Semega, Fontenont, & Kollar, 2017).

The individual-level data demonstrates that the mean age reported by sample respondents is 35 years. About fifteen percent identified as Spanish, Hispanic, or Latino. In terms of race, almost one-fifth of the sample identified as Black or African American and smaller proportions identified as Asian, Native Hawaiian or Pacific Islander, multiracial, or other. Just over three-fourths of the sample identified as non-Hispanic white. Over half had completed a bachelor's degree or additional education beyond that degree.

Measures

Perceived Unequal Relationship Recognition. In a recent qualitative study of couple-level minority stressors, a stress domain concerning the uncertain and unequal legal recognition of same-sex relationships was identified (Author citation). Based on that foundational research, we have created a four-item measure of perceived unequal recognition of one's relationship for the present study. Respondents used a five-point rating scale in response to the following items: (1) Our relationship is treated like a "second-class" relationship by the federal government; (2) Important milestones (e.g., buying a house or writing a will) are complicated for us; (3) It is difficult for us to keep up with the changing legal status of same-sex relationships; and (4) It is harder for us to file our tax returns than it is for other couples. Response categories were: (0) not at all true, (1) somewhat true; (2) moderately true; (3) mostly true, and (4) completely true.

Responses to items in the measure were internally consistent (Cronbach's Alphas = .765 and .780 for Partners A and B, respectively). This scale was created by averaging each participant's responses across the four items. The mean of the average scores across the 200 individuals was 1.74 (SD = .87).

Nonspecific Psychological Distress. Nonspecific psychological distress was measured with the six-item K6 scale (Kessler, Andrews, Colpe, Hiripi, Mroczek, Normand, et al., 2002), where survey items elicit responses assessing how often respondents felt: (1) nervous; (2) hopeless; (3) restless or fidgety; (4) so depressed that nothing could cheer them up; (5) that everything was an effort; and (6) worthless, in the past 30 days. Response categories were: (1) none of the time; (2) a little of the time; (3) some of the time; (4) most of the time; and (5) all of the time. Responses to items in the measure were internally consistent (Cronbach's Alphas = .930 and .938 for Partners A and B, respectively). This scale was created by summing each participant's responses across the six items. The mean of the summed scores across the 200 individuals was 5.65 (SD = 6.19).

Depressive Symptomology. Depressive symptomatology was measured with a 10-item version of the widely used Center for Epidemiologic Studies – Depression (CESD) scale (Anderson, Malmgren, Carter, & Patrick, 1994). This scale includes survey items assessing how often – during the past week – respondents felt they were, for example: bothered by things that usually don't bother them; depressed; hopeful about the future, their sleep was restless; and lonely. Response categories were; (0) rarely or none of the time (less than 1 day); (1) some or a little of the time (1-2 days); (2) occasionally or a moderate amount of time (3-4 days); and (3) most or all of the time (5-7 days). Responses to items in the measure were internally consistent (Cronbach's Alphas were .782 and .731 for Partners A and B, respectively). This scale was

created by summing each participant's responses across the ten items. The mean of the summed scores across the 200 individuals was 7.43 ($SD = 4.97$).

Problematic Drinking. Problematic drinking was assessed with the 10-item Alcohol Use Disorders Identification Test (AUDIT), a well-known scale measure (Saunders, Aasland, Barbor, de la Fuente, & Grant, 1993). The AUDIT assesses both the frequency of drinking and related behaviors during the last year (e.g., failing to do what was normally expected because of drinking, needing a drink in the morning to get going after a heavy drinking session, and being unable to remember what happened the night before because of drinking). Higher scores are indicative of more problematic drinking (i.e., greater frequency and related behaviors). Responses to items in the measure were internally consistent (Cronbach's Alphas were .879 and .915 for Partners A and B, respectively). This scale was created by summing each participant's responses across ten items. The mean of the summed scores across the 200 individuals was 6.79 ($SD = 6.34$).

Relationship Status. The relationship status variables were created from responses to two survey questions: (1) Are you and your (partner) currently legally married to one another? (2) Are you and your (partner) currently living in a registered domestic partnership or civil union? This allowed us to distinguish between those legally married, those in an RDP/CU, those both legally married and in an RDP/CU, and those whose relationship was not legally recognized.

Sociodemographic Variables. To ensure sample diversity participants were screened for: (1) geographic region of the U.S. (i.e., Northeast, South, Midwest, and West); (2) race/ethnicity, to ensure racial ethnic diversity at the couple-level (i.e., that one or both partners is a person of color, as further detailed below); and (3) whether they lived in rural area (self-identified with response to the question, "Do you live in a rural area?").

All study participants responded to the following two questions (Sausa et al. 2009): (1) Which of the following best describe(s) your gender? (Response choices were man, woman, transmale/transman, transfemale/transwoman, genderqueer, or something else). (2) What sex were you assigned at birth? (What is the sex listed on your birth certificate)? Response choices were male or female). Responses to these questions allowed us to identify couple gender and to screen out couples where one or both partners were transgender or gender non-binary. The latter were not included given they face unique stressors that require independent study.

Each partner also responded to a survey question asking how long he/she had known his/her partner. If their responses differed, they were averaged. This measure of time known is analytically more useful than the three-category screener question used to determine whether couples met the eligibility criterion based on whether they had been together at least 6 months < 3 years, 3 years < 7 years, or 7 years or more, which was done to ensure diversity of relationship duration in the sample. Moreover, time known is especially relevant in the study of relationship forms that have historically lacked access to institutional and legal benchmarks of relationship recognition. Additionally, participants were asked to estimate their total household income before taxes during the past 12 months by checking one of 17 income categories, ranging from \$0 to \$4,999 to \$1,000,000 or more.

Individual age, race/ethnicity, and education were assessed as follows, participants were asked to: (1) provide their date of birth; (2) report whether they identify as Spanish, Hispanic, Latino, and which of the following best describe(s) their race or ethnicity (choosing all that apply): American Indian or Alaskan Native, Asian, Black or African-American, Native Hawaiian or Pacific Islander, White, or Something else not listed; and (3) indicate the highest grade or year of school they had completed using the following response categories (no schooling completed,

nursery or preschool through grade 12 [no diploma], high school diploma or equivalent, some college, associate's degree, bachelor's degree, master's degree, professional degree beyond a bachelor's degree, or doctorate degree).

Analytic Approach

For an initial analysis of differences in unequal recognition and mental health by relationship status, we created three mutually-exclusive groups: (1) couples whose relationship was not legally recognized; (2) couples in RDP/CUs (but not legal marriages), and (3) couples in legal marriages (including those also in a RDP/CU). Estimated marginal means for each of the three groups were obtained from multilevel models in order to account for the nested nature of individual partners (level 1) within couples (level 2). Pairwise comparisons using Bonferroni adjustments were used to compare the means across the three relationship-status groups within the fixed factor of relationship status.

For the multivariate analyses, Actor Partner Interdependence Models (APIM) were tested to simultaneously examine associations between legal relationship status, perceived unequal relationship recognition, and the three mental health outcomes. Each of these models was run using structural equation modeling software in order impose equality constraints to account for the fact that same-sex couples are indistinguishable dyads (Kenny & Ledermann, 2010). Additionally, in order to model the non-independence in the data that stems from the fact that all sampled individuals are nested within dyads, these models correlated the errors in the dependent variables and the predictor variables across partners (Olsen & Kenny, 2006).

A number of control variables were included in these models: couple gender (1 = women), household income, educational attainment, age (years), race/ethnicity (1 = person of color), and education. Household income was transformed and treated as continuous variable by

assigning the midpoint of each income category. Education was collapsed into a dichotomous variable, distinguishing between those with (1) and without (0) the credential of a college degree (Ross & Mirowsky, 1999).

RESULTS

Relationship Status Differences

Table 2 presents relationship status differences in perceived unequal relationship recognition and mental health. Although not all of the mean comparisons tested were statistically significant, a descriptive examination of the absolute values of the means indicated a consistent pattern of differences. First, individuals in relationships with no legal recognition reported higher levels of perceived unequal recognition and greater symptoms of mental health problems (i.e., nonspecific psychological distress, depression, and problematic drinking) than individuals who were legally married, but less perceived unequal recognition and fewer symptoms of mental health problems than those who were in RDP/CUs. Second, individuals who were in RDP/CUs – who were not *also* legally married – reported the highest levels of unequal recognition and symptoms of mental health problems. Pairwise comparisons demonstrated that all of the tested differences were statistically significant ($p < .05$), with the exception of two: For nonspecific psychological distress and depressive symptoms, individuals who were in legal marriages and individuals in relationships with no legal status did not differ significantly from one another.

Multivariate Analyses

As shown in Table 3, actor effects for perceived unequal recognition were robust and statistically significant in all three models. One's perception of unequal recognition was significantly associated with greater nonspecific psychological distress, depressive symptomatology, and problematic drinking. Additionally, one's partner's perceptions of unequal

recognition were significantly and positively associated with one's own level of problematic drinking (partner effect).

As also shown in Table 3, in these multivariate models, being legally married was unrelated to mental health (in comparison with people in relationships without any legal recognition – the reference group), net the effects of perceived unequal recognition and the control variables. The estimates for legal marriage's effect in all three models suggested an overall positive association between legal marriage and mental health, wherein legal marriage is associated with fewer symptoms of mental disorder, but not at levels that were statistically significant. In contrast, these multivariate models provided evidence to suggest that being in a RDP/CU – in comparison with people in relationships without any legal recognition – was significantly related to greater nonspecific psychological distress, depressive symptomatology and to problematic drinking.

Regarding the control variables: We observed a significant effect of couple gender on nonspecific psychological distress and depressive symptomatology, where women exhibited greater symptoms. Time known was significantly, positively associated with symptoms of depression. There was an actor effect of education, where having a college degree was associated with more depressive symptoms. We also found an actor effect for age, which was positively associated with problematic drinking, and additionally found partner effects for age suggesting the age of one's partner is associated with fewer symptoms of all three focal outcomes. Finally, the R-squared statistics demonstrated that these models explained between 23 and 34 percent of the observed variation in the three mental health outcomes.

DISCUSSION

Recent years have brought eventful changes to the legal landscape affecting same-sex couples across communities and states, and most significantly at the national level with the U.S. Supreme Court's 2015 ruling in *Obergefell v. Hodges*. Consequently, now is an especially fruitful moment for uncovering deeper understandings of the association between legal relationship status and mental health among sexual minority populations. In the present study, we analyzed dyadic data from a study of 106 same-sex couples – diverse in terms of couple gender, time known, region of the U.S., and race/ethnicity – to assess associations among relationship status, perceived unequal recognition of one's primary intimate relationship, and three indicators of mental health.

Our inclusion of the perception of unequal recognition, a novel, couple-level minority stressor (LeBlanc et al., 2015), demonstrates the importance of looking beyond indicators of institutionalized discrimination, or the legal recognition of relationships, as determinants of sexual minority well-being, which are now established correlates of distress and mental health (Hatzenbuehler et al., 2010; Riggle et al., 2010; Wight et al., 2012; Wight et al., 2013). This study's findings illustrate a clear, consistent, and strong pattern of associations suggesting that perception of unequal recognition may be an important determinant of mental health given these effects emerge after controlling for legal relationship status and other relevant factors. Although institutionalized forms of discrimination, such as laws limiting (or enabling) the legal rights of same-sex couples, have been associated with population mental health (Hatzenbuehler et al., 2010), the social psychological experience of perceived inequality can be theorized and examined as a more proximal form of minority stress (Meyer 2003), one that operates at the couple-level (LeBlanc et al., 2015), and may even persist in contexts where structural stigma has been reduced or eliminated.

Conversely, researchers are additionally challenged to find new ways of looking beyond the “formal rights” that are increasingly being gained for people in same-sex relationships, toward the more subjectively experienced “informal privileges” that people accessing dominant relationship forms enjoy over others. Such privileges are experienced in complex social interactions, often in subtle ways (Doan, Leohr, & Miller, 2014).

In sum, this previously unexamined couple-level minority stressor – perceived unequal recognition – is an indicator of discrimination that likely functions as a determinant of mental health among sexual minority populations, above and beyond individual-level minority stressors, which do not emanate from society’s treatment of relationships in and of themselves. Although our findings are preliminary, they demonstrate that a focus on couple-level minority stressors, which do emanate from society’s treatment of relationships in and of themselves, can help us to deepen existing understandings of social change on minority stress experience, relationship well-being, and individual mental health.

Moreover, we not only see actor effects for unequal recognition, but in the case of problematic drinking, we see a partner effect as well. Partner effects hint at the complexity of how stress is often shared in relational contexts, illustrating an obvious truth that is difficult to assess empirically. Indeed, this particular partner effect can be usefully connected to the existing literature on drinking patterns within couples (e.g., “drinking partnerships” and drinking discrepancies), which are related to marital satisfaction and functioning (Homish & Leonard, 2007; Roberts & Leonard, 1998). Thus, future dyadic studies examining a diverse range of couple-level minority stressors, such as those emanating from familial interactions (Author citation), as determinants of well-being are likely to uncover additional unexamined minority stress processes between partners that contribute to sexual minority mental health disparities.

In terms of relationship status per se, these data suggest that it is among those couples who have previously sought some form of legal recognition for whom current relational legal status is most consequential for health. Like previous research, we present some evidence to suggest there may be mental health benefits stemming from legal marriage per se, but we present stronger evidence to suggest that in the present historical moment, people in same-sex relationships recognized as RDP/CUs, but not as legal marriages, may uniquely experience mental health problems. It is tempting to speculate, for instance, that some such couples feel their past use of legal alternatives to same-sex marriage are now devalued in light of the new option of legal marriage for all. However, because the higher rates of mental health problems among people in RDP/CUs with same-sex partners reported here are not fully explained by differences in perceptions of unequal relationship recognition, further study is needed to better understand additional factors that influence their well-being. Relatedly, our findings may also suggest that those individuals in couples who had no legal recognition for their relationships – a group who had relatively better mental health than those in RDP/CUs – might not feel compromised by its absence if they had not sought or desired it to date. This too requires additional investigation. Additionally, it is possible that some in RDP/CUs have yet to access legal marriage given it was only recently made available at the time of the study. Certainly, future research can address such questions.

Limitations

Despite the unique perspective that dyadic data offer to this field of study, this study would be strengthened had we been able to draw on longitudinal data. In particular, longitudinal data gathered in the coming years following the 2015 U.S. Supreme Court ruling (*Obergefell v. Hodges*) will allow researchers to consider differences across couples in the speed with which

they opt to pursue – or not to pursue – legal recognition via marriage. The present study cannot address this issue of the timing of marriage uptake. In addition, a larger sample size would have supported more refined analytical models with additional variables. A larger sample would also have provided additional power that might have allowed for the detection of some smaller but meaningful differences that were not detectable in the present design. For example, although we observed a consistent pattern of differences between the three relationship status groups in terms of the study's focal variables, not all of those were statistically significant. Similarly, our sample had relatively small proportions in the legally married and RDP/CU categories, which highlights the importance that these analyses be replicated with additional samples that are not only larger but also more balanced in this regard. Finally, unlike other studies, this one did not allow us to make comparisons between sexual minority persons who are in established same-sex relationships with those who are not (i.e., single individuals), nor did it allow us to explore differences between people in same-sex couples and those in other stigmatized relationship forms. However, this should not be considered a limitation per se, given our focus was on the unique contribution that couple-level minority stress makes to mental health independent of legal relationship status, thus warranting a within-group focus on same-sex couples only (Schwartz & Meyer 2013).

Conclusions

The constantly shifting social and policy climate facing sexual minorities and same-sex couples continues to warrant attention from social scientists, public health scholars, and policymakers given its potential impact on mental health. The present study is the first to examine the roles that legal status and perceptions of unequal relationship recognition play in the mental health of individuals who comprise same-sex couples. These findings, although

preliminary, are a stark reminder that equal access to legal marriage will not quickly or fully address longstanding mental health disparities faced by sexual minority populations as important minority stressors related to being in stigmatized relationship forms will endure. Future research must more deeply examine the social psychological processes that occur in response to large-scale efforts to reduce (or in some cases reinforce) institutionalized discrimination or structural stigma (Hatzenbuehler, 2014), in the U.S. and elsewhere.

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