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Sexual Orientation Identity and Romantic Relationship Quality in Same-Sex Couples

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Research suggests that the well-being of members of stigmatized groups is related to the ways that individuals understand, evaluate, and respond to their devalued collective identity. The present study extends this line of inquiry by investigating collective identity in the context of romantic relationship functioning, focusing on same-sex couples as a type of stigmatized relationship. In this cross-sectional study, the authors examined four identity-related variables (internalized homonegativity, stigma sensitivity, identity confusion, and identity superiority) in a sample of 274 female and 187 male same-sex couples. Results provided evidence of identity similarity between partners, particularly for internalized homonegativity and identity superiority. Each of the identity variables was associated with relationship quality, and actor effects of identity on quality were more common than partner effects. Perceived identity similarity mediated some of the links found between identity and quality and was positively associated with relationship quality regardless of actor identity.

Keywords: *sexual orientation; identity; stigma; relationship quality; romantic relationships*

Members of stigmatized groups are confronted with the challenge of developing a positive, stable, and secure collective identity against a cultural backdrop of negative evaluation, stereotyping, and treatment of their group (Crocker, Major, & Steele, 1998). Individuals within stigmatized groups can vary considerably in their understanding of and feelings about their group membership; both research and theory suggest that such differences in aspects of collective identity have implications for important outcomes, such as psychological well-being, physical health, academic achievement, and interactions with majority group members (Ashmore, Deaux,

& McLaughlin-Volpe, 2004; Major & O'Brien, 2005). Most studies examining collective identity in stigmatized groups have focused on links between aspects of identity and individual functioning. In this article, we propose that the ways individuals come to understand and relate to their membership in a stigmatized social category also may have implications for romantic relationship functioning.

The role of social stigma in romantic relationship formation, maintenance, and dissolution has received little systematic discussion as a general phenomenon. However, stigma has been discussed with regard to specific types of relationships, including couples where a partner has a sexually transmitted infection (Newton & McCabe, 2005) or noninfectious chronic disease (Speziale, 1997), couples where one or both partners are infertile (Mabasa, 2002), interracial couples (Gurung & Duong, 1999), interfaith couples (Williams & Lawler, 2000), Black couples (Kelly & Floyd, 2001), and same-sex couples (Green & Mitchell, 2002). The considerable variety in this list of couple types underscores the difficulty of specifying general propositions regarding the operation of stigma in romantic relationships and suggests that stigma-related dynamics in couples may differ depending on characteristics of the stigmas themselves. Writers have identified a number of dimensions along which stigmas vary in individuals (e.g., visibility, controllability;

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Crocker et al., 1998), and it seems reasonable to propose that such dimensions also would apply to the experience of stigmatized couples. For example, concealment of the stigmatizing characteristic is likely more often an option for an interfaith couple than for an interracial couple. Additional distinctions can be made when considering implications of stigma for romantic relationships, such as whether the stigma applies more to one partner (e.g., couples where one partner has a sexually transmitted infection), both partners (e.g., couples where both partners have physical disabilities), or the couple itself (e.g., interfaith couples).

The present study contributes to knowledge about the effects of stigma on its targets by focusing on manifestations of stigma in same-sex romantic relationships. We focused on same-sex couples for several reasons. First, research conducted within the last decade indicates that stigmatization of same-sex couples is pervasive in the United States (Pew Research Center for the People and the Press, 2003) and that this stigma leads to poor treatment of same-sex couples in everyday settings relative to treatment of heterosexual couples (Jones, 1996; Walters & Curran, 1996). Second, stigma likely functions at several levels in same-sex couples because sexual orientation stigma applies both to the couple itself and to the individual partners within the couple. Indeed, the process of developing a lesbian, gay, or bisexual (LGB) identity—and coping with the concomitant social stigma—likely begins well before most LGB individuals' first romantic relationship (Savin-Williams & Diamond, 2000). Thus, LGB individuals bring patterns of managing a stigmatized identity to their relationships while simultaneously developing patterns of managing a stigmatized relationship with their romantic partners.

Finally, identity-related difficulties, such as internalized homonegativity (i.e., internalization of anti-LGB beliefs) and sensitivity to stigmatization, have been linked to poorer psychosocial functioning in LGB women and men (Meyer, 2003). In one study, gay men who reported high levels of internalized homonegativity and perceived stigma were 2 to 3 times more likely than others to have high levels of psychological distress (Meyer, 1995). Such difficulties have been studied mostly with regard to individual well-being, but they also are believed to influence relationship functioning in same-sex couples (Green & Mitchell, 2002; Greenan & Tunnell, 2003; Mohr, 1999). Consider, for example, same-sex romantic partners with high levels of internalized homonegativity. Such individuals are in the position of desiring a partner who possesses the very characteristic for which they reject themselves (i.e., an LGB orientation), a position that would naturally seem to engender a sense of ambivalence about the romantic

relationship. Despite the relative abundance of clinical writings on such identity-related dynamics in same-sex couples, very little empirical research has been published in this area. We conducted the present cross-sectional study to investigate partner similarity on variables related to LGB identity and links between these identity-related variables and relationship quality.

LGB IDENTITY

Consistent with perspectives on collective identity in social psychology, sociology, and related disciplines (Ashmore et al., 2004), we define LGB identity broadly as both self-identification as an LGB person and the beliefs, values, traits, evaluations, group attachments, and behaviors that an LGB person associates with this collective identification. We focused on four identity-related variables in the present study, each of which is discussed below: internalized homonegativity, stigma sensitivity, identity confusion, and identity superiority.

Among the many dimensions of LGB identity, internalized homonegativity (also referred to as internalized homophobia) is arguably the construct that has generated the most attention among researchers and clinicians (Williamson, 2000). Most definitions of internalized homonegativity involve harboring negative thoughts and feelings about one's own LGB orientation (Mohr & Fassinger, 2000; Shidlo, 1994)¹ and thus correspond to what Ashmore et al. (2004) labeled "private regard" in their organizing framework for elements of collective identity: "favorability judgments made by people about their own identities" (p. 86). Although internalized homonegativity is thought to be most pronounced in the first stages of identity formation, it can continue to influence psychological adjustment throughout the life span due to the substantial impact of early socialization experiences and to ongoing contact with negative messages about LGB orientations (Meyer, 2003). This proposition has been supported through research with community samples of LGB individuals, suggesting that internalized homonegativity is associated with increased risk for depressive symptomatology, suicidal ideation, substance abuse, and sexual difficulties (D'Augelli, Grossman, Hershberger, & O'Connell, 2001; DiPlacido, 1998; Meyer, 1995; Rosser, Metz, Bockting, & Buroker, 1997). Such findings are consistent with the view that self-stigmatization is a source of minority stress in the general population of LGB individuals (Meyer, 2003).

Another source of minority stress is stigma sensitivity, which can involve both awareness and anxious expectation of being stigmatized (Major & O'Brien, 2005). That LGB individuals should develop some degree of stigma sensitivity is hardly surprising given the likelihood

of regular contact with signs of anti-LGB bias and marginalization. To a certain degree, awareness of one's potential for stigmatization due to one's collective identity may be adaptive in that it encourages the vigilance necessary to anticipate, identify, and avoid situations where the threat of prejudice or violence may be high (Pine1, 1999). Also, because stigma sensitivity increases the chances of attributing negative events to discrimination, it may protect an LGB person from threats to personal or collective self-esteem (Crocker et al., 1998). However, the energy required to continuously search the environment for signs of prejudice and protect oneself from possible rejection or discrimination can be viewed as a source of stress in and of itself. LGB individuals with a high level of stigma awareness have higher-than-average levels of private and public self-consciousness (Pine1, 1999) and, even after accounting for levels of internalized homonegativity, are at increased risk for depressive symptomatology and suicidal ideation (Lewis, Derlega, Griffin, & Krowinski, 2003; Meyer, 1995). In one study of HIV-positive gay men, the progression of HIV disease was most rapid among individuals who were especially sensitive to rejection based on their sexual orientation (Cole, Kemeny, & Taylor, 1997).

The third component of identity included in the present study was identity confusion. This dimension of collective identity, which Ashmore et al. (2004) referred to in the reverse as perceived certainty of self-identification, has received relatively little empirical attention. However, it has figured prominently in theoretical writings on LGB identity formation, which characterize confusion about one's sexual orientation as a predictable response to exploring a stigmatized identity. Troiden (1993), for example, discussed several sources of confusion, including (a) discrepancies between one's current experience of self and previously held beliefs about the self as one first gains an awareness of one's same-sex attractions, (b) lack of knowledge and inaccurate knowledge about sexual orientation, (c) a social climate that discourages commitment to a devalued identity and discourages the exploration and discussion of one's same-sex desires that are central to identity crystallization, and (d) cultural norms that characterize sexual orientation as a simple dichotomous construct and therefore provide little basis for understanding bisexual desires.

The fourth component of LGB identity investigated in this study is what we refer to as identity superiority, which can be defined as a perspective wherein LGB people, cultures, and institutions are viewed as better than their heterosexual counterparts. As with identity confusion, discussion of LGB identity superiority has appeared more in theoretical and clinical writings than in the empirical literature. For example, McCarn and Fassinger (1996) noted that the process of deepening

one's commitment to a lesbian collective identity includes, for some women, "an intense identification with lesbian culture and rejection of heterosexual society" (p. 525). Troiden (1993) described this type of reaction as a strategy for evading sexual orientation stigma and lessening the concomitant sense of alienation from mainstream heterosexual society. He noted that such stigma management strategies sometimes involve "aristocratizing" one's behavior (i.e., "attaching a special significance to homosexual experience") as well as a tendency to "define heterosexual patterns as deviant" (p. 207). Although derogating members of an outgroup can serve to boost one's collective self-esteem (Branscombe & Wann, 1994), chronic pursuit of self-validation by affirming one's superiority over others may make life a "zero-sum game" such that "other people become competitors and enemies rather than supports and resources" (Crocker & Park, 2004, p. 400). Moreover, Margolies, Becker, and Jackson-Brewer (1987) theorized that identity superiority in LGB individuals sometimes functions as a defense against one's own covert internalized homonegativity (for evidence of this in relation to racial identity, see Nghe & Mahalik, 2001). In short, adopting a superior stance relative to heterosexuals may offer some benefits in terms of managing sexual orientation stigma, but when used as a primary coping strategy, it may be a marker for identity-related difficulties.²

IDENTITY-RELATED DYNAMICS IN SAME-SEX RELATIONSHIPS

Similarity in LGB Identity

How might these identity-related variables function in the lives of same-sex couples? One possibility explored in the present study was that the collective identities of romantic partners may be linked. Most theories of romantic relationships feature the notion that there is a dyadic or interdependent quality to romantic partners' thoughts, feelings, and actions (Campbell & Kashy, 2002). At the statistical level, this quality—which we refer to as similarity—can be thought of as the correlation between partners' scores on a measure of interest. In heterosexual married couples, similarity has been found on a variety of variables, with the lowest levels of interdependence for personality traits; moderate levels for attitudes, values, and cognitive ability; and the highest levels for physical and sociodemographic characteristics (Caspi, Herbener, & Ozer, 1992; Dubuis-Stadelmann, Fenton, Ferrero, & Preisig, 2001). Evidence indicates that similarity on personality traits and attitudes is due, in part, to active partner preferences for a similar other and not merely to sociodemographic similarity (Luo & Klohnen, 2005; Mascie-Taylor & Vandenberg,

1988). Furthermore, it appears that similarity in personality and values is established largely at the beginning of relationships and is maintained through shared environmental experiences over the course of relationships (Caspi et al., 1992; Caspi & Herbener, 1990; Luo & Klohnen, 2005). Similarity in same-sex couples has received relatively little empirical study. Some research has indicated that similarity for age and education level is especially low in male-male couples and that, perhaps because of the interpersonal focus of women's socialization, similarity is generally higher for female-female couples than for male-male couples (Klawitter, 1995; Kurdek & Schmitt, 1987). In contrast, Kurdek (2003) found little evidence of gender differences in similarity on a wide variety of variables in a sample of same-sex couples.

How might identity similarity be established and sustained in same-sex romantic relationships? First, just as individuals may prefer to have romantic partners with similar general values and personality characteristics, LGB people may prefer to have partners who have found similar ways of adapting to antigay stigma. Holding similar attitudes and beliefs regarding sexual orientation may facilitate communication, empathy, and shared decisions about activities and household affairs. Second, unpartnered LGB individuals likely seek environments that are consistent with their collective identity, which may increase their exposure to potential partners with a similar identity pattern. For example, LGB individuals who volunteer for LGB community organizations are likely to have relatively low levels of internalized homonegativity.

One of the only published findings on identity similarity in same-sex couples indicated a significant intercorrelation in partners' levels of internalized homonegativity (Rostosky & Riggle, 2002). One of the goals of the present study was to test for such similarity for each of the four LGB identity-related variables included in the study. We believed we would find evidence of similarity for these identity-related variables, particularly for the variables that involve sexual orientation attitudes (i.e., internalized homonegativity and identity superiority). Also, we explored the possibility of gender differences in similarity, although as noted above, findings have been inconsistent regarding such differences.

LGB Identity and Relationship Quality

We also explored the possibility that LGB identity may be associated with same-sex relationship functioning. Clinical writings on same-sex romantic couples have especially emphasized the potentially destructive impact of internalized homonegativity on relationships. For example, Keller and Rosen (1988) suggested that

relationship commitment can be adversely affected by exposure to and internalization of negative social beliefs about same-sex couples (e.g., "Gay relationships do not and should not work," p. 108). Keller and Rosen argued that such beliefs reduce both self-respect and respect for one's partner in the context of the romantic relationship, in spite of feelings of genuine affection that may exist between partners. Green and Mitchell (2002) noted that internalized homonegativity also might adversely affect relationship functioning by increasing levels of depression, interpersonal withdrawal, and inhibited sexuality. Elizur and Mintzer (2003) provided some support for these clinical perspectives in a sample of Israeli gay men, demonstrating a significant positive association between acceptance of one's sexual orientation and perceptions of relationship quality.

The potential impact of other components of LGB identity on couple functioning has received less attention. Green and Mitchell (2002) suggested that the self-monitoring and hypervigilance that would be expected when stigma sensitivity is high can leave same-sex romantic partners stressed, frustrated, and vulnerable to couple difficulties such as "inexplicable arguments" (p. 549). As noted earlier, identity confusion may complicate the process of establishing sources of sexuality-specific social support, which may negatively influence relationship quality given evidence of links between perceived social support and same-sex couple functioning (Kurdek, 1988, 1991). Likewise, high levels of identity superiority may lead same-sex couples to neglect potentially supportive relationships with heterosexuals. Also, to the extent that identity confusion and identity superiority are covert expressions of internalized homonegativity, high levels of both aspects of LGB identity may compromise a person's ability to value and invest in her or his same-sex relationship. In short, stigma sensitivity, identity confusion, and identity superiority may all be risk factors for romantic relationship difficulties.

Although our discussion has focused mostly on possible associations of own identity with relationship quality (i.e., actor effects for identity), we believe it is also important to test for associations of partner identity with relationship quality (i.e., partner effects). For example, given evidence that internalized homonegativity is associated with problems with mental health and sexual functioning (Meyer, 2003), it seems possible that individuals with partners high in homonegativity might report lower than average relationship quality, especially given evidence that marital partners of depressed individuals report lower than average levels of relationship satisfaction (Whisman, Uebelacker, & Weinstock, 2004). As another example, individuals with high levels of stigma sensitivity may be less willing than others to engage in relationship-enhancing behavior that involves the potential

for stigmatization (e.g., public displays of affection), which may lead to less satisfaction on the part of their partners. In addition to examining simple partner effects, we also considered the possibility that partner effects differ depending on an individual's own identity status. For example, having a partner with high levels of stigma sensitivity may have the strongest negative impact on relationship quality for individuals with low levels of stigma sensitivity due to conflicting levels of comfort with public displays of affection. Such possibilities, combined with evidence of both partner effects and actor-partner interactions in same-sex couples (Kurdek, 2000), underscore the importance of examining these types of effects in the present study. In short, we investigated the degree to which individuals' perceptions of relationship quality were associated with their own and their partner's levels of the four LGB identity-related variables, as well as with the interaction of own and partner identity.

Perceived Similarity and Relationship Quality

We also examined the role of perceived similarity in same-sex relationship quality, focusing on perceived similarity in comfort with and openness regarding one's sexual orientation. Thus, in addition to our focus on actual similarity (i.e., actual correspondence between partners' scores on identity-related variables), we investigated individuals' beliefs that they and their partner were similar on identity-related variables. Murray, Holmes, Bellavia, Griffin, and Dolderman (2002) suggested that perceived similarity, whether accurate or not, serves to express and reinforce a sense of oneness with one's partner and to increase feelings of being understood by the partner. Conversely, a lack of perceived similarity may represent a form of distancing from one's partner. Perceived similarity in traits and values has been linked to relationship quality in a number of studies and has been found to predict satisfaction even after accounting for actual correspondence in partner traits (Murray et al., 2002). Given such findings, we believed that perceived similarity in comfort with and openness about one's LGB identity would contribute to relationship quality above and beyond the contribution of own LGB identity, partner identity, and the interaction of own and partner identity.

One intriguing question raised by this proposition is whether high levels of perceived similarity are linked to high levels of relationship quality regardless of an individual's own comfort with her or his own sexual orientation. On one hand, one could argue that the positive association between perceived similarity and relationship quality should be stronger to the degree that a person is relatively comfortable with her or his sexual

orientation. For individuals who lack self-acceptance, for example, perceived similarity may lead to a view that the relationship is doubly cursed (e.g., "Not only do I have problems with being LGB but so does my partner: How can this be a good relationship?"). From this perspective, such individuals may benefit from perceived dissimilarity because they view the more self-accepting partner as a person who can facilitate their personal development and enhance the relationship. On the other hand, perceived similarity may be positively associated with quality for individuals across the spectrum of LGB identity. From this perspective, individuals who lack self-acceptance may benefit from perceived similarity because of the sense of mutual empathy, kinship, identification, and support engendered by being with someone they view as a "similar other." In the present study, we examined whether the association between perceived similarity and relationship quality is moderated by LGB identity, as suggested above.

We also investigated the degree to which perceived similarity is a function of LGB identity. Although perceived dissimilarity may stem from actual differences that partners observe, we believed that such perceptions may result from identity-related difficulties. For example, individuals with high levels of internalized homonegativity or stigma sensitivity may develop a sense of isolation in their identity-related struggles, leading them to conclude that their partner has a very different experience as an LGB person. Also, internalized homonegativity may lead individuals to preserve a sense of self-esteem by viewing the partner as "more gay" (and thus less virtuous and socially acceptable) than themselves. If identity-related difficulties do encourage perceptions of identity dissimilarity, then it seems possible that the hypothesized links between one's own LGB identity and relationship quality may be mediated by perceived similarity. In other words, individuals who struggle with their sexual orientation identity may report lower levels of relationship quality, in part, because they are more likely than others to believe that they differ from their partners in adaptation to anti-LGB stigma. We tested for this mediated association in the present study.

To summarize, survey data from same-sex couples were used to investigate (a) similarity on sexual orientation identity; (b) links between identity and relationship quality, including potential gender differences in those links; and (c) the link between perceived identity similarity and relationship quality, including the possibilities that the link would differ depending on one's own LGB identity and that perceived identity similarity would mediate the associations found between identity and relationship quality. It is important to note that the data set did not provide a basis for testing any of the

causal assumptions implicit in the propositions described above (e.g., that identity influences both relationship functioning and perceived similarity; that perceived similarity influences relationship functioning). However, given the relative paucity of research on collective identity and romantic relationship functioning, we believed the correlational findings based on our survey data would constitute a valuable contribution in this area of inquiry.

METHOD

Participants and Procedure

Participants were 922 lesbian, gay, and bisexual individuals who comprised 274 (59.9%) female same-sex couples and 187 (40.6%) male same-sex couples. Length of the romantic relationships ranged from 0.25 to 31.33 years ($M = 6.31$, $SD = 5.65$). Individuals' ages ranged from 18 to 68 years ($M = 36.24$, $SD = 9.19$). Participants identified their race/ethnicity as Asian American/Pacific Islander (1.5%), Black/African American (2.3%), White/Euro-American (85.7%), Hispanic/Latina/Latino (2.7%), Native American/Native Alaskan (1.0%), Middle Eastern/Arab (0.2%), Biracial/Multiracial (4.2%), and Other (2.4%). Regarding formal education, 78.6% of participants reported having at least an undergraduate degree. Participants lived in rural (11.8%) and non-rural (88.2%) locations in diverse regions of the United States and Canada.

Most participants were recruited through solicitations on LGB electronic mail lists and through advertisements in a LGB newspaper. Announcements for the study specified that we were seeking same-sex romantic partners who had been together for at least 2 months. Individuals expressing an interest in the study received two sets of packets that included the survey, basic information about the study, and self-addressed stamped envelopes. Participants were instructed to complete the survey in a setting separate from their romantic partner and to seal the survey in the mailing envelope immediately afterward. Completed surveys were received from 1,004 individuals, which represented 49% of the surveys mailed. For 82 of these individuals, however, no data were received from the corresponding romantic partner. Because analyses for the present study required data from both partners, we did not include data from these 82 respondents.³

Measures

Relationship quality. Four self-report measures of romantic relationship quality were included in the study. The Commitment Scale (Lund, 1985) was used

to assess individuals' estimated likelihood of continuing their relationship. This scale consists of 9 items (e.g., "How likely is it that your relationship will be permanent?") that were rated on a 7-point Likert scale (1 = *not at all*, 7 = *a great deal*) and that yielded an internal consistency estimate of .73 in the current sample. Two items were used to assess global relationship satisfaction: "I'm happy in my relationship" and "I'm satisfied with my relationship." Items were rated on a 7-point Likert scale (1 = *disagree strongly*, 7 = *agree strongly*) and yielded an internal consistency estimate of .92. Collins and Read (1990) found that the scale formed by averaging these two items was related in theoretically predicted ways to measures of comfort with intimacy and abandonment anxiety. The Trust Scale (Rempel, Holmes, & Zanna, 1985) was used to assess the degree to which individuals had faith in their romantic partners and viewed their partners as dependable and predictable. The scale consists of 18 items (e.g., "Even if I have no reason to expect my partner to share things with me, I still feel certain that she will") that were rated on a 7-point Likert scale (1 = *strongly disagree*, 7 = *strongly agree*). The full scale yielded an internal consistency estimate of .89 in the present sample. The Supportive Communication subscale of the Marital Communication Inventory (Bienvenu, 1970; Schumm et al., 1983) was used to assess the degree to which individuals reported engaging in positive and intimate conversation with their partners. The subscale has 5 items (e.g., "My partner and I discuss pleasant things that happen during the day") that were rated on a 7-point Likert scale (1 = *strongly disagree*, 7 = *strongly agree*); the estimated internal consistency was .82.

For these four measures, we adjusted item wording so as to be appropriate for same-sex romantic partners (e.g., the term "partner" was used instead of "husband" and "wife"). Correlations among the measures were moderate (ranging from .42-.62). Also, results from a principal factor analysis of the four measures supported a one-factor solution (eigenvalues of 2.65, 0.60, 0.40, 0.36), and loadings of the measures on the latent factor ranged from .66 to .82. In light of these results, the four measures were combined to form an overall index of relationship quality by standardizing the scales and computing their average.

Sexual orientation identity. The Lesbian and Gay Identity Scale (LGIS; Mohr & Fassinger, 2000) was used to assess the variables related to sexual orientation identity investigated in this study. The LGIS was developed through exploratory factor analysis of a set of diverse identity-related items; the factor structure was supported in a separate confirmatory factor analysis. The Internalized Homonegativity subscale consists of

TABLE 1: Means, Standard Deviations, and Intraclass Correlation Coefficients (ICCs)

Variable	Full Sample			Women			Men		
	M	SD	ICC	M	SD	ICC	M	SD	ICC
Homonegativity	1.66	0.92	.21**	1.57	0.88	.22**	1.79	0.97	.16*
Stigma sensitivity	2.42	1.10	.10*	2.33	1.08	.08	2.56	1.12	.10
Identity confusion	1.44	0.83	.15**	1.44	0.96	.15*	1.20	0.54	.09
Superiority	2.20	1.41	.31**	2.10	1.40	.35**	2.35	1.42	.24**
Perceived similarity	5.55	1.37	.56**	5.53	1.40	.55**	5.58	1.33	.56**
Relationship quality	0.00	0.82	.55**	0.14	0.76	.52**	-0.21	0.85	.54**

NOTE: Means and standard deviations are based on the untransformed variables. Intraclass correlation coefficient (ICC) estimates are based on the transformed variables used in the main analyses. All of the untransformed variables had possible ranges of 1.00 to 7.00, except for relationship quality, which was scored by computing the mean of four standardized variables.

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

five items that assess the degree to which respondents evaluate their LGB sexual orientation negatively (e.g., “I wish I were heterosexual”) or positively (e.g., “I am glad to be an LGB person,” reverse-scored). The Need for Acceptance subscale, which we used to measure stigma sensitivity, consists of five items that assess the degree to which respondents experience anxious expectations of rejection based on their sexual orientation (e.g., “I often worry whether others judge me for being LGB”). The Identity Confusion subscale consists of four items that assess the degree to which respondents are uncertain about their sexual orientation status (e.g., “I can’t decide whether I am bisexual or lesbian/gay”). The Superiority subscale consists of two items that measure the degree to which respondents view LGB people as better and more interesting than heterosexual people (e.g., “I look down upon heterosexuals”). All items were rated on a 7-point Likert scale (1 = *disagree strongly*, 7 = *agree strongly*). Intercorrelations among these four subscales were in the low-to-moderate range (.05-.38). In the present sample, internal consistency estimates for LGIS subscales were as follows: Internalized Homonegativity (.80), Need for Acceptance (.73), Identity Confusion (.79), and Superiority (.70).

Perceived similarity. A scale assessing perceived similarity to one’s romantic partner in comfort related to one’s sexual orientation was developed for this study. The scale consists of five items that all begin with the phrase, “My partner and I are equally comfortable . . .” and end by referring to a different aspect of LGB experience: “. . . being ‘out’ in public,” “. . . being ‘out’ to family members,” “. . . being ‘out’ to straight friends,” “. . . being a same-sex couple,” “. . . about being lesbian/gay.” Items were rated on a 7-point Likert scale (1 = *disagree*

strongly, 7 = *agree strongly*) and averaged to form an index of perceived similarity. The internal consistency estimate was .86.

RESULTS

Preliminary Analyses

The distributions of scores for a number of the variables were notably skewed. Inspection of descriptive statistics indicated that most participants had a relatively positive LGB identity and high relationship satisfaction. Skewed variables were transformed to increase the symmetry of the distributions.⁴ Means and standard deviations for the untransformed variables appear in Table 1. Correlations between transformed variables appear in Table 2. Because traditional correlation coefficients confound individual and dyadic effects, we calculated latent individual-level and dyad-level correlations (Gonzalez & Griffin, 1999; Kenny & La Voie, 1985). Individual-level correlations assess bivariate associations for individuals within dyads, whereas dyad-level correlations assess bivariate associations for the dyads themselves. For example, the statistically significant individual-level correlation of .32 between internalized homonegativity and identity confusion suggests that individuals with high levels of homonegativity are more likely than others to have high levels of identity confusion. The nonsignificant dyad-level correlation of .16 between these two variables suggests that same-sex couples with high levels of homonegativity are no more or less likely than others to have high levels of identity confusion. Thus, homonegativity and identity confusion appear to be linked at the individual level but not the dyad level.

TABLE 2: Latent Individual- and Dyad-Level Correlation Coefficients

Variable	1	2	3	4	5	6
1. Homonegativity	—	.68**	.16	-.27*	-.66***	-.30**
2. Stigma sensitivity	.35***	—	.11	-.20	-.92***	-.46**
3. Identity confusion	.32***	.17***	—	.01	-.43***	-.37**
4. Superiority	.01	.18***	.05	—	.03	-.25**
5. Perceived similarity	-.18***	-.26***	-.13**	-.10*	—	.28***
6. Relationship quality	-.21***	-.15**	-.07	-.13**	.52**	—

NOTE: Individual-level correlations are below the diagonal; dyad-level correlations are above the diagonal.

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

Are Partners Similar on LGB Identity?

We investigated similarity by calculating intraclass correlation coefficients (ICCs) for the main LGB identity variables using the double entry method described by Gonzalez and Griffin (1999). In dyads, the ICC can range from -1.0 to $+1.0$ and is interpreted as the correlation between partners' scores on a variable (or, after taking its absolute value, as the proportion of variance due to a dyad effect). ICC estimates for the full sample ranged from .10 for stigma sensitivity to .31 for superiority, and z tests on these estimates suggested that the associated population parameters were nonzero (see Table 1). Similarity was highest on superiority and homonegativity and lowest on stigma sensitivity and identity confusion. Tests of gender differences on the ICCs (using the test for differences between independent correlations, as recommended by Kurdek, 2003) were nonsignificant for homonegativity ($z = -0.62$, $p > .10$), stigma sensitivity ($z = 0.24$, $p > .10$), identity confusion ($z = -0.69$, $p > .10$), and superiority ($z = -1.32$, $p > .10$). These analyses provided evidence of modest levels of similarity on the four identity variables and suggested that degree of similarity does not differ for female and male couples.

Although similarity analyses were focused on the main LGB identity variables, we also tested ICC estimates for perceived similarity and relationship quality. As indicated in Table 1, approximately half of the variability in perceived similarity and relationship quality was due to differences between couples (i.e., due to a dyad effect). Gender differences on the ICCs were nonsignificant for both perceived similarity ($z = 0.11$, $p > .10$) and relationship quality ($z = 0.31$, $p > .10$). Thus, there was considerable similarity on perceived similarity and relationship quality, and this level of similarity did not differ for female and male couples.

Is LGB Identity Associated With Relationship Quality?

We next investigated possible actor and partner effects of LGB identity on relationship quality, controlling for

demographic correlates of relationship quality. Multiple regression offered a convenient means of testing these effects, but the statistical assumption of independent observations associated with ordinary least squares (OLS) regression was threatened by the rather strong intercorrelation of romantic partners' relationship quality ratings. To control for this couple effect, we used a multilevel regression model developed by Kenny and Cook (1999; described in greater detail by Kenny, Menetti, Pierro, Livi, & Kashy, 2002) for the purpose of evaluating actor and partner effects. This model accounts for partner interdependence by treating individual scores on the dependent variable as repeated measures in each dyad. Because multilevel regression does not provide the R^2 coefficient associated with OLS regression, we used a measure of explained variability proposed by Snijders and Bosker (1999) with an interpretation analogous to that for R^2 . We estimated regression parameters with the maximum likelihood approach rather than the restricted maximum likelihood approach because of our interest in comparing nested regression models (Kenny et al., 2002).

To identify demographic correlates of relationship quality, we entered age, income level, educational level, relationship length, race, and city type as predictors of quality in a multilevel regression (using effect coding for qualitative variables). Three of these variables emerged as statistically reliable predictors. Women evaluated their relationships more positively than did men, $t(469.65) = 5.59$, $p < .001$. Relationship length was positively associated with quality, $t(549.93) = 2.19$, $p < .05$. Also, living in a rural area (rather than an urban or suburban area) was linked to higher levels of relationship quality, $t(892.62) = 2.19$, $p < .05$. These three variables—gender (female coded as $+1$, male coded as -1), relationship length, and city type (rural coded as $+1$, nonrural coded as -1)—were included as covariates in all of the remaining analyses.

We conducted a multilevel regression predicting relationship quality from participants' ratings and their partners' ratings on the LGB identity variables, controlling

TABLE 3: Multilevel Regression Analysis Predicting Relationship Quality From Own and Partner Sexual Orientation Identity

Variable	B	SE	df
Female	0.106**	0.212	460.96
Relationship length	0.028**	0.010	460.49
Rural	0.035**	0.013	886.15
Homonegativity-O	-0.039**	0.009	808.91
Homonegativity-P	0.009	0.015	808.94
Stigma sensitivity-O	-0.020*	0.009	766.00
Stigma sensitivity-P	-0.009	0.009	767.20
Identity confusion-O	-0.025**	0.008	795.15
Identity confusion-P	-0.028**	0.008	795.35
Superiority-O	-0.039**	0.008	874.75
Superiority-P	-0.012	0.008	874.74

NOTE: O = own rating; P = partner’s rating. Degrees of freedom are adjusted for partner similarity.
* $p < .05$. ** $p < .01$.

for gender, relationship length, and city type. We refer to this set of predictors as the “basic model” henceforth. Because we planned to test for interactions between own and partner identity, we centered scores for each of the four identity variables (as well as for relationship length) by standardizing the variables. This increases interpretability of results and reduces multicollinearity when testing interaction terms (Snidjers & Bosker, 1999). The analysis indicated that identity variables predicted approximately 10.60% of the variability in relationship quality beyond that accounted for by the covariates, $\chi^2(8, N = 922) = 105.59, p < .001$. Table 3 provides results for the individual predictors. Individuals’ own levels of homonegativity, stigma sensitivity, identity confusion, and superiority were inversely associated with relationship quality; partners’ levels of identity confusion were inversely associated with respondents’ own relationship quality. To explore possible synergistic effects due to the unique combination of partners’ attributes, we reran the basic model but included two-way interaction terms that were the product of own and partner ratings on each identity variable. These four interaction terms did not explain additional variance in relationship quality beyond that accounted for by the terms in the basic model, $\chi^2(4, N = 922) = 5.64, p > .10$.⁵

To explore possible gender differences in the actor and partner effects examined above, we reran the basic model but included the two-way interactions of gender with each of the actor and partner variables. The set of eight interaction terms accounted for approximately 1.67% of the variability in relationship quality beyond that accounted for by the basic model, $\chi^2(8, N = 922) = 15.90, p < .05$. Only one of the eight coefficients for an interaction effect was statistically significant: the

interaction of gender with the partner ratings on stigma sensitivity, $B = -0.057, t(765.46) = -3.23, p < .001$. To interpret this interaction effect, we ran the main model separately by gender. The relation between partner’s stigma sensitivity and relationship quality was negative for men, $B = -0.042, t(316.10) = -3.15, p < .01$, but non-significant for women, $B = 0.016, t(442.03) = 1.33, p > .10$.

Finally, we explored possible gender differences in the previously tested interactions between corresponding actor and partner identity variables; none of the Gender \times Actor \times Partner interaction terms was statistically significant.

Does Perceived Identity Similarity Add Predictive Ability?

We next tested for the incremental effects of perceived identity similarity on relationship quality by rerunning the basic model but including own and partner ratings of perceived similarity in the set of predictors. Participants’ own ratings of perceived similarity were positively associated with relationship quality, $B = 0.055, t(917.75) = 6.15, p < .001$. In contrast, partner ratings of perceived similarity were not significantly associated with relationship quality, $B = -0.009, t(917.78) = -0.01, p > .10$. Taken together, own ratings and partner ratings of perceived similarity explained an additional 3.28% of variability in relationship quality beyond that explained by the basic model, $\chi^2(2, N = 922) = 37.70, p < .01$. Adding the two-way interactions of gender with own and partner perceived similarity did not improve the predictive ability of the model, $\chi^2(2, N = 922) = 0.50, p > .10$. In summary, own ratings but not partner ratings of perceived similarity were positively associated with own ratings of relationship quality, and these results did not vary by gender.

To investigate whether perceived similarity is positively associated with relationship quality regardless of an individual’s own comfort with her or his own sexual orientation, we reran the basic model but included both own ratings of perceived similarity and the interaction of own ratings of perceived similarity with own ratings of each of the four main identity variables. The set of four interaction terms was not statistically significant, $\chi^2(4, N = 922) = 0.50, p > .10$, suggesting that perceptions of similarity in comfort with being LGB were linked to positive relationship functioning regardless of the status of one’s own LGB identity.

Does Perceived Partner Similarity Mediate Links Between Identity and Relationship Quality?

We next investigated the possibility, discussed previously, that own ratings of perceived similarity mediated the significant relations between own ratings of LGB identity and relationship quality that were found. For

the mediation analysis, we focused on all four of the identity variables because significant actor effects were found for each of these variables. We drew on the mediation approach delineated by Baron and Kenny (1986), wherein support for mediation would be provided by demonstrating that (a) LGB identity was linked to relationship quality, (b) LGB identity was linked to perceived similarity, and (c) perceived similarity was linked to relationship quality after controlling for the effect of LGB identity on relationship quality (Baron & Kenny, 1986). Support for full mediation would be provided by demonstrating that (d) the associations between LGB identity and relationship quality were no longer statistically significant after controlling for perceived similarity. All mediated effects that were supported by this method were tested directly for statistical significance. These statistical tests of the mediated effects were based on coefficients and standard errors from the multilevel regressions, consistent with Krull and MacKinnon's (1999) suggestions for mediation analysis with multilevel data. Also, standard errors of the mediated effects were based on Goodman's (1960) estimate of unbiased variance, as suggested by Krull and MacKinnon for mediation analysis when the multilevel data have a large number of groups (or, in this case, romantic couples).

The first condition for mediation was met through the analysis featured in Table 3, which indicated that own ratings on all four LGB identity variables predicted relationship quality. To establish the second of the three conditions for full mediation, the LGB identity variables were entered as predictors of perceived similarity in a multilevel regression (using the same repeated-measures multilevel regression model used above). Although partner variables were not the focus of this analysis, they were included to control for and provide information about partner effects. Own and partner ratings of both homonegativity and stigma sensitivity were all negatively related to own ratings of perceived similarity, as were own ratings of identity confusion (see Table 4). Thus, the second condition was met for own ratings of homonegativity, stigma sensitivity, and identity confusion. The third condition for mediation was met through the previously described analysis indicating that perceived similarity predicted relationship quality after accounting for LGB identity. Taken together, these analyses suggested that—with the exception of identity superiority—the links found between actor LGB identity and relationship quality were at least partially mediated by perceived similarity.

The condition for full mediation was assessed by regressing relationship quality on the LGB identity variables and perceived similarity. After controlling for perceived similarity, relationship quality was still predicted by own homonegativity, $B = -0.029$, $t(809.96) = -3.21$,

TABLE 4: Multilevel Regression Analysis Predicting Perceived Similarity From Own and Partner Sexual Orientation Identity

Variable	B	SE	df
Female	0.169*	0.075	461.25
Relationship length	0.115**	0.035	460.79
Rural	0.032	0.048	886.27
Homonegativity-O	-0.184**	0.032	833.92
Homonegativity-P	-0.119**	0.032	833.93
Stigma sensitivity-O	-0.264**	0.031	792.63
Stigma sensitivity-P	-0.115**	0.031	792.75
Identity confusion-O	-0.075*	0.030	820.61
Identity confusion-P	-0.032	0.030	820.71
Superiority-O	-0.043	0.028	893.26
Superiority-P	-0.005	0.028	893.27

NOTE: O = own rating; P = partner's rating. Degrees of freedom are adjusted for partner similarity.

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

$p < .01$, and by own identity confusion, $B = -0.021$, $t(789.80) = -2.49$, $p < .05$. However, controlling for perceived similarity eliminated the previously statistically significant association of own ratings of stigma sensitivity with quality, $B = -0.005$, $t(781.51) = -0.60$, $p > .10$. In sum, these findings provided evidence that perceived similarity partially mediated the link between LGB identity and relationship quality for both own homonegativity and own identity confusion and that perceived similarity fully mediated the identity-quality link for own stigma sensitivity. Formal statistical tests of the mediated effects supported these conclusions for own ratings of homonegativity, $z = -4.21$, $p < .001$; own ratings of stigma sensitivity, $z = -4.99$, $p < .001$; and own ratings of identity confusion, $z = -2.34$, $p < .05$.

DISCUSSION

This study is among the very first to explore collective identity in same-sex couples. Four identity-related variables were investigated, two of which have appeared regularly in the sexual orientation literature (internalized homonegativity and stigma sensitivity) and two of which have received less empirical attention (identity confusion and identity superiority). Analyses, based on data from a geographically diverse sample of same-sex couples, provided evidence of similarity on identity variables, links between identity and relationship quality, and the mediating role of perceived identity similarity in some of the links found between identity and relationship quality.

Identity and Similarity

Results indicated the presence of some degree of similarity in collective identity, particularly with regard

to identity superiority and internalized homonegativity. This similarity suggests that identity functions as both an individual and a dyadic phenomenon in same-sex couples. For example, just as one can speak of an LGB person as having high levels of homonegativity, it appears to be meaningful to assess the level of homonegativity in same-sex couples. Similarity was greatest on the components of identity that reflected values and attitudes—superiority and homonegativity—consistent with evidence that similarity is greater for these aspects of personality than for other traits (Caspi et al., 1992). Estimated similarity on the identity variables did not differ for women and men. Despite the interest of these findings, it is important to note that the differences between couples (as indicated by ICCs ranging from .08 to .35) accounted for much less of the total variability in identity than did differences between partners. Thus, even though some couples in our sample may have been more “homonegative” or “homosuperior” than others, partner differences in these dimensions of identity varied considerably within couples.

These results raise questions about the mechanisms through which identity similarity occurs and highlight the value of future research on this topic. As noted earlier, it seems possible that individuals with similar identities may tend to be attracted to similar environments and to each other, thereby increasing the likelihood of meeting and establishing a relationship. Alternatively, it may be that identity similarity results from shared experiences over time. We investigated this latter possibility by calculating and testing ICCs on the identity variables after controlling for relationship length. In all cases, controlling for length reduced the size of the ICC only marginally and did not alter findings about the presence of similarity. Thus, at least based on this cross-sectional sample, it did not appear that partners increasingly resembled each other over time. This result is consistent with a study of heterosexual married couples, in which partners maintained the same level of similarity on values and attitudes throughout a 20-year period (Caspi et al., 1992).

Identity and Relationship Quality

Overall, results indicated that perceptions of relationship quality were generally better predicted by individuals' own identity (i.e., actor effects) than their partner's identity (i.e., partner effects), similar to findings in studies on links between personality and relationship functioning (Kurdek, 1997a; 1997b; Neyer & Voigt, 2004; Robins, Caspi, & Moffitt, 2000). Each of the four identity variables accounted for unique variability in quality such that individuals reporting the highest level of quality were likely to report low levels of internalized

homonegativity, stigma sensitivity, identity confusion, and identity superiority. Of these results, only one gender difference was found: The relation between one's own stigma sensitivity and ratings of relationship quality was statistically significant for male-male couples only. Although our data did not allow us to explain this gender difference, it seems possible that the difference may be related to evidence that societal sanctions against homosexuality are generally more extreme for men than for women (Herek, 2002; Kite & Whitley, 1996). Perhaps men's greater risk of being the target of prejudice or discrimination based on sexual orientation increases the links between stigma sensitivity and factors that may diminish relationship satisfaction (e.g., anxiety, unwillingness to display affection for partner in public, unwillingness to socialize with heterosexual individuals).

One of the more intriguing actor effects found was the negative association between identity superiority and relationship quality. This finding indicates that individuals who reported believing that heterosexuals were inferior to LGB people tended to report lower-than-average levels of relationship quality. As suggested earlier, it seems possible that the tendency to derogate heterosexuals and elevate LGB people may mask an underlying sense of low collective self-esteem. Such dynamics have been found with regard to personal self-esteem, wherein narcissists are more likely than others to score high on explicit measures of self-esteem but low on implicit measures of self-esteem (Jordan, Spencer, Zanna, Hoshino-Browne, & Correll, 2003). If this were the case for collective identity, then it would make sense that the perceived relationship quality of individuals with high levels of superiority would be vulnerable to anti-LGB stigma.

The only evidence of a partner effect for the identity variables was for identity confusion. This effect suggests that individuals whose partners showed higher levels of identity confusion tended to view their relationship more negatively. Although the study provided no basis for explaining this result, one conjecture is that identity confusion in a partner could be perceived as a threat to the relationship. Consistent with research on attitudes and stereotypes regarding bisexuality, high identity confusion might be viewed as a sign of a partner's interest in having affairs with persons of the other sex, or even as a sign of lack of commitment to being in a same-sex partnership (Israel & Mohr, 2004).

In addition to examining the independent contributions of own and partner identity to relationship quality, we investigated both multiplicative and difference score interactions between own and partner identity. We found no evidence for such interactions, consistent with the lack of actor-partner interaction effects in past research on personality traits in romantic relationships (e.g., Kurdek, 1997a, 1997b; Robins et al., 2000).

Perceived Identity Similarity

Consistent with findings on assumed personality similarity in heterosexual couples (Murray et al., 2002), there was a significant actor effect for perceived identity similarity on relationship quality. Even after controlling for own and partner identity, individuals who believed they were similar to their partners in comfort (or discomfort) with being LGB reported higher levels of relationship quality compared to others. This effect was not moderated by own identity, which indicated that any positive effects of perceived identity similarity were not limited only to those with positive identities. These results were consistent with evidence that perceived similarity increases relationship satisfaction because of the sense of shared understanding that perceived similarity promotes and that satisfied romantic partners are motivated to see their partner as kindred spirits even with regard to areas of actual dissimilarity (Murray et al., 2002).

Support also was provided for the conjecture that aspects of LGB identity would predict perceived similarity and that perceived similarity would statistically mediate some of the links between identity and relationship quality. Analyses revealed that perceived similarity ratings were inversely associated with own levels of internalized homonegativity, stigma sensitivity, and identity confusion, supporting the notion that identity-related difficulties may create a sense of psychological distance between same-sex partners (which, in turn, may lead to lower relationship quality). Perceived similarity partially mediated the actor effects for internalized homonegativity and identity confusion and fully mediated the actor effects for stigma sensitivity. The study did not provide a basis for probing these results, but we speculate that identity-related difficulties might decrease individuals' perceptions of similarity to a partner by increasing both their sense of isolation in managing a stigmatized identity and their motivation to distance themselves from an undesired social identity. The analysis also revealed unexpected negative associations of perceived similarity with partner levels of internalized homonegativity and stigma sensitivity. A sad irony of these findings is that perceptions of similarity appear to be lower to the degree that both partners report a lack of self-acceptance and fear of rejection regarding their sexual orientation identity (i.e., to the degree that partners are similar in the direction of identity-related difficulties). Thus, couples with the least positive sexual orientation identity may be the least likely to experience the benefits of perceived similarity, despite actual similarity between partners. Another implication of these results is that perceptions of identity similarity reflect more than accurate observations

about one's own and one's partner's comfort with having a stigmatized sexual orientation, consistent with the findings of Murray et al. (2002).

Limitations and Future Directions

We believe it is important to consider the present findings in light of several limitations of the study. First, because a cross-sectional design was used, the data did not permit any causal conclusions about relations between identity and relationship quality. Although we conceptualized identity as a predictor of quality, it seems possible that low relationship quality could stimulate negative feelings or confusion about one's own LGB sexual orientation. For example, feelings of relationship dissatisfaction may seem to corroborate anti-LGB societal messages about same-sex couples (e.g., that "enduring love relationships between same-sex partners are wrong or impossible to achieve," Green & Mitchell, 2002, p. 548), which could, in turn, increase levels of identity-related stress. Longitudinal studies would provide a basis for investigating questions about the direction of influence between identity and relationship quality. Similarly, lab studies could provide important information about causal relations between variables.

Another limitation of the study is that the sample consisted of individuals who were relatively happy with their relationships and satisfied with their sexual orientation. The large number of satisfied long-term same-sex couples in the sample suggests that it is possible to have a stable and gratifying same-sex romantic relationship, contrary to some anti-LGB stereotypes. However, because recruitment of participants was conducted through venues requiring at least some degree of openness about one's sexual orientation, it seems likely that individuals with strongly negative identities were underrepresented in the current sample. In a more representative sample, results may have been even stronger because of the potential for increased variability in identity and relationship satisfaction. In addition, a more representative sample would have featured greater ethnocultural diversity, which could have influenced results. For example, similarity might be greater for individuals from cultures that value collectivistic perspectives.

Results suggest a number of additional directions for research on the role of collective identity in same-sex romantic relationship functioning. First, it may be useful to study collective identity as one of a number of personality variables that may be associated with relationship quality. For example, inclusion of the Big Five personality traits in the current study would have provided information on whether or when LGB identity offers unique predictive ability beyond that offered by the more general personality variables. Similarly, inclusion

of perceived similarity in general personality traits would have helped to refine the present findings by making it possible to investigate whether and when perceived similarity in comfort with sexual orientation plays a unique role in relationship quality. Second, future studies of perceived identity similarity may benefit from perceived similarity indices based on each individual's ratings of own identity and partner identity. As Murray et al. (2002) demonstrated, such indices can be used to distinguish between accurate and egocentric (i.e., projected) perceptions of similarity. We suspect that the perceived similarity results in the present study were driven by egocentric perceptions of similarity, given the findings suggesting that perceived similarity ratings were not based on accurate perceptions of the partner.

Third, because the present study relied on global reports of relationship functioning, research using observational data could provide valuable information on the role that collective identity may play in the moment-to-moment interactions between same-sex romantic partners. Fourth, a focus on collective identity may offer insights on the social ecology of same-sex romantic relationships. For example, as proposed earlier, it seems possible that LGB identity may play a role in the environments that LGB individuals choose to inhabit, which may then influence the potential dating partners they meet. Finally, comparison among different types of stigmatized couples (e.g., interracial, interfaith) and couples where one or both partners have stigmatized characteristics (e.g., African American couples, couples with physical disabilities) could provide further insight into the points of intersections between stigma and couple functioning.

Robins et al. (2000) argued for the importance of exploring ways that personality may influence couple functioning, noting that romantic relationships are "made up of two personalities, and both partners' personality traits jointly and uniquely shape the quality of their relationship" (p. 258). The present findings bolster this perspective and indicate the potential importance of investigating aspects of personality shaped by collective identities. For LGB people, "being gay" involves decisions about with whom one interacts and how one conducts those interactions, as well as evaluations of self and others in the midst of an often intolerant social climate. Such decisions and evaluations—many of which relate to management of anti-LGB stigma—may affect where LGB individuals meet their romantic partners, who they choose to date, and how they view their romantic partners and relationships. We believe that research on the interplay between collective identity and the cultural context of LGB individuals' lives may offer valuable knowledge regarding the life cycle of same-sex romantic relationships, and more broadly,

regarding the influence of stigma on individuals' interpersonal lives.

NOTES

1. For bisexual women and men, internalized homonegativity is one aspect of a larger phenomenon of internalized binegativity that also involves self-stigmatization due to bisexuality-specific attitudes and stereotypes that are found in heterosexual and lesbian/gay communities (Ochs, 1996). Discussion of this component of internalized binegativity, however, is beyond the scope of this article.

2. It should be noted that we labeled and described these four identity-related variables in the negative direction (i.e., the direction of identity-related difficulties) to be consistent with the lesbian, gay, or bisexual (LGB) identity literature. However, we view these variables as reflecting constructs that could be described in the reverse (e.g., homopositivity, identity certainty) and have relevance for all LGB individuals and not only individuals experiencing high levels of psychopathology.

3. It should be noted that data from the full sample were used to develop the measure of sexual orientation identity employed in the present study (Mohr & Fassinger, 2000).

4. The following transformations were applied: natural logarithm transformation for reflected perceived similarity scores, square root transformation for superiority and reflected relationship quality scores, and inverse transformation for identity confusion and homonegativity scores. Transformed scores were reflected as needed to preserve the original meaning of low and high scores.

5. Kenny and Cook (1999) noted that another way to examine actor-partner interactions is to use the absolute difference between partners' scores on a predictor variable. Just as with the results for multiplicative interaction terms, we found no significant interaction effects of actor and partner identity on quality when using absolute difference scores, $\chi^2(4, N = 922) = 4.26, p > .10$.

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