

Anticipatory Minority Stressors among Same-Sex Couples: A Relationship Timeline Approach

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Abstract: We build on previous stress theories by drawing attention to the concept of anticipatory couple-level minority stressors (i.e., stressors expected to occur in the future that emanate from the stigmatization of certain relationship forms). A focus on anticipatory couple-level minority stressors brings with it the potential for important insight into vulnerabilities and resiliencies of people in same-sex relationships—the focus of our study. We use relationship timelines to examine stressors among a diverse sample of same-sex couples ($N = 120$). Respondents in same-sex relationships anticipated stressors that may not be unique to same-sex couples (e.g., purchasing a home together), but labeled many of their anticipatory stressors as reflecting the stigmatization of their same-sex relationship, in and of itself. Respondents rated anticipatory *minority* stressors as more stressful than other anticipatory stressors. Moreover, stressors varied by gender, age, and relationship duration, although not race/ethnicity or geographic site. This analysis is a preliminary step in examining how unique anticipatory couple-level minority stressors function as determinants of relationship quality, mental and physical health, and health disparities faced by sexual minority populations. Attempts to understand current stress levels should consider anticipatory stressors, alongside past and current life events, chronic strains, daily hassles, and minority stressors, as these processes are impossible to disentangle and may be consequential for current well-being.

Key Words: Family; Gender and Sexuality; Mental Health; Sexuality; Stigma

Social stress theories have been leveraged to understand disparities for minority populations, including sexual minorities, racial/ethnic minorities, gender minorities and women, and the intersections between these categories (Frost 2017, Meyer 2003, Pearlin and Bierman 2013). The stress process model theorizes how socially patterned stressors contribute to enduring strains which erode one's sense of self and lead to symptoms of distress (Pearlin et al. 1981). For example, those with low socioeconomic status (e.g., lower educational attainment) suffer more chronic exposure to stressors, helping to explain their higher rates of morbidity and mortality (Almeida et al. 2005). Minority stress theory contends that unique stressors stemming from disadvantaged and stigmatized status contribute to the disproportionate overall stress burden borne by minority populations (Meyer 2003). These theories are interdisciplinary, growing out of empirical work on stress and health and connecting to social psychological understandings of stigma (Crocker and Major 1989), prejudice (Allport 1958), and social identity (Brewer 1991). Yet, generally overlooked within the current stress literature is the idea of *anticipatory* (i.e., future) stressors.

In one of Pearlin's last published works on stress processes, Pearlin and Bierman (2013) noted that anticipatory stressors are probably experienced with greater frequency than currently recognized and thus deserve more attention than they currently receive. Building on research in social psychology, criminology, and epidemiology (Agnew 2002, Monat, Averill, and Lazarus 1972, Starcke et al. 2008), Pearlin and Bierman define anticipatory stressors as "negative events and strains" that "do not exist as realities but are viewed as having the potential to become so" (2013: 328). The notion of anticipatory stressors are also implicit within the minority stress perspective, as one component of the minority stress experience—*expectations* of rejection, devaluation, and discrimination (i.e., anticipated stigma)—reflects an anticipatory or future

context (Frost et al. 2017, Meyer 2003). Relatedly, the concept of anticipatory stressors also overlaps with the social psychological concept of “possible selves” (Granberg 2006, Markus and Nurius 1986). Although the idea of anticipatory stressors are both discussed and implied within the social psychological literature, research that focuses explicitly on fully developing anticipatory stress constructs is lacking.

A focus on anticipatory couple-level minority stressors brings with it the potential to gain important insight into vulnerabilities and resiliencies of people in same-sex relationships—the focus of our study. We adopt an innovative research method, relationship timelines (de Vries et al. 2017), to examine anticipatory stressors within and across a diverse sample of same-sex couples. Relationship timelines are graphic representations of the course of a relationship, wherein respondents note key events and periods—both in the past and the anticipated future—and categorize or appraise the degree to which those events and periods were, are, or are likely to be stressful. We specifically address:

1. What types of stressors do partners in same-sex relationships anticipate for their shared futures? Specifically, what areas of life (e.g., parenthood, employment) are most represented among these anticipatory stressors?
2. How *stressful* do partners in same-sex relationships anticipate these future stressors will be?
3. Which of these anticipated stressors represent anticipatory couple-level *minority* stressors (i.e., stressors related to the stigmatization of their relationship)?

For each of these three questions, we also consider variation by gender, age, relationship duration, race/ethnicity, and geographic region (Greater Atlanta and San Francisco Bay areas). Our overarching goal is to further develop the concept of *anticipatory stressors*, and even more

specifically *anticipatory couple-level minority stressors*, through an exploratory study of how these stressors are identified within the lives of same-sex couples.

Background

Stress Frameworks. According to the stress process model, different types of stressors along with self-concept, social support, and coping mechanisms come together to form a process of stress, with deleterious consequences on well-being that contribute to population-based health disparities within society (Pearlin et al. 1981). These stressors fall into three broad categories: life events, chronic life strains, and daily hassles (Pearlin et al. 1981, Thoits 1995). A stress and life course perspective integrates the stress process model with the life course framework by examining how life events can lead to stress proliferation (i.e., initiation and persistence of chronic stressors throughout the life course leading to more stressors) over time and across relationships (Pearlin and Bierman 2013). Within intimate relationships, stressors are likely to proliferate across partners over time (Pines et al. 2011, Thomeer, Umberson, and Pudrovska 2013). The stress and life course framework further highlights how stressors are not randomly distributed within the population; rather, they are most highly concentrated within groups with little status and power and high levels of stigma (e.g., racial and ethnic minorities, women, people with low educational attainment). For example, Umberson and colleagues (2017) have recently shown that premature family member death—one of the most consequential life events a person can experience over the life course—is experienced more often by racial and ethnic minorities than other groups.

While stress process models have illustrated that people with low status experience more stressors and are more vulnerable to those stressors than those with high status, minority stress models have demonstrated that those with low status additionally experience unique stressors (i.e., minority stressors) which emanate from the experience of being stigmatized by the larger society

– as individuals (Meyer 2003) and as members of stigmatized relationships (Frost et al. 2017, LeBlanc et al. 2015, 2018). These minority stressors are in addition to other chronic and acute stressors that are more commonly experienced within the broader population. Sexual minorities face minority stressors because modern society is largely homonegative and heteronormative (Meyer 2003). The unique stressors experienced by sexual minorities have been categorized into different types: (1) discrimination; (2) expectations of rejection; (3) stigma concealment; and (4) internalized homophobia (Meyer 2003). In the relational context, emerging studies have illustrated how stressors emanating from the stigmatization of same-sex relationships create couple-level minority stressors that reflect these core types of stress experience, as well as to previously unexamined forms of couple-level minority stress (Frost et al. 2017, LeBlanc, Frost, and Bowen 2018). Moreover, they identify how dyadic minority stress processes can play out between partners (e.g., stress contagion and stress discrepancies) (Frost et al. 2017).

Anticipatory Stress. As stated above, the importance of focusing on anticipatory stressors is both implicit and explicit in existing social stress frameworks. It is also reflected in longstanding social psychological concepts regarding the future and social identities. The time is ripe for more in-depth explorations of how stressors that “await” impact lives. Research on anticipatory stressors has primarily conceptualized anticipatory stressors as fears, worries, and anticipated discrimination (Hatch et al. 2016, Monat et al. 1972, Thornicroft et al. 2009). For example, Pearlin and colleagues discuss the idea of “vigilant anticipation,” noting that “people who have experienced unfair treatment because of race or other ascription fall into a state of vigilant anticipation, awaiting its next occurrence” (2005: 209). Some of this past research has been within a minority stress framework. Woodhead and colleagues (2016) measure anticipated discrimination and found it was more prevalent among sexual minorities than heterosexuals and linked to mental

health issues, and a recent study of sexual minority women and gender minorities revealed that many were fearful of the future given the current political climate—for example, worrying about losing health insurance (Veldhuis et al. 2018). We move beyond these studies by focusing more broadly on anticipated events or periods that may or may not engender anticipatory stress (of any kind), without limiting our focus to specific stressors related to discrimination or political changes.

We also incorporate the social psychological concept of “possible selves” into our conceptualization of anticipatory stress (Markus and Nurius 1986). Although the future is largely overlooked within social stress models, social psychological theories—notably theories involving self-concept—are particularly relevant. The construct of “possible selves” acknowledges the centrality of the future as a point of focus for day-to-day life, with people striving to achieve the most positive future outcomes for themselves. Yet the possible self can also include negative outcomes. For example, Granberg (2006) analyzed how people discuss body weight in terms of possible selves, seeing future weight gain generally as a negative outcome and seeking to avoid it. We draw on this idea of possible selves to inform our efforts to understand possible futures anticipated by people in relational contexts at the couple-level (Frost et al. 2017, LeBlanc et al. 2015). As with stressors that have occurred in the past or are occurring in the present, stressors that are anticipated to occur in the future may be experienced not only at the individual level, but also within the domain of intimate relationships.

Context of Same-Sex Couples. In the present study, we are specifically interested in how the concept of anticipatory stress may apply to a sample of same-sex couples. It is likely that stress processes differ between different-sex and same-sex couples, as well as between male and female same-sex couples (Thomeer, Reczek and Umberson 2015, Umberson et al. 2016), due in part to differences in anticipatory couple-level *minority* stressors—a concept we seek to develop. We

theorize that anticipatory stressors occur as both general stressors and minority stressors and that anticipatory stress burdens are greater for those with stigmatized identities and those in marginalized relationship forms, including individuals within same-sex couples. Recent expansions of the minority stress framework emphasize that minority stressors do not just occur at the individual level but also at the couple level—as well as even broader levels such as the family level (LeBlanc, Frost and Wight 2015; Thomeer, Paine and Bryant 2018). Thus studies of sexual minority people who are in relationships need to consider couple-level minority stressors in addition to individual-level minority stressors in order to assess the full minority stress burden. A study of same-sex and different-sex couples found that the same-sex couples were more concerned about family interference and discrimination at the end-of-life than different-sex couples (Thomeer et al. 2017), lending credence to the idea that same-sex couples may experience more anticipatory stressors than different-sex couples due to their marginalization. Some of these anticipatory stressors may relate to public policies and laws that discriminate against same-sex couples (Veldhuis et al. 2018). Specifically, during our study period in 2012-2013, same-sex marriage was not federally recognized—nor was it recognized at the state-level in either of our study sites (Atlanta and San Francisco). Even in relatively accepting environments, same-sex couples still face a wide range of couple-level minority stressors (Frost et al. 2017), especially given that key people in a couple's social network may not even live within their same immediate geographic environment (e.g., extended family).

As suggested by an intersectionality perspective (Collins 2002), some individuals and couples experience multiple marginalizations, potentially leading to worse anticipatory stress experiences. Intersectionality perspectives acknowledge that multiple forms of oppression—including racism, sexism, homonegativity, and ageism—and privilege interact and overlap with

one another. Thus, multiple identities, social positions, and social structures should be considered simultaneously in the study of individual stress experience. Similarly to individuals, we can expect that different relationship types are also associated with multiple forms of stigma and resulting stressors. Dyadic configurations of minority experience within and between dyads are exceedingly complex, but important to consider. To illustrate only briefly, the anticipatory stressors experienced by a white middle-aged male couple living in urban San Francisco are likely to significantly differ from a younger, interracial female couple living in suburban or rural Georgia. For this reason, in our analysis, we consider the role of gender, age, race/ethnicity, relationship duration, and geographic location in this exploration of anticipatory couple-level minority stressors.

Methods

For this study, we recruited 120 same-sex couples, evenly split across two sites—San Francisco, California and Atlanta, Georgia—in 2012-2013. We used a modified targeted nonprobability recruitment strategy with quotas based on gender, race/ethnicity, study site, and relationship duration (Watters and Biernacki 1989). Trained recruiters approached individuals, couples, and small groups in spaces often frequented by same-sex couples. In total, 852 same-sex couples completed screener information, but only 231 couples were eligible. Using the quotas, 120 couples were invited to, and participated in, this study. In order to be eligible, couples must both be at least 21 years old, consider themselves a “couple,” and have been engaged at some point in a sexual relationship. Half of the couples were female, and in 53 percent of the couples at least one partner identified as a racial/ethnic minority. The sample was also nearly evenly dispersed across three relationship duration categories (6 months to less than 3 years, 3 years to less than 7 years, and 7 or more years). The only age-related eligibility criterion was that all participants be at least

21 years age. There was significant age diversity among study participants within each relationship duration category, and the sample ranged in age from 21 to 78. Table 1 shows sample demographics in terms of race/ethnicity and age by gender. The sample was evenly divided by geography and relationship duration.

[Insert Table 1 about here]

In this study, we use an innovative method, relationship timelines (de Vries et al. 2017), to advance these theories. Life course researchers have long used lifeline methods to analyze how individual life courses unfold within particularly historical times and social contexts (Axinn, Pearce and Ghimire 1999, Rappaport, Enrich and Wilson 1985). Yet this method is still not commonly used within sociology or social psychology, despite its multiple strengths for stress research in particular. Lifeline methods involve a respondent's graphic representation of key events and periods within their life, both as they happened in the past and as anticipated for the future until death. Respondents also rate life events according to their subjective importance; for example, some studies ask respondents to rate each event by how stressful they were or are anticipated to be, making them useful to researchers interested in studying stressors. By allowing respondents to themselves identify and rate stressors, rather than providing predetermined measures or stress categories as seen in survey methods of stress, identified stressors more fully reflect the lived experience of stressful events and periods. This is especially important for this exploratory study of anticipatory stress among same-sex couples. The specific study instruments we used have been previously published and are available (de Vries et al. 2017).

Within the relationship timeline method, both partners work together to construct a unique timeline that reflects their lives as a couple, focusing on the relationship duration from the time they met to the anticipated end of the relationship. In our study, trained interviewers presented

couples with a standardized line drawn on a large sheet of paper. Participants were asked to start by marking “today” on the line, wherever they thought appropriate, leaving space on the end to reflect their “anticipated future” together. Respondents then defined, labeled, and discussed key events, experiences, and/or periods of time over the course of their relationship, beginning from when they first met to the “present” day (i.e., interview date, marked on the line as “today”). Couples then repeated the process for events and/or periods of time in their anticipated futures (i.e., the point on the timeline after “today”). This allowed for the identification of anticipatory events, experiences, or periods of time for their anticipated shared future. By design, interviewers helped participants focus on identified events, experiences, and periods of time that would reflect couple-level experience, but their lines and subsequent discussions included references to both individual-level anticipatory events (e.g., Partner A will graduate) and couple-level anticipatory events (e.g., they will get married). After filling the timeline with events/stressors, respondents ranked each event according to how stressful it was or how stressful they thought it would be on a scale of 0 to 4 (0=not at all stressful, 4=extremely stressful, and 1, 2, and 3 representing a range of stress between those values). Respondents were told, “By stressful we mean how much these experiences were or will be difficult or challenging events for you to manage as a couple,” and “Stress can result from both positive and negative events or experiences.” Finally, respondents were asked to identify which stressors they viewed to be minority stressors (i.e., “events or periods of time that involved or will involve challenges or difficulties related to being a same-sex couple, namely events in which you experienced or will experience stigma, prejudice, discrimination, and/or negative feelings related to being in a same-sex couple”). On average, couples identified 19.78 past stressors and 7.17 anticipatory stressors (860 total anticipatory stressors across the 120

couples). Per couple, 2.12 of these anticipatory stressors were rated as minority stressors on average.

By jointly completing the timeline, couples provided a reliability check for one another, constructing a cooperative narrative of their life as a couple. For most couples, there was agreement in the completion of these timelines, rating of stressors, and designation of stressors as minority or not. In cases of disagreement, the interviewer would reassert that the timeline needed to be completed by both partners as our interest was in the “shared story,” and this was often successful. Twenty-four couples disagreed about at least one stress rating, accounting for about 6 percent of stressors, and in these cases interviewers recorded two separate ratings. In our analysis, we considered the average of those two ratings.

Sociodemographic information was collected as part of the recruitment screening process to ensure a diverse sample. When operationalizing gender, we used two categories—man and woman—as selected by the respondents themselves. Transgender, genderfluid, and intersex respondents were ineligible for this particular study as minority stress stemming from stigmatization of gender and sex identities, although an important research topic, was beyond our current scope. Respondents reported their age, in years. Because this was a couple-level analysis, we averaged the age of both partners within the couple to create an “average couple age” variable. We also tested age associations using only the oldest partner’s age, using only the youngest partner’s age, and including the difference between partners’ ages, but these alterations did not significantly change the results. The average difference in partner’s ages was 6.51 years. To support comparisons by age, we collapsed the average age of the couple into 3 categories: 23-34 years, 35-44 years, and 45 years and older. We tested other categories, but results were similar regardless of categories used.

[Insert Table 1 about here]

Respondents were asked how long they had “been a couple.” Respondents were given three options: at least 6 months but less than 3 years, at least 3 years but less than 7 years, and 7 years or more. We used these same three categories in our analyses. Respondents were asked whether they were Hispanic, Spanish, or Latino, and they were also asked what best describes their race: American Indian or Alaska Native, Asian, Black or African-American, Native Hawaiian or Pacific Islander, White, or other. Because of small sample sizes, we collapsed these respondents into two categories: both partners non-Hispanic White and at least one partner Hispanic and/or non-White. As our final key category of interest, respondents were recruited in the Greater Atlanta and San Francisco Bay areas, the two study sites.

To analyze these timelines, we first read through all future events and created subcategories for these events. For example, early subcategories included “retirement” and “moving.” We then placed events into these subcategories, collapsing subcategories or creating new subcategories as necessary. Once events were in subcategories, we then reevaluated the categories and coding of entries. This resulted in 43 subcategories. From those 43 categories, we developed 10 overarching categories. Subcategories and categories were not mutually exclusive (for example, “purchase house and move to new neighborhood” would be both “moving” and “house purchase”), and each was coded as multiple lines of data if in more than one category. This first phase of analysis was done within NVivo. Next, using Stata, we created a dataset to allow for statistical analysis of each event according to its stress rating, minority stressor designation, and respondents’ characteristics (gender, age, relationship duration, race/ethnicity, and site). This dataset allowed us to test for statistically significant differences across categories and subcategories, as well as to produce summary statistics.

Results

In response to our first research question-- the types of stressors partners in same-sex relationships anticipate for their shared futures-- we identified ten categories of anticipatory stressors, as well as 43 subcategories (Table 2). The most commonly referenced subcategory was “vacation,” mentioned 121 times by 70 couples. The other most commonly referenced subcategories were “general employment” (mentioned 107 times by 69 couples), “marriage” (mentioned 63 times by 62 couples), “moving” (mentioned 82 times by 60 couples), and “parenthood plans” (mentioned 70 times by 51 couples). Most anticipatory stressors could be categorized as life events (e.g., engagement, vacation), although some were chronic stressors (e.g., relationship conflict, parental caregiving). Stressors were fairly evenly divided between stressors centered on one individual (e.g., one partner will graduate from school, one partner will retire) and stressors centered on the couple (e.g., we will get married, we will move to a new city).

[Table 2 about here]

Stress Levels

Next we address our second research question, how *stressful* partners in same-sex relationships anticipate these future events or periods of time will be. Respondents assigned each anticipated event or period a stress score from 0 to 4. Table 3 shows the average stress scores and standard deviations for each category, as well as whether each stress score is significantly different from the reference category, “leisure.” The average stress rating for all entries was 2.02. Leisure was rated as least stressful on average, with a mean stress rating of only 1.21, and all other categories were rated as significantly more stressful than leisure ($p < .05$). “Parenthood” was rated as the most stressful, with an average rating of 2.64. The “parenthood” category was composed of two subcategories, “parenthood plans” (e.g., begin insemination) and “adult children” (e.g., both

daughters get married), and of the two, “parenthood plans” were significantly more stressful than adult children ($p < .001$), with an average stress rating of 2.97 for “parenthood plans” and 1.65 for “adult children.” “Family of origin” was the second most stressful category, with an average rating of 2.61, and within that category, the largest sources of stressors were related to parents: “parental caregiving,” “aging parents,” and “death of parents.” As the third and fourth most stressful categories, “home” and “health” both had average stress score of 2.46.

[Table 3 about here]

Minority Stressors

For our third research question-- which of these anticipated stressors represent anticipatory couple-level *minority* stressors (i.e., stressors related to the stigmatization of their relationship, in and of itself)-- respondents designated whether their entry was a minority stressor or not. The proportion of minority stressors within each category is shown in Table 3, as well as whether the proportion of minority stressors within each category was significantly different from the reference category of “leisure.” “Leisure,” “employment,” “education,” and “health” each had the lowest proportion of stressors designated as minority stressors, and these categories did not differ significantly from one another. “Parenthood,” which was also identified as the most stressful category, had the highest percentage of stressors labeled as minority stressors at 63 percent. Seventy-four percent of entries within the “parenthood plans” subcategory were designated minority stressors, compared to only 29 percent of the entries within the “adult children” subcategory.

Fifty-three percent of entries in the “sexuality” category, including “coming out” and “legalization of marriage”, were designated as minority stressors, as well as 51 percent of entries in the “relationship” category. Within the relationship category, 70 percent of entries in the

“marriage” subcategory, 73 percent of entries in the “wedding” subcategory, and 55 percent of entries in the “move in together” subcategories were designated as minority stressors. Additionally, there were only 5 entries in the “commitment ceremony” subcategory, but all 5 were designated minority stressors.

We statistically tested whether entries labeled as minority stressors were rated as more stressful than other entries. We fit an ordinary least squares (OLS) regression and found that being designated as a minority stressor increased the stress level by 0.84 ($p < .001$). Controlling for category reduced this to an increase of 0.68 stress units ($p < .001$), but adding further controls for gender, site, age, race/ethnicity, and relationship duration did not significantly impact the coefficient. We also analyzed whether the minority stressor variable was more strongly associated with stress levels within certain categories using moderation analysis, specifically interacting the minority stressor variable with each category. Notably, we found that the association between the minority stressor variable and stress levels was strongest within the “relationship” category ($p < .001$). Within the “relationship” category, being designated as a minority stressor increased the stress level by 1.04 stress units ($p < .001$), which is substantively significant on our five point scale.

Gender, Site, Age, Relationship Duration, and Race/Ethnicity

In our final research goal, we tested how the distribution of types of anticipatory stressors, stress ratings, and minority stress designations varied by gender, geographic site, age, relationship duration, and race/ethnicity. Table 3 also displays the proportion of entries from women within each category, the proportion of entries from respondents from Atlanta, the proportion of entries from respondents with relationships lasting 3-7 years and relationships lasting more than 7 years, the proportion within each age category, and the proportion of entries in which at least one partner was not non-Hispanic White (as compared to both partners being non-Hispanic White). We used

chi-square difference tests to consider gender, site, age, race/ethnicity, and duration differences within categories. Most categories were split evenly by gender; however, two (“parenthood” and “education”) were more often discussed by women. In fact, 70 percent of the “parenthood” entries and 66 percent of the education entries were from women. “Leisure” was the only category discussed more by men than by women, with 59 percent of “leisure” entries from men. Regarding relationship duration, respondents in our longest duration category (7 or more years) discussed “health” significantly more often and “education,” “parenthood,” and “relationships” less often than those in the newest relationships (6 months to less than 3 years). With age, the youngest category (23-34 years) more frequently identified anticipatory stressors related to “home,” “parenthood,” and “education.” The middle age category (35-44 years) identified “family of origin” more than the youngest category, and the oldest age category (45 years and older) identified “health” more often than the youngest category. Finally, there was only one difference by race/ethnicity; couples in which both partners were non-Hispanic White were more likely to mention “health” as an anticipatory stressor than couples in which one or both partners were persons of color. There were no significant differences by site.

Next, we considered differences in stress ratings by gender, site, duration, age, and race/ethnicity within each category (Table 4). Respondents in San Francisco rated “leisure” entries as more stressful on average than respondents from Atlanta, although both groups still rated “leisure” as less stressful than any other category. Respondents in the longest relationship category rated entries in the “relationship” and “employment” categories as less stressful, but “family of origin” category as more stressful than respondents in the newest relationships. Additionally, respondents who had been together for 3 to less than 7 years also rated entries in the “relationship” and “employment” categories as less stressful than respondents who had been together for the least

time and rated entries in the “health” categories as more stressful than those respondents. There were only two differences by age, with these similar to differences by relationship duration. Respondents in the oldest category rated “employment” stressors as less stressful but “health” stressors as more stressful than respondents in the youngest category. Couples in which both partners were non-Hispanic White rated entries within the “economic” category as more stressful than couples in which at least one partner was not non-Hispanic White, although there were no other statistically significant differences in stress level by race/ethnicity. There were no stress level differences within categories by gender.

[Table 4 about here]

Finally, Table 5 shows differences in minority stressor designations by gender, site, duration, and race/ethnicity within each category. Fewer men than women designated “leisure” and “home” entries as minority stressors. More respondents from San Francisco as compared to Atlanta designated “leisure” and “family of origin” entries as minority stressors. Fewer respondents in the longest relationship duration category designated “leisure” and “parenthood” as minority stressors. Similarly, with age, more couples in the youngest category labeled “parenthood” as minority stressors. Also, fewer in the oldest category ranked “relationship” anticipatory stressors as minority stressors. There were no statistically significant minority stressor differences across categories by race/ethnicity.

[Table 5 about here]

Discussion

Most sociological and social psychological research focuses on past and current stressors, largely overlooking anticipatory stressors (Pearlin and Bierman 2013). We draw attention to the experience of anticipatory stressors: stressors that emanate from one’s concerns about events or

challenges that are expected in the future. We highlight anticipatory couple-level minority stressors, defined as stressors expected to occur in the future that relate to the stigmatization of certain relationship forms. This novel domain of anticipatory stress among people in same-sex relationships should be considered alongside other stress domains, including past and current life events, chronic strains, and daily hassles, whether they are minority stressors or those more generally experienced, as all are likely consequential for well-being (LeBlanc et al. 2015).

Anticipatory stressors are previously overlooked within most social stress frameworks, but they provide important insight into current inequalities within society. To the extent that anticipatory stressors are accurate representations of what is to come, examining anticipatory minority stressors can provide a social vision of future inequalities especially when discussing same-sex couples, LGBTQ families, and other marginalized populations. While previous research considers stressors at the individual-level, stressors that are experienced in relational contexts (e.g., couple-level stressors) are rarely examined (Frost et al. 2017, LeBlanc et al. 2018). By considering couple-level anticipatory stressors using a relationship timeline approach, we are able to examine what stressors same-sex couples believe they will encounter, how stressful they think these stressors will be, whether these will be minority stressors, and whether these anticipatory stressors vary by gender, geographic site, age, race/ethnicity, or relationship duration.

In our analysis, we find that same-sex couples overwhelmingly anticipate stressors that we speculate are in many ways similar to stressors that different-sex couples likely anticipate, although we cannot make comparisons by couple type in the current study. As suggested by institutionalization of relationship frameworks (Cherlin 2004, Thomeer et al. 2017), some roles and norms within relationships are common regardless of the gender composition of the couple—for example, the expectations that committed couples plan vacations together or purchase homes.

Further, many of these events, including death of a spouse or close family member, marriage, retiring from a job, having a child, and changing residence, are included as stressful events in the well-known Holmes-Rahe life stress inventory (Holmes and Rahe 1967). We argue that these similarities in stressors should provide further evidence for the importance of moving away from models of same-sex couples that pathologize those relationships (Umberson, Thomeer, and Lodge 2015). Yet we caution against interpreting these results to conclude that same-sex couples and different-sex couples are indistinguishable, and reinforce previous calls to move away from models that treat different-sex couples as the default or norm (Fish and Russell 2018, Oswald, Blume, and Marks 2005, Thomeer et al. 2018).

In that vein, we find that same-sex couples face many anticipatory stressors in ways that reflect the stigmatization of their relationship form, in and of itself (i.e., anticipatory couple-level minority stressors; Frost et al. 2017). Through asking couples to label certain stressors as “minority stressors,” we find that several of these seemingly general stressors are experienced as minority stressors. To illustrate, even though same-sex couples’ consideration of moving or buying a house is likely also a decision faced by different-sex couples (although we do not have that data in this study), 35 percent of these entries regarding buying a house are seen as minority stressors by the same-sex couples. Further analysis indicates that same-sex couples are concerned about discrimination they may face during the home buying process and that some same-sex couples, especially those in Atlanta, wanted to move to places that were more “LGBTQ friendly” (e.g., had legal same-sex marriage). Frost and colleagues (2017) identify these types of couple-level stressors as “seeking safety,” and we argue that these types of anticipatory stressors are a central concern for same-sex couples, impacting their current day decisions and well-being.

Moreover, the majority (63 percent) of the entries regarding anticipatory stressors associated with marriage and parenthood are seen as minority stressors by same-sex couples. This reflects Frost and colleagues' (2017) recent finding that the majority of couple-level minority stressors occurs in the family domain, including marriage, parenthood, and extended family interactions. Future research should investigate what is unique about family-related anticipatory stressors and how they impact future family interactions, social support, and health. Research consistently demonstrates that family relationships are a key determinant of health, with this research highlighting the benefits of families for health but also warning of how family strain and conflict harms health (Thomeer et al. 2018). These family-related anticipatory stress processes may be especially unique for sexual minorities, who already lean more on friends rather than family for end-of-life and illness support, as family structures look different for sexual minorities compared to heterosexuals (Fredriksen-Goldsen et al. 2009, Muraco and Fredriksen-Goldsen 2011).

We also find, surprisingly, that not all stressors that we would anticipate to be minority stressors were labeled as such. In other words, anticipatory stressors that appear to reflect experiences of stigma (e.g., fears of rejection, discrimination, concealment, and internalized stigma) did not always receive a star on couples' relationship timelines. For example, only 53 percent of the stressors categorized as "sexuality" were seen as minority stressors. In one case, a couple described anticipating telling one of the partner's kids that he was gay and partnered with a man, but this was not designated as a minority stressor. It may be that, given the wording of the definition of minority stressors, respondents may have seen "coming out" as an individual-level minority stressor, not a couple-level minority stressor, and so not labeled it as a minority stressor. Future qualitative analysis will allow us to explore when and why respondents label some

anticipatory stressors as minority stressors but not others. These differences signify the importance of allowing respondents to label minority stressors on their own, rather than impose categories.

Our minority stressor findings reveal the important place discrimination and homophobia play in the imagined futures of same-sex couples. Almost one third of the anticipatory stressors identified were minority stressors, indicating that same-sex couples suspect that many of the events and decisions they will face moving forward will be shaped by the broader stigma they face from society. The fact that many seemingly general anticipatory stressors are experienced as minority stressors—and that these are in turn more stressful than other stressors-- is important to take into consideration, given research on the changing policy climate in the U.S. Because of the timing of the study (i.e., prior to the federal recognition of same-sex marriage), we are unable to parse how access to marriage (including benefits that come with marriage such as spousal health insurance) impacts anticipatory stressors. Respondents expressed uncertainty over whether they would be able to marry in the future, and, as uncertainty has been linked to poor mental health in past studies (Glavin and Schieman 2014), it may be that the removal of this uncertainty through the federal recognition of same-sex marriage would diminish the impact of this anticipatory stressor. And in fact, a recent study suggests that people in legally-recognized same-sex marriages are less likely to perceive that their relationships are unequally recognized (a previously overlooked couple-level minority stressor) and more likely to report better mental health when compared with their counterparts in same-sex registered domestic partnerships or civil unions (LeBlanc et al. 2018).

Focusing on how public policy changes shape anticipatory couple-level minority stressors is an important future avenue of research. As more same-sex couples get married and raise children in legal and public forms (Gates 2014), same-sex couples may have a reduction in minority stressors stemming from lack of access to these family forms and uncertainty but may have

increased minority stressors in other areas, especially as they plan for the future of their families and relationships in a social context that remains heteronormative. But even though marriage and parenthood are now available to same-sex couples, we should not assume that the elimination of structural policy-level stigma automatically translates into a reduction in minority stressors (LeBlanc et al. 2018, Thomeer et al. 2017). Analysis of interviews with LGBTQ parents finds skepticism over how much legal protection same-sex marriage would really provide, with these couples anticipating difficult legal battles against discrimination in the future (Baumle and Compton 2017).

Following an intersectionality perspective, we also find that there is some variation in anticipatory stressors by gender, age, and relationship duration. For example, men are less likely than women to see anticipatory stressors related to leisure and relationship as minority stressors. Women are also more likely to mention parenthood as an anticipatory stressor than men, perhaps reflecting same-sex women couple's higher rates of parenthood compared to same-sex men couple's (Gates 2014). These gender differences reflect not just differences in one's own gender, but also, as suggested by a gender-as-relational perspective (Umberson et al. 2015a), how this interacts with the gender of one's partner. Thus we would expect different dynamics when looking at gender-related differences in different-sex couples, not only due to differences in minority stressors and heteronormative contexts but also due to being in a relationship with someone of the same gender rather than a different gender.

We also find that anticipatory stressors vary by relationship duration, with some of these differences reflecting individual partner's ages. Couples who have been together for shorter periods of time have more anticipatory stressors related to education, parenthood, and their relationship, whereas these events are more often in the pasts of couples who have been together

for longer periods of time. Couples with longer relationship durations are more likely to discuss concerns over future health. The differences in health and parenthood seem to strongly reflect differences in age, as health stressors tend to come later in the life course and parenthood stressors earlier. But other differences are unique by duration and do not reflect age, such as those related to relationships milestones (e.g., marriage), indicating these are linked to relationship life course, not individual age.

We do not find strong differences by geographic site or race/ethnicity, which likely reflects methodological limitations—namely, only considering two sites and focusing on couple-level stressors. We only conducted the study in two sites—San Francisco and Atlanta, both with relatively low levels of stigma around same-sex relationships compared to other parts of the United States. More geographic variation may have resulted in more anticipatory stressor variation—including differences in types of stressors labeled as minority stressors and higher stress levels more generally. Additionally, our focus on couple-level stressors – the shared nature of stress experience – may have obscured this finding whereas an explicit focus on community- or neighborhood-level anticipatory stressors would have presumably elicited richer data regarding geographic factors. Regarding race/ethnicity, because of small sample sizes, we are unable to further parse these race/ethnicity categories beyond two categories, but an ability to do would undoubtedly provide more insight into how race/ethnicity does or does not shape anticipatory stressors for same-sex couples. A particularly important area for future research is more careful consideration of the monoracial and interracial categories, considering how gender composition and racial compositions of couples intersect (Steinbugler 2012).

Moving forward, how can we best use this concept of anticipatory couple-level minority stressors? First and foremost, we recommend stress studies include measures of anticipatory

stressors, as it is clear that people do have expectations for the future and these expectations carry stress. By providing opportunities for respondents to identify anticipatory stressors, we would expand our knowledge of people's stress universes and their social distribution and better account for the cumulative stress burden on health and well-being inequalities (Frost 2017). Second, we suggest future studies continue to interrogate how anticipatory stressors may be used to elaborate other stress categories, as we do with minority stressors and couple-level stressors and others have done with anticipatory discrimination (Meyer et al. 2011). This may be expanded beyond stress itself to anticipatory coping processes in line with the stress process model (Pearlin et al. 2005).

Third, we suggest studies consider the positive and negative impacts of anticipating stressors. We know little of how anticipating stressors may either protect against the negative impact of those stressors—perhaps by equipping a person to be more prepared to cope—or exacerbate the negative impact of those stressors. To what extent do anticipatory stressors contribute to an individual's overall stress burden and allostatic load, as suggested by previous stress research (McEwan 1998)? Finally, we suggest that future studies seek to connect the anticipatory stressors identified by couples to the actual events that they eventually do or do not experience in the future. The anticipatory stressors identified—especially the positive ones such as graduating school or buying a house—can be viewed as “possible selves” (Markus and Nurius 1986). Previous research finds that fulfillment of these possible selves is positive for well-being but gaps between possible selves and “actual” selves contributes to additional stress (Granberg 2006). This also relates to the concept of “nonevent stressors,” which are frustrated personal projects that do not occur as hoped or planned (Frost and LeBlanc 2014). These issues have received little attention at the individual level and have not yet been examined at the couple-level.

Limitations. Although our study is an important contribution to the social stress and health literature, it should be interpreted in light of its limitations. First, within this method, respondents completed lifelines together. Although they are given the option to provide individual stressor ratings or disagree with their partner, most couples complete the lifelines cooperatively, leading to the loss of within-couple differences in both the identification and severity assessments of future stressors. Some types of anticipatory stressors, especially those involving anticipation of the end of the relationship (e.g., breaking up, affairs), may not have been suggested because of the presence of both partners. Second, although we have a diverse sample in terms of location, race/ethnicity, age, and relationship duration, we do not sample based on parental status, and although couples who co-parent were included, other sampling designs may have better represented the anticipatory stressors of same-sex couples raising children. Third, we did not collect information on socioeconomic status (SES). Because we recruited from a variety of recruitment venues reaching socioeconomically diverse populations, this created additional diversity beyond our core concerns of geography, gender, relationship duration, and race/ethnicity, but we still are not able to systematically analyze the sample by SES.

Conclusion. We view this analysis as the first step of a larger research agenda to consider how anticipatory couple-level minority stressors function as determinants of relationship quality, mental and physical health, health behaviors, and other psychosocial outcomes among people in same-sex relationships. In particular, these previously unexamined anticipatory couple-level minority stressors promise to be of use in helping us to understand health disparities based on sexual orientation (Frost 2017, Meyer 2003). Population health research makes it clear that sexual minority adults experience health disadvantages compared to heterosexual adults: on average, lesbian, gay, bisexual, and other sexual minority adults have worse physical and mental health

outcomes than heterosexual adults, including higher rates of depression, higher rates of cigarette use, and worse self-rated health, with this partially explained by greater levels of minority stressors (Institute of Medicine 2011, Meyer 2003, Thomeer 2013). Thus the question our study raises is: To what extent do anticipatory stressors—and even more specifically, anticipatory couple-level minority stressors—help us understand the social disadvantages and health disparities faced by sexual minority populations? We join recent calls to consider the role of couple-level minority stressors alongside individual-level minority stressors to help understand these population-level health disparities (LeBlanc et al. 2015, Umberson et al. 2015b).

In closing, anticipatory stressors represent an understudied and important domain of social stress that may be critical to the study of how stress affects well-being. Our focus on anticipatory couple-level minority stressors demonstrates this unmet need and draws particular attention to the value of focusing not only on stressors that are generally experienced but also those that are uniquely experienced by stigmatized or disadvantaged populations (i.e., minority populations). Specifically, we argue that the concept of “anticipatory couple-level minority stressors” should be included in both stress proliferation and minority stress models, as well as other social stress models and theories (LeBlanc et al. 2015). These processes likely extend beyond same-sex couples to other stigmatized couple types, such as interracial couples, and to stigmatized families. Attempts to understand current stress levels should consider anticipatory stressors, both eventful and chronic, in addition to past and current life events, chronic strains, daily hassles, and minority stressors, as these processes are impossible to disentangle and are consequential for current well-being.

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Mieke Beth Thomeer is an Assistant Professor of Sociology at the University of Alabama at Birmingham. Her research interests include aging, family, health, gender, and sexuality. She addresses questions about how relationships influence and are influenced by physical and mental health, with particular attention to gender and sexuality. She uses both qualitative and quantitative methods, emphasizing dyadic methods. In her current research, she focuses on caregiving within couples in which both spouses have functional limitations.

Allen J. LeBlanc is the Health Equity Institute (HEI) Professor of Sociology at San Francisco State University. He also serves as the interim director of HEI. His research has generally addressed societal and individual responses to chronic illness and disability, the social etiology of stress and health, and government programs relating to disability and healthcare for low-income Americans. His current projects include National Institutes of Health–funded studies of stress, psychosocial resources, and health among sexual- and gender-minority persons, with a particular focus on the relational context of stress experience.

David M. Frost is a senior lecturer in social psychology in the Department of Social Science at University College London. His research interests sit at the intersections of close relationships, stress, stigma, and health. His primary line of research focuses on how stigma, prejudice, and discrimination constitute minority stress and, as a result, affect the health and well-being of marginalized individuals. He also studies how couples psychologically experience intimacy within long-term romantic relationships and how their experience of intimacy affects their health. His research has been recognized by grants and awards from the National Institutes of Health, Society for the Psychological Study of Social Issues, and the New York Academy of Sciences.

Kayla Bowen is currently working towards completing her JD at University of California, Hastings College of the Law. Prior to law school, Kayla worked at the Health Equity Institute as a Research Associate while completing her masters in developmental psychology. Her current interests include utilizing social research and the law to promote gender and racial equality in higher education and the workplace.

Table 1: Proportion of Sample by Race/Ethnicity Category and Mean and Standard Deviation of Age

	Female Couples (<i>N</i> =60)	Male Couples (<i>N</i> =60)	Total Sample (<i>N</i> =120)
Race/Ethnicity			
Both Non-Hispanic White	0.48	0.45	0.47
At least one Partner Non-Hispanic White	0.52	0.55	0.53
Age (years)	36.64 (10.09)	41.16 (9.73)	38.86 (10.16)

Table 2: Categories and Subcategories for Anticipatory Stressors from Relationship Timelines

Category	Number of Stressors	Subcategories		
		Subcategory	Number of Stressors	Sample entries
Leisure	192	Vacation	121	South Africa trip; Hawaii vaca!
		Pet	27	adopt more dogs; cat dies
		Hobby	16	volunteers animal shelter; a lot of other fun things!
		Birthday (own or partner's)	11	C's 30th birthday; W's birthday (big trip)
		Party	8	celebration of life party planning; throw Aunt 60th birthday party
		Holiday	5	Thanksgiving; We go home for Christmas
		Religion	4	finding spiritual peace; christening
		Friendship	3	find more couple friends; to Chicago to meet friend's children
		Political	1	celebrate Hillary
Relationship	153	Marriage	61	we get married; get hitched
		Relationship milestone	37	1st wedding together; 25 year anniversary
		Wedding	22	wedding; planning wedding
		Move in together	11	look into moving in together; move in together
		Engagement	8	engagement photo session; purchase engagement rings
		Honeymoon	6	honeymoon cruise; honeymoon travel
		Commitment ceremony	5	ceremony to show 20 years; commitment ceremony
		Relationship stress	6	argument; widening differences between us
Employment	151	General employment (e.g., changing jobs, promotion)	107	quitting my job; gets promoted
		Retirement	48	retirement at 65 for P; retires
Home	136	Moving	82	move to Japan; move out of state for job
		House purchase	53	buy larger house; buy property in Bay Area
		House remodel	6	basement redesign; home renovation
Family of origin	105	Extended family (e.g., visiting family)	34	become an aunt!; brother comes to Atlanta

		Aging parents	25	parents getting old; deal with aging parents
		Meet family	14	M meets rest of family; Meeting G's mom and sis
		Death of parents	12	death of parents; R's father dies
		Parental caregiving	8	parental caregiving; mom needs care
		Family stress	7	our parents meet (yikes); inheritance stress + drama
		Others' death	5	death of loved ones; losing family or close friends
Parenthood	94	Parenthood plans	70	adoption; begin insemination
		Adult children	24	both daughters will get married; birth of 2nd grandbaby
Education	73	Education (e.g., graduating, starting new degree program)	73	going back to Master's; Finish pharmacy tech school
Health	53	Future health	22	knee replacement surgery; quit smoking
		Own or partner death	13	death; life as we know it ceases
		Own or partner aging	11	old age; grow old together
		End-of-life planning	4	update his will and trust to include M; financial planning/revise legal documents
		Assisted living or nursing home	3	stay in present home as long as possible; long term care
		Partner caregiving	1	taking care of each other
Economic	42	Financial changes	30	pay off \$80,000 in student loans; renegotiate finances
		Big purchase (non-housing)	12	get new car; purchase new boat
Sexuality	19	Legalization of marriage	15	same-sex marriage in GA becomes legal; consider relocation to state where marriage legal
		Coming out	4	tell kids dad is gay and we're a couple officially; out myself to parents

Table 3: Stress Level, Minority Stressors, Gender, Site, Relationship Duration, Age, and Race/Ethnicity by Categories for Anticipatory Stressors from Relationship Timelines

	Leisure (Reference)	Relationship	Employment	Home	Family of origin	Parenthood	Education	Health	Economic	Sexuality
Stress Level (Mean/ Standard Deviation)	1.21 (1.18)	2.01*** (1.43)	1.98*** (1.26)	2.46*** (1.25)	2.61*** (1.38)	2.64*** (1.33)	1.80** (1.35)	2.46*** (1.25)	1.70* (1.29)	2.18** (1.50)
Minority Stressors (Proportion)	0.17	0.51***	0.21	0.35***	0.34**	0.63***	0.10	0.34**	0.14	0.53**
Women (Proportion)	0.41	0.50	0.53*	0.49	0.46	0.70***	0.66***	0.48	0.50	0.47
Atlanta (Proportion)	0.52	0.52	0.48	0.54	0.42	0.49	0.44	0.58	0.57	0.47
3-7 years (Proportion)	0.36	0.38	0.27	0.36	0.27	0.37	0.45	0.23	0.21	0.37
7+ years (Proportion)	0.31	0.22*	0.38	0.26	0.32	0.18*	0.14*	0.63***	0.38	0.26
35-44 years, Average Couple Age (Proportion)	0.32	0.27	0.25	0.23*	0.16**	0.23**	0.22**	0.25	0.33	0.26
45+ years, Average Couple Age (Proportion)	0.32	0.31	0.32	0.24*	0.37	0.11***	0.14***	0.64***	0.31	0.47
At Least One Partner Hispanic or Non-White (Proportion)	0.54	0.58	0.54	0.51	0.51	0.46	0.51	0.37*	0.43	0.58

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

Table 4: Average Stress Ratings by Gender, Site, Duration, Age, and Race/Ethnicity within Categories for Anticipatory Stressors from Relationship Timelines (Mean and Standard Deviation)

	Gender		Site		Duration			Average Couple Age			Race/Ethnicity	
	Women (ref)	Men	Atlanta (ref)	San Francisco	6 months- 3 years (ref)	3-7 years	7+ years	23-34 years	35-44 years	45+ years	Both partner's Non- Hispanic White (ref)	At Least One Partner Hispanic or Non- White
Leisure	1.21 (1.20)	1.21 (1.18)	0.98 (1.12)	1.45** (1.20)	1.18 (1.23)	1.37 (1.16)	1.05 (1.17)	1.27 (1.13)	1.23 (1.32)	1.13 (1.11)	1.15 (1.11)	1.26 (1.24)
Relationship	2.09 (1.39)	1.93 (1.48)	1.88 (1.41)	2.15 (1.46)	2.45 (1.34)	1.86* (1.34)	1.36** (1.54)	2.14 (1.33)	2.21 (1.54)	1.65 (1.44)	1.86 (1.38)	2.12 (1.47)
Employment	1.95 (1.27)	2.01 (1.26)	1.96 (1.30)	2.00 (1.23)	2.47 (1.34)	1.75** (1.18)	1.69** (1.11)	2.34 (1.34)	1.82 (1.28)	1.63** (1.00)	1.83 (1.24)	2.11 (1.27)
Home	2.52 (1.36)	2.40 (1.15)	2.45 (1.29)	2.47 (1.23)	2.56 (1.12)	2.44 (1.34)	2.33 (1.33)	2.44 (1.32)	2.68 (1.28)	2.29 (1.14)	2.47 (1.17)	2.45 (1.33)
Family of Origin	2.52 (1.42)	2.67 (1.36)	2.47 (1.56)	2.70 (1.24)	2.27 (1.49)	2.34 (1.28)	3.24** (1.10)	2.45 (1.48)	2.76 (1.19)	2.73 (1.34)	2.69 (1.39)	2.52 (1.38)
Parenthood	2.69 (1.32)	2.52 (1.38)	2.89 (1.22)	2.41 (1.40)	2.83 (1.32)	2.67 (1.32)	2.13 (1.32)	2.90 (1.24)	2.10* (1.52)	2.20 (1.06)	2.49 (1.39)	2.82 (1.26)
Education	1.72 (1.37)	1.94 (1.34)	1.60 (1.34)	1.95 (1.35)	1.87 (1.50)	1.89 (1.20)	1.25 (1.40)	2.03 (1.34)	1.37 (1.37)	1.35 (1.25)	1.93 (1.27)	1.66 (1.43)
Health	2.47 (1.50)	1.87 (1.58)	1.92 (1.63)	2.47 (1.42)	1.17 (1.60)	3.00* (1.41)	2.00 (1.47)	1.00 (1.67)	2.17 (1.80)	2.48* (1.33)	2.23 (1.42)	2.00 (1.79)
Economic	1.48 (1.25)	1.93 (1.32)	1.75 (1.30)	1.64 (1.30)	1.91 (1.15)	1.56 (1.24)	1.56 (1.49)	1.73 (1.10)	1.57 (1.40)	1.81 (1.45)	2.04 (1.33)	1.25* (1.11)
Sexuality	2.56 (1.24)	1.85 (1.70)	2.44 (1.59)	1.95 (1.46)	2.14 (1.35)	2.43 (1.62)	1.90 (1.82)	2.20 (1.48)	2.60 (1.67)	1.94 (1.55)	1.88 (1.81)	2.41 (1.28)

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

Table 5: Proportion of Minority Stressors by Gender, Site, Duration, Age, and Race/Ethnicity within Categories for Anticipatory Stressors from Relationship Timelines

	Gender		Site		Duration			Average Couple Age			Race/Ethnicity	
	Women (ref)	Men	Atlanta (ref)	San Francisco	6 months - 3 years (ref)	3-7 years	7+ years	23-34 years	35-44 years	45+ years	Both partner's Non-Hispanic White (ref)	At Least One Partner Hispanic or Non-White
Leisure	0.24	0.11*	0.08	0.26**	0.22	0.20	0.07*	0.22	0.18	0.10	0.13	0.19
Relationship	0.57	0.45	0.46	0.57	0.55	0.52	0.42	0.59	0.59	0.33**	0.48	0.53
Employment	0.24	0.17	0.22	0.19	0.25	0.22	0.16	0.28	0.16	0.14	0.19	0.22
Home	0.46	0.23**	0.30	0.40	0.40	0.33	0.29	0.38	0.35	0.27	0.33	0.36
Family of Origin	0.31	0.37	0.20	0.44*	0.30	0.36	0.38	0.33	0.41	0.33	0.37	0.31
Parenthood	0.61	0.68	0.59	0.67	0.71	0.63	0.41*	0.77	0.36***	0.30***	0.61	0.65
Education	0.13	0.04	0.13	0.07	0.13	0.06	0.10	0.11	0.13	0.00	0.08	0.11
Health	0.32	0.33	0.27	0.41	0.00	0.33	0.39	0.17	0.31	0.38	0.42	0.16
Economic	0.10	0.19	0.13	0.17	0.12	0.00	0.25	0.07	0.07	0.31	0.21	0.06
Sexuality	0.44	0.60	0.67	0.40	0.57	0.43	0.60	0.60	0.60	0.44	0.50	0.55

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