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Ph.D. Dissertation

Living a romantic relationship as an LGB+ person:
Individual, relational, and socio-cultural dimensions

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The use of Language

This thesis aims to contribute to the understanding of the well-being and functioning of couples composed of gay, lesbian, and bisexual people. To this end, it may be helpful to start providing initial pointers regarding the language used to make its content more usable and understandable. Language conveys not only information but the very culture of societies, which is why appropriate use and understanding are essential. An increasing understanding of the facets of individuals' internal and external reality has brought with it the use of new ways and terms to describe its parts. The following is a non-exhaustive representation of the reality around us but of the main terminology that will be used later in the paper.

The concept of **sexual identity** is characterized by several identity elements. **Biological sex** (or **sex assigned at birth**) is based on anatomical, genetic, and physiological characteristics of people that are associated with the *male* or *female* sex, such as sex chromosomes, primary and secondary sexual characteristics, and hormones (Serano, 2016). The term **gender identity** refers to individuals' subjective sense of fit (or lack of fit) with the cultural gender categories, it means the perception of oneself as a *man*, *woman*, or *different categories* from these two. According to the congruence between the sex assigned at birth and their gender identity, we can refer to **cisgender** individuals when they experience a congruence between these two dimensions and **transgender** individuals when they feel to belong an incongruence between these two. Finally, **Sexual orientation** describes the set of emotional, romantic and/or sexual attractions. Accordingly, people can define themselves as **gay or lesbian individuals** when these attractions are directed towards people of their same gender, **bisexual individuals** when directed to both men and woman gender, **pansexual individuals** when directed to all genders, and **asexual individuals** when not directed to any gender.

Introduction

Romantic relationships can have a depth positive impact on a high range of health outcomes and behaviors. Indeed, a large body of literature links marriage to better health and well-being among different-sex couples and heterosexual people (Kiecolt-Glaser & Newton, 2001; Waite & Gallagher, 2000). Moreover, loneliness and social isolation, which are strongly reduced in people involved in a romantic relationship, are considered higher predictors of mortality than both obesity and smoking (Holt-Lunstad et al., 2015).

Historically, psychological and relationship research has mainly focused on investigating the functioning and well-being of heterosexual individuals and their relationships. But, in recent years, an ever-growing body of research has been concerned with exploring the functioning of lesbian, gay, and bisexual individuals functioning (Hertlein et al., 2016) and their relationships. Results seem to suggest that relationships between lesbian, gay, bisexual, and other sexual minorities individuals (LGB+) are quite similar to those between heterosexual individuals in terms of general functioning and satisfaction (Graham & Barnow, 2013; Kurdek, 2005) and that even in sexual minorities, romantic relationships can promote better health (Whitton et al., 2018). Although much less research has been done on LGB+ individuals' relationships, the findings from heterosexual samples have often been replicated. For instance, LGB+ individuals involved in a relationship have better health than LGB+ single (Kornblith et al., 2016; Wienke & Hill, 2009), and entry into a relationship has been associated with health enhancement (Whitton et al., 2018). In this regard is important to note that is not the simple "entering" into a relationship that improves individuals' health, but rather it is the positive effect of the interactions between partners and the quality of the relationships that are been found to be predictors of health (Lewis et al., 2006). Partners can be able to help each other by providing emotional support, reassurance,

feelings of understanding (Feeney, 2007), and a comfortable environment in which to express negative emotions (Spiegel & Kimerling, 2001).

The understanding of the links between relationship functioning and health is essential to the development of couple-based intervention: pinpointing the predictors of relationship functioning is pivotal to improving individuals' and relationships' well-being. On the one hand, relationships between LGB+ individuals seem to be similar to those between heterosexual individuals, but on the other hand, the development of intervention and prevention programs aimed at enhancing and strengthening LGB+ individuals' relationships based exclusively on heterosexual models can be detrimental to their relevance and effectiveness (Newcomb, 2020). Indeed, it is extremely important to consider the social context and each partner's intrapersonal experiences, which are very critical for LGB+ individuals and couples. Many factors can influence not only the relationship functioning but also the engagement in health-promotive behaviors among sexual minorities. Most of these factors are unique to sexual minorities and can make it very difficult to maintain healthy relationships with LGB+ people (Newcomb, 2020).

Many scholars have observed that one of the key predictors of relationship functioning and well-being is stress experienced by either one or both partners (Bodenmann 1995, 2005; Kiecolt-Glaser et al., 2003; Neff & Karney, 2009; Randall & Bodenmann, 2009; Robles & Kiecolt-Glaser, 2003), and LGB+ individuals are affected by specific kinds of stressors linked to their minority status, which can impact both their general and relational functioning and well-being (LeBlanc et al., 2015; Meyer, 2003). Sexual minorities encounter these additional stressors in their daily life, and chronic stressors are suggested to be the most detrimental to couple functioning and well-being (Randall & Bodenmann, 2009). LGB+ individuals are at risk of higher levels of negative health outcomes than heterosexuals (Institute of Medicine, 2011; Kann et al., 2016), such as sexual health outcomes (e.g.,

Centers for Disease Control and Prevention, 2019; Saewyc et al., 1999), mental health problems (e.g., Bostwick et al., 2014; Cochran et al., 2003) substance use (e.g., Cochran et al., 2012; Newcomb et al., 2014), risk factors for cardiovascular disease (e.g., Caceres et al., 2017) and cancer (e.g., Rosario et al., 2016). The literature suggests that relationships between LGB+ individuals tend to have a higher percentage of dissolution than heterosexual ones, especially among females (Balsam et al., 2017), and a large part of these inequities is caused by stigma-based stressors (Hatzenbuehler, 2009; Meyer, 2003) and negative relationship outcomes (Feinstein et al., 2018; LeBlanc et al., 2015). Therefore, a better comprehension of LGB+ relationships' functioning is pivotal to promoting both individual and relational well-being.

The present work aims to investigate from a systemic point of view the interdependence between couples and individual and contextual systems in lesbian, gay, and bisexual individuals involved in romantic relationships. It investigates how stressors external from the couples and relational dimensions contribute to individual and relationship well-being, and how romantic relationship quality can help them with their individual well-being. In all studies, the subgroup of transgender participants was excluded from the recruitment. Transgender individuals experience unique stigmatizing experiences that would not be dealt with comprehensively within the present research.

This dissertation is divided into four chapters. *Chapter 1* presented the theoretical frameworks outlining the studies included in this thesis. Moreover, it explores in depth the main dimensions investigated, seeking to make clear their role and importance in influencing the individual and relational well-being of sexual minority people. *Chapter 2* contains the first study of this doctoral thesis which aim to investigate the psychophysical impact of the COVID-19 pandemic as a predictor of same-sex couples' conflicts and the role of internalized sexual stigma in this relation in a sample of 232 Italian lesbian, gay, and bisexual

individuals involved in same-sex relationships. *Chapter 3* contains the second study, which aims to assess the role of dyadic adjustment (the set of couple satisfaction, dyadic consensus, couple cohesion, and affective expressions) as a predictor of perceived social support in a sample of 242 Italian lesbian, gay, and bisexual individuals involved in same-sex relationships. This is an exploratory study that investigates if the dyadic adjustment could be considered a stronger predictor of perceived social support than minority stressors. *Chapter 4* contains the third study, which aims to investigate the role of coming out as a predictor of interiorized binegativity in a sample of 157 Italian bisexual women involved in same-gender and different-gender relationships. It assessed how relationship type according to partners' gender (different/same-gender couples) could influence this relation and the role of relationship commitment as a moderator of this moderation.

The Institutional Review Board approvals were obtained from the Ethics Commission of the Department of Developmental and Social Psychology of Sapienza University of Rome (Study 1 and 2 prot. n. 479/2020; Study 3 prot. n. 564/2021). The three studies have been published or submitted in scientific journals (according to the doctoral regulations of the Department of Developmental and Social Psychology of Sapienza University of Rome). The first study was published in *Frontiers in Psychology*, the second was accepted for publication in *Giornale Italiano di Psicologia*, and the third was submitted to *Journal of Bisexuality*. The references to the published or submitted manuscripts are reported at the beginning of each chapter.

Chapter 1: Individual and relational, and social well-being in LGB+ people: theoretical framework and literature review

1.1 Theoretical Frameworks

1.1.1 Minority Stress Model (Meyer, 2003)

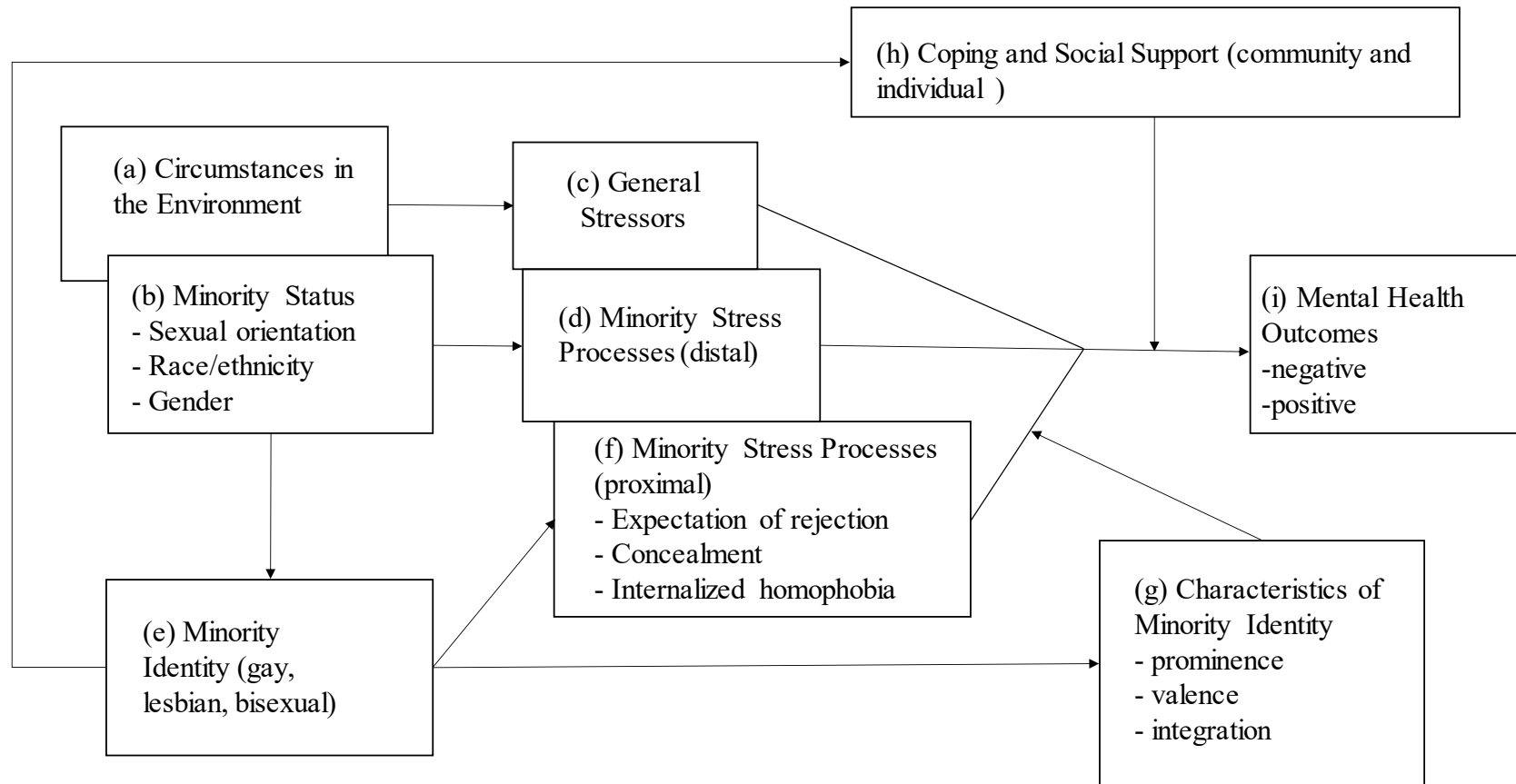
Sexual minorities' health disparities can be, in large part, explained by stressors caused by a dominant (and dominative) heterosexist and homophobic culture. According to Minority Stress Theory (Meyer, 2003), lesbian, gay, bisexual, and other sexual minorities (LGB+) individuals experience unique social and stigma-based chronic stressors resulting from their minority status. Minority stressors can be placed on a continuum from distal to proximal: distal (or external) stressors are generally defined as objective events and conditions, while proximal (or internal) stressors are subjective since they rely on individual perception and appraisals. They can be categorized as follows:

- a) External stressful events and conditions. This category includes all minority stressors which come from the external environment, such as the *Enacted Stigma* (harassment, maltreatment, and discrimination because of one's non-heterosexual sexual orientation) and the *Structural Stigma* (the set of cultural and institutional norms and policies that discriminate people with a non-heterosexual sexual orientation, i.e., the impossibility to have a legally recognized relationship or to have a child).
- b) The vigilance level related to the fear of being "identified" as LGB. The greater the perception of social rejection, the higher the degree of awareness and susceptibility to the environment. Higher levels of perceived stigma can lead to ongoing states of stress, giving rise to thoughts such as "I must be careful about saying I am gay. Otherwise, they will discriminate against me".

- c) The internalization of negative societal and cultural attitudes against own non-heterosexual sexual orientation. The *Internalized Sexual Stigma* (ISS) represents the negative feelings (i.e., discomfort and contempt) that an individual may experience toward their sexual orientation. ISS is associated with low acceptance and self-esteem, feelings of uncertainty, inferiority, and shame, the belief of being rejected, and identification with denigrating stereotypes (Lingiardi et al., 2012).

Minority Stress can negatively affect LGB people's well-being (Lick et al., 2013; Frost et al., 2015) and is one of the main causes of disparities in terms of psychophysical well-being between sexual minorities and heterosexual individuals (Baiocco et al., 2012; Mays & Cochran, 2001; Pistella et al., 2020). Indeed, research has shown that minority stressors are linked to many negative outcomes. For instance, several studies have theorized social victimization (i.e., the experience of abuse and violence due to non-heterosexual orientation) as an important risk factor for substance use among LGB youth since its association with a negative LGB identity development and other internalized problem (Willoughby et al., 2010). The detrimental impact of minority stress on LGB individuals' health is well documented in the literature. Experiences of discrimination and victimization have been linked to mental and physical health problems, such as anxiety, depression, substance abuse, and suicidality (Dürbaum & Sattler, 2019; Kuyper & Fokkema, 2011; Newcomb & Mustanski, 2010; Scandurra et al., 2017), cancer, flu, and hypertension (Flentje et al., 2019; Frost et al., 2015a).

Figure 1. Minority Stress Model (Meyer, 2003, p.679)



Moreover, due to its self-stigmatization and devaluation process, internalized sexual stigma has been highlighted as one of the most dangerous minority stressors and found to be associated with negative outcomes such as increased anxiety, depression, drug and alcohol abuse (Baiocco et al., 2010; Lehavot & Simoni, 2011; Meyer, 2003), low self-esteem and self-acceptance (Herek & Garnets, 2007; Sue, 2010), and low relationship satisfaction (Baiocco et al., 2012; Meyer & Dean, 1998). These stigma-based stressors and the resulting mental-health vulnerabilities may not only influence the individuals but also reduce the dyadic abilities to adaptively cope with these stressors, such as problem-solving and effective communication, undermining the health of the relationship by increasing conflict and decreasing satisfaction (Feinstein et al., 2018).

1.1.2 Systemic Transactional Model (Bodenmann, 1995, 2005)

Stress is the main construct in many contemporary mental and physical health models (Slavich & Auerbach, 2018, Tomiyama, 2019). If not appropriately dealt with, it can be the cause of several psychological distress symptoms, such as depression and anxiety (Aldwin, 2007; Conway et al., 2016; Donato, 2014; Karney et al., 2005). In the '70 and '80, the early theories that focused on stress conceptualized it as an “individual” phenomenon with which people must deal (e.g., Lazarus & Folkman, 1984; Selye, 1976).

According to Lazarus and Folkmans' (1984) transactional theory, facing a stressful situation, individuals firstly evaluate their appraisal of the event/situation (i.e., evaluate its significance for them, the threat, loss, damage, or challenge represented) and their available resources to respond to these demands. This appraisal can determine if the situation will be perceived (or not) as stressful and the strength of the experienced stress. Then, the individual will react both physiologically and psychologically and act on their stress-related behaviors.

Thus, following these authors, the experience of stress can be considered the result of a transaction between individuals and their environment.

During the '90, some theories began to conceptualize stress also as a dyadic phenomenon, such as the Systemic Transactional Model (STM; Bodenmann 1995, 2005). Drawing on Lazarus and Folkman's (1984) theory and the interdependence between romantic partners (Kelley et al., 1983), the STM postulates that one individual's stress experience and response to stress can have a great impact on their partner's experience in a mutual way. Therefore, stressors can directly and/or indirectly affect both romantic partners. In this way, if a situation involves only one partner, their reaction to stress affects the other becoming dyadic stress through a process of spillover and crossover of stress from one partner to the other and to their relationship. Therefore, even if an event concern only one partner, their reaction to stress affects the other (Neff & Karney, 2007; Story & Bradbury, 2004; Westman & Vinokur, 1998) and turns into dyadic stress. For instance, the stress that one partner can experience from their day at work can affect the other partner when they meet in the evening if the stressed partner is not able to deal successfully with it (Randall & Bodenmann, 2009).

According to STM (Bodenmann, 1995, 2005), Randall and Bodenmann (2009) suggest a differentiation between the several stressors that can affect individuals (and couples) since different stressors can have different impacts on personal and relational well-being. They suggest a subdivision according to (1) the locus of stress (external versus internal stress), (2) the intensity of stress (major versus minor stress), and (3) the duration of stress (acute versus chronic stress).

- *External vs. Internal stressors.* Are considered *external stressors*, those that originate from outside the romantic relationship. These stressors are mainly those that involve the interaction between partners and their environment and social

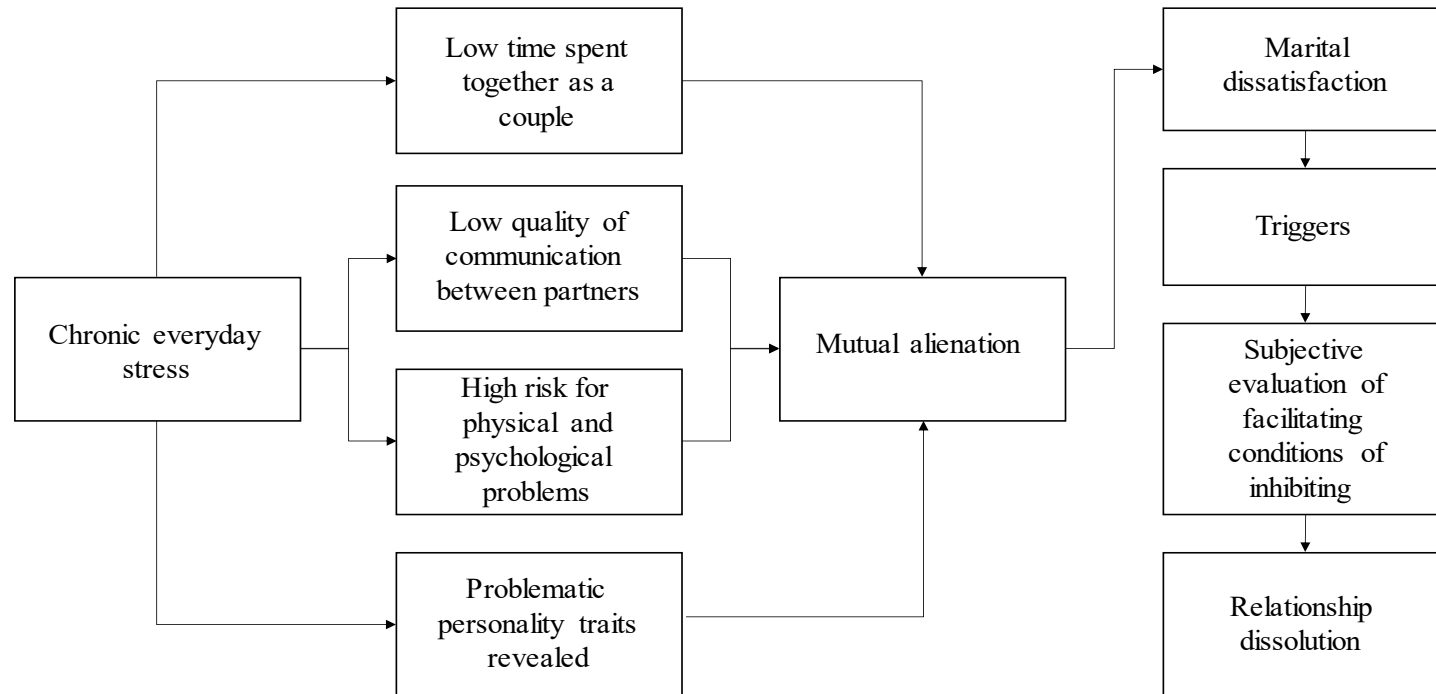
context, which may indirectly influence the relationship through a process of spillover. These stressors can include financial stress, stress at the workplace, social injustice, and discrimination. Conversely, are considered *internal stressors* those that originate within the couples, such as tensions due to different goals, attitudes or habits, or lack of compatibility.

- *Major vs. Minor stressors.* Are defined as *Major stressors* the normative and non-normative critical life events, such as the death of a significant other, a severe illness, or accidents. *Minor stressors* (or daily stressors), instead, include a series of frustrating and distressing demands that can emerge from daily contact with the social environment.

- *Acute vs. Chronic stressors.* *Acute* and *Chronic stressors* can be distinguished according to the duration of time to which individuals (or couples) are exposed to them. *Acute stressors* are temporary, and their effect may even be limited to a single moment, while *Chronic stressors* are long-lasting and stable aspects of the environment.

According to this differentiation, chronic minor stressors originating from outside of the relationships are those that, by increasing dyadic conflict and tensions (Randall & Bodenmann, 2009), are particularly dangerous, often without the partners' awareness of what is going on (Figure 2; Bodenmann et al., 1995, 2005, 2007). Minority stressors can be included within this category. Indeed, both distal and proximal stressors are influenced by their daily exposition to discrimination and stigmatization from the social environment.

Figure 2. Stress Divorce Model (Randall & Bodenmann, 2009, p. 108)



According to STM (Bodenmann 1995, 2005), relationships and individuals are not linked negatively only. Indeed, through their interactions, they can also “engage in a joint effort to deal with any stressors concerning both partners” (Bodenmann, 2005, p. 36), helping each other to reduce the influence of risk factors and improve their mutual well-being. Partners can be able to help each other by providing emotional support, reassurance, feelings of understanding (Feeney, 2007), and a comfortable environment in which to express negative emotions (Spiegel & Kimerling, 2001). Indeed, people involved in romantic relationships are found to be more likely to have a confidant (Gerstel et al., 1985), report less loneliness (Dykstra & Fokkema, 2007), and higher social support (Chen & Feeley, 2014). But is not the simple “being in a relationship” that can improve people’s well-being, what is found to be a predictor of health are the positive effect of partners’ interactions and the quality of the relationship itself (Lewis et al., 2006). Partners can be able to give support to each other, mutually helping to maintain a sense of security when needed and giving both emotional and instrumental support, thereby facilitating the eventual resolution of problems (Feeney & Collins, 2015).

1.2 LGB people’s individual and relational well-being

1.2.1 COVID-19 impact on same-sex couples

The COVID-19 pandemic had a strong impact on the global population’s well-being and mental health. Lockdown measures and stay-at-home laws extremely increased social isolation and the need to change daily life and routines (Banerjee & Nair, 2020), affecting peoples’ mental health (Dubey et al., 2020), and having a particularly adverse impact on sexual minorities (Cahill et al., 2020; Salerno et al., 2020a, b), also affecting the quality of their relationships (Li & Samp, 2021a). Indeed, the literature suggests that individuals in same-sex relationships could have been more likely to experience poorer mental health and

psychological well-being than individuals in mixed-sex relationships during the COVID-19 pandemic (Li & Samp, 2021a).

Minority stress models (Meyer, 2003) may explain how COVID-19 had a higher impact on LGB than on heterosexual individuals (Moore et al., 2021) because it could reduce their well-being by exacerbating or intensifying pre-existing vulnerabilities and inequalities (Moore et al., 2021; Salerno et al., 2020b). Security measures applied during the pandemic have forced many LGB to no longer have access to social and community groups, which are essential sources of support, thus increasing psychosocial harms during the pandemic, including anxiety and depressive symptoms (Amsalem et al., 2021; Salerno et al., 2020a; Suen et al., 2020). The COVID-19 pandemic has not only affected LGB+ well-being, but it had also a negative impact on their relationships. For example, the higher level of ISS, social inequalities, and discrimination in accessing emergency government services have affected also LGB individuals' relationships satisfaction and conflict during the emergency (Gruberg, 2020; Pistella et al., 2022; Salerno et al., 2020a; Li & Samp, 2021a). Indeed, some authors focused on the impact of COVID-19 on negative relationships dynamics such as hostility, poor responsiveness, and withdrawal in both mixed (Günther-Bel et al., 2020; Luetke et al., 2020; Pietromonaco & Overall, 2021) and same-sex relationships (Li & Samp, 2021a).

Several studies have demonstrated that the COVID-19 pandemic has brought significant relational conflict in opposite-sex couples (Günther-Bel et al., 2020; Luetke et al., 2020), other studies (Li & Samp 2021a) found that compliant avoidance was a mediator of the relation between the negative impact of COVID-19 pandemic and relationship satisfaction, reducing partners' positive conflict and crisis management. Moreover, the stay-at-home laws enacted worldwide to prevent the spread of COVID-19 have forced some couples to rearrange their living situation: partners may be forced to cohabituate although they were not ready for cohabiting (Fish et al., 2020; Singer, 2020). In this way, many couples

could have been exposed to potential relational difficulties due to the increased amount of time spent together and disagreement or the revival of historical issues (Günther-Bel et al., 2020; Luetke et al., 2020; Li & Samp, 2021a). On the other hand, partners may have been pushed to remain separated.

Through forced cohabitation or separation, the COVID-19 pandemic has not only affected mixed-sex and same-sex relationships' quality by increasing couples' internal stress. Indeed, many sexual minority individuals may have been forced to come out to their family members and/or to their significant others, increasing external stressors in two ways: a) they may not have been ready to reveal their sexual orientation and/or romantic relationship (Fish et al., 2020; Li & Samp, 2021b).

Coming out is a challenging process, and LGB individuals must face the expectation of others' reactions and the feeling of exposing themselves as "different" and "outside the norm" (Bonet et al., 2007); b) they may have experienced reduced social support due to their sexual minority status, increasing couples' conflict and tensions (Archuleta et al., 2011; Keneski et al., 2018). Therefore, the COVID-19 pandemic has seriously affected not only the general population's well-being (Luo et al., 2020; Shahyad & Mohammadi, 2020; Vindegaard & Benros, 2020; Zhu et al., 2020) but also and in a greater way, the minority population (Gonzales et al., 2020; Salerno et al., 2020a; Li & Samp, 2021a).

1.2.2 Perceived Social Support in same-sex relationships

Perceived social support is defined as the confidence in the availability of adequate social support (material and/or emotional) when needed (Gliksberg et al., 2021) and is conceptualized as people's belief that they can receive support. Is considered one of the main interpersonal resources and can play a central role in people's adaptation and well-being when they find themselves in stressful and/or critical conditions (Lakey & Orehek, 2011).

This is a very important resource because the perception of being able to rely on the help of loved ones such as family members, friends, and/or partners who can provide aid in both material and emotional terms can influence individuals' abilities to cope with life's challenges and stress (Haber et al., 2007; Norris & Kaniasty, 1996, Thoits, 1995) even in particularly difficult situations. Perceived social support is considered a pivotal protective factor as it can be able to positively affect several aspects of individual well-being, such as life satisfaction, interpersonal relationship quality, and positivity toward the future (Diaz & Bui, 2016; Hatzenbuehler, 2009; Siedlecki et al., 2014; Stansfeld et al., 2013).

Literature has highlighted the importance of investigating perceived social support in minority people as they are at higher risk of isolation and marginalization (Laverack & Labonte, 2000). For sexual minority people (Rostosky et al., 2007), supportive families (Craig & Smith, 2014; Ryan et al., 2010) and friends (Shilo & Savaya, 2011) has been found to be associated with better adjustment, greater satisfaction with one's life, and mental and physical well-being (Budge et al., 2014). For example, support received from one's family would appear to be linked to higher levels of self-esteem and well-being as well as serving as a protective factor against depression and suicidal ideation in LGB adolescents (Ryan et al., 2010). Moreover, receiving support has been linked to relationship quality and general well-being in LGB individuals (Hsieh, 2014).

Partners may then be able to provide support to each other, helping each other to maintain a sense of safety when needed, and providing appropriate emotional as well as instrumental support, thus facilitating eventual problem-solving (Feeney & Collins, 2015). They can help each other in this regard, both by providing a comfortable environment for the expression of negative emotions (Spiegel & Kimerling, 2001) and by providing emotional support and reassurance, conveying feelings of understanding and acceptance (Feeney, 2007). People involved in a relationship are more likely to have a confidant (Gerstel

et al., 1985), report more social support (Chen & Feeley, 2014), and less loneliness (Dykstra & Fokkema, 2007).

Routines and daily interactions also help people improve their affects, thought, and behavior regulation (Lakey & Orehek, 2011). Being involved in a romantic relationship is therefore considered a major source of social support and well-being (Schwarzer et al., 2004). Indeed, being single, widowed, or separated has been shown to be associated with lower happiness (Alesina et al., 2004), life satisfaction (Brow et al., 2012), and higher depressive symptoms (Wu et al., 2003). Moreover, the link between romantic relationships and well-being would seem to lie precisely in the quality of the relationship itself (Robles et al., 2014). Finally, many authors (Gove et al., 1990; Ross et al., 1990; Umberson, 1992) have advanced the hypothesis that being involved in a relationship may increase well-being because relationships themselves would be able to protect people from the negative effects of stressors.

1.2.3 Coming Out

The term *coming out* is generally referred to the process by which sexual minority individuals reveal their non-heterosexual sexual orientation to others and is considered one of the pivotal events for LGB+ individuals. Coming out has been linked to both positive and negative well-being outcomes. On the one hand, it can be a negative experience by exposing sexual minorities to verbal abuse, violence, and rejection (D'Augelli & Grossman, 2001; Pistella et al., 2020) which can affect their psychological well-being (Baiocco et al., 2015). On the other hand, several studies have suggested that LGB individuals who report stronger connectedness to their community and higher social support could have positive experiences (Cooke & Melchert, 2019; Dyar & London, 2018; Price et al., 2019). By sharing their own sexual orientation with others, sexual minorities can improve their social acceptance and

self-integration (Corrigan & Matthews, 2003), can have higher life satisfaction (Griffith & Hebl, 2002; Heatherington & Lavner, 2008), reduce anxiety (Monroe, 2000), and develop a positive sense of themselves (Rosario et al., 2001).

Indeed, recent studies suggested that coming out can help LGB people to cope with internalized sexual stigma, one of the most detrimental minority stressors (Meyer, 2003), by providing significant resources to face negative events and perceptions (Salvati et al., 2018). Therefore, living and coming out as an LGB individual in a heterosexist and heteronormative social environment can bring sexual minorities not only negative psychophysical outcomes but also positive ones. Spending one's life in a heterocentric context and having to face prejudice, discrimination, harassment, and rejection constantly may lead LGB people to develop resilience attitudes (Riggle et al., 2008).

Moreover, thanks to the coming out and the fight against heterosexism, some LGB individuals can choose to “not live a lie and instead choose to live authentically” (Szymanski et al., 2017), bringing them feel secure in sharing their LGB identity and feeling comfortable of sharing with others these aspects of their identity (Riggle et al., 2014). By sharing the experiences of stigma-based oppression and discrimination, they can also develop a sense of mutual understanding, respect, and support for one another that can contribute to higher levels of intimacy in romantic relationships (Szymanski et al., 2016).

1.2.3.1 Bisexual People and Coming Out Process

Research on lesbian and gay individuals has highly grown over the past years (Hertlein et al., 2016). However, bisexual individuals are still underrepresented (Dodge et al., 2016; Hartwell et al., 2017). Indeed, compared with the studies that have investigated coming out in lesbian women and gay men (Morris, 1997; Baiocco et al., 2015; Pistella et al., 2020), only a few have addressed bisexual individuals (Balsam & Mohr, 2007; Pistella

et al., 2016, 2020; Wandrey et al., 2015). Moreover, most of the studies that have considered bisexual individuals did not differentiate between bisexual women and men (Isolani et al., 2022; Legate et al., 2012; Pistella et al., 2016), while other studies have combined bisexual, lesbian, and gay participants altogether (Helms & Waters, 2016). In light of recent evidence, there's also a need for a deeper investigation of bisexual individuals paying attention to gender differences (Costa et al., 2013; Persson & Pfaus, 2015; Wandrey et al., 2015; Pistella et al., 2016; Mathers, 2019; Newcomb et al., 2019).

Since its positive outcomes (Salvati et al., 2018), the process of coming out can be extremely important for bisexual individuals. Indeed, they must face with additional kind of discrimination called *binegativity* (Baiocco et al., 2020; Feinstein & Dyar, 2017; Ingraham, 2022; Isolani et al., 2022; Roberts et al., 2015), which could come from both heterosexual individuals and LGBT+ community members (Brewster & Moradi, 2010; Roberts et al., 2015; Petrocchi et al., 2020). These discriminations include beliefs about sexually promiscuous behavior, confusion about their sexual identity, and the inability to be in a monogamous relationship (Feinstein et al., 2019; Dodge et al., 2016; Ochs et al., 1996; Rust, 2002). They are also stigmatized as unable to love, not brave to fully “come out”, and accused of holding heterosexual privilege (Dodge et al., 2016) and trying to be trendy with their sexuality (Beach et al., 2019). These discriminations and stereotypes can bring feelings of rejection and marginalization (Dyar et al., 2014), influencing their internalized binegativity. Therefore, may decide to hide parts of their identity to protect themselves “from the pain of being misunderstood, hurt, or rejected by loved ones” (McLean, 2007, p. 164), but by coming out bisexual individuals could be able to get the supporting resources they need to deal with stigma properly (Salvati et al., 2018).

Also adding to the complexity of the coming-out process for bisexual people are some cultural characteristics and influences. Indeed, because of heterosexual presumption

(Anderson & McCormack, 2016), individuals are assumed as heterosexuals unless they publicly identify as part of sexual minorities. Not only that, according to another cultural belief called monosexism, people are inclined to assume that someone can only be attracted to one gender. According to these cultural biases, when in a romantic relationship, bisexual individuals can be assumed as gay/lesbian or heterosexual individuals depending on the gender of their partner (Dyar et al., 2014; Hequembourg & Brallier, 2009; Ross et al., 2010). Thus, they may be seen as heterosexual individuals when involved in a relationship with a partner of the opposite gender (different-gender relationship) and seen as lesbian women/gay men when involved in a relationship with a partner of the same gender (same-gender relationship). Of course, being perceived as heterosexual in a heterosexist culture can bring some protection against discrimination and stigmatization, but bisexual individuals may continue to experience some proximal minority stressors such as concealment and internalized binegativity (Lehavot & Simoni, 2011; Meyer, 2003), in addition to the erasure of their identity (Brewster & Moradi, 2010). Coming out is not a one-time life event, it must be performed whenever new situations and relationships are entered (Mohr & Fassinger, 2000), and these cultural biases could make it more difficult for bisexual individuals to disclose their sexual orientation.

1.3 Conclusions

Romantic relationships seem to have an important role as a source of individual well-being. In turn, individual characteristics are pivotal to relational well-being, too. So, better relationships and individual functioning comprehension are essential not to merely improve our knowledge of these mechanisms but also, above all, for the realization and the implementation of programs aimed at improving and enhancing individual and relational well-being. Literature suggests that same-sex and heterosexual relationship functioning are

quite similar but not completely overlapping. Thus, basing interventions aimed at lesbian, gay, and bisexual (LGB) individuals and their couples on knowledge about heterosexual individuals and their couples would lead us astray.

Sexual minority people are particularly at risk of discrimination, marginalization, and violence due to their non-heterosexual sexual orientation. In addition, they also must deal with their internalized negative feelings about themselves as non-heterosexual individuals. LGB people are exposed daily to these stressors, which are also believed to be responsible for the inequalities compared to heterosexual people in a large number of outcomes, such as sexual health (e.g., Centers for Disease Control and Prevention, 2019; Saewyc et al., 1999), mental health problems (e.g., Bostwick et al., 2014; Cochran et al., 2003), and substance use (e.g., Cochran et al., 2012; Newcomb et al., 2014). Moreover, according to the Systemic Transactional Model (Bodenmann 1995, 2005) and the theorization from Randall and Bodenmann (2009), minority stressors can be considered chronic external stressors, suggested to be the most detrimental to relationships' well-being and, in turn, individual themselves. These stressors are determined and influenced by the heteronormative and heterosexist cultural and social environment in which LGB people live. In Italy (as in other countries), they are discriminated against at both cultural (i.e., thought of "traditional families" composed of a mom, a father, and child/s) and institutional levels (i.e., the lack of laws on homogenitoriality). For example, it was only in 2016, with the law 76/2016 (Cirinnà law), that in Italy same-sex couples were able to join Civil Unions, which, however, cannot be equated with marriage, exclusive to couples formed by opposite-sex partners. Greater sensitivity at both cultural and institutional/ political levels is therefore necessary.

Several individual and environmental factors must be considered when talking about individual relational well-being. During the last few years, the COVID-19 pandemic has put a strain on peoples' psychophysical health (Dubey et al., 2020), which negatively impacted

LGB individual and relational well-being (Cahill et al., 2020; Li & Samp, 2021a; Salerno et al., 2020a, b), both directly and indirectly, for instance through increased minority stressors (Moore et al., 2021; Pistella et al., 2022; Salerno et al., 2020b). Some LGB couples may have had to reorganize their living conditions, such as moving together despite a lack of readiness for cohabiting (Fish et al., 2020; Singer, 2020). Moreover, in this way, their visibility could be improved, leading them to less social support due to their minority status, increasing conflicts and tensions among same-sex partners (Archuleta et al., 2011; Keneski et al., 2018).

Perceived Social Support is one of the most important risk factors in terms of mental and physical well-being as the perception of being able to rely on the help of loved ones such as family members, friends, and/or partners who can provide aid in both material and emotional terms can influence individuals' abilities to cope with life's challenges and stress (Haber et al., 2007; Norris & Kaniasty, 1996, Thoits, 1995). Romantic partners may be able to help each other by providing emotional and instrumental support, feelings of understanding and reassurance (Feeney, 2007), and a comfortable environment in which to express negative emotions (Spiegel & Kimerling, 2001). Individuals involved in romantic relationships are found to be more likely to have a confidant (Gerstel et al., 1985), report less loneliness (Dykstra & Fokkema, 2007), and have higher social support (Chen & Feeley, 2014). By supporting each other, mutually helping to maintain a sense of security when needed and facilitating the eventual resolution of problems (Feeney & Collins, 2015), partners can mutually help each other and bring higher well-being.

Support can be also provided from sources external to the couple, recent studies suggested that coming out can help LGB people to cope with internalized sexual stigma, one of the most detrimental minority stressors (Meyer, 2003), by providing significant resources to face negative events and perceptions (Salvati et al., 2018). Indeed, several studies have

suggested that LGB individuals who report stronger connectedness to their community and higher social support could have positive experiences (Cooke & Melchert, 2019; Dyar & London, 2018; Price et al., 2019). By sharing their own sexual orientation with others, sexual minorities can improve their social acceptance and self-integration (Corrigan & Matthews, 2003), can have higher life satisfaction (Griffith & Hebl, 2002; Heatherington & Lavner, 2008), reduce anxiety (Monroe, 2000), and develop a positive sense of themselves (Rosario et al., 2001).

Chapter 2 COVID-19 pandemic impact on LGB couples' conflict

2.1 Study 1: The role of Internalized Sexual Stigma in the impact of Psychophysical impact of COVID-19 on couples' conflict

The paper summarizing study 1 was published in:

Pistella, J., **Isolani, S.**, Ioverno, S., Laghi, F., & Baiocco, R. (2022). Psychophysical Impact of COVID-19 Pandemic and Same-Sex Couples' Conflict: The Mediating Effect of Internalized Sexual Stigma. *Frontiers in Psychology, section Gender, Sex and Sexualities*, 13, 860260. <https://doi.org/10.3389/fpsyg.2022.860260>

Study 1 assessed the role of external stressors in contributing to couple conflicts. In particular, it investigates the effects of a major external stressor as the COVID-19 pandemic, and a minor external chronic stressor as the internalized sexual stigma in contributing to conflicts among romantic partners in same-sex relationships.

The spread of the COVID-19 pandemic has seriously affected the mental health of the whole population, especially of sexual minority people (Cahill et al., 2020; Salerno et al., 2020a, 2020b), and the relation's quality of same-sex couples (Li & Samp, 2021a). Indeed, previous research showed that individuals who are involved in same-sex relationships were more likely to experience poor mental health and psychological/physical harm during the COVID-19 pandemic compared to opposite-sex relationships counterparts (Li & Samp, 2021a) due to the specific minority stressors that affected sexual minority population (Herek & McLemore, 2013; Meyer, 2003). For instance, high levels of internalized sexual stigma (ISS), health disparities, reduced social support, social

inequalities, and discrimination in accessing emergency government services may contribute to leading to relationship dissatisfaction and conflict (Gruberg, 2020; Li & Samp, 2021a; Salerno et al., 2020a).

Thus, using a sample of lesbian, gay, and bisexual (LGB) Italian people, the goals of the study were: (a) to examine the level of same-sex couples' conflict during the Italian diffusion of the COVID-19 pandemic and its relationship with the psychophysical problem; (b) to investigate the role of the ISS, the most insidious subjective proximal minority stressor for sexual minority persons, on the relationship between psychophysical problems and same-sex couple's conflict, after controlling for some individual (i.e., age, biological sex, sexual orientation) and contextual factors (i.e., religiosity, LGB associationism, sexual satisfaction) that may impact the relationship between these variables.

Studies focusing on same-sex couples' conflict showed that sexual minority people reported comparable (Solomon et al., 2005) or lower (Balsam et al., 2008; Gottman, 1994; Kurdek, 2004) levels of conflict management compared to the opposite-sex couples' counterparts. For instance, Solomon et al. (2005) found that married opposite-sex couples across U.S. areas did not report more conflict levels about housework, money, or communication styles than same-sex couples (females and males), despite discrepancies in the division of housework, finances, and relationship maintenance behaviors. The authors found that the area where opposite-sex and same-sex couples differed in conflict was about sex outside their couples, showing that sexual minority males were significantly more likely to have conflict about nonmonogamy than counterparts.

Another research in the U.S. context (Balsam et al., 2008) found that same-sex couples reported more positive relationship quality and less conflict than opposite-sex couples and, considering same-sex relationships, females reported less frequency of conflict than males. Again, Gottman (1994) underlined that stability in the relationship over time was

related to the couples' ability to resolve conflict, including validation of partner's feelings, less defensiveness, and the ability of both partners to adapt to a specific style of conflict.

2.1.1 Couples' conflict and psychophysical problems during the COVID-19 pandemic

The theoretical and empirical understanding of the impact of the COVID-19 pandemic on same-sex relationships is still limited (Li & Samp, 2021a). Thus, in the following sections, we review the limited body of existing literature on same-sex couples' conflict associated with psychophysical problems in sexual minority people during the spread of the COVID-19 pandemic. Given the paucity of studies on LGB couples, we also include an overview of the research on these topics, considering the studies on opposite-sex couples during the COVID-19 pandemic.

Specifically, some authors analyzed the impact of the COVID-19 pandemic on adverse relationship processes (e.g., hostility, withdrawal, less responsive support) in opposite-sex (Günther-Bel et al. 2020; Luetke et al., 2020; Pietromonaco & Overall, 2020) and same-sex couples (Li & Samp, 2021a), studying the relevance of pre-existing couples' individual and contextual factors (e.g., age, social class, minority status), that determine relationship quality. Quantitative and mixed-method studies demonstrated that relational conflicts in the opposite-sex partner are frequent due to the COVID-19 pandemic in Spanish (Günther-Bel et al., 2020) and U.S. (Luetke et al., 2020) respondents. Li and Samp (2021a), in a sample of sexual minority people residing in the U.S., found that complaint avoidance mediated the relationships between adverse pandemic impacts on people's daily life and relationship satisfaction, reducing the building of positive conflict and crisis management among partners.

Again, regarding same-sex couples' conflict management, some couples have had to reorganize their living conditions due to the COVID-19 pandemic, such as moving in

together despite a lack of readiness for cohabiting (Fish et al., 2020; Singer, 2020). This dynamic could expose couples to potential relational difficulties because partners spend greater time together and are more vulnerable to new discord and resurfacing past issues (Günther-Bel et al., 2020; Li & Samp, 2021a; Luetke et al., 2020). For many same-sex couples, the rapidly moving in together or the stress of being separated led them to come out with the family members or significant others even if they did not intend to disclose their sexual orientation or their romantic relationship (Fish et al., 2020; Li & Samp, 2020b). Consequently, social support may be reduced in same-sex couples due to their sexual minority status, increasing conflicts and tensions among same-sex partners (Archuleta et al., 2011; Keneski et al., 2018). In addition, being separated or confined together could represent further stress for the couples (Pietromonaco & Overall, 2020) that constrains opportunities for positive conflict management, underlining pre-existent relationship quality.

As reported previously, the COVID-19 pandemic is linked to the compromised well-being of the general (Luo et al., 2020; Shahyad & Mohammadi, 2020; Vindegaard & Benros, 2020; Zhu et al., 2020) and disadvantaged minority population (Gonzales et al., 2020; Li & Samp, 2021a; Salerno et al., 2020a), and may lead to adverse psychophysical health consequences, such as depression, anxiety, substance abuse (i.e., alcohol and cannabis abuse; Price, 2020), and cumulative psychological distress. The worries about the COVID-19 disease and the daily life interruptions associated with the pandemic emergency strongly influenced same-sex couples regarding relationship quality, satisfaction, and general well-being (Li & Samp, 2021a). Also, the stress caused by being separated or confined together may disrupt how same-sex partners interact with each other. As reported previously, the rapidly moving in together or the stress of being separated could have made their non-heterosexual relationship more visible to significant others who were not aware of their

romantic situation, increasing the fear of rejection, adverse reactions, social exclusion, and discrimination episodes in the life of same-sex couples.

2.1.2 Minority Stress and the COVID-19 pandemic

A theoretical framework that may help to understand the impact of COVID-19 related issues on LGB couples' physical and psychological health is the Minority Stress Model (Meyer, 1995, 2003), in which prejudice, vigilance, isolation, and discrimination constitute unique and chronic stressors. Previous studies have shown that minority stress is associated with adverse effects on physical (Diamant & Wold, 2003) and psychological health (Cochran & Mays, 2006; D'Augelli et al., 1998). Thus, the COVID-19 pandemic may serve as an indirect mechanism through which same-sex couples could experience distal (such as discrimination, violence, and interpersonal homophobia) and proximal (such as ISS and fear of rejection) minority stress (Meyer, 1995, 2003), which in turn may exacerbate the existing relationship, reducing the couples' satisfaction and increasing the conflict.

Specifically, research defined the ISS as the most insidious dimension of the minority stress processes upon the LGB population (Meyer, 2003). Specifically, ISS has been identified as a significant factor to consider in evaluating romantic relationship satisfaction, conflict, and violence (Li & Samp, 2021b; Rollè et al., 2018; Sommantico et al., 2018). ISS is the product of society's negative beliefs about sexual minority individuals that some LGB people internalize; it describes the self-referred negative feelings and attitudes of non-heterosexual sexual orientation (Herek & McLemore, 2013; Mayfield, 2001). Some researchers have found that LGB couples' physical and psychological health is negatively associated with a high level of ISS (Sommantico et al., 2018). Other studies reported that same-sex couples' conflict and violence correlated significantly and positively with ISS

(Balsam & Szymanski, 2005; Carvalho et al., 2011; Rollè et al., 2018) highlighted the impact of this minority stressor on the quality of the same-sex relationship.

Again, the findings of previous research (Li & Samp, 2021a) on this topic showed that complaint avoidance, withholding conflicts, and higher levels of ISS damages same-sex relationships, leading to negative psychophysical negative consequences for them. Overall, the research argued that more significant adverse impacts on the physical and psychological health of the COVID-19 pandemic (Pietromonaco & Overall, 2020) and higher levels of ISS (Li & Samp, 2021a) might predict more dysfunctional and conflictual couples' relationships. Indeed, some studies demonstrated that couples' contextual factors (such as the worries about the COVID-19 disease; Pietromonaco & Overall, 2020) and minority stressors (such as ISS; Li & Samp, 2021a) could disrupt how partners interact with each other, increased the conflict and the discordance.

2.1.3 Variables Associated with [Same-Sex] Couples' Conflict

Stanley et al. (2006) have suggested that looking at same-sex couples' conflict without considering individual and contextual factors provides an incomplete and possibly confusing representation of the same-sex relationship. Indeed, other participants' characteristics may be associated with same-sex couples' conflict and the physical and psychological problems of sexual minority people because pre-existing individual and contextual vulnerabilities can exacerbate the impact of the COVID-19 pandemic on same-sex relationships. For instance, age, relationship duration, sexual satisfaction, and interpersonal intimate partner violence (IPV, defined as an abusive behavior occurring within romantic relationships, consisting of physical, sexual, or psychological violence) could be significantly associated with same-sex couples' conflict and psychophysical problems.

Luetke et al. (2020) have shown that coronavirus-related relationship conflict differed significantly by age group in opposite-sex partners, with higher conflict levels in younger participants (age from 18 to 94 years old). Regarding other socio-demographic variables, some studies have documented sexual orientation differences in couples' conflicts: People who self-identified as bisexual had higher rates of reporting same-sex couples' conflict (Li & Samp, 2021a) and IPV (Whitfield et al., 2021) than lesbian women, gay men, and heterosexual counterparts. Regarding the relationship duration, the stability of the couples over time might increase partners' ability to resolve the conflicts with constructive and consolidated management (Gottman, 1994).

Even if previous research reported no significant differences between same-sex couples and opposite-sex couples regarding conflict on religious beliefs and involvement (Solomon et al., 2005), we decided to include the participants' religiosity as a covariate given that the present study was conducted in Italy: A country in which the Catholic Church's monopoly and symbolic power still appear to play a decisive role in sexual minority people's life (Baiocco & Pistella, 2019). In addition, the lack of involvement in LGB associations was linked to difficulties in constructive management conflict and psychophysical problems. Lorenzi et al. (2015), in line with previous research (Russell & Richards, 2003), suggested that LGB associations involvement seem to constitute a significant source of social support for same-sex couples, enhancing positive coping strategies, offering essential skills, and allowing LGB people to become more capable of resolving couples' conflicts. Studies demonstrated that sexual satisfaction in same-sex and opposite-sex couples (Cahill et al., 2020; Gottman et al., 2003) is a protective factor for couples' well-being. Moreover, sexual satisfaction is a relevant index of the quality of one's life, and it is associated with psychophysical problems (Fleishman et al., 2020).

Finally, although previous works showed that same-sex couples reported comparable or lower levels of conflict management compared to the opposite-sex couples' counterparts (Balsam et al., 2008; Gottman, 1994; Kurdek, 2004; Solomon et al., 2005), studies focused on IPV highlighted that the phenomenon occurs in same-sex couples at a comparable rate (Rollè et al., 2018) or even higher (Graham et al., 2016; Whitfield et al., 2021) than opposite-sex couples. Breiding et al. (2013) reported that over 50% of gay men and about 75% of lesbian women were victims of psychological IPV, identifying that more than 4 million sexual minority people have experienced IPV in their lifetime in the U.S context.

2.1.4 The Present Study

Some evidence suggests that psychophysical problems may influence the rates of couples' conflict (Gonzales et al., 2020; Li & Samp, 2021a, 2021b; Solomon et al., 2005). For example, a previous study (Ogolsky & Gray, 2016) showed how daily negative emotions mediate the relationship between conflict and reports of a partner's relationship maintenance in a sample of same-sex couples in romantic relationships in the U.S. context. Other studies highlighted that adverse effects on the psychophysical health of the COVID-19 pandemic (Pietromonaco & Overall, 2020) and higher levels of ISS (Li & Samp, 2021a) might predict couples' conflict.

However, to our knowledge, very little research investigated the relationship between psychophysical problems and same-sex couples' conflict during the spread of the COVID-19 pandemic and the potential mediators that explain this association (Li & Samp, 2021a). We hypothesized a mediation model where the ISS may explain the association between psychophysical problems and same-sex couples' conflict. Remarkably, we performed our mediation model in a sample of Italian LGB people: Italy is a country defined by conservative and religious values (Baiocco & Pistella 2019; Lingiardi et al., 2016), a setting

in which sexual stigma and negative attitudes are still widespread, and few supportive policies for sexual minority people have been enacted by the government compared to other Western societies (Hässler et al., 2021).

In addition, the diffusion of the COVID-19 pandemic in Italy and the consequent health emergency led to numerous distancing measures. For instance, from March 9th to June 3rd, Italy went into lockdown, depriving people, in general, and especially LGB individuals, of positive social relations with supportive friends, significant others, and supportive social contexts. For instance, the elimination of LGB social events limited opportunities to socialize with supportive others and the LGB community. In addition, such restrictive measures have forced many LGB people into homes (for example, forced to move home with unsupportive parents because of university closings) that are potentially unsafe due to parents' negative responses.

During the COVID-19 pandemic, there was an increased risk for family rejection, harassment, victimization, and the associated negative psychophysical health consequences for many LGB people (Salerno et al., 2020a; 2020b). Sexuality minority persons who were not out could avoid living their lives authentically with the same-sex partner during the COVID-19 pandemic, increasing ISS, the fear of being discovered, and the potential negative consequences, such as psychological/physical abuse or homelessness. In many cases, the risk of being outed could also occur for many LGB couples moving in together, leading to potential unsupportive parents' reactions (Fish et al., 2020; Li & Samp, 2021b).

The present study performed a mediation model specifically focused on the ISS because this minority stressor is the aspect most dangerous of the model proposed by Meyer (2003), reflecting internalized negative attitudes toward themselves because of non-heterosexual sexual orientation (Baiocco & Pistella, 2019). To complement previous empirical investigations in this area, the current study aimed to examine how psychophysical

problems predicted same-sex couples' conflict directly and indirectly via ISS, taking into account some individual and contextual factors as covariates in our mediational model.

Specifically, based on previous research, we hypothesized that: psychophysical problems during the spread of the COVID-19 pandemic would be associated with higher levels of same-sex couples' conflict (Hypothesis 1); ISS would be related to psychophysical problems and increased levels of same-sex couples' conflict during the spread of the COVID-19 pandemic (Hypothesis 2); participants' ISS would mediate the association between psychophysical problems and same-sex couple's conflict (Hypothesis 3). In addition, given that some socio-demographic characteristics (e.g., age, biological sex, sexual orientation, relationship duration, religiosity, LGB associationism, sexual satisfaction, and IPV) are relevant predictors of couples' conflict (Cahill et al., 2020; Fleishman et al., 2020; Lorenzi et al., 2015; Riggle et al., 2014; Solomon et al., 2005; Whitfield et al., 2021), they were included as covariates in all multivariate analyses.

2.2 Method

2.2.1 Participants and Procedures

An internet-based survey was administered using Qualtrics (15 – 20 minutes to complete). We contacted LGB associations proposing to them to ask for their members' availability to contribute to our study. Most of the participants (63%) were recruited from LGB associations and organizations in Rome (Italy) community settings. The remaining 37% were contacted via professional mailing lists and advertisements posted on websites, social networks and handing out an online link directing them to the online survey. We clarified to participants that the purpose of the study was to investigate the quality of same-sex relationships in sexual minority people. The explanation was generic because we did not

want respondents to know the research's objectives. Participants were recruited online from October 2020 to February 2021.

The inclusion criteria to participate were (a) Italian nationality; (b) lesbian, gay, or bisexual sexual orientation; (c) cisgender identity; (d) 18 years or older; (e) to be in a same-sex romantic relationship for at least five months. Based on these criteria, four participants were excluded because they were not Italian, seven were not cisgender or LGB, and two were not included because they did not complete the entire set of questionnaires. The research did not include persons with other non-heterosexual sexual orientations and non-cisgender people because previous studies have reported that the factors affecting their psychophysical health are significantly different from that experienced by LGB people and their couples' dynamics are different in numerous respects (Scandurra et al., 2021). Future research should investigate the relevance of the couples' conflict in these populations.

Participation in the study was voluntary and anonymous, and informed consent was acquired from all respondents. No compensation was provided. A total of 95% of the questionnaires were entirely filled in. Before the data collection began, the research protocol was approved by the Ethics Commission of the Department of Developmental and Social Psychology of Sapienza University of Rome. The procedures performed with human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments.

Participants consisted of 232 Italian participants (56% males; $n = 101$), of whom self-identified as lesbian women (18%; $n = 41$), as gay men (35%; $n = 80$), and as bisexual people (47%; $n = 111$). Participants ages ranged from 18 to 45 ($M_{age} = 28.68$, $SD = 6.91$). Respondents engaged in a stable relationship for less than one year (12%; $n = 27$), six-ten years (18%; $n = 43$), and more than ten years (8%; $n = 18$), while the majority of participants has involved in a stable same-sex relationship from one to five years (62%; $n = 144$). About

12% ($n = 29$) of them were legally married or civilly united. Nearly 45% ($n = 104$) had cohabited with their same-sex partners during the pandemic and continuously lived together. Less than one-half of the participants (36%; $n = 84$) were not enrolled with any LGB associations. Demographic data and descriptive statistics are shown in Table 1.

2.2.2 Measures

Sociodemographic Variables. The first part of the survey contained sociodemographic variables such as age, biological sex (0 = female, 1 = male), relationship duration (0 = < 1 year, 1 = 1-5 years, 2 = 6-10 years, 3 = more than 10 years). Religiosity was measured by asking the participants to report their religious involvement by using a 4-point Likert-type item (1 = low involvement; 4 = high involvement). Respondents were required if they were enrolled in any LGB associations at the time of the study (0 = no, 1 = yes). A single question included responses for participants' sexual orientation using the following response alternatives: "gay," "lesbian," "bisexual", "other, please specify". Thus, a dichotomous variable was created: 0 = "lesbian/gay"; 1 = "bisexual people". Participants who selected "other" self-identified themselves as "queer" ($n = 3$), and they did not include in the analysis. In addition, participants were asked to report their gender identity by answering a single item (0 = woman, 1 = man, 2 = transgender, male to female, 3 = transgender, female to male, 4 = transgender, gender non-conforming, 5 = other, indicate). Participants who self-identified as transgender ($n = 4$) were not included in the analysis. Thus, given that we included all the participants that were self-identified cisgender (i.e., their birth-assigned sex and gender identity were aligned), we did not use gender identity variable in our analyses.

Table 1.

Descriptive (means, standard deviations, percentages) of the sample's characteristics

	Females (<i>n</i> = 131)	Males (<i>n</i> = 101)	Total sample (<i>n</i> = 232)	<i>t/F/χ</i> ²	<i>p</i>
1. Couple's conflict	2.35 (.78)	2.24 (.67)	2.30 (.74)	1.03	.31
2. Psychophysical problems	5.01 (1.14)	5.06 (1.08)	5.03 (1.11)	.09	.76
3. ISS	1.52 (.56)	1.66 (.58)	1.58 (.57)	3.50	.06
4. Age	26.83 (5.86)	31.07 (7.44)	28.68 (6.91)	-4.71	<.001
5. Sexual orientation (lesbian/gay)	41 (31%)	80 (79%)	121 (52%)	52.46	<.001
6. Relationship duration (<1 year)	18 (14%)	9 (9%)	27 (12%)	9.10	.03
1-5 years	87 (66%)	57 (56%)	144 (62%)		
6-10 years	21 (16%)	22 (22%)	43 (18%)		
More than 10 years	5 (4%)	13 (13%)	18 (8%)		
7. Religiosity	1.48 (.72)	1.44 (.64)	1.46 (.69)	.50	.61
8. LGB Associationism (yes)	90 (69%)	58 (57%)	148 (64%)	3.14	.07
9. Sexual satisfaction	5.75 (1.03)	5.52 (1.22)	5.66 (1.12)	2.43	.12
10. IPV perpetrators	.27 (.40)	.28 (.33)	.28 (.36)	.02	.89
11. IPV victims	.28 (.39)	.26 (.33)	.27 (.37)	.11	.74

Note. **p* < .05, ** *p* < .01. ISS: internalized sexual stigma. The *t/F/χ*² it refers to the biological sex differences in total sample (females and males). Standard deviations and percentages are in parentheses. Sexual orientation (0 = lesbian/gay; 1 = bisexual); Religiosity (1 = low involvement; 4 = high involvement); LGB associations (0 = no, 1 = yes); sexual satisfaction (1 = extremely dissatisfied to 7 = extremely satisfied); IPV perpetrators/victims (0 = never in the past year to 7 = more than 20 times in the past year); ISS (1 = I disagree to 7 = I agree); psychophysical problems (1 = it has improved considerably to 7 = it got worse considerably); couples' conflict (1 = strongly disagree to 5 = strongly agree).

Couple's Conflict during COVID-19 Pandemic. Inspired by previous work (Luetke et al., 2020), a 6-item measure was used to assess participants' perception of the couple's conflict during the spread of the COVID-19 pandemic. Each item is rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree) such that a higher score indicated greater conflict levels. An example item is "The tension and conflict with my romantic partner are increased during the spread of COVID-19 pandemic". In the present study, reliability analyses revealed a high level of internal consistency, Cronbach's alpha was .79.

Psychophysical Problems during COVID-19 Pandemic. Participants were asked to indicate the adverse impacts of the pandemic on people's psychophysical health. Basing on the Coronavirus Impacts Questionnaire (Conway et al., 2020), participants responded to 2 items that indexed the negative impacts of the COVID-19 pandemic on physical (e.g., "How the spread of COVID-19 pandemic has affected your physical well-being"), and psychological health (e.g., "How the spread of COVID-19 pandemic has affected your psychological well-being"). Each item is rated on a 7-point Likert scale ranging from 1 (it has improved considerably) to 7 (it got worse considerably). A higher score indicated greater negative impacts of the pandemic on people's psychophysical health. The correlation between these two items was high, $r = .65$.

Measure of Internalized Sexual Stigma– Short Version (MISS; Lingardi et al., 2012). A short version of the MISS was used to evaluate LGB people's internalized sexual stigma through six items (Pistella et al., 2020). Example items are "I do not believe in love between LGB people" and "I would prefer to be heterosexual". Each item is rated on a 5-point Likert scale ranging from 1 (I disagree) to 5 (I agree) such that a higher score indicated greater ISS in sexual minorities people. Cronbach's alpha was .65.

Sexual Satisfaction. A short version of the New Scale of Sexual Satisfaction (Zheng & Zheng, 2017) was used to measure sexual satisfaction. Using a 3-item version, participants were asked to rate their satisfaction with the quality of their sex life during the past 12 months, the desire toward the partner, and sexual attraction (e.g., personal satisfaction with “the sexual activity in your relationship”). Responses were indicated on a 7-point scale ranging from 1 (extremely dissatisfied) to 7 (extremely satisfied), and higher scores reflected higher satisfaction with one’s sex life. The scale had high internal consistency (Cronbach’s alpha = .85)

Intimate Partner Violence (IPV). The Conflict Tactics Scale Short Form (CTS-2S; Straus & Douglas, 2004) is an 18-item measure for investigating different tactics used when there is conflict in romantic relationships: *physical assault* (e.g., “I pushed, shoved, or slapped my partner”), *psychological aggression* (e.g., “I insulted or swore or shouted or yelled at my partner”), *injury from assault* (e.g., “I had a sprain, bruise, or small cut, or felt pain the next day because of a fight with my partner”) and *sexual coercion* (e.g., “I insisted on sex when my partner did not want to or insisted on sex without a condom (but did not use physical force”). Respondents were asked to indicate how many times a particular behavior has happened in the last year. Each item is presented for evaluating the IPV perpetration (e.g., “I punched or kicked or beat-up my partner”) and for IPV victimization (e.g., “My partner punched or kicked or beat-me-up”).

Previous research revealed that the total score of violence could be used to measure couples’ violence (Straus et al., 1996), in which all subdomains of violence were averaged. A total score derived from the 8-point Likert-type scale ranged from 0 (never in the past year) to 7 (more than 20 times in the past year), where a higher score indicated greater couple’s violence. Given that the study’s objective was not to examine the different forms of IPV but to control the analysis for previous episodes of couples’ violence, we used the

scale's total score for all analyses. Cronbach's alpha was .60 (IPV perpetrators) and .61 (IPV victims). The correlation between these two dimensions was high, $r = .71$.

2.2.3 Data Analysis

We conducted the analyses using the Statistical Package for the Social Sciences (SPSS 25.0). Group differences (in terms of biological sex) were examined using the chi-square test, univariate analyses of variance, and *t-test*. Bivariate correlations (Pearson's *r*, two-tailed) were calculated to explore the relationships between the couple's conflict, psychophysical problems, ISS, and the other variables included in the study.

Moreover, mediation model analysis was employed to test the direct and mediating effects of psychophysical problems and ISS on same-sex couple's conflict (with age, biological sex, sexual orientation, relationship duration, religiosity, LGB associationism, sexual satisfaction, and IPV as covariate variables). We also examined moderated mediation models to verify the effect of biological sex in our model. We used the Process SPSS macro (Hayes, 2013) for evaluating the direct and mediating effects for statistical significance with bias-corrected bootstrapping (5,000 samples) and 95% confidence intervals (CI). The continuous variables were standardized to z-scores prior to analysis, and non-normal variables (such as the IPV perpetrators and victims) were logarithmically transformed before testing hypotheses about regression associations.

2.3 Results

2.3.1 Biological Sex Differences in Couple's Conflict, Psychophysical Problems, and ISS

Descriptive statistics of the measures differentiated by biological sex are reported in Table 1: No biological sex differences in couple's conflict, psychophysical problems, ISS,

sexual satisfaction, and the sub-dimensions of the IPV (i.e., perpetrators and victims) were found. A chi-square test detected a significant difference between females and males in their sexual orientation, $\chi^2(1,231) = 52.46, p < .001$, showing that females (69%) self-identified as bisexual people more frequently than males (21%), according to previous studies. Additionally, an examination of the standardized residuals, $\chi^2(1,231) = 9.10, p = .03$, revealed that the relationship duration is longer (> 11 years) among males (13%) than females (4%).

2.3.2 Correlations Among Study Variables

To examine the relationship between couple's conflict, psychophysical problems, ISS, and the other measures considered in the study, we performed bivariate correlations (see Table 2). The results showed a significant positive moderate correlation between same-sex couples' conflict and psychophysical problems during the Italian spread of the COVID-19 pandemic ($r=.18, p<.01$). Couples' conflict ($r=.20, p<.01$) and psychophysical problems ($r=.15, p<.05$) were positively associated with the ISS. Interestingly, couples' conflict was negatively associated with participants' age ($r=-.18, p<.01$) and sexual satisfaction ($r=-.21, p<.01$), respectively. Finally, IPV perpetrators and victims were significantly correlated with couples' conflict ($r_{\text{perpetrators}} = .25, p<.01; r_{\text{victims}} = .27, p<.01$) and sexual satisfaction ($r_{\text{perpetrators}} = -.27, p<.01; r_{\text{victims}} = -.24, p<.01$).

2.3.3 Couples' Conflict, Psychophysical Problems, and ISS: A Mediation Model

We performed a mediation model in which the relationship between self-perception of psychophysical problems and couples' conflict during the spread of the COVID-19 pandemic was mediated by the ISS of the sexual minority participants. We adjusted our analyses for age, biological sex, sexual orientation (lesbian/gay vs. bisexual), relationship duration, participants' religiosity, LGB associationism, sexual satisfaction, and IPV perpetrators and victims. Results are shown in Figure 3.

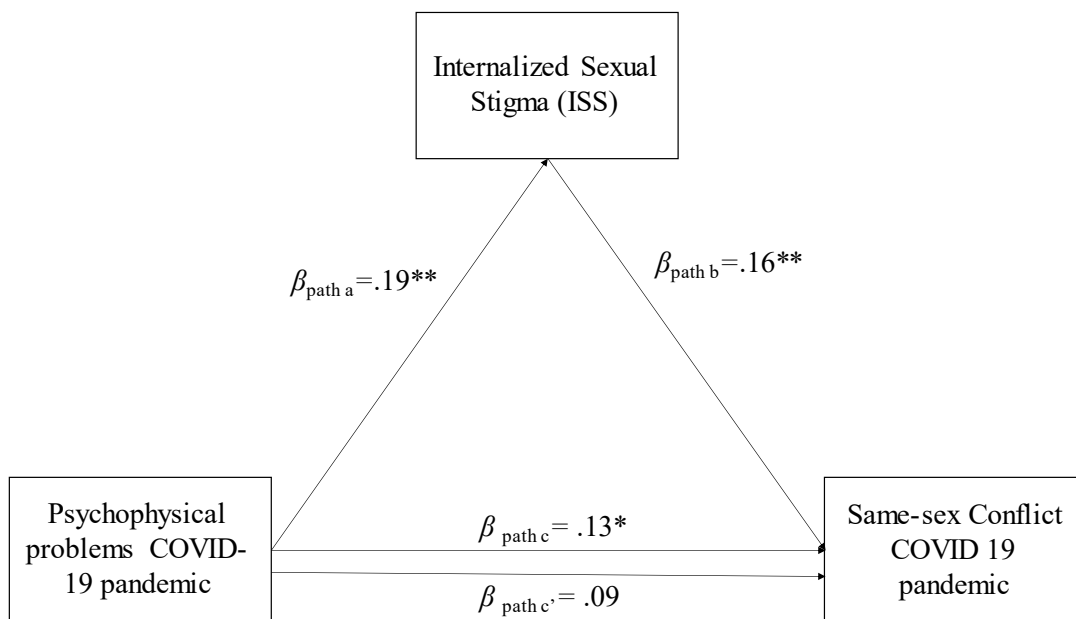
Table 2. Correlations between couples' conflict, psychophysical problems, ISS, and other variables included in the study

	1	2	3	4	5	6	7	8	9	10
1. Couple's conflict	1.00									
2. Psychophysical problems	.18**	1.00								
3. ISS	.20**	.15*	1.00							
4. Age	-.18**	-.05	-.12	1.00						
5. Relationship duration	-.12	-.05	-.12	.54**	1.00					
6. Religiosity	-.07	-.14*	.10	.09	.04	1.00				
7. Associationism	.09	.17**	-.14*	-.07	.01	-.11	1.00			
8. Sexual satisfaction	-.21**	-.07	-.03	-.24**	-.22**	-.02	-.06	1.00		
9. IPV perpetrators	.25**	.03	.06	-.03	.07	-.05	-.01	-.27**	1.00	
10. IPV victims	.27**	.11	.04	-.15*	.03	-.08	.04	-.24**	.71**	1.00

Note. ** $p < .01$, * $p < .05$. ISS: internalized sexual stigma

Thus, to test our first hypothesis, we performed our model without the mediator, and we found a significant association between psychophysical problems and couples' conflict during the spread of the COVID-19 pandemic (β path c in Figure 3). To test our second hypothesis, we entered the ISS as a predictor of same-sex couples' conflict. Results showed that ISS was significantly and positively associated with conflict levels. When we entered the ISS as a mediator in the model, the direct effect between psychophysical problems and couples' conflict was no longer significant (see β path c' in Figure 3), providing support for our third hypothesis. The individual paths revealed that psychophysical problems were positively related to ISS (β path a), which in turn was positively related to high levels of couples' conflict. (β path b). Psychophysical problems and ISS accounted for a significant amount of variance in same-sex couples' conflict, $F(11, 220) = 4.77, p < .001, R^2 = .20$.

Figure 3. The mediated effect of internalized sexual stigma on the relationship between psychophysical problems and couples' conflict during the spread of the COVID-19 pandemic ($n = 232$).



Note. * $p < .05$. ** $p < .01$. All values are beta coefficients. A higher score in the psychophysical problems and couples' conflict scales indicates greater health problems and conflict of couples during the COVID-19 pandemic, respectively. A higher score to the ISS variables indicates more internalized sexual stigma. Age, biological sex, sexual orientation (lesbian/gay vs. bisexual), relationship duration, religiosity, LGB associationism, sexual satisfaction, and IPV perpetrators and victims were included as covariates.

The indirect effects showed that ISS significantly mediated the association between psychophysical problems and couples' conflict (bootstrapping estimate = .04, SE = .02, 95% CI = .01, .07). Among the covariates considered in the model, only sexual satisfaction, $\beta = -.18$, SE = .07, $p < .01$, was associated with couples' conflict, while age, $\beta = -.08$, SE = .08, $p = .33$, biological sex, $\beta = -.03$, SE = .14, $p = .86$, sexual orientation, $\beta = .18$, SE = .15, $p = .21$, relationship duration, $\beta = -.09$, SE = .07, $p = .24$, participants' religiosity, $\beta = -.04$, SE = .06, $p = .57$, LGB associationism, $\beta = .12$, SE = .13, $p = .36$, IPV perpetrators, $\beta = .25$, SE = .24, $p = .28$, IPV victims, $\beta = .34$, SE = .24, $p = .16$, were not.

In addition, we verified the effect of biological sex as a moderator in this relationship, but there were no significant findings. Finally, given that sexual satisfaction was negatively related to couples' conflict ($r = -.21$, $p < .01$), an alternative model was tested using the same key variables with ISS and sexual satisfaction as mediators (results available upon request). Specifically, we tested a mediation model in which couples' conflict was the dependent variable, psychophysical problems variable was the independent variable, ISS and sexual satisfaction were the mediators of this relationship. However, the association between psychophysical problems and sexual satisfaction was not significant. Therefore, we evaluated our original model as the most adequate to describe the association between the psychophysical problems and couples' conflict.

2.4 Discussions

This study aims to extend existing knowledge about the relationship between psychophysical problems and same-sex couples' conflict during the spread of the COVID-19 pandemic using 232 LGB participants engaged in a same-sex relationship. In particular, the present research makes a unique contribution to understanding the relationship between psychophysical problems and same-sex couples' conflict and to identifying the

internalization of sexual stigma (ISS) as a potential mediator of this relation. Indeed, previous research (Gonzales et al., 2020; Ogolsky & Gray, 2016; Solomon et al., 2005) suggested how psychophysical problems may impact the levels of couples' conflict, but, to our knowledge, only one study (Li & Samp, 2021a) examined similar variables relationship during the spread of the COVID-19 pandemic, including potential mediators that explain this association.

In line with previous research, our analyses showed no significant differences between sexual minority females and sexual minority males in ISS levels (Pistella et al., 2020), sexual satisfaction (Gottman et al., 2003), and the sub-dimensions of the IPV (Balsam et al., 2008; Chong et al., 2013). Contrary to the literature that showed how females reported lower levels of couples' conflict (Kurdek, 2004; Solomon et al., 2005) and are more likely to heighten adverse psychophysical health during the pandemic period compared to males (Luo et al., 2020; Vindegaard & Benros, 2020), we found no differences between females and males in these two variables. We probably did not find biological sex differences regarding the couples' conflict because we did not investigate the different areas where females' couples and males couples' may differ, such as sex outside their couples (Solomon et al., 2005).

A possible explanation of no biological sex differences in psychophysical problems is that the previous studies included sample of opposite-sex couples, and research suggests that LGB people (and all disadvantages' groups) developed skills for tolerating difficult emotions and coping with feared events (such as discrimination, violence, social isolation, and rejection) in an unsupportive and unsafe environment (Ryan et al., 2009). These skills and coping strategies may have protected LGB people from the deleterious effects of the COVID-19 pandemic regardless of their biological sex.

In line with our first hypothesis, there was a significant negative association between psychophysical problems and same-sex couples' conflict during the Italian spread of the COVID-19 pandemic. These findings are in line with previous research showing that some daily negative feelings and adverse health outcomes influence the levels of couples' conflict (Li & Samp, 2021a; Ogolsky & Gray, 2016). Li & Samp (2021a) found a strong association between pandemic-related factors and individuals' well-being, such as anxiety or depression. The same authors reported that daily life interruptions during the pandemic seem to impact same-sex couples' conflict management significantly.

To examine our second hypothesis, we tested the association between the ISS with same-sex couples' conflict, supporting our hypothesis. Indeed, the model suggested that the ISS was the primary predicted conflict variable among same-sex partners. This finding is not surprising, given that higher ISS has been related to lower relationship quality in same-sex couples (Li & Samp, 2021b). Again, the scale we used to evaluate ISS contains the item "I do not believe in love between LGB people", and such attitude may lead to difficulties in conflict management for same-sex partners, especially in accepting the same relationship (Lingiardi et al., 2012). People with higher ISS often may feel less confident about their relationships with a same-sex person and are more likely to engage in hostile and conflictual conversations with the partners (Li & Samp, 2019).

In addition, ISS may indicate a *don't ask, don't tell* attitude that does not allow sexual minority people to be open about their sexual identities. This culture is very typical in the Italian context and may, directly and indirectly, increase the conflict levels within a same-sex relationship (Fish et al., 2020; Pistella et al., 2020). Indeed, some sexual minority people often fear disclosing their sexual identity, resulting in adverse consequences, such as negative reactions, isolation, or discrimination. As mentioned previously, the rapidly moving in together led many LGB people to come out with significant others even if they did not

intend to disclose their romantic relationship. Also, the stress of being separated from the partner may encourage same-sex couples to come out to their families beyond a *don't ask, don't tell* culture, given that they may not live the romantic relationship away from home as before pandemic. Thus, high ISS levels could increase the couples' conflict due to the fear of disclosing their sexual identity. However, this explanation is only speculative and is not supported by data from this empirical study.

Our final model confirmed our third hypothesis about the mediating role of the ISS in the association between psychophysical problems and same-sex couples' conflict during the diffusion of the COVID-19 emergency. Looking in more detail at the mediation models that we tested to verify the third hypothesis, it is important to note that ISS mediated the relationship between psychophysical problems and same-sex couples' conflict in LGB participants. This finding has remarkable implications for understanding the underlying mechanisms of increased conflict in same-sex partners. The mediation effect supports the possibility that ISS, more than adverse effects of the COVID-19 pandemic on the psychophysical problems, was able to arouse conflictual relationships within a same-sex couple, regardless of age, biological sex, sexual orientation, relationship duration, religiosity, LGB associationism, and past episodes of IPV.

2.5 Limitations and Future Directions

Although this research has numerous strengths, there are several limitations. The study was based on a convenience sample, and it was geographically restricted to Italy, limiting the generalizability of our results. Another limitation regards the use of self-report measures that may be influenced by social desirability. Again, we recruited LGB people, and our results may not apply to other sexual and gender minority individuals (e.g., queer, pansexual, or transgender people). We did not consider some variables that could potentially

relate to same-sex couples' conflict, such as emotional and sexual infidelity, coming-out, or participants' political orientation.

Moreover, we did not analyze the levels of a positive LGB identity in respondents. A positive LGB identity (Petrocchi et al., 2020; Riggle et al., 2014) could significantly predict ISS and same-sex couples' conflict, and it could be a protective factor against stress related to the COVID-19 pandemic. These aspects need to be considered in future research. Again, negative pandemic effects on psychophysical problems were detected by two items and without using standardized measures. Recently, a scale was developed for assessing the impact of the COVID-19 pandemic (Coronavirus Impacts Questionnaire; Conway et al., 2020), but this measure was not validated, and the psychometric properties were not tested.

Future research should consider the role of the perceived threat of COVID-19 retrospectively but also other pandemic-related factors, such as diagnosis or symptoms of COVID-19, loss caused by the COVID-19 pandemic, or the financial challenges faced due to the health emergency. In addition, data were collected only from one partner, which is the main limitation of the study. However, the difficulty in the recruitment of both same-sex partners to research is widely acknowledged. Future studies should recruit both partners of same-sex couples.

2.6 Conclusion

Understanding the effects of the COVID-19 emergency on same-sex relationships is a complex objective. The present study extends knowledge about the impact of the health emergency on same-sex couples' relational and personal well-being, showing that the internalization of sexual stigma may represent one of the main factors contributing to negative and conflictual relationships within same-sex couples (Salerno et al., 2020a). Studying the role of ISS in various relational and social contexts is particularly important

because it has several negative consequences on the well-being, positive identity, and mental health of sexual minority people. Attention is needed at the structural level in the form of practices to reduce the risk of discrimination for LGB people in any setting, such as anti-discriminatory campaigns and training programs about the relevance of inclusive practices on the well-being of LGB couples. These supportive programs could help LGB people (and their partners) to decrease the level of ISS.

Additionally, the *International Guidelines on Disaster Response* have failed to consider the needs of LGB populations (Salerno et al., 2020a). The paucity of research on the LGB population during the COVID-19 pandemic speaks to the invisibility of LGB persons in the current public health response to the COVID-19 emergency. However, protecting the health of LGB individuals is pivotal, given the potential for psychophysical problems caused by both minority stress and pandemic stress.

Thus, positive and affirming social interactions need to be maintained via online instruments, such as video conferencing and social media, to mitigate the negative effects of mentioned stressors (Baiocco et al., 2021). Public health stakeholders should disseminate provider and informative parental resources for promoting family acceptance of the LGB persons' identities (Phillips et al., 2020). These programs may improve the mental and physical health and well-being of sexual minority people. Finally, public agencies should make detailed and clear statements about the well-being of LGB people, increasing public awareness about the mental health vulnerabilities of LGB persons during the COVID-19 pandemic.

Chapter 3 “Unity is strength”: Dyadic adjustment as a predictor of perceived social support

3.1 Study 2: The role of dyadic adjustment and minority stressors as predictors of perceived social support

The paper summarizing study 2 was accepted for publication at:

Isolani, S., Pistella J., Baiocco R., & Chiarolanza, C. (In Press). Supporto sociale percepito dalle persone LGB coinvolte in una relazione di coppia [Perceived social support in LGB individuals involved in a couple relationship]. *Giornale Italiano di Psicologia*.

Study 2 assessed the role of relationship quality (in terms of couple satisfaction, dyadic consensus, dyadic cohesion, and affects expression) and external stressors in predicting perceived social support in LGB individuals involved in same-sex relationships. Its aim is to investigate if relationship quality could be considered a higher predictor of social support than minority stressors, assessing if the positive effect of partners' interactions and the quality of their relationship could help them with their perception of having the availability of support in times of need.

Perceived social support is a relevant variable in positively influencing many aspects of personal well-being, including satisfaction with one's life (Diaz & Bui, 2016), quality of interpersonal relationships (Stansfeld et al., 2013), and levels of positivity toward the future (Younis et al., 2021). The literature highlights the importance of investigating perceived social support in people from minority populations as they are potentially at risk of: (1) isolation and marginalization (Laverack & Labonte, 2000); (2) additional and specific stresses related to their minority status (Meyer, 2003). Research highlights how receiving

support from significant others positively impacts the overall well-being of lesbian, gay and bisexual (LGB; Petrocchi et al., 2020) people. The purpose of the present study is to examine the influence of minority stressors and relationship quality, in terms of dyadic adjustment, on perceived social support in a group of Italian LGB people involved in a relationship with same-sex partners.

Perceived social support is considered a key interpersonal resource and can play a central role in people's adjustment and well-being (Lakey & Orehek, 2011). Moreover, it is particularly relevant for LGB people, especially when they cannot rely on their family of origin because of their minority identity (Baiocco & Pistella, 2019). Indeed, for sexual minority people, supportive families (Ryan et al., 2010) and friends (Shilo & Savaya, 2011) have been found to be associated with better mental and physical adjustment and well-being, and higher life satisfaction (Budge et al., 2014). For example, support received from one's family seems to be linked to higher levels of self-esteem and well-being as well as serving as a protective factor against depression and suicidal ideation in LGB adolescents (Ryan et al., 2010).

3.1.1 The Minority Stress Model

According to the Minority Stress model (Meyer, 2003; Hatzenbuehler, 2009) stress caused by belonging to a sexual minority can negatively impact perceived social support, significantly compromising well-being and mental health. Stressors (distal and proximal) can be categorized as external (e.g., experiences of discrimination and harassment because of one's sexual orientation) or internal (e.g., negative feelings about oneself as a sexual minority person). Minority Stress can have negative effects on the well-being and health of LGB people (Lick, et al., 2013; Frost, et al., 2015) and is a major cause of the disparity in

mental and physical well-being between sexual minority and heterosexual people (Baiocco et al., 2012; Mays & Cochran, 2001; Pistella, et al., 2020).

Many studies have highlighted the relationship between Minority Stress and social support in sexual minority people. In fact, although LGB people who disclose their sexual orientation to significant others report greater satisfaction with the support they receive and greater psychological well-being (Crews & Crawford, 2015; Grossman et al., 2000), other studies suggest that homophobic discrimination experienced, perceptions of being rejected or marginalized, and high levels of internalized sexual stigma (ISS) are related to lower social support (Szymanski, et al., 2008). Among females (Szymanski et al., 2001) and males (Lorenzi et al., 2015) from sexual minorities, ISS is associated with lower social support and lower relationships satisfaction. In addition, structural stigma, defined as the set of cultural norms, attitudes, and political and institutional laws that discriminate against sexual minority people, would also appear to be negatively associated with well-being and social support (Perales & Todd, 2018).

3.1.2 Dyadic adjustment, Minority stress, and social support

The Systemic Transactional Model (STM; Bodenmann, 1995, 2005), which has already been used in research investigating the quality of same-sex relationships (Cooper et al., 2020; Song et al., 2021), emphasizes the interdependence and mutuality between partners involved in romantic relationships. Through their positive and negative interactions, partners can influence each other, helping each other cope with stress and critical issues.

Distal and proximal stressors may reduce perceived social support from others (Meyer, 2003; Petrocchi et al., 2020). Indeed, same-sex couples who report low relationship quality tend to isolate from their social context. However, partners may be able to provide support to one another, helping each other maintain a sense of safety when needed, and

providing appropriate emotional as well as instrumental support, thus facilitating eventual problem solving (Feeney & Collins, 2015) and helping them perceive greater social support.

People involved in a romantic relationship report greater social support (Chen & Feeley, 2014), less loneliness (Dykstra & Fokkema, 2007) and depressive symptoms (Wu et al., 2003), higher levels of well-being, life satisfaction, and higher levels of perceived support (Schwarzer et al., 2004). Moreover, the link between romantic relationships and well-being seems to lie in the quality of the relationship itself (Robles et al., 2014). Many authors have advanced the hypothesis that being involved in a relationship with high levels of dyadic adjustment may promote well-being in sexual minority people (Whitton et al., 2018) because the relationships themselves would help protect people from the negative effects of minority stressors. Not only, in terms of perceived social support, but sexual minority people might also benefit more from romantic relationships than heterosexual people because they might be able to draw from them the social support that is often not provided by family and friends (Katz-Wise & Hyde, 2012; Ryan et al., 2009).

3.1.3 The present study

Perceived social support is an important protective factor (Lakey & Orehek, 2011), as it would seem to be able to predict high levels of psychological and physical well-being (Budge et al., 2014) and self-esteem (Ryan et al., 2010). However, high levels of Minority Stress and low quality of romantic relationships (in terms of dyadic adjustment) could influence the perception of social support from others. Moreover, to our knowledge, studies that have investigated the relationship between perceived social support, Minority Stress, and relationship quality in couples formed by same-sex partners are still limited.

According to the model proposed by Meyer (2003), Minority Stress can negatively impact the well-being and mental and physical health of LGB people by negatively affecting

the perception of having people available to support them. Based on these theoretical assumptions, we hypothesize that perceived social support is predicted by (a) some dimensions of the Minority Stress model (SSI, structural stigma, homophobic discrimination, coming out); (b) positive dimensions of couple functioning (dyadic adjustment).

3.2 Method

3.2.1 Participants and Procedures

The present research was conducted on 242 LGB participants (57% female) involved in a same-sex relationship. With respect to sexual orientation, participants identified themselves as lesbian ($n=41$; 17%), gay ($n=80$; 33%), and bisexual ($n=121$; 50%). The majority of bisexual people were female ($n=98$; 81%). For this reason, and in line with previous research (Bos et al., 2019; Pistella et al., 2016; Smith et al., 2020), a dichotomic variable will be used in the analyses to categorize participants' sexual orientation (0= gay/lesbian; 1= bisexual). They were aged between 18 and 58 years ($M=28.75$; $SD=7.44$). Regarding the duration of relationships, 28 participants (12%) report they had been involved in their current romantic relationship for less than one year, 151 people (62%) between one and five years, 44 participants (18%) between six and ten years, 15 participants (6%) between ten and fifteen years, and 4 participants (2%) for more than fifteen years. 82% of participants ($n=199$) reported being involved in a closed relationship, 2% ($n=5$) in a semi-closed relationship (infidelity by only one partner), 8% ($n=19$) in an open couple with consent, 5% ($n=11$) in an open relationship, and 3% ($n=8$) reported being involved in a relationship type other than those listed above. 16% of participants ($n=14$) reported that their relationship was legally recognized as Civil Union, 3% ($n=8$) in a de facto union, 3% ($n=7$)

united in marriage, and 88% ($n=213$) said their relationship had no legal recognition. Table 3 shows the sociodemographic information of the participants.

Table 3. Demographics informations

	Total sample ($n = 242$)		Gay/Lesbian ($n = 121$)		Bisexual ($n = 121$)	
	<i>M/n</i>	<i>SD/%</i>	<i>M/n</i>	<i>SD/%</i>	<i>M/n</i>	<i>SD/%</i>
Age	28.75	7.44	31.79	8.44	25.72	4.62
Educational Level						
Middle School	9	3.7	5	4.1	4	3.3
High School	87	36	36	29.8	51	42.1
Bachelor's Degree	72	29.8	36	29.8	36	29.8
Undergraduated Degree	63	26	37	30.6	26	21.5
Graduated Degree	11	4.5	7	5.8	4	3.3
Socio-Economic Situation						
Extremely Low	7	2.9	2	1.7	5	4.1
Low	47	19.4	22	18.2	25	20.7
Average	169	69.8	89	73.6	80	66.1
High	18	7.4	7	5.8	11	9.1
Extremely High	1	0.4	1	0.8	0	0
Religiosity						
Not religious at all	150	62	72	59.5	78	64.5
Little religious	77	31.8	41	33.9	36	29.8
Quite religious	12	5.0	7	5.8	5	4.1
Very Religious	3	1.2	1	0.8	2	1.7
Political Orientation						
Extreme right-wing	1	0.4	1	0.8	0	0
Right-wing	3	1.2	3	2.5	0	0
Center-right wing	11	4.5	5	4.1	6	5.0
Center	18	7.4	6	5.0	12	9.9
Center-left wing	71	29.3	45	37.2	26	21.5
Left-wing	116	47.9	51	42.1	65	53.7
Extreme left-wing	22	9.1	10	8.3	12	9.9

Participants were recruited through direct contact, the distribution of flyers, ads on major social networks, and through snowball sampling. Participants completed an online survey (average duration 22 minutes), at the beginning of which they were asked to confirm

their voluntariness to participate through an informed consent form. The research was approved by the Ethics Committee of Department of developmental and Social Psychology of the Sapienza University of Rome. The following inclusion criteria were used for recruitment: a) being of age, b) having a cisgender gender identity; c) being involved in a romantic relationship with a person of the same sex, d) identifying as an LGB person. Depending on these criteria, 3 transgender participants and 1 pansexual participant were not included in the analyses.

3.2.2 Measures

The first part of the questionnaire contained a series of questions regarding demographic information, such as: age, biological sex (0 = female; 1 = male), sexual orientation (0 = gay/lesbian; 1 = bisexual), length of current romantic relationship (1 = less than one year; 2 = between 1 and 5 years; 3 = between 5 and 10 years; 4 = between 10 and 15 years; 5 = more than 15 years), educational level (1 = secondary school; 2 = secondary school; 3 = bachelor's degree; 4 = bachelor's degree/master's degree; 5 = postgraduate degree/research doctorate), socioeconomic status (1= extremely low; 2 = low; 3= average; 4 = high; 5= extremely high), religiosity (1= not at all; 2= a little; 3= Somewhat; 4= a lot), and political orientation (1= extreme right; 2= right; 3= center-right; 4= center; 5= center-left; 6= left; 7= extreme left).

Gay and Lesbian Relationship Satisfaction Scale (GLRSS; Sommantico, et al., 2019) is a self-report instrument that investigates relationship satisfaction and perceived social support in LGB people through a 6-point Likert scale (0=totally disagree, 5=totally agree) through which respondents indicated their degree of agreement with the reported items. A shortened 18-item version was used. The instrument consists of two scales:

Relationship Satisfaction (SR) (e.g., “If there is one thing my partner and I are good at, it is talking about our feelings with each other”) and *Social Support* (SS) (e.g., “I have a strong support system that accepts me as I am”). In the present study, only the Social Support scale was used, for which McDonald's Omega coefficient (ω) is .72.

Measure of Internalized Sexual Stigma (MISS; Lingardi et al., 2012) is a self-report measure that investigates levels of ISS through a 5-point Likert scale (1=totally disagree; 5=totally agree), through which people participating indicated their degree of agreement to the items (e.g., “I am careful about how I dress and what I say so that it is not obvious that I am an LGB person”). The reliability coefficient ω was .63.

Minority Stress Scale (MSS; Norcini Pala et al., 2017) is a self-report measure that investigates levels of Minority Stress. A shortened version consisting of 9 items investigating: a) *Coming out with significant people* through a 5-point Likert scale (1=totally disagree, 5=totally agree) through which people participating expressed their degree of agreement with the items (e.g., “No one knows my non-heterosexual sexual orientation”; “My father know my non-heterosexual sexual orientation”), b) *Structural Stigma* through a 5-point Likert scale (1=absolutely false, 5=absolutely true) through which the participating people indicated their degree of agreement with the items (e.g., “I won't be able to have a fully recognized relationship like that of heterosexual couples”), c) *Received Discrimination* through a 5-point Likert scale (1=never, 5=always) the frequency with which they were victims of the incidents of discrimination reported in the items (e.g., “Because of my sexual orientation I was victims of physical assaults”). The reliability coefficient ω ranges between .77 and .83.

Dyadic Adjustment Scale (DAS; Spanier, 1976): is a self-report instrument consisting of 32 items that investigates dyadic adjustment across 5 dimensions: (a) *Couple*

Satisfaction (e.g., “In general, how often do you think things between you and your partner are going well?”); (b) *Dyadic Consensus* (e.g., “What is the degree of agreement between you and your partner regarding the management of family finances?”); (c) *Couple Cohesion* (e.g., “To what extent do you and your partner share interests outside the home?”); (d) *Affective Expression* (e.g., “What is the degree of agreement between you and your partner regarding sexual relations?”); (e) *Dyadic Adjustment* (total score scale). In the present research and in line with previous studies, the total dyadic adaptation score ($\omega = .92$) was used.

3.2.3 Data analysis

Statistical Package for Social Science (SPSS, version 23) software was used to conduct the analyses. Differences in function of gender and sexual orientation (gay/lesbian vs. bisexual) were analyzed through the Univariate Analysis of Variance (ANOVA). Pearson's r coefficient was used to investigate the relationship between perceived social support, ISS, coming out, structural stigma, discrimination received, and dyadic adjustment. Finally, the effect of independent variables on perceived social support was investigated through hierarchical regression.

3.3 Results

3.3.1 Correlations Among Study Variables

Correlations (Table 4) show a significant association between perceived social support and almost all minority stressors: coming out ($r = .35; p < .001$), ISS ($r = -.40; p < .001$), and structural stigma ($r = -.14; p < .05$). In addition, perceived social support seems to correlate positively with dyadic adjustment ($r = .23; p < .001$).

Table 4. Pearsons' correlation among the considered variables

	1	2	3	4	5	6
1 Perceived Social support	1	.23***	-.40***	.35***	-.14*	-.11
2 Dyadic Adjustment		1	-.21**	-.01	-.03	-.08
3 Internalized Sexual Stigma			1	-.16*	.20**	.10
4 Coming Out				1	.11	.15*
5 Stuctural Stigma					1	.12
6 Discriminations						1

Note: * significant at $p < .05$; ** significant at $p < .01$; *** significant at $p < .001$.

3.3.2 Differences between variables by participants' biological sex

Through a series of Univariate Analyses of Variance (ANOVAs), we investigated differences by biological sex in perceived social support, minority stressors, and dyadic adjustment. Results showed no differences between males and females in perceived social support, ISS, structural stigma, discrimination received, and dyadic adjustment. In contrast, a significant difference emerged regarding coming out: males revealed their sexual orientation more than females (descriptive statistics for all variables are in Table 5).

Table 5. Univariate Analyses of Variance by biological sex

	<i>F</i>	<i>p</i>	Females		Males	
			<i>M</i>	DS	<i>M</i>	DS
PSS	2.64	.106	21.25	6.95	22.76	7.37
Dyadic Adjustment	.01	.938	115.50	17.68	115.32	16.83
ISS	3.80	.053	1.51	0.55	1.65	0.58
Coming Out	10.39	.001	3.44	1.36	4.02	1.23
Stuctural Stigma	.00	.985	2.37	1.10	2.37	1.11
Discriminations	3.83	.052	1.90	.96	2.16	1.06

Note. PSS = Perceived social support; ISS = Internalized Sexual Stigma

3.3.3 Differences between variables by participants' sexual orientation

A series of ANOVAs were computed to analyze differences by sexual orientation in perceived social support, dyadic adjustment, and minority stressors. Results showed no differences between gay/lesbian and bisexual participants in ISS and dyadic adjustment. In contrast, significant differences emerged in perceived social support, coming out, structural stigma, and discrimination received: gay and lesbian individuals reported significantly higher means than bisexual individuals in all these dimensions (descriptive statistics for all variables are in Table 6).

Table 6. Univariate Analyses of Variance by sexual orientation

	<i>F</i>	<i>p</i>	Gay/Lesbian		Bisexual	
			<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
PSS	7.35	.007	23.12	7.11	20.66	7.02
Dyadic Adjustment	.08	.784	115.73	16.03	115.16	18.53
ISS	.24	.625	1.55	0.52	1.59	0.62
Coming Out	51.67	.000	4.29	1.09	3.12	1.30
Structural Stigma	8.16	.005	2.57	1.12	2.17	1.06
Discriminations	6.37	.012	2.17	1.00	1.84	1.00

Note. PSS = Perceived Social Support; ISS = Internalized Sexual Stigma

3.3.4 Predictors of perceived social support in same-sex couples

To assess the influence that minority stressors and dyadic adjustment had on perceived social support, a hierarchical regression analysis was computed (Table 7). For this purpose, a preliminary verification of assumptions was performed. The sampling of subjects is not of simple random type, however, violation of this rule does not appreciably bias the results, so it is possible to ignore it (Barbaranelli & D'Olimpio, 2006). For what concerns the variables used: a) they are all measured at equivalent intervals, thus can be considered quantitative; b) they all show a variance other than 0; c) they do not have collinearity problems, Values in the Tolerance Index close to 0 and values between 5 and 10 in the Variance Inflation Factor (VIF) indicate collinearity between the variables (Barbaranelli &

D'Olimpio, 2006), the results showed that the Tolerance Indexes ranged from .887 and .955 and the VIF between 1.047 and 1.127.

Regarding the assumptions on the residuals: (a) their means is 0; (b) from the analysis of the graphs, the assumption on the normality of distribution appears to be met; (c) homoschedasticity does not seem to be guaranteed, however, the regression analysis is very robust to this violation (Barbaranelli & D'Olimpio, 2006); (f) the Durbin-Watson test to examine the presence of autocorrelations yields 1.77, with more than 100 subjects and more than two independent variables, values between 1.5 and 2.2 can be considered indicative of the absence of collinearity (Dillon & Goldstein, 1984); (g) the assumption about the absence of correlations between independent variables and residuals is also met.

In the first step, age, gender, sexual orientation (0=gay/lesbian; 1=bisexual), relationship duration, education level, socioeconomic status, religiosity, and political orientation were entered. The model was significant in predicting the dependent variable, $F = 3.12, p < .01$. In the second step, minority stressors (SSI, coming out, structural stigma, and discrimination received) were included. The model appears to provide a significant contribution to that tested previously, $\Delta R^2 = .20; \Delta F = 15.17, p < .001$.

Specifically, it appears that ISS, $t(217) = -4.74, \beta = -.30, p < .001$, coming out, $t(217) = 4.21, \beta = .28, p < .001$, and experiences of discrimination, $t(217) = -2.44, \beta = -.15, p < .05$, significantly predict perceived social support. In the third step, dyadic adjustment was included as a predictor. This variable significantly increases the explained variance, $\Delta R^2 = .02; \Delta F = 5.73, p < .05$: Dyadic adjustment, $t(217) = 2.40, \beta = .14, p < .05$, significantly predicts perceived social support.

Table 7. Hierarchical regression: perceived social support predictors

	<i>Adapted</i> <i>R</i> ²	ΔR^2	ΔF	sign ΔF	gdl	β	<i>t</i>	<i>p</i>
Step 1	0.08		3.19	.002	7,210			
Age						.03	.38	.703
Biological sex						-.02	-.21	.836
SO						-.15	-1.77	.077
RL						.16	2.01	.046
Education						.06	.88	.178
SES						.10	1.43	.154
Religiosity						-.03	-.39	.698
PO						-.13	-1.90	.059
Step 2	.27	.20	15.17	.000	11,206			
Age						-.02	-.19	.850
Biological sex						.06	.83	.408
SO						-.04	-.46	.648
RL						.12	1.73	.084
Education						.04	.59	.555
SES						.08	1.21	.227
Religiosity						-.01	-.22	.827
PO						-.08	-1.38	.168
ISS						-.30	-4.74	.000
Coming Out						.28	4.21	.000
Structural Stigma						-.08	-1.24	.216
Discriminations						-.15	-2.44	.016
Step 3	.29	.02	5.73	.017	12,205			
Age						-.02	-.24	.807
Biological sex						.06	.80	.425
SO						-.03	-.43	.666
RL						.13	1.80	.074
Education						.03	.56	.573
SES						.07	1.17	.242
Religiosity						-.01	-.19	.850
PO						-.09	-1.49	.137
ISS						-.27	-4.31	.000
Coming Out						.29	4.33	.000
Structural Stigma						-.08	-1.24	.216
Discriminations						-.13	-2.22	.027
DA						.14	2.40	.017

Note. SO = Sexual Orientation (0=gay/lesbian; 1 = bisexual); RL = Relationship Length; SES = Socio-Economic Situation (1 = Extremely low; 5 = Extremely high); PO = Political Orientation (1 = Extreme right-wing; 7 = Extreme left-wing); ISS = Internalized Sexual Stigma; DA = Dyadic Adjustment.

3.4 Discussion

The present study highlights the relevance of investigating perceived social support in sexual minority people involved in a same-sex relationship by examining the influence of minority stress and dyadic adjustment. Results showed positive correlations between perceived social support, and dyadic adjustment, in line with the relevant literature (Meyer, 2003; Pistella et al., 2022). In addition, ISS and structural stigma are negatively correlated with perceived social support. Thus, the data seem to suggest that negative feelings about one's sexual orientation and the perception of being discriminated against by the dominant culture appear to be correlated with a perception of lower availability of support from others. Finally, coming out appears to be positively correlated with perceived social support. Indeed, several studies show that revealing one's sexual orientation is correlated with a better quality of interpersonal relationships as it allows for more authentic communication with people in one's social context (Petrocchi et al., 2020; Pistella et al., 2020).

Results show a significant difference between males and females in coming out: males more frequently revealed their sexual orientation to other people than females in our participants. The nature of this result may lie in the age of the participants: indeed, in literature, it is known that females become aware of their non-heterosexual sexual orientation and tend to come out later than males, probably due to the internalization of heterosexist expectations such as opposite-sex marriage and generativity (Haltom & Ratcliff, 2021).

In agreement with the relevant scientific literature (Baiocco et al., 2020; Pistella et al., 2016), bisexual people in our study reported significantly lower levels of coming out than gay and lesbian people. One explanation could lie in the higher prevalence of negative attitudes toward bisexual people compared to gay and lesbian people (Baiocco, et al., 2020). Bisexual people may be discouraged from disclosing their sexual orientation due to social binegativity (Baiocco & Pistella, 2019) and less support within the LGBT+ community

(Petrocchi et al., 2020). Indeed, research shows that social binegativity is associated with higher levels of ISS (D'Augelli et al., 2005) and reduced social support (Mohr & Rochlen, 1999).

In addition, gay and lesbian people reported significantly higher levels of structural stigma than bisexual people; it seems that they perceive greater discrimination from certain cultural norms, attitudes, and political and institutional laws (e.g., not being able to adopt children because of their sexual orientation; not being able to have a fully recognized relationship like that of heterosexual couples). Generally, gay and lesbian people involved in a same-sex romantic relationship are more exposed to negative attitudes and possible incidents of discrimination than bisexual people because they are more visible in their own life contexts (Pistella et al., 2016). Arguably, by being able to be involved in a romantic relationship with a person of the opposite sex, bisexual people may receive less pressure from their social and relational contexts, which generally discriminate against people involved in romantic relationships with same-sex partners, especially from a political and institutional perspective (Petrocchi et al., 2020).

Through a hierarchical regression, we finally aimed to investigate the effect of minority stressors and dyadic adjustment on perceived social support. With respect to the sociodemographic variables entered into the model in the first step, only relationship duration was found to be significantly associated with perceived social support. This result confirms the literature according to which a stable relationship activates a range of personal and interpersonal resources that can influence perceived social support in sexual minority people (Feeney, 2007).

The second step included the minority stressors considered in the present research. In agreement with the relevant literature, minority stressors seem to be strong predictors of perceived social support (Hatzenbuehler, 2009; Meyer, 2003). Specifically, high levels of

ISS and discrimination experienced seem to predict lower perceived social support (Szymansky et al., 2001), while coming out to significant others seems to predict higher perceptions that one's social context may be supportive: not revealing one's sexual orientation to significant others generates less authentic relationships, and this negatively impacts the perceived support received from one's social context (Crews and Crawford, 2015; Pistella et al., 2020).

Dyadic adjustment, included in the third step, seems to be a significant predictor of perceived social support: good quality of same-sex couple relationship, in terms of dyadic adjustment, adds further explained variance with respect to the sociodemographic variables and minority stressors. High levels of dyadic adjustment are thus associated with the possibility of building a positive and supportive network around oneself that can help people and couples in times of high stress and difficulty (Petrocchi et al., 2020). Couples with high levels of dyadic adaptation may be better able to build authentic relationships with other people, avoiding the isolation and social marginalization that many couples formed by LGB people face due to social homo/biphobia and minority stressors (Pistella et al., 2022). In conclusion, the effects of dyadic adjustment would appear to be, albeit limited, greater than those of minority stress on perceived social support, supporting the hypothesis that a satisfying relationship characterized by cohesion, dyadic consensus, and affective exchanges may predict perceived availability of support in LGB people to a greater extent than minority stressors.

3.5 Limitations and future directions

The present study is not without limitations. The first lies in the generalizability of the results: all participants were Italian, and future studies could test the replicability of the results in samples with different ethnic and cultural backgrounds. A second limitation lies in the use of self-report measures, some of the answers provided could be affected by the

influence of social desirability. In future research, it might be useful to use measures to assess individuals' implicit beliefs or to use semi-structured interviews to investigate the relationship quality of same-sex couples.

Another limitation is the low number of bisexual males. However, this finding is quite common in scientific research on sexual minority people (Baiocco et al., 2020). Future studies should involve not only gay, lesbian, and bisexual people but should consider other sexual orientations (e.g., pansexual, demisexual, and asexual people) and gender identities (e.g., transgender, nonbinary, and agender people). In addition, a major limitation is that we did not reach out to both partners of the couple to analyze relational dimensions and minority stressors affecting relationship quality in a dyadic way: future studies should recruit both partners. Finally, although dyadic adjustment was found to predict perceived social support more strongly than minority stressors, the latter retained strong significance in the third step of hierarchical regression. Further studies will be needed to better understand the relationship between dyadic dimensions, minority stressors, and perceived social support.

Future studies may investigate additional dimensions, both individual (e.g., attachment system and personality traits) and dyadic (e.g., dyadic coping or couple violence), to understand better the ways in which dyadic adjustment is able to influence perceived social support. In addition, it would be interesting to consider the positive identity of LGB people to examine whether positive dimensions of identity may be a protective factor and explain further variance in predicting perceived social support.

However, the present paper expands the knowledge regarding the impact of dyadic adjustment and minority stress on perceived social support in LGB people involved in a relationship with same-sex partners. In particular, the relevance of the present work lies in having considered dyadic adaptation a stronger predictor than minority stress in predicting perceived social support, which is strongly associated with the psychological and physical

well-being of LGB people (Budge et al., 2014, Ryan et al., 2010). Based on the findings, more research on the well-being of couples composed of LGB people is needed to help structure and enhance training and intervention programs aimed at strengthening and enriching same-sex partner relationships, especially in the Italian context. Awareness-raising and promotional campaigns are also needed for the implementation of more inclusive policies at both the territorial and individual levels aimed at the recognition of couples composed of same-sex partners.

Chapter 4 Bisexual women in same/different gender couple

4.1 Study 3: Bisexual women in a romantic relationship: coming out and internalized binegativity in same/different gender couple

The paper summarizing study 3 was submitted in:

Isolani, S., Pistella, J., Chiarolanza, C., Baldi, M., Masturzi, A., Basili, E., Gandhi, Y., Lannutti, P. J., Martos, T., Randall, A., K., Rosta-Filep, O., & Baiocco, R. (under review). Bisexual women in a romantic relationship: Coming out and internalized binegativity in same/different gender couples. *Journal of Bisexuality*.

Study 3 assessed the role of dimensions linked to the relationship as moderators of the relation between coming out and internalized biphobia. In particular, it investigated through a moderated moderation model the role of coming out (CO) as a predictor of internalized binegativity (IB), the role of type of couple (same-gender vs different-gender) as moderator of this relation, and the role of relationship commitment as moderator of this moderation in a sample of bisexual women.

Coming out, the process by which sexual minority people (LGB+) choose to reveal their sexual orientation to others, is a central component of sexual identity development (Baiocco et al., 2018; Rosario et al., 2001; Savin-Williams and & Diamond, 1999). Although only a few studies have addressed CO in bisexual women (Baiocco et al., 2020; Balsam & Mohr, 2007; Knous, 2006; Morris et al., 2001; Wandrey et al., 2015), most of them highlighted that the CO process represents a relevant milestone for bisexual identity formation (Cass, 1979) that is negatively associated with internalized binegativity (IB; Baiocco et al., 2020) and poor romantic relationship quality (Frost & Meyer, 2005; Israel &

Mohr, 2004). Again, little is known about the association between CO and IB, considering the different forms of couples in which bisexual women are involved based on the partner's gender (same/different gender couple) and the potential role of the romantic relationship commitment (Sarno et al., 2020). Thus, the present study aims to investigate CO as a predictor of IB in a sample of Italian bisexual women involved in a romantic relationship, assessing the role of type of couple (same/different gender couple) and relationship commitment.

Negative attitudes toward bisexual women are more prevalent than other sexual minorities (Matsick & Rubin, 2018; Salvati et al., 2018), and consequently, bisexual women may avoid revealing their sexual orientation. Previous studies on bisexual women found that: (a) they may experience more difficulties in disclosure and are less likely to come out than other sexual minority identities (Pistella et al., 2016), with a tendency to hide their sexual orientation for fear of being rejected (Knous, 2006; Hayfield et al., 2013; Wandrey et al., 2015); (b) they may experience less social pressure to come out, especially when they are in a romantic relationship with a different-gender partner (Pistella et al., 2016).

Although research has generally reported a positive association between CO and mental health, other studies have reported that CO might be associated with negative consequences, mainly due to the social context (Frost et al., 2013; Legate et al., 2012). A possible explanation for such adverse outcomes might be due to their higher visibility than before. Specifically, negative consequences have been shown to arise from greater exposure to denial (Frost et al., 2013), peer victimization (Guzzo et al., 2014; Pistella et al., 2020), and prejudice (Meyer, 2003). Consequently, after the first self-disclosures, bisexual women may face particular stigma and prejudice related to their sexual orientation that can inhibit their further disclosure to the family, friends, and the sexual minority community (Costa et

al., 2013; Matsick & Rubin, 2018; Roberts et al., 2015; Smalley et al., 2015; Wandrey et al., 2015).

Current research suggests that CO is a life course process that may occur whenever new situations and relationships are entered (Mohr & Fassinger, 2000). Studies indicated that a single initial negative experience of CO may influence the successive disclosure process, increasing internalized negative attitudes toward themselves due to non-heterosexual sexual orientation. Among bisexual women (Pistella et al., 2016), these potential adverse reactions and social prejudices about bisexuality may improve the IB—that is, the internalization of negative feelings, representations, and attitudes toward a non-heterosexual orientation that bisexual people inflict upon themselves, either consciously or unconsciously (Lingiardi et al., 2012).

For instance, bisexual women can internalize the stereotypes that bisexuality is only a phase, that they are confused about their sexual identity, or that they are promiscuous and unable to commit to a relationship (Eliason, 2001). The theoretical framework of the Minority Stress Model (Meyer, 1995, 2003) can assist our understanding of the negative impacts of negative experiences of CO on internalized binegativity. Within this framework, it is conceivable that bisexual women who hide their sexual orientation increase their IB levels. Recent research suggested that CO can help bisexual women against IB, helping them by providing a significant resource to face adverse events and perceptions (Salvati et al., 2018).

4.1.1 Same-gender and different-gender couples

Although the effects of CO on bisexual women's mental health are partially documented (Baiocco et al., 2020; Pistella et al., 2016), studies about CO and IB in bisexual women involved in romantic relationships should be improved. Indeed, little is known about the relationship between CO and IB, considering the different forms of couples' bisexual

women are involved in resulting from the partner's gender (i.e., same/different gender couples) (Sarno et al., 2020). According to heterosexual presumption (Anderson & McCormack, 2016), individuals are assumed to be heterosexual unless they publicly identify as not. Moreover, according to monosexism, the societal belief that someone can only be attracted by one gender, people could assume that bisexual women are heterosexual or lesbian according to their partner's gender (Dyar et al., 2014; Hequembourg & Brallier, 2009; Ross et al., 2010).

Indeed, the type of couple (same-gender/different-gender couple) seems to be a significant variable when assessing bisexual women's well-being. Bisexual women are often perceived as heterosexual women when involved in a relationship with a partner of the opposite gender (different-gender couple) and as lesbian women when engaged in a relationship with a partner of the same gender (same-gender couple). Being perceived as heterosexual can bring some protection against stigma by displaying a more conventional sexual orientation, but bisexual women may still experience other proximal stressors such as rejection, concealment, and increasing IB (Lehavot & Simoni, 2011; Meyer, 2003). Again, bisexual women in different-gender relationships may experience less prejudice from heterosexual people but at the same time be excluded from the LGB+ community (Hequembourg & Brallier, 2009; Matsick & Rubin, 2018; Ross et al., 2010). On the other hand, bisexual women engaged in a same-gender relationship may be face rejection, discrimination, and prejudice due to social homophobia and negative attitudes towards sexual and gender minority people (Frost et al., 2013; Pistella et al., 2020), especially if they are "out" in different life contexts.

Moreover, the levels of relationship commitment may be protective factors associated with well-being and satisfaction with life (Isolani et al., 2022; Pistella et al., 2022). Studies demonstrated that sexual minority people involved in a positive romantic

relationship are more likely to disclose a non-heterosexual sexual orientation (Baiocco et al., 2020; Pistella et al., 2016) and report lower levels of negative attitudes towards themselves as a sexual minority person (Isolani et al., 2022). However, to our knowledge, no research investigated the role of relationship commitment in bisexual women involved in same-gender and different-gender couples.

Its importance also lies in the implications that certain beliefs and policies, both culturally and institutionally, may have on bisexual women: In Italy, for instance, heterosexual couples can get married or contract a civil union. In contrast, same-gender couples can only have access to a civil union (Baiocco & Pistella, 2019). So, marriage is still only accessible to different-gender couples, with civil union described merely as a “specific social formation”. In addition to discriminating against sexual minority people, these norms, behaviors, and attitudes stigmatize and delegitimize bisexual and, in general, sexual minority identities. The cultural absence of perception of a bisexual community could lead them to struggle with their sense of identity (Baiocco et al., 2018).

Although it is recognized that the CO process may influence the levels of IB (Salvati et al., 2018) in bisexual women, it remains unclear how this association could be related to the type of couples (same/different gender couple) and the romantic relationship commitment. Thus, the main objective of the present study was to test the moderated roles of the type of couple and relationship commitment on the association between CO and IB. In line with the empirical research described above, it was hypothesized that bisexual women in same-gender couples would report higher means of CO (Hypothesis 1) and IB (Hypothesis 2) than those in different-gender couples. It was also expected that relationship commitment would moderate the degree to which type of couple moderates the relationship between bisexual women’s CO and IB (Hypothesis 3). No specific hypothesis was advanced about the interaction between the type of couple and relationship commitment due to the lack of

results reported in the literature. In addition, given that some variables (e.g., age, relationship length, and partners' sexual orientation) have been found to be associated with CO and IB (Baiocco et al., 2020), they were included as covariates in all analyses.

4.2 Method

4.2.1 Participants and Procedures

Participants completed an online-based survey of about 20 minutes hosted by the Qualtrics platform. They were recruited between June and September 2021 through direct contact, flyers, posts on Italian main social networks (e.g., Facebook, Instagram), and contact with Italian LGBT+ associations, and provided with an anonymous link to the survey. Moreover, they were asked to share the survey link among their contacts and social networks. The Ethics Committee of the Department of Developmental and Social Psychology of Sapienza University of Rome, approved the research. Eligibility criteria were a) be over 18 years old, b) identify as a bisexual woman, and c) be currently involved in a romantic relationship for more than six months. Based on these criteria, five participants were excluded because they identified as heterosexual women and two because they were not involved in a romantic relationship.

The final sample consisted of $n=157$ Italian bisexual women aged 18 and 45 ($M_{age}=25.91$; $SD=6.24$). Of them, 44% ($n=69$) were involved in a same-gender relationship, while 56% ($n=88$) in a different-gender relationship. The mean length of their relationships was between 6 months and 19 years ($M=3.00$; $SD=3.66$), only 9% ($n=14$) were in a legally recognized relationship (civil union), and 68% ($n=107$) were not cohabiting with their partner. Descriptive statistics are reported in Table 8.

Table 8. Demographic characteristics

	Total sample (n=157)		Different-gender couple (n=88)		Same-gender couple (n=69)	
	M/N	DS/%	M	SD	M	SD
Age	25.91	6.24	25.20	5.59	26.81	6.93
Income						
0-5000€	63	40.1	36	40.9	27	39.1
5001-15000	39	24.8	20	22.7	18	27.5
15001-28000	44	28	24	27.03	20	29
Over 28000	11	7	8	9.1	3	4.3
Education						
Middle School	77	49	45	51.1	32	46.3
High School	52	33.1	34	38.6	18	26.1
Undergraduate	20	12.7	7	8	13	18.8
Graduated	8	5.1	2	2.3	6	8.7
Relationships length	3.00	3.66	3.70	4.39	2.10	2.14
Relationships status						
No legally recognized relationship	138	79.6	77	83	61	88.4
Civil Union	14	8.9	8	9.1	6	8.7
Other	5	3.2	3	3.4	2	2.9
Non-cohabiting	107	68.2	58	65.9	49	71
Cohabiting	50	31.8	30	34.1	20	29
Partners' Sexual Orientation						
Lesbian	31	19.7			31	44.9
Bisexual	51	32.5	16	18.2	35	50.7
Heterosexual	71	45.2	69	78.4	2	2.9
Other	4	2.5	3	3.4	1	1.7

4.2.2 Measures

Outness Inventory (OI; Mohr & Fassinger, 2000; Pistella et al., 2020) was used to investigate the CO levels of participants. The measure assesses the level of disclosure regarding one's sexual orientation to several figures (e.g., mother, father, friends, colleagues, leaders of religious community) through a 7-point Likert Scale (1= definitely does not know about your sexual orientation status; 7= definitely knows about your sexual orientation status, and it is openly talked about). For this study's aim, only the total score of the measure was used. The internal consistency was $\omega=.68$.

Ego-dystonic Homosexuality Scale (Martin & Dean, 1987) was used to investigate participants' levels of internalized binegativity. The measure assesses the negative thought about their sexual orientation (e.g., "If someone offered me the chance to be completely heterosexual, I would accept the chance") through a 5-point Likert scale (1= strongly disagree; 5= strongly agree). The internal consistency was $\omega=.75$.

Perceived Relationship Quality Component (PRQC; Fletcher et al., 2000) was used to assess participants' perceptions of the quality of their relationships. The measure assesses participants' perceptions about the sentences reported in the items through a 7-point Likert scale (1=not at all; 7=extremely). For the aim of this study, only the commitment (e.g., "How committed are you to your relationship?") subscale was used. The internal consistency was $\omega=.90$.

4.2.3 Data Analysis

Analyses of Variance (ANOVAs) were conducted using the Statistical Package for the Social Science (SPSS v.26) to explore differences in CO, IB, and relationship commitment between bisexual women in same-gender and different-gender couples. Moreover, a moderated moderation analysis was performed on Hayes's (2017) PROCESS macro (v. 4.1) Model 3. Bootstrap resampling (5000 samples) was used to estimate 95%

confidence intervals. In this study, CO (X) was the focal predictor, type of couple (M) was the primary moderator, relationship commitment (W) was the secondary moderator, and IB (Y) was the outcome variable. Moreover, participants' age, partners' sexual orientations, and relationship lengths were used as covariates. We examined whether the relationship between CO and IB was conditional on the type of couple (same-gender/different-gender couple) and whether the two-way interaction between CO and type of couple (same-gender/different-gender couple) was conditional upon relationship commitment.

4.3 Results

4.3.1 Differences by type of couple

A series of ANOVAs were computed to assess hypotheses 1 and 2 regarding differences in the considered variables between participants involved in different-gender and same-gender relationships (Table 9). Results showed significant differences in CO ($F(1,155)=55.61, p<.001, \eta^2=.264$) and IB ($F(1,155)=5.53, p=.020; \eta^2=.034$): Bisexual women in same-gender couples reported higher means (respectively $M_{CO}=2.94; SD_{CO}=1.11$ and $M_{IB}=1.64; SD_{IB}=.63$) than those in different-gender couples (respectively $M_{CO}=1.77; SD_{CO}=.85$ and $M_{IB}=1.42; SD_{IB}=.52$). No significant differences were found for relationship commitment.

Table 9. Differences between bisexual women based on the type of couple

	Different-gender couple		Same-gender couple		<i>F</i>	<i>p</i>	η^2
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
CO	1.76	.85	2.94	1.11	55.61	<.001	.259
IB	1.42	.53	1.64	.63	5.53	.020	.028
RC	18.28	2.99	18.69	2.12	.935	.335	.000

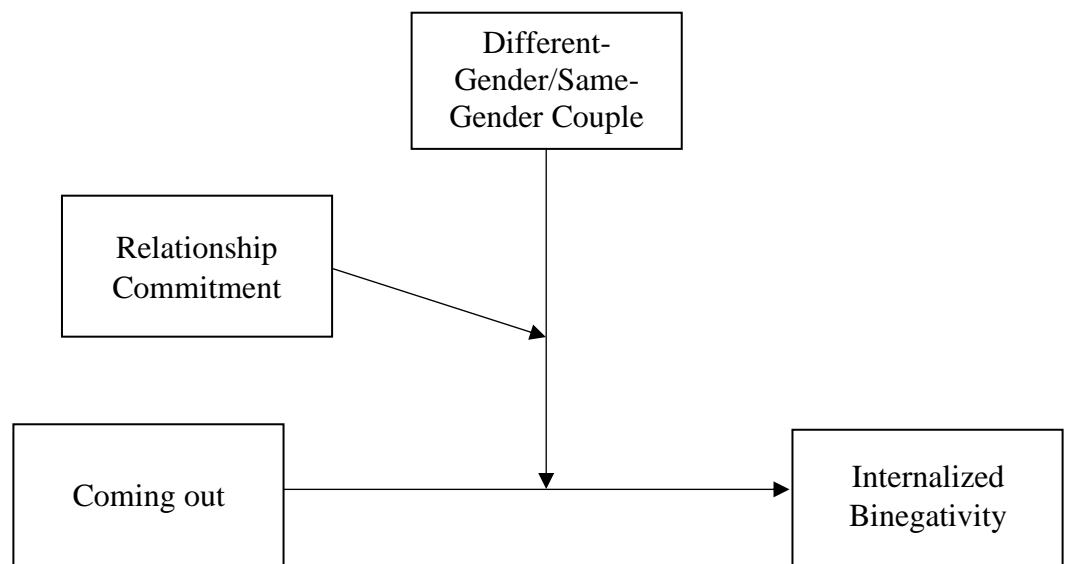
Note. CO= Coming Out; IB=Internalized Binegativity; RC=Relationship Commitment.

4.3.2 Coming out, internalized binegativity, type of couple, and relationship

commitment: a moderated moderation model

Before running our model, we performed a Pearson's correlation to assess the relation between CO and IB, and the results showed a significant correlation among key variables, $p < .05$. Then, to assess our third hypothesis, we tested the hypothesized moderated-moderation model (Figure 4). The results were significant $F(10,146)=3.23$, $p=.001$, $R^2=.18$. There was -a significant three-ways interaction (Table 10) on IB $b=.13$, $SE=.04$, $t=3.29$, $p=.001$, $\Delta R^2=.06$.

Figure 4. Moderated Moderation Model



Note. Type of couple: 0 = different gender; 1 = same-gender.

Among bisexual women in different-gender couples, CO was a significant predictor of IB only when relationship commitment was high (low $b=.12$, $SE=.10$, $t=1.28$, $p=.204$; 95% $CI=-.07/.33$; medium $b=-.13$, $SE=.07$, $t=-1.81$, $p=.071$; 95% $CI=-.26/.01$, high $b = -.30$, $SE=.09$, $t=-3.34$, $p=.001$; 95% $CI=-.47/-.12$), suggesting that CO could decrease IB levels in bisexual women involved in different-gender relationships highly committed to their

relationship. Conversely, among bisexual women in same-gender couples, CO was a significant predictor of IB only when relationship commitment was low (low $b=-.20$, $SE = .10$, $t=-2.13$, $p=.035$, $95\% CI=-.40/-.02$; medium $b=-.08$, $SE=.06$, $t=-1.35$, $p=.180$, $95\% CI=-.21/.04$; high $b=.003$, $SE=.09$, $t=-.03$, $p=.972$, $95\% CI=-.18/.18$), suggesting that low CO could decrease increase IB levels in bisexual women involved in same-gender relationships that are lowly committed to their relationship. CO did not predict IB in bisexual women in different-gender and same-gender relationships at mean levels of relationship commitment.

Table 10. Moderated-moderation regression coefficients and confidence intervals (CIs) for predicting internalized binegativity

<i>Predictors</i>	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	<i>95% CI</i>
CO	1.48	.48	3.05	.003	[.52;2.45]
TC	4.27	1.78	2.41	.017	[.76;7.78]
RC	.11	.05	2.21	.029	[.01;.22]
CO*TC	-2.35	.72	-3.25	.001	[-3.78;-.92]
CO*RC	-.08	.03	-3.32	.001	[-.14;-.03]
PG*RC	-.22	.09	-2.33	.021	[-.41;-.03]
CO*TC*RC	.13	.04	3.29	<.001	[.05;.20]
<i>Covariates</i>					
Age	.002	.01	.27	.791	[-.01; .02]
RL	-.01	.01	-.69	.491	[-.04; .02]
PSO	-.13	.08	-1.57	.117	[-.30; .03]

Note. CO = coming out; TC = type of couple; RC = relationship commitment; RL = relationship length; PSO = partners' sexual orientation; 95% CI with 5000 bootstrap resampling. Type of couple (0 = same gender; 1 = different gender); partners' sexual orientation (1 = lesbian; 2 = bisexual; 3 = heterosexual; 4 = other).

Finally, the covariates considered in the model were not associated with IB (age $b=.002$, $SE=.01$, $t=.27$, $p=.791$, $95\% CI=-.01/.02$; relationship length $b=-.01$, $SE=.01$, $t=-.69$, $p=.491$, $95\% CI=-.04/.02$; partners' sexual orientation $b=-.13$, $SE=.08$, $t=-1.57$, $p=.117$, $95\% CI=-.30/.03$). We plotted Figure 5 to show this interaction effect. Finally, the entire model was retested to understand the relation between CO and IB, given that a causal relationship

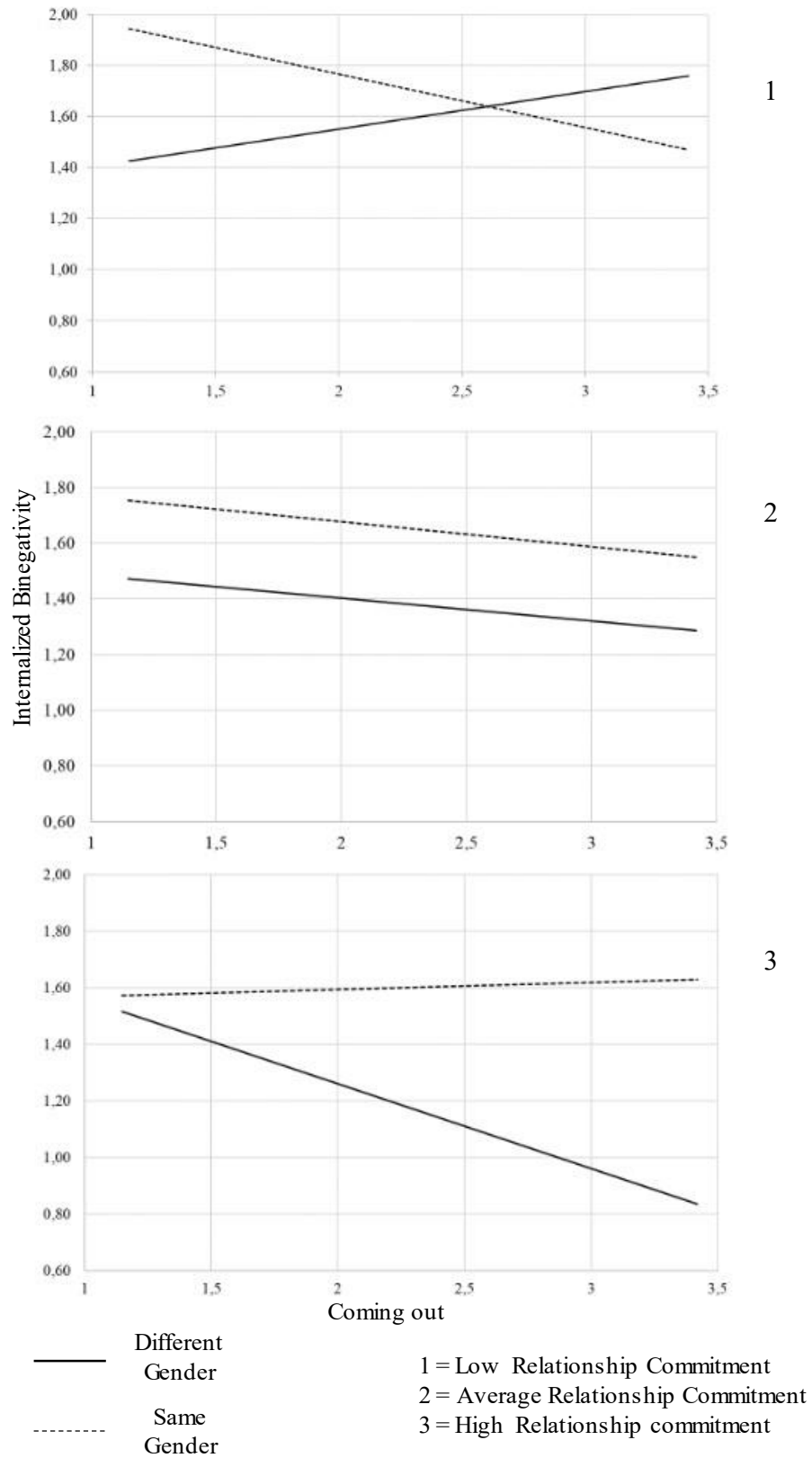
has not been assumed, considering IB as a predictor of CO (results available upon request). However, the analysis showed no significant results. Therefore, we evaluated our original model as the most adequate to describe the association between CO and IB.

4.4 Discussion

The present study highlights the relevance of investigating the association between CO and IB in bisexual women, considering the type of couple in which they are involved (same-gender or different-gender couple) and the quality of the romantic relationship. To our knowledge, no study has investigated this association based on the type of couples of bisexual women (Baiocco & Pistella, 2019). The present study also addressed a gap in the Italian literature by accounting for potential confounders related to CO and IB, such as relationship length and partner's sexual orientation.

First and foremost, the results confirmed hypotheses 1 and 2, showing that bisexual women in different-gender couples reported lower levels of CO and IB. The cultural absence of perception of bisexuality, monosexism, and the heterosexual presumption, could cause them to be perceived as heterosexual women when they do not “come out” (Brewster & Moradi, 2010; Roberts et al., 2015; Petrocchi et al., 2020). Then, they could choose not to come out in some contexts and have fewer opportunities to do it. A similar heterosexual presumption could also explain their lower levels of IB: Bisexual women in different-gender couples are less visible and face less discrimination and rejection than those involved in same-gender relationships, protecting them from internalizing negative attitudes towards bisexuality and themselves.

Figure 5. Moderated Moderation Plot



Indeed, most cultural and institutional discriminations are addressed to people attracted to individuals of the same gender or involved in same-gender relationships (Isolani et al., 2022). For instance, Italy's inability to access marriage or adopt children does not affect bisexual individuals in different-gender relationships, as they are seen as heterosexual couples. The lower visibility as non-heterosexual individuals and the lower cultural and institutional discriminations could cause bisexual women involved in different-gender relationships to interiorize less binegativity.

The third hypothesis was also confirmed; moderated moderation results were significant, showing that relationship commitment moderates the moderating effect of type of couple (same-gender/different-gender couple) on the CO-IB relationship. Salvati et al. (2018) found CO as a significant predictor of internalized sexual stigma in a sample of lesbian, gay, and bisexual people: It probably helps by providing a significant resource to face adverse events and perceptions. Thus, by coming out, bisexual women could have access to greater support from their partners, which can help them to have fewer negative feelings about their sexual orientation. Indeed, share own sexual orientation with others seems to improve social acceptance and self-integration (Corrigan & Matthews, 2003).

The type of couple resulted in moderating the relationship between CO and IB. In their study, Salvati et al. (2018) found that CO predicted less internalized stigma in sexual minority women but not in sexual minority men, probably because the latter have to face more discrimination and prejudice (Inbar et al., 2012), and they might require more significant supportive resources to face such events and perceptions. Due to heterosexual presumptions and internalized monosexism, bisexual women in same-gender relationships could be seen as lesbian women, bringing more internalized stigma and negative attitudes toward self-bisexual identity. While bisexual women in different-gender couples could be

less discriminated against and interiorize less stigma, resulting in a higher capability of the resources from CO to help them deal with IB.

Finally, relationship commitment moderates the moderated relation between CO and IB by type of couple: In bisexual women involved in different-gender couples, the CO predicted lower IB only at higher levels of relationship commitment, while in those in same-gender relationships, low CO predicted higher IB only at lower levels of relationship commitment. Results suggest that bisexual women in different-gender couples who are more committed to their relationships could feel more confident in revealing their non-heterosexual sexual orientation, showing lower levels of IB. Thus, the support from their partner and the quality of their relationship could facilitate the CO process in decreasing the IB levels.

On the other hand, low levels of CO and high levels of IB are more likely when the relationship commitment is low in bisexual women in a same-gender couple: When bisexual women in same-gender couples are less committed to their relationship, it seems their CO could not help them cope with their IB. In line with this result, existing research has suggested that CO might be associated with negative consequences, mainly due to social exposure as a sexual minority woman (Frost et al., 2013; Legate et al., 2012). Studies demonstrated that initial adverse reactions to coming out, such as victimization, harassment, and rejection from family and friends, may inhibit future disclosure and increase the levels of internalizing binegativity in terms of negative considerations regards their own bisexuality (Pistella et al., 2016).

Another possible explanation of this interaction effect could be that bisexual women in a same-gender couple, given that they are visible based on their partner's gender, may face higher levels of discrimination and rejection than bisexual women in a different-gender one. Again, bisexual women in different-gender couples can avoid revealing their sexual

orientation to protect themselves from additional stress caused by the negative societal attitudes towards bisexuality. It could be interesting in future research to examine the partners' CO and IB levels, analyzing their influence in choosing the CO with significant others. It is common among same-gender partners to decide the different persons, contexts, and situations for revealing their sexual orientation and same-gender romantic couple. Considering the remainder of the covariates, the final model showed that IB was not significantly associated with age, relationship length, and partners' sexual orientation. Future research on these topics should account for these and other relevant covariates.

4.5 Limitations and Future Research

Although this study has various strengths—such as its contribution to deepening our understanding of CO and IB in Italian bisexual women—some limitations must be considered in interpreting the results. First, the sample was composed of Italian bisexual women, and the results should be generalized with caution. Second, only self-report measures were used to assess CO, IB, and relationship commitment, and some answers could be influenced by social desirability. Third, the study is cross-sectional, and it is not possible to give empirical evidence of causal relations between the variables. Future research should address these limitations by considering more heterogeneous samples, utilizing measures to assess participants' implicit beliefs, semi-structured interviews, and longitudinal methods. Again, the survey did not consider other variables that might have affected IB, such as family's and friends' reactions to CO, partners' CO, sexism, religiosity, political levels, and personality characteristics. Future research on bisexual people should consider the type of couple (same-gender/different-gender couple) that appears to play a key role in their well-being and mental health.

Moreover, this study has important implications for bisexual women's well-being. Results suggest the need for scholars to deeper investigate bisexual women to better

understand their minority identity formation, mainly when they are engaged in a romantic relationship. Educational, work, and cultural contexts should promote positive and visible models of bisexual women because it may prevent young bisexual women from becoming discouraged, which may lead them to conceal their sexual orientation in family, cultural, and social contexts due to a fear of being discriminated against. In addition, campaigns to support sexual and gender minority rights and public events should be developed to combat sexism and homophobia (Baiocco & Pistella, 2019).

In line with the guidelines of affirmative therapy with sexual and gender minority people (O'Shaughnessy & Speir, 2018), mental health professionals working with bisexual women must increase their clients' resilience, positive identity, self-awareness, and resources. Indeed, previous interventions in this area demonstrated that bisexual women who are supported in developing a positive bisexual identity might be more likely to CO, generating more social support for sexual minority women, as they are no longer hiding their sexual identity (Baiocco et al., 2020; Pistella et al., 2020).

Moreover, the finding that CO impacts IB considering the moderated effects of the type of couple and relationship commitment, supports further investigation into this population within the field of CO and bisexuality. Nonetheless, considering the scarcity of data on the CO process and IB of bisexual women, the present study is an important step forward in our understanding of bisexual women's experiences in same-gender or different-gender couples, especially in the Italian context (Baiocco & Pistella, 2019): In such a social context, several challenges have faced in the last years even if much work remains to be done to improve bisexual women's well-being.

Chapter 5 Conclusions

5.1 Conclusions

Romantic relationships can have a depth positive impact on a high range of health outcomes and behaviors. Results seem to suggest that relationships between LGB+ individuals are quite similar to those between heterosexual people in terms of general functioning and satisfaction (Graham & Barnow, 2013; Kurdek, 2005) and that even in sexual minorities, romantic relationships can promote better health (Whitton et al., 2018). The understanding of the links between relationship functioning and health is essential to the development of couple-based intervention: pinpointing the predictors of relationship functioning is pivotal to improving individuals' and relationships' well-being.

On the one hand, relationships between LGB+ people seem to be similar to those between heterosexual individuals, but on the other hand, the development of intervention and prevention programs aimed at enhancing and strengthening relationships between sexual LGB+ people based exclusively on heterosexual models can be detrimental to their relevance and effectiveness (Newcomb, 2020). Indeed, it is extremely important to consider the social context and each partner's intrapersonal experiences, which are very critical for LGB+ individuals and couples. Historically, psychological and relationship research has mainly focused on investigating the functioning and well-being of heterosexual individuals and their relationships. In recent years, an ever-growing body of research has been concerned with exploring the functioning of lesbian, gay, and bisexual individuals functioning (Hertlein et al., 2016) and their relationships, but there's still an important lack of research, especially in the Italian context. The aim of the present research was to improve our knowledge about LGB relationships' well-being and functioning through three studies that investigate the relationships between different dimensions belonging to the individual, relational and

contextual spheres, such as, COVID-19 pandemic, minority stress, couples' conflict, dyadic adjustment, social support, relationship type, and relationship commitment.

5.2 Strength of the present research

Through the three studies that make up this paper, the relationships between dimensions such as psychophysical well-being during the COVID-19 pandemic, internalized sexual stigma, and couple conflict (Study 1), dyadic adjustment, minority stress, and perceived social support (Study 2), and internalized biphobia, coming out, relationship type and commitment to the relationship (Study 3) were investigated. Each study thus sought to highlight the role and relevance of the findings obtained through an in-depth literature review, seeking to deepen our understanding of what are the dynamics that may characterize the individual and relational well-being of sexual minority people. In light of this, the present research has shown several strengths.

The first is that of having dealt with an issue that is not only current but also of crucial importance, especially in the Italian context. In fact, although in recent years, even in this country, steps have been taken toward the recognition of rights and inclusion toward LGBTQ+ people, there is still a long way to go. In fact, according to the latest ILGA report (2022), in 2021, Italy was found to be in 37th place in Europe for the recognition of human rights for lesbian, gay, bisexual, transgender, and intersex people, just behind Lithuania, the Czech Republic, Georgia, and Macedonia. Italian culture is strongly influenced by the Catholic church and is imbued with strong conservative and traditional family values (Baiocco & Pistella, 2019). The recognition of some civil rights for LGBTQIA+ people is still progressing slowly due to the strong connection between clerical and political powers (Pacilli et al., 2011), and given the political situation that has emerged at the time of writing this paper, with far-right political forces in power, their full recognition is not yet near. Therefore, deepening our knowledge and emphasizing the importance of developing skills,

pathways, and interventions targeting the LGBTQIA+ population is of fundamental importance to promote inclusive thinking that is knowledgeable and respectful of all identities.

A second strength lies in having maintained a broader point of view, seeking to provide results that take into account the complexity of people's internal and external realities. In particular, the relationships among different variables belonging to the individual, relational and contextual spheres were considered, providing a broader picture of the functioning and well-being of sexual minority people. Although enormous efforts have been made by many researchers in recent years to improve our understanding of these dynamics, there are many aspects that need new and further investigation. In addition, the three studies have focused not only on investigating the relationships between variables but also sought to provide information on how these relationships may or may not be peculiar to different subgroups, seeking to provide a broader view and greater generalizability of results rather than generalizing the results obtained from a single, indistinct group of participants (e.g., Birkett et al., 2009).

In addition to the general strengths, each study also has its own peculiarities. Study 1 provided information about the relationship between psychophysical problems and same-sex couples' conflict during the spread of the COVID-19 pandemic, identifying the internalization of sexual stigma as a potential mediator of this relationship. This was important information since only one study (Li & Samp, 2021a), to our knowledge, had examined this relationship during the COVID-19 pandemic, including potential mediators to explain it, and it was conducted in the U.S, a different socio-cultural context than Italy. Understanding the effects of the COVID-19 emergency on same-sex relationships is a complex objective. The failure to consider the needs of the LGB population (Salerno et al., 2020a) from the *International Guidelines on Disaster Response* and the lack of studies on

the LGB population during the COVID-19 pandemic have made clear their invisibility at the institutional and cultural levels, underscoring the importance of increasing our efforts to represent and understand better the characteristics and needs of sexual minority people.

Study 2 focused on the role of dyadic adjustment in influencing perceived social support in LGB people involved in same-sex relationships, identifying its capability be a greater predictor than minority stressors. The literature highlights the importance of investigating perceived social support in people from minority populations as they are potentially at risk of isolation and marginalization (Laverack & Labonte, 2000). Indeed, receiving support from significant others positively impacts the overall well-being of lesbian, gay, and bisexual people (LGB; Petrocchi et al., 2020). The importance of this study is to have considered the dyadic adjustment, described as the set of couple satisfaction, dyadic consensus, couple cohesion, and affective expression, to feel more supported in their life. The results endorse the idea that the positive effect of the interactions between partners and the quality of the relationships can help LGB individuals with their health (Lewis et al., 2006).

Partners can be able to help each other by providing emotional support, reassurance, feelings of understanding (Feeney, 2007), and a comfortable environment in which to express negative emotions (Spiegel & Kimerling, 2001). Moreover, results show that dyadic adjustment might be able to influence perceived social support more than minority stressors. Thus, partners might “engage in a joint effort to deal with any stressors concerning both partners” (Bodenmann, 2005, p. 36), helping each other to reduce the influence of risk factors and improve their mutual well-being.

Study 2 improved our knowledge regarding the impact of dyadic adjustment and minority stress on perceived social support in LGB people involved in a relationship with same-sex partners.

Study 3 showed that in bisexual women, the help from coming out to cope with their internalized binegativity could be moderated by the type of couple they are in, according to their partners' gender (same- vs. different-gender couples) and that this moderation is moderated by their commitment to the relationship. Only a few studies have addressed coming out in bisexual women (Baiocco et al., 2020; Balsam & Mohr, 2007; Knous, 2006; Morris et al., 2001; Wandrey et al., 2015), and little is known about its association with internalized binegativity considering the different forms of couples in which bisexual women are involved and the potential role of the romantic relationship commitment (Sarno et al., 2020). Due to the lack of results reported in the literature, the importance of this study lies in its potential to expand our knowledge regarding such issues, especially in the Italian context. By sharing their own sexual orientation with others, bisexual women can improve their social acceptance and self-integration (Corrigan & Matthews, 2003), have higher life satisfaction (Griffith & Hebl, 2002; Heatherington & Lavner, 2008), reduce anxiety (Monroe, 2000), and develop a positive sense of themselves (Rosario et al., 2001).

Another strength of Study 3 is that it not only addressed bisexual women, who are poorly represented in the literature, but it also took into consideration the type of relationship in which they are involved. Most of the studies that have considered bisexual individuals did not differentiate between bisexual women and men (Isolani et al., 2022; Legate et al., 2012; Pistella et al., 2016), while other studies have combined bisexual, lesbian, and gay participants altogether (Helms & Waters, 2016). Its results thus relate to specific identity characteristics, seeking to bridge the existing gap with other identity realities.

5.3 Limit and future directions

As shown in each study, this research has some limitations that must be taken into account when interpreting its results, and which may be useful to consider for future studies. The first limitation is that we did not reach out to both partners of the couple to assess

relational dimensions in a dyadic way. Beyond the difficulty of reaching dyadic data, the recruitment of people for studies on same-sex relationships brings some unique challenges for scholars (Umberson et al., 2015). Due to past discrimination, minority people could not trust that researchers will present research findings in fair and accurate ways, or that will keep the findings confidential and anonymous or will present the findings without stigmatizing same-sex relationships and supporting cultural and institutional beliefs that could limit same-sex partners' rights (McCormack, 2014; Meyer & Wilson, 2009). Work with LGBTQIA+ community partners could help future research to establish greater confidence between researchers and participants and bring new opportunities for recruitment (Newcomb, 2020). This will also be able to counteract another of the limitations of the present research: the presence of a relatively wide range of ages and lengths of relationships. New and increased recruitment possibilities may help researchers increase the specificity of their studies.

A second limitation could reside in the generalizability of the results: all participants were Italian. Therefore the results may not be extended to different cultural realities. However, as suggested before, this can be seen more as a strength of the present research. It is important that the results obtained in research be as representative as possible of the population they refer to, but it is also true that it is important that these results be also and above all, specific to a population. As far as we refer to sexual minority people, we need to take into account the strong influence that culture and society have in supporting, encouraging, or not supporting certain behaviors, thoughts, and policies that are discriminatory, marginalizing, inclusive, or attentive to people's rights. Future research could aim to replicate some studies in different contexts and samples so that the results obtained can be considered both representative and oriented toward different specificities, personal and contextual.

A third limitation is that all the studies are cross-sectional, so it is not possible to draw causal results. Rather, they are the authors' inferences, drawn through careful analysis of the literature and reference theories. Future studies may enjoy the use of different research designs, such as longitudinal ones, which will be able to explore better the relationships between the variables considered.

A fourth limit lies in having used several nonprobability sampling strategy. Recruitment of sexual minority participants poses serious challenges for researchers; indeed, it is important to choose sampling modes appropriately to try to reduce some of the bias. The gold standard would be to use probability samples (Meyer & Wilson, 2009), which is a recruitment strategy in which each person has a known probability other than 0 of participating in the study, but by targeting this population, the resulting costs are too high. For example, Binson et al. (2007), using a probability sampling method reached 915 participants at a cost of over 23000 direct contacts with LGB individuals. For this reason, the most commonly used recruitment strategy is nonprobability samples, a sampling technique in which the probability of a person taking part in the study is unknown. In this case, it is up to the researcher to look for the best nonprobability strategy to avoid certain biases such as over or underrepresented. For the present research, nonprobability sampling strategies called "*Sampling in LGB venues*", "*Snowball sampling*", and "*Web-based sampling*" were used.

Despite these limitations, the present research has shown several strengths. One among them is having expanded, in a non-exhaustive way, our knowledge about the individual and relational well-being and functioning of LGB people. As also reported within the various studies, it will be important to consider various variables, both individual, relational, and contextual that may contribute to the individual and relational well-being of LGB people, such as positive identity, sexism, dyadic coping, and couple

stress. There is still much more to be known and better understood, and future studies can help us deepen these issues, allowing us not only to go step by step to fill the gaps in our knowledge but also to work on the development and implementation of programs and interventions aimed at the well-being of sexual minority people. In fact, through better knowledge, it will be possible to create more targeted programs that are able to capture the real needs of sexual minority people.

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