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Queer Interethnic Relationships: Couple-Level Minority Stress and Resilience for Intersectionally Marginalized Partners

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Abstract

Interethnic relationships and same-sex relationships continue to increase in the U.S. While LGBQ and heterosexual people are equally likely to be in romantic relationships, LGBQ individuals are more likely than their straight peers to be in an interracial or interethnic romantic relationship. The present work aims to expand intersectional investigations regarding queer people of color (QPOC), including accounting for their individual as well as relational well-being, by use of the couple-level minority stress (CLMS) paradigm. CLMS theory speaks to the unique stressors experienced as a result of being in a relationship that is societally marginalized, impacting both dyadic and individual health outcomes. In this sample of 249 QPOC in interethnic relationships with White partners, endorsement of greater couple-level minority stressors was significantly negatively associated with couple satisfaction and individual flourishing, with regression models of CLMS explaining about 20% of the variance in each. The sample was robustly heterogeneous across ethnicity, sexual orientation, region of the U.S., relationship structure (36.2% consensually non-monogamous), and gender (39.4% of the total sample identifying as transgender or gender diverse and 44.6% as women). Sexual orientation, gender, marital status, cohabitation, heterosexuality of romantic partner, and age were found to be significant covariates and controlled for in subsequent analyses. Couple identity, affective dyadic coping, and ethnosexual identity strength were explored as moderators that may support these intersectionally marginalized relationships. Evidence for interaction effects were found for all three moderators on the outcome of individual flourishing, but not on couple satisfaction. Effects were significant at high and not low levels of each moderator, suggesting these intrapsychic and interpersonal factors may attenuate the impact of CLMS on flourishing for QPOC. This work addresses the calls for increased quantitative methodologies to understand the intersectional experiences of multiply marginalized individuals via a strengths-based paradigm, exploring the specific individual and dyadic factors which may support flourishing for QPOC in interethnic relationships with White partners in the face of minority stressors.

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Chapter One: Introduction

Interracial marriage has only been federally legal for the past 65 years in the United States following the Supreme Court's 1967 ruling in *Loving v. Virginia*. Despite legalization, it took until 1991 for the majority of Americans to endorse their acceptance of interracial or interethnic marriages (de Guzman & Nishina, 2017). Interracial couples have recently risen to account for about 15% of new marriages in 2017 (Pew Research Center, 2017) and an even higher percentage for dating couples (Levin et al., 2007; Pittman et al., 2023). Changing public opinion around stigmatized or accepted relationship forms has shifted not only for interethnic couples, but also for same-sex or queer couples. One specific legal and social sanctification of queer relationships, acceptance of same-sex marriage, has doubled in just fifteen years, from 31% of Americans endorsing their approval of same-sex marriage in 2004 to 61% favoring same-sex marriage in 2019 (Pew Research Center, 2019), a period which also encompasses the federal legalization of same-sex marriage in the U.S. (*Obergefell v. Hodges*, 2015). However, recent legislative rulings and policy limiting civil liberties in the U.S., including rolling back abortion protection of *Roe v. Wade* and access to gender-affirming healthcare, has fostered increased fear among same-sex couples about the potential for reconsidering substantive due process precedents which may eliminate these legal protections (Foster-Frau, 2022).

Examining the public attitudes around stigmatized relationships and the experiences of those in them can provide important insight around the formation and maintenance of healthy relationships for couples and families (Chan & Erby, 2018; Lamont, 2017; Novara et al., 2020; Seshadri & Knudson-Martin, 2013). Understanding the dynamics in our personal and relational landscapes contributes to impacting change in larger social and political systems, including for seeking social equity and policies towards parity of marginalized populations (van Eeden-Moorefield & Alvarez, 2015). Despite the majority of Americans today supporting same-sex relationships, attitudes do continue to differ by other vectors of identity, including across age, race, religion, party affiliation, and region (Ghavami & Johnson, 2011). For example, considering the intersections of attitudes towards sexual identity and ethnicity, while 62% of White Americans reported favoring same-sex marriage, only 51% of Black Americans and 58% of Hispanic Americans endorsed the same (Pew Research Center, 2019). Understanding these differences across identities, attitudes, and experiences thereby supports the ability to address prejudice and stigma for marginalized populations such as queer couples (Ghabrial, 2017).

Differences in attitude are further underscored when looking directly at population changes in those who identify as diverse sexual orientations (Silva & Evans, 2020). In 2020, a record 5.6% of Americans 18 and older reported that they identified as LGBTQ+ (lesbian, gay, bisexual, transgender, queer, and more), up from 3.5% in 2012 (Gallup, 2021). This increased self-identification of sexual orientations other than heterosexual or gender identities other than cisgender is driven primarily by the newest generation entering adulthood, Gen Z. Among Gen Z, it is estimated that 15.9% or

roughly 1 in 6 of those born between 1997 and 2002 identify as LGBTQ (Gallup, 2021). Sexual orientation and age thereby represent another intersectional difference in attitudes and self-identification, as these trends are expected to increase as stigmas around sexual identity decrease and younger generations age into adulthood, further reflecting the quickly changing social opinions on diverse relationships (Daly et al., 2018).

While we have seen a rise of different sexual orientation and gender identity relationships becoming more publicly visible, they are still far less studied than interethnic relationships, especially when considering the intersections of marginalized identities across ethnicity and sexual orientation (Lim & Hewitt, 2018). This paucity of research exists despite the fact that queer or same-sex couples are more likely to be interethnic than their heterosexual counterparts (Addison & Coolhart, 2009; Balsam et al., 2011; Greene & Boyd-Franklin, 1996; Jeong & Horne, 2009). The ongoing and historical discriminatory practices in the U.S., including enduring legal and social challenges faced by queer people of color (QPOC), must therefore be considered within the context of changing public opinions and visibility for same-sex and interethnic relationships. Taken together, this area demonstrates a significant unmet need in research on the experiences of QPOC in interethnic relationships; multiple authors have identified the necessity for investigation into both the sources of distress as well as resilience for those who identify as LGBQ+, are from historically racially/ethnically marginalized communities (REM), and are in interethnic relationships (e.g., Addison & Coolhart, 2009; Chan & Erby, 2018; Crockett, 2020; Doyle & Molix, 2015; Green & Mitchell, 2002; Jeong & Horne, 2009; Rosenthal & Starks, 2015; Rostosky et al., 2008). These authors call for explorations of psychological distress and resilience for queer, interethnic

couples in order to support more successful, satisfied relationships and increase psychological health, including understanding the roles of ethnosexual identity, formation of couple identity, and affective dyadic coping to help promote the resilience of QPOC engaged in romantic relationships.

A Note on Terminology

The term "queer people of color" or "QPOC" will be used broadly in this dissertation to reference the experiences of individuals who identify with both marginalized sexual identities and racial/ethnic identities. Where more specific populations are discussed regarding gender, sexual orientation, and/or ethnic experience, those identities will be made clear (e.g., Black trans women or bisexual Chinese men). It is important to consider the political origins of the term queer, seen as a reclamation of a pejorative term which rejects dominant heterosexual courtship conventions and seeks to undermine gendered and heterosexual norms of romantic relationships (Gillespie, 2014; Hammack et al., 2019; Lamont, 2017). As suggested by Chan and Howard (2020), queer theoretical frameworks are grounded in:

> (1) communities centered in the sexual, affectional, and gender identity; (2) understanding historical, temporal, cultural, and political claims perpetuating heteronormativity and cisnormativity; and (3) illustrating critique and social action as prioritized outcomes. (p. 349)

"Queer relationships" are therefore defined as the experiences of people who do not identify as heterosexual (i.e., LGBQA+) and are in romantic relationships, but may also include those who subvert the traditional norms that are consistent with privileged sexual identities, such as through the practices of consensual non-monogamy (CNM), transgender or gender diverse (TGD) individuals who may identify as heterosexual,

and/or those who are in a same-gender relationship but do not necessarily identify as LGBTQ.

Given the unique needs of those who identify as QPOC, which may differ from their White sexual and gender minoritized (SGM) or heterosexual REM counterparts, this investigation will also adopt an explicitly intersectional lens (Crenshaw, 1991) in an attempt to more accurately capture the experiences of multiply marginalized individuals (American Psychological Association [APA], 2021). The theoretical constructs of individual and couple minority stress will be contextualized as those who are minoritized or marginalized societally to appropriately locate the stress or discrimination as a societal rather than individual failure (Hope et al., 2022). Finally, the experiences of dating outside of one's own race has often been referred to interchangeably by both lay people and in academic publications as interracial, interethnic, and/or intercultural (Chan & Erby, 2018; de Guzman & Nishina, 2017; Levin et al., 2007; Seshadri & Knudson-Martin, 2013). Though each of these terms carries their own significance among the experiences of race, ethnicity, and culture, this dissertation will focus primarily on the experiences of interethnic couples, meaning those from different ethnic backgrounds. This is in order to capture the experiences of partners whose race may be White or may phenotypically be White-passing, but experience difference in their cultural beliefs and traditions based on their ethnic group from the norms of European American culture (e.g., a Hispanic person whose race is White but has differing cultural and ethnic experiences from their White American romantic partner of European descent). However, in order to respect self-identification of cultural affiliations, where participants or study authors have specified a different population, that choice of terminology will be followed.

Theoretical Framework

Couple-Level Minority Stress Theory

Couple-level minority stress (CLMS) is defined as the stress resulting from being in a socially stigmatized relationship form, where couples whose relationships are devalued, diminished, or illegitimatized are theorized to experience CLMS, both by individual partners in that relationship and jointly as a dyad (LeBlanc et al., 2015). Initial investigations of couple-level minority stress have centered around same-sex relationships (Frost et al., 2017; LeBlanc & Frost, 2020; Neilands et al., 2020), although the theory also extends to couples that are seen as "outside of the norm" in a variety of ways, including interracial/interethnic or interabled couples, as well as couples with age or religious differences, or any other sources of minority stress as applied to a romantic relationship (LeBlanc et al., 2015). Earlier work based on primarily European American same-sex couples has explicitly called for further investigation of this couple-level marginalization with multiethnic and interracial couples (Rostosky et al., 2007). The experiences of stress, discrimination, stigma, rejection, and concealment associated with being in a stigmatized relationship form are hypothesized to be key determinants of relational well-being as well as individual mental health.

Ilan Meyer (1995; 2003) initially posited minority stress theory as the chronic and acute stressors that people from marginalized backgrounds face as a result of their sense of discrimination or rejection from larger society. Broadly, minority stress is defined as the experiences of stressors related to societal stigma, discrimination, rejection, and concealment of a minoritized sexual or gender identity (Meyer, 2003). Minority stress is also conceptualized as (a) unique to the marginalized group beyond typical or normative

experiences of everyday stress, (b) chronic to the group based on social and cultural processes, and (c) based on social institutions, policies, systems, and structures rather than individual biological or genetic factors (Meyer, 2003). These factors are further delineated on a range from distal to proximal, namely "(a) external, objective stressful events and conditions (chronic and acute), (b) expectations of such events and the vigilance this expectation requires, and (c) the internalization of negative societal attitudes" (Meyer, 2003, p. 676). Importantly, minority stress is seen as the result of holding identities which have been *socially* marginalized or minoritized, instead of based solely on a numerical "minority" of the larger population (Barnett et al., 2019; Witherspoon et al., 2020).

Drawing on earlier studies which uncovered the interactional minority stress processes present for low-income, Black residents (Kessler & Neighbors, 1986), minority stress theory has been applied to many different experiences of marginalization, starting from REM to people of diverse gender identities, sexual orientations, ability, and more. Though initial investigations uncovered the impact of minority stress specifically on gay men in a sample that was 89% White (Meyer, 1995), further studies expanded investigations to larger LGB populations (Meyer, 2003), with additional calls for investigating intersectional minority stress and expanding conceptualizations to REM and diverse gender identities over time (Bowleg, 2008; Meyer, 2010; Moradi et al., 2010).

The insidious impacts of minority stress and discrimination are theorized as driving poorer health outcomes via the rejection and stigmatization from larger society, and have consistently been found to impact physical, psychological, and relational health (García, 2021). A systematic review of 199 studies on the mental health of sexual

minorities when compared to their heterosexual peers found that 89% of studies indicated significant effects of elevated rates of depression for LGBQ+ adults, 83% found increased anxiety, 98% indicated elevated rates of attempted suicide, and 93% found greater drug use and disorders, with effect sizes ranging from medium to large (Plöderl & Tremblay, 2015). The authors also uncovered differences across identities, noting that bisexual participants consistently had increased odds of experiencing adverse health outcomes, with other findings varying by gender as well as age. For example, a recent investigation which considered cohort effects in understanding the present status of minority stress for younger adults found:

> Although experiences of everyday discrimination continue to have a negative association with relationship satisfaction for all sexual minority individuals, sexual minority emerging adults' relationships do not seem to be as negatively impacted by more proximal forms of minority stress as has been the case for previous generations. (Frost et al., 2022, p. 931)

Focusing specifically on adolescent mental health outcomes, a meta-analysis of LGB young people under 21 years old (N = 1,975) found significant associations between minority stress and depression (r = .44), general psychopathological symptoms (r = .17), and trauma symptoms (r = .16; Dürrbaum & Sattler, 2020). Gender and sexual orientation were again found to be significant moderators such that lesbian or bisexual adolescent females reported greater distress than their male peers, although age and race were not significant moderators, indicating that age and ongoing policy changes around sexual and gender protections are critical to consider. Another meta-analysis of 31 studies (N = 5,831) examining the relationship between internalized homophobia and internalizing mental health symptoms found small to moderate overall effect sizes, with stronger associations for depression than anxiety as well as a significant moderator of age, where

higher levels of internalized homophobia was associated with greater internalizing mental health problems for older study participants (Newcomb & Mustanski, 2010). However, gender, year of publication, and publication bias were not found to be significant moderators.

Another recent review investigating the relationship between minority stressors and biological health demonstrated significant associations from prejudice events, expectations of rejection and discrimination, concealment of sexual orientation, internalized stigma, and general stress related to sexual orientation on a wide range of physical health outcomes including respiratory infection, immune response, HIV biomarkers and AIDS mortality, as well as cardiovascular health and even cancer (Flentje et al., 2020). Of the 26 studies included, 81% included at least one significant association between minority stress and a biological outcome, indicating the pronounced impacts of sexual discrimination and rejection on physical health. Finally, speaking to the structural influences of minority stress, in an international study of 28 European nations representing 85,582 individuals, Pachankis and Bränström (2018) found higher political and social discrimination against LGBTQ people at a country-level (measured by the national policies and public attitudes) explained 60% of the variance in lower life satisfaction and more than 70% of sexual identity concealment for sexual minorities. These studies demonstrate a significant and well-established evidence base for the impacts of minority stress on psychological and physical health outcomes, but must also be explored within the context of romantic relationships.

Expansion of Minority Stress to Romantic Relationships

CLMS theory is the extension of individual minority stress theory which expands on this original theory by accounting for the dyadic nature of minority stress shared across partners in a romantic relationship (Frost et al., 2017; LeBlanc et al., 2015). Romantic relationships represent a unique situation whereby marginalized status may be acquired by virtue of being in a relationship, resulting in increased experiences of stress, discrimination, and stigmatization (Frost, 2011). For example, a White, gay, cisgender man who enters a relationship with a Black, bisexual, transman may be privy to increased racist, cissexist, and monosexist discrimination and rejection as a result of the identities of his partner, subjecting the couple to increased possibilities of stress due to their shared membership in an intersectionally marginalized couple. Further, how the partner with more privileged identities handles this new exposure to oppression may significantly influence his partner's distress, along with their overall couple functioning.

Earlier studies focusing on the experience of LGBQ minoritized status on relationship processes sought to understand any unique impacts of being in a same-sex relationship, including in communication (Gottmann et al., 2003), negotiation of family roles and societal oppression (Connolly et al., 2004; Morales, 1989), commitment (Green & Mitchell, 2002; Lehmiller & Agnew, 2006), as well as stress and coping (Rostosky et al., 2008). Through this body of work, greater attention was drawn to investigating the specific relational processes involved in queer couples rather than solely the individual experiences of the partners. For example, Otis and colleagues (2006) found that though internalized homophobia was not associated with one's own perceived stress, it did significantly impact one's partner's evaluation of the quality of the relationship. Such

findings point to the need to examine couple minority stress in addition to individual minority stress for those in romantic relationships that are marginalized, as stress may be shared or experienced across the system rather than solely by individuals. Later works defined this construct specifically as "couple-level minority stress" (CLMS; Frost et al., 2017; LeBlanc et al., 2015).

Initial qualitative investigations of CLMS with 120 same-sex couples identified 17 distinct couple-level minority stressors across nine social environments: with family, friends or peers, within the neighborhood, in social settings, generally out in public, in healthcare settings, in the ability to get or retain services, in the workplace, and within larger social and political institutions (Frost et al., 2017). The most commonly endorsed couple-level minority stressors were anticipated or feared rejection, devaluation, and discrimination (endorsed by 75% of couples) as well as actually experiencing rejection, devaluation, and discrimination (70% of couples). Additional sources of unique couple stress for same-sex couples included hiding their relationship (50%), navigating coming out as a same-sex couple (43.3%), not being perceived as a romantic couple (30%), as well as lack of participation with families of origin and lack of role models, feeling public scrutiny, and negotiating legal benefits and children (Frost et al., 2017).

Within 40 new queer couples (dating between six months to three years), Stewart et al. (2019) identified six strategies for how couples make meaning of their experiences of CLMS, ranging from the fact that minority stress made couples stronger or were seen as positive experiences, were overall neutral or did not impact their relationship, to couples resigning in the face of minority stress. Further, they were able to identify sources of both effective and avoidant coping with CLMS, with the authors noting the

"broad range of strategies, which were at times contradictory, thus, representative of the diversity of lived experience" (Stewart et al., 2019, p. 186) in this study, calling for the need for greater examination of these potential processes and meaning-making strategies for couples dealing with minority stress.

In expanding CLMS theory into quantitative investigations, LeBlanc and Frost (2020) used actor-partner modeling with a stratified sample of 100 same-sex couples, including 49% with at least one REM partner and 24% living in rural areas, and found that "both individual- and couple-level stigma were significantly, independently, and positively associated with nonspecific psychological distress, depressive symptomatology, and problematic drinking" (LeBlanc & Frost, 2020, p. 284). LeBlanc and Frost (2020) were able to demonstrate the contributions of both individual and couple-level minority stressors while controlling for demographic variables and ultimately accounting for 44.8% of the variance in depressive symptomology, 30.6% of the variance in psychological distress, and 27.5% of the variance for problematic drinking. They also found the presence of couple-level minority stressors significantly influenced a partner's well-being (partner effect) beyond the effects of just individual-level minority stressors, including that one's partner's experience of couple minority stressors were associated with one's own increased depression and abuse of alcohol. These findings draw attention to the need to specifically explore couple-level sources of stress and support for marginalized couples. In terms of demographic covariates, REM identity, education level, and female couples were found to have significant group differences, calling for further explorations to disentangle the processes involved in

CLMS while paying attention to potential intersectional differences (LeBlanc & Frost, 2020).

Methodological developments with CLMS theory have included scale development to capture these aspects of couple minority stress for same-sex couples. Neilands et al. (2020) identified nine subscales through combined qualitative and quantitative methodologies which are theorized to contribute to CLMS, including couple-level stigma and discrimination, the ability to seek safety and visibility as a couple, discriminatory relationship recognition, managing stereotypes about same-sex couples, lack of social support, as well as lack of integration with families of origin as important experiences of CLMS that same-sex couples face. These findings together suggest the importance of specifically studying couple-level processes of minority stress and their impacts on individual and relational health outcomes.

Proliferation of Stress and Coping Across the Partnership

In CLMS, sources of stress as well as coping resources are shared across the couple system. These dyadic stress dimensions include whether the stressor is experienced directly or indirectly by a partner, the origin of the stress internally or externally to the couple, as well as time sequencing, whereby stress may affect partners simultaneously or sequentially (Bodenmann, 2005). Across these dimensions, partners experience the possibility of stress proliferating across the system by moving from one person to another bidirectionally, as well as potentially causing a causal chain of stressors which can be harmful to mental health for one or multiple partners (LeBlanc et al., 2015). Within a relationship, these dynamics can include stress "spilling over" from one domain of one's life to another (intrapersonally) as well as "crossing over" from one partner to

another (interpersonally; Frost et al., 2017). An example of a spillover effect would be stress at work causing someone to be more short-tempered at home, whereas a crossover effect would be one partner's increased experiences of stress at work impacting their spouse's stress levels.

Considering differential opinions, values, and experiences within queer, interethnic couples, dyadic minority stress processes may also proliferate via discrepancies between partners (e.g., each partner has different strategies for coping with a minority stressor that may be at odds with one another) or contagion (e.g., partner one's rejection from their family puts stress on partner two individually as well as the relationship as a whole, even if partner two's family is accepting of their sexual orientation). Though such processes of spillover and crossover exist regardless of marginalization of couples, CLMS specifically speaks to the unique, additive experiences related to external pressure and stressors from being part of a societally marginalized couple, potentially that the individual may not have experienced were they not partnered (Frost et al., 2017; LeBlanc et al., 2015). For example, while a sexually marginalized individual may choose to conceal their sexual orientation in the workplace for fear of experiencing discrimination and alienation, they may experience new couple-level minority stress if they enter a relationship and then have to decide if they will bring their partner to the company holiday party and what that may mean for their outness and safety (Holman, 2018), including potential implications for their financial security based on the existence of state or federal legal protections against discrimination.

While sources of stress may be contagious across a couple, there are also important sources of coping and resilience to consider that a relationship may confer.

Coping strategies in interpersonal relationships can be categorized across individual coping, dyadic coping, and seeking social support from others, like friends, relatives, and community members (Bodenmann, 2005). Coping can also be positive or negative, as well as focused on problem-solving or emotional support (Bodenmann, 2005). For couples experiencing minority stress, the specific processes of successful coping with society's marginalization of the relationship may be buffered by the couple's resources to cope with the stressors (Frost et al., 2017). For example, a study of 73 heterosexual intercultural couples (partners from different countries) found significant main effects for positive dyadic coping on relationship satisfaction (Holzapfel et al., 2018). Further, the authors found partner effects such that stress communication moderated the association between one's partner's internal stress with one's own relationship satisfaction. This finding suggests better communication about stress in a relationship can mitigate the impact of partner reported internal stress on relationship satisfaction for intercultural couples, even if the partner is not experiencing that stressor directly (Holzapfel et al., 2018). Successful coping and appropriate social support also account for relationship quality and resolution of conflict, including for gay, lesbian, and heterosexual couples (Julien et al., 2003). Though previous research has elucidated these processes for interethnic as well as queer couples, what remains to be seen is how exactly these stress processes play out in the context of intersectionally marginalized couples.

Intersectional Experiences of Minority Stress

While empirical evidence supports the existence of minority stress adversely impacting health outcomes for both SGM and REM as elucidated above, the intersection of these experiences and the corollary impact on health outcomes remains under-

investigated (García, 2021). Some authors have begun this investigation (see Cyrus, 2017; Fattoracci et al., 2021; Ghabrial, 2017; McConnell et al., 2018; Szymanski & Sung, 2010; Velez et al., 2019), but many questions remain regarding the experiences of QPOC. Adopting an intersectional lens for this work is critical. Crenshaw (1991) is often quoted as one of the founding scholars of intersectional theory, providing the classic example of the compounding marginalization faced by Black women that makes those experiences unique and above and beyond the experience of being a White woman or Black man. Bowleg (2008) continued this exploration by calling attention to the experiences of queer Black women, and specifically identified the challenges in treating multiply marginalized identities as singular, additive identities (e.g., Black + lesbian + woman), thereby limiting the true intersectional and holistic picture of what a Black lesbian may experience. Further work has also emphasized the importance of examining intersectional privilege in addition to sources of discrimination or marginalization (Cole, 2009) and adopted intersectionality theory large-scale, for example, in the recently published guidelines for psychological practice with sexual minorities (APA, 2021).

Debate exists around some of the theorized pathways of measuring intersectional experiences, including mixed evidence for additive (i.e., assessing each oppressed identity separately) or multiplicative (i.e., moderated or cross-oppression interactions) methodologies of measuring intersectional oppression (see Chan & Howard, 2020; Sarno et al., 2021; Velez et al., 2019). Ultimately, these authors recommend holistically assessing the interwoven experiences of stress, prejudice, and discrimination for individuals who hold multiple marginalized identities, and suggest that attempting to separate these experiences for a person who holds the identities concurrently is an

exercise in futility. As Cole (2009) succinctly offers: “To understand any one of these dimensions, psychologists must address them in combination; intersectionality suggests that to focus on a single dimension in the service of parsimony is a kind of false economy” (p. 179).

Therefore, scholars have turned towards explicitly assessing the intersectional experiences of oppression for their populations of interest, rather than attempting to falsely separate experiences by different identities. Fattoracci et al. (2021) and Sadika et al. (2020) are two recent authors who have both investigated the microaggressions experienced specifically by QPOC, noting that previous intersectional work on QPOC experiences has been largely qualitative in nature and responding to calls for more quantitative inquiries of intersectionality (Lewis & Grzanka, 2016). In their findings, both Sadika et al. (2020) and Fattoracci et al. (2021) emphasized that if this research was conducted focusing solely on REM or SGM identities without accounting for the holistic experience of the QPOC person, many of these interlocking experiences would likely be missed. Fattoracci et al. (2021) noted, for example, that as race/ethnicity is often a more visually distinguishable attribute than sexual orientation, experiences of racism may be more salient than heterosexist discrimination to many QPOC, but examinations solely of racist attitudes might still miss the gendered or sexualized racism that QPOC may experience. The authors went on to explicitly assess different methodologies for accounting for intersectional experiences via a three-step sequential multiple regression to see if there was a significant amount of variance left in health outcome scores after accounting for the main effects of racial and homonegative microaggressions separately (single axis approach) or in the interaction between racist and heterosexist

microaggressions (additive/multiplicative approach). Single axis measurement revealed medium and significant effects on POC but not LGB microaggressions, and in the second step, the interaction between the two did not significantly predict any outcomes. Instead, their results suggested that the intersectional measurement of ethnic and LGB microaggressions in their novel scale better predicted anxiety ($\beta = 0.132$, $p < .01$), social isolation ($\beta = 0.115$, $p < .05$), and informational support scores ($\beta = -0.102$, $p < .05$) beyond the POC and LGB microaggression scales when assessing outcomes individually or their interaction term (Fattoracci et al., 2021). For these reasons, this study will also adopt an explicitly intersectional approach in investigating the experiences of QPOC in interethnic romantic relationships.

Protective Factors for QPOC Health

Taken all together, the experiences of QPOC as a multiply marginalized population warrant further exploration. Many of the studies that have begun to capture their intersectional experiences of stigmatization as well as perseverance have been qualitative, with multiple calls for expanding quantitative empirical findings to support these theorized pathways (Bowleg, 2008; Cole, 2009; Fattoracci et al., 2021; Sadika et al., 2020; Zelaya et al., 2021). Though research about LGBQ-POC has grown considerably in the past ten years, a comprehensive review of articles published from 1969-2018 representing 124 articles examining this intersection notes many groups continue to be underrepresented, including multiracial, Native American/American Indian, and Asian American samples, cisgender and transgender women, as well as transgender men (Barnett et al., 2019). Some studies have investigated differential effects within racial/ethnic and sexual orientation groups, such as for Asian Americans (Balsam

et al., 2011; Szymanski & Sung, 2010) or Black lesbian women (Bowleg et al., 2003; Bowleg, 2008). McConnell et al. (2018), for example, found that among 589 sexual minority men, Black men reported experiencing the highest levels of racial/ethnic stigma in LGBT spaces, followed by Asian, Latino, and White men respectively. While some authors have suggested that experiences of racism may have a greater impact on mental health than heterosexist discrimination for QPOC (Balsam et al., 2011; Ching et al., 2018; Morales, 1989; Rostosky et al., 2008), others have challenged the rhetoric that REM communities are more homophobic or transphobic than White communities (Addison & Coolhart, 2009; Chan & Erby, 2018; Cyrus, 2017) and pointed to important sources of support found in QTPOC communities.

Indeed, there are also some conflicting findings around multiply marginalized populations. Though many studies separately outline the deleterious health effects of discrimination and minority stress for both racial/ethnic and sexually marginalized people, the "literature does not consistently show a higher prevalence of mental health disorders or generally worse health outcomes among those with intersecting minority identities, like LGBTQ-POC," (Cyrus, 2017, p. 196) suggesting protective mechanisms may also be present for this population. Scholars have therefore identified a need for intersectional research on QPOC populations to include understanding resilience and the role of cultural assets and protective mechanisms of multiply marginalized identities, rather than focusing primarily on experiences of stigma and marginalization (Chan & Erby, 2018; Meyer, 2010; Moradi et al., 2010; Zelaya et al., 2021).

Resilience has been defined as protective factors which may support health in the face of adversity (APA, 2021; Herrman et al., 2011). In their introduction to the Major

Contribution for *The Counseling Psychologist*, Moradi et al. (2010) juxtaposed these resilience and risk perspectives:

> The greater risk perspective suggests that compared with White LGB persons, LGB people of color may experience greater heterosexist stigma and its deleterious correlates, whereas the resilience perspective suggests that LGB people of color may be more resilient in the face of such stigma. (p. 326)

In the same issue, Meyer (2010) went on to hypothesize that resilience for QPOC may be a combination of tangible resources such as community centers and physical support, inherent personal qualities sucalth as a sense of mastery that may be protective in the face of stress, and/or acquired through life experiences which may buffer the relationship between stress and negative health outcomes. Indeed, in a multidisciplinary narrative review of resilience, Herrman et al. (2011) summarized that the multiple definitions of resilience from a variety of social and health disciplines were similar in their recognition that "various factors and systems contribute as an interactive dynamic process that increases resilience relative to adversity; and resilience may be context and time specific and may not be present across all life domains," (p. 260). This means that rather than a solely deficit-based model for QPOC, there is also compelling evidence for analyzing sources of strength, support, and successful coping for multiply marginalized individuals such as QPOC (Bowleg et al., 2003; Ghabrial & Andersen, 2021; McConnell et al., 2018; Rostosky & Riggle, 2017a).

Perrin and colleagues (2020) coalesced these suggestions into an investigation exploring social support and community consciousness as sources of strength with 317 racially diverse LGBTQ participants, providing initial validation for a "minority strengths model." Their final model was able to explain 41.6% of the variance in mental health outcomes, 32.9% in resilience, 19.7% in self-esteem, 16.8% in identity pride, and 13.0%

of the variance in positive health behaviors (Perrin et al., 2020), providing compelling evidence that these factors need to be accounted for in understanding minority stress. Ghabrial (2017) termed some of these experiences as "positive intersectionality" for QTPOC, noting the simultaneity of this phenomenon along with oppression, alienation, discrimination, and coming out stress. Rosenkrantz and colleagues (2016) also approached intersectional work specifically focused on resilience and enumerated positive aspects of identifying as both spiritual/religious and LGBTQ, including increased love and acceptance for one's LGBTQ identity, experiencing deeper meaning, purpose, empathy, openness, and compassionate action, positive relationships with others, and spiritual strength from coming out and coping with aspects of sexual and/or gender identity stigma and prejudice. Such findings have also pushed researchers to examine outcomes such as well-being or flourishing in multiply marginalized individuals (Bariola et al., 2017; Rostosky et al., 2018), rather than measuring only the deleterious pathways by which stigma and discrimination may lead to distress and poorer physical or mental health outcomes. Indeed, examining the pathways by which QPOC individuals may demonstrate resilience to adverse experiences of heterosexism, racism, and other sources of discrimination and rejection are key to promoting holistic well-being for this intersectionally marginalized population.

Romantic Relationships for QPOC: Sources of Strength and Stress

While the protectiveness and improved health outcomes for people in romantic relationships is well-established, noting that the relationship itself appears to be protective of mental health (see Braithwaite & Holt-Lunstad, 2017), exploration of these dynamics specifically for queer, interethnic couples is lacking, though initial

investigations point to their benefits. As with individual minority stress, romantic partnership may lend support and stress-buffering effects in marginalized relationships. Indeed, in a sample of 571 LGBQ adults, relationship quality accounted for about 11% of an individual's variance in depressive symptoms (Whitton & Kuryluk, 2014), echoing results of heterosexual couples. Longitudinal data from a sample of 248 majority non-White (85.9%) LGBTQ youth 16-20 years old found that lesbian and gay youth experienced less psychological distress when they were in a romantic relationship than when they were not, whereas for bisexual youth, being in a relationship actually predicted higher distress (Whitton et al., 2018). Importantly, these findings also differed by race/ethnicity: current romantic involvement was associated with lower psychological distress for Black and Latino youth, but not for White participants. This suggests that romantic relationship involvement may in fact be particularly protective for the mental health of QPOC (Graham & Barnow, 2013; Haas & Lannutti, 2021; Whitton et al., 2018).

Steinbugler (2005) was one author early in the century to make a compelling argument regarding the privilege as well as potential safety threats regarding visibility for interracial couples, specifically same-sex interracial couples. In her investigations with 40 couples, half who identified as gay or lesbian and eight of whom were interracial, Steinbugler found that while all interracial couples shared experiences of navigating political and geographic spaces based on perceived safety and comfort, the same-sex interracial couples in particular stressed the limited availability of spaces in which they felt accepted as both same-sex and interracial. That is, whereas heterosexual interracial couples reported being more comfortable being physically affectionate or intimate when in more ethnically diverse spaces, many gay or lesbian couples interviewed reported that

even in queer spaces, they often did not feel accepted or comfortable interacting as romantic partners because of the often-racialized nature of queer spaces, even in major cities like New York or Philadelphia (Steinbugler, 2005). Recent studies have replicated these findings for QPOC, whereby there may be some tension in identity integration across racial and sexual internalized beliefs for multiply marginalized individuals (Ching et al., 2018; Fattoracci et al., 2021; Sadika et al., 2020; Velez et al., 2019) that are important to investigate as potential sources of CLMS for this population.

Jeong and Horne (2009) found when comparing 1,071 sexual minority women in romantic relationships that there were no significant differences by racial composition of the relationship (White-White, REM-White, REM-REM) on relationship quality, satisfaction, stress, or social support. This might be due to the fact that interethnic couples as a whole do not necessarily experience different needs in their relationships, and rather share the same basic needs of all other couples regarding affection, support, trust, respect, and effective communication in their relationships (Novara et al., 2020). In fact, opposite of expected effects, internalized homophobia was lowest for interracial REM-White relationships, including slightly lower than the level of internalized homophobia reported by those in REM-REM relationships (Jeong & Horne, 2009). In explanation of their findings, the authors noted:

> For lesbians who have been in an interracial relationship with the same partner across a long period of time, they might have had experiences to help them become more resilient against external stressors and to better cope with differences with the support of their partners. (Jeong & Horne, 2009, p. 453)

These findings indicate the importance of exploring interracial romantic relationships as a source of support for queer women while accounting for factors such as gender and duration of relationship.

In another qualitative study of 13 REM-White interracial same-sex couples, eight male and five female, Rostosky and colleagues (2008) identified coping mechanisms couples used to address both race-related and sexual identity stress. These included seeking support through one another as well as through communities and friends, making joint meaning of their experiences, using humor, problem-solving actively, as well as in some cases, avoidance from family or from discussion of race amongst the couple themselves. While all couples (13/13) endorsed experiencing sexual identity stress with half (6/13) stating their status as a same-sex couple generated more stress for them than status as an interracial couple, most couples also endorsed experiencing race-related stress in their relationship (11/13). These experiences included use of racist language or slurs, the expectation or experience of isolation or rejection from their communities, concerns about the stability of their interracial relationship, and difficulty with navigating divergent perspectives within the couple, and were experienced differently for the White or REM partner. For example, some POC reported their expectations of being rejected from their own POC community for dating someone White as an added source of stress for the multiply marginalized partner (Rostosky et al., 2008). The findings together suggest the normative experience of couple minority stress for queer interracial couples, including the difficulty in trying to isolate one's identities to accurately identify sources of discrimination or rejection as specifically related to race, sexual orientation, or both (Rostosky et al., 2008). The authors noted a particular "psychological homelessness or feeling of loss and isolation from important cultural communities" (p. 294) particularly for the REM partner in these interracial relationships, noting a profound sense of isolation

and desire for role models or social connections to other QPOC and the importance of integrated identity strength.

In examining sources of interpersonal support, Rosenthal and Starks (2015) found that while increased relationship stigma was associated with poorer individual and relational outcomes for individuals in same-sex and/or interracial relationships, more proximal sources of stress (i.e., friends) had a larger impact on well-being than stigma perceived to be experienced from family or from the general public. In a follow-up study, the authors found that these same sources of societal stigma resulted in increased anxiety and depression (Rosenthal et al., 2019). However, they also found that ironically, some sources of stigma predicted *better* outcomes for individuals in same-sex interracial relationships, including that stigma from family was associated with greater sexual communication, and stigma from friends was associated with greater passion in these intersectionally marginalized relationships (Rosenthal et al., 2019), suggesting that same-sex interracial couples utilize resources to offset stress they experience. In order to account for these differences, the moderators of egalitarianism and dyadic coping were found to buffer against the negative impacts of stigma from across all three interpersonal sources (Rosenthal & Starks, 2015). Therefore, while queer relationships are generally protective of health outcomes (Haas & Lannutti, 2021), they may also be impacted by unique experiences of CLMS as well as buffered by important factors promoting resilience in those relationships.

Couple-Level Minority Stress for Queer People of Color

Despite the prevalence of QPOC in interethnic relationships and the theorized implications of CLMS, investigation of the factors impacting stress and resilience in

these relationships is only just beginning. Given that the compounding stress of multiple marginalized identities has been found to be inconsistently associated with poorer mental health, physical health, and interpersonal relationship outcomes (Ching et al., 2018; Fattoracci et al., 2021; Zelaya et al., 2021), further research is needed in terms of specific sources of stress and support that may moderate these relationships. Several major factors will be reviewed in this study. Though QPOC can potentially pass on stress and experiences of discrimination to their partners, successful dyadic coping also increases the amount of coping resources available to the couple, resulting in lower stress as well as higher relationship quality and satisfaction (Topcu-Uzer et al., 2021). Strategies that have been empirically found to increase satisfaction in interethnic couples include addressing communication, conflict management, dedication, and creation of a unique third culture or "we" identity as a couple (Tili & Barker, 2015). For example, making meaning of negative events jointly (such as a death, infidelity, or experiences of discrimination) and finding redeeming outcomes for partners in a romantic relationship predicts couple satisfaction (Alea et al., 2015). Indeed, the development and maintenance of a strong couple identity and mutuality may be particularly important for marginalized couples (Green & Mitchell, 2002).

It stands to reason, therefore, that even in intersectionally marginalized couples such as those with QPOC in interethnic relationships that may experience CLMS, a strong couple identity and sense of "we-ness" along with effective dyadic coping may moderate the effects of minority stress on individual and relational health outcomes. Similarly, on an individual basis, incorporation of a positive racial-ethnic as well as sexual orientation identity (collectively known as ethnosexual identity; Greene, 1996)

may buffer the effects of stress experienced on the outcomes of relationship satisfaction and psychological well-being (Addison & Coolhart, 2009; Chan & Erby, 2018; Rostosky et al., 2018).

Couple Identity

Commitment in romantic relationships can be conceptualized as the personal dedication one experiences to the relationship paired with internal and external constraints that promote stability of that relationship (Stanley & Markman, 1992). Commitment has consistently predicted satisfaction in and maintenance of relationships, including demonstrating the same protective function for relational health in a comprehensive meta-analysis encompassing 11,582 participants regardless of ethnicity, gender, sexual orientation, or length of the relationship (Le & Agnew, 2003). In another study of 265 mixed sexual orientation couples, Kays et al. (2014) found that relationship commitment was the single largest predictor of relationship quality, followed by partner-focused forgivingness, and together with marital values accounted for roughly 43% of the variance in relationship quality. Additionally, one's commitment to a particular relationship may be influenced by aspects such as the availability or appeal of potential other partners and the degree to which the individual conceptualizes the relationship as a team, which is known as couple identity (Stanley & Markman, 1992). This concept is often also referred to as mutuality or "we-ness" due to the tendency to use language including "us," "we," and "our" in relationships to refer to the mutual meaning and care that exists in thinking of the relationship unit collectively and interdependently, rather than just representing the needs or desires of two or more individual humans (Reid et al., 2006). Further, marginalized relationship partners may be more committed than their

nonmarginalized counterparts as a consequence of being in a socially stigmatized relationship (Lehmiller & Agnew, 2006), despite investing less in their relationships. This finding is due to the primacy of couple relationships as a major source of support and identity for queer and racially marginalized couples (Pepping & Halford, 2014), who may not have widespread social or public support of their relationships and thus may need to rely more heavily on themselves or close others than their more privileged peers who generally experience societal acceptance and support of their relationships.

Research supports that interethnic relationships are more successful when supported by a greater sense of couple identity. Tili and Barker (2015) found that while intercultural couples face challenges regarding their potential different styles of communication, values, beliefs, and perspectives, couples that demonstrated greater relationship satisfaction were able to navigate these differences via improved communication, ability to manage conflict, and the creation of a unique third culture or sense of "we" identity in their relationship. Similarly, Seshadri and Knudson-Martin (2013) found that interracial and intercultural couples transcended their differences through co-constructing a "we" couple identity that includes elements of friendship, finding common ground, similarity of goals, and commitment to working together over time. These pathways toward formation of couple identity are true across couples by diverse sexual orientation or race (Whitton et al., 2018; Wilson et al., 2021). Green and Mitchell (2002) posited that the importance of maintaining a strong sense of couple identity despite the lack of readily available role models and supports for queer couples is one of the basic challenges faced by all gay and lesbian couples. For example, a sample of 571 LGBQ adults revealed that commitment and interdependence interacted with

relationship quality to predict depressive symptoms, such that the association between poorer relational quality and higher depressive symptoms was strongest for those who reported higher levels of commitment and interdependence in their relationship (Whitton & Kuryluk, 2014), suggesting that the impacts of CLMS on relationship quality as well as psychological health may be moderated by strength of couple identity particularly for queer, interethnic couples.

Topcu-Uzer and colleagues (2021) further posed the question of how a shared sense of "we" is created in relationships where partners identify differently and demonstrated the role of both cognitive interdependence as well as a shared emotional identity underlying that process. Cognitive interdependence processes speak to the perceived similarity between partners and minimizing the differences between self, other, and the relationship, whereas the emotional couple identity is the degree to which partners include the consideration of the relationship in their sense of self. Given that experiences of both stress and coping can be seen as interdependent and lead to stress spillover within a couple, stress that is successfully dealt with as a "we" also adds coping resources, resulting in lower stress and higher relationship quality and satisfaction within the unit (Topcu-Uzer et al., 2021). Indeed, the ability to make meaning of negative events or memories predicts satisfaction for couples, lending itself to the mutual influence and increasing resilience for couples with stronger we-ness (Alea et al., 2015). The aspects of this sense of "we" include increased connection, increased meaning to anchor one's life goals and personal sense of coherence, as well as to mediate distress (Alea et al., 2015). Applied to queer, interethnic relationships, the strength of couple identity may then be an important moderator in lessening the impact of couple minority stress on relational

satisfaction and psychological well-being. When external sources may devalue the couple relationship, this strength of couple identity may be a particularly important source of coping to buffer the impacts of couple minority stress experienced by QPOC in interethnic relationships.

Affective Dyadic Coping

From the initial theorizations of minority stress, minority coping was simultaneously identified as the factors which buffer marginalized individuals from the harmful effects of discrimination and stigma (Meyer, 1995). Stressors are mitigated by successful coping and adequate resources of support available to individuals, including sources of interpersonal and community support. However, these sources of support and coping have differential effects on the ability to effectively manage stressors. Across the spectrum of distal (e.g., larger societal policies and acceptance, discrimination, violence) and proximal (e.g., internalized homophobia, expectations of rejection, concealment) minority stress processes that impact health outcomes (Meyer, 2003), a meta-analysis of 35 studies representing 10,745 sexual minority participants by Doyle and Molix (2015) found that the effects of internalized stigma ($r = -.18$, $p < .001$) and perceived stigma ($r = -.12$, $p < .001$) both significantly impacted relational outcomes, suggesting proximal processes are particularly salient for relationship health. Further, Ramirez & Galupo (2019) found that proximal stressors accounted for 15% more variance in depression and anxiety for QPOC than distal stress factors alone, concurrently accounting for 33% of the variance in these mental health outcomes.

When applied to dimensions of support, Rostosky et al. (2018) noted social support as the most prevalent source of coping for QPOC in interracial relationships,

including the ability to cope successfully with one's partner as well as seek sources of support and community from friends, family, and other larger social networks. Additional studies have enumerated the importance of partner (proximal) support and coping above the perceptions of friends or family (distal). For example, Blair and Holmberg (2019) noted that, contrary to their hypothesis, there were relatively weak effects for the impact of perceived external support on relationship well-being for same-sex relationships when compared to their different-sex peers. In explanation of their findings, they posited that "potentially as a result of prolonged exposure to various forms of disapproval for same-sex relationships, individuals in same-sex relationships may simply take a more independent-minded approach to evaluating their relationships" (p. 438), depending more heavily on coping with their partner. While Graham and Barnow (2013) also found that friend support impacted relationship quality for both same-sex and different-sex couples, they also noted a differential effect whereby family support was unrelated to relationship quality in same-sex couples. These findings indicate that dyadic coping as a form of proximal coping may be a particularly impactful variable in successfully mitigating CLMS experienced by QPOC individuals.

Given that several types of dyadic coping exist (Bodenmann, 2005), it may also be fruitful to focus on specific aspects of coping that may be particularly relevant to this population. In their investigation of the roles of problem-focused, affective, and combined expectations of stigma for QPOC, Ouch and Moradi (2019) found that only affective expectation of stigma accounted significantly for the pathway from expectation of stigma to lower coping self-efficacy and greater psychological distress. Cognitive coping did not successfully mediate this relationship, highlighting that the ability to cope

with emotions such as worry and anxiety about stigma is more critical to successfully attending to minority stress than the problem-focused or cognitive expectations of stigma (i.e., what will I do or say back if someone discriminates against me). Consistent with this, Guschlbauer et al. (2019) identified emotional intimacy as a particularly important mechanism for relationship satisfaction in same-gender relationships. They found that this association was moderated by both gender and marital status, where minority stress may be particularly harmful for married gay men because there is greater emotional intimacy present in more committed relationships and therefore the potential for greater impact of emotional coping.

Doyle and Molix (2015) also identified in their meta-analysis of LGBQ+ people that the affective components such as passion ($r = -.29$, $p < .001$) and intimacy ($r = -.16$, $p < .001$) had a significant association with relationship functioning, whereas cognitive aspects of relationship satisfaction, such as monitoring of alternatives ($r = -.10$, $p = .13$) or investment ($r = -.04$, $p = .34$) in queer relationships did not. They further postulated about the corrosive effects of emotional dysregulation and negative affectivity on same-sex couples, noting the potential for ineffective affective coping to manifest in destructive internalizing (substance abuse, self-esteem) or externalizing (emotional abuse, intimate partner violence) behaviors which are harmful to couple functioning. Building further on this work, Rostosky and Riggle (2017b) noted differential effects of coping and emotional regulation as moderated by gender in their review of same-sex couple strengths from the years 2000-2016. They found that men with greater internalized homophobia endorsed lower relationship quality, less emotional intimacy, and poorer dyadic coping, whereas women's internalized homophobia was associated with physical and verbal

aggression, coercion, and internal rumination. This indicates the salience of emotional coping for both gay and lesbian relationships while accounting for the possibility of differential effects by gender or sexual orientation, for example, by considering the possibility of dependence or fusion within female-female relationships (Rostosky & Riggle, 2017b). Both reviews concluded with calls for greater research on same-sex couples needing to expand in their diversity, specifically the experiences of REM and interracial queer couples, including in processes regarding emotional coping (Doyle & Molix, 2015; Rostosky & Riggle, 2017b). Therefore, specifically examining the novel construct of affective dyadic coping within the relationship may be of importance in moderating the association between CLMS and relational as well as psychological outcomes for queer, interethnic couples.

Ethnosexual Identity Strength

Finally, given that minority stress may be coped with by marginalized groups by tapping into "the group's ability to mount self-enhancing structures to counteract stigma," (Meyer, 2003, p. 677), examining conceptualizations of cultural strengths and resources beyond just one's personal or dyadic disposition towards resilience is imperative. Pepping et al. (2019) discovered a significant direct effect whereby identity affirmation for LGBQ people predicted 18% of the variation in relationship satisfaction, noting that positive self-identity may therefore be protective in queer relationships. Riggle and Rostosky (2011) also suggested that individuals with less shame and more pride in their identity may experience increased feelings of authenticity, a greater sense of belonging to the LGB community, and more emotional connection to one's partner, demonstrating

identity affirmation and pride as importance moderators in attenuating the experiences of couple minority stress on individual and relational health.

Studies have begun to uncover the processes by which successful synthesis of a marginalized identity may confer coping resources for minoritized people (Wallace & Santacruz, 2017), akin to other processes of coping with stress where stress that is successfully ameliorated in one domain may reduce stress experienced across the system (i.e., lessen stress spillover). One hypothesis for the mixed findings for QPOC individuals experiencing greater distress than their White and/or heterosexual counterparts is that because the person has already navigated a racist society throughout their life, they are better able to resilient to heterosexism than their White LGBQ peers (Meyer, 2010; Moradi et al., 2010). Indeed, in a qualitative examination of 20 sexual minority and gender expansive women of Latinx and African American descent, Cerezo and colleagues (2020) uncovered the importance of successfully integrating multiple marginalized identities as the process of intentionally living at the intersections of those identities, including accounting for the unique mosaic of oppression and resilience across settings. Conflicts in identities have also been identified as a primary source of distress for QPOC, noting that conflict in racial/ethnic and sexual identities was negatively correlated to outness to one's family and that conflict was highest for participants with high racial/ethnic engagement and low sexual orientation involvement (Sarno et al., 2015). Other indications of this nuanced intersectional relationship include Velez et al. (2019)'s findings that the interaction of heterosexist discrimination with internalized racism as well as racist discrimination with internalized racism significantly predicted both psychological distress and well-being in 318 QPOC.

Based on the need to have nuanced intersectional approaches for understanding the lives of multiply marginalized people (Chan & Howard, 2020; Cerezo et al., 2020; Fattoracci et al., 2021; McConnell et al., 2018; Wallace & Santacruz, 2017) it is therefore important to assess the conference of resilience specifically at the intersection of ethnic and sexual identity. That is, rather than separately assessing positive identity integration as a racial/ethnic minority and as a sexual minority, this study will assess the holistic ethnosexual identity strength of QPOC individuals engaged in interethnic relationships as a moderator of couple minority stress on psychological well-being and relationship satisfaction.

Research Questions

The present study seeks to understand the experiences of QPOC in interethnic romantic relationships with White partners. Endorsement of greater experiences of couple-level minority stressors for QPOC individuals are predicted to impact both relationship quality as well as individual psychological well-being as important indices of interpersonal and intrapersonal health. Further, the study seeks to explore potential sources of resilience in interethnic QPOC relationships which may lessen the impact of CLMS for intersectionally marginalized individuals. Specifically, I examined couple identity strength, affective dyadic coping, and ethnosexual identity strength as factors that may moderate this relationship. Participant demographics including ethnicity, gender, sexual orientation, relationship structure, sexual orientation of partner, length of relationship, age, and geographic location were also explored as covariates of interest which may explain some of the variance in the outcomes. Given the review above and the nascent field in understanding these differences, no specific predictions were made

regarding significant demographic covariates. Overall research questions and hypotheses are:

RQ1: How does couple-level minority stress impact queer people of color in interethnic romantic relationships?

H1: Greater experiences of couple-level minority stress including couple-level stigma, discrimination, and visibility will be associated with poorer relationship satisfaction (H1a) and poorer individual flourishing (H1b).

RQ2: What factors support queer people of color in interethnic romantic relationships?

H2: Couple identity will moderate the impact of couple-level minority stressors on health outcomes such that at higher levels of couple identity, the association between couple-level minority stress with relationship satisfaction (H2a) and individual flourishing (H2b) will be significantly steeper than at lower levels of couple identity.

H3: Affective dyadic coping will moderate the impact of couple-level minority stressors on health outcomes such that at higher levels of affective dyadic coping, the association between couple-level minority stress with relationship satisfaction (H3a) and individual flourishing (H3b) will be significantly steeper than at lower levels of affective dyadic coping.

H4: Individual ethnosexual identity will moderate the impact of couple-level minority stressors on health outcomes such that at higher levels of ethnosexual identity pride, the association between couple-level minority stress with relationship satisfaction (H4a) and individual flourishing (H4b) will be significantly steeper than at lower levels of ethnosexual identity.

Chapter Two: Method

Participants

Participants in this study (n = 249) were queer people of color 18 years or older who were in an interracial/interethnic romantic relationship with a White partner. Exclusion criteria for the study included being under 18 years old, identifying as heterosexual, not identifying as a person of color, residing outside of the U.S., or not currently being in a romantic relationship with a White European descendant partner of at least 3 months. Recruitment was conducted within the U.S. to capture the specific cultural dynamics in interethnic queer relationships in the U.S. sociopolitical context. Inclusion criteria were purposefully expansive in order to capture the breadth of QPOC experiences as broadly as possible and maximize heterogeneity within this intersectional investigation. "Queer" orientations eligible for inclusion included but were not limited to those who identify as lesbian, gay, bisexual, pansexual, queer, asexual, demisexual, or any other non-heterosexual romantic or sexual orientations. Participants also had to identify as a "person of color" or as an ethnically and/or racially marginalized person. Responses were collected from the QPOC partner asking them to reflect on their own experiences as well as dyadic dynamics within the relationship.

Demographic variables of the study participants are found in Table 1 with couple-level demographics reported in Table 2. Participants ranged from 18-48 years old (M = 29.8, sd = 5.85) and 24 individuals endorsed having children under 18 years of age (range

0-2). People of all gender identities were eligible for inclusion. In the present sample, 44.6% identified as women (*n* = 111), 18.1% as men (*n* = 45), and nearly as many as non-binary (*n* = 43; 17.3%), along with many other gender diverse labels. Taken together, 39.4% of the total sample identified as TGD (*n* = 98). Plurisexual orientations, defined as having sexual or romantic interests in multiple genders including those who identify as bisexual, pansexual, queer, etc., accounted for a preponderance of respondents (*n* = 170; 68.3%). There was a nearly even distribution ethnically among those who identified as Black/African American, Latine/Hispanic, South/Central Asian, and East/Southeast Asian or Pacific Islander, and those who identified solely as multiracial. In total, 33.3% of the sample identified as multiethnic or endorsing heritage of more than one cultural background, including many who identified as multiracial with some European heritage. Finally, participants were required to actively be in a romantic relationship of at least three months with a White partner, regardless of their partner's sexual orientation or gender. About 56% of the sample had been in a relationship for 1-7 years, and participants were about equally likely to be cohabitating, dating but living separately, or in a legally protected union. Regarding partner demographics, 9.6% (*n* = 24) identified their partner's sexual orientation as heterosexual or straight and 34.1% noted that their partner was TGD (*n* = 85). Participants did not need to be in a monogamous or exclusive dating relationship, with 48 participants identifying as polyamorous (19.3%) and 37 as being in an open relationship (14.9%) along with a few other CNM labels which comprised about 36% non-monogamous relationship representation in the sample. Those who are dating multiple partners were instructed to complete the survey reflecting specifically on one White partner to promote consistency of dyadic results. The majority

of participants endorsed having a 4-year college degree or professional degree and were about evenly distributed bimodally in household income with a median of $75,000. Only 2.4% of the sample reported that they or their partner was a military veteran. Respondents also endorsed being from 30 states across the U.S. and Washington, D.C and was largely urban (63.1%). The top states represented were Colorado (*n* = 76), California (*n* = 37), and New York (*n* = 25). Participants shared a multitude of additional salient identities in their relationships, including identifying as interfaith, presenting with different mental and physical disabilities or interabled, age discrepant, and from discrepant class and immigration backgrounds.

Table 1. Individual Demographics

Variable	Participant N	Percent	Partner N	Percent
Ethnoracial Background				
Black or African American	58	23.3		
Latine or Hispanic	45	18.1		
South or Central Asian	48	19.3		
East Asian, Southeast Asian, or Pacific Islander	49	19.7		
Native American or Indigenous	3	1.2		
Multiracial/Multiethnic	46	18.5		
Sexual Orientation			**Ptr Sexuality**	
Asexual or Demisexual	11	4.4	12	4.8
Bisexual	42	16.9	44	17.7
Gay	30	12	34	13.7
Lesbian	37	14.9	55	22.1
Pansexual	29	11.6	12	4.8

Queer	99	39.8	61	24.5
Heterosexual or Straight	0	0	24	9.6
Gender			**Ptr Gender**	
Agender	3	1.2	1	.4
Genderfluid	12	4.8	7	2.8
Genderqueer	17	6.8	8	3.2
Non-binary	43	17.3	59	23.7
Man	45	18.1	73	29.3
Woman	111	44.6	93	37.3
Another gender identity	18	7.2	8	3.2
Education			**Ptr Education**	
High school	10	4	12	4.8
2 year degree/some college	37	14.8	41	16.5
4 year degree	98	39.4	113	45.4
Professional degree	87	34.9	68	27.3
Doctorate	17	6.8	15	6

Note. Ptr= Partner.

Table 2. Couple-Level Demographics

Variable	**N**	**Percent**	**Variable**	**N**	**Percent**
Region			**Rurality**		
Pacific West	49	19.7	Urban	157	63.1
Mountain West	81	32.5	Suburban	83	33.3
Midwest	28	11.2	Rural	9	3.6
Southwest	14	5.6			
Southeast	22	8.8			
Northeast	53	21.3			

Dating Length			**Household Income**		
3-6 months	25	10	0-24K	30	12
6 mo- 1 year	32	12.9	25-49K	51	20.5
1-3 years	66	26.5	50-74K	42	16.9
3-7 years	74	29.7	75-99K	30	12
7-15 years	45	18.1	100-149K	42	16.9
15+ years	6	2.4	150K+	54	21.7
Marital Status			**Relationship Type**		
Dating, living separately	84	33.7	Monogamous	159	63.9
Cohabitating	84	33.7	Open Relationship	37	14.9
Domestic partnership	18	7.2	Polyamorous	48	19.3
Legally married	63	25.3	Other	5	2

Sampling

Convenience sampling was utilized to gain access to the population of interest. Participants were recruited primarily from online and community spaces for QTPOC. These included social media platforms, online digital communities, community centers and events, listservs, and forums. Community and professional organizations across the U.S. who center around the needs of QPOC or else have membership with large LGBTQ populations were contacted to disseminate the survey to their listservs and post on their social media, including the National Queer and Trans Therapists of Color Network, South Asian Sexual and Mental Health Alliance, Transgender Center of the Rockies, Southerners on New Ground, Manhattan Alternatives, and Bay Area Open Minds. Prominent researchers in the field of intersectional sexuality and gender experiences were contacted to disseminate the survey to their networks. Heterogeneity within the sample was focused on racial and sexual identities but was also assessed across other

demographic dimensions including gender, geographic locale, length of relationship, education, and income. By continuously monitoring respondents throughout the study period, concerted recruitment efforts were made to achieve greater variance in the sample, for example by purposefully targeting older and more Southern focused LGBTQ organizations. In addition to this targeted sampling procedure, snowball sampling was employed by encouraging participants to refer other QPOC in interethnic relationships to the study as well as by word of mouth by leveraging cultural knowledge as a researcher with an emic or insider perspective as a queer person of color (Bettinger, 2010).

In terms of the sample size, a priori power analysis using G*Power was conducted to determine the targeted sample size for the present study. In conducting linear multiple regression with a hypothesized medium effect size of .15 (Cohen, 1992), alpha level set to .05, ten predictors (couple-level minority stress and covariates of ethnicity, gender, sexual orientation, relationship structure, length of relationship, marital status, age, geographic location, and partner sexual orientation) and power set at .80, 118 participants would be required in order to have an 80% chance of detecting a true effect if one exists. With a more stringent power of .90 and the same statistical parameters, 147 participants would be needed. Based on Aiken and colleagues' (1991) recommendation to double sample sizes in tests of moderation, between 236-294 participants were therefore targeted for recruitment and was achieved with a final sample $n = 249$.

Procedure

Data were collected from June 2022 to February 2023. All procedures were approved by the Institutional Review Board at the University of Denver (IRB #1857666). Individuals who expressed interest in participating in the research study completed the

study via electronic survey hosted through Qualtrics. An initial page required a puzzle (i.e., CAPTCHA) to be completed to verify non-automated entries. After providing electronic consent for participation, participants answered screening questions to establish eligibility for inclusion, verifying that the potential participant identifies as a person of color, is currently in a romantic relationship with a White partner of at least three months, is above 18 years old, and resides in the U.S. No personally identifying information was required to be submitted in order to participate in the study.

Upon confirmation of meeting eligibility criteria for the study and providing consent to participate, demographic information was first captured using the demographic questionnaire found in Appendix A. Participants then completed the measures in the order listed in Appendices B-G. Three items for attention checks were also included in the survey, including one required qualitative question ("The biggest stressors that I experience in this relationship are:"). At the conclusion of the survey, an open-ended question captured any other reactions and allowed space for respondents to reflect on other relevant experiences that may have been missed in the survey to help account for the limitations inherent in quantitative assessments of intersectional experiences (Bowleg, 2008; Cole, 2009; Lewis & Grzanka, 2016). Participants endorsed a variety of further salient intersectional identities, including class, disability, religion, political identity, body size, and language. Finally, a debriefing page offered mental health resources to address the potential that a participant may have become distressed as a result of reflecting on minority stress experiences.

In order to incentivize participation and minimize incomplete surveys, the first 250 participants who successfully completed 80% of the survey and passed at least two of

three attention checks were eligible to submit their email address for compensation with a $20 Amazon gift card, which was supported through a grant from the Mental Research Institute. After verification of eligibility for the purposes of payment, those who chose to submit their email addresses to receive this compensation were separated from all data to ensure that no identifiable information of participants could be tied back to their survey data.

In total, 1,668 participants accessed the survey across three waves of data collection. The first wave represented a snowball sample of bona fide participants (n = 33) within the QPOC community who completed the survey in a range of 13-60 minutes with a mean of 30 minutes. Based on this, 10 minutes was used as an additional cutoff in subsequent bouts of data collection. In the second wave of recruitment which opened to larger social media channels, a preponderance of submissions were deemed to be ineligible due to not passing the established validity checks. For example, multiple repeat submissions in close proximity with identical qualitative responses were eliminated. Suspicious patterns such as submissions of 5-10 surveys within a span of minutes were also eliminated. To increase likelihood of valid submissions, the third and final wave of data collection included a password which was shared in the recruitment email through email listservs of organizations with membership that focused on LGBTQ issues. Respondents were excluded if they missed more than one validity check. Respondents were welcome to skip any items and measures were calculated with mean score rather than a sum to account for this potential of missing data. A cutoff of 70% missingness was established for any incomplete submissions. A total of 252 participants across all three waves passed established validity checks, of which two were removed for being in a

relationship of less than three months and one more was excluded for residing outside of the U.S. Of the final 249 participants included in this study, 229 chose to be compensated with a gift card.

Measures

Demographic Questionnaire. Participants were asked for their racial/ethnic identity, sexual orientation, gender identity, age, state, approximate household income, education level obtained, and veteran status. Demographic information was also captured regarding the participant's White partner's identities and their couple status, including sexual orientation and gender identity of partner, length of relationship, marital/cohabitation status, relationship structure, and number of children. An open-ended box was also provided to allow participants to share any other vectors of similarity/difference noted as salient by the respondent not captured above, such as class, disability, body size, or religion.

Couple-Level Minority Stress. Couple-level minority stress (Frost et al., 2017; LeBlanc & Frost, 2020; LeBlanc et al., 2015) was measured with three subscales of the Couple-Level Minority Stress scale (CLMS scale; Neilands et al., 2020). The original scale measures eight domains of couple minority stress: (1) Couple-Level Stigma; (2) Couple-Level Discrimination; (3) Seeking Safety as a Couple; (4) Perceived Unequal Relationship Recognition; (5) Couple-Level Visibility; (6) Managing Stereotypes about Same-Sex Couples; (7) Lack of Integration with Families of Origin; and (8) Lack of Social Support for Couples. The measure is also designed specifically for use with individual partners in their evaluation of couple-level minority stressors, allowing to tap

into the dyadic and intersectional stress present within the couple even when only one partner is being assessed, and thus may be appropriately used in the present study.

The full scale CLMS was developed using mixed methodology, beginning with an initial qualitative study by Frost et al. (2017) where 120 same-sex couples reflected on the stress experiences in their relationships and subsequently developed 132 potential items representing 17 domains of couple minority stress. The authors then conducted further in-depth cognitive interviews with 12 couples to provide feedback and clarity on suggested items and used the feedback to select 113 items representing nine potential subscales that may be more generalizable to queer relationships, for example, removing a subscale that was related specifically to the experiences of having children as a same-sex couple. Finally, an online dyadic survey was conducted with 106 same-sex couples (n = 212 individuals) who were purposefully sampled across stratifications of couple gender, relationship duration, and geographic region in the U.S. Additionally, 48.1% of the couples identified as one or both partners being POC, 27.4% residing in a rural area, and 42% of participants reporting that they had less than a Bachelor's degree of education. Scale construction of the final CLMS was completed through exploratory factor analysis (EFA) to identify a reduced set of items which best captured the structure of each factor of couple minority stress, followed by confirmatory factor analysis (CFA) as a follow-up to the initial EFA to evaluate any potential cross-loading of items and evaluate whether a general CLMS latent factor emerged.

Ultimately, eight factors represented by 55 items emerged which demonstrated adequate fit to represent the construct of CLMS (Neilands et al., 2020). Though there was no support found for a global score, each CLMS subscale demonstrated predictive

validity for psychological distress, depressive symptoms, and problematic drinking, as well as significant independent contributions to the variance of relationship satisfaction, distress, and drinking beyond that of individual-level minority stressors (Neilands et al., 2020). Items in each subscale are measured on a scale from 0-3 or 0-4 with different anchors for each subscale. Given the novel development of this scale and lack of support in scale construction for an overall factor, analyses in the present research were conducted with three subscales for Couple-Level Stigma (α = .89), Couple-Level Discrimination (α = .94), and Couple-Level Visibility (α = .75), representing 29 items which were selected based on the breadth of the construct covered by these subscales and their convergent validity with relationship satisfaction, depression, and general psychological distress. In the present sample, Couple-Level Stigma (α = .827), Couple-Level Discrimination (α = .852), and Couple-Level Visibility (α = .861) each demonstrated adequate internal reliability. The three subscales were subsequently combined to a total sum score which also demonstrated adequate internal consistency (α = .800).

Couple Identity. Couple identity strength or "we-ness" was measured using the couple identity subscale from the Commitment Inventory (Stanley & Markman, 1992). The widely used Commitment Inventory incorporates theoretical constructs of dedication and constraint that together encapsulate commitment in a relationship, or the intention to persist in the relationship (Stanley et al., 2010). The Couple Identity subscale specifically measures the sense of "we-ness" or strength in conceptualization of the members of the partnership as a unit rather than individual people. Six items are scored on a 7-point Likert scale from strongly agree to strongly disagree, such as "I tend to think about how

things affect ‘us’ as a couple more than how things affect ‘me’ as an individual.” Language was updated in the present scale to broaden gender pronouns appropriate to a SGM population (e.g., replacing him/her with her/him/them; Appendix C).

The initial scale construction of the Commitment Inventory was completed with a sample of 279 individuals, 96% of whom were White and with no reporting of sexual orientation. However, participants were sampled purposefully with regard to diverse religious orientations ranging from religiously liberal to conservative, marital and cohabitation status, and age. The original measure demonstrates strong internal consistency (Dedication $\alpha = .95$; Constraint $\alpha = .92$; Couple Identity subscale $\alpha = .81$) and concurrent validity. Further, use of the Dedication scale of the Commitment Inventory with a large sample of 571 individuals in same-sex couples (62% women, 85.6% White) has previously demonstrated adequate reliability for this population ($\alpha = .76$; Whitton & Kuryluk, 2014), as well as with another sample of 102 female couples ($\alpha = .80$; Scott et al., 2019). In the present study, Cronbach’s $\alpha = .793$.

Affective Dyadic Coping. Four subscales of the Dyadic Coping Inventory (DCI; Bodenmann, 2008) were used to capture affective coping within the couple: Supportive dyadic coping of the partner, Negative dyadic coping by partner, Common dyadic coping, and Evaluation of dyadic coping. Successful dyadic coping has demonstrated more proximal impact on attenuating experiences of stress than distal support from friends and family (Bodenmann, 2005), and was also found to be a stronger mediator between stress and relationship satisfaction than either positive or negative couple interactions within a large sample of 1,944 married individuals (Hilpert et al., 2013). These findings have also been replicated for same-gender couples (Randall et al., 2017), where evidence suggested

that an individual's perception of their partner's supportiveness was most relevant to their ability to address stressors successfully, and additional research which has identified the affective rather than cognitive or problem-solving focused aspects of coping being most effective in ameliorating stress in LGBQ populations (Doyle & Molix, 2015; Ouch & Moradi, 2019). Therefore, these four subscales of the DCI were identified to focus on the emotion-focused rather than problem-focused aspects of supportive dyadic coping, such as "My partner shows empathy and understanding to me." Items are scored from 1(very rarely) to 5 (very often). Subscale scores were summed to represent the construct termed "affective dyadic coping."

Each of the identified subscales has demonstrated adequate internal consistency in the original German scale (α = .66 [Negative dyadic coping by partner] - .82 [Supportive dyadic coping of the partner]; Bodenmann, 2008) and in the subsequent English translation (α = .81 [Common dyadic coping] - .85 [Supportive dyadic coping of the partner]; Levesque et al., 2014). Again, though the instrument was originally normed on heterosexual and largely White populations, the DCI has subsequently demonstrated appropriate reliability (α = .81) in a large sample of 467 participants in interracial and/or same-sex couples (Rosenthal et al., 2019). In another study with 95 same-sex couples including 73.7% White participants, a subset of two questions of the partner emotion-focused supportive dyadic coping subscale also achieved adequate reliability (Spearman *r* = 0.71; Randall et al., 2017). In the present sample, the combined 16-item version of Affective Dyadic Coping demonstrated strong evidence of internal consistency (α = .927).

Ethnosexual Identity Strength. The Queer People of Color Identity Affirmation Scale (QPIAS; Ghabrial & Andersen, 2021) measures identity-based growth and identity cohesion among QPOC. The scale represents novel measurements specifically of resilience and empowerment at the intersection of marginalized identities (e.g., sexual and racial/ethnic minorities) to capture the factors of resilience and growth associated with these intersectional experiences, rather than just risk (Santos & VanDaalen, 2016), identity conflict (Sarno et al., 2015), or microaggressions (Balsam et al., 2011) which have historically been the focus of measurement in this population. Items for the QPIAS were developed by initial interviews with ten diverse QTPOC participants to understand common themes across their narratives of identity affirmation. Items were then pilot tested in an initial sample (n = 293) and finally, the scale was administered to a new population of QPOC (n = 703) who were randomly split between an EFA and CFA. Care was taken throughout the development and validation process to purposefully sample participants across ethnic/racial identities, sexual orientation, and gender identity to reflect the experiences of the QPOC community at large. The final QPIAS measure is 12 items scored on a Likert scale from 1 (very strongly disagree) to 6 (strongly agree) and contains two subscales: Identity-Based Growth (e.g., "Being an LGBQA+ ethnic/racial minority has made me resilient.") and Identity Cohesion (e.g., "I wish I could erase at least one of these minority identities from myself," [reverse scored]). The QPIAS demonstrates appropriate convergent validity with scales of LGBQ identity affirmation and REM identity affirmation, as well as divergent validity with conflict in allegiance between identities and depression (Ghabrial & Andersen, 2021), ultimately predicting resilience and empowerment at the intersection of these identities beyond what pre-

existing measures have been able to capture of each minoritized identity individually. The scale also demonstrates strong internal reliability for the QPIAS overall (α = .87) as well as the individual subscales of Identity-Based Growth (α = .87) and Identity Cohesion (α = .80). In the present sample, internal reliability for the overall scale was α = .82.

Relationship Satisfaction. The Couple Satisfaction Index (CSI-4; Funk & Rogge, 2007) was used to measure the outcome of relationship satisfaction. The CSI was developed through a stringent process evaluating 180 potential satisfaction items in an online sample of 5,315 respondents and comparing against existing measures of relationship satisfaction to increase precision in measurement of relationship satisfaction, for example, by ensuring that communication was not captured in this scale. The scale demonstrated strong convergent validity as well as greater precision compared to previously widely used satisfaction scales (Funk & Rogge, 2007). However, similar to its predecessors, the CSI does continue to provide higher levels of information for those in the distressed range of relationships than those who report the highest levels of relationship functioning. The final scale of 32 items was also offered in brief 16-item and 4-item versions by selecting the items which provided the largest amount of information for the assessment of relationship satisfaction in order to increase usability across study designs. The CSI-4 was selected for the present study on the basis of higher information and precision of measurement provided by this 4-item measure than many longer relationship satisfaction scales (Funk & Rogge, 2007).

Scores on the CSI-4 range from 0-21 with higher scores representing greater satisfaction and scores below 13.5 classifying the couple as distressed. It includes four items assessing happiness, warmth/comfortability, reward, and the overall degree to

which individuals are satisfied with their relationship. The original norming sample was 75.8% White, 80% female, 60.1% dating as opposed to engaged or married, and 93% heterosexual (Funk & Rogge, 2007). The CSI-4 has demonstrated consistently high reliability ($\alpha > .90$) across demographic characteristics, including for REM participants ($\alpha = .94$) as well as marital status, region, age, and religiosity (Sanri et al., 2021). Though the CSI-4 was not developed specifically for queer couples, components that make up relationship satisfaction have been found to be similar for queer as heterosexual couples (Pepping & Halford, 2014). Indeed, subsequent use of the CSI-4 with LGBQ populations have also demonstrated high reliability, including in a sample of 571 individuals in same-sex relationships ($\alpha = .84$; Whitton & Kuryluk, 2014) and dyadic data from 106 same-sex couples ($\alpha = .83$; Neilands et al., 2020). In the present study, internal consistency was $\alpha = .907$.

Flourishing. In addition to relational outcomes, individual mental health and well-being is also important to consider in investigating the impacts of CLMS for a QPOC population. For example, in investigating the interaction of discrimination across race and sexual identity, Velez et al., (2019) found that internalized racism was moderated by heterosexist discrimination, such that internalized racism was negatively related to psychological well-being differentially at low ($\beta = -.40$), average ($\beta = -.32$), and high ($\beta = -.19$) levels of heterosexist discrimination.

In order to appropriately capture a broad spectrum of well-being across psychological, physical, and material needs, the Flourishing Scale (FS; VanderWeele, 2017) was selected as the second outcome variable. The 12-item measure consists of two items each scored on an 11-point scale from 0 (extremely poor) to 10 (excellent) across

six overall domains: happiness and life satisfaction, mental and physical health, meaning and purpose, character and virtue, close social relationships, and financial and material stability. Per recommendations regarding a broad scope in the assessment of well-being across hedonic, evaluative, and eudaimonic conceptions of well-being (VanderWeele et al., 2020), flourishing is seen as the conceptualization of life satisfaction encompassing psychological well-being along with physical health, interpersonal support, meaning in life, and ability to meet one's basic needs. This conceptualization is in line with emerging thought around flourishing as a construct that goes beyond previous conceptions of simply mental health or well-being, in that one's experiences of flourishing does not necessarily preclude distress, pathology, or experiences of stress (Freetly Porter et al., 2023), such as in a population that may be experiencing CLMS and are intersectionally marginalized. There have also been increased calls specifically for LGB populations regarding the measurement of flourishing and other aspects of positive and holistic health, rather than a focus solely on distress or negative health outcomes (Bariola et al., 2017; Rostosky & Riggle, 2017a; Rostosky et al., 2018). In a large cross-cultural norming sample of the FS (N = 8,873 respondents), including 4,083 from the U.S., 1,284 from Sri Lanka, 587 from Cambodia, 412 from China, and 2,500 participants from Mexico, the FS was found to demonstrate internal consistency (α = .76 [Mexico] - .91 [U.S.]), providing evidence for the applicability and validity of the FS across a wide variety of cultural experiences and populations (Węziak-Białowolska et al., 2019). Internal consistency was estimated as α = .803 in the present sample.

Data Analysis

Multiple regression analysis for this study was conducted in SPSS 25. A stepwise procedure allowed for the detection of the main effect of couple-level minority stress (predictor) on relationship satisfaction and flourishing (criterion variables) as well as any interaction effects from moderators being tested (Heppner et al., 2015). The procedure of data analysis is captured below in response to each hypothesis.

Hypothesis 1: Greater experiences of couple-level minority stress will be associated with poorer relationship satisfaction (H1a) and less individual flourishing (H1b).

First, a regression equation was built to understand the main effect of couple-level minority stress on relationship satisfaction and well-being. The combined subscales of Couple-Level Stigma, Couple-Level Discrimination, and Couple-Level Visibility from the CLMS measure were entered as predictors into the linear regression model on the outcome of relationship satisfaction measured by the CSI-4. A separate regression equation was then built using the same combined CLMS on the outcome of individual flourishing, measured by the FS. It was predicted that CLMS would be a statistically significant predictor for both of these regression equations. Finally, common relationship variables for this population were dummy coded and entered as covariates into each equation to assess for potential differences by identity status on the experiences of couple minority stress, including ethnicity, gender, sexual orientation, length of relationship, age, geographic region, marital status, children, and relationship structure. Given the exploratory nature of this line of research, no specific hypotheses were made regarding these demographic covariates.

Hypothesis 2: Couple identity will moderate the impact of couple-level minority stressors on health outcomes such that at higher levels of couple identity, the association between couple-level minority stress with relationship satisfaction (H2a) and individual flourishing (H2b) will be significantly steeper than at lower levels of couple identity.

Hypothesis 3: Affective dyadic coping will moderate the impact of couple-level minority stressors on health outcomes such that at higher levels of affective dyadic coping, the association between couple-level minority stress with relationship satisfaction (H3a) and individual flourishing (H3b) will be significantly steeper than at lower levels of affective dyadic coping.

Hypothesis 4: Ethnosexual identity will moderate the impact of couple-level minority stressors on health outcomes such that at higher levels of ethnosexual identity pride, the association between couple-level minority stress with relationship satisfaction (H4a) and individual flourishing (H4b) will be significantly steeper than at lower levels of ethnosexual identity.

To test hypotheses 2-4, the moderators of couple identity, affective dyadic coping, and ethnosexual identity were then entered into both regression equations as interaction effects, or the "multiplicative product of the predictors" (Heppner et al., 2015, p. 301), along with significant demographic covariates from the main effects model. In order to test the effects of possible moderators, the predictor and moderator variables were first standardized to reduce multicollinearity and support meaningful interpretation. An interaction effect was calculated as the Z-score of CLMS multiplied by the Z-score of each moderator variable. Each moderator variable was hypothesized to statistically

significantly reduce the impact of CLMS on the two criterion variables such that the slope will be significantly steeper at higher levels of couple identity, affective dyadic coping, and ethnosexual identity than at lower levels.

Chapter Three: Results

Preliminary Analyses

First, descriptive statistics were calculated for the primary predictor and criterion variables as well as the three moderator variables, which are found in Table 3 along with variable correlations. All significant correlations were in the expected direction with low to medium correlations except for the association between CSI-4 and affective dyadic coping, which was strong ($r = .689$, $p < .001$). Each variable was also assessed to see if it met statistical assumptions appropriate for linear regression, including assumptions of normal distribution, heterogeneity, and collinearity. All variables were approximately normally distributed and met assumptions including through visual examination of histogram plots, assessing acceptable statistics of skewness and kurtosis, and meeting statistical standards of tolerance and Variance Inflation Factor (VIF) estimates. No outliers were found across these variables.

Hypothesis 1: Overall Effects of CLMS on Relationship Satisfaction and Flourishing

First, two linear regression analyses were built to test associations of the predictor variable CLMS on each criterion variable of relationship satisfaction and individual flourishing. In each regression analysis at Step 2, participant and relationship characteristics were included as simultaneous predictors (age, having children, ethnicity, region of the U.S., gender, sexual orientation, partner sexual orientation, relationship structure, cohabitation status, marital status, and length of relationship) and dummy

coded where appropriate. Both regressions were found to be significant, demonstrating evidence for both Hypothesis 1a and 1b. Step 1 of the main effects model predicted only 3.5% of the variance in relationship satisfaction (R^2 = .035, F(1, 239) = 8.603, p = .004) and 5.4% of the variance in flourishing (R^2 = .054, F(1, 239) = 14.711, p = <.001). The inclusion of demographic covariates in step 2 greatly improved model fit to accounting for approximately 20% of the variance in both relationship satisfaction (R^2 = .206, F(24, 216) = 2.342, p < .001) and individual flourishing (R^2 = .201, F(24, 216) = 2.261, p = .001). Beta coefficients can be found in the first line of Tables 4 and 5 respectively. Regarding significant covariates, sexual orientation (p = .004), gender (p = .033), cohabitation (p = .038), being in a legally recognize union (p = .011), heterosexuality of partner (p = .044), and age (p = .011) were all found to be significant covariates which were retained for subsequent moderator analyses. The covariates of ethnicity, region of the U.S., urbanicity, length of relationship, having children, and having a consensually-non monogamous relationship structure were not found to be significant predictors and were therefore excluded from further models.

Table 3. Descriptive Statistics and Bivariate Correlations for Study Variables

Variable	*M* (*SD*)	1	2	3	4	5
1. CLMS	3.00 (1.80)	—				
2. CSI-4	16.92 (3.74)	-.186*	—			
3. Flourishing	6.51 (1.29)	-.241**	.352**	—		
4. Couple Identity	5.03 (1.13)	.019	.357**	.058	—	
5. Affective DC	4.13 (.66)	-.175*	.689**	.239**	.236**	—
6. QPIAS	5.41 (.96)	-.333**	.243**	.389**	.056	.231**

Note. CLMS= Couple-Level Minority Stress. CSI-4 = Couple Satisfaction Index-4. DC= Dyadic Coping. QPIAS= Queer People of Color Identity Affirmation Scale.

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

Hypothesis 2: Couple Identity

The second hypothesis was that couple identity would moderate the relationship between CLMS and relationship satisfaction (Hyp 2a) and would also moderate the relationship between CLMS and individual flourishing (Hyp 2b). Specifically, it was expected that couple identity would act as a buffer in highly stressed relationships such that those who endorse stronger couple identity would have a significantly steeper slope than those at lower levels of couple identity.

There was no evidence of a statistically significant interaction between couple identity and CLMS on the outcome of relationship satisfaction ($R^2 = .197$, $F(1, 228) = .454$, $p = .501$), leading to a failure to reject the null hypothesis 2a (Table 4). However, the model approached significance as it relates to the outcome of individual flourishing ($R^2 = .167$, $F(1, 228) = 3.513$, $p = .062$) as seen in Table 5. The model was re-run without covariates in order to increase statistical power and was found to be significant ($R^2 = .079$, $F(1, 237) = 4.513$, $p = .035$). However, this model explained 8.8% less variance than the original model with all covariates. Taken together, there is some evidence to suggest that couple identity may moderate the relationship between CLMS and flourishing (Hyp 2b) and moderation effects will be interpreted with caution, in line with recommendations from Robinson and Schumacker (2009).

Table 4. Regression Models Predicting Relationship Satisfaction

Variable	Step 1			Step 2		
	β	*SE*	*p*	*β*	*SE*	*p*
CLMS	-.186**	.132	.004	-.204**	.137	.002
Couple Identity	.329***	.24	<.001	.325***	.241	<.001
CLMS x Couple Identity				-.04	.231	.501
Affective Dyadic Coping	.663***	.18	<.001	.661***	.183	<.001
CLMS x Affective Coping				.008	.137	.866
Ethnosexual Identity	.17*	.25	.012	.17*	.25	.012
CLMS x Ethnosexual Identity				.003	.266	.958

Note. CLMS = Couple-Level Minority Stress.

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

Table 5. Regression Models Predicting Individual Flourishing

Variable	Step 1			Step 2		
	β	*SE*	*p*	*β*	*SE*	*p*
CLMS	-.241***	.045	<.001	-.249***	.047	<.001
Couple Identity	.035	.087	.602	.025	.087	.713
CLMS x Couple Identity				-.116	.083	.062
Affective Dyadic Coping	.235**	.081	<.001	.255**	.082	<.001
CLMS x Affective Coping				-.117	.062	.062
Ethnosexual Identity	.358**	.082	<.001	.352**	.081	<.001
CLMS x Ethnosexual Identity				-.146*	.086	.014

Note. CLMS = Couple-Level Minority Stress. *$p < .05$ **$p < .01$ ***$p < .001$

In Step 1 of the model with covariates, CLMS and couple identity predicted about 15.4% of the variance in flourishing ($R^2 = .154$, $F(11, 229) = 3.782$, $p < .001$). The addition of the interaction term in Step 2 predicted an additional 1.3% of the variance in flourishing ($\Delta R^2 = .013$, $\Delta F(1, 228) = 3.513$, $p = .062$). To aid in interpretation of this potential interaction effect, I conducted a simple slopes analysis and graphed the interaction (see Figure 1). As hypothesized, at high levels of couple identity, couple minority stress was a significant negative predictor of flourishing ($\beta = -.484$, $p < .001$). However, at low levels of couple identity, couple minority stress was not a significant predictor of flourishing ($\beta = -.172$, $p = .102$). Those who had a strong sense of couple identity and high couple minority stress had poorer flourishing than their peers with high couple identity and low couple minority stress, providing evidence of a strong effect (Cohen's $d = 0.75$) of couple identity as a moderator at high but not low levels for CLMS on flourishing and evidence of support for Hypothesis 2b.

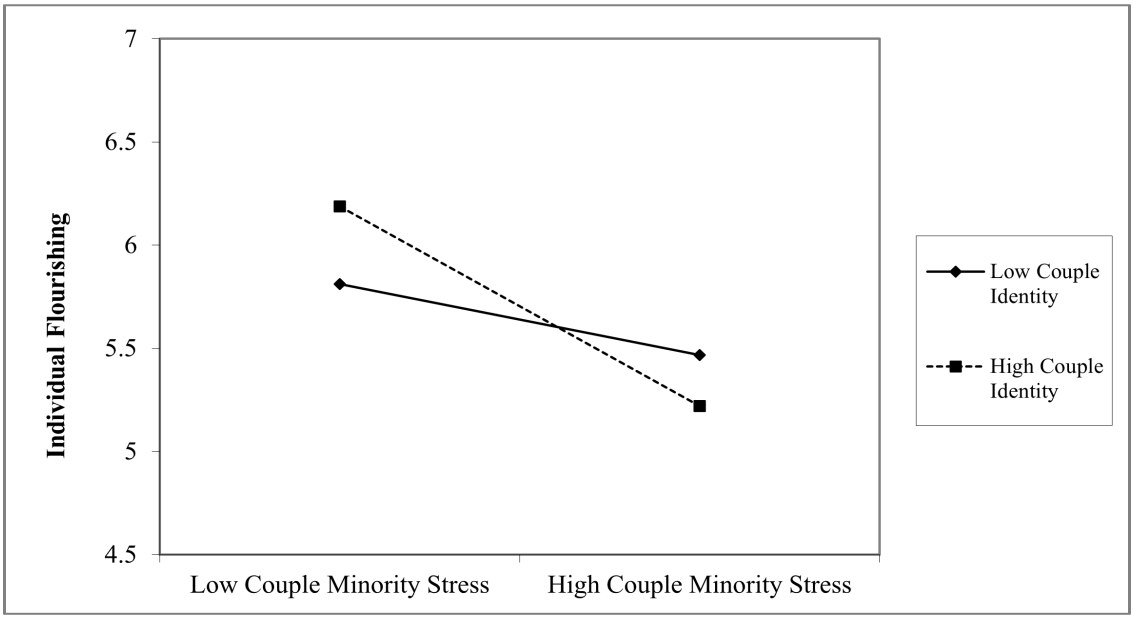

Figure 1. Moderation effect of couple identity on the relationship between couple-level minority stress and individual flourishing ($\beta = -.116$, $p = .062$). Interaction was significant at high ($\beta = -.484$, $p < .001$) but not low levels ($\beta = -.172$, $p = .102$) of couple identity.

Hypothesis 3: Affective Dyadic Coping

The third hypothesis was that affective dyadic coping would moderate the relationship between CLMS and both relational and individual health outcomes. Specifically, it was expected that affective dyadic coping would act as a buffer in highly stressed relationships such that those who endorse stronger affective dyadic coping and higher CLMS would have higher couple satisfaction (Hyp 3a) and flourishing (Hyp 3b) than their peers who endorsed having high couple stress but weaker dyadic coping, as evidenced by a steeper slope.

There was again no evidence of an interaction between affective dyadic coping and CLMS on the outcome of relationship satisfaction (Hyp 3a; $R^2 = .535$, $F(1, 228) = .028$, $p = .866$). Though it does not appear that relationship satisfaction differs by different levels of affective coping endorsed in the couple, this model did together account for 53.5% of the variance in relationship satisfaction, perhaps suggesting the presence of a main effect rather than a moderator on couple satisfaction.

In terms of Hypothesis 3b, the moderated model again approached significance as it relates to the outcome of individual flourishing ($R^2 = .172$, $F(1, 228) = 3.522$, $p = .062$). The model was therefore re-run without covariates and was found to be significant ($R^2 = .112$, $F(1, 237) = 4.455$, $p = .036$). This model together explained 6% less of the variance of the outcomes of flourishing than the original model with all covariates. Taken together, there is some evidence to suggest that affective dyadic coping may moderate the relationship between CLMS and flourishing (Hyp 3b) and will again be interpreted with caution.

In Step 1 of the model with covariates, CLMS and affective dyadic coping predicted about 20.1% of the variance in flourishing (R^2 = .201, $F(11, 229) = 5.243$, $p <$ .001). The addition of the interaction term in Step 2 predicted an additional 1.2% of the variance in flourishing (ΔR^2 = .012, $\Delta F(1, 228) = 3.522$, p = .062). To aid interpretation, I conducted a simple slopes analysis and graphed the interaction, shown in Figure 2. As predicted, at high levels of affective dyadic coping, couple minority stress was a significant negative predictor of flourishing (β = -.388, p = .001). However, at low levels of affective dyadic coping, couple minority stress was not a significant predictor of flourishing (β = -.156, p = .101). Those who endorsed high affective coping with their partner had higher flourishing than their peers with poor affective dyadic coping (Cohen's d = 0.602), providing evidence of a medium effect in support of Hypothesis 3b.

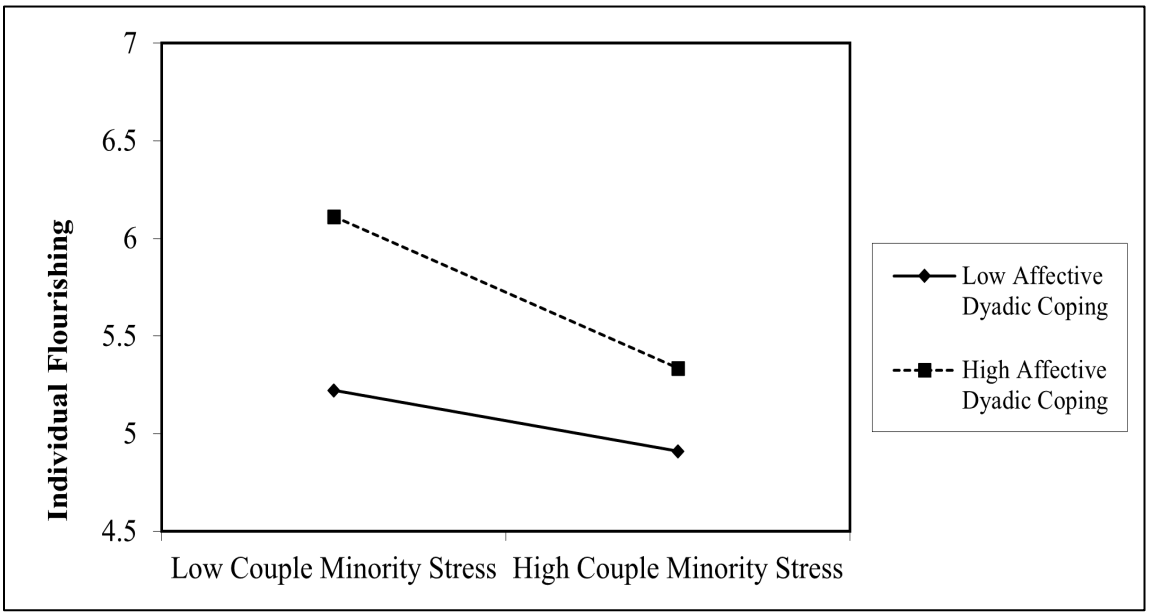

Figure 2. Moderation effect of affective dyadic coping on the relationship between couple-level minority stress and individual flourishing (β = -.117, p = .062). Interaction was significant at high (β = -.388, p = .001) but not low levels (β = -.156, p = .101) of affective dyadic coping.

Hypothesis 4: Ethnosexual Identity

The final hypothesis was that ethnosexual identity would moderate the relationship between CLMS and health outcomes. Specifically, it was expected that at lower levels of intersectional QPOC identity integration, experiences of couple stress would have less of an association with relationship satisfaction (Hyp 4a) and flourishing (Hyp 4b) than at high levels of QPOC identity strength. There was no evidence to suggest that ethnosexual identity moderated the association between couple-level minority stress and relationship satisfaction (Hyp 4a; $R^2 = .172$, $F(1, 228) = .003$, $p = .958$).

However, a significant interaction term was found for QPOC identity and couple-level minority stress on individual flourishing. In Step 1 of the hierarchical regression, CLMS and QPOC identity together predicted about 25.7% of the variance in flourishing ($R^2 = .257$, $F(11, 229) = 7.187$, $p < .001$). The addition of the interaction term in Step 2 predicted an additional 1.9% of the variance in flourishing ($\Delta R^2 = .019$, $\Delta F(1, 228) = 6.086$, $p = .014$). To aid interpretation of this moderator effect, the interaction was graphed (Figure 3). For those who endorsed low QPOC identity integration, individual flourishing was approximately the same whether the relationship experienced high or low couple-level minority stress ($\beta = .012$, $p = .905$). However, for those who endorsed a strongly integrated intersectional QPOC identity, the relationship between couple-level minority stress and flourishing differed significantly ($\beta = -.412$, $p = .002$), providing evidence of a medium effect (Cohen's $d = 0.639$) in support of Hypothesis 4b that QPOC identity strength may act as a buffer in intersectional experiences of CLMS.

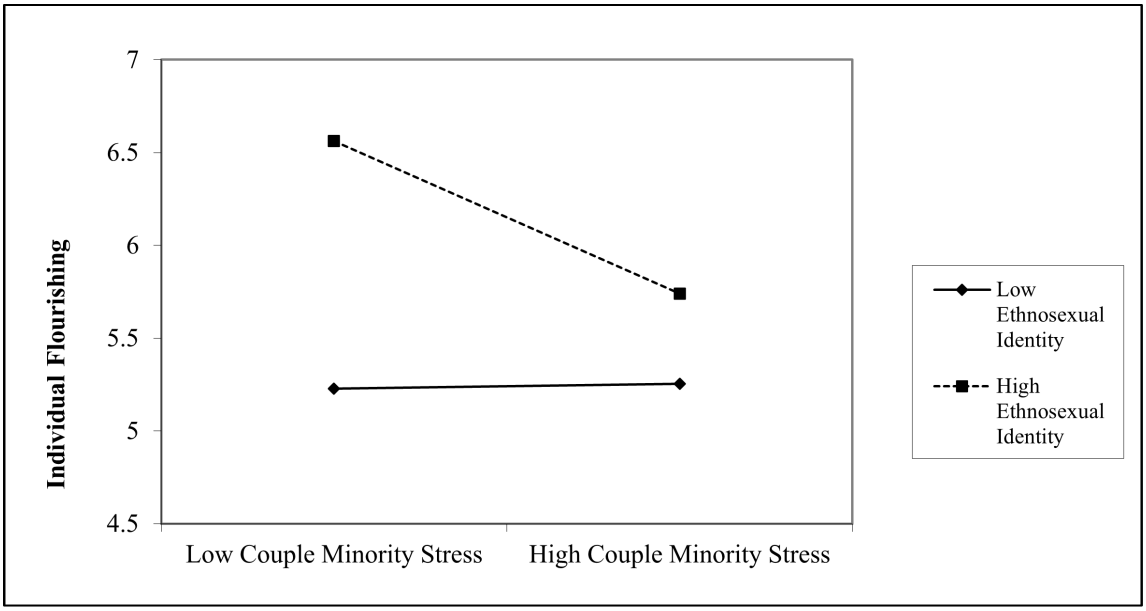

Figure 3. Moderation effect of ethnosexual identity on the relationship between couple-level minority stress and individual flourishing (β = -.146, p = .014). Interaction was significant at high (β = -.412, *p* = .002) but not low levels (β = .012, *p* = .905) of ethnosexual identity.

Results overall demonstrated support of Hypothesis 1a and 1b of a main effect of couple-level minority stress on the outcomes of relationship satisfaction and individual flourishing. Several significant covariates were also found in the overall model and accounted for in subsequent models of interaction effects. There was also support of Hypothesis 4b, or the moderator of ethnosexual identity on the outcome of individual flourishing. Hypotheses 2b and 3b for the moderators of couple identity strength and affective dyadic coping respectively on flourishing also approached significance and were interpreted with caution. Each moderator was significant at high but not low levels of individual flourishing. However, there were no interactions effects found in Hypotheses 2a, 3a, or 4a for the criterion variable of relationship satisfaction.

Chapter Four: Discussion

This study sought to investigate two primary research questions: (1) How does couple-level minority stress impact queer people of color in interethnic romantic relationships? and (2) What factors support queer people of color in interethnic romantic relationships? In response to question 1, in this sample of 249 queer people of color who are in interethnic relationships with White partners, experiencing couple-level minority stress was associated with worse individual and relational health. Specifically, experiences of couple-level discrimination, stigma, and visibility were significantly negatively associated with relationship satisfaction and individual flourishing. This indicates the presence of CLMS as a deleterious experience for intersectionally marginalized individuals in interethnic relationships. Regression models of couple-level minority stress explained about 20% of the variance in both relationship satisfaction and flourishing. This aligns with recent models investigating the impact of individual minority stress on relationship quality (Frost et al., 2022) and demonstrates an expansion specifically focusing on impacts of CLMS in intersectionally marginalized relationships.

In response to question 2, the variables of ethnosexual identity, couple identity, and affective dyadic coping all demonstrated evidence as significant moderators for individual flourishing but not for relationship satisfaction. Given that there was a significant negative association found for couple minority stress with relationship satisfaction overall, this suggests that CLMS is more uniformly associated with lower

satisfaction in relationships for QPOC in interethnic relationships and does not differ by the hypothesized moderator variables. It is important to note that in the present sample, only 13.3% of respondents reported that their relationship was distressed, as measured by a score lower than 13.5 on the CSI-4 (Funk & Rogge, 2007). In Bühler et al.'s (2021) systematic review and meta-analysis on relationship satisfaction, the authors found that on average across 165,039 participants, approximately 80% reported being satisfied in their present relationship, with a range from 62-92%. Though all assumptions of normality were adequately met in the present analyses, this study may therefore represent a slightly more satisfied sample than on average, representing a potential ceiling effect for relationship satisfaction. This finding also aligns with calls in the literature to expand measurement in the range of flourishing for couples rather than focusing on the side of distress (Sanri et al., 2021), as is currently captured in standard measures of relationship satisfaction which are based on couples presenting to relationship therapy and potentially on the brink of relationship dissolution. Further, though affective dyadic coping was not found to be a significant interaction effect with CLMS for the outcome of relationship satisfaction, this model did together account for 53.5% of the variance in relationship satisfaction, suggesting that affective dyadic coping may instead have a main effect on relationship satisfaction. While relationship satisfaction may not vary as a function of affective dyadic coping as a moderator, the novel construct of affective dyadic coping appears to be significant contributor in relationship satisfaction for QPOC interethnic couples overall and warrants further investigation.

Conversely, all predicted moderators demonstrated evidence of a significant effect on the criterion variable of individual flourishing. Ethnosexual identity strength was the

only intrapsychic moderator assessed and also demonstrated the strongest evidence of a moderated effect with CLMS on flourishing. Notably, those with low endorsements of an integrated ethnosexual identity experienced about the same low flourishing regardless of whether they were in a highly stressed relationship or not with a slope that was about flat ($\beta = .012$). Conversely, those with higher ethnosexual identity strength, characterized as having stronger identity-based experiences of growth and identity-based cohesion as a QPOC, endorsed higher flourishing whether they were in a relationship experiencing CLMS or not. As may be expected, those with the highest flourishing were those who endorsed high QPOC identity strength and low couple minority stress, and had significantly higher flourishing than their low identity strength counterparts in both low-stressed (Cohen's $d = 1.03$) and higher-stressed relationships (Cohen's $d = .377$). Overall, those with high ethnosexual identity strength who experienced more stigma and discrimination of their relationships had poorer well-being associated with this stress, but still were flourishing more than their peers with low ethnosexual identity. This finding demonstrates the importance of a QPOC identity synthesis as a potential buffer in experiences of CLMS and is aligned with existing work which emphasizes positive attitudes about one's belonging in marginalized groups as a buffer in health and well-being (Perrin et al., 2020; Roberts & Christens, 2020; Yip, 2018), signaling a key area of intervention for intersectionally marginalized individuals in stigmatized relationship forms.

Systemic factors in the relationship, namely, couple identity and affective dyadic coping, were also explored as potential buffers of CLMS and demonstrated some evidence of a moderation effect on the outcome of individual flourishing but not

relationship satisfaction. These interpersonal variables speak to the relevance of relational factors on well-being for the QPOC partner and is in alignment with previous results which espouse relationship health in promoting individual health (Braithwaite & Holt-Lunstad, 2017; Whitton et al., 2018). First, there is evidence that intersectionally marginalized couples are impacted differentially by CLMS based on their sense of couple identity or mutuality in the relationship. QPOC who have a stronger sense of operating together as a team with their White partner demonstrated a strong effect (Cohen's d = 0.75) of their flourishing varying by high and low couple stress when compared to their peers with a low sense of couple identity. This finding demonstrates the potential for strengthening a sense of "we-ness" or mutuality in the relationship to support individual well-being for multiply marginalized individuals.

It is also notable that this moderator was also the only one that had a crossover in graphing the interaction term: for those who endorsed being in partnerships that experience higher levels of couple discrimination, stigma, and visibility, having a high couple identity strength is actually associated with less flourishing. This effect may be thought of as being highly committed to a relationship that is socially stigmatized as deleterious for well-being, where QPOC may feel more resigned to experiences of relationship discrimination and a sense of being tied to a relationship that is stressful. This moderated effect of couple identity strength suggests the need to assess commitment in relationships and the possibility of promoting agency for marginalized individuals through interpersonal dynamics, even in a highly stressed relationship. For example, Lehmiller and Agnew (2006) found that marginalized relationship partners were more committed than their nonmarginalized counterparts, but this commitment was produced

through appraisal of having fewer relationship alternatives rather than through increased perception of relationship satisfaction. Intersectionally marginalized queer couples' experiences of couple minority stress therefore needs to be examined within the context of the strength of their couple identity and, in particular in interethnic relationships, the QPOC partner's perception of commitment to their White partner.

Affective dyadic coping was the final moderator assessed and represents another relational process which was found to follow a similar pattern. QPOC who endorsed having higher resources of affective coping in their relationships, for example, by receiving warmth, empathy, affection, and support from their White partners and affectively problem solving conjointly when faced with daily stressors, had higher flourishing than their low affectively coping peers (Cohen's $d = .60$). Those with higher affective dyadic coping and low CLMS had the highest flourishing and represents those who likely feel adequately resourced in their relationships to handle both personal and couple-level stress they may encounter. This finding is in line with existing research on the role of affect regulation and positive affect in promoting flourishing for individuals (Diehl et al., 2011; Gilbert et al., 2008) and couples (Galovan et al., 2021; Sanri et al., 2021). Given that affective components in particular such as passion, intimacy, and warmth, have been found to be a more impactful coping mechanism relevant to LGBQ+ populations within their intimate relationships (Doyle & Molix, 2015; Guschlbauer et al., 2019; Ouch & Moradi, 2019; Rostosky & Riggle, 2017b), further research in the exploration of affective dyadic coping as a construct relevant to this population is warranted. Future research could continue to build on these findings by further assessing

the interpersonal dynamics which support or hinder successful marginalized relationships, even in the face of couple minority stressors.

Consistently across each of the three moderators, QPOC were found not to vary at low levels of the moderator whether they were in relationships that experienced high or low levels of CLMS. Put another way, at low levels of each moderator, there was no association between CLMS and relationship satisfaction or individual flourishing. The uniformity of this finding across all three hypotheses suggests a certain numbness or apathy that may exist for those who have low affective dyadic coping, couple identity, and ethnosexual identity. These individuals are lower in their flourishing and relationship satisfaction whether they are in a highly stressed relationship or not, and speaks to the criticality of each of these variables in supporting individual and relational well-being.

Demographic Covariates

Several common identity and demographic variables were also accounted for in the present study. In the overall linear regression model of CLMS on relationship satisfaction, sexual orientation (both identifying as bisexual or pansexual vs. gay or lesbian as the reference group and being asexual or demisexual vs. gay or lesbian), gender (identifying as a woman vs. as a man), being in a marriage or legal union vs. dating while living separately, and having a heterosexual-identified partner vs. not were found to be significant covariates. In the overall linear regression model of CLMS on individual flourishing, age as a continuous variable, sexual orientation (again both identifying as bisexual or pansexual vs. gay or lesbian and being asexual or demisexual vs. gay or lesbian), and cohabitating vs. dating living separately were found to be significant covariates.

The significant findings on sexual orientation are notable in this sample, although to be expected based on previous research findings. Ramirez and Galupo (2019), for example, found increased anxiety and depression for plurisexual as compared to monosexual QPOC, and Plöderl and Tremblay (2015) found in a systematic review of mental health for sexual minorities that bisexual people were consistently at highest risk amongst all of their LGBQ+ peers. A benefit of the heterogeneity represented within the present sample is that it allowed for more discrete investigations of sexual identity on relationship satisfaction and flourishing, i.e., distilling impacts specifically on a queer identity rather than bisexuality or pansexuality within the umbrella of plurisexual identities, and of identities under the asexuality spectrum compared to those who identify as gay or lesbian. For example, while identifying as bisexual or pansexual was associated with poorer relationship satisfaction and flourishing, identifying as queer was not. This indicates that beyond the "LGBTQ+ alphabet soup," there is evidence of specific risk conferred to bisexual, pansexual, asexual, and demisexual participants compared to their lesbian, gay, and queer-identified peers. Perhaps those who embrace the label specifically of "queer" have additional psychological strengths that may be supported by queer theory relative to their bisexual or pansexual contemporaries (Chan & Howard, 2020; Hammack et al., 2019). Those who identified as asexual, demisexual, or another asexual spectrum identity (e.g., grey-asexual or demiromantic) also had a significant or approaching significance negative association in each model for the outcome of relationship satisfaction but not for flourishing, suggesting that an asexual spectrum identity may be a more relevant impact on relational functioning than on individual health.

Specifically investigating the 9.6% of the sample who reported that their White romantic partner identifies as heterosexual further reveals the negative association with couple satisfaction as a significant factor to consider not only by the sexual orientation of primary respondents but also of their partner. Xavier Hall and colleagues (2021) noted the difference in plurisexual women's outness, depression, and sexual orientation discrimination by a function of their partner's gender and sexual orientation and found that plurisexual women were less likely to be out when partnered with cisgender heterosexual men than when partnered with bisexual or lesbian women or bisexual cisgender men. Outness is seen as a related but distinct construct to identity concealment within the individual minority stress model and has been associated with depression (Riggle et al., 2017) as well as relationship satisfaction and sexual dis/satisfaction (Vale & Bisconti, 2021). These findings allude to the pain that may exist for LGBQ+ individuals which impact their satisfaction in relationships with straight partners, such as in bisexual erasure or instances of "straight-presenting" couples that may impact couple-level visibility and increase individual concealment. Indeed, Wilson et al.'s (2021) findings that for both women and men, though being in a relationship with a same-sex, transgender, or non-binary partner was not associated with significant difference in psychological distress compared to those in heterosexual partnerships, being in a mixed sexual orientation relationship was associated with higher levels of psychological distress for both women and men. The mixed orientation negative impact on health and well-being has been found in some investigations to be particularly salient for bisexual women (Daly et al., 2018; Dürrbaum & Sattler, 2020; Lewis et al., 2012). Taken together, relationships where a QPOC is partnered with a heterosexual White person may reveal

multiple domains of disconnect on experiences of marginalization and couple stress, pointing to these individuals in particular as a population who may be supported by further investigation and intervention as multiply marginalized individuals who are partnered with multiply privileged individuals across identities of race, sexuality, and potentially more. The confound of gender and sexuality is important to consider especially given that the majority of respondents who reported their partner identified as heterosexual were also women.

Indeed, in this highly gender diverse sample, significant differences were found indicating lower relationship satisfaction for queer women of color rather than queer men of color. Queer women of color do face additional burdens at the intersection of multiple marginalized identities which are in line with previous findings (Bowleg et al., 2003; Bowleg, 2008; DeBlaere et al., 2014; Sarno et al., 2021). It may be that women are more impacted by stress and discord in romantic relationships which are stigmatized given social messaging that emphasizes relational harmony for women, such that partnership status has been found to be a less impactful factor in SGM men's mental health compared to women (Wilson et al., 2021). Notably, identifying as TGD was not a significant predictor of relational or individual outcomes in the present sample, indicating the potential strengths and buffers employed by queer TGD people in the face of CLMS (Lewis et al., 2021) that make them indistinguishable from their cisgender queer peers. Though in this sample of nearly 40% TGD respondents no differences were found, it may be that experiences of TGD may differ in other contexts, for example, in states where gender affirming care is currently being targeted or there is not legal protection for the workplace or in housing discrimination for those who are gender diverse.

Next, age as a significant positive predictor of flourishing may speak to the relative strength and increased resilience of older multiply marginalized individuals who have perhaps established internal strengths and relational processes which support their well-being, even in the face of couple minority stressors. These findings should be replicated with a larger demographically representative sample given the present sample's relatively restricted age range that tended to be younger, as well as repeated longitudinally in order to better assess impacts over time and developmental differences associated with aging than cross-sectional research is able to elucidate. However, this finding is notable in that older age was found to confer resilience for QPOC experiencing couple minority stress, as some recent work on developmental differences in the impacts of minority stress on relational satisfaction found that instead, younger cohorts may be less impacted by proximal experiences of minority stress related to internalized stigma and concealment in light of increased societal acceptance and change compared to older LGB individuals (Frost et al., 2022). Conversely, Meyer et al. (2021) found that younger cohorts are different from their older LGBQ peers in that they are coming out at significantly younger ages, but still experience equal proximal and distal minority stressors, and in fact, endorsed higher frequency of suicide attempts than their older peers. Across the board, older individuals do also tend to enjoy increased affect regulation and a higher ratio of positive to negative affect than their young adult peers (Diehl et al., 2011), likely conferring additional capacity to cope with experiences of intersectional minority stress. There is also some evidence that QPOC achieve sexual orientation identity development milestones earlier than their White peers (Hall et al., 2021), perhaps speaking to a more integrated or synthesized identity at the point of

assessment. Age is therefore a factor that should continue to be investigated in explorations of minority stress, both at the individual and couple-level.

Relationship status was the final significant demographic covariate, where protection of a legal union through marriage or domestic partnership was positively associated with couple satisfaction, and cohabitation was positively associated with individual flourishing, both when compared to those who are dating but living separately. While legal unions are generally more stable than cohabitation for different sex as well as same-sex couples (Ketcham & Bennett, 2019), there are fewer investigations which assess differences in queer relationships where members are dating but living separately compared to the relationship satisfaction or individual well-being experienced by their peers in formal unions or cohabitating. Given that length of relationship was not found to be a significant predictor in this study, the specific processes which may confer protection to those in more committed relationships to enjoy better outcomes may be fruitful to investigate, i.e., the specific processes of commitment, communication, lack of viable alternatives, or expectation of future relationship satisfaction.

Demographic variables which were not found to be significant predictors are also worthy of briefly noting. Ethnicity, region of the U.S., living in an urban vs. suburban or rural area, length of relationship, presence of children, or being in a CNM relationship were not found to be significant in this investigation. Though there were no specific hypotheses predicted around demographic variations of CLMS in this initial empirical paper, couple-level minority stress theory is hypothesized to impact multiple different stigmatized relationship forms. Therefore, the lack of variation by ethnoracial background (those who identify solely as Black/African American, Latine/Hispanic,

South/Central Asian, and East/Southeast Asian or Pacific Islander vs. comparison group of bi/multiracial QPOC) may suggest a more universal experience across QPOC dating White partners regardless of specific cultural background. This investigation also sampled specifically White-POC interethnic relationships as an initial area of study. Future work should replicate such investigations of CLMS between different non-White ethnocultural groups to determine areas of support and resilience within such populations. For example, would a QPOC partnership between a Latine immigrant bisexual woman with a biracial Black American lesbian and non-binary person engender different sources of stress or be supported by different domains of coping within the relationship? Future comparisons may need to continue being conducted of different ethnic groups in comparison to one another rather than to White or multiracial comparison groups, as previous research has pointed to differences at the specific intersection of cultural background and sexual minority identity (Ching et al., 2018; Parra & Hastings, 2018; Sarno et al., 2021; Silva & Evans, 2020). Alternatively, given that race is inherently a social construct, it may be that experiences of intersectional marginalization are more similar than dissimilar across non-White participants, and may speak to an overall ethnosexual identity as a unifying construct regardless of the unique intersections of ethnicity and sexual orientation for QPOC. Rather than ethnicity as a proxy variable, specifically assessing internalized racism or endorsement of White supremacist beliefs will also be beneficial in furthering specificity in investigations of CLMS.

Region and rurality were also non-significant, although are worthy of reassessment through continued purposeful sampling of regions that are consistent with higher experiences of discrimination, harassment, and lack of equal rights for queer and

trans people. Length of relationship, categorized as under one year, 1-3 years, or 7+ years compared to the sample mode of 3-7 years was also nonsignificant. This is in line with Bühler et al.'s (2021) finding that the age of participants matters more for relationship satisfaction than relationship duration, and speaks to the patterns of relative strengths and weaknesses that may emerge in a stigmatized relationship regardless of the stage of relationship, including for those partnerships that are as new as 3-6 months of dating. Finally, the lack of variance by CNM status is a particularly interesting one. It may be that given the high endorsement of polyamorous, open, or other CNM relationship structures in about 36% of this sample, classic understandings of monogamous romantic relationships may be ill-fitting for this population. Indeed, even the nomenclature of "couple-level minority stress" indicates a dyadic process which may not be relevant to all relationship structures. Alternatively, the high CNM representation within the sample may account for the relatively satisfied couples and flourishing individuals found within this multiply marginalized population as individuals who enjoy multiple outlets of experiencing strength, community, and empowerment beyond the traditional societal structures of legal marriage or dyadic coupling (Finkel et al., 2014). Indeed, evidence suggests that those engaging in polyamory demonstrate secure attachment more frequently than monogamous baseline populations (Moors et al., 2019) and may also contribute to the relatively satisfied sample in the present study. Investigations to further tease apart these understandings of couple identity and commitment within queer CNM relationships is an area ripe for future exploration.

Limitations

Several limitations in the present study are also important to consider. Though the sample did demonstrate diverse representation of experiences across ethnic and cultural background, sexual orientation, gender (including nearly a 40% TGD sample), relationship structure, and regions of the U.S., there are other ways that the sample was limited. The sample was particularly limited in age, representation of rural experience, and inclusion of Native American or Indigenous respondents. Therefore, though many sources of heterogeneity were emphasized, the results may not necessarily generalize to QPOC who are 50+ years old, those in rural areas, of Indigenous heritage, who have children, and/or have military experience. Further research is warranted for replication of these results as well as for increasing representation in investigating CLMS in queer interethnic relationships. Additionally, respondents were limited to select one sexual orientation, and no distinctions were made between sexual and romantic orientation.

Second, the study may be suffering from sampling bias inherent in snowball sampling methods (Heppner et al., 2015) and Internet-based research. The sample was robust to power estimates overall but relatively limited in size in regards to certain covariates, which may have limited the ability to draw significant conclusions if a true effect along a demographic variable does exist. The limited sample size may have contributed to several analyses which approached but did not meet standards of significance and should continue to be interpreted with caution. Further, while efforts were made to diversify participant recruitment through purposeful sampling with a wide representation of ethnic, sexual, and/or gender marginalized-serving organizations, recruitment was largely based on following social media accounts or membership

affiliation with specific interest in serving QTPOC and their families. This may have introduced bias into the sample towards those who are more likely to have access to and be interested in completing a survey on ethnosexual identity and experiences of relationship marginalization. Further, though considerable efforts were made towards selecting bona fide responses for the sample from the overall responses submitted, anonymous Internet-based research also has the inherent limitation of self-report in meeting the participant inclusion criteria without any way to accurately verify this information as researchers. As increased spam and bot responses have threatened online data collection efforts widely, and may especially impact data collection for marginalized or other hard-to-reach populations (Griffin et al., 2022), it is possible that some faked responses were ultimately included in the final sample despite multiple attention checks and attempts to verify eligibility. Indeed, while participant compensation in this study was intended to incentivize participants and pay historically marginalized communities for their labor in participating in research, it may have also served as an attractive reward for spam responses and bot attacks.

A third major area of limitation is in the measurement of the theoretical construct of couple-level minority stress. The present investigation is one of only a handful which have assessed CLMS since the introduction of this theory in 2015 by Frost and colleagues, and the first investigation specifically into intersectional couple-level minority stress for queer people of color in interethnic relationships. The CLMS scale used as the predictor variable is an even newer measure (Neilands et al., 2020) which has had limited use to date. Given the lack of evidence for an overall couple minority stress factor in the measure development (Neilands et al., 2020), three subscales were selected

and used as a summed score in the present study. Further investigation is necessary to contribute both to the evidence base in the theory of couple-level minority stress and the use of the CLMS scale as a measurement of this construct to further assess the potential for measurement bias. Relational minority stress can also continue to be assessed in more diverse populations and experiences of marginalized relationships, for example, by increasing investigations with CNM relationships, interabled couples or those with visible disabilities, interfaith, and age discrepant partnerships, in addition to those who are same-sex or interracial.

Finally, this investigation is limited in that it centers relational processes with data from a single relationship partner. Though the CLMS scale was designed for assessment of couple-level minority stress with input from just one partner (Neilands et al., 2020), it is still possible that different conclusions would be drawn with the inclusion of all members of relational processes being assessed in these interethnic partnerships. For example, White partners may experience differential stress in holding racial privilege which is then challenged in entering an interracial relationship via minority stress contagion and discrepancy (LeBlanc et al., 2015), perhaps encountering stress related to discrimination firsthand that they were not previously aware of or attuned to, whereas a REM partner may have had lifelong experiences and developed some resilience and coping strategies to mitigate the impact of such discrimination. Though no differences were found by ethnic background in the present sample, future study may be improved by controlling specifically for white supremacist beliefs or unconscious racial bias of White partners, which may be another source of stress and tension within the relationship which was not specifically assessed. Future investigations would benefit from taking a conjoint

approach by surveying both or multiple partners of an intersectionally marginalized relationship, and thereby better account for the intrapsychic and interpersonal processes which may impact these stigmatized relationship forms.

Implications

Taken together, these results indicate the potential of individual and relational buffers which may support individual flourishing for intersectionally marginalized relationships, even in partnerships which experience high couple-level minority stress. This investigation of CLMS in a highly diverse and multiply marginalized population offers opportunities for intervention to promote further health and well-being. The moderators of ethnosexual identity strength, affective dyadic coping, and couple identity on the outcome of flourishing suggest that targeting these areas through psychoeducation, relationship education groups, individual, and/or relationship therapy may support health for QPOC in interethnic relationships. Ethnosexual identity is an area of particular promise given that those with high identity cohesion and pride had superior flourishing regardless of whether they perceived their relationship as highly stigmatized or not. Interventions on an individual or relational basis which support integration of one's REM and SGM identities may therefore support flourishing for QPOC individuals. Reframing cultural strengths related to marginalized identities may follow the minority strengths paradigm (Perrin et al., 2020), including interventions which bolster self-esteem, social support, and community connectedness towards a unifying ethnosexual identity pride.

Another source of intervention in the context of relationship therapy for QPOC in interethnic partnerships could be around promoting a sense of unity in the relationship and opportunities to support one another affectively, even through adverse or stressful

experiences. For example, promoting the ability to communicate about one's inner world and emotional experiences as well as provide support as a function of affective dyadic coping may benefit QPOC in increasing the sense of safety and contentment as a component of individual and relational flourishing (Gilbert et al., 2008) and should continue to be assessed empirically through dyadic investigations of this effect. Same-sex couples often demonstrate higher egalitarianism in relationships than different-sex couples, including being more likely to equally divide household chores, child rearing, and share in decision making (Rostosky & Riggle, 2017a). Further, QPOC often come from collectivistic rather than individualistic cultures which promote the importance of collective unity and well-being amongst social relationships, family, and community over individual happiness. Therefore, relationship therapy formats which emphasize empowerment within queer relationships (Fishbane, 2011) and which adopt a relational, intersectional lens to treatment (Addison & Coolhart, 2015) may be particularly well-suited to promote flourishing individually and relationally, even in the face of CLMS. Adaptations of emotionally-focused couple therapy (EFT; Hardtke et al., 2010) which are restructured to account for differences in the relational cycle around gender, ethnicity, and cultural dynamics outside of cisgender, heterosexual, and White supremacist culture standards may be a particularly suited area for couple intervention.

This study also builds on the existing research base that experiencing supportive intimate relationships is one key way that impacts of minority stress from multiple marginalization can be mitigated. This may also extend to sources of support such as community groups, relationship education, support groups, and social involvement which promote integration of marginalized identities and stigmatized relationship forms as a

source of strength and resilience rather than a detriment to health. Such sources of community connection and sociopolitical involvement has been found to be supportive of well-being for LGBTQ+ populations, including in a 79% QPOC population of out 4,940 total participants (Roberts & Christens, 2020). As such, community interventions which are targeted to strengthening a sense of intersectional identity pride, affective coping within intimate relationships, and community strength may hold promise for supporting flourishing for multiply marginalized individuals. This may be targeted and empirically assessed through community groups and projects such as volunteering together, faith groups, civic or political advocacy, QPOC-oriented sports teams, trivia, parenting groups, or other sources of community and social connection which may support modeling an integrated identity pride, including in the face of social stigmatization or legislative attack.

Further, any interventions or clinical implications of this work should also be adapted to better suit the populations they are targeted towards (de Brito Silva et al., 2021). For example, specifically targeting bisexual and pansexual REM women may be necessary to mitigate the experiences of bisexual erasure or monosexism exhibited across queer and straight communities, and similarly for asexuality spectrum identified individuals in advocating for their needs and relationship satisfaction. Though this study did not find evidence of ethnoracial differences and may speak to the possibility of shared intersectional experience across sexual and ethnic marginalization, having greater ability to target interventions to specific domains of disparity amongst the QPOC umbrella experience also allows for more specific intervention and support for those who may experience worse relational and individual health outcomes otherwise. For example, one

potential domain could be in targeting heterosexual partners of QPOC, supporting all actors within the relationship through psychoeducation and coping tools to promote the health of the relational system at large, including through educating heterosexual partners on issues of power, privilege, and impact of microaggressions or identity erasure. Given that those who identified as queer were found to have comparable functioning to their gay and lesbian peers, there may also be a particular benefit conferred to plurisexual individuals who embrace a queer identity as a reclaimed pejorative term and experience within the LGBTQ+ community. Investigating the particular benefits of a feminist or queer understanding of power as it relates to sexuality and gender (Chan & Howard, 2020; Fishbane, 2011; Hammack et al., 2019) can be targeted through future experimental design around queer identity and the potential sources of strength and resilience this may offer to buffer those who experience minority stress from its negative health impacts.

A relationship education program which targets QPOC must therefore consider these additional factors and may be supported from wider dissemination of differential health outcomes by identity factors such as gender, sexual orientation of partner, and age. In light of recent evidence which suggests that relationship education programs may better support flourishing than merely relationship satisfaction given that couples seeking relationship education may not necessarily be distressed (Halford et al., 2021), this finding is also relevant to the present sample in that incorporating the promotion of intersectional ethnosexual identity, affective dyadic coping, and strengthening couple identity may promote flourishing on both individual and couple-levels. Information should be taken care to be shared in innovative ways with community members geared

towards higher distribution and public availability to increase access to research and the ability to disseminate information widely, for example, through social media, blog publications, newspaper articles, video, and community interventions which allow for wider dissemination of relevant health promotion and outreach. Community education campaigns and sharing public health information can also extend beyond QPOC communities, for example, by targeting those who experience racial, sexual, and gender privilege towards reducing experiences of discrimination, stigma, and harassment against multiply marginalized individuals in the first place. This could include sources of intervention for supportive or allied family and friends, within schools and systems of higher education, workplace training, and general public health campaigns which emphasize the importance of acceptance within society and community as major impacts towards promoting health and creating larger sociopolitical change which engenders equal health outcomes for identities and relationship forms which have been historically marginalized.

Conclusion

In this sample of 249 queer people of color in interethnic romantic relationships with White partners, evidence suggested the presence of couple-level minority stress and the impact of such stress on individual and relational health. Buffers of this main effect point to areas of potential intervention and strength in queer interethnic relationships, including in ethnosexual identity pride, couple identity strength, and affective dyadic coping on the outcome of individual flourishing. Despite their multiply marginalized backgrounds, QPOC in the present sample also demonstrated significant areas of strength and resilience. Participants were largely satisfied in their relationships (86.7%) and

flourishing overall (85.1%). Results therefore demonstrate that within the ongoing need to understand minority stressors at the individual and relational level, there are also significant strengths and sources of support, resilience, and buffers of these minority stress experiences demonstrated by intersectionally marginalized individuals and couples. Findings provide relevant information on how QPOC may be protected in the face of continued experiences of stigmatization and challenge to their relationships out of the cissexist, heterosexist, and white supremacist standards of relationships.

This investigation demonstrates significance to the literature base regarding three main contributions. First, CLMS is a relatively new theoretical construct which builds upon the ample evidence base for individual minority stress. This study is the first to be conducted with CLMS focused specifically on the intersectional experiences of those who are multiply marginalized across race and sexuality and helps to further extend the empirical evidence of this theory. Further, these individuals face additional stress and burden within interracial relationships, which has been federally legal for less than 60 years and continues to experience stigmatization in present day society. Thus, this novel exploration of couple-level minority stress expands research on stigmatized relationship forms at the intersection of sexual orientation, ethnicity, and interethnic relationships, and does so without needing to compare to dominant identity groups as the basis or standard of health. Second, this investigation contributes to the literature as a quantitative approach to intersectionality (Bowleg, 2008; Cole, 2009; Fattoracci et al., 2021; Sadika et al., 2020; Sarno et al., 2015; Sarno et al., 2020; Zelaya et al., 2021). Intersectionality of SGM and REM populations was represented through purposeful sampling of those who identify as QPOC. Simultaneously, heterogeneity of experience within these large

umbrellas were emphasized through purposeful sampling of diverse ethnicities, sexual orientations, and genders. Participants also demonstrate a wide swath of experience across state and region in the U.S., education, income, experiences of disability, CNM relationship structure, and more. Rather than aligning with additive or multiplicative conceptualizations of intersectionality, this sample instead represented a truly intersectional assessment approach. Finally, this research responds to calls to explore strengths associated with minoritized identities (Ghabrial, 2017; Lytle et al., 2014; Perrin et al., 2020; Riggle & Rostosky, 2011). Rather than approaching this line of work from a strictly minoritized and deficits-based model of intersectionally marginalized populations, sources of QPOC strength and resilience (Bowleg et al., 2003; Ghabrial & Andersen, 2021; McConnell et al., 2018; Rostosky & Riggle, 2017a) were explored. This was further emphasized through the assessment of flourishing as an outcome variable in this population, rather than just mental illness or distress. The present study therefore offers a more holistic and balanced approach to health and well-being for intersectionally marginalized relationships, considering sources of relational health as well as individual well-being for queer people of color and their White interethnic romantic partners.

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Appendices

Appendix A: Demographic Questionnaire

How old are you? ___

How do you identify in terms of your racial/ethnic identity? Please select all that apply.

> African American/Black, East Asian, Hispanic/Latinx/Latine, Middle Eastern/North African, American Indian/Indigenous American, Pacific Islander, South Asian, Southeast Asian, White, Other: _____

How do you identify in terms of your sexual orientation?

> Asexual, Bisexual, Demisexual, Gay, Lesbian, Pansexual, Queer, Other: _____

How do you identify in terms of your gender identity?

> Woman, Man, Non-binary, Genderfluid, Genderqueer, Agender, Other: _____

Do you identify as transgender/gender non-conforming (or another non-cisgender identity)? Yes, No

What state do you live in?

Would you consider the area you live to be: Urban, Suburban, Rural

What is your approximate household income?

> $0-10,000, $10,001-24,999, $25,000-49,999, $50,000-74,999, $75,000-99,999, $100,000-149,999, $150,000+

What is the highest level of education that you have obtained?

> Less than a high school diploma, High school diploma/GED, Trade/technical/vocational training, Associate degree, Bachelor's degree, Master's degree, Doctoral degree

The following is regarding your romantic relationship with your White partner. If you have multiple partners, please complete the rest of this survey with one particular White partner in mind. Please answer to the best of your ability:

How does your partner identify in terms of their sexual orientation?

> Asexual, Bisexual, Demisexual, Gay, Heterosexual/Straight, Lesbian, Pansexual, Queer, Other: _____

How does your partner identify in terms of their gender identity?

Woman, Man, Non-binary, Genderfluid, Genderqueer, Agender, Other: _____

Does your partner identify as transgender/gender non-conforming (or another non-cisgender identity)? Yes, No

What is the highest level of education that your partner has obtained?

Less than a high school diploma, High school diploma/GED, Trade/technical/vocational training, Associate degree, Bachelor's degree, Master's degree, Doctoral degree

Please report your veteran status:

I am a Veteran, My partner is a Veteran, We are both Veterans, Neither me nor my partner are Veterans

How long have you and your partner been in a romantic relationship?

<3 months, 3-6 months, 6 months-1 year, 1-3 years, 3-7 years, 7-15 years, 15+ years

What is your present marital/cohabitation status with your partner?

Dating living separately, Cohabitating, Domestic partnership, Legally married

How many children under the age of 18 live in your household? ____

In this present relationship, what is your relationship orientation?

Monogamous, Polyamorous, Open Relationship, Other: _____

In the box below, please provide any other information about the identities that you and/or your partner hold that were not captured above. Please feel free to share any similarities or differences that are salient to you (i.e., disability, class, religious/spiritual beliefs, etc.)

_____

_____

_____

Appendix B: Couple-Level Minority Stress subscales

(1) Couple-Level Stigma
Thinking about **life right now**…how much do you worry about the following?

1. If something happens to one of us the hospital won't recognize me or my partner.
2. Strangers will hassle us when we're eating in restaurants.
3. Showing affection for my partner when we are in new environments/unfamiliar places.
4. Strangers will harm us if we display affection in public.
5. Social situations may require me to explain more about my relationship than I want.
6. Our neighbors will discriminate against us.
7. That if something happens to my partner, their family won't allow me to be included in the management of their affairs.
8. That if something happens to me, my family won't allow my partner to be included in the management of my affairs.
9. Retirement communities and nursing homes won't be accepting of us.
10. My relationship with my partner would negatively affect my chances of getting or keeping a job.

(2) Couple-Level Discrimination
Please indicate how often in **the past year** the following things have happened to you and your partner:

1. People we know asked that we not show affection toward one another in their presence.
2. People we know asked us to hide physical displays of affection (for example: hugging or kissing) towards one another around children.
3. We received poor service in restaurants or stores.
4. People we know sat or stood away from us when we were together in public.
5. We were harassed when we were out in public together.
6. We have been denied the right to be together in health care settings (e.g., to visit one another in the hospital).
7. People we know went out of their way to avoid talking about our relationship.
8. People we know said they wished my partner was the "opposite sex."
9. We were made fun of when we were out in public together.
10. At times when we talked about our life as a couple, people we know cut us off or tried to change the subject.

(5) Couple-Level Visibility
Please indicate how often you and your partner have done the following **in the past year**.

1. We tried to hide our relationship to avoid making others feel uncomfortable.
2. We went "back in the closet" when traveling to conservative or unfamiliar places.
3. We avoided displaying LGBTQ identified symbols (for example: Rainbow Flag, Pink Triangle) at our home or on our car(s).
4. We avoided social interactions that might require us to answer questions about our relationship.

5. We avoided talking about our relationship.
6. We misrepresented one another as friends, roommates, siblings, cousins, etc.
7. We found it challenging to tell people about our relationship.
8. We had to come out as a couple in order to get the things we want in life.

Thinking about **life right now**… How true is the following statement for you and your partner?

9. I wrestle with whether it's easier to go to important events alone or with my partner.

Appendix C: Couple Identity, subscale of the Commitment Inventory

1. I want to keep the plans for my life somewhat separate from my partner's plans for life. (-)
2. I am willing to have or develop a strong sense of an identity as a couple with my partner.
3. I tend to think about how things affect "us" as a couple more than how things affect "me" as an individual.
4. I like to think of my partner and me more in terms of "us" and "we" than "me" and "her/him/them."
5. I am more comfortable thing in terms of "my" things than "our" things. (-)
6. I do not want to have a strong identity as a couple with my partner. (-)

Items denoted with (-) are reverse coded.

Appendix D: Dyadic Coping Inventory subscales

This section is about what your partner does when you are feeling stressed.
Supportive dyadic coping of the partner (SDCP: items 5, 6, 8, 9, and 13)

1. My partner shows empathy and understanding to me.
2. My partner expresses that they are on my side.
3. My partner helps me to see stressful situations in a different light.
4. My partner listens to me and gives me the opportunity to communicate what really bothers me.
5. My partner helps me analyze the situation so that I can better face the problem.

Negative dyadic coping by partner (NDCP: items 7, 10, 11, and 15)

1. My partner blames me for not coping well enough with stress.
2. My partner does not take my stress seriously.
3. My partner provides support, but does so unwillingly and unmotivated.
4. When I am stressed, my partner tends to withdraw.

This section is about what you and your partner do when you are both feeling stressed.
Common dyadic coping (CDC: items 31, 32, 33, 34, and 35)

1. We try to cope with the problem together and search for ascertained solutions.
2. We engage in a serious discussion about the problem and think through what has to be done.
3. We help one another to put the problem in perspective and see it in a new light.
4. We help each other relax with such things like massage, taking a bath together, or listening to music together.
5. We are affectionate to each other, make love, and try that way to cope with stress.

This section is about how you evaluate your coping as a couple.
Evaluation of dyadic coping (EDC: items 36 and 37)

1. I am satisfied with the support I receive from my partner and the way we deal with stress together.
2. I am satisfied with the support I receive from my partner and I find as a couple, the way we deal with stress together is effective.

Appendix E: The Queer People of Color Identity Affirmation Scale

Below is a list of statements related to your life as a person who is both an ethnic/racial minority and a sexual minority (other terms used below include LGBQA+: lesbian, gay, bisexual, queer, asexual). All items are about your LGBQA+ ethnic/racial minority identity. Please rank your agreement with each item on the scale provided from *very strongly disagree* (1) to *very strongly agree* (7).

1. I feel badly about being both LGBQA+ and an ethnic/racial minority. (-)
2. Being an LGBQ+ ethnic/racial minority has made me resilient.
3. Being an LGBQ+ ethnic/racial minority has given me the drive I need to accomplish great things.
4. I feel that my sexual identity and my ethnic/racial identity are at war with each other. (-)
5. I think the difficulties I've faced as a person who is an LGBQ+ ethnic/racial minority make me better at handling hard situations.
6. Being an LGBQ+ ethnic/racial minority makes me equipped to make positive change in the world.
7. I feel fortunate to be an LGBQ+ ethnic/racial minority.
8. I derive power from my identity as an LGBQ+ ethnic/racial minority.
9. I wish I could erase at least one of these minority identities from myself. (-)
10. As an LGBQ+ ethnic/racial minority, I have a unique voice.
11. I would never want to change being LGBQ+ or an ethnic/racial minority.
12. Being an LGBQ+ ethnic/racial minority gives me the confidence to claim identities that I might otherwise not feel good about. For example: having a disability, having an illness, having mental health issues.

Appendix F: Couple Satisfaction Index

1. Please indicate the degree of happiness, all things considered, of your relationship.
   Extremely Unhappy (0) to Perfect (6)

2. I have a warm and comfortable relationship with my partner
   Not at all true (0) to Completely true (5)

3. How rewarding is your relationship with your partner?
   Not at all (0) to Completely (5)

4. In general, how satisfied are you with your relationship?
   Not at all (0) to Completely (5)

Appendix G: Flourishing Scale

Please respond to the following questions on a scale from 0 to 10:

1. Overall, how satisfied are you with life as a whole these days?
   0 = Not Satisfied at All, 10 = Completely Satisfied

2. In general, how happy or unhappy do you usually feel?
   0 = Extremely Unhappy, 10 = Extremely Happy

3. In general, how would you rate your physical health?
   0 = Poor, 10 = Excellent

4. How would you rate your overall mental health?
   0 = Poor, 10 = Excellent

5. Overall, to what extent do you feel the things you do in your life are worthwhile?
   0 = Not at All Worthwhile, 10 = Completely Worthwhile

6. I understand my purpose in life.
   0 = Strongly Disagree, 10 = Strongly Agree

7. I always act to promote good in all circumstances, even in difficult and challenging situations.
   0 = Not True of Me, 10 = Completely True of Me

8. I am always able to give up some happiness now for greater happiness later.
   0 = Not True of Me, 10 = Completely True of Me

9. I am content with my friendships and relationships.
   0 = Strongly Disagree, 10 = Strongly Agree

10. My relationships are as satisfying as I would want them to be.
    0 = Strongly Disagree, 10 = Strongly Agree

11. How often do you worry about being able to meet normal monthly living expenses?
    0 = Worry All of the Time, 10 = Do Not Ever Worry

12. How often do you worry about safety, food, or housing?
    0 = Worry All of the Time, 10 = Do Not Ever Worry