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Micaela Dawn Magee

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The Role of Internalized Homophobia on Conflict Resolution in Same-Sex Couples

by

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Master of Science
In Psychology
Florida Institute of Technology
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Bachelor of General Studies
In Psychology
University of Kansas
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Abstract

The Role of Internalized Homophobia on Conflict Resolution in Same-Sex Couples

by

Micaela Dawn Magee, M.S.

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A majority of LGBTQ+ members experience sexual minority stress on a near daily basis (Sue et al., 2007). These stressors may foster higher rates of internalized shame towards one's sexual orientation, commonly known as internalized homophobia (Frost & Meyer, 2009; Khaddouma et al., 2015; Meyer, 2013). Internalized homophobia has been found to negatively impact both mental health outcomes and relationship satisfaction in same-sex couples (Frost & Meyer, 2009; Totenhagen et al., 2018). Higher rates of internalized shame about one's sexuality may in turn increase relational conflict (Frost & Meyer, 2009; Mohr & Fassinger, 2006). Despite the growing amount of research on internalized homophobia in the LGBTQ+ community, little has specifically examined the effects stress may have on the way individuals handle conflict in their relationships.

The primary goal of this research was to determine if there is a relationship between internalized homophobia in same-sex couples and conflict resolution styles. Participants included 89 individuals who identified as part of the LGBTQ+ community. A series of Fisher Exact tests, independent-samples t-tests, and linear regression tests were conducted to analyze the data gathered from administered questionnaires. Results demonstrated that most same-sex couples utilized more constructive conflict resolution styles than ineffective styles and that same-sex couples used significantly higher amounts of constructive conflict resolution styles than different-sex couples, $t(87) = 1.88, p = .32$,

one-tailed. Additionally, higher rates of internalized homophobia were found to predict increased withdrawal ($b = .54, t(87) = 3.60, p < .001$) and compliance behaviors ($b = .62, t(87) = 4.06, p < .001$), whereas lower rates of internalized homophobia were found to predict increased positive problem-solving behaviors, $b = -.47, t(87) = -3.19, p = .002$. Lesbian women were not found to use constructive conflict resolution styles more than gay men.

Findings from this study will be used to inform psychological interventions for LGBTQ+ individuals by targeting effective conflict management skills to mitigate the deleterious effects of minority stress. The results also highlight the importance of self-acceptance on conflict resolution and relationship satisfaction. Lastly, this research points to the importance of treating mental health concerns in LGBTQ+ individuals to improve communication and overall relationship satisfaction. Limitations and areas for future research were discussed.

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Chapter 1

The Role of Internalized Homophobia on Conflict Resolution in Same-Sex Couples

Discrimination is a nation-wide challenge faced by members of all communities, ethnicities, and gender demographics. This rings particularly true for members of the lesbian, gay, bisexual, transgender, queer or questioning, and other identifies community (LGBTQ+). Frequently, partnerships of members of this demographic face specific scrutiny, both individually, as well as within their interpersonal connection. Specifically, according to Hubbard (2021), sixty-four percent of the LGBTQ+ members reported experiencing at least one instance of discriminative violence or abuse in their lifetime. Of these experiences, 92% of this population faced verbal violence, 29% experienced physical violence, and 17% experienced sexual violence (Hubbard, 2021).

Bachmann and Gooch (2018) surveyed 5,375 LGBT individuals across Britain and examined their experiences of being part of the LGBTQ+ community. These researchers found that 54% of individuals in the LGBTQ+ community do not feel comfortable disclosing their sexual orientation or gender identity to every member in their family. This report also stated that 35% of these participants felt the need to hide their sexual orientation from their employers and employees for fear of discrimination (Bachmann & Gooch, 2021). Additionally, almost one in five participants of this study reported being targeted by negative comments or behaviors from fellow employees because of their sexual orientation. Approximately 18% of these individuals also reported facing discriminatory comments and conducts during job interviews because of their identity (Bachmann & Gooch, 2021).

The Trevor Project (2021) assessed 35,000 LGBTQ youth and found that 75% of LGBTQ+ youth have experienced discrimination based on their sexual orientation at least once in their lifetime. More than half of these youth reported experiencing discrimination based on their sexual orientation or gender identity within the past year (The Trevor Project, 2021). According to this report, approximately 42% of LGBTQ youth have seriously considered ending their life in the past year. LGBTQ youth who had been discriminated against for their sexual orientation were more likely to attempt suicide than those LGBTQ youth who had not been discriminated against. Specifically, this report found that 21% of LGBTQ youth who had experienced discrimination had attempted suicide, compared with only 9% of LGBTQ youth who had not experienced discrimination for their sexual orientation (The Trevor Project, 2021). It is also important to note that more types of experienced discrimination increased the risk of suicide attempts in this population (Longobardi & Badenes-Ribera, 2017; Meyer, 2013; The Trevor Project, 2021; Stephenson & Finneran, 2017).

Although up and coming generations are generally more accepting of non-mainstream identities than older generations, many people still grow up exposed to the thought that heterosexism is the “right” way to be. As a result, personal biases are often held toward members of the LGBTQ+ community. The more discrimination and hate one experiences about their sexual orientation, the easier it may become for them to adopt discriminatory beliefs about themselves and become shameful of their sexuality. Feeling shameful of one’s sexual orientation can cause many problems, both at the individual level and at the romantic relationship level, as these individuals will likely never accept

themselves fully and may never be fully comfortable with who they are (Lewis et al., 2012; Li & Samp, 2021; Otis et al., 2006; Sarno et al., 2021; Totenhagen et al., 2018).

Social support has been found to help ameliorate the effects of internalized homophobia on one's psychological well-being. Specifically, Winefield et al. (1992) found that higher perceived social support resulted in an increase in self-esteem and a decrease in depression and psychological disturbance. Greater social support was also correlated with lower chances of attempting suicide (Kleiman & Liu, 2013). Additionally, parent, classmate, and close friend social support was found to act as a protective factor for depression and suicidal ideation in adolescents (Fredrick et al., 2018). Researchers also found that LGBTQ youth who had access to LGBTQ-affirming spaces tended to have a lower risk of suicidal attempts (The Trevor Project, 2021). Partners in romantic relationships can be good sources of social support for LGBTQ+ individuals.

Review of the Literature

Same-Sex Couples

When it comes to same-sex couples, these relationships are greatly understudied compared to heterosexual and different-sex relationships (Haas & Stafford, 2005). Although the research is limited in comparison, same-sex couples do not appear to significantly differ from heterosexual couples (Frost, 2014; Khaddouma et al., 2015; Kurdek & Schmitt, 1986b). Specifically, Julien et al. (2003) found that a vast majority of same-sex couples desire to engage in stable and committed relationships as a source of affection and companionship, in similar fashion to heterosexual relationships. Peplau and Fingerhut (2007) found that same-sex couples and heterosexual couples are similar in terms of their levels of love, trust, intimacy, commitment, and satisfaction (Duffy &

Rusbult, 1986; Haas & Stafford, 2005; Khaddouma et al., 2015; Kurdek & Schmitt, 1986a). These couples do not appear to differ from heterosexual couples in communication behaviors or conflict resolution styles (Julien et al., 2003; Khaddouma et al., 2015; Metz et al., 1994). They also appear to be just as psychologically adjusted in terms of relational outcomes (Dailey, 1979; Kurdek, 1987).

Although there are many similarities in same-sex and heterosexual couples, researchers have found several key differences as well. Same-sex relationships have been found to be generally less stable than heterosexual relationships (Julien et al., 2003; Khaddouma et al., 2015). Haas and Stafford (2005) determined that gay and lesbian couples typically do not tend to follow traditional gender sex roles in their relational duties. Instead, same-sex couples appear to base their division of labor in egalitarian relational roles by utilizing higher flexibility and turn-taking (Haas & Stafford, 2005; Julien et al., 2003; Kurdek, 1993). In lesbian relationships, partner equality is emphasized more often and there is a stronger interpersonal focus than in gay and heterosexual relationships (Julien et al., 2003). Lesbian couples are also more romantic and enmeshed, and have higher levels of emotional and recreational intimacy, but lower levels of sexual intimacy than gay and heterosexual couples (Julien et al., 2003; Metz et al., 1994). Furthermore, Julien et al. (2003) determined that gay couples have more autonomy and fewer monogamous relationships than lesbian and heterosexual couples. In terms of relationship dissolution, Kalmijn et al. (2007) and Lau (2012) found that cohabitating same-sex couples had higher breakup rates than non-married cohabitating heterosexual couples. Additionally, same-sex couples who are legally married appear to have higher divorce rates than heterosexual married couples (Andersson et al., 2006). Same-sex

couples also tend to experience more societal stigma and less familial support in their lives that has been associated with lower relationship satisfaction overall (Khaddouma et al., 2015).

Sexual Minority Stress

Present-day research defines *minority stress* as any additional stressor that a person from a stigmatized social group experiences because of their minority status (Meyer, 2013; Sarno et al., 2021; Stephenson & Finneran, 2017). Specifically, any stressful psychosocial event that is endured by members of the LGBTQ+ community as a result of their sexual orientation is known as a *sexual minority stressor* (Lewis et al., 2012). Meyer (2013) conceptualized that these sexual minority stressors exist on a continuum of distal stressors to proximal stressors. *Distal minority stressors* are external events or conditions that are stressful and objective (Meyer, 2013; Sarno et al., 2021). Although many of these distal stressors are forthright, recent research suggests that these stressors have begun to take on a more subtle nature at times (i.e., microaggressions; Sue et al., 2007). On the other hand, *proximal minority stressors* are negative internalized thoughts and attitudes about society (i.e., internalized homophobia; Meyer, 2003; Sarno et al., 2021).

Same-Sex Couples and Stress

Along with the daily stressors that any couple may experience, same-sex couples face many unique challenges. Many same-sex couples experience similar external stressors as heterosexual couples like work-related stress and overwhelming family demands (Totenhagen et al., 2018). However, these couples also commonly experience unique stressors that heterosexual couples do not face. These challenges include minority

stress factors like environmental, behavioral, or verbal actions that convey negative connotations to sexual minority individuals, along with victimization and discrimination against these groups (Sue et al., 2007). Whereas distal stressors include actual experiences of violence, discrimination, and harassment, proximal stressors involve an individual's *perception* of discrimination or harassment and their openness or concealment tendencies about their sexual orientation (Carvalho et al., 2011; Lewis et al., 2012). Other sexual minority stressors include sexual identity concealment, confusion, the "coming out process" (DiPlacido, 1998), anticipated and/or experienced rejection, sexual self-stigma or internalized homophobia, and hate crimes (Herek et al., 2009; Lewis et al., 2021; Meyer, 2013). Furthermore, Rust (2000) found that bisexual individuals can experience stressors that are associated with both heterosexism and homophobia, as well as stressors from within the gay and lesbian community.

Additionally, these couples meet fewer social norms in their relationships and sometimes lack the recognition of their marriages from others (Fingerhut & Maisel, 2010; Green & Mitchell, 2008; Lannutti, 2007; Meyer, 1995; Meyer, 2003; Ogolsky & Gray, 2016). Living in a world where heterosexism is the norm increases these individuals' exposure to sexual minority stressors, which in turn can have negative implications for their mental health and relationships (Khaddouma et al., 2015; Meyer, 2013; Mohr & Daly, 2008). The increased presence of these stressors put sexual minorities at a higher risk of relationship conflict and eventual dissolution, even as society becomes more accepting of these relationships (Khaddouma et al., 2015). These stressors may impact relationship functioning for same-sex couples including their ability to manage conflict, their relationship quality, and their perceived relationship stability (Karney & Bradbury,

1995). Totenhagen et al. (2018) discovered that sexual minorities with higher rates of internalized homophobia who faced greater external stressors were likely to experience more severe conflict and decreased relationship quality in their relationships compared to those with low internalized homophobia. However, Li and Samp (2021) found that same-sex couples were able to develop relationship-constructive behaviors like equal division of labor, positive interactions, and effective communication styles and compromising skills to help buffer the stressors and crises these individuals experience daily (Rostosky & Riggle, 2017).

Meyer's (2013) research showed that the more minority groups someone belongs to, the more minority stressors they experienced. These minority stressors have been found to be additive, meaning they exist in addition to general stressors that non-minority individuals face (Longobardi & Badenes-Ribera, 2017; Meyer, 2013; Stephenson & Finneran, 2017). In addition to these stressors being unique to sexual minorities, they are also chronic, meaning these stressors are rather consistent from cultural and social constructs (Longobardi & Badenes-Ribera, 2017; Meyer, 2013).

Sexual minority stress has been found to be associated with negative psychological outcomes (Carvalho et al., 2011; Lewis et al., 2012; Meyer, 2013; Moskowitz et al., 2020), as well as negative relational outcomes and quality (Balsam & Szymanski, 2005; Frost, 2014). Higher sexual identity distress is also correlated with lower reported relationship satisfaction (Balsam & Szymanski, 2005; Ross & Rosser, 1996), ineffective communication, limited time spent together as a couple, and greater overall external stress (Frost & Meyer, 2009; Randall & Bodenmann, 2009, 2017; Totenhagen et al., 2018). Current research has hypothesized that the more minority

stressors an individual experiences, the more negative the outcomes of their psychological and relational well-being will be. However, Frost (2014) found that some same-sex couples reported growing closer together because of their primarily negative minority stress experienced. These couples were reportedly able to overcome many negative effects of minority stress by their closeness promoting greater intimacy and satisfaction of their psychological needs.

Internalized Homophobia

Internalized homophobia is defined as an individual's tendency to direct negative social attitudes and beliefs toward themselves (Frost & Meyer, 2009). This sexual minority stressor occurs when a member of the LGBTQ+ community internalizes society's negative messages, stereotypes, and stigmas about their sexual orientation and blends these thoughts into their concept of self (Carvalho et al., 2011; Herek et al., 2009; Khaddouma et al., 2015; Longobardi & Badenes-Ribera, 2017; Moskowitz et al., 2020; Totenhagen et al., 2018). Herek (2004) described internalized homophobia as an "intrapsychic conflict between experiences of same-sex affection or desire and feeling a need to be heterosexual." This sexual minority stress causes members of the LGBTQ+ community to continue experiencing harm and discrimination towards themselves even in the absence of overt negative events (Meyer, 2013). As these negative thoughts become more intense, it is possible for individuals to begin rejecting their own sexual orientation, furthering their number of negative psychological and relational outcomes (Carvalho et al., 2011; Frost & Meyer, 2009).

Internalized Homophobia in Same-Sex Couples

There is limited research available that explores the effect minority-specific stress has on romantic same-sex relationships. Internalized homophobia is just one of the unique personal vulnerabilities that same-sex couples face. Li and Samp's (2021) research found that this experienced stressor often-times has a negative impact on mental health outcomes and relationship satisfaction in same-sex couples. In fact, the higher the amount of internalized homophobia a partner holds, the more at risk that individual will be for experiencing poorer psychological and relational outcomes (Frost & Meyer, 2009; Totenhagen et al., 2018). These prominent mental health problems have been found to include, but are not limited to, substance use, depression, anxiety, and self-esteem problems (Lewis et al., 2012; Meyer, 2013). Higher narratives of internalized homophobia have also been thought to increase violence toward members of an individual's own identified group (Balsam & Szymanski, 2005).

Impact of Internalized Homophobia on Individual Well-Being

Internalized homophobia has been found to be correlated with higher levels of perceived daily stress and internalizing symptoms (Lewis et al., 2012; Otis et al., 2006; Sarno et al., 2021; Totenhagen et al., 2018). Researchers have hypothesized that the increase in mental health problems that members of the LGBTQ+ community experience largely come from the consistently stressful social environment that constant stigma, prejudice, and discrimination creates (Friedman, 1999; Meyer, 2013). Sarno et al. (2021) specifically reported that the more frequently sexual minorities are undergoing microaggressions, the higher their sense of internalized homophobia will become, which in turn will lead to higher rates of anxiety and depression (Lewis et al., 2017; Meyer,

2013; Newcomb & Mustanski, 2010). This sexual minority stressor can also worsen an individual's self-concept through mental health and personal well-being problems (Frost & Meyer, 2009). Sexual minorities have also been found to struggle with impaired self-image, depressive symptomatology, and anxiety problems as a result of undergoing higher rates of internalized homophobia. This experienced stressor potentially heightens LGBTQ+ individuals' motivation for concealing their sexual orientation (Doyle & Molix, 2014; Pepping et al., 2019; Song et al., 2020).

Internalized homophobia has also been linked to greater rates of anger, substance use, and intimate partner violence (Balsam & Szymanski, 2005; Lewis et al., 2017). In fact, Balsam and Szymanski hypothesized that women in same-sex couples who were victims of intimate partner violence were more likely to stay in the abusive relationship due to believing they deserved the maltreatment. Additionally, research has shown that individuals who have greater rates of internalized homophobia are perceived by others as less attractive than those who think positively of themselves (Frost & Meyer, 2009). According to Zevy and Cavallaro (1987), closeted and ashamed lesbians often become good at deceptive communication and rarely communicate their thoughts and feelings to others (Balsam & Szymanski, 2005). Aligned with Totenhagen et al.'s (2018) findings that higher internalized homophobia created more vulnerabilities to poorer adaptive processes and relationship quality for same-sex couples on days of greater external stress, Balsam and Szymanski found that individuals with lower rates of internalized homophobia reported less discord concerning sexual minority topics such as outness and independence. Although internalized homophobia may be a stressor that is held at the

individual-level, this minority stressor can affect the mental health of both partners (Sarno et al., 2021).

Impact of Internalized Homophobia on Same-Sex Relationships

Internalized homophobia influences more than just the psychological well-being of an individual person in a same-sex relationship. This minority stressor can have a significant impact on the same-sex relationship as a whole (Totenhagen et al., 2018). Internalized homophobia experienced by one or both partners can lead to decreased relationship satisfaction, higher rates of relational conflict, and more difficulties with communication (Balsam & Szymanski, 2005; Frost & Meyer, 2009; Li & Samp, 2021; Mohr & Fassinger, 2006; Moskowitz et al., 2020). The fear that a partner's sexual orientation is thought to be wrong by society and the constant worry about what others are thinking of their relationship can create hardships in the relationships and result in lower relationship quality than those who are not experiencing this particular minority stressor. Balsam and Szymanski (2005) found that contrary to what researchers expected, external discrimination about one's sexual orientation was not directly linked to relationship quality and satisfaction like internal discrimination was. They hypothesized that this may be a result of same-sex couples having coping mechanisms in place to help them deal with outside discrimination together, whereas internal discrimination is often more hidden and forces one partner to cope with the distress alone.

Khaddouma et al. (2015) found that the higher the level of internalized homophobia in a partner, the lower the relationship quality in that relationship becomes (Balsam & Szymanski, 2005). That is, the more negative stereotypes a partner holds toward their own sexuality, the more shame they will experience about their attraction

towards same-sex individuals and the relationship itself (Frost & Meyer, 2009; Khaddouma et al., 2015; Mohr & Fassinger, 2006). People who hold more negative stereotypes about their sexuality tend to feel less confident about their relationships and struggle with engaging in honest conversations about the conflict they are experiencing with their partners (Li & Samp, 2019b; Li & Samp, 2021). Stephenson and Finneran (2017) reported that couples begin losing faith in their abilities to communicate effectively and in making joint decisions with their partners when they have higher levels of internalized homophobia. Available literature has also found greater rates of ambivalence, misunderstandings, and conflicting goals in same-sex couples where internalized homophobia is a present stressor (Frost & Meyer, 2009; Mohr & Fassinger, 2006).

Totenhagen et al. (2018) posed the hypothesis that the link between higher internalized homophobia and increased relationship problems may be associated with the higher rates of depressive symptoms that internalized homophobia creates in an individual. In fact, Coyne et al. (1987) reported that depressed individuals tend to bring negative affect, tension, and anxiety into their relationships, which in turn can create more relational conflict, misconstructions, and rejection of one's partner (Frost & Meyer, 2009). Frost and Meyer (2009) found that gay men with higher levels of internalized homophobia were less likely to seek out intimate relationships to avoid their internal shame, and when they did begin an intimate relationship, they were more likely to report conflict with their partners than gay men with little-to-no internalized homophobia. The greater severity of conflict and poorer relationship quality in same-sex couples with

higher levels of internalized homophobia have been shown to reduce maintenance efforts when conflict arises (Frost & Meyer, 2009; Gains et al., 2005; Totenhagen et al., 2018).

Internalized Homophobia and Intimate Partner Violence

Current research has demonstrated correlations between internalized homophobia and perpetration of intimate partner violence in same-sex relationships (Balsam & Szymanski, 2005; Longobardi & Badenes-Ribera, 2017; Stephenson & Finneran, 2017). *Intimate partner violence* is defined as physical violence, sexual violence, stalking, or psychological aggression towards an individual by a current or former intimate partner (Walters et al., 2013).

Stephenson and Finneran's (2017) findings were consistent with past literature that internalized homophobia elevates same-sex partners risk of both experiencing and perpetrating intimate partner violence. The higher the beliefs of internalized homophobia in a same-sex relationship, the more likely partners will be to resort to violence as a means of responding to conflict (Balsam, 2001; Balsam & Szymanski, 2005; Lewis et al., 2017; Longobardi & Badenes-Ribera, 2017). In some cases, internalized homophobia has been found to be associated with increased anger in a partner, which in turn has been associated with higher levels of perpetrated intimate partner violence (Balsam & Szymanski, 2005; Lewis et al., 2017; Longobardi & Badenes-Ribera, 2017). Several factors that were found to be precursors of intimate partner violence were psychological aggression, perpetrator and partner alcohol use, perpetrator alcohol-related problems, and relationship dissatisfaction (Lewis et al., 2017).

Moskowitz et al. (2020) performed a study that explored the endorsement of traditional romantic beliefs (i.e., jealousy being perceived as romantic) in sexual minority

couples and its association with intimate partner violence. These researchers found that sexual minorities who had higher levels of internalized homophobia and endorsed traditional romantic beliefs tended to experience more instances of intimate partner violence. Additionally, because sexual minorities with internalized homophobia tend to fear rejection and engage in more social isolation, the effects of this minority stressor make it easier for perpetrators to coerce and control their partners who hold these stereotypical beliefs about their sexuality (Balsam 2001, Moskowitz et al., 2020).

Relationship Satisfaction in Same-Sex Couples

Relationship satisfaction is a broad topic of study as there are many individual components that contribute to overall relationship satisfaction. Follingstad et al. (2012) defined relationship satisfaction as “the affective assessment of how well the relationship meets a partner’s needs, desires, and expectations.” Several of these individual components include partner roles and power balances in the relationship, level of jealousy, intimacy/passion, level of commitment, partner cohesion, and communication level. Other factors include affect expression, level of honesty, mutuality of values and preferences, and conflict resolution abilities. Most of the research found that same-sex couples appear to experience similar levels of relationship satisfaction and support as heterosexual couples do (Julien et al., 2003; Peplau & Fingerhut, 2007). However, the literature is mixed when it comes to whether gay or lesbian relationships experience more relationship satisfaction (Kurdek, 1988; Kurdek & Schmitt, 1986b; Duffy & Rusbult, 1986). Metz et al. (1994) found that lesbian couples reported higher levels of satisfaction in their relationships than gay and heterosexual couples. In fact, these researchers found that heterosexual women reported less satisfaction, optimism, and assertion by both

themselves and their partners than women in lesbian relationships. Additionally, heterosexual women were also found to experience more thoughts of submission and physical aggression toward their partners than did lesbian couples. Lastly, relationships in which both partners engage in traditionally feminine behaviors and traits reported higher marital satisfaction than those who did not (Metz et al., 1994).

Previous research discovered that communication, conflict management styles, and various types of intimacy have been found to impact relationship satisfaction (Khaddouma et al., 2015; Mackey et al., 2004). Additionally, internal and external stressors, financial equality, similarity in educational levels, time spent together, and level of outness may impact relationship satisfaction in same-sex couples (Clusell & Roisman, 2009; Randall & Bodenmann, 2009, 2017; Totenhagen et al., 2018). Specifically, adaptive conflict management styles, higher psychological intimacy, higher levels of perceived closeness, and greater appreciation of their partner has been found to contribute to higher reported rates of relationship satisfaction. Feeling as though their thoughts and feelings are being heard and accepted plays a role in deep satisfaction as well. Greater positivity about the future, greater perceived relationship stability, and higher perceived quality and importance of sexual relations and physical affection are found to also be correlated with higher relationship satisfaction in same-sex couples (Jones & Bates, 1988; Mackey et al., 2004). Greater perceived relationship satisfaction is also correlated with greater levels of outness, especially outside of the LGBTQ+ community (Clusell & Roisman, 2009). Mackey et al. (2004) also discovered that minimal relational conflict and psychologically intimate communication were the two most influential contributing factors to perceived satisfaction. Halford et al. (2003)

determined that lower relationship satisfaction and heightened couple conflict was associated with greater relationship instability in same-sex and heterosexual couples as well. Although there are many factors that contribute to relationship satisfaction, higher rates of satisfaction act as a buffer for the physical and psychological well-being of same-sex partners (Karney & Bradbury, 1995).

Conflict Resolution in Same-Sex Couples

Conflict Resolution Styles

Facing conflict in relationships is a normal process that is experienced by all couples. Although the stressors that are being argued are different for each relationship, the way in which conflict is handled is what sets couples apart from each other and indicates how effective they will be at resolving their conflict (Metz et al., 1994). The primary way in which an individual handles disagreements and differences in their relationships is known as a *conflict resolution style* (Mackey et al., 2004). Wickham et al. (2016) described four common conflict resolution styles: (a) positive problem-solving strategies, (b) conflict engagement behaviors, (c) withdrawal behaviors, and (d) compliance behaviors. *Positive problem-solving strategies* include the use of compromise and negotiation when resolving conflicts. *Conflict engagement behaviors* are more confrontational and typically involve levels of hostility and aggression. A less confrontational approach would be *withdrawal behaviors* (Wickham et al., 2016). These behaviors may include one partner ignoring the other in an attempt to avoid the topic of conflict. *Withdrawal behaviors* are often the most destructive approach to conflict, as one partner's goal is to "tune out" the other partner (Gottman & Krokoff, 1989; Kurdek, 1994). The last conflict resolution style that Wickham et al. defines is *compliance*

behaviors, which is when one partner compromises their position to end the argument. This conflict resolution style tends to be ineffective, as it often leaves the conflict unresolved.

Metz et al. (1994) viewed conflict resolution styles in a different way based on two basic dimensions, the classic engaging (assertion, aggression, and adaptation) versus avoiding conflict (withdrawal, submission, and denial) styles and the constructive (assertion and adaptation) versus destructive (aggression, withdrawal, submission, and denial) styles. These researchers created the Styles of Conflict Inventory (SCI; Metz, 1993) from these dimensions. The first conflict resolution style that was categorized as a constructive engaging style is assertion. *Assertion* was defined as “positive, constructive engaging responses structured in a clear, direct, noncoercive manner” (Metz et al., 1994). This style is similar to concepts defined in other studies like *constructive behavior* and *cooperation* (Hahlweg et al., 1984; Jacobson, 1992), or *positive problem-solving* (Gottman & Krokoff, 1989). *Adaptation* is the other constructive engaging response that involves positive and playful responses to conflict to neutralize the tension. This concept is similar to previously defined resolution styles like *flexibility* or *playfulness* (Betcher, 1981; Metz et al., 1994; Smith et al., 1988). Metz et al. (1994) defined *aggression* as a destructive engaging behavior characterized by verbal or physical forms of responses that aimed to enforce compliance from their partner. *Aggression* corresponded to the terms *conflict engagement*, *defensiveness*, *stubbornness*, or *exiting* in previous literature as well (Gottman & Krokoff, 1989; Kurdek, 1991; Lloyd, 1990; Rusbult et al., 1986).

The following three conflict resolution styles were identified by Metz et al. (1994) as destructive avoidance styles. *Withdrawal* was described as the conclusion of conflict

by retreating, ignoring, or avoiding the topic being discussed. *Submission* was defined as the act of giving in and yielding one's opinions and positions to end an argument. This term was related to the concepts of *loyalty*, *submissiveness*, and *compliance* (Gottman & Krokoff, 1989; Kurdek, 1991; Lloyd, 1990; Rusbult et al., 1986). Lastly, Metz et al. (1994) defined *denial* as a way to avoid conflict by discounting and failing to acknowledge the problem. *Denial* was found to be comparable to *neglect* in conflict resolution style research (Rusbult et al., 1986).

Conflict Resolution in Same-Sex Couples in Comparison to Heterosexual Couples

There are few differences that have been found in the way same-sex couples and heterosexual couples deal with relational conflict. Metz et al. (1994) found that although heterosexual and gay men varied little in their conflict resolution styles, women in heterosexual and same-sex relationships did have some differences. This research found that compared to women in heterosexual relationships, women in same-sex relationships tended to be more optimistic about resolving conflicts and perceived higher utilization of constructive assertive behaviors by their partners. Additionally, lesbian women appeared to utilize less submissive cognitions in conflicts and rated higher partner distress when conflict did occur. Lesbian women in conflict were found to make greater efforts to rectify the problem, perceive higher rates of effort from their partners, and engage in more assertion and less aggression than heterosexual women, suggesting women in same-sex couples have more positive and effective conflict resolution styles than women in heterosexual relationships (Haas & Stafford, 2005; Metz et al., 1994).

Examining differences in 36 heterosexual couples and 36 gay male couples, Metz et al. (1994) found that gay men typically reported putting more effort into resolving their

conflicts and perceived their partners to be more flexible when conflicts arose, whereas heterosexual men were more likely to put less effort into solving conflicts and perceive less effort and assertive behaviors in their partners. Although there appear to be differences in the perception of partner's responses across same-sex and different-sex couples, Wickham et al. (2016) did not find any differences in the *accuracy* of these perceptions of conflict withdraw, engagement, or compliance. Taking these findings into consideration, one could conclude that based on these results, gay and lesbian couples on average tend to put more effort into resolving their conflicts than heterosexual couples.

Conflict Resolution Differences Across Gender

Metz et al. (1994) found that although there were limited differences in conflict resolution styles across same-sex and heterosexual couples, the differences that were observed seemed to be discovered within gender differences rather than sexual orientation. Current literature has suggested that women are more likely to initiate face-to-face discussions and engage in confrontational conflict resolution styles compared to men, regardless of sexual orientation (Gottman & Levenson, 1988; Mackey et al., 2004). In fact, Gottman et al. (1998) found that women started most discussions about conflict with their partners. Metz et al. (1994)'s results supported their hypothesis that lesbian couples experience greater emotional companionship than gay couples. Furthermore, whereas women engaged in higher rates of positive problem-solving skills the longer they are in a relationship (Mackey et al., 1997), men tend to engage in more withdrawal and avoidant styles of conflict resolution. Men have been found to avoid the discussion of their thoughts and feelings about a conflict unless their relationship is knowingly threatened by their avoidance (Gottman & Levenson, 1988; Mackey et al., 1997; Mackey

et al., 2004). Lesbian couples have also been found to work more harmoniously together than gay couples (Roisman et al., 2008; Umberson, et al., 2015; Wickham et al., 2016).

Conflict Resolution Styles and Associated Outcomes

According to many researchers, conflict resolution skills are associated with relationship satisfaction and other important outcomes (Bowman, 1990; Christensen & Heavey, 1990; Gottman, 2014; Haas & Stafford, 2005; Khaddouma et al., 2015; Mackey et al., 2004; Metz et al., 1994). The way couples deal with conflict plays a critical role in the way relationship maintenance behaviors are shaped too (Gottman, 2014; Wickham et al., 2016). In fact, Wickham et al. (2016) reported that the conflict resolution style being utilized in a relationship is often a stronger predictor of relationship satisfaction and outcome than the frequency or type of conflict in the relationship (Noller & Feeney, 1998). The way conflict is handled in a relationship often contributes to emotions surrounding the conflict, as well as the physical and psychological well-being of the partners (Ogolsky & Gray, 2016; Whitson & El-Sheikh, 2003). A couple's inability to resolve conflict in a constructive manner puts them at higher risk of experiencing increased psychological and physical impairments, as well as decreased relationship satisfaction, especially in women (Mackey et al., 2004; Levenson et al., 1993). On the contrary, constructive conflict resolution habits (i.e., assertion) tend to increase psychological intimacy in the relationship and decrease the intensity of negative affect surrounding conflict (Mackey et al., 2004; Ogolsky & Gray, 2016).

Constructive Conflict Style Outcomes. Constructive conflict styles like assertion and adaptation include the use of problem-solving techniques, fewer negative behaviors like criticism and defensiveness, and more perspective taking. Individuals who

utilize this style of conflict resolution tend to confront problems in a more delicate manner and avoid intense escalations of negative behaviors (Ogolsky & Gray, 2016). Ogolsky and Gray's (2016) data demonstrated that constructive communication styles lead to less intense negative affect, better emotional management around the conflict, and improved psychological intimacy. These differences can be partially attributed to partners feeling more validated after an argument. Specifically, behaviors that validate a partner's perspective and show acceptance of their opinions (i.e., communication including the mutual expression of feelings) decreases the level of emotional reactivity, which in turn will increase the maintenance behaviors of the couple after an argument (Ogolsky & Gray, 2016).

Maintenance behaviors are conscious efforts that partners make in their relationships to help stabilize and strengthen their relationship. These efforts can be either cognitive or behavioral, and often help promote continuation and growth of a relationship (Ogolsky & Gray, 2016). Maintenance behaviors in a relationship have been found to be correlated with positive outcomes like relationship satisfaction, commitment, love, and balancing the influence of decision-making (Ogolsky & Bowers, 2013). Dainton and Stafford (1993) discussed two types of maintenance behaviors, strategic and routine. Strategic maintenance behaviors refer to efforts that are done explicitly to maintain the relationship, whereas routine maintenance behaviors are efforts that are typically done every day that may serve a maintaining purpose implicitly (Dainton & Stafford, 1993). Maintenance efforts in relationships indicate a couple's ability to adapt and respond to stressors and changes in the relationship, which consequently play a role in a couple's relationship satisfaction (Ogolsky, 2009, Ogolsky & Bowers, 2013).

Metz et al.'s (1994) research determined that same-sex couples typically do not differ from heterosexual couples' experiences of higher relationship satisfaction when partners are able to recognize their interpersonal differences and resolve their conflicts mutually and constructively. Furthermore, noncoercive communication and problem-solving strategies were found to be constructive and important mediators of relationship satisfaction in both same-sex and heterosexual couples (Epstein et al., 1978; Metz et al., 1994). Current research has found that although lesbian couples tended to avoid discussions about their interpersonal differences from their partners early on in their relationships, the longer the relationship lasted, the stronger their communication abilities became and the more satisfied each partner felt (Mackey et al., 1997; Mackey et al., 2004).

Avoidant Conflict Style Outcomes. Avoidant conflict styles like withdrawal, submission, and denial include behaviors such as retreating or ignoring the conflict, giving in to the other partner's opinions, and discounting the topic of conflict (Metz et al., 1994). Gottman and Krokoff (1989) reported that when at least one partner is in a heterosexual marriage and utilized avoidant techniques during arguments, the couple tended to be less satisfied with their relationship than couples who utilized more constructive communication skills. Similarities have been seen in same-sex couples. In fact, data shows that avoiding conflict discussions can result in feelings of alienation from the other partner in same-sex couples, which in turn may sustain the major conflicts in the relationship (Gottman, 2012; Mackey et al., 2004; Metz et al., 1994). Mackey et al. (2004) discussed how avoidant conflict resolution styles often led to feelings of resentment, guilt, and alienation toward the other partner. However, if the avoidant

partner was able to offer a valid explanation for their difficulties of openly discussing the conflict with their partner, the feelings of resentment, guilt, and alienation appeared to neutralize (Mackey et al., 2004). Additionally, these researchers' data demonstrated that traits of loyalty, kindness, fidelity, and equal distribution of household responsibilities acted as buffers to a partner's negative reactions to the other partner's lack of expressiveness.

Complaint Avoidance Outcomes. Another type of avoidance style is called complaint avoidance, which is where an individual in a relationship withholds confrontations about problematic issues and conflicts (Li & Samp, 2021). Researchers have hypothesized that engaging in complaint avoidance is often viewed as an easier and less risky approach to conflict than direct confrontation and can sometimes "preserve the relational harmony" (Afifi & Olson, 2005; Roloff & Ifert, 2000). However, complaint avoidance tendencies in romantic relationships have been found to have destructive qualities in both an individual's relational and personal well-being. Although there are endless reasons why avoidance is utilized in conflict resolution, complaint avoidance has been found to be associated with increased emotional distress, poorer mental health, and relationship dissatisfaction, especially in same-sex couples (Lannutti, 2014; Li & Samp, 2021). Several identified mental health problems that avoidant resolution styles have been associated with are depression, anxiety, and substance use (Flanagan et al., 2014). This resolution style has also been found to increase individuals' rumination about the relationship difficulties and decreases the opportunities for positive change in the relationship (Cloven & Roloff, 1991; Li & Samp, 2021). Li and Samp reported evidence that higher rates of complaint avoidance in same-sex relationships may be a significant

predictor of higher relationship termination rates when lower relationship satisfaction is also accounted for.

Perceptions of Partners' Conflict Resolution Style

Although identifying conflict resolution styles that are being utilized in a relationship is important, Metz et al. (1994) suggested that relational distress is more a result of how partners are perceiving their significant others' behaviors rather than how their significant other is intending their behaviors to be. In fact, perceptions that are formed of a partner's conflict resolution style may shape the course of future conflicts and expectancies when disagreements arise (Kurdek, 1994; Wickham et al., 2016). The understanding of the degree to which perceptions of a partner's resolution style are based in reality versus projection is important in maintaining intimacy and satisfaction in intimate relationships (Gottman, 2014; Wickham et al., 2016). Noller et al. (1994) and Schneewind and Gerhard (2002) found that across all relationship types (heterosexual and same-sex couples), the perceptions that are formed on their partner's conflict resolution style tend to remain stable over time. These different types of couples also did not differ significantly in the tendency to project their own resolution styles onto their partners (Wickham et al., 2016). Although Gottman (2014), Kurdek (2005), and Rothblum (2008) indicate that the more accurate the perception of a partner's conflict resolution style, the greater the effectiveness of conflict management will be, several other studies have found that a person's perception of their partner's responsiveness to their most essential needs may be more strongly correlated to positive relationship outcomes than the partner's actual response (Reis, 2007; Reis et al., 2004; Wickham et al., 2016).

Taking this research into account, same-sex couples have a greater chance at higher relationship satisfaction when they openly and constructively discuss their relational differences and conflicts than when they engage in avoidant resolution styles (Li & Samp, 2021). It is important to note, however, that although past research has suggested that avoidant conflict resolution styles lead to less satisfaction in relationships, Mackey et al. (2004) found that over half of their participants reported utilizing avoidance in conflict while 85% also reported high relationship satisfaction. This discrepancy in results from previous research suggested that avoidance of conflict may not be the sole cause of low relationship satisfaction. Although how conflict is handled may contribute to dissatisfaction in the relationship, there is likely much more that plays a role in relationship satisfaction besides conflict resolution styles.

Current literature has demonstrated that increased stress, both internally and externally, can lead to less constructive verbal behaviors (Gambrill, 1977), more negative communication (Ledermann et al., 2010), and more withdrawing behaviors (Gottman & Krokoff, 1989; Komarovsky, 1962) than in low stress and satisfied relationships (Metz et al., 1994; Totenhagen et al., 2018). Less social support outside of the relationship and increased economic hardships have been found to increase relationship conflict in couples as well (Archuleta et al., 2011; Keneski et al., 2018; Li & Samp, 2021). Li and Samp (2021) also found that cohabitating couples who spend more time together and are adjusting to new responsibilities and routines are more vulnerable to increased conflict of both old and new topics (Günther-Bel et al., 2020; Luetke et al., 2020). The data demonstrated that greater adverse impacts and perceived threat of natural disasters or

other nation-wide problems tend to increase complaint avoidance, which in turn creates increased negative relational and personal outcomes (Li & Samp, 2021).

Chapter 2

Rationale for Purposed Study

Much of the literature on relationships available today focuses on heterosexual couples and understanding the dynamics of those relationships. Research focusing on same-sex couples is considerably lacking, making it difficult for same-sex couples to have the same understanding as heterosexual couples. Additionally, although there is a plethora of research that explores relationship satisfaction and quality in both heterosexual and same-sex relationships, there is limited research on the specific variable of conflict resolution in same-sex couples. There is even less research on internal or external variables that may be affecting conflict resolution styles being utilized when faced with conflict in same-sex couples. By exploring this topic, researchers will hopefully gain more insight into one of the reasons why certain resolution styles are used during conflict.

Although there is a great deal of research on the cause and effect of internalized homophobia on relationship satisfaction and personal psychological well-being, there are still several areas of this topic that are lacking data. It is known that internalized homophobia has been found to decrease relationship satisfaction and increase rates of depression and anxiety in same-sex couples (Balsam & Szymanski, 2005; Li & Samp, 2021; Moskowitz et al., 2020). Furthermore, research in the literature support that higher rates of internalized homophobia may increase relational conflict (Frost & Meyer, 2009; Mohr & Fassinger, 2006). However, there is little research that examines the effects that internalized homophobia has on the way individuals *handle* conflict in their relationships. All couples, whether heterosexual or homosexual, experience conflict in their

relationships. Conflict can be a helpful aspect of relationships when addressed in healthy ways. For a relationship to prosper, it often begins with the way in which the couple handles conflict in their relationship (Metz et al., 1994). Therefore, understanding the conflict resolution styles individuals use in a relationship is essential to further understanding the dynamics of a relationship.

Examining the effects of internalized homophobia as it relates to same-sex couples' conflict management styles can aid in our understanding of how insecurities in general play a role in conflict resolution. Having a better understanding of this can inform researchers of the importance of facing one's insecurities when dealing with life obstacles. Additionally, if members of the LGBTQ+ community become aware of how internalized shame about their sexuality affects how they handle conflict, they may be able to find ways to diminish those negative effects on their developed resolution styles. Lastly, understanding if and how internalized homophobia affects conflict resolution styles can help drive psychological interventions that improve both the mental health and the relationship of same-sex couples by increasing couple resiliency, as well as ways to deescalate violence and conflict that may be secondary to internalized homophobia.

Chapter 3

Objectives and Hypotheses

Objective 1: To examine different conflict resolution styles that are utilized by same-sex couples. Recent literature has found few differences in the way same-sex couples and heterosexual couples handle conflict in their relationships. Overall, same-sex couples have been found to put more effort into conflict resolution (Metz et al., 1994). Specifically, women in same-sex couples appeared more optimistic about resolving conflicts and utilized less submissive and aggressive behaviors while engaging in more assertive behaviors than women in heterosexual couples (Haas & Stafford, 2005; Metz et al., 1994). Men in same-sex couples were also reported to be more flexible when relational conflicts arose (Metz et al., 1994). Considering this information, it is expected that a majority of individuals in same-sex couples will gravitate toward constructive conflict resolution skills rather than ineffective conflict resolution skills.

Hypothesis 1:

Most same-sex couples will utilize more constructive conflict resolution styles than ineffective conflict resolution styles.

Objective 2: To examine the effects of internalized homophobia on conflict resolution styles in same-sex couples. Current literature has determined that the sexual minority stressor of internalized homophobia often has a negative impact on individual mental health outcomes and relationship satisfaction in same-sex couples (Frost & Meyer, 2009; Li & Samp, 2021; Totenhagen et al., 2018). Partners who experience higher rates of internalized homophobia have been found to have higher rates of relational conflict, more difficulties with communication, and higher rates of intimate partner violence (Balsam &

Szymanski, 2005; Frost & Meyer, 2009; Lewis et al., 2017; Li & Samp, 2021; Longobardi & Badenes-Ribera, 2017; Mohr & Fassinger, 2006; Moskowitz et al., 2020).

Although many researchers have determined that internalized homophobia influences couple communication and relational conflict, very little research has focused on the effects internalized homophobia has on specific conflict resolution styles. It is a goal of this study to determine whether internalized homophobia influences the conflict resolution styles same-sex partners utilize in disagreements.

Hypothesis 2:

Higher rates of internalized homophobia will predict more conflict engagement, withdrawal, and compliance conflict resolution styles.

Hypothesis 3:

Lower rates of internalized homophobia will predict more positive problem-solving conflict resolution styles.

Objective 3: To compare the preferred conflict resolution styles of gay men to the preferred conflict resolution styles of lesbian women when dealing with relational conflict. Gottman and Levenson (1988) and Mackey et al. (2004) found that regardless of sexual orientation, women on average were more confrontational with their partners when conflict arose than men. Lesbian women have also been found to utilize more positive problem-solving skills and work more harmoniously together with their partners than gay couples (Mackey et al., 1997; Roisman et al., 2008; Umberson, et al., 2015; Wickham et al., 2016). Contrarily, research has shown that gay men tend to engage in more avoidant and withdrawal behaviors when dealing with conflict (Gottman &

Levenson, 1988; Mackey et al., 1997; Mackey et al., 2004). This study aims to replicate these results of preferred conflict resolution styles of lesbian couples versus gay couples.

Hypothesis 4:

Lesbian individuals will utilize higher rates of positive problem-solving conflict resolution styles than gay individuals to solve conflicts, whereas gay individuals will utilize higher rates of conflict engagement, withdrawal, and compliance behaviors than lesbian individuals to solve conflicts.

Chapter 4

Method and Procedures

Procedure

Participants

Participants in this study were English-speaking, LGBTQ+ identifying individuals. Participants were required to be 18 years of age or older to participate in the study. Participants were screened for age and sexual orientation at the beginning of the survey. If a participant was younger than 18 years old and/or if they identified as heterosexual or straight, the survey was automatically discontinued.

Data Collection

This research study utilized a survey that collected information about demographic data (i.e., age, race, gender identity, sexual orientation, education status, etc.), internalized homophobia data, and conflict resolution styles utilized during relational conflict (see Appendix). This survey was distributed online through a variety of platforms. Groups specifically for LGBTQ+ individuals on social media platforms were utilized to distribute this survey. Additionally, LGBTQ+ groups, clubs, and organizations were contacted to inform these groups of this research study and ask for participation.

Each participant was given an anonymous survey which included a statement of informed consent, demographic variables, the Internalized Homonegativity Inventory (IHNI), and the Conflict Resolution Style Inventory – Self-Report (CRSI-*Self*). Informed consent was collected from all participants before they were able to continue with the survey. All survey questions remained the same for every participant. If a participant answered they were younger than 18 years old or identified as heterosexual or straight,

the survey was automatically discontinued. If a participant did not fully complete the survey, that individual's answers were not included in the final data analysis.

Measures

Demographic Variables

Participants were asked to provide information regarding age, gender identity, sexual orientation, relationship status, race, ethnicity, and education status. They were also asked to identify whether they have ever been in a same-sex relationship and the length of their current or past relationship.

Internalized Homophobia

The Internalized Homonegativity Inventory (IHNI; Mayfield, 2001a) was utilized to measure levels of internalized homophobia in this study. The Internalized Homonegativity Inventory is a 23-item questionnaire that examines the degree to which homosexual individuals feel ashamed of their sexuality. This scale is broken down into three factors: Personal Homonegativity (11 items), Gay Affirmation (7 items), and Morality of Homosexuality (5 items). The items of this inventory were adapted to better apply to this study's targeted population of same-sex couples. Items that referred specifically to gay men were modified to refer to either gay men/lesbian women or homosexual individuals in general. Participants were asked to rate each item on a 6-point Likert scale from 1 (*strongly disagree*) to 6 (*strongly agree*). Sample items included "I feel ashamed of my homosexuality," "In general, I believe that homosexuality is as fulfilling as heterosexuality," and "I believe it is morally wrong for men/women to be attracted to members of the same sex" (Mayfield, 2001a). Items from the gay affirmation factor, which are negatively worded, were reverse scored and given a higher numerical

value to appropriately indicate levels of internalized homophobia. Scale scores were computed by adding the responses to all items and dividing the total by the number of items included in this inventory to receive a final score between one and six. Higher scores indicated higher levels of internalized homophobia and shame. Mayfield (2001b) found that the internal consistency coefficient (Cronbach's alpha) for the entire 23-item IHNI was .91, with the internal consistency coefficients being .70 or greater for the three factors individually.

Conflict Resolution Styles

The Conflict Resolution Style Inventory – Self-Report (CRSI-*Self*; Kurdek, 1994) was utilized to examine the conflict resolution styles participants use when handling relational conflict. The Conflict Resolution Style Inventory – Self-Report is a 16-item questionnaire that examines common responses to conflict in a relationship. This questionnaire surveyed different styles of dealing with arguments and disagreements in a relationship and categorized these behaviors into four conflict resolution styles: positive problem-solving (*4 items*), conflict engagement (*4 items*), withdrawal (*4 items*), and compliance behaviors (*4 items*). Participants were asked to rate each item on a 5-point Likert scale from 1 (*never*) to 5 (*always*). Sample items included “getting carried away and saying things that aren't meant,” “negotiating and compromising,” “remaining silent for long periods of time,” and “giving in with little attempt to present my side of the issue” (Kurdek, 1994). Composite scores for each conflict resolution style were computed by adding the responses to all items within each style and dividing the total by four to receive a final score between one and five. Higher scores within each conflict resolution style category indicated a more prevalent usage of those behaviors when

dealing with relational conflicts. Kurdek (1994) found that the internal consistency coefficient (Cronbach's alpha) for all four conflict resolution style categories included in the *CRSI-Self* were moderate in size, ranging from .65 to .89.

Analytical Plan

Prior to analyzing data, approval from the Florida Institute of Technology Institutional Review Board (IRB) was obtained by the researcher. This study utilized a cross-sectional, correlational design. Descriptive statistics, including assessment of means, standard deviations, and frequencies, were calculated for participant demographic variables for the primary outcomes. A series of Fisher Exact tests were conducted to assess whether multiple variables in the targeted population were likely to be related more than expected. A series of independent-samples t-tests were conducted as follow-up analyses. Additionally, a series of linear regression tests were conducted to measure the degree that identified predictor variables and identified criterion variables were linearly related. All analyses were considered significant at the $p < .05$ level. Data was analyzed using the Statistical Package for the Social Sciences (SPSS) – version 27.0. Outcomes of these performed analyses can be found below.

Chapter 5

Results

Participants

A total of 118 participants agreed to participate in the study. Of those, 5 were ineligible to take the survey due to being under the age of 18 or identifying as heterosexual. Additionally, 24 individuals were excluded from the study due to incomplete survey responses. The final sample consisted of 89 participants between the age of 18 and 74, with a majority of participants falling within the 18–24-year range ($n = 41, 46.1\%$). Of these participants, 52.8% identified as female ($n = 47$), 18.0% as gender nonconforming ($n = 16$), 15.7% as male ($n = 14$), 6.8% as transgender ($n = 6$), and 6.7% as other ($n = 6$). Regarding sexual orientation, 39.3% identified as lesbian ($n = 35$), 21.3% identified as bisexual ($n = 19$), 15.7% identified as pansexual ($n = 14$), 14.6% identified as gay ($n = 13$), and 9.0% identified as other ($n = 8$). Participants were 84.3% White/Caucasian ($n = 75$), 5.6% Black/African American ($n = 5$), 5.6% Asian ($n = 5$), 2.2% American Indian/Alaska Native ($n = 2$), 1.1% Native Hawaiian/Other Pacific Islander ($n = 1$), and 5.6% Other ($n = 5$). Three participants identified as more than one race. 13.5% identified as Hispanic ($n = 12$). The highest level of education that was most frequently obtained was Some College ($n = 37, 41.6\%$), followed by obtaining a Bachelor's degree ($n = 18, 20.2\%$) or Master's degree ($n = 18, 20.2\%$), completing high school or GED ($n = 4, 4.5\%$), associate degree ($n = 4, 4.5\%$), doctoral degree ($n = 4, 4.5\%$), technical school/trade school/certificate ($n = 3, 3.4\%$), and some high school ($n = 1, 1.1\%$). Participant demographic information is presented in Table 1.

The final sample consisted of 68 participants (76.4%) who considered themselves currently in a same-sex relationship, or whose most recent relationship was a same-sex relationship. Regarding current relationship status, 30.3% of participants reported being single ($n = 27$), 20.2% reported cohabitating with their significant other ($n = 18$), 20.2% were married ($n = 18$), 18.0% were in a relationship, but not living together ($n = 16$), 14.6% reported casually dating ($n = 13$), 3.4% were divorced or separated ($n = 3$), and 2.2% were widowed ($n = 2$). Seven participants chose more than one relationship status descriptor. A majority of participants reported the length of their relationship lasting 1 – 4 years ($n = 41$, 46.1%) or less than a year ($n = 32$, 36.0%). See Table 2 for further participant relationship demographic information.

Descriptive Statistics

Internalized Homophobia

Descriptive statistics were computed for the three individual factors and the total score on the Internalized Homonegativity Inventory (IHNI). The average Personal Homonegativity scale score was 1.85 ($SD = 0.86$). Participants demonstrated an average Gay Affirmation scale score of 1.85 ($SD = 0.63$) and an average Morality of Homosexuality scale score of 1.12 ($SD = 0.31$). An average Total Internalized Homonegativity score of 1.69 ($SD = 0.53$) was also calculated. See Table 3 for further descriptive statistics on the IHNI scales.

Conflict Resolution Styles

Descriptive statistics were computed for the four conflict resolution styles measured on the Conflict Resolution Style Inventory – Self Report (CRSI-*Self*). The average Positive Problem-Solving scale score was 3.78 ($SD = 0.78$). Participants also

demonstrated an average Conflict Engagement scale score of 1.59 ($SD = 0.65$) and an average Withdrawal scale score of 2.02 ($SD = 0.80$). An average Compliance scale score of 1.99 ($SD = 0.83$) was also calculated. See Table 3 for further descriptive statistics on the CRSI – *Self* scales.

Statistical Analyses

Hypothesis 1

Fisher's exact test was used to determine if there was a significantly higher association between same-sex couples and their general utilization of constructive conflict resolution styles or ineffective conflict resolution styles than expected. It was hypothesized that a majority of same-sex couples would utilize more constructive conflict resolution styles (i.e., positive problem-solving) than ineffective conflict resolution styles (i.e., conflict engagement, withdrawal, or compliance). In this sample of same-sex couples, 58 participants identified utilizing constructive conflict resolution styles more while 9 participants identified utilizing ineffective conflict resolution styles more frequently. In the sample of different-sex couples, 15 participants identified using constructive conflict resolution styles more while 4 participants identified using ineffective conflict resolution styles more frequently. However, this analysis indicated a majority of same-sex couples did not utilize more constructive conflict resolution styles than ineffective conflict resolution styles significantly more than expected, one-tailed $p = .31$. Although the results were insignificant, the trends in the data suggested the hypothesis that a majority of same-sex couples will utilize more constructive conflict resolution styles than ineffective conflict resolution styles was supported (see Figure 1).

Due to the large number of participants preferring constructive conflict resolution styles over ineffective conflict resolution styles, an additional analysis was run to assess how strongly the participants preferred constructive styles to ineffective styles. Levene's test suggested that variances in conflict resolution styles for same-sex couples and different-sex couples were statistically equivalent, $F(86) = 0.02, p = .88$. A Mann-Whitney U test was performed to examine if same-sex couples demonstrated higher levels of constructive conflict resolution style usage than different-sex couples. Results obtained from the 88 participants (68 same-sex couples, 20 different-sex couples) suggested that the amount of constructive conflict resolution styles used were not significantly different for same-sex couples ($Mdn = 3.75, SD = 0.73$) and different-sex couples ($Mdn = 4.00, SD = 0.70$), $U = 582.50, z = -0.98, p = .33$.

Hypothesis 2

Three separate linear regression tests were conducted to explore the value internalized homophobia has on types of ineffective conflict resolution styles used. It was hypothesized that higher rates of internalized homophobia will predict more conflict engagement, withdrawal, and compliance conflict resolution styles. A simple linear regression was conducted to use internalized homophobia scores to predict the amount of conflict engagement style used. Results showed that internalized homophobia did not significantly predict conflict engagement style, $b = .18, t(87) = 1.39, p = .17$.

Another simple linear regression was conducted to use internalized homophobia scores to predict the amount of withdrawal style used. Results showed that internalized homophobia significantly predicted withdrawal style, $b = .54, t(87) = 3.60, p < .001$. Internalized homophobia scores explained a significant proportion of variance in amount

of withdrawal conflict resolution styles used, $R^2 = .13$, $F(1,87) = 12.97$, $p < .001$. As such, thirteen percent of the variance in withdrawal style was accounted for by the internalized homophobia score.

A third simple linear regression was conducted to use internalized homophobia scores to predict the amount of compliance style used. Results showed that internalized homophobia significantly predicted compliance style, $b = .62$, $t(87) = 4.06$, $p < .001$. Internalized homophobia scores explained a significant proportion of variance in amount of compliance conflict resolution styles used, $R^2 = .16$, $F(1,87) = 16.52$, $p < .001$. As such, sixteen percent of the variance in compliance style was accounted for by the internalized homophobia score.

Considering these results, the hypothesis that higher rates of internalized homophobia will predict more conflict engagement, withdrawal, and compliance conflict resolution styles was partially supported. Higher rates of internalized homophobia did not predict an increase in conflict engagement style usage. However, higher rates of internalized homophobia did demonstrate a prediction in an increase in both withdrawal and compliance style usage. Results indicated that for every one-point increase in internalized homophobia scores, withdrawal scores would increase 0.54 points (see Figure 2). Additionally, for every one-point increase in internalized homophobia scores, compliance scores would increase 0.62 points (see Figure 3).

Hypothesis 3

A linear regression test was conducted to explore the value internalized homophobia has on constructive conflict resolution styles used. It was hypothesized that lower rates of internalized homophobia will predict more positive problem-solving

conflict resolution styles. A simple linear regression was conducted to use internalized homophobia scores to predict the amount of positive problem-solving style used. Results showed that internalized homophobia significantly predicted positive problem-solving style, $b = -.47$, $t(87) = -3.19$, $p = .002$. Internalized homophobia scores explained a significant proportion of variance in amount of positive problem-solving conflict resolution styles used, $R^2 = .11$, $F(1,87) = 10.19$, $p = .002$. As such, eleven percent of the variance in positive problem-solving style was accounted for by the internalized homophobia score.

Considering these results, the hypothesis that lower rates of internalized homophobia will predict more positive problem-solving conflict resolution styles was supported. Lower rates of internalized homophobia did demonstrate a prediction in an increase in positive problem-solving style usage. Results indicated that for every one-point decrease in internalized homophobia scores, positive problem-solving scores would increase 0.47 points (see Figure 4).

Hypothesis 4

Fisher's exact test was used to determine if there was a significantly higher association between the type of conflict resolution styles lesbian individuals utilized compared to gay individuals. It was hypothesized that lesbian individuals would use higher rates of positive problem-solving conflict resolution styles than gay individuals to solve conflicts, whereas gay individuals would use higher rates of conflict engagement, withdrawal, and compliance behaviors than lesbian individuals. In this sample of lesbian individuals, 29 participants identified utilizing constructive conflict resolution styles more while 5 participants identified utilizing ineffective conflict resolution styles more

frequently, whereas in gay individuals, 11 participants identified using constructive conflict resolution styles more while 2 participants identified using ineffective conflict resolution styles more frequently. However, this analysis indicated lesbian individuals did not utilize more constructive conflict resolution styles than gay individuals significantly more than expected, one-tailed $p = .64$. Therefore, the hypothesis that lesbian individuals would use higher rates of constructive conflict resolution styles than gay individuals to solve conflicts, whereas gay individuals would use higher rates of ineffective conflict resolution styles than lesbian individuals was not supported.

An additional analysis was run to assess how strongly the participants preferred constructive styles to ineffective styles in each group. Levene's test suggested that variances in conflict resolution styles for lesbian couples and gay couples were statistically equivalent, $F(46) = 1.54, p = .22$. An independent-samples t-test was performed to examine if lesbian individuals demonstrated higher levels of constructive conflict resolution style usage than gay individuals. Results from 48 participants (35 lesbian, 13 gay) determined that lesbian individuals ($M = 3.89, SD = 0.64$) did not use significantly higher amounts of constructive conflict resolution styles than gay individuals ($M = 3.73, SD = 0.88$), $t(46) = 0.70, p = .24$, one-tailed.

Chapter 6

Discussion

Impact of Study

As previously suggested, limited research has been conducted on LGBTQ+ relationships, with most of the available research focusing more heavily on heterosexual couples instead. Research has shown that social support can help ameliorate the effects of internalized homophobia on one's psychological well-being (Fredrick et al., 2018; Kleiman & Liu, 2013; Winefield et al., 1992), but the link between internalized homophobia and how it affects the way couples handle conflict in their relationships has yet to be established. By understanding the effects internalized homophobia has on conflict resolution, researchers can gain more insight into the impact social support from romantic relationships has for LGBTQ+ individuals.

Previous research varies on whether same-sex couples differ from different-sex couples in their communication behaviors or conflict resolution styles. The present study explored if a majority of same-sex couples utilized more constructive conflict resolution styles (i.e., positive problem-solving) than ineffective conflict resolution styles (i.e., conflict engagement, withdrawal, compliance). Results suggested that positive problem-solving behaviors were preferred over ineffective styles, but not at a statistically significant level. Although most same-sex couples did not utilize significantly more constructive conflict resolution styles than ineffective conflict resolution styles than expected, the trends in the data suggest that this hypothesis may indeed be supported since most participants preferred constructive styles over ineffective styles. A follow-up analysis was conducted comparing same-sex couples to different-sex couples to see if

there was a major difference in the preferred styles of these groups. These analyses showed that same-sex couples did not appear to use significantly higher amounts of positive problem-solving skills than different-sex couples. Instead, trends in the data showed that half of the different-sex couples in this study used higher amounts of positive problem-solving skills than same-sex couples at a non-statistically significant level. These findings are incongruent with past research from Metz et al. (1994) and Haas and Stafford (2005) that demonstrated lesbian couples use more positive and effective problem-solving behaviors than heterosexual couples due to their increased efforts to rectify the problem, increased optimism toward solving conflicts, and using more assertive and less aggressive communication. Additionally, past research has found that gay men typically put more effort into resolving conflict and being more flexible when conflict arose than heterosexual men (Metz et al., 1994), whereas the findings of this present study suggest the opposite. Congruent with these findings, however, Julien et al. (2003) and Khaddouma et al. (2015) reported same-sex couples were not found to differ from heterosexual couples in communication and conflict resolution styles.

Internalized homophobia, or the internal shame one blends into their self-concept based on their sexual identity, is considered a proximal minority stressor to members of the LGBTQ+ community. Khaddouma et al. (2015) demonstrated that an increased presence of minority stressors put members of the LGBTQ+ community at a higher risk of relationship conflict. Although Karney and Bradbury (1995) acknowledged that minority stress may impact an individual's ability to manage conflict, these researchers did not explore how minority stress may impact this area of functioning. The present study hypothesized that higher rates of internalized

homophobia would demonstrate more conflict engagement, withdrawal, and compliance conflict resolution styles. This hypothesis was partially supported as higher rates of internalized homophobia did not predict more conflict engagement behaviors but was found to predict more withdrawal and compliance conflict resolution behaviors. This relationship was strongest with compliance behaviors. The significant results align with past research that has suggested individuals who are ashamed of their sexuality rarely communicate their thoughts and feelings to their partner (Balsam & Szymanski, 2005). These results stand to reason that if an individual with higher rates of internalized homophobia does not feel comfortable communicating their true thoughts and feelings, they would be more likely to withdraw from conflict and comply with their partner's needs. Partners who hold more negative stereotypes about their sexual orientation tend to feel less confident and struggle engaging in honest conversations about conflict (Li & Samp, 2019b; Li & Samp, 2021). The lack of confidence and shame may lead to more submissive approaches to conflict like walking away from the conversation and compromising their position to end the argument (i.e., withdrawal and compliance). Whereas withdrawal and compliance behaviors are more passive, conflict engagement behaviors (i.e., confrontation and hostility) require more confidence. It should be noted that due to the plethora of research that demonstrated higher narratives of internalized homophobia may lead to increased perpetration and victimization of intimate partner violence, the lack of significant results for increased conflict engagement behaviors is surprising (Balsam & Szymanski, 2005; Longobardi & Badenes-Ribera, 2017; Stephenson & Finneran, 2017).

The hypothesis that lower rates of internalized homophobia will predict more positive problem-solving conflict resolution styles was also supported. Although there is a lack of research exploring the positive predictors of low rates of internalized homophobia, one can speculate that if higher internalized homophobia leads to less relationship satisfaction, higher rates of relational conflict, and more difficulties with communication due to higher levels of stress and mental health problems (Balsam & Szymanski, 2005; Frost & Meyer, 2009; Li & Samp, 2021; Mohr & Fassinger, 2006; Moskowitz et al., 2020; Lewis et al., 2012; Otis et al., 2006; Sarno et al., 2021; Totenhagen et al., 2018), then lower rates of internalized homophobia could potentially mitigate those consequences. Additionally, previous research has found that relationships with increased stress may lead to less constructive verbal behaviors, communication difficulties, and increased withdrawal behaviors than relationships with higher satisfaction and lower stress (Gambrill, 1977; Gottman & Krokoff, 1989; Komarovskiy, 1962; Ledermann et al., 2010; Metz et al., 1994; Totenhagen et al., 2018). The acceptance of one's sexuality alleviates the minority stress of internalized homophobia, likely resulting in more confidence and security in one's self-image, which may create more space for one to handle disagreements constructively and engage in compromise and negotiation to resolve conflicts. Higher self-confidence likely results in better rates of communication and partner cohesion, making it easier for individuals to engage in positive problem-solving skills with their partner than if there was heightened insecurity about one's sexual orientation.

Finally, this study sought to examine whether lesbian women used significantly higher rates of positive problem-solving conflict resolution styles than gay men and if

gay men used higher rates of conflict engagement, withdrawal, and compliance behaviors than lesbian women to solve conflicts. The hypothesis that women used more constructive conflict resolution styles, whereas gay men used more ineffective styles of conflict resolution was not supported. The data demonstrated that the amount of constructive conflict resolution behaviors used in comparison to ineffective conflict resolution behaviors in lesbian women was almost equivalent to the number of constructive behaviors used in comparison to ineffective behaviors in gay men. Lesbian women were found to use more positive problem-solving skills than conflict engagement, withdrawal, or compliance behaviors. However, gay men did not demonstrate a greater use of ineffective styles compared to constructive styles. This finding contradicts previous research that found men typically engaged in more withdrawal and avoidant styles of conflict resolution, whereas women used more positive problem-solving skills (Gottman & Levenson, 1988; Mackey et al., 1997; Mackey et al., 2004).

A follow-up analysis to determine if lesbian women preferred constructive conflict resolution styles more strongly than gay men found that these two groups preferred constructive behaviors to approximately the same degree. This analysis also contradicts previous literature that found that regardless of sexual orientation, women are more likely to initiate discussions about conflict and engage in confrontational behaviors compared to men (Gottman & Levenson, 1988; Mackey et al., 2004). Julien et al. (2003) revealed that partner equality is emphasized more often and there is a stronger interpersonal focus in lesbian relationships than in gay and different-sex relationships. That, along with lesbian couples' higher enmeshment rates and higher levels of emotional and recreational intimacy, led to the hypothesis that lesbian women would be more likely

to utilize higher amounts of constructive conflict resolution styles than gay men. Furthermore, researchers have found that lesbian couples tend to work more harmoniously together than gay couples when they are facing conflict (Roisman et al., 2008; Umberson, et al., 2015; Wickham et al., 2016). Future research should consider duplicating this study with more participants to see if a significant difference is found with a larger sample.

Limitations and Areas for Future Research

There are several methodological limitations to the current study. One of the major limitations of this research was the vague and undefined definition of who was considered to fit the criteria for same-sex couples. Upon conducting the literature review, most research that focused on same-sex couples defined same-sex couples as two individuals who identified as gay or lesbian. However, this definition was complicated by this study allowing individuals of all gender identities and sexual orientations to participate, apart from those who identified as heterosexual. Furthermore, inclusion of relationship status was complicated by the option for current relationship, or past relationship, to be identified as a possible homosexual/bisexual relationship. The decision to include anyone who identified as part of the LGBTQ+ population created unanticipated hardships when running the statistical analysis on the data by the fluidity of some's defined sexuality and gender identity. Upon data analysis, 48 participants identified themselves as gay or lesbian. However, a survey questions that asked the participants whether they considered themselves to currently be in or have most recently been in a same-sex relationship proved to complicate this question, as 68 participants selected 'yes.' The question of how this study would identify same-sex couples was not

considered before data collection. For the purpose of this study, any participant who considered themselves to be in or recently be part of a same-sex relationship was considered. Future research would benefit from creating an unambiguous definition of same-sex couples if this is the desired population of study. Additionally, considering changing the term 'same-sex couple' to something more inclusive of all sexual orientations and gender identities like 'same-gendered' couples may prove to be favorable.

Another limitation of the present study was the wording on the internalized homophobia scale that was used. Although this study was open to anyone who identified as part of the LGBTQ+ community, the Internalized Homonegativity Inventory was phrased specifically for gay and lesbian couples. This phrasing was not inclusive of the entire population that was surveyed and may have led to participants answering differently than if the survey had used more inclusive language. Additionally, the original survey had been modified from only catering to gay couples to also encompassing lesbian couples. Modifying the phrasing of the original Internalized Homonegativity Inventory may have changed the validity and reliability of this measure, but the extent of this change is unknown at this time. Future research would benefit from being mindful of the wording of survey questions to ensure inclusivity. Different surveys that are already in existence for LGBTQ+ couples may be better suited for future research of LGBTQ+ couples as well.

Notably, studying a variable like internalized homophobia poses drawbacks to data collection. Because most participants in this study were recruited from LGBTQ+ groups on social media, it is possible that individuals with higher rates of internalized

homophobia would not be reached from this recruitment form. It is hypothesized that individuals with higher rates of internalized homophobia would be less likely to openly join LGBTQ+ groups and may not be likely to participate in a survey exploring their sexuality and relationships. Therefore, future research on internalized homophobia should consider the most effective way to recruit members with higher rates of internalized homophobia.

Lastly, a limitation to this study that may have impacted the results is the potential of stereotype threat effects. Croizet et al., (2001) demonstrated that on stereotype-related tests, individuals of stigmatized groups performed worse on tasks when stereotypes were threatened before the task, whereas they performed the same as non-stigmatized groups when there was no stereotype threat beforehand. In the present study, all participants answered questions about internalized homophobia before answering questions regarding their conflict resolution skills. From what we know about stereotype threat, it was considered after the data was collected that participants who received higher scores of internalized homophobia may have answered more strongly in the direction of ineffective conflict resolution styles than they may have if they were not primed about internalized homophobia beforehand due to being reminded of their shame toward their sexuality. However, it cannot be known at this time the effects this concept may have had on this research. Future research should aim to replicate this study with two experimental groups. Participants in the first group would receive the survey with the internalized homophobia scale questions first, followed by the conflict resolution style questions, as was done in this study. The second group would consist of participants who receive the conflict

resolution style questions first, followed by the internalized homophobia scale questions, to assess any differences in the results between groups.

Conclusion

As the results have indicated, higher rates of internalized homophobia were found to predict increases in ineffective conflict resolution styles, specifically withdrawal and compliance behaviors. Additionally, lower rates of internalized homophobia were found to predict increases in positive problem-solving behaviors. The findings of this study contribute to existing research by expanding the knowledge on LGBTQ+ relationships. Specifically, by examining the effects internalized homophobia has on the way individuals handle conflict in their relationships, one can better understand the dynamics at play in these relationships. Very little research has focused on conflict resolution in LGBTQ+ couples and the variables that may be influencing conflict resolution styles being utilized during arguments or disagreements. Although there are likely many variables that influence conflict resolution styles, the present study gives further insight into the effects internalized homophobia has on these skills. Specifically, the higher internalized homophobia an individual has, the more frequently they are likely to engage in withdrawal and compliance behaviors during conflict. Furthermore, seeing the correlation between internalized homophobia rates and conflict resolution styles used, researchers have more insight into understanding that insecurities toward oneself may lead to more withdrawal and compliance behaviors as a way to avoid conflict and pretend everything is going smoothly. These styles have proven to be ineffective, as the conflict never becomes resolved.

Clinical Implications

This research study informs clinical practice in several facets. The results from this study highlight the importance of mental health providers becoming aware of the effects internalized homophobia has on increased withdrawal and compliance conflict resolution behaviors and the role those conflict management styles may have on overall relationship satisfaction. Taking the forementioned results into consideration, mental health providers should assess their LGBTQ+ clients for internalized shame toward their sexuality to evaluate any potential communication shortcomings and ineffective conflict resolution styles being utilized. By examining the effects internalized homophobia has on same-sex couples' conflict management styles, clinical providers may gain more insight into how insecurities in general may play a role in conflict resolution. This research further points to the significance of implementing psychological interventions that target effective conflict management skills to couples as a way to contest deleterious effects of minority stress. Psychological interventions that target the mental health and relationship satisfaction of LGBTQ+ couples can also lead to increased couple resiliency, positive communication, and partner cohesion. Lastly, family members and friends can also improve their loved one's acceptance of themselves by providing support and complete acceptance of their sexuality to help mitigate the stereotypical beliefs LGBTQ+ individuals hear so often from society.

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Tables

Table 1.*Descriptive Statistics of Participant Demographic Information*

Variable	<i>N</i>	Percent
Age		
18 – 24	41	46.1
25 – 34	18	20.2
35 – 44	17	19.1
45 – 54	6	6.7
55 – 64	5	5.6
65 – 74	2	2.2
Race and Ethnicity		
American Indian/Alaska Native	2	2.2
Asian	5	5.6
Black/African American	5	5.6
Native Hawaiian/Other Pacific Islander	1	1.1
White/Caucasian	75	84.3
Other	5	5.6
Hispanic	12	13.5
Gender Identity		
Female	47	52.8
Male	14	15.7
Trans Female/Trans Woman	3	3.4
Trans Male/Trans Man	3	3.4
Gender Nonconforming	16	18.0
Other	6	6.7
Sexual Orientation		
Bisexual	19	21.3
Gay	13	14.6
Lesbian	35	39.3
Pansexual	14	15.7
Other	8	9.0
Level of Education		
Some high school	1	1.1
High school degree or equivalent (i.e., GED)	4	4.5
Some college	37	41.6
Associate degree	4	4.5
Bachelor's degree	18	20.2
Master's degree	18	20.2
Doctoral degree	4	4.5
Technical school/Trade school/Certificate	3	3.4

Note. *N* = 89.

Table 2.*Descriptive Statistics of Participant Relationship Information*

Variable	<i>N</i>	Percent
Relationship Status		
Single	27	30.3
Casually dating	13	14.6
In a relationship, but not living together	16	18.0
Cohabiting with significant other	18	20.2
Married	18	20.2
Divorced/Separated	3	3.4
Widowed	2	2.2
Current or Past Same-Sex Relationship		
Yes	68	76.4
No	21	23.6
Length of Relationship		
Less than a year	32	36.0
1 – 4 years	41	46.1
5 – 8 years	4	4.5
9 – 11 years	1	1.1
12 – 15 years	2	2.2
15 years or more	6	6.7

Note. *N* = 89.

Table 3.*Descriptive Statistics of Inventory Composite Scores*

Variable	<i>N</i>	Minimu m	Maximu m	Mea n	<i>SD</i>	Varianc e	Skewnes s	Kurtosi s
Personal	8	1.00	4.36	1.85	0.8	0.75	1.20	0.65
Homonegativi ty	9				6			
Gay	8	1.00	3.57	1.85	0.6	0.39	0.78	0.32
Affirmation	9				3			
Morality of Homosexualit y	8 9	1.00	2.40	1.12	0.3 1	0.10	2.52	5.32
Total	8	1.00	3.30	1.69	0.5	0.29	0.89	0.17
Internalized Homophobia	9				3			
Positive Problem- Solving	8 9	1.00	5.00	3.78	0.7 8	0.61	-0.55	0.58
Conflict Engagement	8 9	1.00	4.50	1.59	0.6 5	0.42	1.93	4.88
Withdrawal	8 9	1.00	4.50	2.02	0.8 0	0.63	0.92	0.58
Compliance	8 9	1.00	5.00	1.99	0.8 3	0.69	1.34	2.28

Figures

Figure 1.

Constructive CR Styles Versus Ineffective CR Styles in Same-Sex Couples

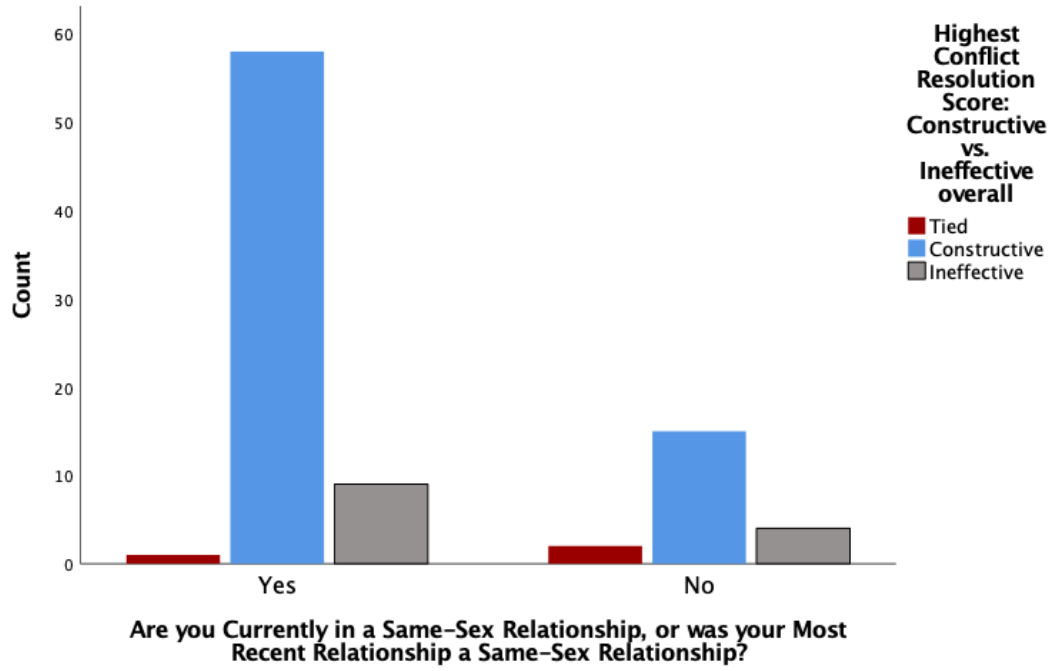


Figure 2.

Relationship Between Internalized Homophobia and Withdrawal CR Style

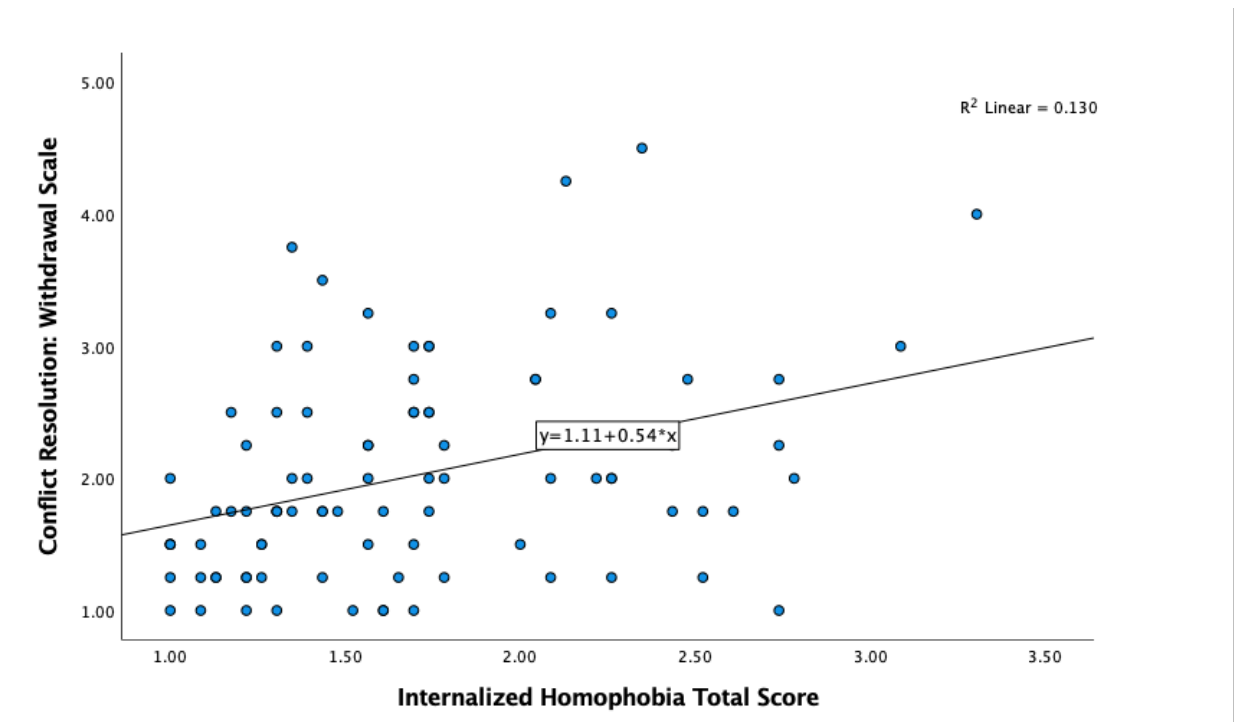


Figure 3.

Relationship Between Internalized Homophobia and Compliance CR Style

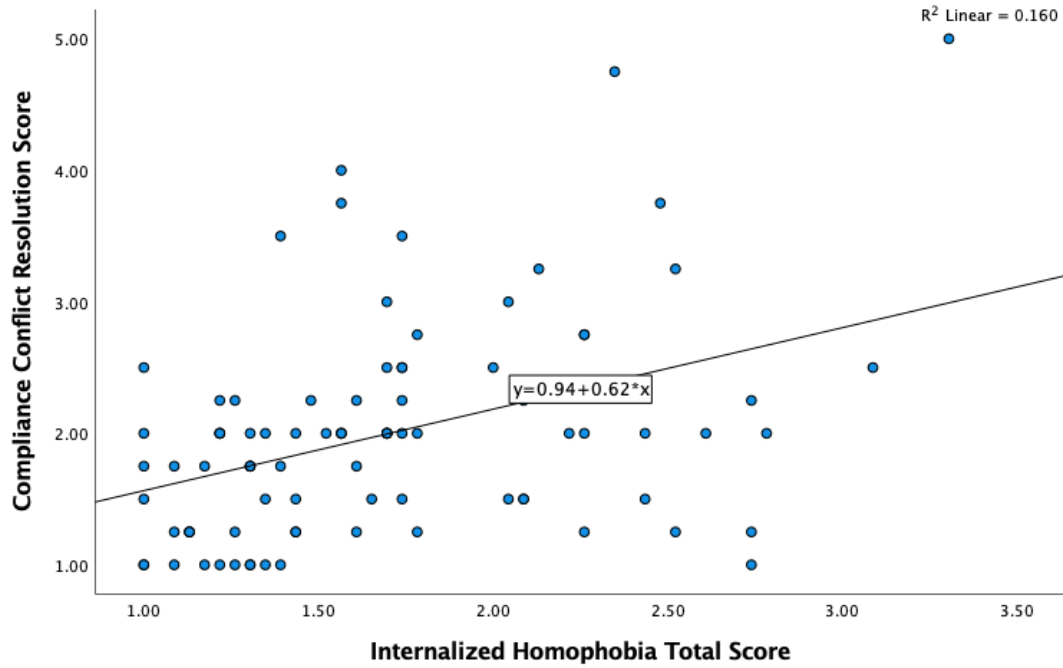
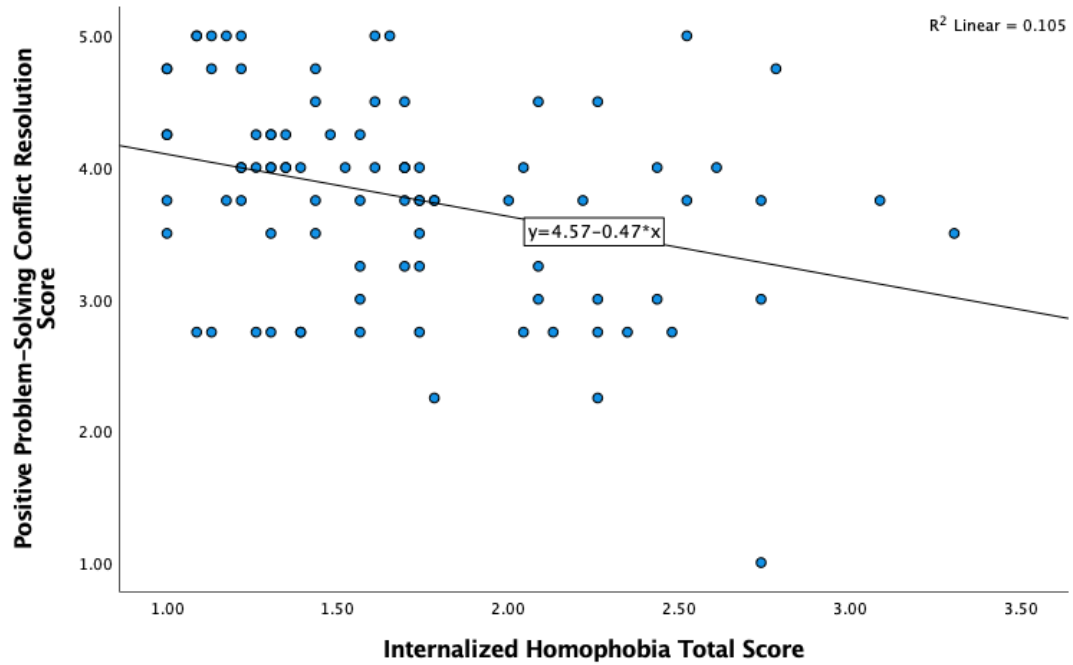


Figure 4.

Relationship Between Internalized Homophobia and Positive Problem-Solving CR Style



Appendix

Survey

Demographics:

- 1) How old are you?
 - a. Under 18 years old (end survey if checked)
 - b. 18-24 years old
 - c. 25-34 years old
 - d. 35-44 years old
 - e. 45-54 years old
 - f. 55-64 years old
 - g. 65-74 years old
 - h. 75 years or older

- 2) What do you consider your gender identity to be?
 - a. Female
 - b. Male
 - c. Trans Female/Trans Woman
 - d. Trans Male/ Trans Man
 - e. Gender Nonconforming
 - f. I'd prefer not to say
 - g. Other (please specify): _____

- 3) What do you consider your sexual orientation to be?
 - a. Bisexual
 - b. Gay
 - c. Heterosexual or straight (end survey if checked)
 - d. Lesbian
 - e. Pansexual
 - f. Other (please specify): _____

- 4) What is your current relationship status? (Check all that apply)
 - a. Single
 - b. Casually dating
 - c. In a relationship, but not living together
 - d. Cohabiting with significant other
 - e. Married
 - f. Divorced/Separated
 - g. Widowed

- 5) Are you currently in a same-sex relationship, or was your *most recent* relationship a same-sex relationship?
 - a. Yes
 - b. No

- 6) How long have you been in your current same-sex relationship, or how long did your most recent same-sex relationship last?
- Less than a year
 - 1-4 years
 - 5-8 years
 - 9-11 years
 - 12-15 years
 - 15+ years
- 7) What is your race? (Check all that apply)
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White/Caucasian American
 - Other (please specify): _____
- 8) What is your ethnicity?
- Hispanic or Latinx
 - Non-Hispanic or Latinx
- 9) What is the highest degree or level of school you have completed?
- Some High School
 - High school degree or equivalent (i.e., GED)
 - Some college
 - Associate Degree
 - Bachelor's Degree
 - Master's Degree
 - Doctoral Degree
 - Technical school/Trade School/Certificate

Internalized Homophobia:

- 10) I believe being gay/lesbian is an important part of me.
- Strongly Disagree
 - Disagree
 - Somewhat Disagree
 - Somewhat Agree
 - Agree
 - Strongly Agree
- 11) I believe it is OK for men/women to be attracted to members of the same sex in an emotional way, but it's not OK for them to have sex with each other.
- Strongly Disagree
 - Disagree

- c. Somewhat Disagree
- d. Somewhat Agree
- e. Agree
- f. Strongly Agree

12) When I think of my homosexuality, I feel depressed.

- a. Strongly Disagree
- b. Disagree
- c. Somewhat Disagree
- d. Somewhat Agree
- e. Agree
- f. Strongly Agree

13) I believe that it is morally wrong for men/women to have sex with members of the same sex.

- a. Strongly Disagree
- b. Disagree
- c. Somewhat Disagree
- d. Somewhat Agree
- e. Agree
- f. Strongly Agree

14) I feel ashamed of my homosexuality.

- a. Strongly Disagree
- b. Disagree
- c. Somewhat Disagree
- d. Somewhat Agree
- e. Agree
- f. Strongly Agree

15) I am thankful for my sexual orientation.

- a. Strongly Disagree
- b. Disagree
- c. Somewhat Disagree
- d. Somewhat Agree
- e. Agree
- f. Strongly Agree

16) When I think about my attraction towards members of the same sex, I feel unhappy.

- a. Strongly Disagree
- b. Disagree
- c. Somewhat Disagree
- d. Somewhat Agree
- e. Agree
- f. Strongly Agree

- 17) I believe that more same-sex couples should be shown in TV shows, movies, and commercials.
- Strongly Disagree
 - Disagree
 - Somewhat Disagree
 - Somewhat Agree
 - Agree
 - Strongly Agree
- 18) I see my homosexuality as a gift.
- Strongly Disagree
 - Disagree
 - Somewhat Disagree
 - Somewhat Agree
 - Agree
 - Strongly Agree
- 19) When people around me talk about homosexuality, I get nervous.
- Strongly Disagree
 - Disagree
 - Somewhat Disagree
 - Somewhat Agree
 - Agree
 - Strongly Agree
- 20) I wish I could control my feelings of attraction toward members of the same sex.
- Strongly Disagree
 - Disagree
 - Somewhat Disagree
 - Somewhat Agree
 - Agree
 - Strongly Agree
- 21) In general, I believe that homosexuality is as fulfilling as heterosexuality.
- Strongly Disagree
 - Disagree
 - Somewhat Disagree
 - Somewhat Agree
 - Agree
 - Strongly Agree
- 22) I am disturbed when people can tell I'm gay/lesbian.
- Strongly Disagree
 - Disagree
 - Somewhat Disagree

- d. Somewhat Agree
 - e. Agree
 - f. Strongly Agree
- 23) In general, I believe that gay men/lesbian women are more immoral than straight men/women.
- a. Strongly Disagree
 - b. Disagree
 - c. Somewhat Disagree
 - d. Somewhat Agree
 - e. Agree
 - f. Strongly Agree
- 24) Sometimes I get upset when I think about being attracted to members of the same sex.
- a. Strongly Disagree
 - b. Disagree
 - c. Somewhat Disagree
 - d. Somewhat Agree
 - e. Agree
 - f. Strongly Agree
- 25) In my opinion, homosexuality is harmful to the order of society.
- a. Strongly Disagree
 - b. Disagree
 - c. Somewhat Disagree
 - d. Somewhat Agree
 - e. Agree
 - f. Strongly Agree
- 26) Sometimes I feel that I might be better off dead than gay/lesbian.
- a. Strongly Disagree
 - b. Disagree
 - c. Somewhat Disagree
 - d. Somewhat Agree
 - e. Agree
 - f. Strongly Agree
- 27) I sometimes resent my sexual orientation.
- a. Strongly Disagree
 - b. Disagree
 - c. Somewhat Disagree
 - d. Somewhat Agree
 - e. Agree
 - f. Strongly Agree

- 28) I believe it is morally wrong for men/women to be attracted to members of the same sex.
- Strongly Disagree
 - Disagree
 - Somewhat Disagree
 - Somewhat Agree
 - Agree
 - Strongly Agree
- 29) I sometimes feel that my homosexuality is embarrassing.
- Strongly Disagree
 - Disagree
 - Somewhat Disagree
 - Somewhat Agree
 - Agree
 - Strongly Agree
- 30) I am proud to be homosexual.
- Strongly Disagree
 - Disagree
 - Somewhat Disagree
 - Somewhat Agree
 - Agree
 - Strongly Agree
- 31) I believe that public schools should teach that homosexuality is normal.
- Strongly Disagree
 - Disagree
 - Somewhat Disagree
 - Somewhat Agree
 - Agree
 - Strongly Agree
- 32) I believe it is unfair that I am attracted to members of the same sex instead of the opposite sex.
- Strongly Disagree
 - Disagree
 - Somewhat Disagree
 - Somewhat Agree
 - Agree
 - Strongly Agree

Conflict Resolution Styles:

- 33) Launching personal attacks.
- Never

- b. Sometimes
- c. About half the time
- d. Most of the time
- e. Always

34) Focusing on the problem at hand.

- a. Never
- b. Sometimes
- c. About half the time
- d. Most of the time
- e. Always

35) Remaining silent for long periods of time.

- a. Never
- b. Sometimes
- c. About half the time
- d. Most of the time
- e. Always

36) Not being willing to stick up for myself.

- a. Never
- b. Sometimes
- c. About half the time
- d. Most of the time
- e. Always

37) Exploding and getting out of control.

- a. Never
- b. Sometimes
- c. About half the time
- d. Most of the time
- e. Always

38) Sitting down and discussing differences constructively.

- a. Never
- b. Sometimes
- c. About half the time
- d. Most of the time
- e. Always

39) Reaching a limit, “shutting down,” and refusing to talk any further.

- a. Never
- b. Sometimes
- c. About half the time
- d. Most of the time
- e. Always

- 40) Being too compliant.
- Never
 - Sometimes
 - About half the time
 - Most of the time
 - Always
- 41) Getting carried away and saying things that aren't meant.
- Never
 - Sometimes
 - About half the time
 - Most of the time
 - Always
- 42) Finding alternatives that are acceptable to each of us.
- Never
 - Sometimes
 - About half the time
 - Most of the time
 - Always
- 43) Tuning the other person out.
- Never
 - Sometimes
 - About half the time
 - Most of the time
 - Always
- 44) Not defending my position.
- Never
 - Sometimes
 - About half the time
 - Most of the time
 - Always
- 45) Throwing insults and digs.
- Never
 - Sometimes
 - About half the time
 - Most of the time
 - Always
- 46) Negotiating and compromising.
- Never
 - Sometimes

- c. About half the time
- d. Most of the time
- e. Always

47) Withdrawing, acting distant and not interested.

- a. Never
- b. Sometimes
- c. About half the time
- d. Most of the time
- e. Always

48) Giving in with little attempt to present my side of the issue.

- a. Never
- b. Sometimes
- c. About half the time
- d. Most of the time
- e. Always