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# Social change and relationship quality among sexual minority individuals: Does minority stress still matter?

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## Abstract

**Objective:** This study examined whether positive changes in social attitudes and policies surrounding sexual minority relationships have translated to diminished deleterious effects of minority stress on relationship quality.

**Background:** Sexual minority emerging adults now come of age at a time of greater equality and acceptance than previous generations. Research has demonstrated consistent negative effects of stigma—theorized as minority stress—on relationship quality for sexual minority individuals. However, given the improving social climate, questions remain regarding whether minority stress has the same deleterious effects on the romantic relationships of sexual minority emerging adults.

**Method:** Five-hundred forty-nine individuals in relationships drawn from a US national probability sample completed a survey containing validated measures of minority stressors and relationship satisfaction. Responses from emerging adults (aged 18–25) were compared to two cohorts who came of age during the HIV/AIDS crisis (aged 34–41) and post Stonewall (aged 52–59).

**Results:** Emerging adults were more satisfied with their relationships than older cohorts. Experiences of everyday discrimination were associated with decreased relationship satisfaction for all cohorts; however, felt stigma, stigma concealment, and internalized stigma were associated with lower relationship satisfaction for older but not younger cohorts.

**Conclusion:** Findings illustrate the continued but shifting role of minority stress and provide the first evidence that social and policy changes may have translated into more positive relationship experiences for sexual minority emerging adults.

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**KEYWORDS**

emerging adulthood, intimate relationships, LGBTQ, satisfaction, stigma, stress

**INTRODUCTION**

The social and policy climate affecting the lives and relationships of sexual minority individuals (e.g., lesbian, gay, bisexual, queer, and other individuals who are not heterosexual) has improved greatly over the past several decades. In the United States (US), the current generation of emerging adults (aged 18–25) has come of age during a time when same-sex sexual behavior is not criminalized, marriage between individuals of the same sex is legal, and same-age peers are more approving of same-sex sexual behavior than perhaps ever before (Meyer, 2016; Roberts, 2019). These positive changes have led some to hypothesize that the current cohort of sexual minority emerging adults does not experience stigma, prejudice, and discrimination and their deleterious impacts on health and well-being to the same degree as previous cohorts of sexual minorities (McCormack, 2013; Savin-Williams, 2016). Although research into the mental health impact of stigma has shown that emerging adults continue to experience stigma and its negative consequences (Meyer et al., 2021; Russell & Fish, 2016), research has yet to examine if and to what extent positive social and policy changes have translated to improved relationship outcomes for younger generations of sexual minority individuals in romantic relationships (Frost et al., 2015). The current study investigates links between minority stress and relationship quality in a national probability sample of three distinct cohorts of sexual minority individuals to examine potential differences in relationship experiences based on cohort and thus the social context in which an individual experienced their own adolescence and emergent sexual minority identity.

**Experiences of minority stress and implications for relationship quality**

As a result of their stigmatized social status, sexual minority individuals are exposed to unique forms of social stress that have been termed *minority stress*. The original minority stress framework (Meyer, 2003) articulates four minority stress processes. These stress experiences include: acute and chronic forms of discrimination and victimization and everyday discrimination (e.g., microaggressions); expectations of rejection and discrimination (i.e., felt stigma); stigma concealment; and internalized stigma. These stressors are experienced by sexual minority individuals in the context of their romantic relationships in unique, and perhaps different, ways (LeBlanc et al., 2015). Sexual minority individuals in romantic relationships experience discrimination in the form of threats and harassment, as well as more minor forms of social distancing and slights (Rostosky & Riggle, 2017). Members of same-sex couples may also feel compelled to hide the fact that they have a same-sex partner to reduce potential exposure to discrimination and devaluation. However, concealing one's membership in a same-sex relationship can also be a cognitive burden and therefore is, in and of itself, stressful (Meyer, 2003). The stigmatized status of same-sex couples and same-sex desire may additionally become internalized by individual members of same-sex couples, which represents minority stress in the form of internalized stigma (Frost & Meyer, 2009).

Experiences of minority stressors have been associated with diminished relationship quality—in the form of satisfaction and commitment—among sexual minority individuals in romantic relationships (see Rostosky & Riggle, 2017, for a review). Minority stress theory was originally designed to explain mental health inequalities between heterosexual and sexual

minority populations (Meyer, 2003). The various forms of minority stressors reviewed previously are thought to collectively represent an excess stress burden faced by sexual minorities, which puts them at increased risk for negative health outcomes. For these reasons, the original framework does not specify differences in the strength or direction of associations between each form of minority stress and health and well-being outcomes. However, studies of minority stress and relationship quality that have included multiple minority stressors have found that internalized stigma—as a proximal form of minority stress—may be more detrimental to relationship quality outcomes than more distal forms of minority stress, such as heterosexist discrimination (e.g., Sevic et al., 2015; Stachowski & Stephenson, 2015; Szymanski et al., 2016). Indeed, meta-analyses (Cao et al., 2017; Doyle & Molix, 2015) have demonstrated a general negative association between experiences of social stigma and relationship quality among sexual minorities, with stronger associations between proximal (e.g., internalized) forms of stigma and minority stress and relationship quality compared to more distal forms (e.g., victimization and discrimination).

### **Are things getting better for sexual minority individuals in relationships?**

Although previous research has demonstrated negative effects of minority stressors on relationship quality for sexual minority individuals (e.g., Rostosky & Riggle, 2017), researchers have yet to examine the extent to which younger sexual minority individuals continue to experience this negative impact on their relationships. Same-sex marriage has been legal in the US since 2015, signaling increased acceptance of sexual minority individuals and their relationships from the broader society, a fact echoed in US polling data showing that the majority of Americans were approving of same-sex marriage for the first time in 2013 with levels of approval growing since then (Pew, 2016). These symbolic effects may be particularly resonant for sexual minority emerging adults (aged 18–25), as these individuals are forming their sexual minority identities and venturing into their first relationships in a context of greater approval and inclusion (Frost et al., 2015; Shulman & Connolly, 2013).

Supporting the possibility of cohort differences, data show that the current cohort of sexual minority emerging adults report starting sexual relationships, realizing they were sexual minorities, and telling a family member that they were sexual minorities at significantly earlier ages compared to previous generations (Meyer et al., 2021). Although some contend that the current cohort of sexual minority emerging adults are coming of age in a “post-gay” environment (McCormack, 2013; Savin-Williams, 2016) and that social stigma and minority stress are diminishing, no empirical evidence exists examining these claims in the specific context of the relational experiences of sexual minority adults. Additionally, emerging research on minority stress and health inequalities (Liu & Reczek, 2021) suggests a counter hypothesis (i.e., persistence/divergence hypothesis) in that the “rollback” of certain protections in recent years (e.g., workplace discrimination, bathroom access, and private sector discrimination) may explain persistent and exacerbated minority stress experiences and resulting health inequalities in new generations of sexual minority individuals. Although the forms of social change that we contend are likely to be associated with relationship quality (e.g., marriage laws, acceptance of same-sex sexual behavior, and attitudes toward same-sex marriage) have not regressed, the need for an examination of the role of social change in the connection between minority stress and relationship quality remains.

### **Additional developmental and life course concerns**

An investigation into the ways in which minority stress impacts the quality of relationships of different cohorts of sexual minority individuals requires contextualization within other

developmental and life course influences on romantic relationships. Theory and research (for a review and meta-analysis, see Bühler et al., 2021) have identified age and length of relationship as two important factors influencing relationship quality (i.e., satisfaction) that require consideration in our focus on cohort differences in the association between minority stress and relationship quality. Meta-analyses of the role of age indicated that mean levels of relationship satisfaction tend to be highest in early adulthood and decrease sharply from age 20 to 30, while findings on relationship duration indicate satisfaction is at its highest level at the start of relationships followed by a steep decline in satisfaction over the first 10 years (Bühler et al., 2021). Furthermore, due to the confounded nature of age and relationship length, emerging adults are more likely to be in shorter term relationships than older adults. Other developmental and life course influences arise when considering the declining age at first marriage and rise of cohabitation in lieu of marriage among younger cohorts (for a review, see Smock & Schwartz, 2020). This is important given the demonstrated positive associations between marriage (relative to cohabitation) and relationship quality (e.g., Brown & Booth, 1996). Related to marital status, relationships in emerging adulthood have been characterized as more fluid and unstable compared to the types of relationships common in middle and later adulthood (Shulman & Connolly, 2013). Taking into consideration these developmental and life course concerns, an examination of cohort differences needs to account for confounding factors (e.g., marital status and duration) in the association between minority stressors and relationship quality.

## The current study

This study used data from the Generations Study to test if and to what extent the positive changes in social attitudes and policies surrounding sexual minority relationships have translated to younger generations experiencing differences in the deleterious effects of minority stress (hereafter referred to as the “social change hypothesis”). The Generations Study was specifically designed to test the social change hypothesis using a national probability sample of three cohorts of sexual minority individuals. The three cohorts were defined by the distinct nature of their social environments during two critical periods of development: adolescence and emerging adulthood. The youngest generation was the current cohort of emerging adults who were 18–25 at the beginning of the study in 2016. This cohort experienced an improved social context for sexual diversity in which sodomy laws had been ruled unconstitutional and the cultural discourse had shifted to that of equality, leading to inclusion of sexual minorities in the military and equal access to legal marriage. In the current study, we compared this younger cohort of emerging adults with two older cohorts (who were 34–41 or 52–59 years old at the time of the study) who had experienced childhood and adolescence under drastically different social and policy contexts, characterized by the pathologization and criminalization of sexual minority identities, as well as same-sex sexual behavior and relationships (see Meyer et al., 2021, for more details on the Generations Study and cohort definitions). Previous analyses of the data from the Generations Study show that the younger cohort experienced minority stressors at similar or greater levels than the middle and older cohort (Meyer et al., 2021); however, no investigation has thus far been made into cohort differences in the associations between minority stressors and relationship quality.

Following the social change hypothesis, we predicted that the younger cohort of sexual minority emerging adults in romantic relationships would report better relationship quality than sexual minority individuals in relationships from the older cohorts. Furthermore, we tested the extent to which the associations between minority stressors and relationship quality—which decades of previous research have consistently demonstrated to be negative—were diminished among the younger cohort of sexual minority emerging adults in relationships relative to those in older cohorts. Following the social change hypothesis, we predicted the associations between

minority stressors and relationship quality to be weaker among the younger cohort of sexual minority individuals in romantic relationships compared to older cohorts. Although it is not possible to fully account for the influences of other developmental and life course influences on relationship quality, our tests of cohort differences were adjusted for relationship length and marital status.

## METHOD

The current study analyzed publicly available data from the Generations Study (Meyer, 2020).

### Procedures

A detailed account of the probability sampling methods used in the Generations Study have been published (Meyer et al., 2020). Participants were screened and recruited using the Gallup Daily Tracking Survey. This involved a daily (350 days a year) telephone interview of a US national probability sample of 1000 adults aged 18 or older using a dual-frame sampling procedure, which includes random-digit dialing to reach both landline and cellphone users, as well as an additional random selection method for choosing respondents with landlines.

Generations Study participants were screened and enrolled in the study between March 28, 2016, and March 30, 2017. The Generations Study used a two-phase recruitment procedure. In the first phase, all sexual minority individuals were identified by a question asked of all Gallup respondents: "Do you, personally, identify as lesbian, gay, bisexual, or transgender (LGBT)?" In the second phase, respondents who responded "yes" were then assessed for sexual identity, gender identity, and other eligibility criteria and if eligible, invited to participate in the Generations Study. The focus of the Generations Study was on the lives and the experiences of sexual minority people. While transgender people are part of the LGBT community there are important differences between issues related to sexual orientation and gender identity. To ensure that research was able to adequately cover their unique experiences, separate studies were conducted to address issues affecting sexual minority and transgender people (regardless of sexual orientation). People who identified as transgender in the screening process were invited to participate in a study specifically focused on understanding transgender people's experiences (i.e., TransPop: <http://www.transpop.org>).

Generations Study respondents were eligible if they identified as sexual minority (and not transgender); were in the age groups targeted for the three cohorts under investigation in (18–25, 34–41, or 52–59); were Black, LatinX, or White, or multiracial including one of the prior identities; completed sixth grade; and spoke English well enough to conduct the phone interview in English. Respondents who were transgender, regardless of their sexual orientation, were screened for participation in a parallel study; respondents who identified as nonbinary but not transgender were included in the Generations Study. Respondents who were eligible and agreed to participate were emailed or mailed a questionnaire to complete by self-administration (via a web link or printed questionnaire, respectively). Respondents received \$25 (an Amazon gift card by email or cash by mail). Following this baseline survey, respondents were asked to complete two follow-up surveys 1-year apart, at Year 2 and Year 3, using the same modality (mail or web) and received the same compensation of \$25. The study protocol was reviewed and approved by the IRB at the University of California, Los Angeles. Questions about relationship satisfaction were only included in Wave 2, which occurred between April 1, 2017 and March 30, 2018. Thus, only Wave 2 data from those individuals in relationships were analyzed in the present study. Sampling weights were constructed such that results from analyses are

generalizable to the US population of Black, LatinX, and White sexual minority men and women aged 18–25, 34–41, and 52–59 during data collection.

## Sample

The analytic sample size for those at Wave 2 who were in relationships with valid data on study variables was  $N = 549$ , with 60.9% in the younger cohort (vs. 39.1% in the middle and older cohorts, combined). The sample was diverse in terms of race and ethnicity, with 17.6% identifying as Black and 22.1% as LatinX (vs. White); a total of 62.3% were assigned female (vs. male) sex at birth; 8.1% had a nonbinary gender identity (vs. cisgender); 43.1% identified as gay or lesbian (vs. bisexual, pansexual, or queer); and 58.7% had attained a level of education greater than a high school diploma (vs. high school or less). Participants also reported being in a diverse array of relationship types lasting an average of 6.01 years (95% CI = 5.36, 6.65), with 25% being legally married, in a civil union or domestic partnership (vs. no legal recognition), and 53.2% were partnered with someone of the same sex (vs. different sex). More information on the Generations Study sample and methodology is publicly accessible at <https://doi.org/10.3886/ICPSR37166.v1>. There were some expected differences in relationship characteristics between the younger cohort and the older cohorts in the analytic sample for the current study (reported in Table S1). Namely, compared to participants in the older cohorts, participants in the younger cohort were in shorter relationships, less likely to be legally married, and less likely to be in a relationship with someone of the same sex.

## Measures

### Relationship satisfaction

The current analysis examined relationship satisfaction as an indicator of relationship quality (Fletcher et al., 2000). The four-item version of the Couples Satisfaction Index (CSI; Funk & Rogge, 2007) was included to assess individuals' satisfaction with their current romantic relationships. Two items ("How rewarding is your relationship with your partner?" and "In general, how satisfied are you with your relationship?") required responses on a scale of 0 = *not at all* to 5 = *completely*. One item ("I have a warm and comfortable relationship with my partner.") required responses on a scale of 0 = *not at all true* to 5 = *completely true*. And the final item ("Please indicate the degree of happiness, all things considered, of your relationship.") required responses on a scale of 0 = *extremely unhappy* to 6 = *perfect*. The CSI not only demonstrates strong validity correlations with existing measures of the construct, but it also demonstrates less noise and more power in detecting individual differences in satisfaction than existing measures (Funk & Rogge, 2007). The measure is scored on a scale of 0–21, with scores of 13.5 or below indicating relationship distress. Participants' scores on the CSI were internally consistent, with Cronbach's Alpha ( $\alpha$ ) = .84.

### Victimization

A six-item measure (Herek, 2009) was used to assess the frequency of victimization experienced in the past year. Items included being hit, beaten, physically attacked, or sexually assaulted; and someone threw an object at you. Responses were provided on scale of 1 = *never* to 4 = *three or more times*. Scale values were calculated as a mean of the items ( $\alpha$  = .66).

## Everyday discrimination

Williams et al.'s (1997) nine-item Everyday Discrimination Scale was used to assess the chronic experiences of discrimination or unfair treatment during the past year. Example items included the following: you were treated with less courtesy than other people, you were treated with less respect than other people, and you were called names or insulted. Responses were recorded on a four-point Likert-type scale ranging from 1 = *never* to 4 = *often*. Scale values were calculated as the mean of the items and ranged from 1 to 4, with higher values representing more everyday discrimination ( $\alpha = .91$ ).

## Felt stigma

The three-item Felt Stigma Scale (Herek, 2009) assessed respondents' awareness and experiences of minority stress related to expectations of rejection and devaluation. Example items are "most people where I live think less of a person who is LGB", "most employers where I live will hire openly LGB people if they are qualified for the job", and "most people where I live would not want someone who is openly LGB to take care of their children". Responses were recorded on a five-point Likert-type scale ranging from 1 = *strongly disagree* to 5 = *strongly agree*. Scale values were calculated as the mean of the items and ranged from 1 to 5, with higher values representing greater felt stigma ( $\alpha = .74$ ).

## Stigma concealment

Concealment of sexual orientation was measured following the approach used in a previous study using probability sampling (Meyer et al., 2002). Specifically, respondents were asked the degree of disclosure of sexual orientation to (a) family, (b) straight friends, (c) co-workers, and (d) health care providers. Participants described the extent to which they were out of the closet to each group on a scale of 0 = *out to all* to 3 = *out to none*. Higher scores reflected greater concealment. In the current study, we used only one item reflecting concealment from family, because concealment from family is a more stringent indicator of concealment relative to relationship satisfaction, given sexual minorities often "come out" to friends and peers before family (Grierson & Smith, 2005; Riley, 2010). Given researchers have highlighted the importance of familial acceptance (i.e., parental approval) for same-sex couples' relationship quality (Reczek, 2016) and research on minority stress in the context of same-sex couples has noted that "the majority of couple-level minority stressors emerge within familial contexts" (Frost et al., 2017, p. 468), stigma concealment in the family context was determined to be the most relevant indicator of concealment for the purposes of the current study.

## Internalized stigma

Internalized stigma was assessed using the five-item Internalized Homophobia scale (Herek, 2009). Example items were I have tried to stop being attracted to people who are the same sex as me, I wish I were not LGB, and I feel that being LGB is a personal shortcoming for me. Responses were recorded on a five-point Likert-type scale ranging from 1 = *strongly disagree* to 5 = *strongly agree*. Scale values were calculated as the mean of the items and ranged from 1 to 5, with higher values representing greater internalized stigma ( $\alpha = .78$ ).

## RESULTS

### Analysis strategy

General Liner Models using weighted data were computed using SPSS's Complex Samples module to test the current study's hypotheses. Our cohort-related hypotheses centered on predictions that the experiences of the younger cohort of sexual minority emerging adults would be different than older cohorts of sexual minority individuals who came of age in less positive and accepting social climates. Specifically, members of the middle and older cohorts were considered to have come of age in social contexts that shared similarities surrounding the status of sexual minority relationships that were not experienced by the younger cohort (e.g., the majority of the US population "disapproved" of same-sex marriage and homosexual behavior, homosexual behavior was against the law, same-sex marriage was not legal). Supplemental comparisons (not shown) between the middle and older cohorts resulted in only small differences on study predictors and outcomes (Cohen's *d*s reflecting small effect sizes ranging from .063 to .299) providing further justification for the combination of the middle and older cohorts into a single group for analysis. For these conceptual and statistical reasons, we used a dichotomous variable for cohort that compared the younger cohort (coded as 1) to the middle and older cohorts combined (coded as 0). Multiplicative interaction terms were created between the dichotomous cohort variable and each minority stress variable. Correlations between study variables (see Table S1) and parameter estimates for interaction terms (ranging from  $|.045|$  to  $|.275|$ ) did not exceed .7 indicating nonproblematic levels of collinearity. To account for the confounded nature of age with relationship length and marital status, all analyses were adjusted for relationship length (in years) and legal status (married or in civil union/domestic partnership = 1, no legal status = 0). Further covariates included relationship type (same-sex partner based on sex assigned at birth = 1, different-sex partner = 0); sex assigned at birth (female = 1, male = 0); gender identity (nonbinary = 1, cisgender = 0); sexual identity [plurisexual (e.g., pansexual, bisexual, queer) = 1, lesbian or gay = 0]; education level (1 = high school or less, 0 = some college or greater); and race (Black, yes = 1, no = 0) and ethnicity (Latinx, yes = 1, no = 0), with White as the referent group for both. The Complex Samples GLM module in SPSS does not provide standardized regression coefficients. To estimate standardized coefficients, we computed *z*-scores for all numeric predictors and outcome variables and reran the modules using the *z*-score transformed variables to produce units of change in standard deviations.

### Tests of hypotheses

The results of multivariate models testing the study hypotheses are presented in Table 1. Participants in the younger cohort reported significantly higher levels of relationship satisfaction than members of the middle and older cohorts (Table 1, Model 1). These differences remained robust controlling for length of relationship, marital status, whether participants were in a same or different-sex relationship, education, sex, gender identity, sexual identity, race, and ethnicity.

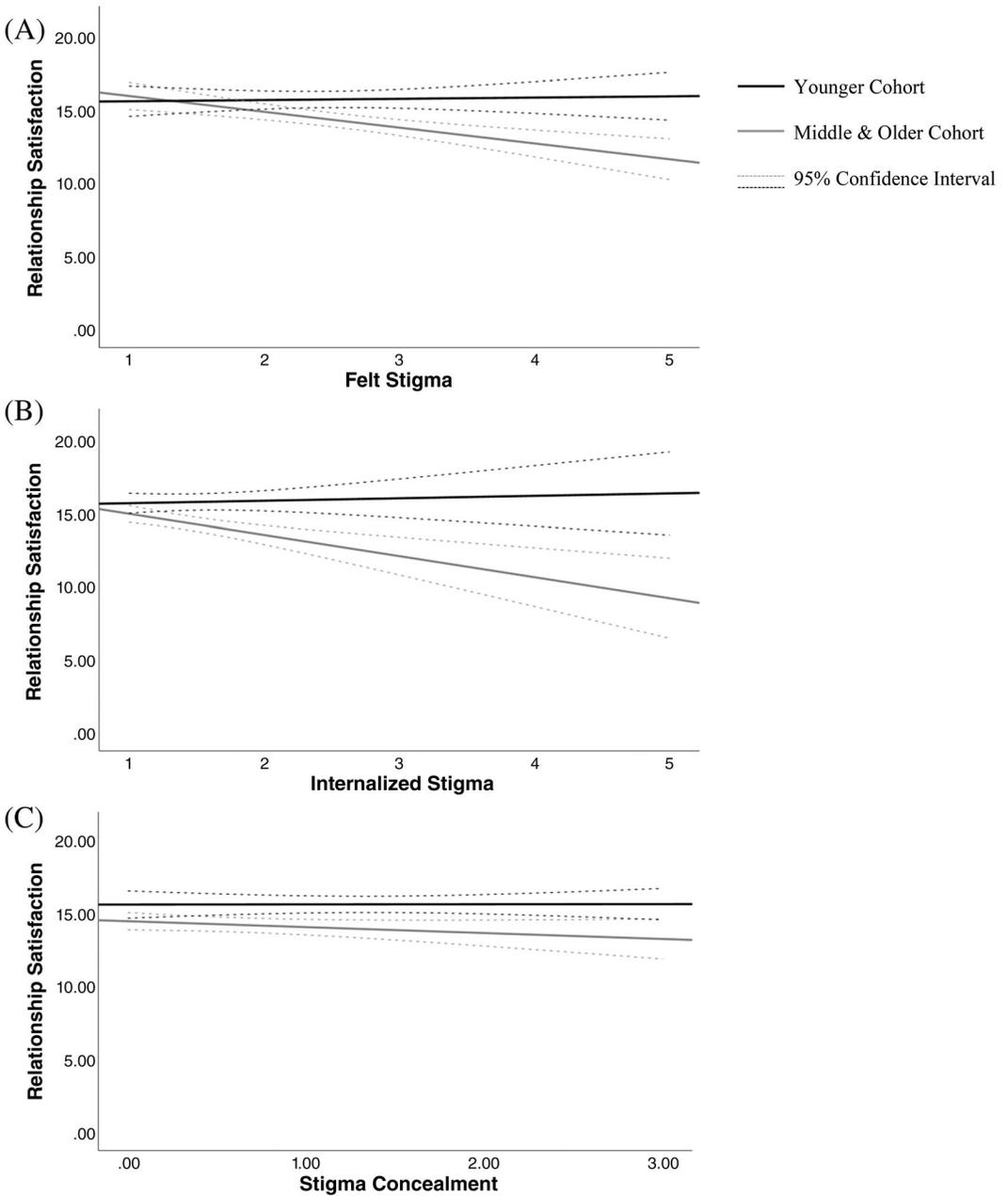
In a model including main effects of minority stressors (Table 1, Model 2), only everyday discrimination demonstrated a significant association with relationship quality. Specifically, higher levels of everyday discrimination were associated with lower levels of relationship satisfaction.

Finally, in models examining differences in the associations between minority stressors and relationship satisfaction in the form of interactions between cohort and each minority stressor (Table 1, Model 3), cohort moderated the associations between the minority stressors of felt stigma, stigma concealment, and internalized stigma and the outcome of relationship satisfaction. To explore these cohort differences separately for felt stigma, stigma concealment, and

**TABLE 1** Associations between age cohort, minority stress, and relationship quality among sexual minority individuals in relationships

Predictor	Model 1				Model 2				Model 3						
	<i>b</i>	95% CI		<i>p</i>	$\beta$	<i>b</i>	95% CI		<i>p</i>	$\beta$	<i>b</i>	95% CI		<i>p</i>	$\beta$
		Lower	Upper				Lower	Upper				Lower	Upper		
(Intercept)	13.80	11.48	16.13	.00	16.16	13.02	19.30	.00	20.70	16.78	24.62	.00			
Length of relationship (in years)	-0.03	-0.11	0.05	.51	-0.04	-0.12	0.04	.33	-0.07	-0.11	0.04	.34	-0.07		
Married, civil union, or domestic partnership (vs. not)	2.56	1.42	3.70	.00	.57	2.53	3.72	.00	.57	2.41	3.57	.00	.54		
Same sex partner (vs. different sex)	-0.35	-2.05	1.35	.68	-0.63	-2.34	1.09	.47	-0.14	-0.90	0.76	.29	-0.20		
High school education or less (vs. higher)	0.10	-0.97	1.18	.85	.02	0.13	-0.95	1.20	.82	.03	-0.04	1.00	.94	-0.01	
Female sex at birth (vs. Male)	0.87	-0.19	1.94	.11	.20	1.03	0.01	2.06	.05	.23	0.93	-0.10	1.95	.08	.21
Non-binary gender (vs. Cisgender)	0.04	-1.92	2.01	.97	.01	0.73	-1.28	2.73	.48	.16	0.75	-1.33	2.83	.48	.17
Plurisexual identity (vs. Monosexual)	-1.47	-3.10	0.16	.08	-0.33	-1.60	-3.11	-0.08	.04	-0.36	-1.48	-2.97	0.02	.05	-0.33
Black (vs. White)	-2.08	-3.82	-0.33	.02	-0.46	-1.85	-3.50	-0.19	.03	-0.41	-1.79	-3.35	-0.22	.03	-0.40
Latin@ (vs. White)	0.42	-0.72	1.55	.47	.09	0.53	-0.62	1.69	.37	.12	0.58	-0.54	1.71	.31	.13
Younger cohort (vs. middle and older)	2.69	1.25	4.14	.00	.60	2.81	1.46	4.15	.00	.63	-2.77	-6.93	1.38	.19	.60
Victimization						0.48	-1.03	1.99	.53	.04	-1.45	-4.35	1.46	.33	-0.13
Everyday discrimination						-1.32	-2.24	-0.41	.01	-0.19	-0.74	-1.78	0.31	.17	-0.11
Felt stigma						-0.08	-0.61	0.44	.75	-0.02	-0.86	-1.56	-0.15	.02	-0.18
Stigma concealment						-0.08	-0.66	0.49	.78	-0.02	0.57	-0.06	1.21	.08	.13
Internalized stigma						-0.19	-0.99	0.61	.64	-0.03	-1.18	-2.11	-0.26	.01	-0.19
Younger Cohort × Victimization											2.45	-0.72	5.62	.13	.22
Younger Cohort × Everyday Discrimination											-0.98	-2.62	0.65	.24	-0.14
Younger Cohort × Felt Stigma											1.23	0.23	2.22	.02	.26
Younger Cohort × Stigma Concealment											-0.98	-1.87	-0.08	.03	-0.23
Younger Cohort × Internalized Stigma											1.35	0.00	2.70	.05	.22
Variance explained	0.14				0.17					0.21					

Note: *b* represents unstandardized estimates obtained from general linear models calculated using SPSS Complex Samples module with weighted data;  $\beta$  represents standardized estimates based on *z*-scores.



**FIGURE 1** Plots of associations between minority stressors and relationship quality by cohort

internalized stigma, we present in Figure 1 visual plots of associations between each of these minority stressors and relationship quality, separately for the younger versus older cohorts. As can be seen in the figure, higher levels of felt stigma were associated with lower levels of relationship satisfaction among people in the older cohorts, but not among the younger cohort (Figure 1A) and higher levels of internalized stigma were associated with lower levels of relationship satisfaction among people in the older cohorts, but not among the people in the younger cohort (Figure 1B). A similar pattern was observed, albeit with less pronounced cohort

differences, in plots of the association between stigma concealment and relationship satisfaction (Figure 1C).

## CONCLUSION

The current study demonstrates that minority stress continues to matter for the relationship quality of sexual minorities. However, our findings demonstrate that the association between minority stress and relationship quality is complicated and, in some cases, might be diminishing in the context of positive social and policy change. Specifically, the lack of an association between victimization and relationship satisfaction is in line with previous research that does not find a direct association between similar (most distal) forms of minority stress and relationship quality outcomes among sexual minorities (e.g., Sevic et al., 2015). However, heightened experiences of everyday discrimination (another distal form of minority stress) were predictive of diminished relationship satisfaction for all sexual minorities in relationships. Additionally, we observed cohort differences in the associations between proximal minority stressors and relationship quality, wherein higher levels of felt stigma, stigma concealment, and internalized stigma were associated with diminished relationship satisfaction among the older cohorts, but not among the younger cohort. In other words, the younger cohort's relationships seemed to be resistant to the negative impact of most proximal forms of minority stressor. Members of the younger cohort were also more satisfied with their relationships in general than were members of the older cohorts; a finding which parallels research on age and relationship satisfaction in the general population (Bühler et al., 2021).

Although minority stress continues to be a negative factor in the lives of sexual minority individuals, the current findings resulting from a cohort comparison support the hypothesis that recent social and policy changes in the US may be translating to improved relational experiences for sexual minority emerging adults (i.e., the "social change hypothesis"). The lack of associations between proximal minority stressors and relationship satisfaction among younger cohorts runs contrary to decades of previous research, based primarily on older cohorts' data collected before marriage equality, which demonstrated a more robust and consistent negative impact of proximal minority stressors on relationship quality (e.g., Cao et al., 2017; Doyle & Molix, 2015; Rostosky & Riggle, 2017). Furthermore, given previous research on older cohorts has found no age differences in the effects of minority stress on relationship quality (Cao et al., 2017), evidence for the social change hypothesis can be seen in the higher levels of relationship satisfaction reported by emerging adults compared to older cohorts. At the same time, it is important to note that the association between everyday forms of discrimination and relationship satisfaction remained present for all cohorts, demonstrating that minority stress continues to exert a negative impact on sexual minorities' relationships and should not be overlooked despite positive social and legal changes.

The current findings should be interpreted in light of some important limitations. We are unable to distinguish between cohort effects and age effects. This is because cohort and age are confounded in the present study design. Specifically, respondents who came of age in more distant and stigmatizing historical periods are also older than respondents who came of age in the context of recent and improved social conditions. The types of relationships people engage in during emerging adulthood are often qualitatively different (e.g., more fluid and less stable) than relationships in older cohorts (Shulman & Connolly, 2013). Therefore, the differences that we observed between cohorts could have resulted from developmental or age-related changes rather than the impact of the hypothesized social changes (see Meyer et al., 2021, for further discussion of this limitation in the Generations Study). Important developmental and life course influences on relationship satisfaction such as relationship duration and marital status were controlled for, but nonetheless cannot be ruled out as potential alternative explanations for cohort

differences (Bühler et al., 2021). Furthermore, the Generations Study (Meyer et al., 2020) was designed to examine associations between minority stress and mental health in three cohorts of sexual minority individuals. Given statistical power issues and a need to have enough participants to allow meaningful subgroup comparisons, the sample in the original Generations Study was limited in excluding individuals who were American Indian/Native Alaskan (AI/NA) or Asian/Pacific Islanders if they did not also have other race/ethnic identity (e.g., biracial AI/NA). The Generations Study also excluded transgender individuals, who were included in a separate parallel study ([www.transpop.org](http://www.transpop.org)). Due to the lower than ideal level of internal consistency for some of our measures, the current study may underestimate associations between minority stressors (e.g., victimization) and relationship quality, given measurement error can produce attenuated associations. Additionally, data on relationship satisfaction were only collected in one wave of the longitudinal survey. As a result, this current analysis is limited by its cross-sectional nature and lack of dyadic data from participants' partners (Meyer et al., 2020). Furthermore, we cannot disentangle the effects of immediate social change related to sexual and gender minority relationships from other forms of social change of relevance to these cohorts that occurred at the time of data collection (e.g., the 2016 US Presidential Election, Krueger et al., 2021). The cohort comparisons attempt to capture differences across cohorts in how they were socialized from a young age and internalized social norms about same-sex relationships. We are not discounting the importance of immediate social and recent social change, but we are not able to reflect on their role given the design of the generations study. Dyadic and longitudinal designs would help further test for the temporal sequencing of changes in minority stress and relationship quality for different cohorts of sexual minority individuals in relationships and couple-level minority stress processes in the context of social change.

Future research also needs to investigate the extent to which the current findings can be replicated with additional outcomes and domains of relationship function and quality. More research is needed on how other aspects of relationships, including relationship length, legal status, sex/gender composition, and individual- and couple-level resilience resources, may moderate the association between minority stress and relationship quality differently across cohorts. Additionally, it may be the case that the relationships of older cohort members were different from those of younger cohort members on other unmeasured relationship variables, which could modify the effects of minority stress. For example, Kamen et al. (2011) found that gay men in relationships with low levels of trust experienced a negative impact of discrimination on relationship satisfaction, which did not exist for those relationships with moderate to high levels of trust.

Despite these limitations, the current study provides the first, although preliminary, evidence that recent social and policy changes have translated into more positive relationship experiences for sexual minority emerging adults (Frost et al., 2015). Although experiences of everyday discrimination continue to have a negative association with relationship satisfaction for all sexual minority individuals, sexual minority emerging adults' relationships do not seem to be as negatively impacted by more proximal forms of minority stress as has been the case for previous generations. More research is needed to replicate and demonstrate the mechanisms underlying the potential positive impact of social change on the quality of romantic relationships among sexual minority emerging adults. But this study provides a glimpse into possible connections between positive social changes and sexual minority individuals' experiences in relationships, demonstrating the possibility that the social climate may be improving for younger sexual minority people.

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