Published in final edited form as:

Soc Ment Health. 2019 ; 9(2): 192–210. doi:10.1177/2156869318800157.

Can Spouses Buffer the Impact of Discrimination on Depressive Symptoms? An Examination of Same-sex and Different-sex Marriages

Rachel Donnelly*,

The University of Texas at Austin

Brandon A. Robinson, and

The University of California at Riverside

Debra Umberson

The University of Texas at Austin

Abstract

Discrimination due to personal characteristics (e.g., gender, sexuality, appearance) is a common yet stressful experience that is detrimental to mental health. Prior work has not considered how spouses in same- and different-sex marriages help each other cope with discrimination despite the importance of marriage for managing stress and adversity. We analyze survey data collected from both spouses in same-sex and different-sex marriages within the United States ($N=836$ individuals) to examine whether support from spouses weakens the impact of discrimination on depressive symptoms. Results suggest that discrimination contributes to depressive symptoms, but greater support from spouses buffers the mental health consequences of discrimination. Individuals in same-sex marriages report more spousal support than do individuals in different-sex marriages, even after accounting for experiences of discrimination. Same-sex couples may get needed spousal support, whereas women married to men receive the least spousal support and may be vulnerable to stressors that challenge mental health.

Keywords

Discrimination; Social support; Mental health; Same-sex marriage

Discrimination – unfair or prejudicial treatment due to personal characteristics – is experienced to some degree by almost two-thirds of the population at some point in their life (Kessler, Mickelson, and Williams 1999; Pascoe and Richman 2009). The most frequently documented reasons for experiencing discrimination are race/ethnicity, gender, and sexual orientation (Pascoe and Richman 2009), though individuals also experience discrimination due to other personal characteristics, such as age, weight, disability, and physical appearance (Carr and Friedman 2005; Sutin, Stephan, Carretta, and Terracciano 2015). Moreover, perceptions of discrimination have wide-ranging consequences for mental health, especially

*Rachel Donnelly, 305 E 23rd St., Stop G1800, CLA. 2.622A, Austin, TX 78712, redonnelly@utexas.edu.

depressive symptoms (Hatzenbuehler, Phelan, and Link 2013; McLaughlin, Hatzenbuehler, and Keyes 2010; Pascoe and Richman 2009; Schmitt et al. 2014; Schulz et al. 2006; Stuber, Meyer, and Link 2008; Williams, Neighbors, and Jackson 2003). Scholars have shown, though, that social support can help buffer the effects of discrimination (Thoits 2010). However, less is known about how spouses help each other cope with discrimination and how patterns of social support may differ for men and women in same-sex and different-sex marriages. We examine, then, the role of spousal support in shaping the mental health consequences of discrimination for men and women in same-sex and different-sex married couples. This examination garners important insight into how marital dynamics shape lifetime experiences of discrimination and contributes to the literature on experiences of mental health within the context of marriage, including same-sex marriage.

Although social support from friends and non-spouse family members can reduce the mental health consequences of discrimination (Thoits 2010), we suggest that spousal support is uniquely important in mitigating the effects of discrimination-related stress on mental health. Part of this unique importance stems from normative expectations within marriage, whereby spouses are typically the ones charged with providing support to a partner; thus, a spouse may be the most influential source of support for married people (Cornwell, Laumann, and Schumm 2008; Thomas, Liu, and Umberson 2017; Walen and Lachman 2000). How partners support each other, then, is a key way to understand how spouses can reduce the adverse consequences of stressful experiences on psychological distress (e.g., Bodenmann 2005; Bodenmann et al. 2011; Cohen and Willis 1985; Cutrona 1996). Although a great deal of prior research on different-sex marriage suggests that women provide more support to their spouse than do men, scholars have not examined how patterns of support differ for men and women in same-sex as well as different-sex marriages. Moreover, recent studies suggest that the marital advantage in mental health (e.g., Waite and Gallagher 2000; Williams 2003) may also extend to individuals in same-sex unions (Wight, LeBlanc, and Badgett 2013), but much less is known about the relationship dynamics through which such benefits might accrue, or how these dynamics might differ for men and women in same-sex marriages. Understanding these dynamics is important because highly supportive marriages may have the potential to offset or weaken the mental health consequences of discrimination.

The present study, then, is designed to assess how spouses in both same-sex and different-sex marriages help each other cope with discrimination-related stress in ways that may be beneficial for mental health. We also consider how support from other family members and friends shape experiences of discrimination and its consequences for mental health. We analyze dyadic survey data from 836 individuals in 418 marriages to consider how spouses in same- and different-sex marriages support each other, thereby reducing the mental health consequences of discrimination. We focus on married couples because of the greater benefits of marriage than cohabitation for health (Carr and Springer 2010) and recent capacities to obtain data on married same-sex spouses. Therefore, we ask the following specific questions: 1) are respondents' and their spouse's perceptions of discrimination associated with the respondent's depressive symptoms? 2) does social support from friends, family, and spouses buffer the mental health consequences of discrimination? and 3) do patterns of social support differ for men and women in same-sex and different-sex marriages? Addressing these questions is particularly important in light of the higher rates of

discrimination experienced by sexual minorities and women compared to their heterosexual and male counterparts (e.g., Huebner, Rebchook, and Kegeles 2004; Institute of Medicine 2011; Kessler et al. 1999; Mays and Cochran 2001; McLaughlin et al. 2010; Meyer 2003). This study provides insight into the ways marital and other relationships may buffer the impact of discrimination-related stress on mental health.

BACKGROUND

Discrimination is a substantial source of stress for many people in the United States. Moreover, evidence shows that women, racial/ethnic minorities, sexual minorities, and other marginalized groups (e.g., persons with disabilities) report more discriminatory events and strains than their counterparts (Thoits 2010). Although most current work on discrimination relies on self-reported perceptions of discriminatory treatment instead of observed or verified events, these experiences are a considerable source of stress. Indeed, perceived discrimination contributes to a range of mental health outcomes (Pascoe and Richman 2009; Schmitt et al. 2014; Stuber et al. 2008; Thoits 2010), and the most consistently documented outcome is depressive symptoms (Schulz et al. 2006; Williams et al. 2003). Notably, most of these studies rely on cross-sectional data, which cannot account for reverse causality, but the few longitudinal studies of discrimination and mental health that are available find discrimination is related to mental health years later, even when accounting for baseline mental health (Pavalko, Mossakowski, and Hamilton 2014). Moreover, one longitudinal study found that people who are depressed are not more likely to perceive discrimination (Brown et al. 2000). Taken together, empirical and theoretical evidence suggests that experiencing and/or perceiving discrimination is harmful for mental health.

The effects of discrimination-related stress on depressive symptoms can be reduced when individuals have social support to help them cope with stress (Pascoe and Richman 2009; Schmitt et al. 2014; Thoits 2010). Figure 1 shows the conceptual model that guides the present study. Although considerable research shows that social support can buffer the mental health consequences of stressful experiences such as discrimination (e.g., Pascoe and Richman 2009; Thoits 2010; Turner 2013), the role of spousal support in buffering the effects of discrimination has been studied less, especially for same-sex married couples. Marriage is an important context to understand linkages between discrimination and depressive symptoms because spouses experience stress (e.g., discrimination-related stress) jointly. Thus, a person's experiences with discrimination *and* their spouse's experiences with discrimination might have consequences for the mental health of both spouses. As such, we consider whether spouses have similar, or concordant, experiences with discrimination and how this concordance or discordance shapes mental health. Although sharing similar experiences with discrimination may be distressing, these similar experiences could also be a shared source of understanding that reduces some of the mental health consequences of discrimination. An individual may experience more distress when they have experienced more discrimination than their spouse compared to if they have similar experiences as their spouse. These possibilities raise new questions concerning how spouses' discordant experiences of lifetime discrimination might affect mental health, a consideration that is possible with dyadic data.

Spousal Support

Marriage is an important context to understand linkages between discrimination and depressive symptoms because spouses experience and cope with stressful experiences (e.g., discrimination) jointly. Notably though, spouses also may help reduce the harmful effects of discrimination. Figure 1 suggests that spousal support is a key way that partners can buffer the adverse consequences of individual- and couple-level stressors (e.g., Bodenmann 2005; Bodenmann et al. 2011; Cohen and Willis 1985; Cutrona 1996), such as individual experiences with discrimination and spousal discordance in discrimination. The provision of support from a spouse, however, may also depend on their own experiences with discrimination. For example, spouses who have both experienced discrimination may be more empathic and understanding given their shared experiences and may provide more support to their spouse. Yet discrimination can disrupt multiple domains of life, including social relationships and coping behaviors (Hatzenbuehler, Phelan, and Link 2013), which may undermine a person's ability to provide support to their spouse. The buffering role of spousal support likely differs depending on spousal experiences of discrimination. For example, spousal support may be particularly helpful when spouses have discordant experiences with discrimination, whereas low support could amplify the consequences of discordance for mental health. The present study, therefore, considers whether spousal support buffers the consequences of respondent discrimination and spousal discordance in discrimination for depressive symptoms.

To date, research on discrimination and spousal support within marriage has focused almost exclusively on different-sex couples. One study by Randall and colleagues (2017) found that partner support buffered the association between workplace minority stress and anxiety in female same-sex couples. Their focus on female same-sex couples, though, precludes a comparison of spousal support across gay, lesbian, and heterosexual couples, especially same-sex and different-sex *married* couples. Thus, we examine whether support from a spouse will buffer the association between discrimination and depressive symptoms in a sample of same-sex and different-sex spouses.

We also consider support received from other sources, such as other family members and friends. Although spouses are typically the primary providers of support during stressful experiences, the presence of support from friends and other family members may limit the need for and/or the benefit of support from a spouse. As shown in the conceptual model in Figure 1, the broader support context may look different for individuals in same-sex and different-sex marriages. Sexual minorities are less likely to receive support from their parents compared to heterosexuals (Solomon, Rothblum, and Balsam 2004) because of their identity and/or relationship. On the other hand, sexually marginalized individuals may adapt to this lack of family of origin support by creating "families of choice" (Kimport 2014; Nardi 1999; Weston 1991), relying more on friends and chosen family for support. Yet, little is known about the constellation of spousal and other support in same-sex and different-sex marriages.

Gender Differences in Spousal Support

We hypothesize that the amount of support a spouse receives from their partner during stressful experiences likely differs for men and women in same-sex and different-sex marriages, as indicated in Figure 1. Gender differences in how spouses cope with and support each other is a common theme in studies of different-sex marriages, and these differences may shed light on patterns of coping and support in same-sex marriages. As past studies on heterosexual couples have shown, women tend to be more responsive to their spouse's needs and more likely to hide their own stress from their spouse (Cutrona 1996; Erickson 2005; Walen and Lachmann 2000). Women also are more likely to receive support from sources outside of their marriage, such as friends and relatives (Fuhrer and Stansfeld 2002; Gurung, Taylor, and Seeman 2003). These gender differences can create a "support gap" in different-sex marriages, wherein wives give more support to their husbands than they receive. These gender differences in the provision of support may exist because, in different-sex unions, both spouses often describe women as "naturally" more capable of reading emotions and providing care; male spouses often think of themselves as unable to understand their wives' emotions (Thomeer, Umberson, and Pudrovska 2013). These gendered perceptions arise from structural systems associated with gender that facilitate and constrain men's and women's behaviors, particularly with respect to monitoring and attending to the emotional needs of others. As such, these structural systems impose pressures on women to see the provision of emotional support as an aspect of family work, which holds them more accountable to performing this work than men (Erickson 2005; Umberson et al. 2015). Given this literature on gender differences in spousal support, we expect that individuals (both men and women) with female spouses will receive more spousal support than individuals with male spouses.

Expectations and performances of gender may further vary depending on whether one is married to a man or a woman, reflecting a gender-as-relational perspective (Springer, Hankivsky, and Bates 2012). A gender-as-relational perspective suggests that patterns of support likely differ for men and women in same-sex and different-sex marriages. For example, if women provide more support to their spouses than men, then two women in a marriage may provide and reciprocate high amounts of support when their spouse is stressed. On the other hand, whereas heterosexual men often rely on dominant notions of masculinity to justify not providing support, this masculinity justification is not necessarily true for gay men (Thomeer, Reczek, and Umberson 2015) who are already positioned outside of dominant relations of masculinity and who are more likely to construct alternative forms of gender relations (Connell 1995; Courtenay 2000). A man married to a man, then, may provide different spousal support than a man married to a woman.

Indeed, evidence further shows that relationship dynamics differ for same-sex and different-sex couples. Same-sex relationships tend to be more egalitarian than different-sex relationships, with less emphasis on power differences between partners (Goldberg, Smith and Perry-Jenkins 2012). Indeed, partners' efforts to improve each other's health are more balanced and cooperative in gay and lesbian relationships than heterosexual relationships (Reczek and Umberson 2012). Moreover, recent work reveals that spouses in same-sex unions are more likely to be similar in their desire for and provision of support during

stressful times (Thomeer, Reczek, and Umberson 2015; Umberson, Thomeer, Reczek, and Donnelly 2016; Umberson, Thomeer, Kroeger, Reczek, and Donnelly 2017). However, both spouses may both desire less support from their spouse. Although gay men are more likely to desire and provide limited and targeted exchanges of support on an ongoing basis, this is often not the case when support is truly needed, such as when they are experiencing stress (Umberson et al. 2016; Umberson et al. 2017). Women in same-sex marriages, on the other hand, are more likely to provide and reciprocate high levels of support on a more consistent basis due to gendered norms that encourage immersive caregiving efforts (e.g., Umberson et al. 2016; Umberson et al. 2017).

The provision of spousal support may also differ for same-sex and different-sex couples because sexual minority individuals experience higher levels of stress due to prejudice, discrimination, and/or rejection due to their disadvantaged social status (Meyer 2003) and, as such, may elicit or desire more support from a spouse. Additionally, members of same-sex relationships are exposed to and anticipate unique minority stressors as a result of their stigmatized relationship (e.g., public scrutiny as a couple, navigating benefits for same-sex couples) (Frost et al. 2017; LeBlanc, Frost, and Wight 2015; Thomeer, LeBlanc, Frost, and Bowen 2018). As such, we examine whether patterns of supportive dyadic coping differ for men and women in same-sex and different-sex marriages, even after accounting for perceived discrimination.

Understanding patterns of social support across same-sex and different-sex marriages helps us understand the consequences of discrimination-related stress on mental health. For example, if same-sex spouses experience more discrimination than different-sex spouses, but also receive more support from their spouse, their mental health burden may be reduced. On the other hand, if a group is more likely to experience discrimination but less likely to receive support from a spouse (e.g., women married to men), they may experience more mental health challenges. Based on documented differences in experiences of discrimination based on gender and sexual orientation (e.g., Huebner et al. 2004; Institute of Medicine 2011; Kessler et al. 1999; Mays and Cochran 2001; Meyer 2003; Pascoe and Richman 2009), we expect that men in different-sex marriage will experience the least discrimination and individuals in same-sex marriages, especially women who also contend with sexism, will experience the most. Understanding the role, then, of social support in same-sex and different-sex marriages can offer new insights into discrimination-related stress and the mental health of married people, especially in the context of the federal legalization of same-sex marriage.

METHOD

Data

For the present study, we use dyadic survey data that the authors collected in 2015 from married spouses who were aged 35–65 as part of a study on marriage and health in midlife couples. We focus on midlife couples aged 35 to 65 because the health returns to marriage become greater with advancing age (Williams and Umberson 2004). We recruited participants (detailed below) who then completed a survey online; the survey took about 45 minutes to complete. Spouses completed surveys separately, and upon completion of the

survey by both spouses, each spouse received a \$50 gift card. All participants were legally married and had been living together for a minimum of three years at the time of the study. Study procedures were approved by the Institution Review Board at the University of Texas at Austin. The analytic sample for this study includes spouses in 418 marriages (n=836 individuals): 123 male same-sex couples, 171 female same-sex couples, and 124 different-sex couples. We exclude one couple who had missing data on social support from non-spousal family members.

Sample recruitment occurred in a systematic and purposive way to maximize comparability across same-sex and different-sex unions in terms of age, relationship duration, and place of residence. Due to past legal restrictions on marriage for same-sex couples, we measure total relationship duration based on the total number of years partners lived together (years cohabiting and married combined). Massachusetts was selected as the original study site because it was the first U.S. state to legalize same-sex marriage in 2004 and included a substantial number of same-sex couples in long-term unions who could be identified through the vital records office. However, many couples had moved and/or referred people not living in Massachusetts, so people living outside of Massachusetts were also invited to participate (50% of couples in the sample resided outside of Massachusetts). Same-sex couples married in Massachusetts between 2004 and 2012 and aged 35–65 were identified through the Massachusetts Registry of Vital Records and invited to participate through letters mailed to their address (about 70% of same-sex couples in the sample were recruited through this process). Because of restrictions at the Registry of Vital Records, different-sex couples were recruited using publicly available demographic city lists in Massachusetts (cities were selected to match city locations of same-sex spouses). We used these lists to identify households with two adults between age 35 and 65 and invitations were sent to the addresses (about 40% of different-sex couples were recruited through this strategy). These same-sex and different-sex couples were then asked to refer couples of similar age and relationship duration to the study. The remaining couples (30% of same-sex and 60% of different-sex couples) were recruited through referrals.

On average, respondents were 48 years old and had lived with their spouses for 15 years at the time of the survey. Spouses in same-sex marriages are slightly older, included fewer racial/ethnic minority respondents, and are more highly educated compared to the spouses in different-sex marriages. We compared the demographic characteristics of the study sample to national estimates for married couples age 35–65 using data from the American Community Survey (2015). The study sample characteristic are similar to national estimates on income, age, and the percent of couples with children under age 18. However, the sample is more educated and includes fewer racial/ethnic minorities than national averages. The greater educational attainment of the study participants may reflect the decision to recruit couples from Massachusetts – a state with higher average levels of education than the U.S. The implications of these differences are discussed in greater detail in the discussion.

Measures

The key dependent variable for this study is *depressive symptoms*. We construct this measure based on an 11-item version of the Center for Epidemiological Studies-Depression

Scale. The 11-item CES-D scale has demonstrated validity comparable to the full version of the CES-D (Zauszniewski and Bekhet 2009). Respondents were asked: “How often did you feel or behave in the following ways during the past week: a) I did not feel like eating, b) I felt depressed, c) I felt like everything I did was an effort, d) my sleep was restless, e) I was happy (reverse coded), f) I felt lonely, g) people were unfriendly, h) I enjoyed life (reverse coded), i) I felt sad, j) I felt that people disliked me, and k) I could not ‘get going.’” Each question had four response options ranging from 1 (*Rarely or none of the time*) to 4 (*Most of the time*). Responses to the eleven items were summed ($\alpha=0.85$; range 11–38) and standardized.

The measure of *discrimination* is adapted from the Everyday Discrimination Scale (Williams, Yu, Jackson, and Anderson 1997), a scale with demonstrated reliability and validity for assessing routine experiences of unfair treatment (Krieger et al. 2005). We include seven of the nine original items: being treated with less respect than others, receiving poorer service than others in restaurants, people acting as if they are better than you, people acting as if they are afraid of you, people acting as if they think you are dishonest, being called names or insulted, and being threatened or harassed. We also included five additional items: receiving poorer service than others in medical settings, feeling unsafe in public places, people ignoring you or acting as if you do not exist, people acting disgusted by you, and having your marriage treated as if it is less legitimate than theirs. In line with Williams’ Everyday Discrimination Scale, respondents report how often they have experienced each item during their adult lives. Six response options ranged from 1 (*Never*) to 6 (*Almost every day*). Responses to all 12 questions were summed ($\alpha=0.87$; range 12–49) and standardized. We also take advantage of the dyadic nature of the data to consider each spouse’s perception of discrimination as well as spousal discordance in discrimination. We assess respondent-spouse discordance in discrimination by subtracting the spouse’s discrimination score from the respondent’s score. Thus, positive values indicate when the respondent reported more experiences with discrimination than their spouse.

In the discrimination scale, the causes for experiences of discrimination can be wide-ranging. In a separate question, respondents who have reported any discrimination experiences can rank the main reasons that they think they have experienced unfair treatment, including gender, race/ethnicity, sexual orientation, physical appearance, body weight, social class, and other. Respondents who did not report any experiences with discrimination fall into the category of “no reason listed,” though half of respondents who did not list a primary reason reported some discrimination.

We measure spousal support with the *supportive dyadic coping scale* – a subscale of the Dyadic Coping Inventory. The Dyadic Coping Inventory (Bodenmann 2008) is a 37-item scale designed to measure how couples support each other when one or both partners feel stressed. For example, partners may be empathic and supportive when their spouse is stressed, or they may negate or downplay their spouse’s stress. The Dyadic Coping Inventory, with its multiple subscales, is a measure to assess couple-level coping with demonstrated reliability and validity in samples of couples in numerous countries, including in the United States (Bodenmann et al. 2011; Falconier, Jackson, Hilpert, and Bodenmann 2015; Randall, Hilpert, Jimenez-Arista, Walsh, and Bodenmann 2015). Supportive dyadic

coping (i.e., how a partner attempts to aid their stressed spouse with practical and/or emotional support) has been shown to be particularly effective in weakening the impact of stress on distress (Falconier et al. 2015). The supportive dyadic coping subscale comprises three questions: “When you are feeling stress, a) your spouse expresses that they are on your side, b) your spouse helps you to see stressful situations in a different light, and c) your spouse listens to you and gives you the opportunity to communicate what really bothers you.” Five response options for each question range from 1 (*Very rarely*) to 5 (*Very often*). Responses to the three items were summed ($\alpha=0.81$; range 3–15) and standardized.

Non-spousal *family support* is a measure based on two questions: “Thinking of family members you are in contact with, how often is it that a) you can open up to them if you need to talk about your worries and b) you can rely on them for help if you have a problem?” Four response options for each question ranged from 1 (*Hardly ever (or never)*) to 4 (*Almost always (or always)*). Responses were summed ($\alpha=0.77$; range 2–8) and standardized. We measure *support from friends* based on the same two items but about the support provided by the people respondents consider friends. Responses were summed ($\alpha=0.85$; range 2–8) and standardized.

In all models, we adjust for relationship duration (in years), educational attainment (less than college, college degree, more than college degree with less than college as the reference group), and race/ethnicity (1=nonwhite).

Analytic Strategy

To examine how spouses in both same-sex and different-sex marriages help each other cope with discrimination-related stress in ways that may be beneficial for mental health, we use mixed effects multilevel modeling. We specify respondents as nested within couples with one variance and one covariance per couple. We also model the couple-level interdependence as exchangeable to model the non-independence in the dyadic. This approach is designed for the analysis of non-independent dyadic data with indistinguishable and distinguishable dyads (Kenny, Kashy, and Cook, 2006; West, Popp, and Kenny 2008). We examine assumptions of linearity and use robust standard errors. We first examine how respondent discrimination, spouse discrimination, and respondent-spouse discordance in discrimination are associated with respondents’ depressive symptoms (Table 2). We next examine whether spousal support (supportive dyadic coping), non-spousal family support, and support from friends conditions the association between perceived discrimination and depressive symptoms (Table 3). In Table 4 we test whether the amount of social support received differs for men and women in same-sex and different-sex marriages. We then use regression estimates to calculate predicted scores of social support for four groups: men married to men, men married to women, women married to men, and women married to women.

RESULTS

Descriptive Results

Table 1 provides descriptive data for key variables in the analysis. On average, women report slightly more depressive symptoms than men, regardless of whether they are in a same-sex or different-sex union. These patterns are consistent with prior findings of gender differences in depressive symptoms (Kessler et al., 2005). Table 1 shows that only about 9% of respondents report no depressive symptoms, with men more likely than women to report no depressive symptoms. No respondents reported the maximum value possible on the CESD, but a significant proportion of respondents (25% overall) reported depressive symptoms above the clinical cut-off for depression as established by Zauszniewski and Bekhet (2009). Concerning social support, compared to spouses in different-sex marriages, spouses in same-sex marriages report receiving more support from their spouses, similar support from non-spouse family members, and more support from friends compared to individuals in different-sex marriages.

Turning to discrimination, women married to women report the highest levels of discrimination on average, followed by men married to men, women married to men, and men married to women. Most respondents reported some experience with discrimination – men married to women were more likely than other groups to report no discrimination (15%). Respondents were also asked to rank the reasons for their experiences of discrimination. The majority of respondents listed at least one reason. As shown in Table 1, sexual orientation was the primary reason for discrimination for men married to men (65%) and women married to women (45%). Importantly, a nontrivial number of women married to women (20%) listed gender as the primary reason for discrimination. Women married to men reported gender (19%) and body size (14%) as the most common primary reasons for discrimination. Men married to women reported a more diverse range of reasons for discrimination, such as social class (15%), appearance (11%), and race/ethnicity (8%). However, they were also more likely than other groups not to list a primary reason for their discrimination. Most respondents who did not list a primary reason for discrimination reported little to no discrimination experiences.

Discrimination and Depressive Symptoms in Marriage

We first regress depressive symptoms on respondent discrimination, spouse discrimination, and respondent-spouse discrimination discordance to examine how past experiences of discrimination are associated with depressive symptoms for married spouses (Table 2). Model 1 of Table 2 shows that respondents' perceived discrimination is positively and significantly associated with depressive symptoms ($p < .001$) such that a one standard deviation increase in discrimination is associated with almost half of a standard deviation increase in depressive symptoms. Spouse's perceived discrimination in Model 2 is not a significant predictor of depressive symptoms when accounting for respondent discrimination, suggesting that a person's own experiences with discrimination are more influential than their spouse's experiences of discrimination for their own depressive symptoms. However, Model 3 considers respondents' discrimination in relation to their spouse's discrimination and suggests that respondents report more depressive symptoms

when they have more experiences with discrimination than their spouse ($p<.001$). Spouse's discrimination only becomes a significant predictor of respondent depressive symptoms ($p<.001$) when considering spousal discordance in discrimination experiences (Table 3, Model 3). Overall, we find that both the respondent's past discrimination experiences and a couple-level indicator of spousal discordance in past discrimination are positively associated with depressive symptoms.

The Moderating Role of Social Support

We next ask whether social support (from spouses, other family members, and friends) buffers the association between lifetime experiences of discrimination and depressive symptoms for individuals in same-sex and different-sex marriages (Table 3). Model 1 shows that both spousal support ($p<.001$) and support from friends ($p=.020$) are negatively associated with depressive symptoms; non-spousal family social support is not significant when considering support from other sources. The effect size is larger for spousal support compared to support from friends: a standard deviation increase in spousal support is associated with a decrease in depressive symptoms by one fifth of a standard deviation, whereas a standard deviation increase in friend support is associated with a decrease in depressive symptoms by a tenth of a standard deviation. Model 2 interacts each of these sources of social support with respondent discrimination experiences. The negative and significant interactions for spousal support ($p=.005$) and family support ($p=.017$) indicate that support from these sources weakens the association between respondent discrimination and depressive symptoms. The association between discrimination and depressive symptoms is 25% weaker for respondents who report spousal support one standard deviation above the mean (coef: $0.32-0.08=0.24$).

Model 3 shows that spousal support ($p<.001$) and support from friends ($p=.024$) remain significant predictors of depressive symptoms when accounting for discordance experiences with discrimination between spouses. Model 4 examines whether social support buffers the association between spousal discrimination discordance and depressive symptoms. The negative association between respondent-spouse discordance in discrimination is moderated only by support from spouses ($p<.001$). We tested whether each of the three items of dyadic coping moderates the association between discrimination experiences and depressive symptoms and found that one item was not a significant moderator ($p=.108$): my spouse expresses that they are on my side.

Figure 2 illustrates the overall pattern of results for spousal support based on the results from Table 3, Model 2. This figure graphs the predicted values for respondents' depressive symptoms by respondents' perceived discrimination for three tertiles of spousal support. Figure 2 shows that the association between discrimination and depressive symptoms is stronger when respondents report low levels of spousal support, as indicated by the steeper slope for low support compared to medium and high support. At low levels of discrimination, we observe only small differences in depressive symptoms by spousal support. However, at increasing levels of respondent discrimination, respondents with less spousal support exhibit higher levels of depressive symptoms than respondents with more

spousal support. Overall, these results highlight the importance of social support for shaping the link between experiences of discrimination and depressive symptoms.

Differences in Patterns of Social Support

Finally, we examine differences in the receipt of social support across men and women in same-sex and different-sex marriages (Table 4). Figure 3 (based on results from Table 4, Model 1 in each panel) summarizes results from the assessment of group variation in social support by graphing predicted values of support for each group. Beginning with supportive coping from a spouse, Model 1 of Panel A indicates that men married to men ($p=.014$) and women married to women ($p<.001$) report receiving more support from their spouse during stressful experiences compared to men married to women, controlling for demographic covariates and respondent and spouse experiences with discrimination. Rotating the reference group shows that women with male spouses report less spousal support ($p=0.007$) and women with female spouses report more spousal support ($p=0.023$) than men with male spouses; women with female spouses also report more spousal support than women with male spouses ($p<.001$). Model 2 of Panel A shows that the pattern of results remains unchanged when accounting for respondent-spouse discrimination discordance. Overall, results suggest that women married to women report receiving the most support from a spouse, followed by men married to men, women married to men, and men married to women.

Turning to support from non-spouse family members, Model 1 of Panel B (Table 4) shows that men married to women report less support from family members compared to respondents in other types of unions, controlling for demographic covariates and the respondent's discrimination experiences. No other statistically significant differences emerge when rotating the reference group. The pattern of results is consistent when accounting for spousal discordance in discrimination (Panel B, Model 2).

Panel C of Table 4 shows that when accounting for respondent discrimination (Panel C, Model 1) and spousal discordance in discrimination (Panel C, Model 2), men married to women report the least amount of support from friends. Indeed, men and women in same-sex marriages report three quarters of a standard deviation more support from friends compared to men in different-sex marriages. Rotating the reference group shows that women married to men report less support from friends compared to men married to men ($p=.078$) and women married to women ($p=0.066$). Overall, Table 4 and Figure 3 show that men and women in same-sex marriages report more support from spouses and friends compared to men and women in different-sex marriages; men married to women report the least support from non-spouse family members. Notably, in all models of Table 4, respondent discrimination and spousal discrimination discordance are negatively associated with social support for all sources.

DISCUSSION

Discrimination is a substantial source of stress that can undermine mental health, particularly as indicated by depressive symptoms (e.g., McLaughlin et al. 2010; Pascoe and Richman 2009; Schmitt et al. 2014; Schulz et al. 2006; Stuber et al. 2008; Williams et al.

2003). Importantly though, social support has the potential to buffer the impact of discrimination-related stress on mental health (Thoits 2010). We aimed, then, to understand how spousal support might reduce the adverse mental health consequences of discrimination for midlife men and women in same-sex and different-sex marriages, especially given normative expectations within marriage that position spouses as the main providers of support for one another (Cornwell et al. 2008; Thomas et al. 2017; Walen and Lachman 2000). Understanding this dynamic is especially important in light of higher rates of discrimination among women and sexual minority individuals (e.g., Huebner et al. 2004; Institute of Medicine 2011; Kessler et al. 1999; Mays and Cochran 2001; McLaughlin et al. 2010; Meyer 2003; Thoits 2010). This study garners important insight into the ways marital relationships might weaken or exacerbate the negative consequences of discrimination for mental health.

Our findings suggest that discrimination undermines depressive symptoms, but that spousal support can buffer this association, even when considering the broader support context. Moreover, we find differences in spousal support such that spouses in same-sex marriages (especially women married to women) report more spousal support than spouses in different-sex spouses. Same-sex spouses also report more support from friends, whereas men married to women report the least amount of support from all sources (i.e., spouses, other family members, and friends). We highlight two major themes that emerged from the findings.

The Context of Marriage for Understanding Discrimination and Mental Health

Discrimination Shapes Depressive Symptoms—First, we replicate decades of research documenting that discrimination undermines mental health (e.g., McLaughlin et al. 2010; Pascoe and Richman 2009; Schmitt et al. 2014; Schulz et al. 2006; Stuber et al. 2008; Williams et al. 2003) in a sample of spouses in same-sex as well as different-sex marriages. The effect sizes we find align with the strength of the association between perceived lifetime discrimination and depressive symptoms found in prior work (for a review, see Pascoe and Richman 2009). However, we highlight the importance of marital contexts and dynamics by finding that spousal discordance in experiences of lifetime discrimination (i.e., when one spouse has experienced more or less lifetime discrimination than the other spouse) is associated with more depressive symptoms for study participants. Discordant meanings and understandings of discriminatory life experiences may impose additional stress on married couples and increase mental health risk. Prior work finds that other types of discordance (e.g., discordance between spouses in smoking or drinking behaviors) can cause stress for couples and undermine marital quality (e.g., Birditt et al. 2016), and we extend this work by documenting the consequences of discrimination discordance for depressive symptoms. Disadvantage in mental health tends to accumulate over the life course (Pearlin et al. 2005) and lifetime experiences of discrimination add to this disadvantage. Moreover, the current study suggests that spousal discordance in these life experiences may add to the cumulative impact of discrimination on well-being over time.

Spousal Support Buffers Discrimination-Depressive Symptoms Linkages—Spousal support also buffers the association of discrimination, as well as discordance in the

discrimination experiences of both spouses within dyads, with depressive symptoms. Spousal support remains important in buffering the association between discrimination and mental health even when taking into account support from other sources (non-spousal family members and friends); in fact, we find that support from friends does not weaken the association between discrimination and depressive symptoms. These findings echo prior work on the importance of spousal support during stressful experiences such as serious illness or job loss (Cohen and Willis 1985; Cutrona 1996). We build on this work by considering discrimination and spousal discordance in discrimination as a specific type of life course stressor. Indeed, the combination of discordant experiences of discrimination and low spousal support is particularly detrimental for mental health, suggesting that spouses may be able to reduce the harm of discordance in discrimination experiences by providing more support. Taken together, our findings point to the importance of marital relationships in understanding linkages between discrimination and depressive symptoms. Future research should include married and cohabiting couples to consider whether the results from this study are limited to married couples and whether spousal support in the face of discrimination helps explain some of the mental health advantages experienced by the married (e.g., Waite and Gallagher 2000; Williams 2003).

Gender Differences in Social Support

Spousal Support—A second important theme concerns gender differences in spousal support for men and women within same-sex and different-sex marriages. Because structural systems of gender encourage women to monitor and respond to their spouse's emotional needs (e.g., Erickson 2005; Umberson et al. 2015), we might expect respondents with female spouses in both same-sex and different-sex marriages to report more spousal support than respondents with male spouses. However, we find that men with female spouses report the lowest levels of spousal support, whereas women with female spouses report the most spousal support. One explanation is that heterosexual men are less likely than women (in same-sex or different-sex marriages) to recognize when their spouse is providing socio-emotional support (Umberson et al. 2016). Another possible explanation is that same-sex marriages tend to be more egalitarian and cooperative (e.g., Goldberg et al. 2012), so having a female spouse and a more egalitarian marriage may combine to result in higher levels of reciprocated support for women married to women. Notably, men married to men reported more spousal support than men or women in different-sex marriages. Because men in same-sex marriages are more likely to be positioned outside of dominant notions of masculinity (Connell 1995; Courtenay 2000; Thomeer et al. 2015), they may be more attentive and responsive to their spouse's needs compared to heterosexual men. These patterns of spousal support persist when considering discrimination (respondent discrimination and respondent-spouse discordance in discrimination); the greater spousal support provided in same-sex marriages is not a product of similar levels of discrimination among spouses. Indeed, experiencing discrimination was associated with receiving less support. Research by Hatzenbuehler (2009) suggests that this may occur because respondents with more discriminatory experiences respond with rumination and suppression, limiting their opportunity to receive support. Thus, differences in spousal support are more likely to be a reflection of how dominant notions of gender may impose pressures that shape marital

dynamics (e.g., Pollitt, Robinson, and Umberson 2018). Overall, findings point to the importance of considering differences by both respondent and spouse gender.

Other Sources of Social Support—Same-sex spouses also report more support from friends than do different-sex couples. Higher levels of support from friends for same-sex spouses may occur because same-sex spouses are more likely to create “families of choice” from their social networks (Kimport 2014; Nardi 1999; Weston 1991) to compensate for less support from their family of origin as a result of their stigmatized identity/relationship (Solomon et al. 2004). We note the particularly low levels of support reported by men in different-sex marriages; they report considerably less support from friends and non-spousal family members than spouses in every other group (women married to men, men married to men, women married to women). These gender differences align with prior work finding that men in different-sex marriages are less likely than women in different-sex marriages to receive support from sources outside of the marriage and are more likely to name their spouse as their closest confidant (Fuhrer and Stansfeld 2002; Gurung et al. 2003). The lower levels of support that heterosexual men report from spouses, other family members, and friends suggests that they may experience more of a support deficit, perhaps because they adhere more strongly to hegemonic norms of masculinity that discourage expression of need for support, or they may be less aware of support they do receive. Notably, women in different-sex also report particularly low levels of spousal support and less support from friends compared to same-sex couples. This support deficit is important because women in different-sex marriages experience sexism and other forms of discrimination.

Including same-sex couples in studies of stress and spousal support can broaden our understanding of gender differences in marital dynamics. If we focus solely on the results for different-sex couples in this sample, patterns of social support are largely consistent with prior research. However, the inclusion of same-sex couples disrupts these traditional interpretations of gendered marital dynamics. For example, women in different-sex marriages report much more support from friends than men in different-sex marriages, but men and women in different-sex marriages report considerably less support from friends when compared to men and women in same-sex marriages. Gender differences in social support sometimes unfold in different ways depending on whether one is married to a man or a woman, supporting the gender-as-relational perspective (Springer et al. 2012).

Limitations

Limitations of the present study should be noted. First, the data from the present study are cross-sectional, and we cannot eliminate the possibility of reverse causality in the association between discrimination and depressive symptoms. Further, we cannot assess the role of social support over time. The dearth of longitudinal studies in this research area (see Pavalko et al. 2014; Brown et al. 2000 for exception) highlights an important avenue for future research. Second, purposive sampling was used as a recruitment strategy and recruitment strategies differ for same-sex and different-sex couples (e.g., respondents in different-sex marriages were more likely to be recruited through snowball sampling referrals from same-sex and different-sex couples). Notably, different-sex couples referred by same-sex couples may be more likely to share similar relationship dynamics, including more

egalitarian marriages with less emphasis on gender differences. If this is the case, the group differences in spousal support that we find may be conservative estimates. Finally, although the study sample is consistent with national estimates of demographic characteristics such as income and age, the sample is more educated and includes fewer racial/ethnic minorities. Because coping resources are not equally distributed in society (e.g., Pearlin et al. 2005), patterns of support could differ in a less educated and more racially/ethnically diverse sample. Moreover, half of the sample resided in Massachusetts – the first state to legalize same-sex marriage in the United States – and this social context may dampen the importance of spousal support. However, in supplemental analyses (available upon request), we found that the buffering role of spousal support did not differ for couples living in Massachusetts compared to other states. Because existing representative samples do not include data on dyadic coping from both spouses in same-sex marriages, this study represents an important first step for studies examining how same-sex and different-sex spouses help each other to cope with stress and adversity.

Conclusion

Sexual minorities experience more discrimination and more depressive symptoms than their heterosexual counterparts (Institute of Medicine 2011; Meyer 2003), and we find that same-sex spouses are more likely than different-sex spouses to report helping each other cope with stress. Our findings suggest that individuals in same-sex marriages may receive more support from their spouses than do those in different-sex marriages, which indicates one specific way that marriage can potentially benefit the psychological well-being of gay and lesbian people (Wight et al. 2013). Public health efforts to improve the mental health of sexual minorities may benefit from considering the importance of spousal support for those who are most likely to experience discrimination and to explore ways to provide support to unmarried sexual minorities. These efforts are especially important given the absence of federal protections against sexual orientation discrimination. Yet women married to men also report experiences with discrimination (e.g., Kessler et al. 1999), and they report the least amount of support from their spouse. This group, then, may be more vulnerable to stressors that challenge mental health. Efforts to improve the health of women in different-sex marriages may benefit from addressing a lack of support in marriage. The inclusion of same-sex spouses in public health research creates a more nuanced understanding of how marital dynamics can improve and protect mental health for all individuals who face discrimination.

Acknowledgments

This research was supported, in part, by grant P2CHD042849, Population Research Center, awarded to the Population Research Center at The University of Texas at Austin by the Eunice Kennedy Shriver National Institute of Child Health and Human Development; grant T32HD007081, Training Program in Population Studies, awarded to the Population Research Center at The University of Texas at Austin by the Eunice Kennedy Shriver National Institute of Child Health and Human Development; and grant R21AG044585 from the National Institute on Aging (PI, Debra Umberson).

REFERENCES

- Birditt Kira S., Cranford James A, Manalel Jasmine A., and Antonucci Toni C. 2018 “Drinking Patterns among Older Couples: Longitudinal Associations with Negative Marital Quality.” *Journals of Gerontology: Psychological Sciences*. 73(4):655–665.

- Bodenmann Guy. 2005 "Dyadic Coping and its Significance for Marital Functioning" Pp 33–49 in Couples coping with stress: Emerging perspectives on dyadic coping, edited by Reverson TA, Kayser K, & Bodenmann G Washington, DC: American Psychological Association.
- Bodenmann Guy. 2008 *Dyadisches Coping Inventar: Test manual* [Dyadic Coping Inventory: Test manual]. Bern, Switzerland: Huber.
- Bodenmann Guy, Meuwly Nathalie, and Kayser Karen. 2011 Two Conceptualizations of Dyadic Coping and their Potential for Predicting Relationship Quality and Individual Well-being. *European Psychologist* 16(4):255–266.
- Brown Tony N., Williams David R., Jackson James S., Neighbors Harold W., Torres Myriam, Sellers Sherrill L., and Brown Kendrick T. 2000 "Being Black and Feeling Blue": The mental health consequences of racial discrimination. *Race & Society* 2(2):117–131.
- Carr Deborah and Friedman Michael A. 2005 "Is Obesity Stigmatizing? Body weight, perceived discrimination, and psychological well-being in the United States." *Journal of Health and Social Behavior* 46(3):244–259. [PubMed: 16259147]
- Carr Deborah and Springer Kristen W. 2010 "Advances in Families and Health Research in the 21st Century." *Journal of Marriage and Family* 72(3):743–761.
- Cohen Sheldon and Wills Thomas A. 1985 "Stress, Social Support, and the Buffering Hypothesis." *Psychological Bulletin* 98(2):310–357. [PubMed: 3901065]
- Connell RW 1995 *Masculinities*. Cambridge, U.K.: Polity Press.
- Cornwell Benjamin, Laumann Edward O., and Schumm L. Philip 2008 "The Social Connectedness of Older Adults: A National Profile." *American Sociological Review* 73(2):185–203. [PubMed: 19018292]
- Cutrona Carolyn E. 1996 *Social Support in Couples: Marriage as a resource in times of stress*. Thousand Oaks, CA: Sage Publications.
- Erickson Rebecca J. 2005 "Why Emotion Work Matters: Sex, gender, and the division of household labor." *Journal of Marriage and Family* 67(2):337–351.
- Falconier Mariana K., Jackson Jeffery B., Hilpert Peter, Bodenmann Guy. 2015 "Dyadic Coping and Relationship Satisfaction: A meta-analysis." *Clinical Psychology Review* 42:28–46. [PubMed: 26295276]
- Fuhrer Rebecca and Stansfeld Stephen A. 2002 "How Gender Affects Patterns of Social Relations and Their Impact on Health: A Comparison of One or Multiple Sources of Support from "Close Persons"." *Social Science & Medicine* 54(5):811–825. [PubMed: 11999495]
- Frost David M., LeBlanc Allen J., de Vries Brian, Alston-Stepnitz Eli, Stephenson Rob, and Woodyatt Cory. 2017 "Couple-level Minority Stress: An examination of same-sex couples' unique experiences. *Journal of Health and Social Behavior* 58(4):455–472. [PubMed: 29172770]
- Goldberg Abbie E. Smith JuliAnna Z., and Perry-Jenkins Maureen. 2012 "The Division of Labor in Lesbian, Gay, and Heterosexual New Adoptive Parents." *Journal of Marriage and Family* 74(4): 812–828.
- Gurung Regan A.R., Taylor Shelley E., and Seeman Teresa E. 2003 "Accounting for Changes in Social Support Among Married Older Adults: Insights from the MacArthur Studies of Successful Aging." *Psychology and Aging* 18(3):487–496. [PubMed: 14518810]
- Hatzenbuehler Mark L. 2009 "How Does Sexual Minority Stigma "Get Under the Skin"? A psychological mediation framework." *Psychological Bulletin* 135(5):707–730. [PubMed: 19702379]
- Hatzenbuehler Mark L., Phelan Jo C., and Link Bruce G. 2013 "Stigma as a Fundamental Cause of Population Health Inequalities." *American Journal of Public Health* 103(5):813–821. [PubMed: 23488505]
- Huebner David M., Rebchook Gregory M., and Kegeles Susan M. 2004 "Experiences of Harassment, Discrimination, and Physical Violence among Young Gay and Bisexual Men." *American Journal of Public Health* 94(7):1200–1203. [PubMed: 15226143]
- Institute of Medicine. 2011 *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a foundation for better understanding*. Washington, DC: National Academy of Sciences.
- Kenny David A., Kashy Deborah A. and Cook William L. 2006 *Dyadic data analysis*. New York, NY: The Guildford Press.

- Kessler Ronald C., Berglund Patricia, Demler Olga, Jin Robert, Merikangas Kathleen R., and Walters Ellen E. 2005 "Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication." *Archives of General Psychiatry* 62(6):593–602. [PubMed: 15939837]
- Kessler Ronald C., Mickelson Kristin D., and Williams David R. 1999 "The Prevalence, Distribution, and Mental Health Correlates of Perceived Discrimination in the United States." *Journal of Health and Social Behavior* 40(3):208–230. [PubMed: 10513145]
- Kimpton Katrina. 2014 *Queering Marriage: Challenging family formation in the United States*. New Brunswick, NJ: Rutgers University Press.
- Nancy Krieger, Smith Kevin, Naishadham Deepa, Hartman Cathy, and Barbeau Elizabeth M. 2005 "Experiences of Discrimination: Validity and Reliability of a Self-Report Measure for Population Health Research on Racism and Health." *Social Science & Medicine* 61(7):1576–1596. [PubMed: 16005789]
- LeBlanc Allen J., Frost David M., and Wight Richard G. 2015 "Minority Stress and Stress Proliferation among Same-sex and Other Marginalized Couples." *Journal of Marriage and Family* 77(1):40–59. [PubMed: 25663713]
- Mays Vickie M. and Cochran Susan D. 2001 "Mental Health Correlates of Perceived Discrimination among Lesbian, Gay, and Bisexual Adults in the United States." *American Journal of Public Health* 91(11):1869–1876. [PubMed: 11684618]
- McLaughlin Katie A., Hatzenbuehler Mark L., and Keyes Katherine M. 2010 "Responses to Discrimination and Psychiatric Disorders among Black, Hispanic, Female, and Lesbian, Gay, and Bisexual Individuals." *American Journal of Public Health* 100(8):1477–1484. [PubMed: 20558791]
- Meyer Ian H. 2003 "Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence." *Psychological Bulletin* 129(5):674–697. [PubMed: 12956539]
- Nardi Peter M. 1999 *Gay Men's Friendships: Invincible Communities*. Chicago, IL: The University of Chicago Press.
- Pascoe Elizabeth A. and Richman Laura Smart. 2009 "Perceived Discrimination and Health: A Meta-analytic Review." *Psychological Bulletin* 135(4):531–554. [PubMed: 19586161]
- Pavalko Eliza K., Mossakowski Krysia N., and Hamilton Vanessa J. 2003 "Does Perceived Discrimination Affect Health? Longitudinal Relationships between Work Discrimination and Women's Physical and Emotional Health." *Journal of Health and Social Behavior* 44(1):18–33. [PubMed: 12751308]
- Pearlin Leonard I., Schieman Scott, Fazio Elena M., and Meersman Stephen C. 2005 "Stress, Health, and the Life Course: Some Conceptual Perspectives." *Journal of Health and Social Behavior* 46:205–219. [PubMed: 16028458]
- Pollitt Amanda M., Robinson Brandon A., and Umberson Debra. 2018 "Gender Conformity, Perceptions of Shared Power, and Marital Quality in Same- and Different-Sex Marriages." *Gender & Society* 32(1):109–131. [PubMed: 29520127]
- Randall Ashley K., Hilpert Peter, Jimenez-Arista Laura E., Walsh Kelsey J., and Bodenmann Guy. 2015 "Dyadic Coping in the U.S.: Psychometric Properties and Validity for use of the English Version of the Dyadic Coping Inventory." *Current Psychology* 35(4):570–582.
- Randall Ashley K., Totenhagen Casey J., Walsh Kelsey J., Adams Caroline, and Tao Chun. 2017 "Coping with Workplace Minority Stress: Associations between Dyadic Coping and Anxiety among Women in Same-sex Relationships." *Journal of Lesbian Studies* 21(1):70–87. [PubMed: 27611568]
- Reczek Corinne and Umberson Debra. 2012 "Gender, Health Behavior, and Intimate Relationships: Lesbian, Gay, and Straight Contexts." *Social Science & Medicine* 74(11):1783–1790. [PubMed: 22227238]
- Schmitt Michael T, Branscombe Nyla R., Postmes Tom, and Garcia Amber. 2014 "The Consequences of Perceived Discrimination for Psychological Well-Being: A Meta- Analytic Review." *Psychological Bulletin* 140(4):921–948. [PubMed: 24547896]

- Schulz Amy J., Gravlee Clarence C., Williams David R., Israel Barbara A., Mentz Graciela, and Rowe Zachary. 2006 "Discrimination, Symptoms of Depression, and Self-rated Health among African American Women in Detroit: Results from a Longitudinal Analysis." *American Journal of Public Health* 96(7):1265–1270. [PubMed: 16735638]
- Solomon Sondra E., Rothblum Esther D., and Balsam Kimberly F. 2004 "Pioneers in Partnership: Lesbian and Gay Male Couples in Civil Unions Compared with those not in Civil Unions and Married Heterosexual Siblings." *Journal of Family Psychology* 18(2):275–292. [PubMed: 15222833]
- Springer Kristen W., Hankivsky Olena, and Bates Lisa M. 2012 "Gender and Health: Relational, Intersectional, and Biosocial Approaches." *Social Science & Medicine* 72:1661–1666.
- Stuber Jennifer, Meyer Ilan, and Link Bruce. 2008 "Stigma, Prejudice, Discrimination and Health." *Social Science & Medicine* 67(3):351–357. [PubMed: 18440687]
- Sutin Angelina R., Stephan Yannick, Carretta Henry, and Terracciano Antonio. 2015 "Perceived Discrimination and Physical, Cognitive, and Emotional Health in Older Adulthood." *American Journal of Geriatric Psychiatry* 23(2):171–179. [PubMed: 24745563]
- Thoits Peggy A. 2010 "Stress and Health: Major Findings and Policy Implications." *Journal of Health and Social Behavior* 51(1):S41–S53. [PubMed: 20943582]
- Thomas Patricia A., Liu Hui, and Umberson Debra. 2017 "Family Relationships and Well being." *Innovation in Aging* 1(3):1–11. [PubMed: 30480124]
- Thomeer Mieke B., LeBlanc Allen J., Frost David M., Bowen Kayla. 2018 "Anticipatory Minority Stressors among Same-Sex Couples: A Relationship Timeline Approach." *Social Psychology Quarterly* 81(2):126–148.
- Thomeer Mieke B., Reczek Corinne, and Umberson Debra. 2015 "Relationship Dynamics around Depression in Gay and Lesbian Couples." *Social Science & Medicine* 147:38–46. [PubMed: 26523788]
- Thomeer Mieke B., Umberson Debra, and Pudrovskaya Tetyana. 2013 "Marital Processes around Depression: A Gendered and Relational Perspective." *Society and Mental Health* 3(3):151–169. [PubMed: 25914855]
- Turner R. Jay. 2013 "Understanding Health Disparities: The Relevance of the Stress Process Model." *Society and Mental Health* 3(3):170–186.
- Umberson Debra, Thomeer Mieke B., Kroeger Rhiannon A., Reczek Corinne, and Donnelly Rachel. 2017 "Instrumental- and Emotion-focused Care Work during Physical Health Events: Comparing Gay, Lesbian, and Heterosexual Marriages." *The Journals of Gerontology: Series B* 72(3):498–509.
- Umberson Debra, Thomeer Mieke B., and Lodge Amy C. 2015 "Intimacy and Emotion Work in Lesbian, Gay, and Heterosexual Relationships." *Journal of Marriage and Family* 77(2):542–56. [PubMed: 25814771]
- Umberson Debra, Thomeer Mieke B., Reczek Corinne, and Donnelly Rachel. 2016 "Physical Illness in Gay, Lesbian, and Heterosexual Marriages: Gendered Dyadic Experiences." *Journal of Health and Social Behavior* 57(4):517–531. [PubMed: 27799592]
- Waite Linda J. and Gallagher Maggie. 2000 *The case for marriage: Why married people are healthier, happier, and better-off financially*. New York: Doubleday.
- Walen Heather R. and Lachman Margie E. 2000 "Social Support and Strain from Partner, Family, and Friends: Costs and Benefits for Men and Women in Adulthood." *Journal of Social and Personal Relationships* 17(1):5–30.
- West Tessa V., Popp Danielle, and Kenny David A. 2008 "A Guide for the Estimation of Gender and Sexual Orientation Effects in Dyadic Data: An Actor-Partner Interdependence Model Approach." *Personality and Social Psychology Bulletin* 34(3):321–336. [PubMed: 18272802]
- Weston Kath. 1991 *Families we choose: Lesbians, gays, kinship*. New York: Columbia University Press.
- Wight Richard G., LeBlanc Allen J., and Badgett M.V. Lee. 2013 "Same-sex Legal Marriage and Psychological Well-being: Findings from the California Health Interview Survey." *American Journal of Public Health* 103(2):339–346. [PubMed: 23237155]

- Williams Kristi. 2003 “Has the Future of Marriage Arrived? A Contemporary Examination of Gender, Marriage, and Psychological Well-being.” *Journal of Health and Social Behavior* 44(4):470–487. [PubMed: 15038144]
- Williams David R., Neighbors Harold W., and Jackson James S. 2003 “Racial/Ethnic Discrimination and Health: Findings from Community Studies.” *American Journal of Public Health* 93(2):200–208. [PubMed: 12554570]
- Williams David R., Yu Yan, Jackson James S., and Anderson Norman B. 1997 “Racial Differences in Physical and Mental Health: Socio-economic Status, Stress, and Discrimination.” *Journal of Health Psychology* 2(3):335–351. [PubMed: 22013026]
- Zauszniewski Jaclene A., and Bekhet Abir K. 2009 “Depressive Symptoms in Elderly Women with Chronic Conditions: Measurement Issues.” *Aging & Mental Health* 13(1):64–72. [PubMed: 19197691]

Figure 1.
Conceptual Model

Figure 2.
Predicted Scores of Depressive Symptoms Regressed on Discrimination, by Terciles of Spousal Support (Based on Table 3, Model 2)

Figure 3.
Predicted Standard Scores of Social Support by Group (Based on Table 4, Model 1 of each panel)

Table 1.Descriptive Data for the Sample, by Marital Context ($n=836$ individuals; 418 marriages)

	Men with Men	Men with Women	Women with Men	Women with Women
Age (mean, SD)	49.83 (8.24) ^{bc}	46.92 (8.21) ^{ad}	45.42 (7.74) ^{ad}	49.41 (8.39) ^{bc}
Relationship Duration (mean, SD)	16.21 (7.69) ^d	16.43 (8.76) ^d	16.43 (8.76) ^d	13.88 (7.89) ^{abc}
Education (%)				
Some College or Less	19.11	31.45	25.81	14.04
College Degree	30.89	32.26	25.81	27.49
Post-Graduate/Professional	50.00	36.29	48.39	58.48
Nonwhite (%)	13.01	16.94	18.55	10.82
Depressive Symptoms (mean, SD)	16.72 (5.33)	16.87 (5.27)	17.97 (5.45)	17.17 (5.42)
Any Depressive Symptoms (%)	89.43	89.52	94.35	91.23
Respondent Discrimination (mean, SD)	21.43 (6.72)	19.75 (6.54) ^d	20.36 (6.39) ^d	22.22 (6.88) ^{bc}
Any Discrimination (%)	91.87	84.68	87.1	94.44
Respondent-Spouse Discrimination Discordance (mean, SD)	0.00 (1.17)	-0.09 (1.21)	0.09 (1.21)	0.00 (1.25)
Supportive Dyadic Coping (mean, SD)	11.58 (2.33) ^c	11.01 (2.55) ^d	10.91 (2.66) ^{ad}	12.04 (2.33) ^{bc}
Support from Non-Spouse Family (mean, SD)	5.86 (1.80)	5.43 (1.72) ^c	6.02 (1.66) ^b	5.77 (1.82)
Support from Friends (mean, SD)	6.21 (1.63) ^b	4.94 (1.72) ^{acd}	5.87 (1.87) ^b	6.25 (1.60) ^b
Primary Reason for Discrimination (%)				
Gender	0.00	2.42	19.35	20.18
Race/Ethnicity	5.28	8.06	4.03	3.22
Sexual Orientation	65.45	0.00	0.81	45.91
Physical Appearance	2.44	10.48	7.26	3.22
Social Class	3.25	15.32	8.87	3.22
Weight/Body Size	2.85	8.87	13.71	5.56
Other	6.1	12.9	16.94	7.31
Primary reason not listed	14.63	41.94	29.03	11.4
Individual-Level N (Total Sample = 836)	246	124	124	342

Note: *SD* = standardized deviation.^a significantly different from men with men^b significantly different from men with women^c significantly different from women with men^d significantly different from women with women

Table 2.

Estimates from Multilevel Regression Models Testing Depressive Symptoms Regressed on Perceived Discrimination (n=418 marriages)

	Model 1	Model 2	Model 3
Respondent Perceived Discrimination	0.40 *** (0.03)	0.40 *** (0.03)	
Spouse Perceived Discrimination		0.05 (0.03)	0.44 *** (0.04)
Respondent-Spouse Discrimination Discordance			0.40 *** (0.03)
Relationship Type (ref: Men w Women)			
Men w Men	-0.08 (0.10)	-0.09 (0.10)	-0.09 (0.10)
Women w Men	0.20 ⁺ (0.10)	0.20 ⁺ (0.10)	0.20 ⁺ (0.10)
Women w Women	-0.03 (0.10)	-0.04 (0.10)	-0.04 (0.10)
Relationship Duration	-0.00 (0.00)	-0.00 (0.00)	-0.00 (0.00)
Education (ref: Some college)			
College degree	-0.12 (0.09)	-0.11 (0.09)	-0.12 (0.09)
Graduate degree	-0.31 *** (0.08)	-0.30 *** (0.08)	-0.30 *** (0.08)
Race (1=nonwhite)	0.06 (0.09)	0.07 (0.09)	0.07 (0.09)
Constant	0.21 ⁺ (0.12)	0.20 (0.12)	0.21 ⁺ (0.12)

Note. Standard errors in parentheses

p<0.001

**
p<0.01

*
p<0.05

⁺
p<0.10

Table 3.

Estimates from Multilevel Regression Models Testing Depressive Symptoms Regressed on Perceived Discrimination and Social Support (n=418 marriages)

	Model 1	Model 2	Model 3	Model 4
Respondent Discrimination	0.35 *** (0.03)	0.32 *** (0.03)		
Spouse Discrimination	0.03 (0.03)	0.04 (0.03)	0.38 *** (0.04)	0.36 *** (0.04)
Respondent-Spouse Discrimination Discordance			0.34 *** (0.03)	0.32 *** (0.03)
Spousal Support	-0.20 *** (0.03)	-0.20 *** (0.03)	-0.20 *** (0.03)	-0.20 *** (0.03)
Non-Spouse Family Support	-0.05 (0.03)	-0.05 + (0.03)	-0.05 (0.03)	-0.05 (0.03)
Friend Support	-0.08 * (0.03)	-0.07 * (0.03)	-0.08 * (0.03)	-0.07 * (0.03)
Discrimination*Spousal Support		-0.08 ** (0.03)		
Discrimination*Family Support		-0.07 * (0.03)		
Discrimination*Friend Support		-0.01 (0.03)		
Discrimination Discordance*Spousal Support				-0.10 *** (0.02)
Discrimination Discordance*Family Support				-0.04 (0.02)
Discrimination Discordance*Friend Support				-0.02 (0.03)
Relationship Type (ref: Men w Women)				
Men w Men	0.04 (0.10)	0.02 (0.10)	0.03 (0.10)	0.02 (0.10)
Women w Men	0.25 * (0.10)	0.24 * (0.10)	0.25 * (0.10)	0.26 * (0.10)
Women w Women	0.13 (0.10)	0.12 (0.10)	0.12 (0.10)	0.10 (0.10)
Relationship Duration	-0.00 (0.00)	-0.00 (0.00)	-0.01 (0.00)	-0.00 (0.00)
College Degree (ref: Some College or Less)	-0.07 (0.09)	-0.05 (0.09)	-0.07 (0.09)	-0.04 (0.09)
Graduate Degree (ref: Some College or Less)	-0.27 ** (0.08)	-0.26 ** (0.08)	-0.26 *** (0.08)	-0.26 ** (0.08)
Race (1=nonwhite)	0.07 (0.09)	0.07 (0.09)	0.08 (0.09)	0.07 (0.09)
Constant	0.10 (0.12)	0.09 (0.12)	0.09 (0.13)	0.09 (0.12)

Note. Standard errors in parentheses

p<0.001

**
p<0.01

*
p<0.05

+
p<0.10

Table 4.

Estimates from Multilevel Regression Models Testing Social Support Regressed on Relationship Type (n=418 marriages)

	Panel A: Spousal Support		Panel B: Family Support		Panel C: Friend Support	
	Model 1	Model 2	Model 1	Model 2	Model 1	Model 2
Relationship Type (ref: Men w Women)						
Men w Men	0.28* (0.11)	0.28* (0.11)	0.28* (0.11)	0.28* (0.11)	0.75*** (0.11)	0.75*** (0.11)
Women w Men	-0.03 (0.10)	-0.03 (0.10)	0.35** (0.11)	0.35** (0.11)	0.54*** (0.10)	0.54*** (0.10)
Women w Women	0.49*** (0.11)	0.49*** (0.11)	0.23* (0.11)	0.23* (0.11)	0.75*** (0.11)	0.75*** (0.11)
Relationship Duration	-0.00 (0.00)	-0.00 (0.00)	-0.01* (0.00)	-0.01* (0.00)	-0.01** (0.00)	-0.01** (0.00)
College Degree (ref: Some College or Less)	0.22* (0.10)	0.22* (0.10)	0.04 (0.10)	0.04 (0.10)	0.06 (0.10)	0.05 (0.10)
Graduate Degree (ref: Some College or Less)	0.13 (0.09)	0.12 (0.09)	-0.01 (0.09)	-0.01 (0.09)	0.09 (0.09)	0.09 (0.09)
Race (1=nonwhite)	0.20* (0.10)	0.20* (0.10)	-0.21* (0.10)	-0.21* (0.10)	-0.20* (0.10)	-0.20* (0.10)
Respondent Discrimination	-0.19*** (0.03)		-0.17*** (0.03)		-0.11** (0.03)	
Spouse Discrimination	-0.02 (0.03)	-0.20*** (0.03)	-0.03 (0.03)	-0.20*** (0.04)	-0.06* (0.03)	-0.17*** (0.04)
Respondent-Spouse Discrimination Discordance		-0.19*** (0.04)		-0.17*** (0.03)		-0.11** (0.03)
Constant	-0.40** (0.13)	-0.40** (0.13)	-0.05 (0.13)	-0.04 (0.13)	-0.46*** (0.13)	-0.45*** (0.13)

Note. Standard errors in parentheses

*** p<0.001

** p<0.01

* p<0.05

+ p<0.10