

An Investigation of Stigmatization and Discrimination at the Couple-Level

Dr. Anubhav Soni

SOMC, Sanskriti University, Mathura, Uttar Pradesh, India

Email id- anubhavs.somc@sanskriti.edu.in

ABSTRACT: *Minority stress, which is caused by social tensions such as stigma, racism, and discrimination, has a negative impact on the physical and mental well-being of those who identify as sexual minorities. The current research investigated how living in a same-sex relationship may result in increased sensitivity at the individual level to certain minority stresses that are not taken into consideration. Interviews with 120 same-sex couples on their relationship timelines were conducted in a comparable manner across two study sites (Atlanta and San Francisco), gender (male and female), and length of their relationships (at least six months but less than three years, at least three years but less than seven years, and seven or more years). Guided content studies were conducted in nine different social settings to identify 17 unique minority stressors that couples experienced on a couple-level. Several studies have shown that minorities are subjected to dyadic stress processes. These findings may be useful in future efforts to better identify and address the cumulative impact of minority stress on relationship well-being and individual well-being.*

KEYWORDS: *Discrimination, Minority Stress, Stressors, Social Stress, Stress Proliferation.*

1. INTRODUCTION

Individuals who identify as members of sexual minorities have higher incidence of health problems, which may be partly attributed to their exposure to minority stress. The concept of minority stress is rooted in wider social stress theories, which suggest that social stressors, such as events or circumstances that lead individuals to react to changes in their intrapersonal, interpersonal, or environments, may have a negative impact on their well-being. To sexual minorities, a variety of stressors can be encountered. These include (1) discrimination encounters (both acute incidents and persistent, daily mistreatment), (2) stigma or rejection perceptions, (3) camouflage of a stigmatized identity, and (4) internalization of derogatory social attitudes about one's social groups or social identity[1].

This conception of minority tension is based in part on Goffman's famous studies on stigma and image control, which are still relevant today. Therefore, on a scale of closeness to oneself, minority stresses are experienced. Environmentally based objective stressors, such as prevailing prejudices, biases, and discrimination, are the most remote stressors to the individual in terms of their location. These lead to more immediate environmental assessments as dangerous and to rejection perceptions (feeling stigmatized), as well as efforts to hide or conceal stigmatized identities in the context of more distant environments (managing experiences of others). The internalization of negative societal views against one's minority group occurs closest to one's own personal experience (e.g., internalized homophobia). Psychological well-being is negatively impacted by minority stresses, which may explain why there are disparities in health outcomes between the sexual minority and heterosexual populations.

Experimenting with different ideas of how individuals cope with stressful situations, as well as persistent stresses and strains throughout their lives, has made significant contributions to our present knowledge of the social determinants of well-being. Both (a) stress proliferation and (b) minority stress theory are theoretical frameworks that are similar but different in their approach to analyzing the causes and consequences of social stress on mental health. Both are derived from broader conceptualizations of social stress theory, which holds that social stressors—events or circumstances that require individuals to adapt to changes in their interpersonal relationships, interpersonal relationships with others, or changes in their environment—can be detrimental to mental health.

Each framework, on the other hand, makes it possible to examine a different set of research topics. Using stress-proliferation methods, researchers can better understand how stress may grow and proliferate across complex networks of interconnected stressors in individuals' lives and within important interpersonal interactions. Minority stress theory emphasizes the distinctive stress experiences of people who are members of socially disadvantaged groups or who are seen to be members of such groups by others[2].

It is our contention that combining these two conceptualizations of stress contributes to academics' current knowledge of stress experience and how it affects mental health, as well as how it contributes to persisting mental health inequalities between minorities and nonminority. In order to demonstrate this possibility, we provide an integrated theoretical model of minority stress and mental health among same-sex couples in this paper. With this extension of social stress theory, researchers can better understand not only the relationship between social stress and mental health among sexual minority populations but also the relational context of stress experience among other minority populations (such as ethnic and racial minorities). It also has the potential to advance understandings of dyadic stress processes among heterosexual couples and within other types of relationships.

1.1 Stress Process and Types of Stress Proliferation:

In its most basic form, social stress process theory tackles the fact that stress, of various kinds (eventual vs chronic) and from a variety of sources, may get engaged in a causal dynamic over time, affecting individual well-being and well-being of others. The words stressors, stress, and distress are used to characterize the stress process, with exposure to stressors leading to the experience of stress, which in turn may lead to the feeling of distress. Stressors are defined as situations that cause a person to become stressed.

As external challenges to an individual's adaptive capabilities, stressors are characterized as such, while distress is characterized as maladaptive reactions to stress such as depressive symptoms or behaviors such as worry, fear, rage, or aggressiveness. Stress is often described as the body's biochemical reaction to stressors, although in certain literatures, the words stressor and stress are used interchangeably, as in the case of anxiety. As part of the psychosocial approach, defining stressors rather than stress has proved to be more helpful than stress itself since it is still uncertain whether stressors induce discomfort only via the physical stress response. We approach the research of stress experience in the context of intimate relationships with this fundamental knowledge of the stress process in mind[3].

In order to emphasize the conditions of social stress experience that have an impact on individual health throughout time, the broad conception of stress as a process has been established to date. There is one noteworthy aspect of the broader stress process that ought to be mentioned: stress proliferation. Stress proliferation is based on the reality that life's obstacles and continuing problems are seldom independent of one another. Stress proliferation, in its simplest form, refers to the observation that stress experiences frequently lead to increased stress in people's lives, resulting in the development of a causal chain of stressors in the absence of adequate psychosocial resources (e.g., a sense of mastery, effective coping strategies, and social supports) that can be both directly and indirectly harmful to mental health.

People' subjective and objective experiences of stress, as well as the experiences of individuals within close connections, have been experimentally shown to increase in number. It has been most fruitfully theorized in the context of significant social roles that individuals occupy and the associated role sets through which these important social relationships are structured, despite the fact that the reality that stress often leads to more stress applies to a wide range of life circumstances (for example, racial/ethnic discrimination, neighborhood disadvantage)[4].

As a result, researchers who are interested in empirically examining stress proliferation have tended to develop studies that focus on people's experiences within key social roles, the obligations associated with such roles, and the social and interpersonal interactions associated with those experiences. Because of this framework, it has been possible to get a better knowledge of stress experience and health. In addition, highlighting these role-based experiences serves to show how people who are connected together by important social positions may actually share the experience of social stress with one another.

It has been found that studies of informal careers and caregiving couples coping with the difficulties of chronic diseases or impairments are particularly helpful for revealing the phenomenon of stress proliferating in their lives. A series of such caregiving studies has produced compelling evidence to demonstrate how care-related stressors can set off a chain reaction of subsequent stressors that reduce well-being, with the majority of analyses focusing on the effects of stress on mental health, as has been done in this study[5].

1.2 Stress of Same-Sex Couples:

The focus of political and legal debates on same-sex marriage has been on the health of sexual minorities as well as the health of same-sex marriages. It has been shown via research that recent state-level prohibitions on same-

sex marriage have had a negative impact on the mental health of sexual minorities. Several studies have also shown a beneficial relationship between same-sex marriage and mental health among members of sexual minority communities. The Supreme Court's 2015 decision, which made same-sex marriage lawful in all 50 states, is deeply entrenched in the social, political, and legal problems surrounding same-sex marriage in the United States at the time of the ruling in 2015. Their consequences continue to be felt throughout time, and they vary depending on the social context and geographical region.

While the majority of minority stress research focuses on the experiences of individuals, newer work has begun to place a greater emphasis on the experiences of groups. The results of a limited number of research conducted over the last two decades have shown that higher minority stress experiences are associated with worse relationship quality in same-sex couples. To make significant progress in the development of theoretical and methodological approaches to the study of minority stress in a relational setting, however, a more focused line of research is needed.

Individuals who become a part of a same-sex relationship may become more susceptible to specific minority stresses at the couple level that are not reducible to their experiences as members of the sexual minority as individuals. Because of the stigmatized status of their relationship, in and of itself, couples may experience minority stresses at the couple level, which can be experienced by individual partners or by the couple collectively. In other words, when people's interpersonal connections are undervalued or reduced by society, they may experience problems or hardship as a result. As people who are both stigmatized because their relationship exemplifies a stigmatized kind of relationship, they may find themselves facing a variety of difficulties in their relationship. That such stressors are classified as couple-level minority stressors (i.e., society's marginalization of the relationship) may be traced back to the source of the stress[6].

Consider the case of a guy who keeps his sexual orientation a secret from his friends, whom he believes to be homophobic, in order to avoid rejection or unsupportive reactions. This case may be used to compare individual and couple-level minority stresses. Individual minority stress is characterized by feelings of rejection and identity hiding in the context of perceived rejection and identity concealment.

This same guy, on the other hand, would certainly experience extra stresses if he were to begin dating another man due to his position as a part of a same-sex couple, which would be in addition to any other stressors that he would experience as an individual. He and his wife may now have to deal with the public disclosure of their relationship as well as the disclosure of his own personal identity, which they may find difficult to manage. Couple-level concealment is a minority stressor at the couple-level since it occurs at the couple-level. The lack of recognition by people in their separate social and familial networks, particularly in the context of rejection of their relationship as well as of each man as the other's husband, may be regarded a minority stressor at the couple level. The social disadvantage associated with same-sex partnerships is the underlying source of stress in all kinds of couple-level minority stress, as opposed to the disadvantages associated with individual experience, according to the findings[7].

1.3 Minority Stress:

The social context in which they live must be carefully examined in order to get a better understanding of the stress processes that affect individuals who are in same-sex relationships. Even though same-sex marriage is now legal in the United States, this is a very new phenomenon. Prior to 2015, the United States The political backdrop underlying the access of same-sex spouses to legal recognition was complex in *Obergefell v. Hodges*, the Supreme Court's ruling, because it differed between states and localities. Despite this landmark federal-level decision, policy cultures at the state and municipal levels continue to be complicated, with certain states and localities displaying acts of rebellion and resistance to federal law enforcement. Despite the fact that stressors entrenched in legal and structural settings are no longer relevant to study, It is true that when same-sex couples get legal recognition and exposure, they may be confronted with stresses that have not yet been well considered.

Furthermore, in many aspects of people's life, couple-level minority stresses continue to arise despite the fact that they are protected by law and are subject to institutional regulations. It has long been known that sexual minorities may suffer from traumatic experiences in a variety of settings, including family, employment, social contacts, service settings, and public places, among other things. Both interpersonally and intra-psychologically, little is known about how these social circumstances influence the perception of minority couple-level stress in any or both of these social settings[8].

It is also of theoretical importance to examine how minority stresses at the couple level is faced in a variety of social settings. It is not always the case that certain stresses may be discovered in specific areas of life, whether they be one-time or recurring in their occurrence. Instead, they accompany the individual from one location to another, as well as with couples. Any particular minority stressor, such as uneven treatment or discrimination, may be experienced in a variety of social settings, including home and workplace circumstances. As a result, it is critical to examine how minority stresses show themselves in a variety of social settings. Some same-sex couples may experience considerable discrimination at their places of employment or in their social networks from their families of origin, but the majority will experience little or no prejudice. As a result, it is difficult to ignore the broadest possible range of social circumstances that influence the sense of minority stress.

2. DISCUSSION

The current findings offer the first empirical support for a theoretical model of minority stress at the couple-level, which has previously been proposed. Due to the fact that existing conceptualizations of minority stress do not incorporate notions of couple-level stress, they tend to underestimate the extent to which certain kinds of social stress are predominantly experienced by sexual minorities.

According to the narrative evidence gathered from this relationship timeline analysis, minority conflict at the couple level is not reducible at the person level, as previously stated. In reality, some sexual minorities, as individuals, may feel little to no minority stress, but they may nevertheless encounter significant difficulties as a result of the devaluation of their personal relationships. Their counterparts who are not in a relationship are not subjected to similar pressures. The concept of minority couple-level stressors arising from participation in a socially stigmatized partnership is also distinct from other concepts of traumatic life events occurring within social networks of people (e.g., illnesses, divorces or economic hardships), which may be correlated with psychological distress among network participants who do not specifically identify as being in a minority couple. These stressors, which arise from the dynamics of relationships within couples and put in action dyadic stress processes, are also known as couple-level minority stressors. As previously shown, minority stressors at the individual level may propagate via stress proliferation mechanisms involving stress disparities or contagion across partners, which can then propagate from the individual to the relationship level[9].

Research into the social context of minority stress and its significance as a potentially important mechanism in non-examined stress mechanisms that concurrently integrate both identity-based (e.g., sexual orientation) and role-based (e.g., spouse) stressors may be pursued in the future. In this study of minority stress affecting sexual minority individuals, we propose that going beyond individual-level stressors associated with sexual identity and also exploring relationship stressors associated with sexual identity can lead to a deeper understanding of sexual minority health and relationship well-being as well as ongoing health inequalities based on sexual orientation in the future[10].

3. CONCLUSION

The current study is the first effort to investigate the presence of minority couple-level stress experienced by couples of the same sex, which was previously undiscovered. It contributes to the existing theory of minority stress by highlighting the feeling of minority stress that is linked with it. Furthermore, by simultaneously examining both identity-based (sexual minority) and role-based (partner) stress domains, it broadens the scope of stress scholarship by providing evidence to support a new stress paradigm for identifying stress processes that are potentially harmful to relational well-being and individual health, particularly among minority populations, particularly among women. While the specific minority stressors we identified at the couple level are related to conceptual categories of minority stress at the individual level, they also point to aspects of minority stress that have been previously overlooked in the lives of same-sex couples, as we discovered in our research.

Our findings demonstrate that same-sex couples find structural stigma burdensome and that they receive uneven legal and legislative treatment. However, they also clearly show that the majority of the stresses experienced by same-sex couples at the couple-level occur in social/interpersonal and familial contexts, respectively. This knowledge is critical for the advancement of potential studies and successful approaches to identify and resolve the various ways in which minority stress affects people's health and well-being in same-sex relationships. This knowledge is critical for the advancement of potential studies and successful approaches to identify and resolve the various ways in which minority stress affects people's health and well-being in same-sex relationships.

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