

# Health and Well-Being in Emerging Adults' Same-Sex Relationships: Critical Questions and Directions for Research in Developmental Science

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## Abstract

Researchers have yet to account for the potentially unique experiences of emerging adults who are in or seeking to be in a relationship with a same-sex romantic partner. This article articulates an agenda for research focused on better understanding and addressing the health and well-being of emerging adults in or pursuing same-sex romantic relationships. We provide a general summary of what is known about health and well-being in same-sex relationships, followed by an overview of the current and changing social climate surrounding same-sex relationships. We point out how recent historical changes present sexual minority emerging adults with unique relational benefits and challenges that have not been examined within the social and health sciences. We conclude by proposing a set of research questions to help develop knowledge needed to improve the health and well-being of emerging adults in or pursuing same-sex relationships.

## Keywords

gay/lesbian, health, intimacy, life course, sexual identity, romantic relationships

The concept of emerging adulthood—focusing on the ages of 18–29—originated in developmental science to respond to the shifting cultural and economic context of the postindustrial world (Arnett, 2000, 2004, 2011). Two historical developments with significant implications for the health and well-being of sexual minorities (i.e., lesbian women, gay men, bisexuals, and individuals with nonheterosexual sexual identities, behaviors, and desires) have occurred in the past three decades that direct our attention to the special social and developmental issues relevant to emerging adult sexual minorities, primarily in the United States.

First, advancements in the treatment and prevention of HIV have created a new context in which sexual minority men are no longer subject to a greatly reduced life span (e.g., Nakagawa, May, & Phillips, 2013), leading emerging adult sexual minority men to gradually decouple their sexual desire with the inevitability of AIDS and an abbreviated life span (e.g., Halkitis, 2010). Second, the sociopolitical context of same-sex attraction and the legitimacy of same-sex relationships began to gradually shift from a political context of exclusion and subordinate status to one of inclusion and equality (Hammack & Cohler, 2011). These historical processes impact the way sexual minority individuals conceive of their life-course possibilities and make meaning of their identities. The significance accorded relationships and intimacy in emerging adulthood (e.g., Arnett, 2004), coupled with these historical shifts in the

cultural context of same-sex desire, highlight the need for a new focus on same-sex relationships in emerging adulthood.

With the changing social climate surrounding the acceptance of same-sex desire and relationships, social scientists have been paying increasing attention to the conditions and contexts of same-sex relationships over the past two decades. However, this body of research has focused on same-sex relationships in adulthood (i.e., generally defined as 18 and older). Researchers have yet to account specifically for the potentially unique experiences of emerging adults who are in or seeking to be in a relationship with a same-sex romantic partner. Emerging adulthood for sexual minorities may be characterized by unique experiences relative to their heterosexual counterparts, as processes related to identity development and social stigma distinguish the life course of sexual minorities (e.g., Hammack & Cohler, 2011; Meyer, 2003). Because they belong to a

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historically subordinated minority group, sexual minorities may face greater challenges in emerging adulthood with stigma and discrimination in social, educational, and occupational settings relative to their heterosexual peers. In addition, sexual minorities have a more limited range of options for intimate relationships, given the small size of the population of potential partners and the clustering of this population in urban centers. Emerging adulthood is thus a period in human development with distinct experiences for sexual minorities relative to their heterosexual peers.

Research addressing the health and well-being of sexual minority emerging adults focuses on same-sex attraction, desire, and behavior often without regard to the relational contexts in which these concerns are inextricably bound. For example, sexual attraction, desire, and behavior often occur in contexts involving intimate relationships between two individuals, and the dyadic context of such relationships undoubtedly shapes individual-level outcomes related to desire, attraction, and behavior occurring within it (Kenny & Cook, 1999). Interest in the relational health and well-being of sexual minority emerging adults has focused on sexual risk behaviors and concerned HIV and sexually transmitted infection (STI) risk in this cohort (Bauermeister et al., 2010; Russell & Consolacion, 2003). This work is undoubtedly important. But research ought to avoid neglecting other important indicators of health and well-being, such as relationship and sexual satisfaction, commitment, intimacy, and closeness. In addressing emerging adulthood, researchers of sexual minority populations ought to pay special attention to the sociohistorical, cultural, and community contexts in which these relational pursuits occur.

Unlike previous cohorts of sexual minorities, emerging adults with same-sex desires now come of age at a time of immense social change in many Western societies, including many regions of the United States (Hammack & Cohler, 2011). Still, we know little about how these sociocultural changes influence health and well-being in emerging adult same-sex couples. To the extent that we have knowledge from research on previous generations of emerging adults, it is not clear whether such knowledge is generalizable to new cohorts of emerging adults in same-sex relationships. For example, do improved social attitudes and access to legal same-sex marriages in some areas affect the relational pursuits of sexual minority emerging adults (whether or not same-sex marriage is available in their locale)? Do the same factors known to harm the health and well-being of older adults in same-sex couples—such as the stress related to stigma, prejudice, and discrimination—impact same-sex relationships in emerging adulthood? And, what interventions are needed to improve the health and well-being of emerging adults in same-sex relationships?

The goal of this article is to frame an agenda for research focused on better understanding the health and well-being of emerging adults in or pursuing same-sex romantic relationships. In order to accomplish this aim, we provide a general summary of what is known about health and well-being in same-sex relationships, followed by an overview of the current

social climate surrounding same-sex relationships. Shifting our focus back to emerging adulthood, we highlight the relational concerns central to this developmental period and point out the ways in which recent historical changes present sexual minority emerging adults with unique relational benefits and challenges that have not been examined within the social and health sciences. We conclude by proposing a set of research questions to help develop knowledge needed to improve the health and well-being of emerging adults in or pursuing same-sex relationships.

Throughout this article, we carefully frame these critical questions as centered on the lives of *emerging adults in or pursuing same-sex relationships*. We intend this terminology to be inclusive of the complexity of sexual desire, behavior, orientation, and identity constellations that energize emerging adults to seek out romantic relationship partners of the same sex (see Morgan, 2013, for a review). Further, our focus is on dating and committed long-term relationships, not casual sexual encounters that are also common during emerging adulthood (Claxton & van Dulmen, 2013). We also qualify our discussion as primarily relevant to changing climates within North America and Western Europe. Many aspects of this discussion do not yet apply to other regions, especially the developing world, where same-sex sexual behavior continues to be criminalized and being in a same-sex relationship is not possible for fear of imprisonment and even death. Finally, we use the terms health and well-being when framing outcomes of interest for emerging adults in same-sex relationships. Following definitions articulated by the World Health Organization and Healthy People 2020, these terms refer to a variety of individual mental and psychological health outcomes. In our attempts to chart a research agenda with flexible and parsimonious goals, we do not focus on specific outcomes but rather pose critical questions that must be answered to better understand and improve a variety of health and well-being outcomes for emerging adults in or pursuing same-sex relationships.

## Research Findings on Same-Sex Relationships

Studies on same-sex relationships can be classified within two broad categories. *Between-group* studies compare same-sex couples to heterosexual couples in order to understand similarities and differences in important outcomes, such as closeness, relationship satisfaction, and commitment. *Within-group* studies focus on understanding psychological processes that are unique to same-sex couples and influence relational outcomes.

### *Between-Group Studies of Same-Sex and Heterosexual Couples*

Between-group studies conducted in the general adult population have shown that same-sex couples are not significantly different from heterosexual couples with regard to most indicators of relational well-being. Specifically, levels of love, trust, intimacy, commitment, and satisfaction do not differ between same-sex and heterosexual couples (for a review of research

on the general adult population, see Peplau & Fingerhut, 2007). Studies have also indicated that same-sex couples demonstrate better outcomes in key areas of relationship quality compared to heterosexual couples. Specifically, same-sex couples tend to use more positive conflict resolution strategies and divide their household labor more equitably than heterosexual couples (Diamond, 2006; Kurdek, 2004; Peplau & Fingerhut, 2007). One important way in which same-sex relationships tend to fair worse than heterosexuals' is that same-sex couples report experiencing less social support from family members (Kurdek, 2004), which is likely attributable to the unique social stigma faced by same-sex couples.

Heterosexual and sexual minority adolescents and emerging adults do not differ in how much they value intimate relationships (Meier, Hull, & Ortyl, 2009), and the majority of sexual minority adolescents and emerging adults desire to be married to and have children with a same-sex partner when they get older (D'Augelli, Rendina, Grossman, & Sinclair 2006/2007; Rabun & Oswald, 2009). However, the only study we are aware of that compared attitudes about and experiences of romantic relationships between gay/lesbian and heterosexual youth (ages 15–24, inclusive of, but not particular to the period of emerging adulthood) found that sexual minority youth had higher levels of fears about finding desired future partners and lower levels of control over what happened in their relationships (Diamond & Lucas, 2004).

### *Within-Group Studies on the Role of Minority Stress in Same-Sex Relationships*

In contrast, within-group studies have typically focused on conditions and processes that can be detrimental to couples' relational well-being and overall health. Much of this research has utilized a minority stress perspective that describes same-sex couples' experiences of stigma and prejudice as social stressors that can have negative impacts on couples' relationship quality and health (Meyer & Frost, 2013). Specifically, the minority stress framework describes social stress processes along a continuum of proximity to the self (Meyer, 2003). Stressors most distal to the self are objective stressors—events and conditions that happen regardless of the individual's characteristics or actions. For the sexual minority person, these stressors are based in the heterosexist environment, such as prevailing anti-gay stereotypes, prejudice, and discrimination.

Proximal stressors involve the person's appraisal of the environment as threatening, such as expectations of rejection and concealment of one's sexual orientation in an effort to cope with stigma. Most proximal to the self is internalized homophobia: the internalizations of heterosexist social attitudes and their application to one's self. Coping efforts are a central part of the stress model, and Meyer (2003) has noted that, as it applies to minority stress, individuals turn to other members and aspects of their minority communities in order to cope with minority stress. For example, a strong sense of connectedness to a sexual minority community can buffer the ill effects of minority stress (Frost & Meyer, 2012).

Studies have demonstrated that experiences of minority stress, in various forms, have a negative impact on a variety of relational well-being outcomes for individuals in or seeking to be in same-sex relationships (e.g., Frost & Meyer, 2009; Rostosky, Riggle, Horne, & Miller, 2009). For example, members of same-sex couples experience greater stress related to not being accepted and being misunderstood by other people in their lives, especially by their families, compared to single sexual minorities (Lewis, Derlega, Berndt, Morris, & Rose, 2001). Coleman, Rosser, and Strapko (1992) point out that the anxiety, shame, and devaluation of sexual minority people—and one's self as a sexual minority individual—are likely to be most overtly manifested in interpersonal relationships with other sexual minority individuals. Minority stress processes interfere with sexual minorities' relationships in numerous ways, such as decreasing relational functioning, increasing conflict among partners, and decreasing overall relationship satisfaction (e.g., Balsam & Szymanski, 2005; Frost & Meyer, 2009; Rostosky, Riggle, Gray, & Halton, 2007).

### **The Social Climate Surrounding Same-Sex Relationships**

In general, attitudes toward homosexuality and same-sex relationships have been improving drastically over the past two decades. Acceptance of same-sex marriage is very strongly related to age. As of 2008, the majority of emerging adults approve of same-sex marriage in 38 of the 50 U.S. states. In stark contrast, in only one U.S. state do the majority of older generations of men and women (ages 45–64) approve same-sex marriage. Similarly, agreement with the statement that “homosexuality is always wrong” is significantly higher among older generations than among the peers of sexual minority emerging adults (Andersen & Fetner, 2008). More recent opinion poll data suggest even more favorable attitudes toward equal legal recognition, with approval rates for same-sex marriage more often above 50% than below (Flores, 2014). These rapid changes in attitudes are reflected in increasing same-sex marriage recognition at the policy level. At the time of this writing, 17 U.S. states and the District of Columbia provide equal legal recognition in the form of marriage to heterosexual and same-sex couples.

Improving attitudes toward same-sex sexuality and relationships among emerging adults have led some researchers to contend that emerging adults come of age in a “post gay” era (e.g., McCormack, 2012; Savin-Williams, 2005). These researchers suggest that emerging adults with same-sex attractions, desires, and behaviors are not as marginalized and stigmatized as older cohorts have been, and thus their sexual minority identity is a less central component of their overall self compared with the sexual identity of older cohorts of sexual minorities.

The claims that same-sex attractions, desires, and behaviors are widely accepted and normalized among emerging adults today have been supported thus far by qualitative research primarily in liberal environments (e.g., college campuses, university towns, and lesbian, gay, bisexual, transgender

[LGBT]-friendly urban centers located in California and the North East region of the United States) and lack supporting evidence from population studies. Nonetheless, there is little doubt that many sexual minority emerging adults are socialized in a radically different social environment than any previous generation. Studies have shown that the current cohort of sexual minority youth is coming out (i.e., disclosing their sexual orientation to important others) at increasingly younger ages (Floyd & Bakeman, 2006; Grov, Bimbi, Nanin, & Parsons, 2006).

Despite the overall improvements in attitudes toward same-sex sexuality and relationships, inequalities persist. For example, federal law does not protect sexual minorities against employment discrimination. Similarly, although a 2013 U.S. Supreme Court decision ruled Section 3 of the Defense of Marriage Act (DOMA) that defined marriage as “only a legal union between one man and one woman as husband and wife” to be unconstitutional, other provisions of DOMA remain in place. Thus, in most regions of the United States, same sex-marriages are neither performed nor recognized. Also, sexual minorities continue to be victims of very high rates of anti-gay violence and bullying (Kosciw, Greytak, Bartkiewicz, Boesen, & Palmer, 2012). Researchers continue to speculate that prejudice and related victimization underlie findings that sexual minority youth (regardless of gender) report higher rates of mental health problems, substance use, sexual risk, and suicidality than their heterosexual peers (Marshall et al., 2011; Mohr & Husain, 2012).

Thus, it is likely that sexual minority emerging adults continue to experience stigma and victimization, navigating both a new, liberating narrative of “normality” with regard to same-sex desire and an older narrative of stigma and subordinate status in the course of their development (Cohler & Hammack, 2007; Hammack, Thompson, & Pilecki, 2009). This raises important questions about what it is like to be in or pursuing a same-sex relationship in the context of unparalleled positive social change, coexisting with persisting inequalities and related older discourses about the subordinate status of same-sex relationships. One example of these complexities can be found in juxtaposing findings that sexual minority emerging adults strongly desire marriage and family (D’Augelli et al., 2006/2007; Rabun & Oswald, 2009), while also experiencing greater uncertainty in their ability to find a future partner compared to their heterosexual peers (Diamond & Lucas, 2004). We know little about how sexual minorities navigate these complexities, as they pursue the intimacy of romantic relationships during emerging adulthood.

### Questions for Developmental Research on Same-Sex Relationships in Emerging Adulthood

Emerging adulthood has been theorized as a life stage when individuals become less interested in the recreational aspects of dating and more focused on the potential for love,

partnership, and finding enduring intimate connections with others (Arnett, 2000). During this point in their lives, emerging adults are exploring the question of “what kind of person do I wish to have as a partner?” (Arnett, 2000, p. 473). The period of emerging adulthood represents a “continuous progression toward the close relationships of adulthood” and, although emerging adults are less likely to be in a committed relationship than adults (28 and older), there is “little compelling evidence that either expectancies or behavior patterns differ between this older group and [emerging adults]” (Collins & van Dulmen, 2006, p. 222). Emerging adults also face the challenge of negotiating educational and career aspirations at the same time as their pursuit of a long-term romantic partner (see Shulman & Connolly, 2013, for a review; and Seiffge-Krenke, Luyckx, & Salmela-Aro, 2014, for a special issue devoted to this topic). Despite these challenges, the progression away from early adolescent recreational dating toward the pursuit of committed relationships of adulthood marks the importance of examining the formation of and health and well-being within relationships at this critical point in the life course.

To organize a research agenda aimed at better understanding the health and well-being of emerging adults in same-sex relationships, we pose three critical questions. These questions arise in the context of existing research on same-sex relationships, emerging adulthood, and the improving social climate for sexual minority individuals in some parts of the world. We raise these as framing and organizing questions for collective efforts among developmental researchers across the social and health sciences.

#### *Question 1: How Has the Changing Sociopolitical Climate Impacted the Formation and Maintenance of Same-Sex Relationships in Emerging Adulthood?*

Having just reviewed evidence that the current cohort of emerging adults seeking and entering into same-sex relationships experience more accepting attitudes and social policies surrounding same-sex relationships, this first question requires tests of whether and how these cultural shifts translate into changes in the experience of same-sex relationships among emerging adults. Answers to this question require descriptive research.

As we noted, compared with older generations, more sexual minority youth come out and they do so at earlier ages (Floyd & Bakeman, 2006; Grov et al., 2006). This implies that same-sex relationship formation may begin earlier in the life course than has been the case for previous cohorts. In fact, some researchers have suggested that, for previous generations, same-sex relationship formation has been delayed compared with heterosexuals, for whom initiation of dating relationships occurs in adolescence (e.g., Russell & Consolacion, 2003). This was probably because of the negative social climate surrounding same-sex relationships and the degree to which internalized homophobia can interfere with the formation of intimate partnerships with someone of the same sex. However, if these processes are no longer or are less effective barriers to the

formation of same-sex relationships, then same-sex relationships may be more common at an earlier developmental juncture than they were for older cohorts. In other words, if a more accepting social climate is responsible for diminished interpersonal and intrapersonal barriers to relationship formation for sexual minority emerging adults, then same-sex and heterosexual relationship formation may now be occurring in the same developmental period (Collins, Welsh, & Furman, 2009).

If research shows this to be the case, findings may require a rethinking of models of sexual minority identity. A recent review of existing models of sexual minority identity (Eliason & Schope, 2007) highlights the lack of attention to the role of same-sex relationships in identity development. However, research on emerging adult women has indicated that same-sex desire and sexual minority identity can in fact be preceded by/emanate from experiencing romantic love for someone of the same sex (Diamond, 2004). Thus, experiences of romantic relationships may occur earlier on in the process of sexual minority identity development and have a larger role in shaping identity than is currently understood. Research will also be needed to examine differences between sexual minorities and heterosexuals in relational concerns and aspirations for marriage and children across adolescence and emerging adulthood.

Earlier formation of same-sex partnerships may expose sexual minorities to new and additional forms of prejudice and discrimination, as they may find their relational lives not easily integrated within the existing boundaries of heteronormative society. For example, emerging adult sexual minorities who have learned to expect acceptance and equality may find it surprising to confront businesses who refuse to cater to a same-sex wedding or even family members who might oppose their marriage on religious or other grounds. Answers to this first question lead to additional questions with implication for the health and well-being of emerging adults in or seeking to be in same-sex relationships.

### *Question 2: What Role Does Minority Stress Play in Emerging Adults' Same-Sex Relationships?*

The first question calls for researchers to describe how changing social conditions influence when and how same-sex relationships form. A separate question calls on researchers to interrogate whether and how minority stress is experienced in the relational context and its implications for emerging adults' relational health and well-being. Previous research has demonstrated the negative effect of minority stress, especially internalized homophobia, on health and well-being in same-sex relationships (Frost & Meyer, 2009). Do minority stress processes play the same deleterious role in the same-sex relationships of emerging adults today or is the role of minority stress diminished compared to the experience of prior cohorts?

If sexual identity is less prominent in the identity configurations of the current cohort of adolescents and emerging adults, as some have claimed—if we are in fact “post gay” (Savin-Williams, 2005)—does minority stress

adequately describe the experiences of emerging adults in same-sex relationships? For example, as the socio-political environment improves, socialization changes so that adolescents and emerging adults coming out today may be exposed to fewer homophobic attitudes and therefore be at lower risk for negative health problems than previous generations. Thus, we must ask are some processes of minority stress, like internalized homophobia, less prominent within emerging adults today than they have been among older generations of sexual minorities? Similarly, sexual minority emerging adults may experience fewer stressors in the form of prejudice and discrimination compared with older generations. Do different processes of minority stress characterize the experience of younger generations of sexual minorities? Have prejudice and discrimination against sexual minorities taken a more covert form, similar to the more covert expression of racism in the United States today (Pearson, Dovidio, & Gaertner, 2009)?

Ultimately, no evidence exists that can answer these questions. In fact, empirical evidence suggests that the current cohort of emerging adults engages with competing narratives of stigma and emancipation as they construct their sexual identities (as previously described, e.g., Hammack et al., 2009). Research has not yet examined how this more complex context of development affects the nature of same-sex relationships.

With same-sex marriage becoming increasingly available in the United States and other locations, will sexual minority emerging adults perceive more opportunities in their relational futures than prior cohorts have? Emerging adults coming of age at present are arguably the first to be able to imagine a relationship with a same-sex partner with whom they could legally marry and have children. The relational imaginations of previous cohorts of sexual minority emerging adults were much more limited due the manifestation of structural stigma in the form of policies that provided little or no recognition of nor benefits for same-sex couples. This newly available access to “intimate citizenship” (Herdt & Kertzner, 2005; Plummer, 2003) may significantly diminish exposure to minority stressors in the long term because it essentially represents the elimination of a major source (e.g., structural inequity) of minority stress. However, the existence of this change and its immediacy are unknown.

Although the prevalence of prejudice and discrimination and exposure to minority stress may diminish with the improving social and legal climate, the lives of individuals in or pursuing same-sex relationships will likely not be entirely free of these social ills in the immediate future. Furthermore, reductions in exposure to minority stress do not necessarily change its effects on health and well-being. Even if minority stress may be experienced less frequently, its association with negative health outcomes may persist. Understanding the nuanced ways in which this unique cohort of emerging adults makes meaning of and experiences minority stress in the context of their intimate pursuits remains of great importance (Frost, 2011b, 2011c).

For example, recent news stories point out the challenges of bringing a same-sex partner or date to a senior prom or expressing same-sex sexualities on college campuses (e.g., Eckholm, 2011; Lewis, 2013). Also, most high school sex education curricula and many college-level human sexuality courses do not address same-sex relationships, other than continuing to pathologize them as nonnormative and unhealthy expressions of sexuality (Rogers, McRee, & Arntz, 2009). Those in positions of decision-making power (e.g., educators, administrators, and legislatures) are of older generations who continue to possess disapproving attitudes toward same-sex relationships, particularly among youth and emerging adults, as they are perceived to be more vulnerable and in need of “protection” (McClelland & Frost, 2014). This silences same-sex relationships, leaving emerging adults unsure about their relational possibilities and without clear relational models when they do begin to build partnerships with someone of the same sex. Although we note these conditions of structural and interpersonal minority stress are likely to persist, research is needed to document what role, if any, they may play in influencing the health and well-being of emerging adult same-sex relationships.

Along with the changing social climate, technological advances such as social networking websites raise critical questions regarding the role of minority stress in emerging adults' same-sex relationships. For example, social media (e.g., Facebook) provides public opportunities for emerging adults to be open about same-sex desire and connect with other sexual minority peers; however, they are doing so in a mixed context (e.g., friends and family; Rubin, 2011). Thus, the blurring between public and private that some argue is more common among the current cohort of emerging adults than it was among prior cohorts (Barnes, 2006) creates opportunities for sexual surveillance, cyberbullying, and harassment (Blumenfeld & Cooper, 2010). New technologies and social media may facilitate the pursuit of same-sex relationships but also expose sexual minority emerging adults to additional minority stress, victimization, and harassment (Baams, Jonas, Utz, Bos, & van der Vuurst, 2011).

### ***Question 3: What Interventions Are Needed to Improve the Health and Well-Being of Emerging Adults in or Pursuing Same-Sex Relationships?***

From educational, clinical, counseling, and public health perspectives, researchers ought to figure out how to allow for adolescents and emerging adults to pursue and achieve their relational goals in a supportive environment rather than one fraught with minority stress and structural barriers (Frost, 2011a). In the past, interventions have relied on LGBT community centers and organizations such as LGBT student unions to help provide safe spaces through which these concerns can be addressed (e.g., Allen, Hammack, & Himes, 2012; Russell, Muraco, Subramaniam, & Laub, 2009; Toomey, Ryan, Diaz, & Russell, 2011). However, given the suggested decentralizing

of sexual identities in young peoples' lives (Savin-Williams, 2005), and the greater acceptance of sexual minorities in mainstream institutions, these kinds of LGBT-specialized spaces, which are indeed very separate spaces, may not be sufficient to address relationship issues.

Instead, researchers may have to think creatively and take an integrationist approach to address the needs of emerging adults in or pursuing same-sex relationships. One example of an integrationist approach is the gay-straight alliance (GSA) in high school and college settings. These organizations bring together adolescents and emerging adults who represent a range of sexual orientations, desires, attraction, and behaviors. Individuals, who self-select into such environments are not representative of their peers, but they nonetheless come together in order to create a safe and inclusive space for all expressions of sexuality and thereby reduce the stigma surrounding same-sex sexualities and relationships (Heck, Flentje, & Cochran, 2011; Kosciw et al., 2012).

It is important to note that the majority of intervention efforts focus on adolescents, and very few intervention efforts continue into emerging adulthood. Extending integrationist intervention approaches into the communities and spaces of emerging adults *after* they leave traditionally more liberal educational environments and enter into interaction with peers and older adults who are less likely to share these same social justice ideals is a challenge to which the social and health sciences must respond. Some examples of integrative spaces can be seen in online dating contexts. Websites such as OKCupid<sup>®</sup> and Plenty of Fish<sup>®</sup> provide a combination of matchmaking and social networking functions that are inclusive of the expression of a variety of sexual identity and desire constellations (Forrester, 2011). Removing the structural barriers which perpetuate the silencing and othering of sexual minority identities and same-sex relationships is a necessary next step toward facilitating the relational pursuits of sexual minority emerging adults and reducing the potential for damaging their psychological well-being, as they seek to actualize fundamental needs for intimacy, relatedness, and belonging (Baumeister & Leary, 1995; Frost, 2011a, 2011b; Ryan & Deci, 2000).

Given these critical questions, new interventions are likely needed that focus explicitly on emerging adults using unanticipated formats and venues. Formative research will likely prove useful in identifying the needs of emerging adults in or seeking to be in same-sex relationships. Such exploratory work will yield insights into the format effective interventions might take, the venues they should target, and the ways these interventions might differ from existing programmatic work focused on sexual minority adolescents. Once designed and implemented, researchers should explicitly compare the efficacy and effectiveness of new interventions from an integrationist approach to existing interventions conducted in separate, sexual minority-specific contexts (e.g., LGBT community centers and community health clinics).

## Innovative Approaches to Research on Emerging Adults' Same-Sex Relationships

### *Integrative Approaches*

We offer the following recommendations for research designs aimed at addressing the critical questions posed previously. We recognize the utility of the model recently outlined by the Institute of Medicine (IOM, 2011) for the general study of sexual minority health and well-being. This model integrates four foci to more fully understand and address the needs of sexual minority populations: minority stress, life course, social ecology, and intersectionality. The minority stress model (Meyer, 2003) is described previously, and we have already devoted much attention to its relevance to understanding health and well-being in same-sex relationships in emerging adulthood.

A life-course approach is essential to a focus on health and well-being in emerging adults' same-sex relationships. The life-course perspective emphasizes the historical grounding of human development, taking into consideration the social and economic forces that unify the experiences of a generation cohort (e.g., Elder & Shanahan, 2006). In the case of sexual minorities, rapidly shifting historical forces have altered the nature and meaning of development and shaped the social and psychological lives of distinct cohorts (e.g., Cohler & Hammack, 2006; Hammack, 2005; Hammack & Cohler, 2011). As we have discussed previously, the current cohort of emerging adults potentially faces historically unique challenges to their pursuit and maintenance of same-sex relationships relative to prior cohorts pursuing similar relational goals. The life-course perspective dovetails with a social ecological focus, which takes into account the shifting social, legal, and cultural contexts in which emerging adults are pursuing same-sex relationships and take seriously relational experiences with regard to their romantic partners as well as their peer and familial networks.

Finally, an intersectional focus is necessary to address the ways in which the experience and development of sexual identity are inextricably tied to other personal and social identities such as race/ethnicity, class, gender, and religious identities (see Cole, 2009). The social context surrounding same-sex sexualities and relationships varies across communities that correspond to these social and personal identity configurations. For example, some religious ideologies and institutions are more condemning of same-sex relationships than others, and while White sexual minorities are sometimes able to abandon religion or move to more accepting churches, racial/ethnic minorities who have strong connections to communities of color, are less likely to do so (Barnes & Meyer, 2012; Meyer & Ouellette, 2009). Gender differences are also important to examine in this rapidly changing social climate. The potential benefits to acceptance and attitudes toward same-sex relationships may differ by gender, given previous findings that suggest heterosexual men's negative attitudes toward male homosexuality may be especially entrenched in Western constructions of masculinity as antithetical to homosexuality (Davies, 2004; Herek, 2000). Thus, recognizing intersectional influences on

individual and relational development is essential to understanding variability in health and well-being in emerging adults' same-sex relationships.

### *Understanding the Influences of Cohort and Age*

Research efforts focused on addressing the previous critical questions will require complex designs that can account for both cohort and age influences on the health and well-being of emerging adults in same-sex relationships. A life-course approach that aims to understand social ecological influences has tremendous promise to understand and address the health concerns outlined in this article. Research designs must therefore include comparison groups that allow for the examination of differences and similarities between emerging adults and older cohorts of their peers in or pursuing same-sex relationships.

A cohort comparison in cross-sectional research designs lacks the ability to disentangle cohort differences from the influence of age (e.g., Glenn, 2003). Thus, truly effective research designs must combine cohort comparisons with extended longitudinal follow-ups. Perhaps the most influential studies in developmental science involve both cohort and longitudinal components (e.g., Longitudinal Study of Generations, Bengtson, 2000; cf. Phelps, Furstenberg, & Colby, 2002). However, their focus on the general population means that they have very small subsamples of sexual minority individuals, which do not allow for tests of the critical questions outlined previously. New population-based longitudinal cohort studies are needed that either focus exclusively on sexual minority emerging adults or oversample sexual minority individuals within a general study of emerging adults.

### *Expanding Definitions of What Counts as Health and Well-Being*

Throughout this article, we have been careful not to frame our call for research around specific outcomes in order to ensure that future studies adopt more expansive definitions of what counts as health in sexual and relational contexts. It is undoubtedly true that the most often addressed outcomes pertaining to sexual health and HIV and STI risks must continue to be investigated within this population. However, thus far, the limited focus on these individual-level behavioral sexual health outcome variables has resulted in a lack of attention to other important outcomes and the relational and dyadic contexts in which they occur. For example, indicators of health and well-being in emerging adults' same-sex relationships include satisfaction with the relationship, sexual satisfaction, conflict, closeness, intimacy, commitment, dissolution thoughts, and dissolution itself. These are all indicators of an overarching construct of relational well-being (Healthy People 2020; Prilleltensky, 2005; Ryff, 1995), which represents a positive indicator of functionality, health, and well-being, not simply the absence of disease or symptoms of disorder (Kertzner, Meyer, Frost, & Stirratt, 2009; Ryan & Deci, 2000; Ryff, 1995). Also importantly, these indicators of relational well-being have been

shown to correlate with the more frequently examined indicators of sexual health, behavioral risk, parenting intentions, and mental health (Coyne & Downey, 1991; Goldberg & Smith, 2011). Research designs that incorporate this expansive range of health and well-being outcomes will therefore produce more nuanced and contextualized understandings of emerging adults' same-sex relationships, which will therefore be useful in planning interventions and other attempts to reduce difficulties and improve the health and well-being of this potentially unique subpopulation of emerging adults.

### **Attention to Meaning and Lived Experience for More Accurate Measurement and Assessment**

The critical questions we pose in this article often require researchers to focus their attention on developing understandings of the meaning of lived relational experience for emerging adults in or pursuing same-sex relationships. Because of the many sociohistorical shifts and potentially unique aspects of the cultural context of same-sex relationships, the experience and meaning of being in a same-sex relationship for emerging adults today may not be directly comparable to those of prior generations. For example, with diminishing identification with a "lesbian" identity, female-identified emerging adults may not experience some of the concerns that have been historically cast as particular to lesbian relationships, such as merger and fusion (e.g., Frost & Eliason, 2014). As a result, the measures and instruments researchers have developed to study same-sex relationships may need to be revised, and new measurement and assessment tools may need to be developed to most accurately account for relational factors that influence the health and well-being of emerging adults' same-sex relationships. This will require qualitative approaches—with phenomenological orientations—to inductively build understandings of meaning, which can in turn be used in measurement development and assessment efforts (Frost, McClelland, Clark, & Boylan, 2014).

### **Funding Priorities**

Up until this point, our recommendations have been targeted at researchers interested in better understanding and improving the health and well-being of emerging adults in or pursuing same-sex relationships. However, in order for research agendas to be crafted that are capable of addressing the critical questions we raise and implement the kinds of approaches recommended in this article, funding agencies must make commitments to support research on this topic. At the time of this writing, we are aware of no specific research funding or program announcements specific to health and well-being in emerging adults' relationships, let alone with a focus on same-sex relationships. One promising exception is the National Institutes of Health's (NIH) recent general funding opportunity announcement—in response to the previously mentioned IOM report—on the health of lesbian, gay, bisexual, transgender, and intersex (LGBTI) populations. It is expansive in its priorities, calling for "research on how the health and

health outcomes of LGBTI individuals are affected by their interpersonal relationships, social networks, religious affiliations, and by family relationships, structure, and processes" (National Institutes of Health [NIH], 2012). Aside from this general call for proposals, which does not come with specifically dedicated funds, opportunities for large-scale research support on this pressing topic are scarce. We encourage funding institutions with priorities central to the lives of emerging adults (e.g., Ford Foundation and William T. Grant Foundation) to follow suit in offering dedicated support to better understanding and improving the health and well-being of emerging adults in or pursuing same-sex relationships.

### **Summary and Conclusion**

Just as broad social and economic conditions have transformed our general understanding of human development in nations experiencing postindustrialism such as the United States (e.g., Arnett, 2000, 2004), so too have cultural attitudes toward same-sex relationships radically shifted to potentially transform the life course of sexual minorities (e.g., Hammack & Cohler, 2011). The science of sexual identity development has, however, only recently begun to adopt a life-course approach that recognizes the significance of generation cohort in the patterning of developmental trajectories (e.g., Cohler & Hammack, 2007; Hammack, 2005; Hammack & Cohler, 2011).

In order to understand the nature and meaning of same-sex relationship formation during emerging adulthood in the 21st century, we have called for a research agenda sensitive to the ways in which emerging adults may experience distinct processes relative to other cohorts. It is unclear whether the experiences of emerging adults in, or seeking to be in, same-sex relationships will be similar to or different from that portrayed in existing research. Changing political and social climates surrounding sexual minority lives necessitate a developmental focus on same-sex relationships that does simply adopt the theoretical models developed with older cohorts (e.g., Eliason & Schope, 2007). Rather, we suggest that the study of same-sex relationships among emerging adults will allow us to address both what is unique and shared across generations of sexual minorities, enhancing our existing theoretical models aimed at explaining and improving sexual minority health and well-being.

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