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Perceived social network support and well-being in same-sex versus mixed-sex romantic relationships

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ABSTRACT

A theoretical model was tested, in which better perceived social network support *specifically for* a romantic relationship was hypothesized to predict higher relationship well-being which, in turn, would predict more positive mental and physical health outcomes for relationship partners. Furthermore, the model was tested on participants in both same-sex (i.e., homosexual, $n = 183$) and mixed-sex (i.e., heterosexual, $n = 275$) relationships. Structural equation modelling indicated that the hypothesized model did fit the data very well; furthermore, no differences in model fit were found between the two relationship groups. Support specifically for the relationship remained a highly significant predictor of the outcome variables, even when general social support and support for one's sexual orientation were controlled.

KEY WORDS: gay/lesbian relationships • health • mental health • networks • social support

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Chris and Robin, a dating couple, love to spend time with their family and friends, who often remark on how perfect they are for each other. Alex and Morgan have a harder time: Alex's family and friends constantly question whether Morgan is the best partner for Alex, and quietly suggest that Alex could do better. Do such indications of social support (or the lack thereof) for their chosen romantic relationship have implications for relationship well-being (e.g., relationship satisfaction, love, trust)? Might it go further, and predict the involved individuals' mental, or even physical, well-being? Finally, would these processes act in a similar, or different manner in same-sex (i.e., homosexual) relationships, versus mixed-sex (i.e., heterosexual) relationships? We address these questions in the current study.

Social support, relationships, and health

It is clear that general social support is an important predictor of mental and physical well-being. General social support has been linked to lower depression and anxiety (e.g., Ross, Lutz, & Lakey, 1999), higher self-esteem (Pierce, Sarason, & Sarason, 1992), stronger immune systems, lower incidence of coronary heart disease, better cardiovascular regulation (Uchino, Cacioppo, & Kiecolt-Glaser, 1996), improved functioning of the endocrine and immune systems (Cohen & Wills, 1985), and increased longevity (e.g., Billings & Moos, 1982).

Close relationships are also important predictors of mental and physical well-being. Research clearly shows that high-quality relationships are linked with lower levels of depression (e.g., Tolpin, Cohen, Gunthert, & Farrehi, 2006), anxiety (Campbell, Simpson, Boldry, & Kashy, 2005), and stress (e.g., Waite, 1995), as well as better immune functioning and physical health (see Kiecolt-Glaser & Newton, 2001 for a review). Relatively few studies, however, have examined whether perceived social support *specifically for* a romantic relationship predicts relational, mental or physical well-being.

Perceived social support for a relationship

Social network members can signal their approval versus disapproval for a relationship in a variety of ways, either direct (e.g., commenting on how much they like/dislike the partner), or indirect (e.g., including or failing to include the partner in social events; Felmlee, 2001). Such signals from close others can influence couple members' dyadic identity (Lewis, 1973), as well as their subjective certainty that they are right for each other (Berger, 1979). Social network approval has been shown to predict better relational quality and stability (e.g., Sprecher & Felmlee, 1992, 2000), even in very long-term romantic relationships (Bryant & Conger, 1999). Furthermore, fluctuations in social support for the relationship predict fluctuations in relationship quality over time (Sprecher & Felmlee, 1992).

One area that requires further investigation is the relative predictive power of support offered by parents versus peers. Within heterosexual

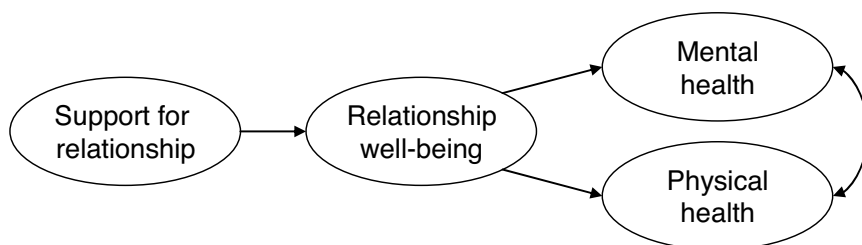
relationships, peer support has consistently been shown to be an important predictor of relationship well-being (e.g., Felmlee, 2001; Sprecher & Felmlee, 2000). Parental support for a relationship, however, is sometimes positively related to relationship well-being (e.g., Sprecher & Felmlee, 2000), sometimes completely unrelated (e.g., Leslie, Huston, & Johnson, 1986), and occasionally even negatively related, as in the “Romeo and Juliet effect” (Driscoll, Davis, & Lipetz, 1972).

Thus, we know that both *general* social support and *general* relational well-being are important predictors of individuals’ mental and physical health. We also know that social network approval for a *particular* romantic relationship by peers (and perhaps by parents) predicts better relationship well-being. No studies to date, however, have combined these separate areas of investigation. Therefore, the first major purpose of our study is to test the hypothesized model outlined in Figure 1. Social network support for a relationship (overall, from peers, and from parents) is hypothesized to predict better relationship well-being (i.e., higher reported relationship satisfaction, love, and trust). Better relationship well-being, in turn, is expected to predict better mental and physical health at the individual level. Given past research findings (e.g., Cobb, 1976), we expect self-reported mental and physical health to be correlated.

Social support in same-sex relationships

The second purpose of the current study is to investigate whether the model depicted in Figure 1 applies equally well to same-sex, versus mixed-sex, romantic relationships (we prefer these terms to *homosexual* versus *heterosexual*; as several of our participants noted, not everyone currently dating a partner of the same sex would self-identify as homosexual). In general, there is little reason to expect differences in relationship dynamics between these two groups; they tend not to differ in terms of relational processes, satisfaction, quality (e.g., Kurdek, 1997) or commitment (Lehmiller & Agnew, 2006). However, the groups do tend to differ in terms of social network support, with those currently in same-sex relationships perceiving less support for their relationship (Kurdek, 2004), and higher levels of

FIGURE 1
Hypothesized structural model



marginalization (Lehmiller & Agnew, 2006), than do those in mixed-sex relationships.

A lack of familial support for same-sex relationships has been associated in qualitative research with reports of hurt, anger, an impaired ability of partners to commit to the relationship, and lower relational well-being (Murphy, 1989; Rostosky et al., 2004). Those in same-sex relationships sometimes acknowledge low levels of parental support, but claim that lack of support has relatively little effect on them (e.g., LaSala, 1998), because they develop effective coping strategies, such as taking the opportunity to draw together against the "common enemy" (LaSala, 1998), accepting the situation, or even deceiving the family about the relationship (Rostosky et al., 2004). Another coping strategy may be to rely on peers, rather than family, to support the relationship (Smith & Brown, 1997). Gay men and lesbians typically report receiving more social support from peers than from their families of origin (e.g., Kurdek, 2004). Moreover, peer support appears to be more influential than parental support in predicting emotional well-being (Kurdek & Schmidt, 1987).

Lehmiller and Agnew (2006) found that those in non-traditional romantic relationships perceived their relationship to be more marginalized than traditional relationships, and that marginalization predicted lower commitment levels. Individuals in marginalized relationships, however, also seemed to compensate via other techniques (e.g., perceiving fewer alternatives to the current relationship), thereby leaving their global commitment levels relatively unchanged. Thus, those in same-sex relationships do tend to report experiencing less social support for their relationship than those in mixed-sex relationships. It is still not clear, however, exactly how much this reduced support might predict relationship well-being, as partners attempt a variety of compensating coping strategies.

The current study

The current study's first goal was to test the theoretical model outlined in Figure 1, using structural equation modelling. It is hypothesized that, across the full sample, higher levels of perceived social support for a romantic relationship (whether overall, from family, or from friends) will predict higher relational well-being, which in turn will predict better mental and physical health.

The second goal was to investigate whether aspects of this model operate similarly or differently in same-sex versus mixed-sex couples. Based on previous research (Kurdek, 2004), it is hypothesized that those in same-sex relationships will perceive less support for the relationship from their parents, compared to those in mixed-sex relationships. Support for the relationship from friends is unlikely to differ between the two groups, however, as friends can be self-selected to favour those who approve of the relationship. Overall measures of support for the relationship may or may not differ between groups, depending on upon the salience of parental opinions.

No previous study has directly compared the strength of the link between perceived support for the relationship and well-being outcomes for those in same-sex versus mixed-sex relationships. Some research suggests a lack of parental support may predict lower relational quality in same-sex relationships (Murphy, 1989; Rostosky et al., 2004), whereas other research (Kurdek & Schmidt, 1987; LaSala, 1988) suggests gays and lesbians might be able to effectively discount or ignore these negative opinions, leaving their well-being relatively unaffected. Lehmler and Agnew (2006, 2007) did find that perceived relationship marginalization predicted relationship commitment and stability at similar levels for those in same-sex and mixed-sex relationships; however, their studies differed somewhat from the current one in the conceptualization of both the independent and dependent variables. Given the lack of directly relevant previous research, the relative magnitude of the link between perceived network support for the relationship and relationship well-being (i.e., stronger in same-sex relationships; stronger in mixed-sex relationships; no difference) is left as an open research question.

Finally, although our theoretical model focuses on perceived support *specifically for* the relationship, that construct is quite likely to overlap substantially with other aspects of social support. For example, perhaps those who experience high levels of support for their romantic relationship also experience high levels of general social support, or high levels of support for their sexual orientation/identity. These other aspects of support could conceivably be the key predictors of relational, physical, and mental well-being; once they are controlled for, any apparent effects of support for the relationship might disappear. Therefore, a final goal of the current study is to assess whether perceived support for the relationship remains an important predictor of well-being, even when these other aspects of social support are taken into account. We hypothesize that the link between perceived support for the relationship and relationship well-being will remain significant, and the hypothesized model will continue to fit the data well, even when general social support and support for one's sexual orientation are statistically controlled.

Method

Participants

Participants were recruited, using a variety of methods (e.g., posters, on-line and magazine ads, e-mail listserv announcements, snowball sampling from existing participants), for an on-line study, described as assessing the links between relationships, social support, and health. Of 866 individuals who registered their potential interest in the study, 704 were eligible participants (i.e., aged 18 years or older; currently in a romantic relationship). Given the length of the questionnaire, some participants failed to complete all available measures. Missing data analyses indicated that 246 participants were missing data on all of the indicator variables for at least one of the

four constructs in the hypothesized model (see Figure 1). These individuals were therefore deleted from all analyses, leaving a final sample of 458 participants.

Of the 458 participants retained in the final sample, 276 were in mixed-sex relationships and 182 were in same-sex relationships. These two groups were compared on nine demographic variables (see Table 1), using a Bonferroni alpha of .006 (i.e., .05/9 comparisons). The groups were similar in terms of gender composition, race/ethnicity, relationship length, and relationship stage/seriousness. However, the groups did show significant differences on the five remaining demographic variables. Compared to those in mixed-sex relationships, those in same-sex relationships were older ($t(310) = 10.30, d = .95$), more likely to live with their partner ($\chi^2(1) = 24.5, \varphi = .23$), and more likely to have children ($\chi^2(1) = 7.4, \varphi = .13$). Despite

TABLE 1
Sample demographics, by relationship type

Measure	Relationship type	
	Mixed-sex	Same-sex
<i>n</i>	276	182
% female	82%	70%
Age**		
Mean	26.48	34.78
Range	18–59	18–58
Mean years together	4.51	6.08
Living together**	58%	80%
Have children*	16%	26%
Relationship stage		
Casually dating	4%	2%
Seriously dating	17%	21%
Thought about marriage, but not discussed	33%	34%
Discussed marriage, but no formal plans	5%	3%
Engaged	14%	12%
Married	27%	30%
Education*		
High school	7%	9%
Some college/university	32%	28%
Bachelor's degree	17%	29%
Some graduate school	19%	8%
Graduate degree	24%	24%
Race/ethnicity		
Caucasian	91%	90%
Geographic location**		
Canada	74%	53%
USA	25%	46%
Other	1%	1%

Note: Asterisks indicate groups are significantly different on those variables.

* $p < .005$; ** $p < .001$.

minor discrepancies in educational status ($\chi^2(1) = 18.6$, Cramér's $V = .19$), both groups were well-educated overall. Finally, the Canada/US residency split was approximately 50/50 for those in same-sex relationships, but closer to 75/25 for those in mixed-sex relationships ($\chi^2(1) = 23.0$, $\phi = .22$). These five demographic differences will be controlled for in the main analyses.

Missing data analyses. The 458 retained individuals were compared to the 246 deleted individuals on all demographic variables listed in Table 1. Only two significant differences emerged: those who completed all measures were more likely to be living with their partners ($\chi^2(1) = 14.6$, $\phi = .14$), and were in slightly more serious relationships ($\chi^2(1) = 27.5$, Cramér's $V = .20$), compared to those deleted due to missing data. The deleted versus retained groups were also compared on all variables within the model, and showed no significant differences on any variable.

Although the 458 retained individuals completed at least one measure of each of the constructs in the study, they did not always complete every single measure. Expectancy maximization imputation was used to estimate values for all remaining missing data points.

Measures

Table 2 shows the means, standard deviations, reliabilities (using Cronbach's alpha) and possible ranges for each measure in the study. As necessary, items were reverse-scored so that higher numbers always indicated more of the construct in question, then averaged.

Perceived support for the relationship. There were three measures of perceived support for the relationship. First, overall support was assessed using Sprecher and Felmlee's (1992) six-item *Network Support Index*. Participants rated the general level of approval/disapproval for their relationship (e.g., "Overall, how much *actual* discouragement or encouragement do you get from others to continue to date (or remain married)?"). The remaining two measures, parents' support and friends' support, were developed for the current study. In a previous study (Leslie et al., 1986), participants generated lists of others' behaviours that indicated approval/disapproval of their relationships (e.g., "Invites my partner and me to go out with him/her/them"; "Asks me what I see in my partner"). The most frequently-cited behaviours were converted into self-report items (15 items for friends; 18 for parents). Participants indicated how often the targets engaged in each behaviour, ranging from 1 (*never*) to 5 (*frequently*). Participants completed the measure once with their friends (as a group) in mind. They also completed the measure once for their mother/mother-equivalent and once for their father/father-equivalent, if applicable (i.e., if that parent was a presence in their lives). Not all participants provided scores for two parents, and the two scores were fairly highly correlated for those who did ($r = .68$). To minimize missing data, an average was taken across the two parents' scores (where applicable), to provide one parental support measure.

TABLE 2
Descriptive statistics for all measures

Measure	Possible range	Cronbach's alpha	Factor loading	Relationship type			
				Mixed-sex		Same-sex	
				<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Social support							
Overall ^{a**}	1–7	.85	.75	5.96	0.98	5.63	0.99
Friends**	1–5	.81	.53	4.05	0.45	4.24	0.45
Parents**	1–5	.95	.23 ^b	2.78	0.47	2.50	0.55
Relationship well-being							
Satisfaction ^a	1–7	.88	.91	5.90	0.88	5.92	0.90
Love	1–9	.85	.60	6.81	1.1	6.98	1.0
Trust	1–7	.90	.77	5.76	0.86	5.78	0.95
Mental health							
Depression ^a	1–4	.88	.78	1.98	0.37	1.90	0.30
Anxiety*	1–4	.96	.91	2.10	0.69	1.90	0.65
Stress**	1–5	.91	.91	1.74	0.83	1.49	0.77
Physical health							
Symptoms ^a	1–5	.88	.89	1.51	0.36	1.47	0.33
General	0–100	.87	–.74	72.89	21.41	76.55	19.42

Note: Asterisks indicate groups are significantly different on those variables.

^aFactor loading set to 1.0 during initial estimation, for purposes of identifying model. ^bAs estimated in initial run; not included in final model.

* $p < .005$; ** $p < .001$.

Relationship well-being. Subjective relationship well-being was assessed using three indicators: satisfaction, love, and trust. Satisfaction was measured with Hendrick's (1988) seven-item Relationship Assessment Scale (e.g., "How good is your relationship compared to most?"). Love was measured with Rubin's (1970) 13-item Love Scale (e.g., "I would do almost anything for my partner"). Trust was assessed using a 17-item scale by Rempel, Holmes and Zanna (1985; e.g., "I can rely on my partner to react in a positive way when I expose my weaknesses to him/her"). (Note that relationship commitment was not included as an indicator, as subjective relationship well-being is only one of the factors contributing to relationship commitment; investments and quality of alternatives are also essential; Rusbult, 1983.)

Mental health. Mental health was measured with scales for depression, anxiety, and stress. Depression was assessed using the Centre for Epidemiological Studies Depression Scale (Radloff, 1977), a 20-item self-report scale designed for assessing depressive symptomatology in the general population. Anxiety was measured with the state portion of the State-Trait Anxiety Inventory (STAI; Spielberger, 1983). Stress was measured with the 10-item

Perceived Stress Scale (e.g., “In the last month, how often have you been upset because of something that happened unexpectedly?”; Cohen, Kamarck, & Mermelstein, 1983).

Physical health. Physical health was measured by two scales, one assessing physical symptoms, and one assessing general self-reported health. The Cohen-Hoberman Inventory of Physical Symptoms (CHIPS; Cohen & Hoberman, 1983) asks participants to rate how much 33 relatively minor physical symptoms (e.g., nausea, headache, cough) have “bothered or distressed” them over the past month. The RAND 36-item Health Survey (RAND Corporation, 2006) measures a variety of health-related issues. Items were translated into scores ranging from 0 to 100, with higher numbers indicating better health. Items from the subscales General Health, Pain, Role Limitations Due to Physical Health, and Social Limitations Due to Physical Health were used, and combined into one 13-item measure of general self-rated physical health.

Other support measures. As noted in the introduction, general social support and support for one’s sexual orientation could potentially be correlated with perceived support for the relationship, and could perhaps provide alternative explanations for any findings. Measures of these two constructs were gleaned from a section of the study assessing social network composition. Respondents were shown a diagram with five concentric circles. The innermost circle represented themselves, and the remaining four circles represented their social network of friends, family, and acquaintances. On the first screen, participants entered names or initials for every individual in their social network, placing each in the circle that best represented that individual’s closeness/importance to them, with up to 20 individuals in each circle. As one measure of general social support, the total number of individuals mentioned in the social network was counted (range = 1–58). On a second screen, the name/initials of each network member appeared, and participants were asked a series of questions about that individual. Participants rated how *helpful* and (separately) how *upsetting* each network member was, when they were turned to for social support, on scales ranging from 1 (*not at all*) to 6 (*extremely*; see Uchino, Holt-Lunstad, Smith, & Bloor, 2004). These measures were averaged across all network members rated, and served as two additional measures of general social support.

Participants also rated how supportive each network member was of their sexual orientation, with responses ranging from 1 (*not at all*) to 5 (*very much*); there was also a “They don’t know [my sexual orientation]” option. Responses were averaged across all network members who knew of the participant’s sexual orientation.

Other measures. Participants also completed a variety of other measures (e.g., questionnaires regarding sexual satisfaction or gay identity) that were not relevant to the current study.

Procedure

All recruitment material directed potential participants to the study's information website, which described the study and incentives. Interested participants registered their willingness to take part in the study. When the study began, potential participants were contacted via e-mail, and directed to a new, secure website, where they provided informed consent, then created a unique username and password. These items allowed participants to log on and off as desired, completing the questionnaires at their leisure over a period of two weeks. Each questionnaire completed earned the participant points that could be entered into a variety of different prize draws. At the completion of all surveys, or at the end of two weeks, access to the surveys was removed, and participants were e-mailed a thank-you message and a debriefing form.

Results

Descriptive analyses

Those in same-sex versus mixed-sex romantic relationships were compared on all measures using a series of *t*-tests (see Table 2). As hypothesized, those in same-sex relationships perceived significantly less support for their relationship from their parents, compared to those in mixed-sex relationships ($t(345) = 5.75, d = .55$). Those in same-sex relationships also perceived slightly less overall support for their relationship ($t(456) = 3.47, d = .34$); however, they perceived slightly *more* support from their friends ($t(456) = -4.28, d = .42$). The two groups did not differ in relationship well-being or physical health measures. For mental health, the groups had similar levels of depression, but those in same-sex relationships were slightly less anxious ($t(456) = 3.07, d = .30$) and less stressed ($t(456) = 3.27, d = .31$) than those in mixed-sex relationships. Finally, the two groups did not differ in social support, or, surprisingly, on support for their sexual orientation. (Note that only those network members who knew of participants' sexual orientation could be included in this score; same-sex participants might have concealed their orientation from those whom they expected to disapprove. The percentage of network members rated as not knowing participants' sexual orientation ranged from 0% to 100%, but averaged only 3.5%.)

Preliminary analyses

Before proceeding to the main analyses, two preliminary analyses were performed. First, if a large proportion of the 458 participants were in relationships with each other, then violations of the assumption of independence of observations might occur (Kenny, Kashy, & Cook, 2006). Participants provided codes that allowed matching of couples' data; these codes indicated that the 458 participants included 51 couples (i.e., 102 individuals, or 22% of the sample). Kenny, Kashy and Bolger (1998) suggest that intra-couple correlations that exceed $r = .45$ represent consequential non-independence (i.e., statistical dependence that is strong enough to affect

results substantially). All variables in Table 2 were correlated within the 51 couples, and only one (love) exceeded this .45 cutoff, at $r = .47$. As the majority of variables do not show consequential non-independence, and as over three-quarters of the data stem from independent observations, it seemed appropriate to treat the observations as independent. (Note that all results remain identical, whether participants in couples are included or excluded.)

Second, although those in same-sex and mixed-sex relationships appeared fairly similar on the model variables, they did differ significantly on five demographic variables. It is difficult to interpret group differences in light of demographic confounds. Therefore, to control for demographic differences, three regression equations were run, in which the three measures of perceived social support for the relationship were the criterion variables, and the five demographic variables that showed between-group differences were the predictor variables. The residuals from these regression equations were saved. These residualized variables can be thought of as “purified” measures of perceived support for the relationship, with the effects of the demographic variables removed; they are the variables used in all subsequent analyses. (Note that the demographic variables were not strong predictors of the support variables, collectively accounting for between 4.9% and 7.2% of the variance in the three support variables. Also note that all results remain identical, whether the residualized or the original variables are used.)

The appendix provides intercorrelations amongst measures used in the main models. In general, the pattern of correlations was as expected, except that parental support for the relationship did not correlate strongly with any other variable, for either group.

Confirmatory factor analysis

All analyses were completed using Maximum Likelihood Estimation in EQS 5.1. A confirmatory factor analysis (CFA) was first completed on a random half of the full sample, to ensure all variables in the model were loading onto the hypothesized factors, as shown in Table 2. Initial analyses indicated that the support from parents measure had a very low factor loading (.27) on the Support factor. Therefore, in a second set of analyses, Support was divided into two factors, one representing overall support and support from friends, and the other representing support from parents. In this five-factor CFA, however, support from parents was linearly dependent on other variables, and a Wald test indicated that the parental support variable should be dropped. Thus, a decision was made to drop the parental support variable from the model.

Once parental support was removed, the CFA showed good fit between the measurement model and the data (see Table 3). Furthermore, the fit replicated well when the factor structure was applied to the second random half of the dataset. Thus, with the exception of parental support, which did not correlate strongly with other support variables (or, indeed, with any other variable in the dataset; see appendix), the indicator variables loaded

TABLE 3
Fit statistics for all models, full sample

Model	χ^2 (df)	CFI	GFI	RMSEA
CFA				
1st half	107.65 (32)	.94	.92	.10
2nd half	90.67 (32)	.94	.93	.09
Full sample	149.28 (32)	.95	.94	.09
Structural				
1st half	72.40 (31)	.97	.94	.08
2nd half	66.19 (31)	.97	.95	.07
Full sample	91.63 (31)	.97	.96	.07

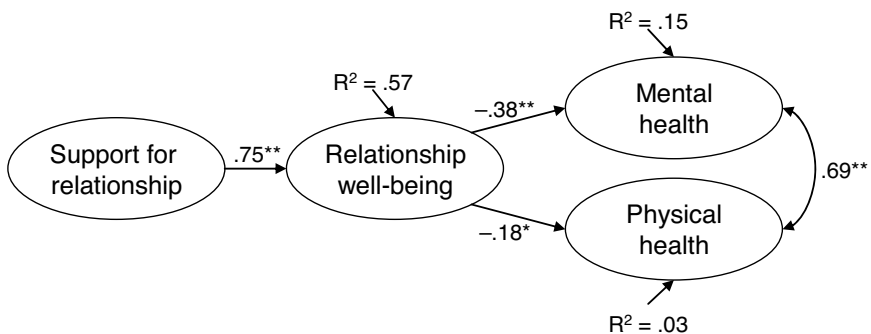
Note: CFA = confirmatory factor analysis; CFI = comparative fit index; GFI = goodness of fit index; RMSEA = root mean squared error of approximation.

onto factors precisely as expected. Table 2 presents factor loadings of each variable onto its respective factor for the full sample. (Note that the RAND measure of general physical health has a negative factor loading, as it is scored in the opposite direction to the CHIPS measure of physical symptoms. Higher scores indicate better physical health on the former measure, and worse health on the latter.)

Structural model: Overall sample

The hypothesized structural model, as outlined in Figure 1, was first tested on a random half of the full sample. As can be seen in Table 3, the model fit the data well for the first random half, and replicated successfully in the second random half. The hypothesized model as outlined in Figure 1 fit the full sample very well; see Figure 2 for standardized path coefficients and R² values. As hypothesized, higher levels of perceived support for a relationship predicted better relationship well-being, which, in turn, predicted better

FIGURE 2
Structural model for the full sample, showing standardized path coefficients



Note: * $p < .005$; ** $p < .001$.

mental and physical health. (Note that the latter path coefficients were negative, because these variables were coded such that higher scores reflect greater mental and physical health problems.)

Structural models: Comparing groups

The next question was whether the hypothesized model applied equally well to those in mixed-sex versus same-sex relationships. The structural model, as outlined in Figure 1, was first run for each group separately, and fit the data well for both (see Table 4). Furthermore, a comparison model was run, in which all factor loadings, path coefficients, and correlations between factors were constrained to be equal across the two groups. This comparison model also fit the data well (see Table 4), indicating that the model applied equally to both groups. Figure 3 shows all model values for the two groups. The same pattern seen in the full sample applies to each group: better perceived social support for the relationship predicts better relational well-being, which in turn predicts better mental and physical health.

Exploring alternative explanations

General social support, and support for one's sexual orientation, both serve as potential alternative explanations, variables that could potentially account for the apparent effects of the support for the relationship variables. To explore these potential alternatives, the same method used to control for demographic group differences was employed. Two multiple regression analyses were run, in which the support for the relationship variables (overall, and from friends) were the criterion variables, and the predictor variables were the five demographic variables, plus the three general support variables. The residuals from these regression analyses were saved. In this manner, "purified" versions of the support for the relationship variables were created, from which any overlapping variance with general social support had been removed. Using similar procedures, purified variables removing the effects of social network support for participants' sexual orientation were also constructed.

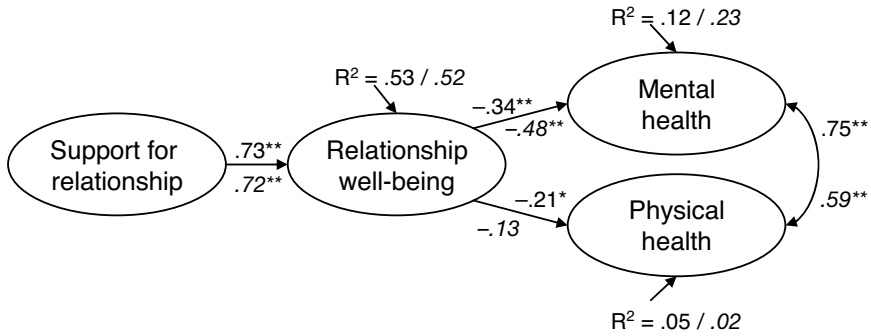
All analyses were then rerun, using these new variables. If the alternative variables were truly the important ones, then the support for the relationship

TABLE 4
Fit statistics for all models, comparing relationship types

Model	χ^2 (df)	CFI	GFI	RMSEA
Relationship type				
Mixed-sex	63.04 (31)	.98	.96	.06
Same-sex	84.23 (31)	.94	.92	.10
Comparison model	168.54 (72)	.96	.93	.08

Note: CFI = comparative fit index; GFI = goodness of fit index; RMSEA = root mean squared error of approximation.

FIGURE 3
Structural model for the two groups



Note: Standardized coefficients for those in mixed-sex relationships are above the lines, in plain text; values for those in same-sex relationships are below the lines, in italics.
* $p < .005$; ** $p < .001$.

variables should have very little predictive power left, once the alternative variables have been controlled for. This low predictive power should manifest in a low and non-significant path coefficient between the latent variables Support for Relationship and Relationship Well-being, and a poor overall fit to the model.

Results of the alternative models are shown in Table 5. When the controls are added, the key path coefficient remains strong and highly significant, the R^2 values remain substantial, and overall model fit is not impaired. Thus, the

TABLE 5
Fit statistics for alternative models

Model	Path coefficient	R^2 rel. WB	χ^2 (df)	CFI	GFI	RMSEA
Controlling for general social support						
CFA	N/A	N/A	139.71(32)	.95	.95	.09
Structural full sample	.68**	.46	81.67(31)	.98	.97	.06
Mixed-sex group	.62**	.38	52.65(31)	.98	.96	.05
Same-sex group	.70**	.48	82.76(31)	.94	.94	.07
Comparison model	N/A	N/A	158.19(72)	.96	.94	.07
Controlling for support for orientation						
CFA	N/A	N/A	148.27(32)	.95	.94	.09
Structural full sample	.75**	.57	90.18(31)	.97	.96	.07
Mixed-sex group	.72**	.52	62.12(31)	.98	.96	.06
Same-sex group	.74**	.55	83.32(31)	.94	.92	.10
Comparison model	N/A	N/A	167.54(72)	.96	.93	.08

Note: Path coefficient = path linking support for relationship and relationship well-being; Rel. WB = relationship well-being; CFI = comparative fit index; GFI = goodness of fit index; RMSEA = root mean squared error of approximation.
** $p < .001$.

potential alternative explanations do not seem to apply; perceived support for the relationship strongly retains its predictive power, even when general social support or support for sexual orientation are controlled.

Discussion

The purpose of this study was to investigate the predictive power of perceived social support for a relationship on relationship well-being and, in turn, on the mental and physical health of the individuals within the relationship. Furthermore, we wished to investigate whether there were differences in these associations in same-sex and mixed-sex romantic relationships. The results indicate that social support for a relationship is indeed an important predictor not only of relationship well-being, but also of the personal well-being of the individuals within the relationship, and that these associations function in a similar fashion regardless of the nature of the relationship.

Structural model for the full sample

Once parental support was removed from the analysis, the hypothesized model fit the data from the overall sample extremely well (see Figure 3). All path coefficients for the model were significant and in the hypothesized directions. Specifically, perceived social support for the relationship was very strongly associated with relationship well-being, accounting for 57% of its variance. In turn, relationship well-being was moderately associated with mental health and weakly associated with physical health, explaining 15% and 3% of the variance in these constructs, respectively.

The very large amount of variance in relationship well-being accounted for by support for the relationships echoes the results of past research (Felmlee, 2001; Sprecher & Felmlee, 2000) in emphasizing that relationships do not function in isolation, but are part of larger social networks, whose opinions and support are important aspects of predicting relationship well-being. Although a significant portion of the variance in both mental and physical health was accounted for by the model, the effect for mental health was clearly much stronger. Still, the current study examined a group that was, on average, relatively young, healthy, in satisfying long-term relationships, and that showed high levels of social support for those relationships. In such an environment, having even 3% of the variance in physical health accounted for actually seems quite respectable.

Same-sex versus mixed-sex relationships

No group differences in the model were observed: the hypothesized model applied equally well to mixed-sex as to same-sex relationships, and the comparison model had strong fit indices. Looking at Figure 3, it is apparent that perceived support for the relationship is neither more nor less important in predicting relationship well-being, for either group. Of course, as can be seen in Table 2, both groups reported very high, and broadly similar, levels of perceived support on the variables in the model. It is possible that

different results might be found in sub-populations where those in same-sex relationships experience very strong rejection from their social networks (e.g., religions, cultures, or countries where homosexuality is not considered acceptable). Furthermore, one of our measures of social support explicitly assessed the behaviours of friends, while the other assessed overall support, of which friends might have formed a highly salient component. Individuals are free to choose their friends, and thus may consciously construct a network of friends who support their relationship, by systematically excluding any who display signs of disapproval. Future research should perhaps examine other potential sources of support for a relationship (e.g., family beyond parents, colleagues). These network members are less open to choice than friends, so any negative attitudes might potentially be more difficult to avoid. In the context of less-voluntary social networks, different results might potentially emerge for the two groups.

On the other hand, Lehmiller and Agnew (2006, 2007) found that those in non-traditional (e.g., same-sex, mixed-race, age-discrepant) relationships perceived their relationships to be substantially more marginalized than those in more traditional relationships. Moreover, perceived marginalization did predict relationship commitment and stability, however, the effect size was quite similar in both the traditional and non-traditional relationship groups. Thus, it seems plausible that even when those in same-sex and mixed-sex relationships differ in terms of the mean levels of certain variables, the underlying relationship processes (i.e., how those variables interconnect) may nevertheless be very similar across groups (see also Kurdek, 2004).

Support from parents versus friends

As hypothesized, participants in same-sex relationships reported receiving less parental support than those in mixed-sex relationships; however, this difference was not large. Both groups reported receiving only moderate levels of parental support for their relationships, as opposed to the very strong support they received from their friends. However, this parental support (or lack thereof) did not seem to be especially important for any of our respondents. The parental support variable did not correlate strongly with any of the outcome measures in the study, for either group, and therefore had to be deleted from the model.

It is possible that this finding is a substantive one. The current sample was largely composed of slightly older individuals in established relationships, as compared to the younger, university student samples utilized in previous studies (e.g., Sprecher & Felmlee, 1992, 2000). Parental opinion may indeed matter very little to the current study's respondents. It is also possible, however, that this study's parental support measure was inadequate. The measure focused on specific behaviours reflecting (dis)approval and it is possible that these behaviours did not adequately capture perceptions of parental feelings. A more subjective measure that focuses on overall impressions of parental approval/disapproval, might have correlated more strongly with the other variables investigated. Still, the measure was based on previous research (Leslie et al., 1986), showed excellent internal consistency,

good reliability across parents, and was almost identical to the friends' measure (which worked well in the model). All of these factors suggest the measure might have been adequate, and parental support is simply not very influential in predicting relational, mental, and physical well-being. Clearly, more work is needed before such a statement can be made definitively.

Alternative explanations

Neither general social support nor support for one's sexual orientation seemed to provide alternative explanations for the results found. When general social support was taken into account, there was some effect: the strength of the path coefficient between support for relationship and relationship well-being was reduced (e.g., from .75 to .68; R^2 from .57 to .46 in the full sample). Support for relationship, however, remained a very strong predictor of relationship well-being, over and above the effects of general social support. General social support does predict relationship well-being, but support specifically for the relationship predicts it even better.

Support for one's sexual orientation showed little importance as a control variable. Neither the key path coefficient nor the R^2 of relationship well-being were noticeably reduced when support for orientation was taken into account. Unfortunately, the available measure of support for sexual orientation, although high in face validity, was probably not ideal. As noted briefly, the rating was only provided for network members who knew the participant's sexual orientation; thus, individuals to whom the respondents were not "out" were excluded from the average score, likely inflating it somewhat.

Also, our sample does not consist of young teenagers struggling to come to terms with their sexual identity; instead, our participants are mostly individuals in their 30s, who have been in a same-sex relationship for several years. It is quite plausible that our participants cut individuals who completely disapproved of their sexual orientation out of their active social network years ago. Therefore, there may be little variability in approval of their basic sexual orientation left within their social networks. Instead, what varies is how supportive network members are of their particular current relationship.

It might be fruitful, however, to investigate the predictive power of general societal support for a relationship, beyond the immediate social network. Lehmiller and Agnew (2007) found general societal support for a relationship to be a very poor predictor of relational outcomes. Further investigation of the alternative explanations, employing well-validated, reliable measures of general social support and support for one's sexual orientation, is still required.

Strengths and limitations

This study has a number of strengths. It is the first to systematically examine support for a relationship, relational well-being, and physical and mental health within a single model. It uses multiple reliable and usually well-validated measures of each construct, while controlling for error variance,

thereby providing a more accurate assessment of the true magnitude of the interconnections of the constructs than any bivariate correlations between observed measures can provide (Kline, 2005). It moves beyond samples of heterosexual student or single community volunteers, to include reasonably-sized, geographically-diverse groups of those in *both* mixed-sex and same-sex relationships. The two groups were well-matched in terms of relationship length, seriousness, and well-being. Other demographic differences between the groups were statistically controlled, allowing for clean, non-confounded comparisons. The anonymity and privacy of the on-line format allowed participation from gay and lesbian individuals who were not fully out of the closet or comfortable with their sexual identity; more so than in-person recruitment at gay and lesbian social settings or organizations would.

Of course, the study also has several limitations. In terms of the sample, respondents were disproportionately female. Our experience has been that men are more challenging to recruit than women for most research, and especially research on relationships. Previous qualitative research has hinted that gay men might be more capable than lesbians of insulating themselves from the negative effects of low social support and disapproval (LaSala, 1998; Murphy, 1989; Rostosky et al., 2004). A larger, more gender-balanced sample that would have allowed comparisons across all four groups (i.e., male/female by same-sex/mixed-sex relationship) would have been desirable.

The sample was also relatively young when compared to the general population, white, and well-educated. Although this demographic composition does apply to other internet studies, it applies equally strongly to many traditional psychology studies (Gosling, Vazire, Srivastava, & John, 2004), and to other studies of those in same-sex relationships collected using traditional survey methods (e.g., Bryant & Demian, 1994). Finally, respondents were mostly in quite serious relationships, and missing data analyses suggested that those who completed the full study were in more serious relationships than those who did not. Results may well differ in shorter-term or less-serious relationships.

Turning to the measures, the need for better-validated measures of parental support, general support, and support for sexual orientation has already been noted. We of course only have participants' perceptions of social network support, not more objective measures of actual support. Despite this caveat, even if perceptions of support were significantly different than actual levels of support offered by the social network, it is likely to be the perceptions that would have a greater impact on relationship well-being, mental and physical health. Future research may also wish to include more objective, physiological indicators of physical health. However, self-reported health does seem to be an important correlate/predictor of a variety of health outcomes (Coman & Richardson, 2006).

In terms of the methodology, we did not collect participants' IP addresses. It is therefore possible that some participants took part in the study multiple times, although the length of the survey makes it seem unlikely. Participants, being anonymous, could also in theory have responded quickly

or haphazardly, simply to gain points towards prize draws; however, the strong reliability indices and factor loadings do not suggest careless responding, and research suggests such careless responding is not a major issue in internet studies (Gosling et al., 2004).

Of course, the largest limitation of the current study is that faced by all cross-sectional research using structural equation modelling: simply because the hypothesized model fits the data well does not mean that other, alternative models would not fit the data just as well. Structural equation modelling simply assesses whether a theoretical model matches the pattern of correlations seen in the dataset. Any theoretical model that specifies variables loading onto the factors shown, allows support for the relationship to correlate with relationship well-being, and allows mental health to correlate with physical health, shows an acceptable fit to these data, as those are the strongest patterns of correlations to be found in the correlation matrix.

In particular, it is possible, and even likely, that the links presented in the current study could in fact be bidirectional. The entire causal flow could easily be reversed: individuals who are personally happy and healthy are better able to build well-functioning romantic relationships; seeing their loved ones happy, healthy, and in a good relationship, social network members then give the relationship their stamp of approval. Cross-sectionally, such a theoretical model fits these data just as well as the reverse model tested here. Longitudinal research would be beneficial to help tease apart whether social network support precedes or follows relational well-being and health indicators over time.

Nevertheless, while it is certainly not the only possible model, the current model is logically sound, parsimonious, consistent with past research, and provides an excellent fit to the data at hand. Other models are absolutely possible, but the one outlined here seems to be empirically well-supported.

Future directions and conclusions

Future research in this area would benefit greatly from a longitudinal perspective. Does social network support precede or follow reported relationship well-being (or both)? How do people cope over time with a lack of social network support for their relationship? Do they distance themselves from unsupportive network members, physically or emotionally? Will those who do so fare better over time, in terms of relational well-being and health outcomes? Will continued disapproval of a relationship from network members carry with it greater cumulative relational and health risks over time? Studies on these issues are planned, using the current sample.

Furthermore, more research into the exact nature of social network approval/disapproval would be valuable. Social network members may disapprove of a potential match for reasons to do with the partner's group membership (e.g., disapproval of partner's race or religion), the partner as an individual (e.g., dislike of partner's personality), the match between the potential partner and the loved one (e.g., perceived mismatch in the couple's habits), or the characteristics of the loved one (e.g., too immature to commit). In all of these cases, social network disapproval is likely to add

strain to the relationship, with associated changes to mental and physical health. In some cases, however, the network's objections may be quite valid, and the loved one would indeed do better to look elsewhere. In such cases, ending the relationship might actually be the most desirable solution to resolving the network/relationship conflict.

More research is clearly needed to understand why network members approve/disapprove of certain romantic relationships, what coping mechanisms individuals employ (e.g., distancing oneself from social network; distancing oneself from partner), and which of these coping mechanisms are best for individual and relational well-being, in both the short and long term. Same-sex relationships are a particularly fruitful domain in which to study these issues, as one is likely to obtain a mixture of network members who approve/disapprove of the relationship for different reasons (i.e., some based on sex of the partner alone, others based on more individual reasons). Understanding how judgements of network members' relationships are made, communicated, evaluated, and responded to, is definitely an important area to investigate, as social network members' support is such a strong predictor of relational well-being.

Clearly, there are a multitude of topics remaining to be studied relevant to social support of relationships. While same-sex relationships may often, as they did in this study, turn out to be very similar to mixed-sex relationships, it is important that a diverse sample of relationships be studied whenever possible, so as to create a literature that is inclusive, and speaks to the experiences of the many, including the few.

REFERENCES

- Berger, C. R. (1979). Beyond initial interaction: Uncertainty, understanding, and the development of interpersonal relationships. In H. Giles & R. St. Clair (Eds.), *Language and social psychology* (pp. 122–144). Oxford: Blackwell.
- Billings, A. G., & Moos, R. H. (1982). Social support and functioning among community and clinical groups: A panel model. *Journal of Behavioral Medicine*, 5, 295–311.
- Bryant, A. S., & Demian. (1994). Relationship characteristics of American gay and lesbian couples: Findings from a national survey. *Journal of Gay and Lesbian Social Services*, 1(2), 101–117.
- Bryant, C. M., & Conger, R. D. (1999). Marital success and domains of social support in long-term relationships: Does the influence of network members ever end? *Journal of Marriage and the Family*, 61, 437–450.
- Campbell, L., Simpson, J. A., Boldry, J., & Kashy, D. A. (2005). Perceptions of conflict and support in romantic relationships: The role of attachment anxiety. *Journal of Personality and Social Psychology*, 88, 510–531.
- Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine*, 38, 300–314.
- Cohen, S., & Hoberman, H. M. (1983). Positive events and social supports as buffers of life change stress. *Journal of Applied Psychology*, 13, 99–125.
- Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 385–396.
- Cohen, S., & Wills, T. A. (1985). Stress, social support and the buffering hypothesis. *Psychological Bulletin*, 98, 310–357.

- Coman, L., & Richardson, J. (2006). Relationship between self-report and performance measures of function: A systematic review. *Canadian Journal on Aging, 25*, 253–270.
- Driscoll, R., Davis, K., & Lipetz, M. E. (1972). Parental interference and romantic love. *Journal of Personality and Social Psychology, 24*, 1–10.
- Felmlee, D. (2001). No couple is an island: A social network perspective on dyadic stability. *Social Forces, 79*, 1259–1287.
- Gosling, S. D., Vazire, S., Srivastava, S., & John, O. P. (2004). Should we trust web-based studies? A comparative analysis of six preconceptions about internet questionnaires. *American Psychologist, 59*(2), 93–104.
- Hendrick, S. (1988). A generic measure of relationship satisfaction. *Social Psychology Quarterly, 50*, 93–98.
- Kenny, D. A., Kashy, D. A., & Bolger, N. (1998). Data analysis in social psychology. In D. Gilbert, S. Fiske & G. Lindzey (Eds.), *Handbook of social psychology* (4th ed., Vol. 1, pp. 233–265). Boston, MA: McGraw-Hill.
- Kenny, D. A., Kashy, D. A., & Cook, W. L. (2006). *Dyadic data analysis*. New York: Guilford.
- Kiecolt-Glaser, J. K., & Newton, T. L. (2001). Marriage and health: His and hers. *Psychological Bulletin, 127*, 472–503.
- Kline, R. B. (2005). *Principles and practice of structural equation modeling* (2nd ed.). New York: Guilford.
- Kurdek, L. A. (1997). Adjustment to relationship dissolution in gay, lesbian and heterosexual partners. *Personal Relationships, 4*, 145–161.
- Kurdek, L. A. (2004). Are gay and lesbian cohabiting couples really different from heterosexual married couples? *Journal of Marriage and the Family, 66*, 880–900.
- Kurdek, L. A., & Schmidt, J. P. (1987). Perceived support from family and friends in members of homosexual, married, and heterosexual cohabiting couples. *Journal of Homosexuality, 14*, 57–68.
- LaSala, M. C. (1998). Coupled gay men, parents, and in-laws: Intergenerational disapproval and the need for a thick skin. *Families in Society, 79*, 585–595.
- Lehmiller, J. J., & Agnew, C. R. (2006). Marginalized relationships: The impact of social disapproval on romantic relationship commitment. *Personality and Social Psychology Bulletin, 32*(1), 40–51.
- Lehmiller, J. J., & Agnew, C. R. (2007). Perceived marginalization and the prediction of romantic relationship stability. *Journal of Marriage and the Family, 69*(4), 1036–1049.
- Leslie, L. A., Huston, T. L., & Johnson, M. P. (1986). Parental reactions to dating relationships: Do they make a difference? *Journal of Marriage and the Family, 48*, 57–66.
- Lewis, R. A. (1973). Social reactions and the formation of dyads: An interactionist approach to mate selection. *Sociometry, 36*, 409–418.
- Murphy, B. C. (1989). Lesbian couples and their parents: The effects of perceived parental attitudes on the couple. *Journal of Counselling and Development, 68*, 46–51.
- Pierce, G. R., Sarason, B. R., & Sarason, I. G. (1992). *Handbook of social support and the family*. New York: Plenum.
- Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general public. *Applied Psychology Measures, 1*, 385–401.
- RAND Corporation. (2006). *Medical outcomes study: 36-item short form survey*. Retrieved from http://www.rand.org/health/surveys_tools/mos/mos_core_36item.html
- Rempel, J. K., Holmes, J. G., & Zanna, M. P. (1985). Trust in close relationships. *Journal of Personality and Social Psychology, 49*, 95–112.
- Ross, L. T., Lutz, C. J., & Lakey, B. (1999). Perceived social support and attributions for failed support. *Personality and Social Psychology Bulletin, 25*, 896–908.
- Rostosky, S. S., Korfhage, B. A., Duhigg, J. M., Stern, A. J., Bennett, L., & Riggle, E. D. B. (2004). Same-sex couples' perceptions of family support: A consensual qualitative study. *Family Process, 43*, 43–57.
- Rubin, Z. (1970). Measurement of romantic love. *Journal of Personality and Social Psychology, 16*, 265–273.

- Rusbult, C. E. (1983). A longitudinal test of the Investment Model: The development (and deterioration) of satisfaction and commitment in heterosexual involvements. *Journal of Personality and Social Psychology*, 45, 101–117.
- Smith, R. B., & Brown, R. A. (1997). The impact of social support on gay male couples. *Journal of Homosexuality*, 33, 39–61.
- Spielberger, C. D. (1983). *State-Trait Anxiety Inventory administration manual*. Palo Alto, CA: Consulting Psychologists Press.
- Sprecher, S., & Felmlee, D. (1992). The influence of parents and friends on the quality and stability of romantic relationships: A three-wave longitudinal investigation. *Journal of Marriage and the Family*, 54, 888–900.
- Sprecher, S., & Felmlee, D. (2000). Romantic partners' perceptions of social network attributes with the passage of time and relationship transitions. *Personal Relationships*, 7, 325–340.
- Tolpin, L. H., Cohen, L. H., Gunthert, K. C., & Farrehi, K. C. (2006). Unique effects of depressive symptoms and relationship satisfaction on exposure and reactivity to daily romantic relationship stress. *Journal of Social and Clinical Psychology*, 25, 565–583.
- Uchino, B. N., Cacioppo, J. T., & Kiecolt-Glaser, J. K. (1996). The relationship between social support and physiological processes: A review with emphasis on underlying mechanisms and implications for health. *Psychological Bulletin*, 119, 488–531.
- Uchino, B. N., Holt-Lunstad, J., Smith, T., & Bloor, L. (2004). Heterogeneity in social networks: A comparison of different models linking relationships to psychological outcomes. *Journal of Social & Clinical Psychology*, 23(2), 123–139.
- Waite, L. J. (1995). Does marriage matter? *Demography*, 32, 483–507.

APPENDIX
Intercorrelations amongst measures, by relationship type

	1	2	3	4	5	6	7	8	9	10	11
1. Satisfaction	—	.51**	.66**	-.33**	-.47**	-.43**	-.14	.05	.54**	.31**	.09
2. Love	.60**	—	.40**	-.00	-.08	.02	.02	-.04	.33**	.24**	-.00
3. Trust	.72**	.46**	—	-.14	-.29**	-.29**	-.14	.06	.45**	.22	.08
4. Depression	-.20**	-.04	-.25**	—	.73**	.70**	.59**	-.47**	-.26**	-.20	.04
5. Anxiety	-.26**	-.08	-.30**	.71**	—	.87**	.44**	-.38**	-.34**	-.14	.04
6. Stress	-.28**	-.08	-.28**	.70**	.81**	—	.48**	-.43**	-.28**	-.16	.05
7. Symptoms	-.14	-.01	-.16	.61**	.56**	.59**	—	-.71**	-.10	-.10	.09
8. General health	.18	.11	.16	-.45**	-.46**	-.49**	-.61**	—	.07	.15	-.13
9. Overall support	.47**	.34**	.51**	-.27**	-.34**	-.29**	-.29**	.21**	—	.36**	.16
10. Friends' support	.36**	.18	.36**	-.09	-.13	-.16	-.02	.07	.43**	—	.03
11. Parental support	.01	.07	-.01	.01	-.11	-.04	.04	-.04	.20**	-.08	—

Note. Correlations for those in same-sex relationships appear above the diagonal; correlations for those in mixed-sex relationships appear below the diagonal. Due to the large number of correlations, only those significant at $p < .001$ are indicated with asterisks.
** $p < .001$.