## ASHLEY K. RANDALL AND PAMELA J. LANNUTTI

There are many reasons why we – Ashley K. Randall and Pamela Lannutti – embarked on this collaborative project. For context, our academic careers are focused on trying to understand the aspects of human romantic relationships that have beneficial outcomes, especially in times of distress. For close to 20 years, we have attended countless research presentations and read innumerable studies related to people's well-being as individuals and in relationships. Despite the notable advancements in our fields (Family Studies and Human Development and Communication, respectively), we acknowledge the limited representation in our scholarship. For example, most of the research on romantic relationships has ignored important aspects of one's identity, that include but are not limited to sexual orientation, gender diversity, and geographical location (for a more in-depth discussion see Curran & Randall, 2023).

Within the available research that includes sexual minority (SM)<sup>1</sup> and gender diverse (GD)<sup>2</sup> individuals, most studies focus on people who identify as cisgender *and* gay or lesbian, therefore under-representing the experiences of transgender people, nonbinary people, and those who do not identify as gay or lesbian, such as bisexual individuals (Pollitt et al., 2022). Additionally, most research with SMGD samples are from Western cultures and are predominately comprised of Western, Educated, Industrial, Rich, and Democratic (WEIRD) samples (e.g., Muthukrishna et al., 2020), that left us

<sup>&</sup>lt;sup>1</sup> According to the Center for Disease Control and Prevention (February 20, 2024), sexual minority refers to individuals who identify as gay, lesbian, or bisexual, or who are attracted to or have sexual contact with people of the same gender.

<sup>&</sup>lt;sup>2</sup> According to the Center for Disease Control and Prevention (February 20, 2024), gender minority refers to individuals whose gender identity (man, women, other) or expression (masculine, feminine, other) is different from their sex (male, female) assigned at birth. Here we define gender diverse individuals as an umbrella term, that includes gender minority individuals and those who identify outside the gender binary of man and woman.

viscerally feeling gaps in the literature that have been confirmed in systematic literature reviews (Afifi & Cornejo, 2020; Williamson et al., 2022).

Conversations such as the one just described, along with musings of excellent reality television recommendations (okay, this was mostly AKR offering her analysis to PJL), were forefront in late 2020 and into early 2021. These were during a time when most, if not all, of us were continuing to cope with the ongoing COVID-19 pandemic and racism syndemic that hit the United States of America (USA) and beyond (American Psychological Association, 2020), following the murders of George Floyd and Breonna Taylor. Acknowledging the systemic injustices that were plaguing the world, we were left with a strong desire to promote diversity and inclusivity in relationship science. As such, we set to pull together a team of international colleagues to study the lived experience of SM and GD individuals; research that laid the foundation for this edited volume.

The multi-nation study titled *The Lived Experiences of Sexual Minority and Gender Diverse Individuals Multi-Nation Project* (hereafter SMGD-MN; https://osf.io/x34db/) and this edited volume represent our attempt to help bridge the gap in the current literature and broaden our existing knowledge base of SM and GD individuals who are partnered and in a romantic relationship. Our goal in this book is to understand the oppression faced by SMGD individuals in a variety of nations, to track progress made toward acceptance, support, and protection of SMGD individuals in many of those nations and discuss how new data we present can be combined with understanding gained from existing data to point to pathways for improving the individual and relational well-being of SMGD people across the globe.

Researchers from various fields participated in the development of the SMGD-MN project, that included data from Austria, Belgium, Brazil, Germany, India, Indonesia, Ireland, Italy, Malaysia, the Netherlands, Portugal, Switzerland, Thailand, Türkiye, and the United States. While colleagues from Belgium, Germany, Ireland, the Netherlands, and Thailand chose not to participate in the edited volume, this volume includes an in-depth discussion on the lived experiences of SMGD individuals across 12 nations with a particular focus on understanding challenges and areas of resilience, especially in the forms of social support and dyadic coping. In this introduction, we will provide a brief background about the SMGD-MN study and the context in which the study and this volume was created, discuss key theoretical frameworks and terminology, and provide an overview of the chapters and their content.

## THE SMGD-MN STUDY

The SMGD-MN study is a multi-nation examination of the individual and relational well-being of SMGD individuals, as well as factors that influence both types of well-being. We served as principal investigators (PIs) on the

project, wherein we facilitated the process of study development and implementation. Each country had a PI (or PIs) and their research teams were responsible for the translation of measures (if needed), data collection, cleaning, and processing. Thus, the SMGD-MN project was multi-layered in terms of development, implementation, and team composition (from undergraduate students to full professors) and laid the foundation for both withinnation and cross-nation collaboration and mentorship.

## Theoretical Foundations

The SGM-MN study is grounded in application of intersectionality (Crenshaw, 1991), minority stress (Brooks, 1981; Meyer, 2003; Rostosky & Riggle, 2017), and partner support and dyadic coping (Bodenmann et al., 2016). Specific to intersectionality, a key focus of this book is highlighting the context in which SM and GD people live their lives. Throughout the book, we encouraged the authors to explore the specific landscape for lived experiences for SMGD people by presenting the history of events and policies that (negatively) impact SM and GD people as well as the current socio-political context in each country.

Bearing in mind the intersection of sexual orientation, gender identity, and context/geographical location, the SMGD-MN study was grounded in the notion that SM and GD individuals experience disproportionate rates of stress due to their marginalized status in society (Brooks, 1981). Indeed, throughout the chapters, readers will be able to identify and define the different types of minority stress, understood as chronic psychological stress because of belonging to a stigmatized group, that is negatively associated with individual and relational well-being (Meyer, 1995, 2003; Rostosky & Riggle, 2017).

Good relationships keep us healthier and happier (Waldinger & Schulz, 2023). While the mere presence of a romantic partner can help alleviate symptoms of distress (Han et al., 2021), scholars also have identified key partner behaviors that promote a high quality and satisfying relationship (see Ogolsky & Monk, 2019). One such behavior is *dyadic coping* or the ways in which partners cope together during times of distress (Randall & Messerschmitt, 2019). According to the systemic transactional model (STM; Bodenmann et al., 2016), partners' experiences of stress and associated coping response are interdependent; such that stress that originates outside the relationship (external stress) can spillover into the relationship, causing relational distress (internal stress), if not mitigated. As such, it is important that partners (verbally) communicate their stress to one another and offer support to reduce symptoms of distress by engaging in emotion-focused (i.e., empathy) or problem-focused (i.e., problem solving) dyadic coping.

While the application of the STM and examination of dyadic coping have been applied in different countries and contexts (e.g., Falconier et al., 2015;

Hilpert et al., 2016; Randall et al., 2022), there is limited research that has examined how SM and GD partnered individuals may cope together with experiences of minority stress (see Randall et al., 2017; Sarno et al. 2021 as exceptions). As such, a notable goal of the SMGD-MN project and this volume is to highlight the important role one's romantic partner can play in living a healthy and satisfying life, despite its challenges.

# Terminology

The terms "sexual minority" (SM) and "gender diverse" (GD) people refer to the samples represented in this volume. You may be more familiar with this population being referred to using other terms, such as the lesbian, gay, bisexual, transgender, queer, and other sexual and gender minority (LGBTQ +) community. As you will read throughout the chapters focusing on various countries, there is great variability across nations in how sexual orientation and gender identity are both labeled and understood.

Given such variations, we felt the use of "SMGD" is the most accurate and inclusive term for the voices represented in this volume. However, in cases where more specific terminology (such as lesbian cisgender woman) is needed to most accurately refer to either information from previous literature or data being newly presented in this book, authors were encouraged to use specific terms. We also wish to recognize the importance of avoiding conflating sexual orientation and gender diversity with each other. It should be noted that the relatively small samples sizes of GD individuals meant that authors chose to highlight findings from the SM and GD samples in their nation separately from each other. Throughout the volume, we have worked with the authors to consider both the uniqueness and intersectionality of SM and GD identities with other identities such as race, ethnicity, and nationality.

#### CONTENTS OF THE VOLUME

Chapter 1 provides an overview of considerations when conducting multination research, focusing on research with SMGD communities specifically. Using experiences from the SMGD-MN study as a foundation, the chapter provides a non-exhaustive list of best practices across the research process, starting from the first steps of posing research questions, defining methods, and forming a multi-nation research team through the practical challenges of the research process, such as questions of cross-cultural reliability and validity of the chosen methods, and challenges of recruitment and data collection. The chapter discusses methodological aspects, including missing data analysis and common analytical procedures, such as multilevel modeling. Throughout the

chapter, the authors emphasize the importance of reflectivity in establishing the validity and integrity of the research.

Chapters 2–11 each focus on the lived experiences of SM and GD individuals living in a specific nation (Austria, Brazil, India, Indonesia, Italy, Malaysia, Portugal, Switzerland, Türkiye, and the United States). Each chapter discusses the history, policies, current socio-cultural context, and insights based on SMGD-MN data related to the individual well-being, relational well-being, social support, and dyadic coping for SMDG individuals living in a specific nation. Chapters 12 (Nigeria) and 13 (South Africa) examine the lived experiences and relationships of SMGD people in a specific nation with an eye toward liberation. Specifically, the authors of these chapters present the historical and current socio-cultural context and offer suggestions for future, strength-based research, for SM and GD individuals living in those countries.

Chapter 14 takes a wider lens on the topic of future research directions for multi-nation research involving the experiences and relationships of SMGD people. The chapter advocates for even more studies that examine how cultural and legal contexts shape SMGD experiences across nations and studies that address minority stress processes and resilience factors, with attention to couple-level outcomes and mechanisms connecting stigma to health. The chapter also calls for studies on topics including SMGD youth and families, intimate partner violence among SMGD individuals, and polyamory.

Chapter 15 concludes the book by drawing from the insights chapters to provide a summary of implications for researchers, clinicians, and policy-makers. The chapter recognizes that SMGD people continue to experience minority stressors and relationship challenges and need clinical interventions that are culturally responsive and consider structural stigma, particularly for most vulnerable subgroups within SMDG populations (i.e., bisexual, transgender, and gender diverse identified people). The authors discuss how insights from each country have implications policy, including focusing prevention efforts directly on family and relationship concerns, developing initiatives to reduce minority stress, and strategizing mechanisms to advance SMGD people's human rights and access to SGD-affirmative quality care and treatment.

### CONCLUSION

Having the opportunity to collaborate with so many across the globe is a privilege! Across both the SMGD-MN project and this volume we have learned a tremendous amount, both professionally and personally. This work has also inspired us to think about ways in which we can continue to work collaboratively, across nations, to elevate the voices of those who have been underrepresented and/or marginalized. Perhaps most importantly, we hope to

expand our work to other nations, especially those from countries in Africa, Asia, the Caribbean, Latin America, and Oceania, so that we may learn even more about the lived experiences of sexual minority and gender diverse individuals and what is needed to ensure we all make a better day.

# AUTHORS' POSITIONALITIES

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