CASE STUDY: THE EFFECTS OF PAST EXPERIENCES OF DIRECT BULLYING ON A SAME-SEX COUPLE.

FINAL THESIS

BSc HONS PSYCHOLOGY

VÍCTOR SÁNCHEZ SALVADOR

In collaboration with professor Dr. Lourdes Artigas Miralles and professor Dr. Adrián Montesano del Campo

Field of study: Couple's Therapy

"Le symptôme est ce que les gens ont de plus réel."

Jacques Lacan, Seminar RSI, 18 February 1975, Ornicar, n°4.

ABSTRACT

Over the past years, there has been an increased interest in exploring the nature, frequency and effects of bullying and peer victimisation behaviour in both victims and perpetrators.

This study will focus on the long-term effects that homophobic abuse may have had on the relationship dynamics and reports of a same-sex couple who, as young individuals and/or through adulthood, have experienced direct forms of homophobic bullying. We aim to explore how their relationship may exhibit some of the symptoms associated with the long-term impact of bullying described in the introduction. Participants might not suffer from low self-esteem and may have a positive attitude towards their own homosexuality in global terms even after being victims of homophobic abuse and discrimination.

Data collection consists of three elements: **(1)** an interview of a same-sex couple focused on the relationship and its dynamics (N = 1); **(2)** a survey of the psycho-social individual wellbeing and their relational satisfaction; and, finally, **(3)** a qualitative analysis of the narrative categories that emerged in the interview and a comparison with the quantitative data. Some research and clinical implications that emerge from the results are discussed.

Key words: homosexuality, same-sex couples, homophobia, bullying, psychological effects, dyadic adjustment, subjective well-being, coping styles.

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1. INTRODUCTION

Over the past years, there has been an increasing interest in exploring the nature and frequency and short and long-term impact of peer victimisation and bullying behaviour. It is estimated that in the year from April 2017 to March 2018, 17% of young people aged 10 to 15 in England were bullied in the previous 12 months in a way that made them frightened or upset. This is similar to the figure for previous years (ONS crime survey for England and Wales, 2018).

Bullying is a form of aggressive behaviour that involves a real or perceived power imbalance between individuals. The behaviour is repeated over time and it can be part of a bigger issue of systematic discrimination. Both, the victims of bullying and those who bully others may have serious, lasting problems (Juvonen & Graham, 2014).

Following, we find a non-exhaustive list of **key terms** related to the subject of bullying behaviour that would help understanding the issue. These terms are shortly described, do not exclude other definitions and are meant to inform readers who are not familiar with the issue of bullying. **(1) Bully**: An individual who deliberately and systematically intimidates and/or harasses another who is or is perceived as weaker or different. **(2) Bystander**: An individual who witnesses a bullying incident and that actively or tacitly encourages the bully, defends the victim, or intervenes in the situation. **(3) Low-Level Violence**: Ubiquitous forms of aggressive behaviour that go unchecked either because they are not perceived or are not seen as a serious threat. **(4) Social Exclusion**: A form of indirect bullying whereby a bully causes his or her victim to be excluded from a peer group. **(5) Victim:** an individual who is targeted by a bully on a regular basis. We can speak of two types: submissive and provocative. Submissive victims typically show low self-esteem and use withdrawal as a defence mechanism. Provocative victims may generally suffer from a form of hyperactivity disorder and seem to provoke bullying by behaving in an irritating matter. They tend to react to bullying with a mixture of anxiety and aggression (stopbullying.gov, 2001).

To describe and define what bullying looks like and how it operates, we can look at the bullying behaviour as including these four basic elements:

1. **Power imbalance:** school bullying does not happen between peers who share an equal or similar degree of power, but always involves a more powerful perpetrator

intimidating a weaker subject. An imbalance of power can be created by any number of factors, including physical size, age, popularity and psychological strength (Rigby, 2003; Junoven, 2005).

2. **Intentionality:** the behaviour intends to cause harm or distress in their victim (Scarpaci, 2006).
3. **Direct or Indirect:** bullying can present itself in direct or indirect forms. Physical violence, such as shoving, poking, hitting, or tripping, is a form direct bullying. So is verbal bullying, which includes name-calling, teasing, and derision. Indirect bullying is social in nature and involves the bully excluding his or her victim from a peer group. An example of this type of bullying is spreading malicious rumours (Scarpaci, 2006; Reid, Monsen, & Rivers, 2004).
4. **Repetitious:** bullying consists of an ongoing pattern of abuse (Whitted & Dupper, 2005).

Within these four parameters, bullying could be divided in the following three, most common types of bullying:

1. **Verbal bullying** is saying or writing mean things and includes: teasing, name-calling, inappropriate sexual comments, taunting and threatening to cause harm

2. **Social bullying**, sometimes referred to as relational bullying, involves hurting someone's reputation or relationships and includes: Leaving someone out on purpose, telling other children not to be friends with someone, spreading rumours about someone, embarrassing someone in public.

3. **Physical bullying** involves hurting a person's body or possessions and includes: hitting/kicking/pinching, spitting, tripping or pushing, taking or breaking someone's things and making mean or rude hand gestures

Bullying in schools

School bullying can be considered as an international phenomenon as it occurs at similar rates in different cultures, countries and varied educational settings (Carney & Merrell, 2001). Bullying in schools has been recognized as one of the primary threats to school safety today (Whitted & Dupper, 2005).

Researchers of developmental psychopathology hypothesize that negative experiences in childhood and adolescence can have an impact upon psychological wellbeing in later life (Parker & Asher, 1987). Considering bullying as a source of negative experience, Parker and Steven (1987) made a systematic review and examined the claim that peer-relationship difficulties in childhood predict serious adjustment problems in later life. They establish three indexes of problematic peer relationships (acceptance, aggressiveness, and shyness/withdrawal) that are considered and evaluated as predictors of three later outcomes, namely, **maladaptive behaviour** (dropping out of school, criminality and psychopathology). Under their hypothesis, children with poor peer adjustment are at risk for later life difficulties.

School bullying is most prevalent among children between the ages of 9 and 15 (from late childhood to early adolescence) and occurs most often in elementary and middle schools (Carney & Merrell, 2001), with the younger bullies using name-calling as their preferred type of bullying and older, more mature bullies, engaging in forms of physical aggression. Older, more mature bullies are also more likely to sexually harass their victims or use sexual overtones (Carney & Merrell, 2001). With the incorporation and incremental use of technologies of the information, there has been a rise in a particular form of bullying especially among young people: cyberbullying. It is argued that adolescents are more vulnerable than adults to this type of bullying because they lack maturity with respect to capacities such as thrill seeking, impulse control, peer pressure, reward sensitivity, cognitive processing, rational decision-making and long-term planning (Cohen-Almagor, 2018). Bullying among older children may also involve **racially charged or homophobic abuse** (Whitted & Dupper, 2005).

1.1 Homophobic abuse and its Prevalence

Homophobic abuse is a widespread form of abuse targeted at the LGBTQ community.

April Guasp, Helen Statham, Vasanti Jadva and Irenee Daly from the Centre for Family Research of the University of Cambridge published a survey in 2012 titled: *The experiences of gay young people in Britain's schools in 2012.* The survey found that **(1)** 55% of lesbian, gay and bisexual young people experience homophobic bullying in Britain's schools, **(2)** that ninety-six per cent of gay pupils hear homophobic

remarks in school and that **(3)** 90% of students refer to anything broken, defective or unwanted as ‘gay’ with the most common insult is to call someone ‘queer’, ‘gay’ or ‘faggot’. It also found that **(4)** three in five gay pupils who experience homophobic bullying say that teachers who witness the bullying never intervene. Only 10% of gay pupils’ report that teachers challenge homophobic language every time they hear it. **(5)** Half of - 53% - gay young people are never taught anything about lesbian, gay and bisexual issues at school **(6)** and 30% of gay pupils who experience homophobic bullying change their plans for future education because of it. Finally, a disturbing key finding **(7)** was that 6% of lesbian, gay and bisexual pupils are subjected to death threats.

1.2 Effects of homophobic bullying and sexual orientation discrimination

It is believed that children who bully others, children who are victimised and children who both bully and are bullied are likely to suffer negative long-term consequences (James, 2010) and that Victimization may result in long-term social, emotional and psychological effects (Parker and Asher, 1987).

A review of evidence published in July 2016 by Nathan Hudson-Sharp and Hilary Metcalf from the National Institute of Economic and Social Research found that lesbian, gay, bisexual and/or transgender people may be more susceptible to mental health problems than heterosexual people due to a range of factors, including discrimination and inequalities. Evidence also points out that people identifying as LGBT are at higher risk of experiencing poor mental health. (Chakraborty, McManus, Brugha, Bebbington, & King 2011). In that sense, a research published in the Neuropsychiatric disease and treatment journal gives evidence of that with their findings that victims of any type of homophobic bullying in childhood had more severe depression, anxiety, and physical pain in emerging adulthood than non-victims (Wang, Lin, Chen, Ko, Chang, Lin, & Yen, 2018). There is further evidence that LGBT individuals are more likely to experience depression, suicidal thoughts, self-harm and alcohol and substance misuse (Li & Mustanski, 2012). A 2012 study published in the journal of Psychological Medicine from Cambridge University, Zietsch, Verweij, Heath, Madden, Martin, Nelson and Lynskey found that non-heterosexual males and females had higher rates of lifetime depression than their heterosexual counterparts. This

research concludes that non-heterosexual men and women had elevated rates of lifetime depression, but that further research is needed to establish direct causality.

It has also been found that being non-heterosexual is an important risk marker for issues of substance misuse, and that there is a disparity between LGB and heterosexual adolescents that increases as individuals transition into young adulthood (Marshal, Friedman, Stall, & Thompson, 2009), although more research is needed in order to establish causality.

The presented literature review highlights the increasing evidence of the long-term effects that homophobic bullying has on individuals. These individuals go on to have relationships of their own, and it is in this research that we will delve into all the areas of their relationships that may be affected by this type of experiences. This study focuses on the relationship dynamics and it is important that we highlight issues that could affect these dynamics.

1.3 Same-sex relationships unique issues

Same-sex couples hold relationship values that are unique to them in a world with strong narratives constructed around the heterosexual and heteronormative societies and the stigma of AIDS/HIV.

Some of the unique issues to same-sex couples may include:

The **lack of role models** for same-sex couples has led LGBTQ individuals to make commitments hastily as a way of solidifying and validating their relationships (Berger, 1990).

The **boundaries** between friendship and romantic or sexual relationships may be particularly complex for LGB individuals (Nardi 1999).

Organisation and power: traditional heterosexual relationships may still be organised around two basic principles within a patriarchal society: there tends to be a division of work based on gender and a cultural norm that places greater power and authority to male partners. Same-sex couples lack gender differences as a basis for assigning tasks and status and have to **organize** their relationship differently. Traditionally, **power** difference in a relationship is established by the difference that exists in the partners' level dominance and influence. It is important to note that not all

couples who strive for power equality achieve this ideal. **Social exchange theory** proposes that more power accrues to the partner who has greater personal resources (education, money, social support). Several studies of gay men have supported this hypothesis: older and wealthier gay men than their partner tended to have more power (Harry, 1984). Blumstein and Schwartz (1983, p. 59) concluded that income is a deciding factor in determining which partner will be dominant.

Commitment issues: we can highlight the so called **barriers to dissolution** to refer to what makes it difficult for a person to leave a relationship (Kurdek 1998, 2000) and include investments that increase the psychological, emotional and financial costs of ending a relationship. There is evidence that married heterosexual couples perceive more barriers than do gay, lesbian, or cohabiting heterosexual couples (e.g., Kurdek 1998, Kurdek & Schmitt 1986). Unfortunately, we currently know little about the longevity of same-sex relationships.

1.4 Minority Stress: the long-term effects of bullying and discrimination on same-sex couples

Still nowadays, there is a great stigma attached to homosexuality that affects LGBT individuals and their relationships in many ways.

Jones (1996) published a study demonstrating that same-sex couples requesting a hotel room with a shared bed were denied a room significantly more often than their heterosexual counterparts.

Lewis, Derlega, Berndt, Morris and Rose (2001) identified several types of gay-related stressors that are specific to lesbians and gay men: **(1)** family reactions when coming out and introducing partner, **(2)** the stress of hiding one's sexual orientation, **(3)** fear of being exposed as homosexual, violence and harassment, **(4)** lack of acceptance and social support **(5)** and discrimination.

What could be the impact of such experiences and stressors in their relationships? Unfortunately, there is little information about how the experience of social discrimination may be affecting same-sex couples. There has been research with heterosexual married couples that confirmed that high levels of stress originated by sources outside their relationship (e.g., financial difficulties, lack of social support) are associated with lower marital satisfaction and more marital problems (Karney &

Bradbury 2005). Discrimination may also affect couples indirectly by diminishing the self-esteem or mental health of the partners or their ability to function effectively in a relationship. One way in which couples cope with discrimination is through social support. Research shows that, compared with heterosexuals, lesbians and gay men perceive less social support from their family of origin (Elizur & Mintzer 2003; Kurdek 2004, 2006). There is evidence that greater social support from relatives is associated not only with greater personal well-being but also with greater relationship satisfaction in same-sex couples (Kurdek 1988, 1995b).

Further research is needed to determine all the ways in which discrimination and homophobia affect same-sex couples, but we could argue that the below examples may be illustrative of how a same-sex relationship may struggles: **level of comfortability being *"out".*** It could be that each partner experiences a different level of comfort with being openly gay in society which in turn may affect how the relationship holds **Public Display of Affection**. Different levels of comfortability within a same-sex couple could mean that one partner may feel comfortable in engaging in public display of affection by holding hands or kissing in public while the other may feel very uncomfortable.

As shown, each stressor influences the way in which a same-sex couple consolidates their relationship and how the relationship adapts to the view of the Other.

1.5 The couple as a system

Our study approaches the couple and their relationship as a dynamic system.

The systemic perspective has been nurtured epistemologically by the General Theory of Systems (Von Bertalanffy, 1954), the theory of Human Communication (Watzlawick, Helmick and Jackson, 1985) and Cybernetics (Wiener, 1985). Systemic therapy represents a a break from other predecessor models, such as psychoanalysis, which focused its practice on insight to deepen the knowledge of the individual psyche. In contrast, the systemic approach does not focus on isolated behaviours, but on behavior as a process that is in constant co-construction in terms of the reciprocal interrelationships that are established continuously (Feixas, 2010).

1.6 Patterns, pathologies and paradoxes of Communication

In our study, communication is viewed as a central and essential element within any system and therefore, the narratives present in our couple´s relationship are of main importance. On that note, Paul Waltzawick (1921 – 2007) contributed to systemic therapy with his studies on pragmatics of human communication and in 1967 – with the collaboration of Janet Beavin Bavelas and Don D. Jackson – published a book titled *"Pragmatics of Human Communication"*. In it, Waltzawick et al. (1967) described five basic axioms of communication:

1. **One cannot not communicate**: Every behavior is a form of communication. Because behavior does not have a counterpart (there is no anti-behavior), it is impossible not to communicate.
2. **Every communication has a content and a relationship levels of communication**. There is a report (content) and a command (relationship). The command defines the relationship between de communicants and is, therefore, a form of metacommunication. Watzlawick argues that *"all relationships statements are are about one or several of the following assertions: "This is how I see myself … this is how I see you … this is how I see you seeing me… and so forth in infinite regress"* (Watzlawick, Beavin, Jackson, 1967, p. 33).
3. **The nature of a relationship is dependent on the punctuation of the sequence of events.** This refers to how partner´s interpret their own behavior as merely a reaction on the other's behavior. Punctuating and labelling one event as the cause and the following event as the response.
4. **Human communication involves both digital (verbal) and analogic (non-verbal) modalities.**
5. **Communication is either symmetric or complementary**: symmetrical communication is an interaction based on equal power between communicators whereas complementary is an interaction based on differences in power.

For an in depth look at the study, please see "Pragmatics of Human Communication by Paul Watzlawick.

1.7 Narrative Therapy (NT)

Narrative therapy is a form of psychotherapy that stems from systemic therapy and that aims to help the patients co-author a new narrative about themselves that identifies values, skills and knowledge available to them to effectively confront whatever problems they face. The approach was developed during the 1970s and 1980s by social worker Michael White and therapist David Epston. An in depth look at Narrative Therapy can be found in the author´s book *Narrative Means to Therapeutic Ends* (1990).

Narrative Therapy works from a Resource model vs. Deficit model. Therapy under the deficit model would focus on fixing what needs repairing, which unduly reinforces an approach focused on the dysfunction (Madsen, 1999). The deficit model (or medical model) requires the psychotherapist to identify what is missing or is broken in the patient and try to solve it. In contrast, the resource model assumes that individuals (patients / clients) continuously generate their own selves in an interactive context of history, culture, ethnicity, social class, politics, interpersonal relationships and individual peculiarities (Constructivism). The therapist seeks these strengths in the individual and tries to remain curious and open to the difference (leaving the dysfunctionalities a side). Under this premise, therapy is seen as what facilitates the creative ability to divide up to solve problems, heal, generate development and gain new knowledge, first with the therapist and then without a therapist (Imber-Black, 1986, p. 149).

On that sense, and following a review from Freixas and Villegas (2000), Narrative therapy presents a constructivist meta-theory framework that conceives the human being as an epistemological subject. This meta-theory postulates that knowledge is an interpretative process rather than the discovery of the truth. Under this approach, issues experienced by individuals, couples and systems reside in the narratives (stories, conversations, descriptions) they elaborate about these problems. Therefore, it is argued that changes in the narrative of an individual, a couple or a system, could modify the meaning given to their situation, facilitating - with the help of the therapist -, a positive change in their dynamics.

It is important to note that the under the Narrative model, the therapist adopts a stance of interpreter and collaborator: the therapist does not claim to have universal

truths and does not have pre-established narrative prescriptions (Madigan, 2010). Instead, the role of the expert is given to the patient, who becomes the interpreter of their life. The new narratives elaborated in collaboration with the therapist are meant to substitute more dysfunctional, harmful ones. They have the potential effect of freeing the patient from precepts that confine them to values, behaviours, emotions and cognitions that are unsatisfactory or dysfunctional. These new narratives do not claim or aim to be closer to the Truth, they are simply alternative descriptions and meanings about the client's past, present and future (Lieblich, McAdams & Josselson, 2004). The focus of the narrative therapy is then, to help patients to see that what is distressing them connects to larger societal and cultural problems that they have internalized as their own psychological flaws and shortcomings (Singer, 2011).

In a 2016 study published at Psychotherapy Research, it was argued that innovative moments (IMs) could be good predictors for symptom change in cases of depression. IMs are described as moments in the therapeutic dialog that constitute exceptions toward the patient's problems. The study analysed whether IMs in a session are predictors of symptoms in the next session, testing their hypothesis that meaning changes would predict symptom decrease. The results, particularly suggest that a higher proportion of reflection, reconceptualization, and performing change IMs in a given session predict a decrease in symptoms in the next session (Gonçalves, Ribeiro, Silva, Mendes & Sousa, 2015).

In relation to our same-sex couple, we believe it is important to highlight that Madigan (2010) emphasizes the role of narrative therapy in advocacy for marginalized groups who often internalize oppression and social exclusion by believing themselves to be defective (Singer, 2011). On that sense, and following on the review we have presented on homophobic bullying, it is in the narrative of the relationship of a same-sex couple where we would find the long-term effects of discrimination.

Close and intimate relationships are a key component for an individual's development (Noller, 2006) because they promote social competence (Laursen & Bukowski, 1997) and contribute to the overall mental and physical wellbeing (Cohen, Gottileb, & Underwood, 2000; Noller, Feeney, & Peterson, 2001; Noller, 2006). The quality of these relations is a powerful predictor of overall life satisfaction (Heller, Watson, & Ilies, 2004; Noller, 2006) and of health (Burman & Margolin, 1992).

Relationships differ in their specific contributions to individual development. Family and peer relationships proffer unique and complementary social experiences (Hartup, 1979). Parents promote individuality by providing a secure base from which to explore the social world. Peer relationships are temporary; friends and romantic partners devote a great deal of time to the establishment and maintenance of interpersonal ties. Family relationships are durable; participants tend not to dwell on the details of relationship processes. Social competence builds on success in both interpersonal arenas; each is a critical developmental context (Laursen & Bukowski, 1997).

Relationships are essentially dyadic entities. These dyads are embedded in a larger social network made up of a shifting constellation of individuals and groups. Dyadic interchange— intermittent social interaction over an extended period of time— is one of the defining features of a relationship (Hinde, 1979). A single interaction, however, doth not a relationship makes: Repeated interchanges are required. Yet even an extended series of interactions does not necessarily herald a relationship, particularly if participants are cast in routinized roles (Hinde, in press). One may not develop a relationship with a restaurant employee despite frequent exchanges involving money and tacos. By the same token, a relationship may persist in the absence of social interaction. Family members do not act like strangers during reunions, even after a prolonged separation. Thus, the presence of social interaction is an important clue to identifying a relationship but it cannot serve as the sole criterion for defining one. For interactions to serve as the basis of a relationship they must be assigned a meaning (Sroufe & Fleeson, 1985). That is, participants need to interpret and internalise interchanges to form a representation or understanding of the relationship.

1.8 Objectives

At this point, although there is a growing body of research that demonstrates the long-term effects of homophobic bullying in LGTB individuals, there is not much research surrounding the effects of dominant heteronormative narratives in the co-construction of LGTB individual´s relationships and how past experiences of bullying affect the type of relationship they go on to have. There is a shortage of data with

regards to the unique issues same-sex couples encounter, and there is a lack of visible healthy relationship models that are available to LGBT individuals.

Our study will focus on analysing the subjective well-being and dyadic adjustment in a same-sex couple. We will make use of quantitative and qualitative analysis in a single intervention. A set of questionnaires will be used to evaluate both individual and couple variables. The qualitative analysis will be conducted using the content of the interview. The qualitative analysis should facilitate the detection of the dominant narrative in the relationship.

Therefore, our **objectives** will be:

1. To conduct a qualitative base-line evaluation of our couple's well-being at an individual and relational level, and compare these results with the published research studies on the long term effects of homophobic bullying.
2. To carry out a qualitative analysis of the narratives that emerged in a semi-structured interview and compare the categories emerged to the published research studies on the long term effect of homophobic bullying.

2. METHOD

2.1 Design

This paper focuses on the study of a single case. The study's mixed design incorporates quantitative data - the information obtained through the questionnaires - and qualitative data - the information obtained through the analysis of the narrative arising in the semi-structured interview. According to Yin (1989), case studies are the preferred strategy when (1) "how" or "why" questions are being posed, (2) when the investigator has little control over events, (3) and when the focus is on a contemporary phenomenon within some real-life context. These are referred to as "explanatory" case studies and as such, these studies can be complemented by two other types - "exploratory" and "descriptive" case studies.

A common misconception is that the various research strategies (surveys, case studies and experiments) should be arrayed hierarchically (Yin, 1989). It was a common believe that case studies were appropriate for the exploratory phase of an investigation, that surveys and histories were appropriate for the descriptive phase,

and that experiments were the only way of doing explanatory or causal inquiries (Yin, 1989). The hierarchical view reinforced the idea that case studies were only an exploratory tool and could not be used to describe or test propositions (Platt, 1992a). However, a more contemporary and appropriate view of these different strategies is a pluralistic one. Each strategy can be used for all three purposes---exploratory, descriptive, or explanatory (Yin, 1989).

Chetty (1996) points out that one of the strengths of the case study method is that data (quantitative and qualitative) can be collected from a variety of sources which include documentation, archival records, interviews, direct observation, participant observation and physical artefacts. Yin (1989) points out that the case study is a valuable research tool and its major strength is that it measures and records behaviour, whereas the survey method focuses on verbal information only. Both authors argue that the strengths of the case study method outweigh its weaknesses (Chetty, 1996; Yin, 1989).

2.2 Subjects

The study focuses in a same-sex couple with past experiences of bullying. There is a lack of information that addresses the long-term effects of homophobic bullying and the unique issues same-sex couples face.

The couple is formed by Cristina, 29 years old and Carme, 28 years old (only names have been used to preserve anonymity).

This is a non-clinical same-sex couple with moderate to severe past experiences of direct homophobic bullying.

Regarding Cristina history, she grew up in Spain in a supportive family but endured severe bullying from a very young age until she was eighteen, when she left college to go onto university. Cristina has had difficulty establishing friendships during her adulthood and wishes to be more social. Friendship is important to Cristina and is something that she values very much.

Regarding Carme´s history, she grew up in Spain in a structured family. Carme expresses the lack of communication present in her family structure. This meant that Carme experienced high levels of anxiety around coming out to her family, and it took a long time for her to do because of it. Even though her family was supportive of her

once she came out as a bisexual woman, Carme did not count on them for support in upcoming difficulties. Carme enjoyed healthy friendships until she came out to her long-time friends and was shunned for it.

Both indicate the high value they place on friendship.

2.3 Measurement instruments

CORE-OM (Evans et al., 2000).

This is a self-report questionnaire designed to be administered before and after therapy. The subject is asked to respond to 34 questions about how they have been feeling over the last week, using a 5-point scale ranging from 'not at all' to 'most or all of the time'. The 34 items of the measure cover four dimensions: Subjective well-being, Problems/symptoms, Life functioning and Risk/harm.

The responses are designed to be averaged by the practitioner to produce a mean score to indicate the level of current psychological global distress (from 'healthy' to 'severe'). The questionnaire is repeated after the last session of treatment; comparison of the pre-and post-therapy scores offers a measure of 'outcome' (i.e. whether or not the client's level of distress has changed, and by how much).

The instrument is suitable for use as an initial screening tool and for assessing the response to psychotherapeutic treatment as it is responsive to change and has great internal and test-retest reliability (Evans et al., 2000). Analyses of over 2,000 responses show good reliability and convergent validity against longer and less general measures; small gender effects; large clinical/non-clinical differences and good sensitivity to change (Evans et al., 2000). Thus, among its advantages, are its reliability (Cronbach's alpha coefficient between 0.75 and 0.95, according to Botella and Corbella, 2011) and validity, the ease of understanding, the ease of correction and interpretation, its acceptance to any theoretical orientation, its applicability in the detection of clinical change, its elaboration of normative data for clinical samples and for the general population, and its free access.

The total and average scores can be calculated in a global way (global anxiety) and for each of the four remaining dimensions, for example, for any dimension by adding all the scores of each item. An average of the total score can be calculated. The

average score is between 0 and 4, and to be calculate. The average scores can be calculated by dividing the total score by the total number of items. (Evans et al., 2000).

Dyadic Adjustment Scale (Spanier, 1976).

Spanier (1976) developed a multidimensional analysis tool for the assessment of couple satisfaction: **The Dyadic Adjustment Scale** (DAS), a widely used measure for assessing the "quality" of the relationship (Spanier & Thompson, 1982). It is designed as an individual tool, but is reported as useful in providing overall information on how each partner considers the relationship. The DAS was created on the basis of the studies of Locke (1951) and of Locke and Wallace (1959) and designed to evaluate couples' adjustment and the relationship quality in married or cohabiting couples.

The 32 items in the scale identify four factors and subscales:

1. Dyadic consensus (DC): has thirteen items (13) and assesses the level of agreement and disagreement between partners on topics such as free time management and finances or religion, friendships, and home organisation;
2. Affective expression (AE): has four items (4) and assesses how the couple expresses their inner feelings, love, and sexuality;
3. Dyadic cohesion (DH): has five items (5) and assesses the amount of time spent by the partners on mutually enjoyable activities such as social interests, dialogue, or having common goals.
4. Dyadic satisfaction (DS): has ten items (10) and assesses the happiness or unhappiness perception in a couple's relationship, such as the frequency of quarrels, the pleasure of spending time together or otherwise, and the contemplation of separation or divorce.

The sum of these four scales provides a total index that expresses the Dyadic Adjustment. This self-report questionnaire is simple and quick to complete (about 6-7 minutes).

The questionnaire has a Likert answer scale with scores that can range between 0 and 4 or 5, with the exception of two items, which score 0 or 1, and an item that can range between 0 and 6. DAS maximum score is 151. A score of 100 is the threshold that divides results between conflicting and harmonious couples. A very high score, above 125, usually indicates an unrealistic or idealized attitude towards the

couple's relationship. The scale presents an excellent reliability by means of a coefficient of Cronbach's alpha of .92 as an indicator of internal consistency.

2.4 Procedure

Defining inclusion criteria

The first step was to establish the criteria for our couple´s inclusion. The following 4 criteria for inclusion were decided upon: (1) a same-sex couple (2) where one or both of the partners have experienced direct homophobic bullying during childhood, adolescence or adulthood. (3) The couple did not need to present a particular problem or crisis and (4) is not in couple's therapy.

Search strategy for our couple took the form of: contacting LGTBQ centres in London, LGTBQ groups in Facebook and reaching out to friends and acquaintances. After finding a first same-sex couple in the city of London and starting the process, the couple decided to withdraw. It is then that I reached out to Spanish acquaintances and found the couple that has been the subject of our case study. Because of the long distance, the meeting was over Skype.

The study purpose was explained in a very generic way to all potential couples: The purpose of the study is to explore the relationship, how it has been built, based on the theory that previous individual experiences can help to define who we are today and the relationships we establish in the present.

Initial evaluation – base line

Once our couple agreed to take part in this research, the informed consent (Appendix A) was sent out via email so that data could start being collected in accordance to the new EU General Data Protection Regulation (GDPR). Once signed, an email with detailed information on how to complete the questionnaires was sent to both partners. The email contained attachments with CORE-OM (Evans et al., 1998) and the Dyadic Adjustment Scale (DAS; Spanier 1979), which were filled in by each partner individually. The week thereafter, we met for our interview. The interview was conducted through a videoconference (Skype).

Interview

We proceeded to explore the history of the couple. This exploration was carried out through a semi-structured interview developed for this study (See Appendix B), based on the interview protocol developed by Montesano, Izu and Campo (2018), with the intention of focusing on the relational and emotional characteristics of same-sex couples with past experiences of homophobic bullying. Montesano et al. (2018) interview model was adapted and some questions amended or added that we found were relevant to our couple and that would allow us to explore variables relevant to our case study.

The interview had the objectives of (1) explore some of the unique issues surrounding LGTB individuals such as accepting their own sexuality, homophobic bullying and coming out, (2) explore the history of the couple chronologically, (3) identify any moment of crisis or change and (4) to facilitate each partner to reflect on these moments. The interview was also aimed at (5) exploring the couple's relational ethics and (6) the emerging narrative used to describe or explain their relationship. It allowed us to analyse their personal interpretations, their shared meanings, their communicative styles and their coping mechanisms. The interview was recorded on audio. Notes on non-verbal behaviour (emotional responses, facial expressions, reactions to comments) that were relevant for further interpretation and analysis were taken on paper.

With this, we completed the our evaluation process (see Figure 1).

Figure 1. Chronologic data gathering process

Analysis

Once the data had been gathered, we could start the analysis process. An important step was that of transcribing relevant fragments of the interview and the relational letter that would allow for a qualitative analysis.

The purposes for using an inductive approach are to (a) condense raw textual data into a brief, summary format; (b) establish clear links between the evaluation or research objectives and the summary findings derived from the raw data; and (c) develop a framework of the underlying structure of experiences or processes that are evident in the raw data. The general inductive approach provides an easily used and systematic set of procedures for analysing qualitative data that can produce reliable and valid findings. Although the general inductive approach is not as strong as some other analytic strategies for theory or model development, it does provide a simple, straightforward approach for deriving findings in the context of focused evaluation questions. Many evaluators are likely to find using a general inductive approach less complicated than using other approaches to qualitative data analysis.

To guarantee the reliability of the inductive analysis carried out by the author of this research study, process and data were supervised by a second evaluator who is an experienced psychologist and research fellow in the field of couple's therapy.

3. RESULTS

Our main objective was to explore the relational ethics of a couple through a quantitative and qualitative analysis. We set up to explore whether the meanings attributed to their past experiences led them to the co-construction and consolidation of their relationship. We intend to explore how these past experiences created an experiential blueprint that has informed their relationship from its foundations. Special emphasis has been put in exploring general well-being, sexual orientation challenges and unique issues, level of satisfaction and dyadic adjustment through a semi structured interview with the intention of contrasting this information with the quantitative data obtained through the COREOM and DAS questionnaires.

3.1 Quantitative data

Well being

We administered the Core 34 (Evans et al, 2000) to gather quantitative data about our couple´s general wellbeing.

We can see that both Cristina and Carme show global distress mean measures that fall within the mean score for non-clinical population: means core 0.76 with standard deviation (0.59). Cristina´s *global distress* measure is 0.79 and Carme´s is

0.85. Neither Cristina nor Carme show *risk*, both score 0. However, for both of our subjects, there is a significant higher score for the dimension of *subjective wellbeing*. Cristina scores 1.5, which is found within the first standard deviation for that subscale for non-clinical population 0.91 (0.83). Carme scores 2, showing a higher affectation in that dimension. In both cases, this is the highest scoring of all 4 dimensions.

We also see a significant difference between our couple´s scores in the *functioning* subscale. While Carme´s score is very low (0,33), Cristina scores 1. Even though this within the standard deviation scoring for non-clinical population, the difference between the two is significant. We must note that Cristina is currently unemployed and that Carme is working. This could explain why the scorings are significantly different in this area.

Results for both partners do not indicate clinical symptomatology.

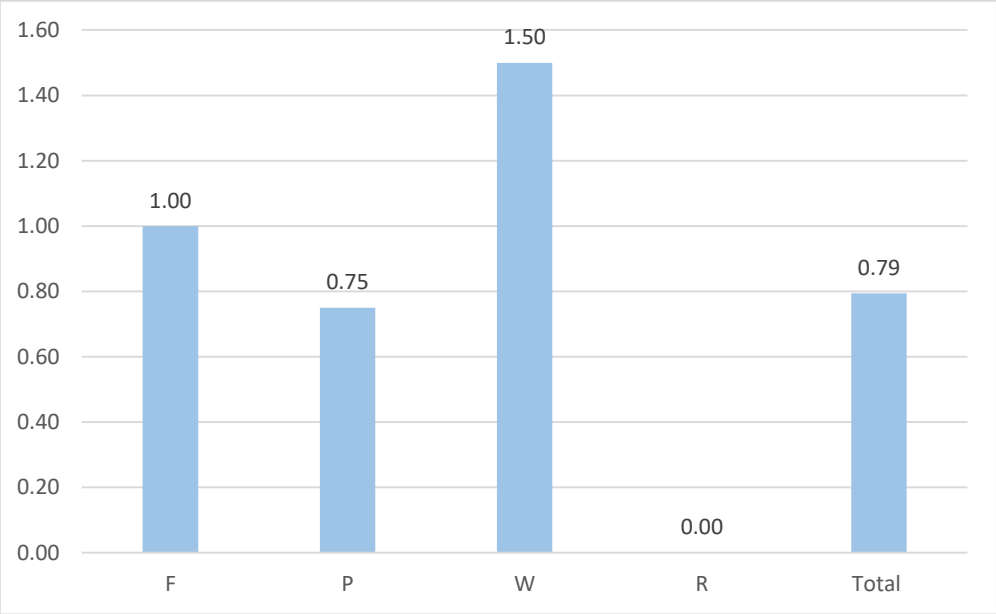

Figure 2. Cristina's CORE34 scores.

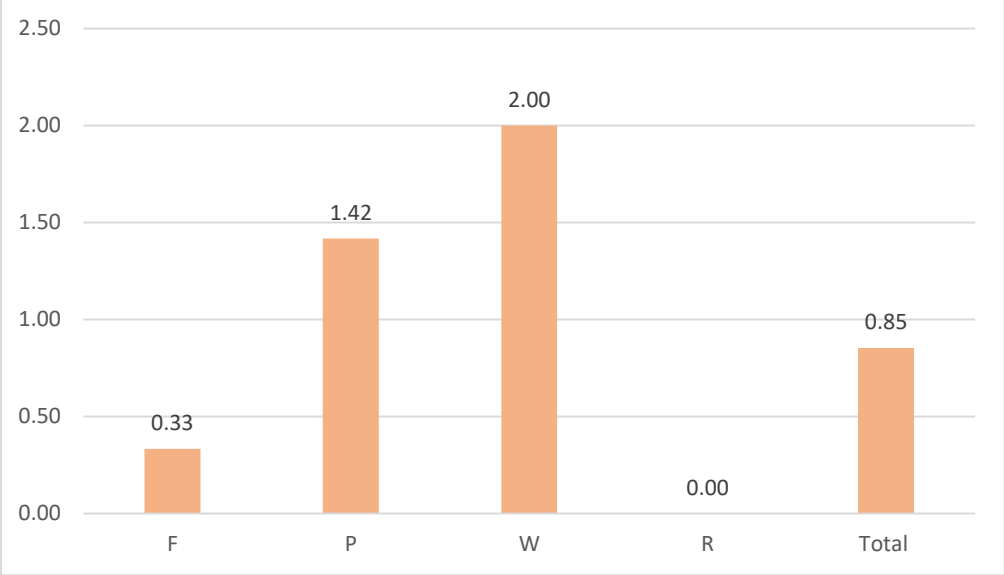

Figure 3. Carme's CORE34 Scores

We have compared Cristina's and Carme's scoring with the Core System User Manual, which provides mean scores (ranging from 0-4) for clinical and non-clinical populations (see table 4).

Table 4.

Interpretation of scores

Dimension	**Mean Score (SD) Clinical Population**	**Mean Score (SD) Non-Clinical Population**
Subjective Well Being (W)	2.37 (0.96)	0.91 (0.83)
Problems (P)	2.31 (0.88)	0.90 (0.72)
Functioning (F)	1.86 (0.84)	0.85 (0.65)
Risk (R)	0.63 (0.75)	0.20 (0.45)
Global Distress (Total)	1.86 (0.75)	0.76 (0.59)

Dyadic Adjustment

The scoring of the Dyadic Adjustment Scale (Spanier, 1976) provides us with quantitative data about their dyadic adjustment.

As per Spanier (1976) we consider our couple´s adjustment to be high. Both partners score the same in affectional expression which indicates that both Cristina

and Carme agree with regard to their experienced emotional affection. We also see that they score almost the same in the subscale of cohesion, which indicates agreement in their participation in activities together. However, we can see that there is a significant difference between Carme and Cristina in the subscales of Consensus and Satisfaction. In the area of consensus, Carme scores 55, 7 points less than Cristina, who scores 62. This indicates that Carme perceives less consensus with Cristina in terms of their relationship, which marks a slight disagreement. In the area of satisfaction, Carme scores 44, ten points less than Cristina, who scores 54. This indicates that Carme feels. Overall, the dyadic adjustment is very high, with Cristina scoring 18 points higher than Carme, which indicates that Cristina feels that much more satisfied in comparison to Carme mainly in the two subscales we just highlighted: Consensus and Satisfaction (See Table 5).

Table 5.

DAS scores for Carme and Cristina.

DAS	**Carme**	**Cristina**
Consensus	55	62
Affectional Expression	12	12
Satisfaction	44	54
Cohesion	17	18
Total Adjustment	**128**	**146**

3.2 Qualitative data

We conducted a qualitative analysis of the narrative emerged in the interview in relation to their 14 years old same-sex relationship and the challenges with homophobic discrimination. Special emphasis was made to explore their past experiences of coming into acceptance of their sexual orientation, coming out and bullying, the effect on the relationship, their well-being, satisfaction and dyadic adjustment, their wants, needs and their problems.

The first analysis unit is around the issue of **accepting their sexual orientation**. This is a unique issue to LGBT people. Cristina and Carmen´s stories around this acceptance are radically different. For Cristina, she tells us, it was difficult:

"It was very tough to accept I was attracted to women. Yes, for sure. With time I accepted it, but at the very beginning, I had such a bad time when I discovered I was bisexual."

Cristina recalls asking herself at the age of 11 or 12: *"Why this has to happen to me? Why can I not be normal? Why do I suddenly feel attracted to women?"*

For Carme, the experience was not that difficult: *"I wasn't interested in no one, I mean romantically. And then the first person I was interested in was a girl, a close friend, but I did not pay much attention to it. Then, later on, I was also attracted to boys. It wasn´t such a big deal for me."*

In psychoanalytic theory and practice, anxiety is what drives questions. In this part of the interview, we can see how Cristina´s narrative is filled with questions while Carme seems to hold less anxiety about the situation at that time.

The **coming out** experience is also a unique experience of LGBT individuals. It involves the strategies one has to manage and cope with other people´s reaction. Again, the couple´s experience as individuals coming out is very different. For Cristina, although accepting her sexual orientation was challenging, coming out was not: *"once I accepted it, I came out to family and friends. With my family I had no problem. At school, there was bullying already, so I did not notice anything different. Bullying was present and so for me, it wasn´t related solely to my homosexuality."* It would seem that, as later on Cristina explains, the fact that she had no real close friends, made it easier for her to come out. She was already the victim of bullying, and therefore did not fear harmful consequences to come, as the harmful consequences were already present. We see that in her coming out she found the support of her family.

For Carme, coming out was very anxiety provoking: *"it was very difficult for me, to come out to my friends and family. In fact, I was together with my Cristina for years, and I had not told them who my partner was. I don´t know why. I think it was a because of the type of relationship I had with my parents, but not necessarily related to my sexual orientation. Our general dynamics."*

There is certain difficulty for Carmen to explain why she kept her partner secret to friends and family for such a long time. This difficulty later shows itself again as a trait of her personality: *"I have a difficult time making choices".*

Homophobic bullying is part and parcel of many LGBT individual's life experience. Both Carme and Cristina have experienced direct homophobic bullying although their experiences offer different nuances. Carme explains that she suffered from it: *"when I came out to my friends, they stopped talking to me. It was so strange because my best friends were openly gay and there was no problem. But towards me, their reaction was to cut all communication. They decided to stop talking to me. I had to change friends."*

There´s a powerlessness that emerges from this paragraph: *"their reaction".* It is important to note that she describes it as a reaction and not as a choice.

For Cristina, bullying was present since the age of 9 or 10: "*I was targeted at school, until 18 years of age*. *It was not related to my sexuality, but it was directed at me.* on top of the direct bullying, Cristina says that she: "*was hurt when I heard schoolmates talking about how unnatural is gay marriage. It hurt me, because they were talking about me in a way, without them knowing it."*

As a couple, they have also been subject of homophobic discrimination: *"it is very common to have to hear the question about who is the man and who is the woman in the relationship. You would be surprised but continues to happen at present"*

Carme says that it was "*extremely annoying"* to hear that. *"I used to get very angry. Now I try to explain that there´s no man and woman role, that this is not what our relationship is about."* Cristina says that *"people are obsessed with the distinction between male and female role. At the beginning, when I had another relationship with a girl. I asked myself: am I the guy? Do they see me as a guy? Am I a guy? I remember that time as being very chaotic."*

We can see how the dominant heteronormative discourse infiltrates in the relationship and that the couple experiences annoyance, frustration and anger. It is possible that they also feel shame. Shame is a difficult emotion to talk about and has not been mentioned. However, they mention chaos. Perhaps chaos stands in for defragmentation of the self. An anxiety provoking experience that once again prompts Cristina to wonder: *"Am I a guy?"*

Both Carme and Cristina speak of feeling overwhelmed by tiredness. Cristina mentions that she became so tired that she was not able to continue pretending being

someone she is not: *"I was tired. I had enough of trying to be myself according to people´s labels, and then I became tired."* Carme mentions feeling overwhelmed by everyone: family, friends and *"by people that doesn't even know you and demands of you that you be someone else."*

There is an aspect of **self-acceptance**. It seems to be an important one for both of them. Self-acceptance stands in for their self-esteem and their self-compassion and allows them to build upon their identity as individuals and as a couple.

The interview also aimed at exploring the relationship. When exploring **how they met**, they refer to their initial **friendship**. Cristina and Carme met through a magazine. Cristina grew up without friends and decided to write a letter to a magazine for their section dedicated to Harry Potter: *"the magazine published my letter and in that letter I invited people to write me back. One of the letters I received was from Carme."* Carme said: *"I felt it was an opportunity for a beautiful friendship. So I sent her a letter."* For a few months they only communicated through post and it is later on that they exchanged social media. *"But we were just friends. I felt I had someone I could connect with",* Carme said.

There is a strong feel about friendship and what it meant for them in their context. For two individuals that had experienced many challenges when it came to be who they were, friendship seems to be a highly charged signifier. In their relationship, friendship is their signifier, and romantic attraction after. Their relationship started as a distance relationship, each partner lived in a different city. *"We broke up because I was taking following my friend's advice. I always tend to believe that what the others believe is more important than what I feel, want or think."* While Cristina refers to herself being *"alone"* and *"without friends. I had no one telling me what I should do or not do. So there wasn´t an influence from the outside. I struggled with the first break-up, I did not understand why she stopped being herself just to please her friends. For me was important to be authentic and for her to be authentic. And I decided to insist in the relationship."*

They came together as a couple again at age 17. What we can see is how the individual who is bullied struggles with friendships and with identity and self-confidence. These are key aspects that affect how these individuals go onto having their own relationships.

Cristina: I feel we are, firstly, best friends. Everything else is built up from this friendship.

Carme: this relationship has allowed me to evolve and develop. It meant i had a space to experiment with my true self, who I really was.

There´s a mention of *true self, development*.

When exploring their **main differences**, they mention *"impulsiveness"* and *"indecisiveness".* It is interesting how they are actually two words that signify opposites. Which could also mean that are complementary. Cristina acknowledges her impulsivity and Carme assumes her indecisiveness. They talk about it positively: *"we complement each other".* They also use humour: *"now Carme has 1 minute to decide her ice-cream flavour, or I decide for her."* However, they agree that this distinct difference of character sparks some of their arguments. Sometimes the difference causes irritation. Cristina says *"it irritates me that Carme is so indecisive"*. Carme acknowledges that it can become *"problematic."*

This is the first moment in the interview that a negative feeling has been introduced in between the two.

Their wants and needs for the future, as a relationship, is to share physical space: *"We wanted to be together."* Physical closeness is that important to them, as their relationship started as a distance one: *"We have been physically together in this relationship for the past 9 years."* Again, this "*living together"* is of importance for their relationship. This is the key aspect about their future as a couple.

When exploring their **main problems**. Both of them refer to distance as the first problem that menaced the relationship. Carme experienced distance with a lot of anxiety: *"we had a lot of arguments around distance. We did not know when we were going to be able to meet again. We did not know how to manage that. We were just frustrated. And we argued a lot."* Cristina agrees, she refers to their *"immaturity"* as the cause of their arguments. Within this agreement, a first discordance appears. Cristina feels that they have not dealt with all these past arguments and discussions: *"we never addressed it, we just ignored it ever happened"*. Carme disagrees. Carme feels they did manage it in a *"general way".* Carme mentions that they are *"polarising"* and

"opposites" and that makes it difficult to address certain things specifically*: "it is better to let it be".*

We explore this feeling of feeling unable to address things that seem to be important. Cristina feels anger is "overwhelming" to her. This means that when they argue, it takes the best of her. Carme describes arguments as feeling *"hurt*, *something is triggered in me that hurts me"*

So there is a sense that Cristina, being more impulsive, is driven more by anger, while Carme, being more indecisive, connects with feelings of hurt and *"disappointment".*

When exploring **what the relationship would say to them,** Cristina uses words such as *"praise", "growth" and "proudness".* Carme talks about *"adaptability and resilience"*

When closing the interview, we explored at **what would they like to tell their partner,** Cristina uses words such as *"proud" and "achievement"*. Carme expresses some *"frustration"* to the *"limits"* Cristina does not seem to overcome. He mentions *"social life"* as being something to pay attention to and nourish (See Figure 6).

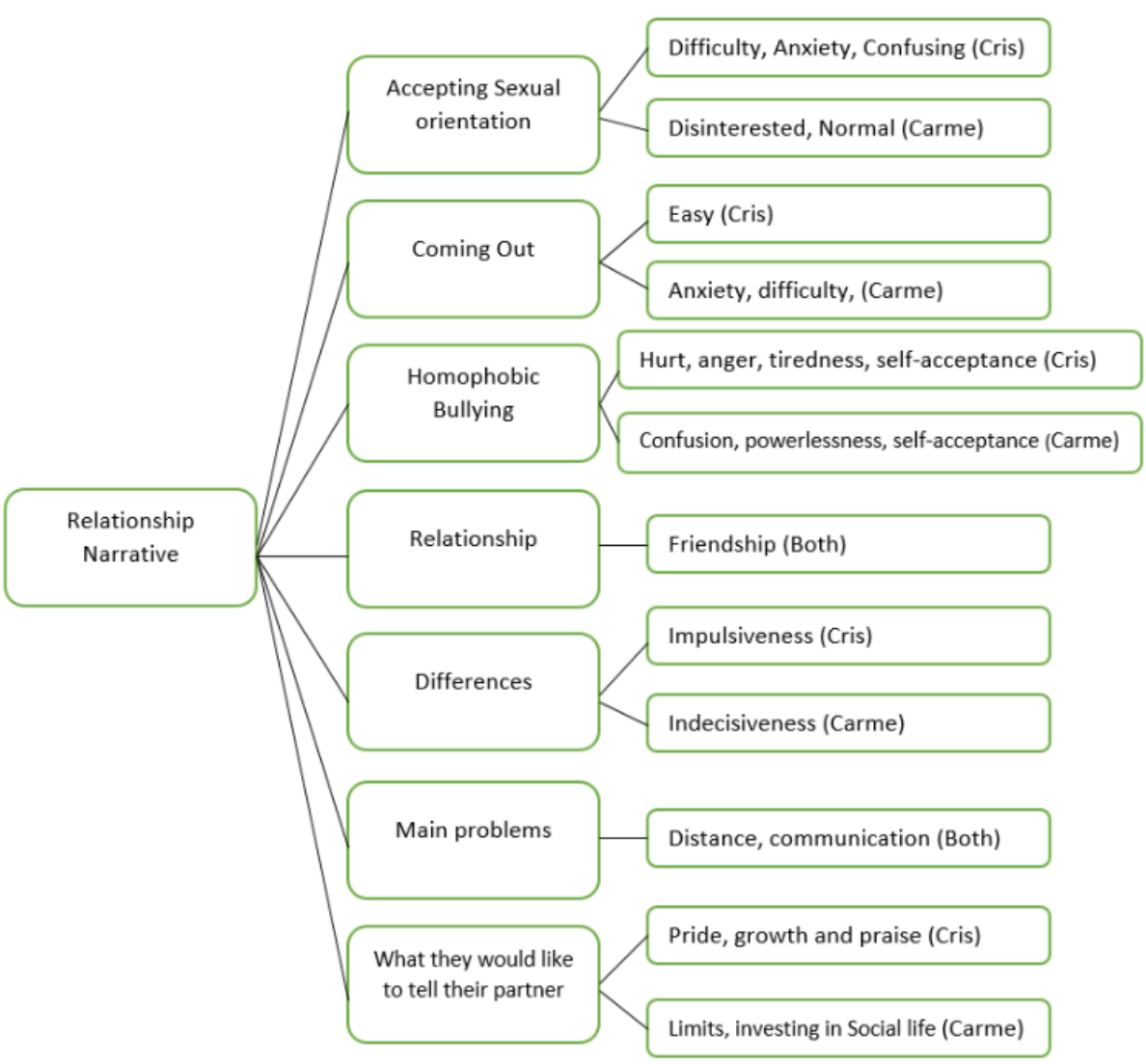

Figure 6. Emerging Narratives in the couple.

4. DISCUSSION

Regarding our **first objective** (to conduct a qualitative base-line evaluation of our couple's well-being at an individual and relational level and compare these results with the published research studies on the long term effects of homophobic bullying), it was possible to conclude that our couple did not present clinical symptoms. With regard to CORE34 (Evans et al, 2000), both our partners scored within the first standard deviation for the non-clinical population global distress mean. This means that neither Carme nor Cristina showed clinical symptoms and that their global distress

scores fell within what is considered healthy. Our routine evaluation results are not, however, contradicting the findings in the studies referenced in the introduction which show that children who are bullied are likely to suffer negative long-term consequences (James, 2010) and that victimization may result in long-term social, emotional and psychological effects (Parker and Asher, 1987).

Singer (2011) writes that marginalized groups often internalize oppression and social exclusion by believing themselves to be defective. On that sense, could it be possible that Carme and Cristina´s higher score in the subscale of subjective well-being is an indicator of this internalisation? Negative long-term emotional, psychological and social effects can show themselves differently at different ways and at different stages of an individual development. It is revealing to note that both Cristina and Carme score the highest in the well-being subscale, which indicates higher levels of distress in this area, compared to the non-clinical population mean and to the other sub-scales. CORE34´s subjective well-being subscale explores how an individual thinks and feels about their life at present. Those who experience a greater positive affect and little or less negative affect would be deemed to have a high level of subjective well-being. Our couple signals that this is the area where they struggle the most and feel most distressed.

We can also see how their relationship has become a **support system** for each partner and therefore we could consider the relationship and partnership or friendship - as our couple describes it - a **protective factor** against those long-term negative emotional, psychological and social effects.

With regard to DAS (Spanier, 1976), the protective factor theory seems to be valid. Both Carme and Cristina score above the happily married couple mark of 114.8 which could indicate that, indeed, this relationship has served them as a platform from which they have been able to grow in a way that was not possible when they were children and adolescents.

Based on the results we obtained, we are unable to fully confirm nor refute the hypothesis that LGBT individuals with direct experiences of homophobic bullying have a higher risk of experiencing severe depression, anxiety, and physical pain in emerging adulthood (Wang, Lin, Chen, Ko, Chang, Lin, & Yen, 2018). However, we are confronted with a sign that subjective well-being subscale shows the highest level

of distress in both partners. Further exploration of this area would result in the attainment and discovery of the narrative surrounding what is it like to be themselves.

Regarding our **second objective** (to carry out a qualitative analysis of the narratives that emerged in a semi-structured interview and compare the categories emerged to the published research studies on the long term effect of homophobic bullying), we observed that even though both partners have a participative and collaborative attitude towards their relationship, certain homophobic bullying dominant narratives continued to emerge. These narratives influenced how they think and act in the here and now.

Looking at the narrative categories found in figure 6, we can see how homophobic experiences evoke negative affect in both partners (James, 2010; Wang, Lin, Chen, Ko, Chang, Lin, & Yen, 2018; Parker and Asher, 1987). But there is a main difference that helps us understand how the main couple behaves in the present: whereas Cristina is comfortable getting in touch and connecting with her anger, Carme describes her experience – mainly - as confusing.

Confusion in Carme could be another sign of her indecisiveness, something we have explored before. Beneath confusion, which seems to be a secondary or tertiary emotion in Carme, lays the primary emotion that remains unnamed. While Carme expresses confusion, she seems to avoid naming the emotion that lays beneath it. This ties in with Carme and Cristina's radically different problem resolution styles: Carme style is avoidant while Cristina, who feels more comfortable getting in touch with her anger, has a more explosive style. Anger in Cristina's case could still be a secondary or tertiary emotion, and it is only through self-reflection during the interview that Cristina was able to acknowledge that beneath her anger there is hurt, and thus name her pain. These different styles in resolving their problems cause a loop effect in which one partner upsets the other in a symmetric escalation.

We could theorize that Cristina and Carme's past experiences of discrimination emerge in their relationship. Cristina's access to anger was installed from a very young age through her severe experience of bullying during childhood and adolescence. Cristina finds in anger a way of expressing several other emotions that are unpleasant and distressing. Carme, on the other hand, is not able to tolerate her partner's anger. This could be related to her unique experiences of bullying. Cristina´s anger may

trigger in Carme the pain she felt from that experience and cause her to withdraw. Withdrawal may trigger Cristina´s abandonment and isolation schemas, connecting her further with anger as a way of managing distressing feelings. It would be necessary to conduct a second interview to explore and discover possible connections between the pain at present and that from the past. It would be useful to identify what transference is occurring between Carme and Cristina that could be related to past experiences of pain in other relationships (family and school friends) that continue to be expressed in their relationship at present.

With regards to **same-sex couples' unique issues**, we had the opportunity to validate some of the key aspects highlighted in the studies presented in the introduction.

Both partners express the **lack of role models** for same-sex couples. A study proposes that this fact has led LGBTQ individuals to make commitments hastily as a way of solidifying and validating their relationships (Berger, 1990). It is interesting to see how Cristina and Carme engaged in a romantic relationship before even meeting in person, and committed to their relationship even though the difficulties, stresses and limitations that long distance relationships entail. This information could build on Berger's findings, although further exploration would be needed.

The **boundaries** between friendship and romantic relationship for Cristina and Carme are complex, something that has been postulated by Nardi (1999) with regard to LGBT individuals. Both Cristina and Carme refer to their relationship as being first a friendship, and that only friendship has allowed them to have a relationship. It is particularly interesting, as it validates Nardi's findings in that Cristina and Carme consider themselves first good friends and not good lovers.

Cristina and Carme's relationship lacks gender difference as a basis for assigning tasks and status and **organize their relationship differently**. They strive for power equality and do not adopt the role of male and female as heteronormative and patriarchal society imposes.

We could validate the **barriers to dissolution hypothesis** (Kurdek 1998, 2000) since Cristina and Carme broke up to three different times. This was, in part, caused by the fact that they spent 5 years organised as a distance relationship, which in turn posed less of a barrier to resolution. Although one of the three break-ups

occurred when living together, their relationship has continued to exist and continues to do so after 14 years. A structured interview regarding their breakups could help determining what are the psychological, emotional and financial costs of ending a relationship each time and this case could bring some empiric data about the longevity of same-sex relationships, an area which lacks information.

The present study has some **limitations** we should take into consideration.

Case studies results cannot be generalized to the wider population. Because our case study dealt with only one same-sex couple in one specific country/culture, we can never be sure whether the conclusions drawn from it apply elsewhere. The **results of our study are not generalizable** because we can never know whether the case we have investigated is representative of the wider sample of *"similar"* instances. However, case studies carried out through mixed methodologies that incorporate quantitative and qualitative data are usually time consuming. This specific fact is what allowed us to focus on one couple and obtain a deep knowledge of their relationship.

Another limitation is the researchers´ own subjective feelings which may influence the case study, known as ***"researcher bias"***. Because case studies include the analysis of qualitative (i.e. descriptive) data, a lot depends on the interpretation the psychologist places on the information acquired. This means that there is a lot of scope for observer bias and it could be that the subjective opinions of the psychologist intrude in the assessment of what the data means.

A further limitation specific to this case study was the **lack of time**. Being unable to follow up with a second and third intervention meant that we were unable to follow up with a concrete exploration of whatever narrative categories started to show up in the interview, which lasted two hours and fifteen minutes. This came as a result of our first same-sex couple who decided to withdraw from our initial 6 weeks' case study in week three. This, coupled with our new subjects´ schedule meant that we had to work within a shorter timeframe.

A final limitation is the fact that the interview had to be done via Skype videoconference since our couple lives in Spain and the main researcher lives in UK. This meant that **nonverbal communication** such as body language and other paralinguistic features such as facial expressions, eye movements, hand gestures, and the like, were more difficult to observe. However, seems important to note that the

relationship that was established between the couple and the researched was a distance relationship which paralleled the couple´s beginnings in their own relationship.

Based on these limitations, we believe that future studies should pay more attention to **(1)** the individuals' most relevant accounts of direct homophobic bullying centred around the primary support systems: family and school. A thorough exploration of those instances is necessary to draw connexions with the here and now of each partner. **(2)** The administration of the Young Schema Questionnaire (Young, 1999) to explore the subject's dominant schemas (namely, maladaptive schemas) and or the attachment style questionnaire as each style (Secure, Anxious-Ambivalent, Dismissive-Avoidant, Fearful-Avoidant, Dependent, and Co-dependent) has a profound effect on an individual emotional development and their relationships to others. **(3)** The need of more time to find a couple who is willing engage in the case study. With more time in hand, a couple dropping out of the study would not have impacted the overall case study. **(4)** The importance of a second observer that with whom compare results and avoid the menace of the researcher´s bias.

In conclusion, our case study has a clear clinical applicability because it offers an opportunity to discover and deepen same-sex couple´s experiences and perceptions about their relationship. It offers a space for the expression and symbolization of their - mostly - traumatic experiences of homophobic bullying and opens the dialogue about how those may have impacted their adult life´s. It acknowledges their struggles in a non-judgemental way and it allows for the formation and discovery of links between past and present (insight) which ultimately can lead to constructive changes. These links can be used in the work with other couples, establishing a clinically strong network that can help resolve same-sex couple´s unique issues and crisis.

Overall, the study has offered us some instances that can be taken into consideration when working with same-sex couples such as the consideration of the long-term effects direct homophobic bullying experiences and the acknowledgment of the existence of same-sex couples' unique issues. It also highlights the power of dominant heteronormative and patriarchal narratives present in western societies and the stress these pose to minorities such as LGBT individuals. These instances should

be of value at both, the level of relational diagnosis and the level of intervention, and should help contextualise the steps towards improving the quality of a same-sex couple relationship. The study also highlights the importance of including social and societal contexts in therapy, as well as establishing a therapeutic alliance that is culturally sensitive (Division of Clinical Psychology, British Psychological Society, 2011). On that sense, the Cultural Formulation Interview (APA, 2013) establishes that the interview process should include (1) the cultural definition of the problem, in this case, homophobic discrimination, (2) the cultural perception the cause of the problem, the stressors, the support system available and the role of identity in culture and lastly, (3) the cultural factors affecting self-coping mechanisms.

In conclusion, this study highlights the importance of specific, contextualised assessments, formulations and intervention plans.

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6. ANNEXE

Annexe A: Letter of consent.

CONSENTIMIENTO INFORMADO

Yo, (nombre y apellidos) _____, de ____ años de edad, en calidad de participante en el proyecto de investigación del Trabajo Final de Grado en el ámbito de Terapia Sexual y de Pareja, realizado por Víctor Sánchez Salvador, alumno del Grado de Psicología en la Universitat Oberta de Catalunya (UOC).

Declaro que:

Se me ha facilitado información sobre el proyecto y que he comprendido el significado del mismo y las acciones que se derivan. Entiendo que los datos obtenidos en esta investigación se tratarán respetando el principio de confidencialidad, el tipo de daño que podría provocar en los participantes, así como cuáles son mis derechos durante el proyecto de investigación.

Doy mi consentimiento a participar en esta investigación y a seguir las instrucciones facilitadas por el investigador.

Colaboro de forma voluntaria y, teniendo derecho a renunciar en cualquier momento a continuar con la realización del proyecto.

Todas mis preguntas han sido respuestas de forma satisfactoria.

Por tanto,

1. **AUTORIZO** a Víctor Sánchez Salvador y a sus profesores y responsables del Trabajo de Fin de Grado a difundir la información y los datos que se deriven de mi colaboración, siempre con voluntad e interés docente y científico, y siempre que se salvaguarde mi identidad e intimidad en todo momento. De acuerdo con el Reglamento (UE) 2016/679, del 27 de abril de Protección de Datos Personales (RGPD, se preservará en todo momento el anonimato de los y las participantes.

2. **AUTORIZO** a Víctor Sánchez Salvador a la conservación de todos los registros realizados por medios electrónicos, grabaciones o por cualquier otro medio, que se

realicen a lo largo de este proyecto, así como la información que se derive del mismo, en los términos legalmente previstos.

Nombre y apellidos del participante: _____

Firma:

Población _____, a _____ de _____ de 2019

Annexe B:

INFORMACIÓ GENERAL

- Quina edat teniu?
- Quant de temps porteu juntes?
- Qui viu en el nucli familiar?

ORIENTACIÓ SEXUAL

1. Em podeu dir quina és la vostra orientació sexual?
2. Va ser fàcil o difícil acceptar la vostra orientació sexual?
3. A l'institut éreu obertament lesbianes?
4. Va haver-hi discriminació?
5. Diríeu que va ser fàcil, neutral o difícil viure la vostra orientació sexual?

PRIMERES TROBADES: Explorem la creació de la relació.

6. Podeu explicar-me com i quan us vàreu conèixer?
7. Qui va donar els primers passos?
8. Qui va prendre la iniciativa per continuar després dels primers contactes?
9. Quines característiques els va atraure l'altre? Què va ser el que més els va agradar? (Evocar almenys tres característiques de cada un)
10. Què és el que creieu que us va animar a continuar amb la relació més enllà dels primers trobades?
11. Quines expectatives vau generar cada una en aquests moments?

BALANÇ: Que cada membre faci una valoració d'aquesta etapa pel que fa als afectes, la sexualitat, els projectes, o qualsevol contingut rellevant que hagi sorgit.

DESENVOLUPAMENT DE LA RELACIÓ

- Consolidació de la relació i organització de la convivència.
- Descripció de l'organització i el procés de consolidació de la parella al voltant de les àrees de responsabilitat i les àrees lúdiques i de plaer.
- Explorar l'ètica relacional que acompanya a l'estrenyiment de la relació.

Preguntes tipus

12. Com va passar la relació d'amistat / trobada a una relació íntima?

13. Quin rol creieu que pren cada una en la relació? Com ho fèieu per passar-ho bé?
14. Quins valors específics que teníeu en comú van servir per consolidar més la seva relació? (Obtenir el nom dels valors: confiança, amabilitat, respecte, etc.)
15. Recordeu alguna història sobre la forma en què nodrien la relació? (Descriure accions i sentiments concrets d'aquests valors)
16. Qui, de la vostra xarxa, recolzava més la seva relació? Hi ha alguna història comú que creieu que ells comptarien sobre el desenvolupament de la vostra relació?
17. ¿Hi havia algun valor ètic en particular que compartíeu que us va ajudar a dóna el pas de (conviure, fills, compra de casa, etc.)"?
18. Com definiríeu el tipus de parella que sou? Quin tipus de parella us agradaria ser? (Contrast 'relació actual' vs 'relació ideal')

Projecte parental: Indagar sobre el projecte parental de la parella en funció de la seva situació (expectatives de tenir fills, criança de fills, famílies reconstituïdes, etc.) observant discrepàncies i consensos en els criteris.

19. Voleu tenir fills?

Intimitat i sexualitat

— Valoració de les experiències en aquesta àrea. Atenció a canvis en la freqüència i / o qualitat, així com a la discrepància d'estils i necessitats
— Balanç etapa desenvolupament
— Que la parella faci una valoració d'aquesta etapa pel que fa als afectes, la sexualitat, els projectes, etc.

RELACIÓ DE LA PARELLA AMB EL PROBLEMA I EL FUTUR

Tenint en compte la història de la parella, generar preguntes que facilitin: La presa de distància de l'experiència problemàtica, si n'hi ha. Observar els efectes del problema sobre l'ètica relacional abans explicitada, i generar contrastos entre conflicte i ètica / relació. Identificar i analitzar l'emergència d'innovacions relacionals actuals o imaginades cap a un futur preferit.

Preguntes tipus:

20. Quan arriben els primers núvols, les primeres dificultats en la relació?

21. Com vàreu actuar cada una de vosaltres? Com us vau sentir? Què veu valorar més del que veu aconseguir recuperar en aquests moments?
22. Si jo entrevistés a la vostra relació, Què em diria de com éreu abans i d'ara?
23. De quina manera el conflicte aconsegueix apartar-vos de la vostra relació?
24. Com imaginen que se sent la seva relació quan els seus apreciats valors de "_____" són substituïts pel desentesa, el silenci o el conflicte?
25. Hi ha algun valor especialment important que hagi estat segrestat pel conflicte que necessiti ser restaurat si vostès volguessin que la relació camini en la seva direcció preferida?
26. Què ha canviat des que van decidir venir a teràpia? Què estan fent diferent perquè això passi?
27. Com aconsegueixen sobreviure a la situació? Com aconsegueixen que les coses no vagin a pitjor?
28. Suposem que la seva parella canvia en la direcció que vostè vol
29. Què significaria això per a vostè? Què faria vostè diferent llavors?
30. Si poden continuar fent això, Com els acostaria al seu futur preferit?
31. En quins moments el problema / conflicte no li crea problemes al seu relació o els molesta menys? Què és el que succeeix de forma diferent en aquests moments?
32. Com notaria cada un que té més control sobre el problema?
33. Quin seria el primer pas per a això?
34. Quines qualitats de la seva parella li donen a vostè esperança que les coses van a millorar?
35. Què sap la seva parella de vostè i de la seva manera de ser que li dóna a ell / a l'esperança que les coses van a anar a millor?
36. Coneixent com coneix a la seva parella, Què li indicaria a vostè que la seva parella sent que les coses estan anant una mica millor?
37. Quin aspecte tindria per a vostè un trencament ideal de la seva relació?
38. Què li agradaria que la seva parella li reconegués? Què li agradaria
39. reconèixer a la seva parella?
40. Què necessita vostè perquè cessi d'intentar convèncer la seva parella que vostè té la raó?
41. Suposeu que la seva parella decidís respectar la seva necessitat de "_____"
42. Com marcaria això la diferència?

43. Què necessita de la seva parella per poder aplacar al problema i restaurar
44. l'enteniment? Què li pot oferir vostè?
45. Quines coses creuen que no han parlat entre vostès encara però que necessiten ser discutides?
46. Quina pregunta els agradaria sentir que encara no haguem formulat?