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Stress Levels of Bisexual Individuals in Mixed-Orientation Relationships

Amanda Bartley
Minnesota State University, Mankato

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By

Amanda Bartley

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Amanda Bartley

This thesis has been examined and approved by the following members of the student's committee.

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Eric Sprankle, PsyD, Advisor

_____

Angelica Aguirre, PhD, Committee member

_____

Dennis Waskul, PhD, Committee member

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AMANDA BARTLEY

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE
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ABSTRACT

Binegativity, the negative perceptions, assumptions, and discrimination experienced by bisexual individuals, is associated with adverse health outcomes including higher rates of mood and anxiety disorders. There is a growing body of research on bisexuality, but there remains little research investigating the risk and protective factors, and the mental health outcomes of bisexual individuals in mixed-orientation relationships. The current study aimed to fill the gaps of the extant research, investigating if social support, outness of bisexual identity, satisfaction with communication between partners, and centrality of group membership and ingroup ties to the LBGT community moderate the relationship between experiences of negativity and mental health. A sample of 1,299 individuals with a sexual attraction to more than one gender and were in a monogamous relationship with someone with a sexual attraction to only one gender participated in this study. Participants completed measures assessing degree of outness of their sexual orientation, satisfaction with social supports, group membership/ingroup ties, communication with partner, experiences of anti-bisexual prejudice, as well as measures of depression, anxiety, and perceived stress to assess mental health outcomes. Pearson correlations were used to examine the relationships between measures of binegativity and mental health, finding significant positive correlations between each of these variables. Multiple linear regressions revealed that outness, social supports, ingroup ties, and communication did not moderate the relationship between binegativity and mental health outcomes. Consistent with existing literature, fewer experiences of binegativity was found to be related to higher satisfaction with social supports and communication with partner, while outness and importance of bisexual identity and LBGT community ties were associated with increased experiences of binegativity. Further research is needed to examine if and how different relationship compositions and specific sexual orientation identities are associated with the relationship between anti-bisexual experiences and mental health.

Stress Levels of Bisexual Individuals in Mixed-Orientation Relationships

Bisexuality, typically defined in Western cultures as having an attraction to more than one gender, is commonly subject to negative societal expectations and stigma (Bowes-Catton & Hayfield, 2015). These negative perceptions and assumptions are termed *binegativity*, *anti-bisexual prejudice*, or *biphobia*. Binegativity has been conceptualized to have two underlying dimensions: instability and intolerance, that drive this form of prejudice (Brewster & Moradi, 2010). The instability dimension refers to the perception that bisexuality as a sexual orientation is unstable and illegitimate. Common beliefs that fall into this classification are that a bisexual individual is confused, experimenting with their sexuality, in denial of their true sexual orientation, or using bisexuality as a transitionary state to an exclusive attraction to one sex. The intolerance dimension refers to attitudes that bisexual people are amoral, sexually promiscuous, more likely to cheat on their partners, and a threat to society (Brewster & Moradi, 2010).

Often these views are perpetuated by members of both the lesbian, gay, bisexual, transgender, queer and/or questioning, and other diverse gender identities (LGBTQ+) and heterosexual communities, a concept known as dual exclusion (Molina et al., 2015). Multiple studies have demonstrated that heterosexual men and women find bisexual individuals less trustworthy and well-adjusted, more likely to have a sexually transmitted disease, and be non-monogamous than gay or lesbian individuals (Brewster & Moradi, 2010; Eliason, 2001; Spalding & Peplau, 1997). Additionally, one study surveying heterosexual individuals found that approximately 77% would not date a bisexual person they were attracted to based on their sexual identity and the negative attitudes they

associated with it (Eliason, 2001). At the same time, many lesbian and gay individuals hold attitudes that bisexuals are traitors or not truly part of the LGBTQ+ community (Brewster & Moradi, 2010). This results in many bisexual individuals feeling isolated from both the heterosexual and lesbian and gay communities and can create unique stressors when a bisexual individual is engaged in a mixed-orientation relationship in which sexual orientations do not "match" (Vencill et al., 2017).

The minority stress theory posits that stigmatized minority groups, such as bisexual individuals, experience stressors specific to their minority status and identity functioning in a heterosexist and heteronormative society (Meyer, 1995; Meyer, 2003; Vencill et al., 2017). These stressors are unique, adding to the general stressors experienced by all people, and require adaptation efforts above those required of people who are not stigmatized, chronically experienced due to underlying social and cultural structures, and result from social processes and structures that extend beyond the experiences of the individual (Meyer, 2003). These stressors can occur on three levels: the individual level (e.g., internalized binegativity), the interpersonal level (e.g., rejection due to sexual orientation), and the structural level (e.g., through laws or institutional practices) (Meyer, 1995; Meyer, 2003; Vencill et al., 2017). From the minority stress perspective, bisexual individuals hold a minority status, which can lead to minority stress, such as binegativity, internalization of heterosexist stigma, concealment of sexual orientation, and awareness and anticipation of further stigmatization, which can increase the risks of adverse mental health outcomes occurring. However, through this minority identity, they also form social supports and coping mechanisms that moderate the impact

of minority stress on mental health (Brewster & Moradi, 2010; Meyer, 1995; Meyer, 2003).

Associated with binegativity and biphobia are adverse health outcomes. Compared to gay or lesbian individuals, bisexual individuals report higher rates of mood and anxiety disorders, as well as poorer physical and overall health, beyond the effects of sexual minority stress associated with solely heterosexism (Bostwick et al., 2010; Dodge et al., 2012; Katz-Wise et al., 2017; Vencill et al., 2017). Additionally, bisexual individuals, in comparison to lesbian or gay peers, report higher levels of identity confusion, which is the uncertainty about one's sexual orientation, thought to be a normative reaction to holding a stigmatized sexual orientation (Balsam & Mohr, 2007). This identity confusion is hypothesized to be at least one contributing factor to the lower levels of self-disclosure and connectedness to the LGBTQ+ community seen in this population, both of which are also factors associated with adverse psychological effects and lower scores on measures of well-being (Balsam & Mohr, 2007). Aspects of being bisexual in a mixed-orientation relationship and the associated binegativity, including the compartmentalization of sexual identity and practice, have been correlated with higher levels of internalized stigma, depression, and anxiety, specifically in bisexual men (Hopwood et al., 2019). However, this finding is not consistent across gender and sexual orientation of partners, with bisexual women in relationships with lesbian partners reporting lower stress levels than those in relationships with heterosexual male partners, warranting further investigation into these unique differences (Vencill et al., 2017).

Community connectedness can act as an important protective factor buffering against the impact of discrimination. For sexual minorities, contact with their communities is associated with higher resiliency when experiencing anti-gay attacks (Balsam & Mohr, 2007). In fact, having a minority identity can lead to stronger affiliations with one's community than found in those who are not members of a minority group. For instance, many LBGTQ+ individuals form strong affiliations within the community and utilize it as a form of social support, which acts as a moderating factor against the impact of discrimination, as well as serves as a source of information, resources, activism, socialization opportunities, and acceptance (Harper & Schneider, 2003). Bisexual individuals do not always find the same type of visible, organized community support, may feel excluded from lesbian and gay organizations, and not experience the benefits of community connection (Balsam & Mohr, 2007; Hutchins, 1996; Meyer, 2003). Beyond having contact with community members, being involved in the LGBTQ+ community can encourage bisexual individuals to compare themselves socially to other LGBTQ+ individuals as opposed to heterosexuals, which can be more validating and less harmful to psychological well-being (Meyer, 2003).

Related to community connectedness is the outness of sexual identity, which can function as both a protective and risk factor for mental health outcomes. Outness can serve as a protective factor against binegativity, stigma, and discrimination in that it often facilitates connection to the LGBTQ+ community and the social support that it lends (Meyer, 2003; Molina et al., 2015). However, outness of one's sexual orientation can also lead to greater exposure to stigmatizing experiences and biphobia, which are associated

with higher levels of psychological distress and poorer mental health outcomes (Molina et al., 2015).

Less internalized binegativity, which is the extent to which a bisexual person has internalized negative societal beliefs about their sexual attractions and experiences, is, perhaps not unsurprisingly, associated with a lower risk of negative mental health outcomes (Balsam & Mohr, 2007). Internalized binegativity can lead to negative attitudes towards the self, internal conflict, trouble forming and maintaining intimate or romantic relationships, trouble with sexual functioning, and is related to a higher risk of depression, anxiety, substance use disorders, suicidal ideation, and engagement in self-injurious behaviors (Meyer, 2003). Consequently, when individuals experience lower levels of internalized binegativity, they have more self-acceptance and less negative self-evaluation, which leads to higher self-esteem, greater life satisfaction, and better psychological health (Balsam & Mohr, 2007).

Much of the existing literature on LGBTQ+ topics and sexual orientation studies focus specifically on lesbian or gay populations or has too few bisexual participants to facilitate independent analysis. While there is a growing body of research on bisexuality, there is little research investigating the risk and protective factors and health outcomes of bisexual individuals in mixed-orientation relationships. The extant literature on this topic is limited by sample size, reliability of measures utilized, and homogeneity of the participant pool (Hopwood et al., 2019; Vencill et al., 2017). Further study of this topic will allow for the implementation of strategies to strengthen protective factors, navigate

the idiosyncrasies surrounding them, and improve mental health outcomes in this population.

Accordingly, the current thesis project investigated how experiences of binegativity are related to anxiety, depression, and perceived stress in bisexual individuals in monogamous, mixed-orientation relationships with a partner attracted to only one gender. Specifically, this study examined how several protective factors, including the level of social support, identification and feeling of belongingness to the LGBTQ+ community, healthy communication, support in interactions with their partner, and openness about their sexual orientation with important others in their life would affect the relationship between binegativity and mental health outcomes. This study aimed to bolster the current literature on this subject and identify possible targets for preventative interventions against mental health difficulties resulting from binegativity. It was hypothesized that a higher frequency of antibisexual experiences would be related to higher levels of reported perceived stress, anxiety, and depression. Additionally, it was hypothesized that social supports, in-group ties to the LGBTQ+ community, communication within the relationship, and openness about sexual orientation would moderate the relationship between binegativity and depression, anxiety, and stress.

Method

Participants

To meet inclusion criteria, participants had to be 18 or older, identify as having a sexual attraction to more than one gender, and currently in a monogamous relationship with someone who has a sexual attraction to only one gender. A total of 2,459 individuals

participated in the survey, with 1,160 responses being excluded from analysis based on incomplete surveys or survey completion in under six minutes.

This produced a sample of 1,299 participants who were primarily white (83.4%), bisexual (56.0%), cisgender women (79.8%) from the United States (68.1%) recruited through convenience sampling. Refer to Table 1 for full demographic information.

Procedures

The researcher obtained University Institutional Review Board (IRB) approval prior to data collection. Data for this study were collected using the Qualtrics online survey platform (Qualtrics, Provo, UT, USA). Participants received the link to the online study by viewing the recruitment posting on social media platforms. The recruitment script was as follows: “Do you have a sexual attraction to more than one gender? Are you in a monogamous relationship with someone who has a sexual attraction to only one gender? Are you 18+? If yes to all, feel free to take a new 15-minute research survey!”

Clicking on the link led participants to the screening page of the Qualtrics survey, which asked them to confirm meeting the inclusion criteria. Not meeting the inclusion criteria ended the survey. For those meeting criteria, participants were presented with the consent document. Participants did not indicate their names on the consent forms or elsewhere in the survey to ensure the data remains anonymous. Participants read the consent form and, if they wanted to participate, indicated that they are 18 years of age and consent to participate by checking a box (Appendix A).

Participants who consented to participating then proceeded to the study which consisted of a series of questions about common demographic information, outness of

their sexual identity, satisfaction with their partner and social supports, the centrality of membership to the LGBTQ+ community to their social identity, experiences of anti-bisexual prejudice, and mental health outcomes. Participants were able to bypass any questions or other items they did not wish to answer and were able to opt-out of the study at any point by closing their web browsers.

Measures

The survey materials included a demographic survey created for this study asking about gender, age, race/ethnicity, sexuality, and U.S. residency or continent of residence (Appendix B).

The Outness Inventory (Mohr & Fassinger, 2000), an 11-item scale, was used to assess the degree to which LGB individuals are open about their sexual orientation with various individuals in their life. Items are rated from 1, *person definitely does NOT know about your sexual orientation status,* to 7, *person definitely knows about your sexual orientation status, and it is OPENLY talked about.* Examples include the following: "Mother," "My work peers," and "My new straight friends." Reliability and validity were found to be sufficiently high for research uses (Cronbach's α = .74-97 across subscales) (Mohr & Fassinger, 2000). (Appendix C).

The 6-item short form of the Social Support Questionnaire (Sarason et al., 1987) was used to assess the number of available social support participants feel they can turn to in times of need and measures their satisfaction with their perceived supports. Satisfaction is rated on a 6-point scale from *very dissatisfied* to *very satisfied* (Cronbach's

α = .97). Example items include “Who accepts you totally, including both your worst and best points?” (Appendix D).

The Social Identification Scale (Cameron, 2004) assessed the centrality of group membership, ingroup ties, and ingroup affect. This is a 12-item scale with questions measured on a 6-point scale with answers ranging from *strongly disagree* to *strongly agree* (Cronbach’s α = .85). Examples include the following: “I feel strong ties to other (ingroup members),” and “I find it difficult to form a bond with other (ingroup members).” (Appendix E).

The Couple Communication Satisfaction Scale (Jones et al., 2019) measures partner’s level of satisfaction with their own communication abilities, their partners’ communication abilities, and the interaction between both individuals, particularly looking at the emotional experience, responsiveness, and contributions of each partner. This was completed by the participant alone. This is a 12-item scale with questions measured on a 5-point scale with answers ranging from *not at all satisfied* to *extremely satisfied* (Cronbach’s α = .92). Example items include the following: “My partner’s emotional opening up in conversation” and “My partner’s initiation of conversation.” (Appendix F).

The Anti-Bisexual Experiences Scale (Brewster & Moradi, 2010) was used to measure participants’ perceived experiences of anti-bisexual prejudice. This is a 17-item scale with the frequency of experiences measured on a 6-point scale where 1 is *never* and 6 is *almost all of the time* and yields a score for experiences of anti-bisexual prejudice from gay and lesbian individuals and heterosexual individuals. Example items include

"People have addressed my bisexuality as if it means that I am simply confused about my sexual orientation" and "Others have pressured me to fit into a binary system of sexual orientation (i.e., either gay or straight)." These items are answered for both the frequency of occurrence with heterosexual individuals (Cronbach's α = .93) and lesbian and gay individuals (Cronbach's α = .94) (Appendix G).

The Beck Anxiety Inventory (Beck et al., 1988) is a 21-item self-report scale measuring how bothersome symptoms of anxiety including physical symptoms, thoughts, and feelings, were to participants over the last month. This is a 4-point scale with answer choices ranging from *not at all* to *severely- it bothered me a lot*. Scores range from 0 to 63 with higher scores indicating higher levels of anxiety. Examples include the following "heart pounding/racing," "unable to relax," and "scared." This measure is moderately correlated with the revised Hamilton Anxiety Rating scale (.51) and demonstrates high reliability (Cronbach's α = .92). (Appendix H).

Participants completed the Beck Depression Inventory (Beck et al., 1961), a 21-item scale measuring characteristic attitudes and symptoms of depression. This is a 4-point scale with higher scores equating to higher levels of depressive symptoms (Appendix I). An example is "I do not feel sad, I feel sad, I am sad all the time and I can't snap out of it, I am so sad and unhappy that I can't stand it." This measure shows high reliability (Cronbach's α = .90) and strongly correlates with the Hamilton Rating Scale for Depression (r=.87) (Carlson, 1998).

The Perceived Stress Scale (Cohen et al., 1983) was used to assess how often participants felt overwhelmed, stressed, and out of control over the last month. This is a

10-item, 5-point scale with answer choices ranging from *never* to *very often* (Appendix J). This measure exhibits moderate correlations with other measures appraising stress and adequate validity (Cronbach's α = .78) (Cohen, 1988). Example items include "In the last month, how often have you found that you could not cope with all the things that you had to do?"

Design and Statistical Analysis

Data were screened for missingness and cases were eliminated due to presence of demographics but not survey responses. Pearson *r* correlations were used to examine the relationship between measures of binegativity and depression, anxiety, and stress scores, as measured by the Anti-Bisexual Experiences Scale including both the lesbian/gay and heterosexual subscales, the Beck Depression Inventory, the Beck Anxiety Inventory, and the Perceived Stress Scale. Moderation analyses were conducted to assess if in-group ties, social supports, communication, and outness moderates the relationship between binegativity and mental health outcomes using multiple linear regressions. Alpha of .05 was used for all statistical tests.

Results

There were significant correlations between measures of binegativity and depression, anxiety, and perceived stress scores, where more frequent experiences of binegativity from both heterosexual and lesbian/gay individuals were associated with higher levels of negative psychological symptoms. Binegativity from heterosexual individuals was significantly correlated with depression [$r(1244) = .31$, $p < .01$], anxiety [$r(1270) = .29$, $p < .01$], and perceived stress [$r(1222) = .28$, $p < .01$]. Binegativity from

lesbian and gay individuals was also significantly correlated with depression [$r(1242) = .14$, $p<.01$], anxiety [$r(1268) = .12$, $p<.01$], and perceived stress [$r(1220) = .12$, $p<.01$]. Experiencing binegativity from heterosexual individuals was associated with a stronger relationship with negative psychological symptoms than did experiences of binegativity from lesbian and gay individuals.

Experiences of binegativity from heterosexual individuals significantly correlated with all moderating variables, such that higher frequency of experiences of binegativity was associated with lower satisfaction with social supports [$r(968) = -.09$, $p<.01$], and lower satisfaction with communication with their partner [$r(1292) = -.12$, $p<.01$], and higher measures of outness [$r(1292) = .17$, $p<.01$], and importance of ingroup ties and identification [$r(1292) = .14$, $p<.01$]. Binegativity from lesbian and gay individuals was also significantly correlated with importance of ingroup ties and identification [$r(1290) = .07$, $p<.05$], and outness [$r(1290) = .23$, $p<.01$]. Descriptive statistics and correlation matrix for these variables are presented in Table 2.

Multiple linear regressions indicated that the Social Supports Questionnaire, Social Identification Scale, Couples Communication Satisfaction Scale, and Outness Inventory did not significantly moderate the relationship between Anti-Bisexual Experiences Scale scores and depression, anxiety, and perceived stress scores. Refer to Tables 3-5 for statistics.

Discussion

Bisexual individuals experience a unique set of stressors related to being a sexual minority, including binegativity from both the heterosexual and LGBTQ+ communities.

This study aimed to further investigate relatively undocumented factors related to the mental health outcomes associated with holding a minority status (i.e., being bisexual in a mixed-orientation relationship), specifically, the impact of having social supports, identification with and ingroup ties to the LGBTQ+ community, quality of communication with a romantic and sexual partner, and degree of outness to various others in an individual's life.

H1: Relationship Between Binegativity and Mental Health

In line with prior research, the findings of the present study support the observation that although bisexual individuals are subject to discrimination, stigmatization, and negative societal expectations from the LGBTQ+ and heterosexual communities, these experiences ensue more frequently in interactions with heterosexual individuals (Brewster & Moradi, 2010). The sample's mean score on measures of depression, anxiety, and stress rank in the mild to moderate range, and rates of those scoring moderate to severe approximate or surpass those seen in a study utilizing a smaller, but demographically similar, sample of bisexual individuals in mixed-orientation relationships (Vencill et al., 2017).

In support of the study's first hypothesis, binegativity was found to significantly correlate with depression, where more frequent experiences of binegativity from both heterosexual and lesbian and gay individuals are associated with a greater number of reported depressive symptoms. This finding parallels those of the existing literature examining this topic, where experiences involved in binegativity, including heterosexism, microaggressions, and discrimination are related to increased rates of major depressive

disorder (Bostwick et al., 2014; Meyer, 2003; Sue, 2010; Szymanksi et al., 2008). This finding appears to be consistent across different gender identities and relationship types, with studies reporting bisexual males in mixed-orientation marriages report the development and experience of depressive symptoms in response to the compartmentalization of their sexual identities, and an association between gay related stress and stigma consciousness and depressive symptoms among a sample of male and female individuals (Hopwood et al., 2019; Lewis et al., 2003).

Similarly, the findings of the present study demonstrate a significant relationship between binegativity and anxiety, in which more frequent experiences of binegativity from either heterosexual or lesbian/gay individuals, was associated with more reported symptoms of anxiety. This is in accord with previous research findings, citing that heterosexism and discrimination related to sexual orientation is associated with increased reported symptoms of anxiety, as well as higher rates of generalized anxiety disorder (Bostwick et al., 2014; Brewster et al., 2013; Hopwood et al., 2019; Sue, 2010; Szymanksi et al., 2008). Although the current sample is composed of predominately white females residing in North America, research suggests that these findings are consistent across people of color and at least some eastern cultures (Chan et al., 2019; Flanders et al., 2019).

Additionally, perceived stress was found to significantly correlate with experiences of binegativity, in accordance with prior findings which state that holding a sexual minority status and the discriminatory experiences that accompany that identity, are associated with unique, additive stressors (Brewster, et al., 2013; Katz-Wise et al.,

2016; Meyer, 2003). Interestingly, Vencill et al. (2017) reported that stress levels of bisexual individuals in partnerships with lesbian partners reported significantly lower stress levels compared to those with heterosexual identifying partners, indicating stress may be in part moderated by other variables.

H2: Variables Moderating the Effects of Binegativity on Mental Health

The second hypothesis of this study theorized that social supports, in-group ties to the LGBTQ+ community and centrality of community membership to sense of self, communication within the relationship, and openness about sexual orientation would moderate the relationship between binegativity and depression, anxiety, and stress. While this hypothesis was not supported, with analyses revealing no significant moderations between these variables, the findings did demonstrate several significant correlations between moderators and measures of binegativity.

Experiences of binegativity were found to negatively correlate with participants' satisfaction with their social supports. This relationship reached statistical significance for experiences of binegativity stemming from heterosexual individuals, but not lesbian or gay individuals. Prior research investigating the relationship between social supports and binegativity are in support of the current finding, reporting higher levels of social support was associated with decreased report of feelings of illegitimacy and binegativity, as well as lower rates of depression and anxiety symptoms (Flanders et al., 2019). This is in line with research investigating the relationship between social support or group membership and minority stressors not specific to bisexual individuals (Balsam & Mohr, 2007; Meyer, 2003). Similarly, in one sample composed of LGBT adolescents,

family supports moderated the negative effects of antigay abuse and discrimination on mental health outcomes (Hershberger & D'Augelli, 1995; Meyer, 2003).

Satisfaction with communication with partner was also found to be negatively correlated with binegativity, but statistically significant only for binegativity arising from experiences with heterosexual individuals. Little research specific to the relationship between experiences of binegativity and communication satisfaction within a romantic partnership exists to date. This is potentially due to a moderately strong correlation with general social support, as seen in the current study, which may make examining this variable independently unnecessary. One study looking at the effects of internalized stigma on partner's communication found that those with more internalized stigma demonstrated more negative communication, which included attributes such as negative facial expressions, positioning, and emotional tone (Scott et al., 2021). Additional studies find that spousal support, including aspects such as listening and providing the opportunity to communicate, buffered the associations between discrimination and depressive symptoms in those in both same-sex and different-sex marriages, and that this effect is stronger in those in same-sex relationships (Donnelly et al., 2019).

Experiences of binegativity were found to have a positive correlation with ingroup ties, with more frequent experiences with binegativity being associated with greater emphasis on ingroup ties to the LGBTQ+ community and centrality of sexual orientation to identity. This finding was consistent across binegativity from both heterosexual and lesbian/gay individuals. Ingroup ties to the LGBTQ+ community typically require the individual to make their sexual orientation known, at least to some

extent. The outness this requires undoubtedly increases the potential for experiencing biphobic attitudes and discrimination. The centrality of bisexual identity may exacerbate the stress of binegativity, as the more an individual identifies with this aspect of their identity, the greater the emotional impact of stressors occurring in this domain will be (Meyer, 2003).

While the findings of the present study do not support the hypothesized outcome that ingroup ties will serve as a moderator in the relationship between binegativity and mental health outcomes, it does replicate the findings of some prior research on this topic, which found that LGBTQ+ community connection was not significantly associated with a decrease in either depressive symptoms or anxiety scores, and that once other dimensions of sexual minority experience were controlled for, feelings of connectedness to the LGBTQ+ community were not associated with well-being (Balsam & Mohr, 2007; Flanders et al., 2019). These previous studies posited that the lack of relationship found between these variables may be due to low reliability of the measures used and decreased statistical power, but the findings of the current study support the idea that perhaps general social supports may be more influential to well-being than a sense of connection or belonging to the LBGTQ+ community (Balsam & Mohr, 2007).

Outness of sexual orientation was found to be associated with more frequent experiences of binegativity, from both heterosexual and lesbian/gay individuals. This finding adds to the extant literature citing outness as both a risk and protective factor against the effects of minority stress, potentially opening an individual up to more discriminatory or stigmatizing experiences, while at the same time connecting the

individual with like others and a support system in the LGBTQ+ community (Meyer, 2003; Molina et al., 2015). In opposition to the lack of discovering a significant moderating effect of outness in the current study, other literature reports concealment of sexual orientation as a significant mediator between sexual orientation and affective symptoms, which may suggest that societal circumstances and contexts may play a greater role than outness (Chan et al., 2019).

Limitations and Future Directions

Although this study examines an area lacking comprehensive research, there are limitations that need to be considered when interpreting the results. While there was participation across race, gender identity, sexual orientation, and geographical location, the majority of participants were white bisexual women living in the United States or North America. The homogeneity of the sample may impact its generalizability to individuals of other cultures, gender identities, and racial or ethic backgrounds. In light of this, future sexual minority studies should continue the effort to obtain a diverse sample to provide greater insight into the idiosyncrasies that may exist among individuals of different identities and backgrounds. Additionally, participants were recruited by convenience sampling through social media, so the perspectives and characteristics reflected in the sample may be limited and not representative of bisexual individuals in mixed-orientation relationships.

Furthermore, the current study failed to assess the sexual orientation of participants' partners. Research demonstrates mixed findings in regards to levels of internalized binegativity across different relationship compositions. Some studies cite few

or no significant differences (Molina et al., 2015). Conversely, other research finds that those in same-sex relationships report lower levels in comparison to those in different sex relationships (Bauermeister et al., 2010). However, this may be due to differences in outness associated with being bisexual in a heterosexual-presenting relationship versus a homosexual-presenting relationship. Further research that assesses the composition of a bisexual individual's relationship would allow this idea to be investigated to a greater extent, and would be beneficial in gaining a better understanding of this relationship.

Future research investigating the impact of gender identity on experiences of binegativity and mental health outcomes may reveal significant moderations where the current study did not. Existing research suggests that attitudes towards sexual women are less negative than sexual minority men, perhaps due to the fact that women are believed to be more sexually fluid than men, and same-sex relationships between females is more prone to being fetishized (Dodge et al., 2016). This indicates that it may be a worthwhile endeavor to examine gender differences in this model.

Additionally, a major shortcoming of sexual minority research is that it often fails to differentiate bisexual and lesbian/gay individuals. Oftentimes this is due to small sample size that makes independent analysis difficult. While the current study looked exclusively at the experiences of those who are attracted to more than one gender, analyses were not broken down by subsequent identifiers, such as bisexual, pansexual, queer, or omnisexual. Moving forward, it would be beneficial to obtain demographic information that facilitates the breakdown of identities in this way to allow for attempts to

assess differences and similarities among the experiences of those with different identities falling under the bisexual umbrella.

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Table 1

Sociodemographic Characteristics of Participants

Variable	*n*	%	*M*	*SD*
Age	841		31.75	7.02
Gender identity	1297			
Cisgender male	87	6.7		
Cisgender female	1036	79.8		
Transgender male	6	.5		
Transgender female	2	.2		
Non-binary/gender fluid	142	10.9		
Other identified (e.g., demigirl, two spirit, gender queer)	22	1.7		
Sexual identity	1298			
Bisexual	727	56.0		
Pansexual	329	25.3		
Queer	137	10.5		
Questioning/unsure	40	3.1		
Omnisexual	21	1.6		
Heterosexual	11	.8		
Asexual	6	.5		
Gay/lesbian	4	.3		
Other (e.g., panromantic, demisexual, heteroflexible)	23	1.8		
Race / Ethnicity	1299			
White	1083	83.4		
Black or African American	17	1.3		
American Indian or Alaska Native	8	.6		
Asian	41	3.2		
Latino/a/x	19	1.5		
Mixed (e.g., White and Asian and other)	87	6.7		
Other (e.g., Middle Eastern, Indian)	35	2.7		
Residency	1299			
United States	884	68.1		
International	415	31.9		
Region	1297			
North America	995	76.6		
South America	3	.2		
Europe	215	16.6		
Asia	39	2.3		
Africa	12	.9		
Australia/Oceania	42	3.2		

Table 2

Means, Standard Deviations, and Intercorrelations of Model Variables

Variable	*M*	*SD*	1	2	3	4	5	6	7	8	9
1. ABES-LG	27.60	12.69	-	.63**	-.05	.07*	-.04	.23**	.14**	.12**	.12**
2. ABES-H	41.36	17.38		-	-.09**	.14**	-.12**	.17**	.31**	.29**	.28**
3. SSQ	5.09	1.01			-	.09**	.42**	.12**	-.24**	-.12**	-.21**
4. SIS	50.39	8.16				-	.12**	.41**	-.07*	.02	-.03
5. CCSS	45.03	9.68					-	.11**	-.29**	-.14**	-.28**
6. OI	2.80	1.36						-	-.08**	.02	-.05
7. BDI	15.26	9.66							-	.61**	.76**
8. BAI	22.71	13.10								-	.58**
9. PSS	21.22	6.70									-

Note. ABES-LG = Anti-Bisexual Experiences Scale – Lesbian/Gay; ABES-H = Anti-Bisexual Experiences Scale – Heterosexual; SSQ = Social Supports Questionnaire; SIS = Social Identification Scale; CCSS = Couple Communication Satisfaction Scale; OI = Outness Inventory; PSS = Perceived Stress Scale.

$^{**}p < .01$, $^{*}p < .05$

Table 3

BDI Moderated by SSQ, SIS, CCSS, and OI

Variables	β	*p*
ABES-LG * SSQ	-.06	.09
ABES-LG * SIS	-.02	.62
ABES-LG * CCSS	.05	.18
ABES-LG * OI	-.05	.16
ABES-H * SSQ	-.01	.80
ABES-H * SIS	-.06	.09
ABES-H * CCSS	.02	.63
ABES-H * OI	-.02	.49

Note. ABES-LG = Anti-Bisexual Experiences Scale – Lesbian/Gay; ABES-H = Anti-Bisexual Experiences Scale – Heterosexual; SSQ = Social Supports Questionnaire; SIS = Social Identification Scale; CCSS = Couple Communication Satisfaction Scale; OI = Outness Inventory; PSS = Perceived Stress Scale.

Table 4

BAI Moderated by SSQ, SIS, CCSS, and OI

Variables	β	*p*
ABES-LG * SSQ	-.01	.72
ABES-LG * SIS	-.02	.56
ABES-LG * CCSS	-.03	.43
ABES-LG * OI	-.03	.42
ABES-H * SSQ	.01	.75
ABES-H * SIS	-.02	.50
ABES-H * CCSS	-.04	.22
ABES-H * OI	-.03	.32

Note. ABES-LG = Anti-Bisexual Experiences Scale – Lesbian/Gay; ABES-H = Anti-Bisexual Experiences Scale – Heterosexual; SSQ = Social Supports Questionnaire; SIS = Social Identification Scale; CCSS = Couple Communication Satisfaction Scale; OI = Outness Inventory; PSS = Perceived Stress Scale.

Table 5

PSS Moderated by SSQ, SIS, CCSS, and OI

Variables	β	*p*
ABES-LG * SSQ	-.02	.65
ABES-LG * SIS	.06	.08
ABES-LG * CCSS	-.01	.88
ABES-LG * OI	-.07	.06
ABES-H * SSQ	.02	.58
ABES-H * SIS	.01	.69
ABES-H * CCSS	.00	.97
ABES-H * OI	-.05	.17

Note. ABES-LG = Anti-Bisexual Experiences Scale – Lesbian/Gay; ABES-H = Anti-Bisexual Experiences Scale – Heterosexual; SSQ = Social Supports Questionnaire; SIS = Social Identification Scale; CCSS = Couple Communication Satisfaction Scale; OI = Outness Inventory; PSS = Perceived Stress Scale.

Appendix A

STRESS LEVELS OF INDIVIDUALS IN MIXED-ORIENTATION RELATIONSHIPS

You are requested to participate in research supervised by Dr. Eric Sprankle from the Department of Psychology at Minnesota State University, Mankato on the experiences of those in mixed-orientation relationships. This survey should take about 10 to 15 minutes to complete. The goal of this survey is to better understand the unique dynamics and challenges for those in mixed-orientation relationships. You will be asked to answer questions about your sexual orientation, openness about your sexual orientation, social supports, involvement in the LGBTQ+ community, your communication abilities with your partner, experiences of anti-LGBTQ+ prejudice, and anxiety, depression, and stress levels. If you have any questions about the research, please contact Dr. Sprankle at (507) 389-5825 or eric.sprankle@mnsu.edu, or Amanda Bartley at amanda.bartley@mnsu.edu.

Participation is voluntary. You have the option not to respond to any of the questions. You may stop taking the survey at any time by closing your web browser. The decision whether or not to participate will not affect your relationship with Minnesota State University, Mankato, and refusal to participate will involve no penalty or loss of benefits. If you have any questions about participants' rights and for research-related injuries, please contact the Administrator of the Institutional Review Board, at (507) 389-1242.

Responses will be anonymous. However, whenever one works with online technology there is always the risk of compromising privacy, confidentiality, and/or anonymity. If you would like more information about the specific privacy and anonymity risks posed by online surveys, please contact the Minnesota State University, Mankato IT Solutions Center (507-389-6654) and ask to speak to the Information Security Manager.

The risks of participating are no more than are experienced in daily life.

There are no direct benefits for participating. Society might benefit by the increased understanding of the unique dynamics and challenges for those in mixed-orientation relationships.

Submitting the completed survey will indicate your informed consent to participate and indicate your assurance that you are at least 18 years of age.

Please print a copy of this page for your future reference. If you cannot print the consent form, take a screen shot, paste it to a word document and print that.

Minnesota State University, Mankato IRBNet Id# 1893767

Date of Minnesota State University, Mankato IRB approval:

Do you agree to participate?

Yes _____ No_____{*If the answer is yes, move to survey. If the answer is no, move to a thank you page*.}

Appendix B

1. How old are you? ____

2. Although these are broad categories, what is the race or ethnicity that *best* describes you (check all that apply)?

White
Black or African American
American Indian or Alaska Native
Asian
Native Hawaiian or Pacific Islander
Other (please specify) _____
Prefer not to say

3. Although these can be broad categories, please select the sexual orientation that *best* describes you.

Bisexual
Pansexual
Queer
Omnisexual
Heterosexual
Gay or lesbian
Asexual
Questioning or unsure
Other (please specify) _____
Prefer not to say

4. Select one of the following that describes your current gender identity (note: for the purpose of this study, cisgender means that you identify with the gender that you were assigned at birth, such as male or female):

Cisgender Man
Cisgender Woman
Transgender Man
Transgender Woman
Non-binary/Gender-fluid
Other (please specify) _____
Prefer not to say

5. Do you live in the United States? *{If the answer is yes, move to survey. If the answer is no, move to question 5a.}*

Yes
No

5a. On what continent do you currently live?

North America (including Canada, Mexico, Central America, and the Caribbean)
South America
Europe
Asia (including India and the Middle East)
Africa
Australia and Oceania

Appendix C

Outness Inventory

Use the following rating scale to indicate how open you are about your sexual orientation to the people listed below. Try to respond to all of the items, but leave items blank if they do not apply to you. If an item refers to a group of people (e.g., work peers), then indicate how out you generally are to that group.

1 = person definitely does NOT know about your sexual orientation status
2 = person might know about your sexual orientation status, but it is NEVER talked about
3 = person probably knows about your sexual orientation status, but it is NEVER talked about
4 = person probably knows about your sexual orientation status, but it is RARELY talked about
5 = person definitely knows about your sexual orientation status, but it is RARELY talked about
6 = person definitely knows about your sexual orientation status, and it is SOMETIMES talked about
7 = person definitely knows about your sexual orientation status, and it is OPENLY talked about
0 = not applicable to your situation; there is no such person or group of people in your life

	1	**2**	**3**	**4**	**5**	**6**	**7**	**0**
Mother	☐	☐	☐	☐	☐	☐	☐	☐
Father	☐	☐	☐	☐	☐	☐	☐	☐
Siblings (sisters, brothers)	☐	☐	☐	☐	☐	☐	☐	☐
Extended family/relatives	☐	☐	☐	☐	☐	☐	☐	☐
My new straight friends	☐	☐	☐	☐	☐	☐	☐	☐
My work peers	☐	☐	☐	☐	☐	☐	☐	☐
My work supervisor(s)	☐	☐	☐	☐	☐	☐	☐	☐
Members of my religious community (e.g., church, temple)	☐	☐	☐	☐	☐	☐	☐	☐
Leaders of my religious community (e.g., church, temple)	☐	☐	☐	☐	☐	☐	☐	☐

Strangers, new acquaintances	☐	☐	☐	☐	☐	☐	☐	☐
My old heterosexual friends	☐	☐	☐	☐	☐	☐	☐	☐

Appendix D

Social Supports Questionnaire

Indicate the number of people (0-9) available to give support in the given situations and your level of satisfaction with the amount of support you would receive.

	# of people	Very dissatisfied (1)	Fairly dissatisfied (2)	A little dissatisfied (3)	A little satisfied (4)	Fairly satisfied (5)	Very satisfied (6)
Whom can you really count on to be dependable when you need help?		☐	☐	☐	☐	☐	☐
Whom can you really count on to help you feel more relaxed when you are under pressure or tense?		☐	☐	☐	☐	☐	☐
Who accepts you totally, including both your worst and best points?		☐	☐	☐	☐	☐	☐
Whom can you really count on to care about you, regardless of what is happening to you?		☐	☐	☐	☐	☐	☐
Whom can you really count on to help you feel better when you are feeling generally down-in-the-dumps?		☐	☐	☐	☐	☐	☐
Whom can you count on to console you when you are very upset?		☐	☐	☐	☐	☐	☐

Appendix E

Social Identification Scale

Please rate how connected you feel to the LGBTQ+ ingroup by circling the number in the corresponding column for each question.

	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
1. I have a lot in common with other (ingroup members)	1	2	3	4	5	6
2. I feel strong ties to other (ingroup members).	1	2	3	4	5	6
3. I find it difficult to form a bond with other (ingroup members)	1	2	3	4	5	6
4. I don't feel a sense of being ''connected'' with other (ingroup members).	1	2	3	4	5	6
5. I often think about the fact that I am a(n) (ingroup member).	1	2	3	4	5	6
6. Overall, being a(n) (ingroup member) has very little to do with how I feel about myself.	1	2	3	4	5	6
7. In general, being a(n) (ingroup member) is an important part of my self-image.	1	2	3	4	5	6

8. The fact that I am a(n) (ingroup member) rarely enters my mind	1	2	3	4	5	6
9. In general, I'm glad to be a(n) (ingroup member).	1	2	3	4	5	6
10. I often regret that I am a(n) (ingroup member).	1	2	3	4	5	6
11. I don't feel good about being a(n) (ingroup member).	1	2	3	4	5	6
12. Generally, I feel good when I think about myself as a(n) (ingroup member)	1	2	3	4	5	6

Appendix F

Couple Communication Satisfaction Scale

Indicate degree of happiness, all things considered, of their relationship communication with partner.

	Not at all satisfied	Moderately satisfied	Neither satisfied nor dissatisfied	Moderately satisfied	Extremely satisfied
1. My ability to clearly communicate what I need from my partner	1	2	3	4	5
2. My willingness to listen when my spouse needs to talk	1	2	3	4	5
3. My focus/concentration during conversation	1	2	3	4	5
4. My emotional opening up in conversation	1	2	3	4	5
5. My mood after our conversations	1	2	3	4	5
6. The balance between what I give and receive when communicating	1	2	3	4	5
7. My partner's emotional opening up in conversation	1	2	3	4	5
8. My partner's initiation of conversation	1	2	3	4	5
9. My partner's effort to understand my point of view	1	2	3	4	5
10. My partner's ability to discuss without becoming defensive	1	2	3	4	5
11. The variety of topics in our communication	1	2	3	4	5
12. The frequency of our communication	1	2	3	4	5

Appendix G

Anti-Bisexual Experiences Scale

Please rate how often the experience reflected in each of the following items has happened to you personally. We are interested in your personal experiences as a bisexual individual and realize that each experience may or may not have happened to you. To tell us about your experiences, please rate each item using the scale below.
Please answer each question TWICE, once to report how often you have had each experience with lesbian/gay people and again to report how often you have had the experience with heterosexual people

		Never	Once in awhile	Sometimes	A lot	Most of the time	Almost all of the time
1. People have addressed my bisexuality as if it means that I am simply confused about my sexual orientation	L/G	1	2	3	4	5	6
	H	1	2	3	4	5	6
2. People have acted as if my sexual orientation is just a transition to a gay/lesbian orientation	L/G	1	2	3	4	5	6
	H	1	2	3	4	5	6
3. People have acted as if my bisexuality is only a sexual curiosity, not a stable sexual orientation	L/G	1	2	3	4	5	6
	H	1	2	3	4	5	6
4. Others have pressured me to fit into a binary system of sexual orientation (i.e., either gay or straight)	L/G	1	2	3	4	5	6
	H	1	2	3	4	5	6
5. People have not taken my sexual orientation seriously because I am bisexual	L/G	1	2	3	4	5	6
	H	1	2	3	4	5	6
6. When I have disclosed my sexual orientation to others, they have continued to assume that I am really heterosexual or gay/lesbian	L/G	1	2	3	4	5	6
	H	1	2	3	4	5	6
7. When my relationships haven't fit people's opinions about whether I am really heterosexual or lesbian/gay, they have discounted my relationships as "experimentation"	L/G	1	2	3	4	5	6
	H	1	2	3	4	5	6
8. People have denied that I am really bisexual when I tell them about my sexual orientation	L/G	1	2	3	4	5	6
	H	1	2	3	4	5	6
9. People have treated me as if I am likely to have an STD/HIV because I identify as bisexual	L/G	1	2	3	4	5	6
	H	1	2	3	4	5	6
10. People have treated me as if I am obsessed with sex because I am bisexual	L/G	1	2	3	4	5	6
	H	1	2	3	4	5	6

11. People have assumed that I will cheat in a relationship because I am bisexual	L/G	1	2	3	4	5	6
	H	1	2	3	4	5	6
12. People have stereotyped me as having many sexual partners without emotional commitments	L/G	1	2	3	4	5	6
	H	1	2	3	4	5	6
13. I have been alienated because I am bisexual	L/G	1	2	3	4	5	6
	H	1	2	3	4	5	6
14. People have not wanted to be my friend because I identify as bisexual	L/G	1	2	3	4	5	6
	H	1	2	3	4	5	6
15. I have been excluded from social networks because I am bisexual	L/G	1	2	3	4	5	6
	H	1	2	3	4	5	6
16. Others have acted uncomfortable around me because of my bisexuality	L/G	1	2	3	4	5	6
	H	1	2	3	4	5	6
17. Others have treated me negatively because I am bisexual	L/G	1	2	3	4	5	6
	H	1	2	3	4	5	6

Appendix H

Beck Anxiety Inventory

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

	Not at all	Mildly, but it didn't bother me much	Moderately- it wasn't pleasant at times	Severely- it bothered me a lot
Numbness or tingling	0	1	2	3
Feeling hot	0	1	2	3
Wobbliness in legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of worst happening	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Heart pounding / racing	0	1	2	3
Unsteady	0	1	2	3
Terrified or afraid	0	1	2	3
Nervous	0	1	2	3
Feeling of choking	0	1	2	3
Hands trembling	0	1	2	3
Shaky / unsteady	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty in breathing	0	1	2	3
Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion	0	1	2	3
Faint / lightheaded	0	1	2	3
Face flushed	0	1	2	3
Hot / cold sweats	0	1	2	3

Appendix I

Beck Depression Inventory

Choose one statement from among the group of four statements in each question that best describes how you have been feeling during the past few days. Circle the number beside your choice.

1.	0	I do not feel sad.
	1	I feel sad
	2	I am sad all the time and I can't snap out of it.
	3	I am so sad and unhappy that I can't stand it.
2.	0	I am not particularly discouraged about the future.
	1	I feel discouraged about the future.
	2	I feel I have nothing to look forward to.
	3	I feel the future is hopeless and that things cannot improve.
3.	0	I do not feel like a failure.
	1	I feel I have failed more than the average person.
	2	As I look back on my life, all I can see is a lot of failures.
	3	I feel I am a complete failure as a person.
4.	0	I get as much satisfaction out of things as I used to.
	1	I don't enjoy things the way I used to.
	2	I don't get real satisfaction out of anything anymore.
	3	I am dissatisfied or bored with everything.
5.	0	I don't feel particularly guilty
	1	I feel guilty a good part of the time.
	2	I feel quite guilty most of the time.
	3	I feel guilty all of the time.
6.	0	I don't feel I am being punished.
	1	I feel I may be punished.
	2	I expect to be punished.
	3	I feel I am being punished.
7.	0	I don't feel disappointed in myself.
	1	I am disappointed in myself.
	2	I am disgusted with myself.
	3	I hate myself.
8.	0	I don't feel I am any worse than anybody else.
	1	I am critical of myself for my weaknesses or mistakes.
	2	I blame myself all the time for my faults.

3 I blame myself for everything bad that happens.

9. 0 I don't have any thoughts of killing myself.
1 I have thoughts of killing myself, but I would not carry them out.
2 I would like to kill myself.
3 I would kill myself if I had the chance.

10. 0 I don't cry any more than usual.
1 I cry more now than I used to.
2 I cry all the time now.
3 I used to be able to cry, but now I can't cry even though I want to.

11. 0 I am no more irritated by things than I ever was.
1 I am slightly more irritated now than usual.
2 I am quite annoyed or irritated a good deal of the time.
3 I feel irritated all the time.

12. 0 I have not lost interest in other people.
1 I am less interested in other people than I used to be.
2 I have lost most of my interest in other people.
3 I have lost all of my interest in other people.

13. 0 I make decisions about as well as I ever could.
1 I put off making decisions more than I used to.
2 I have greater difficulty in making decisions more than I used to.
3 I can't make decisions at all anymore.

14. 0 I don't feel that I look any worse than I used to.
1 I am worried that I am looking old or unattractive.
2 I feel there are permanent changes in my appearance that make me look
unattractive
3 I believe that I look ugly.

15. 0 I can work about as well as before.
1 It takes an extra effort to get started at doing something.
2 I have to push myself very hard to do anything.
3 I can't do any work at all.

16. 0 I can sleep as well as usual.
1 I don't sleep as well as I used to.
2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.

3 I wake up several hours earlier than I used to and cannot get back to sleep.

17. 0 I don't get more tired than usual.
1 I get tired more easily than I used to.
2 I get tired from doing almost anything.
3 I am too tired to do anything.

18. 0 My appetite is no worse than usual.
1 My appetite is not as good as it used to be.
2 My appetite is much worse now.
3 I have no appetite at all anymore.

19. 0 I haven't lost much weight, if any, lately.
1 I have lost more than five pounds.
2 I have lost more than ten pounds.
3 I have lost more than fifteen pounds.

20. 0 I am no more worried about my health than usual.
1 I am worried about physical problems like aches, pains, upset stomach, or constipation.
2 I am very worried about physical problems and it's hard to think of much else.
3 I am so worried about my physical problems that I cannot think of anything else.

21. 0 I have not noticed any recent change in my interest in sex.
1 I am less interested in sex than I used to be.
2 I have almost no interest in sex.
3 I have lost interest in sex completely.

Appendix J

Perceived Stress Scale

The questions in this scale ask you about your feelings and thoughts during the LAST MONTH. In each case, you will be asked to indicate *how often* you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer each question fairly quickly. That is, don't try to count up the exact number of times you felt a particular way, but rather, indicate the answer that in general seems the best. For each question below, check the best answer (never, almost never, sometimes, fairly often, or very often).

	Never	Almost never	Some-times	Fairly often	Very often
1. In the last month, how often have you been upset because of something that happened unexpectedly?	☐	☐	☐	☐	☐
2. In the last month, how often have you felt that you were unable to control the important things in your life?	☐	☐	☐	☐	☐
3. In the last month, how often have you felt nervous and "stressed"?	☐	☐	☐	☐	☐
4. In the last month, how often have you felt confident about your ability to handle your personal problems?	☐	☐	☐	☐	☐
5. In the last month, how often have you felt that things were going you way?	☐	☐	☐	☐	☐
6. In the last month, how often have you found that you could not cope with all the things that you had to do?	☐	☐	☐	☐	☐
7. In the last month, how often have you been able to control irritations in your life?	☐	☐	☐	☐	☐
8. In the last month, how often have you felt that you were on top of things?	☐	☐	☐	☐	☐
9. In the last month how often have you been angered because of things that were outside of your control?	☐	☐	☐	☐	☐
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	☐	☐	☐	☐	☐