

Monogamously-Partnered Bisexual Women's Experiences of Prejudice and Support

Elizabeth A. Clark

A Dissertation Submitted to the Faculty of
The Chicago School of Professional Psychology
In Partial Fulfillment of the Requirements
For the Degree of Doctor of Psychology

June 19, 2012

UMI Number: 3559678

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent upon the quality of the copy submitted.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if material had to be removed, a note will indicate the deletion.



UMI 3559678

Published by ProQuest LLC (2013). Copyright in the Dissertation held by the Author.

Microform Edition © ProQuest LLC.

All rights reserved. This work is protected against unauthorized copying under Title 17, United States Code



ProQuest LLC.
789 East Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106 - 1346

Unpublished Work

Copyright (2012) by Elizabeth A. Clark

All Rights Reserved

Monogamously-Partnered Bisexual Women's Experiences of Prejudice and Support

A Dissertation Submitted to the Faculty of
The Chicago School of Professional Psychology
In Partial Fulfillment of the Requirements
For the Degree of Doctor of Psychology

Elizabeth A. Clark

2012

Approved By:

Braden Berkey, PsyD, Chairperson
Associate Professor, The Chicago School of Professional Psychology

Richard Nolon, PhD, Member
Associate Professor, The Chicago School of Professional Psychology

Wendy Bostwick, PhD, MPH, Member
Assistant Professor, Northern Illinois University

Acknowledgements

I gratefully acknowledge the contributions of my committee members to this study; your confidence and support helped me through this process, and your constructive challenges inspired me to make this work better at every step.

I also wish to thank Dr. Sara Locatelli and Ms. Amanda Wezeman Moswin for their invaluable assistance with statistics and layout and formatting, respectively; both are also wonderful friends whose support sustained me.

Finally, none of this could have been achieved without the love and support of family and friends too numerous to list, but to each of whom I owe a debt of gratitude.

Abstract

Monogamously-Partnered Bisexual Women's Experiences of Prejudice and Support

Elizabeth A. Clark

Although narrative accounts of bisexual individuals suggest that others' reactions to their sexuality differ depending on whether they are involved in same- or opposite-sex relationships, virtually no empirical studies have considered partner's gender as a variable in bisexuals' experiences. Additionally, bisexuals report mental health concerns at higher prevalence than their heterosexual and gay/lesbian peers, and most researchers have suggested this is due to the "double discrimination" bisexual individuals face; however, additional empirical support for this claim is needed. The present study adds to the growing body of literature on bisexuals' experiences by comparing the amount, type, and source (heterosexuals versus gay/lesbian individuals) of prejudice experienced by bisexual women in current same- versus opposite-sex relationships. Outness, depressive symptoms, and experiences of support were also assessed. The effect of partner's gender on prejudice was non-significant on its own but significant in combination with outness. As predicted, prejudice was positively correlated with depressive symptoms. Additionally, high-outness participants experienced significantly less depressive symptoms than low- or middle-outness participants. The middle-outness group were at highest risk, reporting the highest scores on both prejudice and depression, suggesting that "strategic outness" (Orne, 2011), taking contextual factors and anticipated support into account, is crucial for bisexuals considering coming out. Implications for clinicians and policy makers are discussed.

Table of Contents

Copyright.....	ii
Signature Page.....	iii
Acknowledgements.....	iv
Abstract.....	v
List of Tables.....	viii
List of Figures.....	ix
Chapter 1: Introduction.....	1
Chapter 2: Literature Review.....	9
Defining Bisexuality.....	9
Bisexual Women’s Identity Development.....	15
Coming Out as Bisexual.....	21
Biphobia and Sexual Stigma.....	24
Clinical Issues.....	37
The Present Study.....	42
Chapter 3: Method.....	45
Participants.....	45
Measures.....	46
Procedure.....	53
Chapter 4: Results.....	61
Sample Characteristics.....	61
Experiences of Anti-Bisexual Prejudice.....	68

Anti-Bisexual Prejudice, Outness, and Depressive Symptoms.....	83
Experiences of Support.....	85
Chapter 5: Discussion.....	102
Sample Demographics.....	102
SS vs. OS Demographic Differences.....	104
Identity and Self-Labeling.....	105
Experiences of Anti-Bisexual Prejudice.....	106
Prejudice, Outness, Support, and Depression.....	118
Experiences of Support.....	125
Implications for Clinical Practice.....	135
Limitations and Future Directions.....	142
References.....	152
Appendix A: Inclusion Criteria.....	167
Appendix B: Demographic Survey.....	169
Appendix C: Center for Epidemiologic Studies Depression Scale (CES-D).....	171
Appendix D: Outness Inventory (OI).....	172
Appendix E: Anti-Bisexual Experience Scale (ABES).....	173

List of Tables

Table 1: <i>Reasons for Disqualification</i>	62
Table 2: <i>Relationship Status, Duration, Partner’s Sexual Orientation, and Outness</i> ..	65
Table 3: <i>Sample Demographics</i>	67
Table 4: <i>Comparison of ABES Scales, Subscales and Items by Partner’s Gender</i>	70

List of Figures

Figure 1: <i>Perceived Prejudice by Level of Outness</i>	73
Figure 2: <i>Perceived Prejudice by Outness and Source</i>	73
Figure 3: <i>Perceived Prejudice by Outness and Partner's Gender</i>	74
Figure 4: <i>Perceived Hostility by Level of Outness</i>	76
Figure 5: <i>Perceived Hostility by Outness and Partner's Gender</i>	77
Figure 6: <i>Perceived Hostility by Outness and Source</i>	78
Figure 7: <i>Perceived Irresponsibility by Level of Outness</i>	80
Figure 8: <i>Perceived Irresponsibility by Outness and Partner's Gender</i>	80
Figure 9: <i>Perceived Irresponsibility by Outness and Source</i>	81
Figure 10: <i>Perceived Instability by Outness and Source</i>	82
Figure 11: <i>Comparison of Subscale Means for ABES-LG and ABES-HT</i>	83
Figure 12: <i>Mean CES-D Scores by Level of Outness</i>	85

Chapter 1: Introduction

Bisexuality is generally defined as a pattern of sexual and/or romantic behavior and attraction toward members of both sexes (Fox, 1996). Within this seemingly simple definition, however, researchers have noted considerable tensions. For example, questions arise as to who counts as bisexual; should the label be used only for those who experience equal degrees of attraction to and sexual behavior with men and women? Is one same-sex experience enough to render an otherwise heterosexually-identified person bisexual? Should fantasy be taken into consideration, even if the fantasies are not acted upon (MacDonald, 1983/2000)? The definitional confusion and tension surrounding bisexuality is a consequence of trying to interpret a phenomenon that is primarily characterized by fluidity and flexibility in dichotomous terms (Diamond, 2008a, 2008b; Zinik, 1985/2000). That these problems of definition and boundary persist highlights the degree to which both researchers and the general public are invested in a neatly binary, either/or model of sexuality (Paul, 1985/2000), a model that bisexual activists have termed “monosexuality” (Hutchins, 1996).

Despite difficulties of definition and positioning within the landscape of identity politics, bisexuality has increased in visibility and perceived legitimacy in the past three decades (Baumgardner, 2007; Rust, 2000c). However, a dichotomous view of sexual orientation still prevails within mainstream American culture and among many researchers and clinicians (Bradford, 2004; Firestein, 1996). Research about bisexuality has increased, but bisexuality is still underrepresented in the literature on sexual orientation (Diamond, 2008a; Rust, 2000a). Additionally, and problematically, bisexual

participants are often lumped together with gay men and lesbians in research samples (Rust, 2000a), which MacDonald (1983/2000) argues not only ignores the specificity of bisexual experience but also confounds the findings of research on gay men and lesbians. As a result of these methodological issues, the experiences of bisexual men and women remain poorly understood within mainstream psychology, limiting the information available to practitioners who wish to treat bisexual clients in a culturally competent manner (Fox, 1996).

Many researchers have suggested that the neglect of, and sometimes hostility toward, bisexuality stems from discomfort with the way that bisexuals' identity and lived experience challenges dearly held notions of binary categories of sexual orientation (transgender identity unsettles the illusion of dichotomous gender in a similar fashion). This confusion and misunderstanding has led to the marginalization of bisexuality from both the heterosexual and gay/lesbian communities (Bennett, 1992; Bradford, 2004; Ochs, 1996; Rust, 2000b). At best, this marginalization results in the erasure of bisexuality through denial that it is a potentially stable, enduring, and valid orientation. At worst, it leads to the active rejection of bisexual-identified individuals. Bisexual activists have coined the term *biphobia* to refer to prejudicial attitudes toward bisexuality (Bennett, 1992; Ochs, 1996; Udis-Kessler, 1991).

Biphobia includes a number of negative stereotypes about bisexuality. For example, bisexuality is frequently thought of as a transitional phase between exclusively heterosexual and exclusively homosexual orientation; this view effectively denies the existence of bisexuality as a legitimate, enduring sexual identity. Many who hold

dichotomous views of sexuality, if they acknowledge bisexuality as a legitimate identity at all, tend to see it as a hybrid of homo- and heterosexuality, falling perfectly between the two. This view often leads to the assumption that bisexuals cannot be monogamous because they always require partners of both sexes concurrently (Ochs, 1996; Rust, 1996). This stereotype persists despite evidence that few bisexual individuals actually maintain equal and concurrent attractions toward or sexual behavior with both men and women (Rust, 1992). The association of bisexuality with promiscuity and non-monogamy has also contributed to the belief that bisexuals are likely to be infected with HIV or other sexually-transmitted infections (Ochs, 1996), and that they are the bridge that brings such infections to the heterosexual and lesbian communities (Ochs, 1996; Rila, 1996; Rust, 2000d). Additionally, Ochs (1996) has noted that the historical and political context of the gay rights/LGBT movement has shaped the experiences of bisexual men and women in unique ways. Bisexual women are particularly vulnerable to being excluded by the lesbian community because they were (and sometimes still are) perceived as traitors to lesbian feminist politics, literally sleeping with the enemy (Rust, 1993/2000).

The prevalence of biphobic attitudes among heterosexuals, gay men, and lesbians negatively impacts bisexuals' well-being. Bisexuals report mental health problems, including depression, anxiety, and suicidality, at higher rates than do their lesbian, gay, or heterosexual peers (Bostwick, Boyd, Hughes, & McCabe, 2010; Dodge & Sandfort, 2007). Additionally, they utilize mental health services at higher rates than heterosexuals, lesbians or gay men (Bieschke, Paul & Blasko, 2007). The consensus of most researchers of bisexual mental health is that the "double discrimination" (Ochs, 1996, p. 217)

suffered by bisexuals is a prominent stressor contributing to their greater rates of mental health problems (Bostwick et al., 2010; Firestein, 2007b; Page, 2007). Offering support for this hypothesis, Ross, Dobinson, and Eady (2010) found that bisexual individuals believe such experiences negatively impact their well-being, and Brewster and Moradi (2010) reported small but significant positive correlations ($r = .11$ to $.18$, $p < 0.01$) between experiences of anti-bisexual prejudice and psychological distress. It is critical, then, that researchers focus attention on the phenomena of biphobia and anti-bisexual prejudice and investigate factors that may contribute to bisexuals' experiences of such prejudice. For bisexual individuals who are involved in romantic relationships, the gender of their partner may have an impact on the way that others' react to their bisexuality (i.e., it may affect the degree and kind of anti-bisexual prejudice they experience, as well as the social support that is available to them). Because of the persistence of binary notions of sexuality, bisexuals are often assumed to be either gay/lesbian or straight based on the gender of their current romantic partner (Baumgardner, 2007; Firestein, 1996; Ochs, 1996; Rust, 1996). When bisexual individuals maintain their bisexual identity while in monogamous relationships, they violate these binary assumptions, which may place them at risk for biphobic responses from others.

Despite narrative, empirical, and theoretical evidence suggesting that the gender of one's relationship partner plays a role in bisexuals' experiences, curiously little research has explored empirically the ways that the gender of one's partner may serve as a moderator of bisexual experience, including experiences of anti-bisexual prejudice. The present study addresses this gap in the literature, comparing the levels of anti-bisexual

prejudice experienced by bisexual women in same-sex relationships to that of bisexual women in opposite-sex relationships. For both groups, prejudice from gay and lesbian individuals was measured and analyzed separately from prejudice from heterosexuals. Three dimensions of anti-bisexual prejudice were assessed; these correspond closely to some of the most commonly-held negative stereotypes about bisexuality, including its instability as an orientation, the presumed sexual irresponsibility of bisexuals, and general hostility toward bisexuals (Brewster & Moradi, 2010; Mohr & Rochlen, 1999; Ochs, 1996). Additionally, the relationship between anti-bisexual prejudice and depressive symptomatology was assessed. Participants were also invited to provide open-ended narrative responses about their experiences of receiving support for their bisexual identity.

Participants were self-identified bisexual adult women (age 18 and over) who were currently involved in a monogamous romantic relationship. These relationships varied in duration from less than 6 months to over 5 years, and the sample included participants who were exclusively dating, in committed relationships, married, and in other life partnerships (such as civil unions and domestic partnerships). Participants completed a demographic survey, a measure of depressive symptoms (the Center for Epidemiologic Studies Depression Scale [CES-D]; Radloff, 1977), a measure of experiences of anti-bisexual prejudice from both gay/lesbian individuals and heterosexuals (the Anti-Bisexual Experience Scale [ABES]; Brewster & Moradi, 2010), and a questionnaire assessing their degree of openness about their bisexuality with various people in their lives (the Outness Inventory [OI]; Mohr & Fassinger, 2000).

Additionally, participants were asked to answer one open-ended question designed to elicit experiences in which others have affirmed or supported their bisexual identity. The study addressed a number of specific research questions based on these data. The first question was whether bisexual women perceive greater anti-bisexual prejudice from gay/lesbian individuals, from heterosexuals, or equally from both groups. The second question was whether one group of participants (i.e., those in same-sex or opposite-sex relationships) experiences more anti-bisexual prejudice than the other overall. Finally, the study examined whether these variables (i.e., partner's gender and sexual orientation of those enacting prejudice) interact in meaningful ways; that is, does the relative amount of anti-bisexual prejudice from gay men/lesbians versus heterosexuals differ based on the gender of the participants' partner? For each of these analyses, it was hypothesized that significant differences between groups would be observed. Additionally, the relationship between anti-bisexual prejudice and depressive symptomatology was assessed by correlating full-scale and subscale ABES scores with CES-D scores; positive correlations were expected across all groups.

In assessing experiences of anti-bisexual prejudice, it is necessary to consider participants' level of overall outness, or the degree to which they are open with others about their bisexuality, as well. Practically speaking, it would seem difficult to discriminate against someone based on her sexual orientation if she has not disclosed it, although it is possible that a respondent might answer the items related to experiences of prejudice based on anticipated rather than actual experiences with heterosexual or lesbian/gay people, or might interpret a person's actions as anti-bisexual prejudice even if

the person makes no direct reference to her sexual orientation (M. Brewster, personal communication, September 25, 2010). Additionally, empirical findings suggest a relationship between outness and experiences of prejudice (Brewster & Moradi, 2010). Therefore, in the present study, it was hypothesized that outness (as measured by the OI) would be positively correlated with ABES scores across all groups and would be treated as a covariate in the planned analyses. Similarly, because the gender of the participant's relationship partner was hypothesized to affect the amount and types of anti-bisexual prejudice she perceives from others, it was necessary to assess how open participants are with others in their lives about the gender of their partner (i.e., how out they are about their relationship). Participants were asked the approximate percentage of people in their lives who know the gender of their partner. It was hypothesized that this score would be positively correlated with ABES scores for all groups and would be treated as a covariate in the analyses.

The present study contributes to the small but growing body of empirical literature on bisexuals' experiences of prejudice by determining whether and to what degree the gender of one's partner is a salient contextual factor and by describing the relationship between experiences of prejudice and depressive symptoms. Findings from the study will aid clinicians in understanding the experiences of bisexual women, and may help them to intervene more effectively to combat the effects of anti-bisexual prejudice in the lives of their clients. It is also hoped that findings from this study will add to the body of literature on the use of the ABES as a measure of prejudice

experiences, and provide other researchers with data that will inform the hypotheses of future studies of the experiences of bisexual women.

Chapter 2: Literature Review

Defining Bisexuality

Bisexuality is generally understood as a sexual identity characterized by sexual attraction to and/or behavior with both men and women (Fox, 1996). However, this seemingly simple definition masks considerable complexity and ambiguity in defining and delimiting bisexuality. Researchers, activists, and bisexual writers have used many definitions of bisexuality, and attached many different personal, clinical, and political meanings to the term; these different meanings each reflect a particular perspective toward sexuality in general (Diamond, 2008a). Although sexuality researchers have long conceptualized sexual orientation as existing on a continuum (Fox, 1996; Fassinger & Arsenau, 2007), a dichotomous view of sexual orientation (i.e., that exclusive heterosexuality or exclusive homosexuality are the only valid, stable sexual identities) still prevails among the general public, including many LGBT activists and many clinicians (Blumstein & Schwartz, 1977/2000; Bradford, 2004; Fox, 1996; Rust, 2000a). In an early dissent against such dichotomous views of sexual orientation, Blumstein and Schwartz (1977/2000) suggested that researchers' operational definitions of sexuality categories reflect "the prejudices of folk wisdom," noting that close observation of available data about sexual phenomena defies such easy categorization (p. 339). Nevertheless, bisexuals are often included in research samples along with lesbians and gay men, and are not differentiated as a separate group, a choice that betrays researchers' apparent belief that all individuals who engage (sometimes or always) in same-sex

relationships are more similar than they are different. Fassinger and Arsenau (2007) have characterized such research methods as “sloppy” (p. 24), and MacDonald (1983/2000) has argued that this research strategy not only denies the specificity of bisexual experience, but also confounds and limits the findings about gay men and lesbians derived from such studies. Adding to the complexity of the issue, individuals’ behaviors and the way they frame and understand their own sexuality is affected by cultural constructions of sexual orientation, necessitating that research into sexual orientation take these constructions seriously even when contesting the scientific validity of their terms (Blumstein and Schwartz, 1977/2000). Rust (2000b) has similarly argued that dichotomous models of sexual orientation “create bisexuality” discursively to explain patterns of behavior that violate binary assumptions, but this construct must nevertheless be taken seriously as “real” insofar as it shapes the possibilities for self-identification and legibility of non-binary sexuality in our culture (p. 49-50).

The way that bisexuality has been constructed and understood has changed over time. Historians and anthropologists have documented bisexual behavior in nearly all cultures; its pervasiveness inspired prominent anthropologist Margaret Mead to comment that “a very large number of human beings - probably a majority - are bisexual in their potential capacity for love” (as quoted in Fox, 1996, p. 11-12). Within psychology, many psychoanalytic theorists, including Sigmund Freud, also considered bisexuality normative as an early stage in psychosexual development; it was believed that individuals became either heterosexual or homosexual by repressing one side of their sexuality. However, these constructions ironically remained rooted in a framework that reinscribed the

homo/hetero dichotomy (at least with regard to adult sexual orientation) and that was also largely responsible for the psychiatric community's labeling of homosexuality as an illness. In response to activism within the burgeoning gay liberation movement in the 1970s, homosexuality was removed from the Diagnostic and Statistical Manual of Psychological Disorders (DSM) in 1973, paving the way for more affirmative research and theory about sexual minorities (i.e., those whose behaviors, attractions, or self-identifications are not heterosexual; Fox, 1996).

The gay liberation movement modeled itself on the civil rights struggles of ethnic minorities, a strategy that necessitated framing sexual orientation as an innate, essential quality with which one is born and which one cannot change (Rust, 2000c). This strategy, while politically effective, also served to stifle theoretical and empirical research about bisexuality (Fox, 1996). Specifically, this discourse was (and is) deeply rooted in the notion that heterosexuality and homosexuality are equal but opposite and mutually exclusive possibilities for sexual identity. Trying to make sense of the reality of bisexual lives by looking through this binary, essentialist lens inevitably leads to distortions. One consequence of the prevailing binary model of sexual orientation is the belief that sexual orientation can easily and accurately be discerned by knowing the gender of one's partner; for bisexual individuals, this leads to a pervasive experience of being misread as either heterosexual or gay/lesbian based on the gender of their current partner (Bradford, 2004; Brewster & Moradi, 2010; Firestein, 1996; Ochs, 1996; Rust, 1996). As bisexual activist Jennifer Baumgardner (2007) has stated, "in a critical way, people's sexuality is viewed not by who they are but by which gender they sleep with at the current moment –

as if there is no heart, no core to *their* human sexuality” (p. 58, italics in original).

Interestingly, Baumgardner’s argument for a “core” sexuality and her implication that people’s sexuality should be viewed as “who they are” is itself essentialist; she is among the activists and researchers who consider bisexuality a “third type” of sexual orientation, alongside homosexuality and heterosexuality (Diamond, 2008a, p. 5).

Despite efforts to account for bisexuality within a binary model, close examination of bisexuals’ lived experiences inevitably disrupts the binary and calls attention to its limitations as a model (Paul, 1985/2000). Several conceptual tensions emerge. One such tension is between choice and determinism. Berenson (2002) has noted that bisexuality unavoidably foregrounds an issue that the gay and lesbian communities have intentionally de-emphasized: choice. As noted above, the gay liberation movement has made gains by adopting an ethnic minority model in which sexual orientation is seen as an innate and essential quality; that bisexuality may be characterized by choice rather than determinism is deeply threatening to this model and is viewed as politically dangerous. The implication that bisexuals can (and perhaps must) make choices about their sexuality that gay/lesbian and heterosexual individuals cannot and need not make has placed bisexuality in a difficult position with regard to identity politics, challenging the very terms of the debate (Berenson, 2002).

Another consequence of the binary model of sexuality is the suggestion that bisexuality is characterized by conflict or confusion (Fox, 1996; Zinik, 1985/2000). The logic of this assertion rests on the belief that there are only two mutually exclusive possibilities for sexuality – heterosexuality and homosexuality – and thus anyone who

experiences both sets of desires will feel pulled by both poles, inevitably experiencing conflict and ambivalence. Zinik (1985/2000) was one of the first to challenge the “conflict model of bisexuality” (p. 55) suggesting instead that bisexuality represents an adaptive form of cognitive and behavioral flexibility. He critiqued the logic of the conflict argument, but stopped short of meaningfully attacking the premise of binary sexuality; although he did not deny that some bisexuals experience conflict about sexual orientation, he seemed to overlook the possibility that this conflict and confusion might be a result of their marginalized place within the social discourse that “creates” heterosexuality, homosexuality, and bisexuality (Rust, 2000b, p. 49). Nevertheless, his “flexibility model” has been influential in supporting a move toward more affirmative views of bisexuality (Zinik, 1985/2000, p. 56). In their groundbreaking study of bisexuals in San Francisco, Weinberg, Williams, and Pryor (1994) implicitly referenced this model, stating that “being used to choice and being open to both sexes can give bisexuals a range of adaptations in their sexual life that are not available to others” (p. 38). Indeed, flexibility, choice, and freedom from barriers are common themes in the narratives of bisexual individuals (Baumgardner, 2007; Berenson, 2002; Hutchins & Kaahumanu, 1991; Ochs, 2009).

An additional conceptual tension highlighted by bisexuals is that of permanence and change. In contrast to essentialist models that posit sexual orientation as an innate, stable, and unchanging trait, decades of sexuality research have provided evidence that individuals of all orientations may experience significant fluidity and change in their sexuality over time (see, e.g., Diamond, 2008a, 2008b; Esterberg, 1997; Kinsey,

Pomeroy, & Martin, 1948; Weinberg et al., 1994). Although the changes that bisexual individuals may undergo in their patterns of sexual behavior over the lifespan have been negatively characterized as switching sides by those who hold dichotomous views of sexual orientation (Rust, 1992), recent research suggests that these changes are better accounted for by a model of sexuality that acknowledges fluidity and change as a normative part of sexual experience, at least for women. Diamond's (2008a, 2008b) pioneering longitudinal research demonstrated that over a 10-year period, a majority of participants (all women who initially identified as non-heterosexual) changed their self-identification of sexual orientation at least one time. Contrary to the common notion that bisexuality is a transitional phase between exclusively heterosexual and exclusively homosexual identification, a greater proportion of participants adopted a bisexual or unlabeled identity during the course of the study than relinquished it in favor of a heterosexual or lesbian identity. These findings present a strong challenge to essentialist and fixed notions of sexual orientation.

Diamond (2008a) noted that the pattern of sexual fluidity she observed is much more prevalent in women than in men, which may reflect a real difference in how men and women are hard-wired sexually, or may be a product of more constrictive social norms on men's sexuality. Either way, her findings suggest that the experiences of bisexual men and women may be quite different, and that studying them separately is warranted. Weinberg et al. (1994) similarly observed significant gender differences in bisexual experience. The social and political environment, particularly the impact of the feminist and gay rights movements and the AIDS crisis, has also shaped the experiences

of bisexual men and women (particularly their experiences of biphobia and prejudice) in distinct ways (Ochs, 1996). The present study focused specifically on the experiences of bisexual women, with the hope that future research will address similar questions about bisexual men's experiences.

Bisexual Women's Identity Development

If, as researchers have suggested, bisexuality in women is characterized by choice (Berenson, 2002), flexibility (Zinik, 1985/2000), change, and fluidity (Diamond, 2008a, 2008b), it is unsurprising that women's development of bisexual identity is a complex and often non-linear process that defies easy conceptualization and modeling. Many existing sexual minority identity formation models (e.g., Cass, 1979, 1984; Troiden, 1979, 1988) were created in the 1970s and 80s and were based mainly on the experiences of White, educated, able-bodied gay men and lesbians, limiting their relevance to understanding the identity formation process for bisexuals (Fassinger & Arsenau, 2007; Rust, 1993). These models of gay and lesbian identity tended to be explicitly developmental in focus, implying that individuals move through well-defined stages in an orderly, linear fashion, that there is an end-goal to the process (i.e., exclusive homosexual identity), and that progress through the stages toward the goal represents increasing maturity (Rust, 1993, 2007). Beginning in the 1990s, researchers of bisexuality began to recognize the inadequacy of existing gay and lesbian development models and to develop models specific to bisexuality.

Based on structured interviews with over one hundred bisexual individuals in San Francisco, Weinberg et al. (1994) proposed a four-stage model of bisexual identity development. They reported that most participants initially viewed themselves as heterosexual, and that the process of forming a bisexual identity was generally initiated by a first instance of same-sex attraction leading to confusion and doubt, which the researchers attributed mainly to the dissonance of experiencing one's sexuality as non-dichotomous in a culture that imposes a dichotomous model. Participants' narratives in the first stage often included expressions of feeling different but lacking a name for their difference. The second stage in the model is reached when bisexual individuals first encounter the label "bisexual," recognize that it reflects their experience, and begin to self-identify accordingly. Participants' modes of first contact with the label varied, but generally speaking this stage included some degree of contact with other bisexual individuals and engagement with the bisexual community. This leads to the third stage, settling into the bisexual identity. This stage is characterized by increased commitment to one's bisexual identity, accompanied by increased self-acceptance; individuals who reached this stage often cited the support of friends, family, counselors, and members of the bisexual community as instrumental to the process. Although there is an air of finality to this third stage, participants often reported a continued lack of closure, leading Weinberg et al. (1994) to identify a fourth stage: continued uncertainty. That is, even individuals who settled into a firm bisexual identity during the third stage went on to experience intermittent periods of uncertainty and self-doubt, which the researchers attributed primarily to the ongoing invalidation and discrimination from both

heterosexuals and the gay/lesbian community, as well as the lack of visible bisexual role models in popular culture and the relative paucity of bisexual community (Weinberg et al., 1994).

More recently, Bradford (2004) has proposed an alternative four-stage model of bisexual identity development. Challenging Weinberg et al.'s (1994) assumption that bisexuals begin as heterosexuals and "add on" homosexual attractions or behaviors later, one third of participants in her sample initially identified as exclusively homosexual before forming a bisexual identity (a similar pattern was observed by Fox, 1993). In Bradford's (2004) first stage, "questioning reality," the cultural invisibility or invalidation of bisexuality and the pressure to conform to dichotomous assumptions about sexuality cause individuals experiencing bisexual desires to question their own experience; successful completion of this stage entails a decision to honor one's own reality despite these challenges (p. 20). In the second stage, "inventing identity," individuals structure their experience and invent or adopt a label that reflects their desires for people of both the same and opposite sex, "reject[ing]...those definitions offered by the culture that are based on current relationship status and partner gender" (p. 20). Recognizing that this act of self-definition often leads to marginalization by both the heterosexual and the gay and lesbian communities, Bradford's (2004) third stage is "maintaining identity," which entails development of increased self-reliance as well as reaching out to other bisexuals to form community (p. 20). Finally, some bisexual individuals achieve a fourth stage, "transforming adversity," in which they become advocates for the bisexual community (p. 20).

Despite the similarities in the first two stages, Bradford (2004) is adamant in separating her model from Weinberg et al.'s work of a decade earlier, stating that her participants displayed certainty about their bisexual identities in the later stages (in contrast to the continued uncertainty of the earlier model). In this respect, her model is similar to unidirectional, explicitly developmental gay and lesbian identity models holding the establishment and long-term maintenance of a stable identity label as their goal. However, many studies of sexual minority women's identity formation indicate that stage-based developmental models do not adequately represent the complexity and multiple trajectories of bisexual women's experiences (Rust, 2007). Rather, the results of such studies routinely indicate that a majority of lesbian and bisexual women change their self-identification at least once after initially adopting a nonheterosexual identity, and many change identities several times (Diamond, 2008a; Esterberg, 1997; Rust, 1993, 2007). Although changes in self-identification over time have been observed pervasively among both lesbian and bisexual women, bisexual women change identity labels more frequently and quickly than do lesbians (Rust, 1993). Rust argues that it would be a mistake, however, to uncritically accept an interpretation of bisexual women's more frequent label-switching as evidence supporting many lesbians' claims that bisexuals are confused fence-sitters. Such an interpretation necessarily rests on an essentialist understanding of sexuality, in which it is presumed that one has a true sexuality waiting to be discovered and then asserted. Within such a model (Bradford's is an example), changing one's self-labeling may be seen as representing capitulation to cultural

pressures or regression or failure to progress toward the end goal of a self-identification that matches one's essence.

In contrast to developmental models that poorly represent sexual minority women's experience and contribute to stigmatizing attitudes toward bisexual women, Rust (1993) proposed a social constructionist model of lesbian and bisexual identity development, in which women's sexual identity self-label is seen as a way of positioning themselves within their social environment rather than a reflection of their essence. Such a model implies that changes in self-identification reflect a maturely flexible response to changing social contexts. This model also implies that individuals will construct their identities in the terms available to them, and as social discourses of sexuality change, individuals' self-identifications can be expected to shift as well (Rust, 1993). It is important to note that Rust first articulated this theory in the early 1990s, when bisexual activism was just starting to gain momentum. The logic of her argument suggests that as bisexuality has become more visible and gained legitimacy as a viable identity category, more women whose sexual attractions and behaviors fall outside the binary would adopt the bisexual label. Diamond's (2008a) finding that more women adopted bisexual or unlabeled identities than relinquished them over a 10-year period suggests that this is indeed the case. A social constructivist understanding of sexual orientation also acknowledges that the meaning attached to a particular term or category is not fixed but can change over time. Recently, Berenson (2002) has noted a subtle but important rhetorical shift in how bisexual women formulate their sexuality; instead of a focus on inclusion (i.e., of both sexes as possible partners), her participants described their

bisexuality in terms of an unwillingness to exclude, a removal of boundaries and barriers by which they perceive monosexuals as being limited. The high value placed on openness appears to extend to the category bisexual itself; bisexual participants were generally not invested in policing a certain meaning of bisexuality, in contrast to lesbians who were seen as highly invested in maintaining a sharp delineation between themselves and bisexual and heterosexual women (Berenson, 2002).

Finally, it is important to note that some women whose relational and/or sexual history includes partners of both genders do not form a bisexual identity at all. Fassinger and Arsenau (2007) noted that many individuals with same- and other-sex attractions prefer terms such as “pansexual” or “omnisexual” to reflect the fluidity of their sexuality and their rejection of dichotomous gender categories, while some choose to call themselves “queer” in an attempt to transcend what they view as artificial and divisive identity categories (p. 23). Diamond’s (2008a) longitudinal research demonstrated that a substantial number of women whose sexual behaviors and/or reported attractions could be categorized as bisexual according to conventional definitions prefer to eschew sexual orientation labels altogether. Although sexual orientation labels produce the illusion of separateness between groups that actually overlap considerably and fall along a continuum, they also provide opportunities for affiliation and political organizing, crucial to increasing the visibility and decreasing the marginalization of bisexuality (Bennett, 1992; Sumpter, 1991).

In sum, the label (or lack thereof) that a woman chooses to describe her sexual identity is a complex personal decision influenced by a number of (often competing)

considerations. This constellation of meanings and considerations attached to one's choice of label suggests that women who choose different labels for themselves may differ from one another in other important ways, even when their sexual or relational histories appear similar. Therefore, it is important for researchers to clearly state how they will define bisexual for the purposes of a particular study, and to critically evaluate their reasons for choosing a particular operational definition. When behavior is the focus of a study, it may make sense to define as bisexual any woman whose sexual history includes partners of both sexes, regardless of her self-identification; when social, psychological, emotional, or political meanings of bisexuality are the focus of inquiry, it is more logical to privilege a woman's self-identification as bisexual over the details of her sexual history (Herek, Norton, Allen, & Sims, 2010). Because the present study investigated social experiences related to bisexual identity, participants' self-identification as bisexual was sufficient for inclusion in the study sample, regardless of their past patterns of sexual attraction or behavior.

Coming Out As Bisexual

Coming out (i.e., disclosure of one's minority sexual orientation) is a key element of most developmental models of sexual minority identity; many privilege it as a defining moment in the course of identity development (Rust, 1993). Although coming out is often thought of as an event, it is better understood as a process, often a lifelong one. In the context of the above discussion of the discursive, socially-constructed nature of bisexual identity development, bisexuals' process of coming out deserves additional attention. The

continued dominance of the binary model of sexuality has important implications for bisexuals' experiences of self-disclosure. Like all sexual minority individuals, bisexuals must decide whether to disclose their sexual orientation every time they meet a new person (Ochs, 2009). However, because many monosexuals deny the existence of bisexuality as a valid, stable sexual identity (Bradford, 2004; Mohr & Rochlen, 1999; Ochs, 1996), bisexuals may find that they must come out multiple times to the same person before their disclosure is taken seriously, an experience less likely to be shared by gay and lesbian individuals (Mohr & Sheets, 2008; Ochs, 2009). Several authors (Firestein, 2007b; Fox, 1993; Ochs, 2009) have noted that bisexuals face an additional unique coming-out challenge: they must decide whether and when to disclose their bisexuality to their romantic and sexual partners. Fox (1993) took this dimension of outness into consideration in his study of identity development and self-disclosure among bisexual men and women, and found that bisexuals of both genders were more likely to have come out to their friends and partner(s) than to family, co-workers, or others in their lives.

Coming out may be particularly important for bisexual individuals because it is the only way they can be seen and understood as bisexual, rather than more generally as sexual minority. Simply making reference to one's same-sex partner (a common indirect way that gay men and lesbians come out [Orne, 2011]) is insufficient, since monosexist assumptions lead many to assume that any person in a same-sex relationship is gay/lesbian unless that person explicitly states that he or she identifies as bisexual (Balsam & Mohr, 2007; Ochs, 2009). Several researchers (e.g., Brewster & Moradi,

2010; Mohr & Sheets, 2008) have noted that discussions (and measures) of sexual orientation self-disclosure often have not differentiated between outness as sexual minority in general (i.e., non-heterosexual) and outness as bisexual specifically. For example, the Outness Inventory (Mohr & Fassinger, 2000) asks respondents to rate the degree to which people in their lives are aware of their “sexual orientation status.” This terminology is designed to be maximally inclusive of all sexual minority individuals, but may obscure important nuances of bisexual respondents’ experiences of sexual orientation self-disclosure.

The relevance of this distinction was demonstrated by Mohr and Sheets (2008), who found significant differences in bisexual participants’ degree of outness on two modified forms of the Outness Inventory, one that assessed outness as nonheterosexual and another separately assessing outness as bisexual. Participants were significantly more open about being nonheterosexual than about being bisexual ($d = .41, p < .001$). The effect was greatest for those participants who were in same-sex relationships (as opposed to other-sex relationships or no relationship), suggesting that asserting a specifically bisexual identity may be more difficult for bisexuals who are in a social context (i.e., their same-sex romantic relationship) that makes their nonheterosexual status visible and also evokes monosexist assumptions of gay/lesbian identity. Additionally, Firestein (2007b) has noted that it is not uncommon for bisexual women to adopt a public lesbian identity while retaining a private bisexual self-identification when they are in same-sex relationships in order to fit into the lesbian community better and experience social support from other women-loving-women. This pattern could also help explain Mohr and

Sheets' (2008) findings regarding the apparently greater tendency of bisexuals in same-sex relationships to allow their bisexual identity to be subsumed into a general sexual minority identity. Of note, however, is the finding that when outness as nonheterosexual was controlled, higher levels of outness as bisexual contributed to greater well-being and a higher degree of positive bisexual identity. These results underscore the importance of paying close attention to the question "Out as what?" when considering bisexual clients' or research participants' experiences of self-disclosure (Mohr & Sheets, 2008). Reflecting this, the present study utilized Mohr and Sheets' (2008) modified version of the OI, reworded to assess disclosure of bisexuality specifically.

Biphobia and Sexual Stigma

Bisexuals are marginalized and discriminated against by both the heterosexual and the gay and lesbian communities, a phenomenon for which bisexual activists have coined the term *biphobia* (Bennett, 1992; Ochs, 1996; Udis-Kessler, 1991). Biphobia is conceptually analogous to the more commonly used term *homophobia*, which refers to heterosexuals' hostility toward and fear of homosexuality. Herek (2009) has criticized the concept of homophobia for "its construction of prejudice as an individual pathology," arguing that because of this limitation, it cannot adequately describe or explain the experiences and social status of sexual minorities (p. 65). The concept of biphobia is subject to the same criticism; its focus on the heterosexual, gay or lesbian individual's response to bisexuality limits its utility for articulating the overarching societal denial or devaluation of bisexuality and bisexuals' own experience of that devaluation. Herek

(2009) has proposed a useful alternative framework to conceptualize heterosexuals' negative responses to sexual minorities, which will be extended in the following discussion as an organizing framework to describe both heterosexual and lesbian/gay individuals' responses to bisexuality.

Herek (2009) conceptualizes society's negative responses to nonheterosexuality as "sexual stigma," defined as "the negative regard and inferior status that society collectively accords to...any nonheterosexual behavior, identity, relationship, or community" (p. 66). Sexual stigma is further divided into three distinct categories: enacted stigma, which refers to actions (including speech) expressing stigma; felt stigma, which refers to individuals' awareness of sexual stigma and fears or expectations of its enactment; and internalized stigma, which refers to individuals' personal acceptance of social stigma as part of their own attitude or belief system. The latter concept can be further divided into self-stigma (i.e., sexual minority individuals' negative feelings toward their own sexuality) and sexual prejudice (i.e., negative attitudes about the stigmatized group that are held by members of the nonstigmatized majority). The widespread usage of the word biphobia by bisexual researchers and activists has encompassed, at times, aspects of all these elements of sexual stigma. The present study examines bisexual women's experiences of enacted stigma, as measured by the Anti-Bisexual Experience Scale (ABES; Brewster & Moradi, 2010). However, the majority of existing literature on biphobia examines the attitudes of heterosexuals, lesbians, and gay men toward bisexuals (i.e., sexual prejudice), and examination of both constructs is relevant to the present discussion.

Anti-bisexual prejudice.

Attitudes toward bisexuality. Researchers and activists have documented a wide variety of specific negative attitudes and beliefs about bisexuality that, taken together, reflect the internalization of bisexuality's stigmatized status by those who espouse them. Some beliefs deny the validity of bisexuality as a sexual orientation, while others acknowledge it but attribute negative qualities such as unreliability, sexual promiscuity, or irresponsibility to bisexuals. Additionally, the content of anti-bisexual prejudice may be different for heterosexual and gay/lesbian individuals, reflecting their different positions relative to the overarching social devaluation of sexual minorities in general and bisexuals in particular.

Many anti-bisexual beliefs and stereotypes appear to be direct consequences of monosexist bias in conceptualizing sexual orientation, what Bennett (1992) called "the either/or mentality" (p. 205). Several assumptions that effectively deny the validity of bisexuality emerge from this mentality. For example, it may be assumed that self-identified bisexuals (or individuals whose sexual history includes partners of both sexes, regardless of their chosen identity label) are really gay/lesbian, but are either in denial of or intentionally concealing their homosexuality (Firestein, 1996; Ochs, 1996). It has also been suggested that gay/lesbian individuals might claim bisexuality as a way to avoid some of the stigma associated with homosexuality (Firestein, 1996; Israel & Mohr, 2004; Rust, 1993, 1993/2000), although this seems nonsensical in light of the "double discrimination" (Ochs, 1996, p. 217) experienced by bisexuals, as they are stigmatized not only by heterosexuals (as are gay men and lesbians) but also by the gay community.

A third misconception arising from monosexist assumptions is that bisexuality is merely a transitional stage on the way to gay or lesbian identity (Bradford, 2004; Ochs, 1996). Although each of these beliefs denies the authenticity of bisexuality as a sexual orientation, they may differ in the moral valence attached to them by the gay and lesbian community. Claiming a bisexual identity while one is in the process of discovering and forming a lesbian identity is seen as less objectionable than intentionally using a bisexual label to conceal, deny, or avoid the stigma of homosexuality; lesbians who believe bisexuality is merely a stage in the process of fully coming out (i.e., as lesbian) are likely to become less and less approving of a bisexual woman over time if she does not seem to be progressing toward completing the transition to an exclusively lesbian identity (Rust, 1993/2000). However, as noted above, there is evidence that, at least for women, sexual attraction and behavior over the lifespan is characterized more by fluidity and change than stability (Diamond, 2008b). Thus, the insistence that one arrive at a fixed and stable sexual orientation identity may itself constitute a form of prejudice against the fluidity of women's sexuality.

When bisexuality is acknowledged by non-bisexuals as a valid sexual orientation characterized by sexual attraction to people of both sexes, a different set of prejudicial assumptions and attitudes often emerges. For example, many people think of bisexuality simply as a half-and-half combination of straight and gay (Israel & Mohr, 2004; Rust, 2000b), a conceptualization that largely retains a monosexist framework and suggests that bisexuals are necessarily split or conflicted. Bisexuals' potential for attraction to both sexes is often misconstrued as a constant concurrent desire for both sexes, which may

activate others' insecurity; people of either sex who consider dating a bisexual woman may be concerned that they will be able to fulfill only part of her desire (Ochs, 1996). Although some bisexual individuals do feel that the full expression of their sexuality requires nonmonogamy, and there is some evidence that bisexuals choose nonmonogamous relationships in greater proportions than do monosexuals (Rust, 2000e, Weinberg, 1994) many bisexuals value monogamy highly and pursue monogamous life partnerships, so nonmonogamy cannot be seen as an inherent quality of bisexuality (Rust, 1992, 2000e). On the whole, bisexuals make individual, personal choices about monogamy and nonmonogamy, just as heterosexuals, gay men and lesbians do (Rust, 1996; Sumpter, 1991).

Nevertheless, bisexuality is persistently linked with nonmonogamy in the popular imagination, and fear or disapproval of nonmonogamy underlies stereotypes that characterize bisexuals as untrustworthy, unreliable, and sexually irresponsible. For example, the popular media has perpetuated the image of heterosexually-married bisexuals who cheat on their spouses with same-sex partners (Israel & Mohr, 2004; Ochs, 1996; Rust, 2000c). Bisexual women have been targeted as the presumed bridge by which sexually transmitted diseases (STDs) reach the lesbian community (Esterberg, 1997; Rila, 1996; Rust, 2000d). Within the heterosexual community, the fear of surreptitious infidelity on the part of bisexual spouses, particularly men, reached a fever pitch at the apex of the AIDS crisis, when a number of sensationalist news stories painted bisexual men as the conduit of AIDS to the straight community through their sexual contact with gay men (Baumgardner, 2007; Ochs, 1996; Rust, 2000d). Although the

hysterical edge of such accusations may have dulled in the intervening years, bisexuals of both genders are still frequently viewed as more likely to carry sexually transmitted diseases, including HIV/AIDS (Israel & Mohr, 2004; Ochs, 1996; Rila, 1996; Rust, 2000d).

Anti-bisexual prejudice within the gay and lesbian community is a complex phenomenon that must be understood in the historical and political context of oppression of gays and lesbians by heterosexuals (Ochs, 1996). Although bisexuals are also oppressed by homophobia, their continued (actual or potential) engagement in opposite-sex relationships leads many gay/lesbian individuals to view them with mistrust, both as relationship partners and as partners in arms in the fight against heterosexist oppression (Bradford, 2004; Estergberg, 1997; Israel & Mohr, 2004; Ochs, 1996; Rust, 1993/2000). The belief that bisexuality is an attenuated or watered-down version of homosexuality leads some gay men and lesbians to assume that bisexuals are subject to less homophobia and are thus less oppressed. This argument is predicated on the denial that biphobia exists as an entity distinct from homophobia (Ochs, 1996). Biphobia may stem from personal as well as political sources. Specifically, gay men and lesbians may fear that they cannot compete with the benefits and privilege offered by heterosexual relationships, and worry that bisexual partners will ultimately leave them for an opposite-sex partner (Israel & Mohr, 2004; Ochs, 1996; Sumpter, 1991). However, as Ochs (1996) notes, this fear overlooks the possibility that same-sex relationships might also offer unique benefits, such as greater flexibility in gender roles, lack of worry about unwanted pregnancy, or

what Butler (1997) has called the “transgressive pleasures” of violating heterosexist assumptions (p. 309; as quoted in Pennington, 2009).

In addition to biphobic attitudes that gay men and lesbians hold toward bisexuals in general, the intersection of the feminist and gay rights movements in the United States has shaped lesbians’ attitudes toward bisexual women in distinct ways. During the radical feminist organizing of the 1970s, the meaning of lesbianism was expanded and politicized such that it referred not only to an erotic preference for women, but to a complete renunciation of men and patriarchy (Esterberg, 1997; Ochs, 1996). In other words, “lesbianism was [considered] the purest, most desirable manifestation of feminism” (Ochs, 1996, p. 229) Although the wave of radical lesbian feminism crested decades ago, the perception that lesbianism is a more political identity than bisexuality persists, and the schism between lesbians and bisexual women dating from the 1970s and 80s may still be particularly pronounced amongst women who came out during that time (Israel & Mohr, 2004; Ochs, 1996).

Rust’s (1993/2000) study of lesbians’ attitudes toward bisexual women demonstrated that lesbians endorsed many of the common stereotypes about bisexuals noted above; they believed bisexual women were far more likely than lesbian women to eventually change their self-identification of sexual orientation, to deny their sexuality due to social pressure, and to want to pass as heterosexual. A majority of respondents also endorsed beliefs that it is easier for bisexual women than for lesbians to pass as heterosexual. Finally, 60% of respondents endorsed a statement pertaining to bisexual women’s disloyalty as friends, and 53% believed that bisexual women were less

committed to lesbian politics than were lesbians. Rust interpreted her results to indicate that at the time of the study (i.e., the early 1990s), the lesbian community's response to female bisexuality mimicked "that of a dominant group whose dominance has not yet been threatened by subordinate protest" (p. 491). Although bisexuality was seen as threatening, the personal and political threat of bisexual women was adequately contained through community ideology that cast doubt on the authenticity of bisexuality and depoliticized bisexual women. Rust (1993/2000) concluded by suggesting that as a bisexual movement grows stronger, lesbians may cling more tightly to their negative beliefs about bisexuality. Offering some limited support for Rust's hypothesis, Berenson's (2002) female bisexual participants perceived lesbians as highly invested in maintaining a firm boundary between lesbians' and other women' identities, in contrast to bisexual women's unwillingness to exclude or to police the borders of the bisexual identity group.

Prevalence of anti-bisexual prejudice. Empirical evidence has demonstrated that antipathy toward bisexuals is widespread. For example, Herek (2002) assessed the attitudes of heterosexuals toward bisexuals of both genders. Using a large sample obtained through random digit dialing (n=1,335), a 101-point "feeling thermometer" (p. 264) was used to capture the degree to which heterosexual respondents approved of bisexuality in men and women; the same approach was used to gather data about many other social groups, facilitating easy comparisons. Results indicated that heterosexual respondents rated their approval of bisexuals lower than almost any other group assessed,

including gay men, lesbians, and a wide variety of racial, ethnic, religious, and political groups. The only group rated less favorably than bisexuals was intravenous drug users (Herek, 2002). Mohr and Rochlen (1999) assessed lesbian, gay male, and heterosexual respondents' thoughts and feelings about bisexuality using the 10-item Attitudes Regarding Bisexuality Scale (ARBS), which consists of two subscales measuring separate dimensions of such attitudes. The first, Tolerance, tapped the degree to which respondents believed that bisexuality is a moral, acceptable sexual orientation. The second, Stability, assessed the degree to which bisexuality is seen as a legitimate and enduring orientation, and also measured bisexuals' perceived reliability as friends and relationship partners (Mohr & Rochlen, 1999). Although mean scores from both heterosexual and gay/lesbian respondents were above the midpoint of the scale, indicating generally positive attitudes toward bisexuality, some respondents' attitudes were quite negative, and answers to open-ended questions demonstrated a diverse array of negative beliefs and stereotypes similar to those documented by Ochs (1996), Udis-Kessler (1991), Bennett (1992), and Rust (1993/2000). These attitudes included perceptions of bisexuals as unreliable and disloyal and beliefs that bisexuality does not exist as a valid, stable sexual orientation (Mohr & Rochlen, 1999).

In both of the above studies, gender and sexual orientation differences were observed in respondents' attitudes toward bisexuality. In Herek's (2002) study, heterosexual women rated bisexuals less favorably than exclusive homosexuals, regardless of gender, while heterosexual men rated gay and bisexual men less favorably than lesbians or bisexual women. Mohr and Rochlen (1999) found that gay men viewed

male bisexuality as less stable than female bisexuality, while lesbians showed the opposite pattern, suggesting that the stability of bisexuality may be particularly salient, and particularly likely to be doubted, among the gender to whom a gay/lesbian person is attracted. Overall, tolerance seemed to be the more salient dimension of heterosexual attitudes, while stability was more salient to gay men and lesbians (Mohr & Rochlen, 1999), though the authors caution against assumptions that all gay men and lesbians find bisexuality morally tolerable, or that heterosexuals are unconcerned with the stability of bisexuality.

There is modest evidence that generally speaking, heterosexuals may hold more negative attitudes toward bisexual individuals than do lesbians and gay men. In a South African study utilizing an undergraduate student sample (N = 578), Arndt (2009) found that heterosexuals held the most negative attitudes toward bisexuals, followed by gay/lesbian students and asexual students. The bisexual participants in this study held the most positive attitudes toward bisexuality (a finding that makes sense intuitively, but that is rarely investigated in the literature on attitudes toward bisexuality). Similarly, Brewster and Moradi (2010) found that bisexuals reported more frequent experiences of anti-bisexual prejudice from heterosexuals than from gay men and lesbians. However, the authors noted that the effect sizes of these differences were small, and more research is needed before definitive statements can be made about the relative prevalence of anti-bisexual prejudice in the straight and lesbian/gay communities. In contrast, Gregory (2009) reported that in her sample of bisexual women, more prejudice was perceived from gay/lesbian individuals than heterosexuals. Thus, although research findings

indicate that negative feelings toward bisexuality are pervasive among heterosexuals, it is important to note that biphobia is not limited to heterosexuals; rather, as Ochs (1996) states, “declaring an open, unequivocal bisexual identity in either straight or gay/lesbian communities often results in experiences of discrimination, hostility, or invalidation” (p. 217).

Enacted stigma. Although the majority of research on sexual stigma against bisexuality has focused on attitudes (i.e., sexual prejudice; Herek, 2009), some recent research has begun to more directly examine bisexuals’ experiences of enacted sexual stigma: non-bisexuals’ verbal and behavioral responses to bisexuality that demonstrate or reflect the stigmatized status of bisexuals, including derogatory jokes, verbal harassment, discrimination, ostracizing or shunning, and physical violence. Enacted stigma and sexual prejudice are manifestations of the same underlying phenomenon: sexual stigma (Herek, 2009). Therefore, it is to be expected that enactments of stigma toward bisexuality should reflect the content of anti-bisexual attitudes, and empirical and narrative evidence suggests that this is indeed the case. Factor analyses of items on the Anti-Bisexual Experience Scale (ABES; Brewster & Moradi, 2010), which measures bisexuals’ perceived experiences of enacted stigma, yielded factors similar to the subscales of Mohr and Rochlen’s (1999) Attitudes Regarding Bisexuality Scale (ARBS), which measures sexual prejudice toward bisexuals. The attitudes measured in the Stability factor of the ARBS (i.e., that bisexuality is not a valid or stable sexual orientation) correspond to experiences tapped by the Sexual Orientation Instability factor on the ABES. These

attitudes may be enacted by overtly invalidating comments such as “You don’t exist” (Carlton, 1991, p. 14) or by the refusal to accept a bisexual person’s coming out, insisting instead that she must actually be straight or lesbian/gay (Bradford, 2004; Brewster & Moradi, 2010).

Attitudes about the perceived unreliability, immorality, or sexual promiscuity of bisexuals, measured in the Tolerance subscale of the ARBS, are enacted in a variety of ways. On the ABES, these enactments are assessed by two subscales: Sexual Irresponsibility and Interpersonal Hostility. Perceptions that bisexuals are sexually irresponsible are reflected in enactments such as treating bisexual individuals as if they are more likely than others to carry sexually transmitted diseases, or suspecting them of infidelity within relationships because of the association of bisexuality with nonmonogamy (Brewster & Moradi, 2010). A related instance of enacted stigma that is rarely mentioned in the empirical literature (Firestein, 2007b is a notable exception) but that is prevalent in narrative accounts is the fetishization of bisexual women by heterosexual men (e.g., “Can I watch sometime?”; Carlton, 1991, p. 14), which reflects the attitude that bisexuals are oversexed or promiscuous. The prevalence of this type of enactment is suggested by Baumgardner’s (2007) calling it “the oldest cliché in the book” (p. 144). On the ABES, the inclusion of perceptions of bisexuals as hyper-sexual on the Sexual Irresponsibility subscale suggests an assumption that those who see bisexuals as hyper-sexual view this as an undesirable quality (Brewster & Moradi, 2010); the possibility that this perception of bisexual women as hyper-sexual may be viewed positively by those holding the attitude (i.e., some heterosexual men who fetishize

bisexuality in women) is not captured by the ABES or by most definitions of sexual prejudice. This is not to deny that many bisexual women experience this fetishization negatively, as an enactment of the stigma attached to their sexuality; rather, it underscores that the same element of sexual stigma can be experienced and evaluated differently by those enacting it and those receiving it. Incidentally, it is worth noting that the fetishizing of female same-sex eroticism by heterosexual men, for example in the pornography industry's packaging as lesbian erotic materials that actually feature (usually distorted) depictions of bisexuality (i.e., images of threesomes with two women and a man), has also contributed to the tension between lesbians and bisexual women (Ochs, 1996).

The third factor of the ABES, Interpersonal Hostility, measures enactments of the general stigma attached to bisexuality, without reference to particular attitudes or stereotypes about bisexuals (Brewster & Moradi, 2010). These types of experiences include bisexuals' perceptions of being excluded from social groups or rejected as potential friends or lovers based on their bisexual identity. For example, lesbians may be hesitant to date bisexual women because of a fear of ultimately being left for a man (Rust, 1993/2000), and coming out as bisexual may result in temporary or permanent ostracism from gay and lesbian social networks (Esterberg, 1997; Hutchins, 1996; Ochs, 1996).

Brewster and Moradi (2010) reported that participants (bisexual men and women; $n = 699$) perceived significantly more experiences related to Sexual Orientation Instability than Sexual Irresponsibility, and more of the latter than Interpersonal Hostility,

suggesting that responses invalidating or denying bisexuality may be the most prevalent enactments of anti-bisexual stigma, while expressions of more general hostility or rejection may be the least prevalent. Additionally, the ABES measures bisexuals' perceptions of the level of these three types of stigma enactments by both lesbian/gay individuals and heterosexuals, yielding two scores and enabling comparisons of the level and type(s) of stigma enactments bisexuals receive from these communities. Participants reported experiencing significantly more anti-bisexual stigma from heterosexuals than from gay/lesbian individuals, although the researchers cautioned that the effect sizes were small and additional studies are needed to confirm these results before drawing conclusions about the prevalence of anti-bisexual stigma enactments in the general heterosexual and gay/lesbian populations. The present study utilized the ABES to assess the level of the three categories of enacted stigma - Instability, Irresponsibility, and Hostility - experienced by bisexual women who are in current monogamous relationships, taking into consideration both the gender of their partner and the sexual orientation of those who engage in stigma enactments, adding to this small existing body of literature.

Clinical Issues

Bisexuals report mental health problems at higher rates than do their lesbian, gay, or heterosexual peers (Bostwick et al., 2010; Dodge & Sandfort, 2007). The tendency to lump bisexual individuals together with gay and lesbian participants in social science research (Rust, 2000a) extends to research on mental health, in which relatively few studies have separated bisexual participants from others and compared between groups,

despite ample evidence that bisexuals face unique psychosocial stressors. Although many, even most, studies of mental health in sexual minority populations have collapsed bisexuals, gay men, and lesbians into a single group, the handful of studies that have differentiated bisexuals from other sexual minority individuals indicate that bisexual individuals report higher rates of depression and anxiety, are more likely to attempt suicide, and show higher rates of substance abuse and sexual risk-taking behavior (Dodge & Sandfort, 2007). In a recent study utilizing data from a large national population-based sample ($N = 34,653$), researchers found that bisexual-identified women had the highest lifetime prevalence of mood disorders, with more than half (58.7%) of the bisexual women in the sample reporting a history of a mood disorder, compared to 44.4% of lesbian-identified respondents, 36.5% of women who stated they were “unsure” of their sexual orientation, and 30.5% of heterosexual women. The same pattern was observed for past-year prevalence of mood disorders (Bostwick et al., 2010). The most frequently offered explanation for the observed mental health disparities between bisexual women and lesbians or heterosexual women is the experience of “double discrimination” from both the heterosexual and gay/lesbian communities experienced by bisexual women (Ochs, 1996, p. 217), and the possibility of isolation and lack of support due to bisexual invisibility within a monosexist culture (Bostwick et al., 2010; Dodge & Sandfort, 2007; Matteson, 1996). Lending support to this hypothesis, Brewster and Moradi (2010) reported small but significant positive correlations ($r = .11$ to $.18$, $p < 0.01$) between experiences of anti-bisexual prejudice and psychological distress. It is important for clinicians to note that “problems are culturally conferred” and that there is nothing

inherently pathological or problematic about bisexuality (Bradford, 2006, p. 23). Indeed, Bostwick et al. (2010) noted that for women, some dimensions of sexual minority status (e.g., exclusive attraction to or sexual behavior with other women, independent of self-identification) were associated with lower lifetime and past-year prevalence of mood disorders, a finding that highlights the importance of studying the supportive as well as stigmatizing aspects of sexual minority identity.

The importance of social support to bisexuals' mental and emotional well-being is emphasized by many bisexual advocates and researchers (see, e.g., Bradford, 2006; Fox, 1991; Hutchins, 1996; Hutchins & Kaahumanu, 1991; Matteson, 1996; Sheets & Mohr, 2009; Weinberg et al., 1994). Counselors and therapists can serve as an important source of support, but these authors all emphasize that receiving supportive or affirming responses from heterosexual, lesbian, and gay individuals and finding and connecting with other bisexuals serves as a protective factor against the ill effects of social stigma toward bisexuality. Indeed, Weinberg et al. (1994) noted that receiving support for one's bisexuality is key to settling into a positive bisexual identity, while bisexuals who receive less support are likely to experience more frequent periods of uncertainty and self-doubt. Similarly, making contact and forming a community with other bisexuals plays a central role in Bradford's (2004) model of bisexual identity development. Sheets and Mohr (2009) conducted the first empirical study to differentiate between different types (general vs. sexuality-specific) and sources (friends vs. family) of social support when considering bisexuals' well-being. In their sample of 210 bisexual-identified college students, sexuality-specific support (i.e., participants' perception that their friends and

family accepted their sexual orientation), particularly from family and heterosexual friends, predicted lower levels of internalized binegativity, while general social support predicted lower depression and greater life satisfaction. The present study assessed bisexual women's experiences of affirming responses to their sexuality through an optional open-ended question asking when and with whom they have experienced such support.

The high rates of mental health difficulties reported by bisexual individuals, along with evidence that sexual minorities utilize mental health services at rates higher than heterosexuals (Bieschke, Paul & Blasko, 2007; Page, 2007), suggest it is likely that clinicians will encounter bisexual (or, increasingly, omni/pansexual-, fluid-, or queer-identified) clients during their careers. Clinicians are as embedded in the dominant heterosexist and monosexist culture as anyone else, and are equally likely to espouse the dichotomous views toward sexual orientation held by the general public, but the impact of expressing these views to bisexual clients can be damaging (Page, 2007). Even if clinicians do not directly express views that invalidate bisexuality, holding negative attitudes toward bisexuality has been shown to affect clinicians' work with bisexual clients in indirect ways (e.g., by influencing clinicians to rate bisexual clients' psychosocial functioning lower than other clients', or to believe that their psychological problems are directly related to their bisexuality; Mohr, Israel, & Sedlacek, 2001). These findings make clear that it is crucial for clinicians to actively seek accurate information about bisexuality (and other outside-the-binary sexual identities) and critically evaluate

their own knowledge, feelings, and attitudes toward bisexuality if they are to competently treat this population (Bradford, 2006; Firestein, 2007; Matteson, 1996; Page, 2007).

Unfortunately, studies of counselors' attitudes toward bisexual clients, as well as bisexuals' accounts of their experiences in therapy, suggest that this level of active awareness and effort to overcome stereotypes is not the norm. Indeed, bisexual clients frequently express frustration with having to educate their health providers about bisexuality in order to receive effective care. Some studies suggest that bisexual clients are more likely than lesbian and gay clients to experience subtle heterosexist bias even from clinicians who profess to be LGBT-affirming, and might be more vulnerable than their lesbian/gay peers to these subtle biases, since it may be perceived that they can choose a heterosexual lifestyle even if they did not choose their bisexual orientation (Bieschke et al, 2007). In one study of bisexuals' experiences in psychotherapy (Page, 2007), participants emphasized the countertherapeutic impact not only of directly invalidating responses (e.g., interpreting a client's bisexuality as reflecting her "problems with men") but also of well-meaning attempts to express open-mindedness that nevertheless betrayed dichotomous thinking that invalidated the client's experience (e.g., saying "[it's OK to be] either straight or gay"; p. 60-61). Conversely, validation of bisexuality as a valid sexual orientation was the most consistently positively-rated therapist quality. However, validation and acceptance alone are not enough to constitute clinical best-practice with bisexual clients; accurate knowledge about bisexuality and proactive interventions that communicate this knowledge to clients are also associated with positive therapeutic outcomes for bisexual clients (Page, 2007). Additionally,

Firestein (2007b) has suggested that acknowledging that fluidity and change are a part of sexuality is an important element of therapeutic best practice with female bisexual clients.

Although clinicians' own personal biphobia certainly plays a part in the negative dynamics bisexual women often experience in therapy, the relative paucity of information about bisexuals, particularly with regard to mental health and psychological adjustment, may hamper the well-intentioned efforts of clinicians and other helping professionals wishing to inform themselves (Dodge & Sandford, 2007; Firestein, 2007b; Rust, 2000e). In the past decade, several anthologies and book chapters have specifically addressed this lack of information, focusing on bisexual issues as they pertain to counseling and psychotherapy (e.g., Burleson, 2005; Firestein, 2007a, 2007b; Fox, 2006; Page, 2007), but practically all of these authors have stated that additional empirical research into bisexuals' experiences is sorely needed, particularly in areas likely to affect psychological adjustment: experiences of prejudice, social support, and connections to both the LGBT community and mainstream heterosexual society.

The Present Study

The above discussion highlights the clinical relevance of studying the experiences of bisexual women as distinct from lesbians and heterosexual women, particularly with regard to psychosocial stressors and supports. Specifically, given evidence of the importance of social support for bisexuals' well-being (Bradford, 2004; Fox, 1991; Sheets & Mohr, 2009; Weinberg, 1994) it is worth examining the contextual factors that

may affect the amount of social support available to bisexuals. Although lack of explicit anti-bisexual prejudice does not, in itself, guarantee that an environment is affirmative or supportive of bisexuality, high levels of anti-bisexual prejudice within a given community suggest that that community is probably less likely a source of social support. Since coupled or partnered bisexual people tend to spend a majority of their time in the community that corresponds to their partner's gender (Gregory, 2009; Ochs, 1996), examining whether they experience different levels of anti-bisexual prejudice within those communities than within the other community is relevant to understanding the experiences of bisexual women in relationships. Additionally, given evidence that support from heterosexual people may be particularly important to bisexuals' well-being (Sheets & Mohr, 2009), findings regarding the relative levels of anti-bisexual prejudice displayed by heterosexuals versus gay men and lesbians may have important implications as well. Finally, although most researchers agree that experiences of sexual stigma contribute to the higher prevalence of psychological distress among bisexual individuals (Bostwick et al., 2010; Dodge & Sandfort, 2007; Matteson, 1996), further empirical evidence of this association is needed.

The present study adds to the small but growing body of empirical literature on an important aspect of bisexual women's lives: their experiences of anti-bisexual prejudice and social support from the heterosexual and gay/lesbian communities. The study is unique in considering the ways in which the gender of a bisexual woman's relationship partner may impact these experiences. It is hoped that the findings of the study will

support mental health clinicians and others who work with bisexual women in treating this population in an informed and affirming manner.

Chapter 3: Method

Participants

Participants were self-identified bisexual adult women (age 18 and over) who were in a current monogamous romantic relationship. In the present study, *woman* was operationally defined as an individual whose assigned biological sex is female and whose self-identified gender is female. Respondents who self-identified as transgender were excluded from participation, in recognition of the specificity of transgender experience and the possibility that transgender individuals and their partners may experience additional prejudice and stigma that might interact in complex ways with other experiences of stigma like anti-bisexual prejudice (Fassinger & Arsenau, 2007). For the purposes of this study, *bisexual* was operationally defined as anyone who adopts that label to describe her sexual orientation. Respondents who indicated that they prefer a different label or choose not to self-label their sexual orientation were excluded from the present study. In addition to self-identifying as bisexual, to be included in the study participants needed to be currently involved in a monogamous romantic relationship (broadly defined as any dyadic love relationship that is emotional and not solely sexual in nature, including dating relationships, legal marriages, civil unions, life partnerships, etc.). This was assessed by a question on the inclusion page (Appendix A) asking the participant's relationship status. Respondents who indicated that they were not in a relationship, were casually dating one or more people but did not consider themselves in a relationship, or who indicated that they were in committed relationships with more than one person were excluded from participation. Respondents who indicated that they were

in a relationship were asked the gender identity of their partner; for reasons noted above, respondents who indicated that their partner identifies as transgender were also excluded from participation.

In summary, then, the study sample consisted of all respondents who a) were 18 years of age or older, b) self-identified as female and cisgender, c) self-identified as bisexual, and d) were currently in a monogamous romantic relationship with a cisgender man or woman. These constituted the inclusion criteria for the study.

Measures

All measures for this study were combined into an internet-based survey form created through a secure online survey site (www.surveygizmo.com), and were distributed to participants through a link embedded in an email announcement of the study. This survey consisted of inclusion criteria (as outlined above), demographic questions, questions about the participant's relationship status and partner, a measure of outness (i.e., openness about sexual orientation), a measure of experiences of anti-bisexual prejudice, a measure of depressive symptoms, and a question assessing experiences of affirming or supportive responses to their bisexual identity.

Inclusion criteria.

Upon clicking the link to the survey, participants were first directed to a page with informed consent information. After affirming their consent to participate, respondents were then directed to a page with questions assessing the inclusion criteria detailed above

(see Appendix A). Respondents whose answers indicated that they were ineligible for the study were redirected to a page informing them that they were not eligible, thanking them for their interest, and offering the researcher's contact information for questions or to request a copy of study results. Respondents whose answers indicated that they met all inclusion criteria were directed to the study survey.

Demographic questionnaire.

The first portion of the online survey (after respondents indicated informed consent and demonstrated eligibility to participate) consisted of a demographic questionnaire (Appendix B). This questionnaire collected data on participants' age, race/ethnicity, income, work status, highest level of education completed, community setting (i.e., rural, suburban, or urban) and geographic location (i.e., region of the United States). Other relevant demographic information about participants (i.e., sex, gender identity, and sexual orientation) had already been captured in the inclusion criteria. Additionally, the demographic questionnaire contained items assessing the duration of the participant's current romantic relationship and the sexual orientation of her partner; relationship status and gender identity of the partner were assessed on the inclusion page. Finally, because partner's gender was used as a variable hypothesized to affect others' responses to participants' bisexuality, it was necessary to assess the degree to which the gender of participants' current partner was known to others they interact with. The final item on the demographic questionnaire assessed this by asking "About what percentage of the people in your life know the gender of your current partner?"

For all the aforementioned items, participants were required to choose a response; they could not proceed through the survey if they left items blank. However, each item included the option not to self-identify, or (in some cases) to select “other” and type in a label or category that was not listed by the researcher as an option. This strategy was intended to be as inclusive as possible of people’s diverse modes of identity, while minimizing loss of participants due to incomplete data.

Affirmation/support of bisexuality.

To the researcher’s knowledge, there is no validated empirical measure of affirming or supportive experiences specifically related to bisexuality. Therefore, in the interest of gaining a more balanced understanding of the responses bisexual women in relationships receive from lesbian/gay and heterosexual people in their lives, one open-ended item was included in the survey (see Appendix B): “Please describe experiences you have had in which someone responded positively or supportively to your bisexuality. When and with whom have you had these experiences (heterosexuals, gay men, lesbians, other bisexuals)?” The qualitative nature of the data obtained from this question did not permit statistical analysis or comparison between groups; rather, these responses were analyzed separately from the other data, using thematic analysis (Braun & Clarke, 2006).

Depressive symptoms.

Participant’s current depressive symptomatology was assessed using the Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977; see Appendix C).

The CES-D consists of 20 items, each of which describes a symptom of depression (e.g. “I had trouble keeping my mind on what I was doing;” “I had crying spells”).

Respondents were asked to rate how often they had felt each symptom during the past week, using a scale from 1 (“Rarely or none of the time [less than 1 day]”) to 4 (“Most or all of the time [5 - 7 days]”). Radloff (1977) reported high internal consistency reliability for the scale (coefficient alpha = 0.85 for a general population sample and 0.90 for an inpatient sample). Evidence of convergent and discriminant validity was provided through moderate positive correlations with other self-report scales of negative affect and psychological distress and moderate negative correlation with a self-report measure of positive affect. Although factor analyses of the CES-D’s 20 items yielded four subscales, the high intercorrelation of the subscales supports the use of CES-D total scores as a single measure of depressive symptomatology (Radloff, 1977). Total CES-D scores were used in the present study.

Outness.

Outness (i.e., the degree to which participants are open about their bisexuality with people in their lives) was assessed using the Outness Inventory (OI; Mohr & Fassinger, 2000; see Appendix D). The OI measures sexual orientation disclosure by asking respondents to rate how open they are about their sexual orientation with a variety of people in their lives (e.g., parents, siblings, friends, co-workers). Each item names a person or group of people to whom respondents might have disclosed their sexual orientation. Respondents rate each item on a 7-point scale ranging from 1 (“person

definitely does not know about your sexual orientation status”) to 7 (“person definitely knows your sexual orientation status, and it is openly talked about”). Participants may also rate an item 0 when the item does not apply because there is no such person in their life (e.g., the item for siblings if participant is an only child). A higher score indicates a greater level of outness. In addition to items in the original OI pertaining to new and old heterosexual friends, for the present study items pertaining to new and old gay/lesbian friends were added.

The originally-published version of the OI consisted of three subscales (“out to family,” “out to world,” and “out to religion”) with reported internal consistency reliability estimates ranging from .74 to .97. A second-order factor model in which all three subscales contributed to an overall outness score performed equally well as the three-factor model, supporting the use of the OI to produce a single outness score when the constructs of the subscales are not individually of interest, as was the case in the present study. The score for overall outness is calculated by taking the average of all items to which participants respond. Balsam and Mohr (2007) reported coefficient alpha of .89 for the OI as a measure of overall outness among bisexual participants (N = 154). The OI also demonstrated acceptable convergent validity, showing a correlation of -.68 with a measure of sexual orientation privacy among bisexual participants (Balsam & Mohr, 2007).

Brewster and Moradi (2010) reported Cronbach’s alpha of .85 for the OI items in their sample of 699 bisexual-identified individuals. They noted that the wording of the OI (i.e., “your sexual orientation status”) may unintentionally collapse outness as bisexual

specifically into outness as a sexual minority in general. Because the present study is concerned specifically with bisexual identity (as distinct from general sexual minority status), items of the OI were reworded to pertain specifically to bisexuality (e.g., 1 = “person definitely does not know that you are bisexual”). Mohr and Sheets (2008) reworded the OI in this way in their study of coming out practices of bisexual individuals, and reported internal consistency reliability estimates ranging from .82 to .88 for the subscales of the reworded OI (N = 240).

Anti-bisexual prejudice.

Participants’ experiences of anti-bisexual prejudice were assessed using the Anti-Bisexual Experience Scale (ABES; Brewster & Moradi, 2010; see Appendix E). The ABES consists of 17 items, each of which describes an experience participants might have had in which they were treated negatively based on their identification as bisexual (e.g., “I have been excluded from social networks because I am bisexual”). Participants rate each item on a 6-point scale describing how often they have had the experience in question (1 = “this has never happened to you;” 6 = “this has happened to you almost all of the time [more than 70% of the time]”). For each item, participants are asked to rate the experience twice, once for how often they have had the experience with gay/lesbian individuals and again for heterosexuals. Thus, the 17 items of the ABES yield two sets of scores, abbreviated ABES-LG and ABES-H, respectively.

In the present study, the standard instructions for the ABES were augmented in two ways. First, respondents were instructed to think only of the period of time during

which they had been in their current romantic relationship when responding, since the present study was concerned only with experiences of anti-bisexual prejudice experienced while in a monogamous relationship. Second, respondents were asked not to include experiences of prejudice from their partner in their responses, because the present study evaluated experiences of prejudice with others outside participants' romantic relationship, and experiences with one's partner, if included, might have contributed disproportionately to scores on the form of the ABES that corresponds to the partner's sexual orientation, confounding results.

In the instrument validation study (Brewster & Moradi, 2010), exploratory and confirmatory factor analyses supported a three-factor structure for both forms of the ABES, reflected in three subscales. Sexual Orientation Instability (hereafter abbreviated Instability) measures experiences in which participants have been treated as if their sexual orientation is not stable or valid (e.g., "People have acted as if my bisexuality is only a sexual curiosity, not a stable sexual orientation"). Sexual Irresponsibility (hereafter abbreviated Irresponsibility) measures experiences in which participants have been treated as if they are promiscuous, prone to infidelity, or likely to carry HIV and other STDs (e.g., "People have assumed I will cheat in a relationship because I am bisexual"). Interpersonal Hostility (hereafter abbreviated Hostility) measures participants' experiences of having been excluded, alienated, or generally mistreated because of their bisexual orientation (e.g., "Others have acted uncomfortable around me because of my bisexuality"). The subscales showed acceptable reliability, with reported Cronbach's alphas ranging from .81 to .94. Two-week test-retest reliability for overall ABES-LG and

ABES-H scores were $r = .89$ and $r = .78$ respectively; subscales ranged from .76 to .89. Positive correlations with measures of stigma consciousness and awareness of public devaluation provided evidence of convergent validity, and non-significant correlations with a measure of impression management provided evidence of discriminant validity (Brewster & Moradi, 2010).

Procedure

Recruitment.

Participants were recruited through several different venues intended to target a diverse sample of bisexual women. Following the example of other researchers of bisexual issues (e.g., Balsam & Mohr, 2007; Brewster & Moradi, 2010; Sheets & Mohr, 2009), the primary mode of recruitment was through announcements and postings to online message boards (e.g., LiveJournal communities), listservs (e.g., Yahoo and Google groups), electronic mailing lists, and online communities (e.g., AfterEllen.com forums) that target bisexuals or LGBT people in general. The study announcement was also distributed via email lists of offices of LGBT concerns, PRIDE groups, and/or Queer Studies and Women's Studies programs of colleges and universities throughout the United States. The inclusion of some recruitment venues that target women but not necessarily LGBT people (e.g., Women's Studies departments or campus feminist organizations) was intended to increase access to bisexual women who are less actively involved in the LGBT community, increasing the representativeness of the sample. Internet recruiting was used because it may help minimize the threat of sampling bias; the

relative anonymity of online surveys may make individuals feel more comfortable responding honestly even if they are not out in their day-to-day lives (Brewster & Moradi, 2010; Moradi, Mohr, Worthington, & Fassinger, 2009). Internet survey techniques also facilitate the dissemination of surveys to a larger number of people and a much broader geographical area than would be feasible (from a cost perspective) through postal mail, and since emails containing the survey link are easily forwarded to friends and acquaintances who may qualify for participation, this method allows for snowball recruiting as well. It was hoped that casting a wide net with regard to recruitment would increase the likelihood of obtaining the needed number of participants in a timely fashion, as well as increase the diversity of the sample and the external validity of the study results.

Data collection.

Respondents' contact with the study began when they received an email containing the study announcement and link through one of the recruitment venues listed above, or clicked on the announcement and link posted on an online message board or social networking site. After clicking the link, respondents were directed to an informed consent page describing the purpose of the study (i.e., to help researchers better understand the experiences of bisexual women who are in romantic relationships), the estimated time needed to complete the survey (approximately 30 minutes, based on beta-testing of a sample version), and the risks and benefits of participation. Respondents were informed that they could choose to discontinue their participation and leave the survey at

any time. They were also informed that upon completion of the survey, they could enter their email address into a separate, external webpage if they wished to be entered into a drawing to win one of three \$25 gift cards to Amazon.com. After electronically signing the informed consent, respondents were directed to the inclusion criteria page (described above; also see Appendix A), which consisted of six questions. Respondents who did not meet inclusion criteria were redirected to a page informing them that they were ineligible, thanking them for their interest, and providing the researcher's contact information if they had questions or wished to receive a copy of study results when available.

Respondents who met inclusion criteria were directed to the online survey, which consisted of 11 items on the demographic questionnaire (Appendix B), including the open-ended question assessing affirming experiences, 20 items on the CES-D (Appendix C), 11 items on the OI (Appendix D), and 17 items on the ABES (Appendix E), each of which was answered twice. In total, the survey contained 76 items. When all study items were completed, participants were taken to an external web page where they were thanked for their participation and invited to enter their email address if they wished to be entered into the drawing for gift cards. The use of an external web page not hosted by the survey site ensured that participants' email addresses were not linked in any way to their survey responses, which remained anonymous.

A priori power analysis using G*Power 3 (Faul, Erdfelder, Lang, & Buchner, 2007) indicated that a minimum sample size of 250 participants would be necessary to ensure 80% power in the planned analyses (described below), hypothesizing medium

effect sizes. Data collection was concluded and the survey link deactivated shortly after this threshold was reached, yielding a final sample of 271 complete responses.

Data preparation.

In order to avoid problems with missing data, all items of the quantitative measures of the study were mandatory; that is, participants could not progress through the survey and complete it without answering all demographic, CES-D, OI, and ABES items. Therefore, no procedures for imputing or estimating missing data were necessary. The open-ended question regarding experiences of support was optional; this question was placed near the beginning of the survey to reduce the likelihood that it would be skipped due to fatigue, and indeed, over 90% of participants answered it. A number of procedures were performed to transform participants' responses to individual items into the scale and subscale scores used in data analysis. Participants' responses to items 4, 8, 12, and 16 on the CES-D were reverse-scored, and then scores for all 20 items were summed to calculate each participant's total CES-D score. Participants' responses to all 11 items of the OI were averaged in order to obtain an overall OI score. Overall ABES-LG scores were calculated by averaging participants' responses to all ABES items pertaining to experiences with gay and lesbian people, and ABES-H scores were calculated by averaging all items pertaining to experiences with heterosexuals. Finally, subscale scores for each form of the ABES were calculated by averaging items 1, 3, 4, 6, 7, 10, 11, and 14 for Instability, items 8, 12, 13, and 17 for Irresponsibility, and items 2, 5, 9, 15, and 16

for Hostility. These data preparation procedures yielded the data set for the planned analyses.

Research design and data analysis.

Experiences of prejudice. This study investigated several research questions based on data obtained from the demographic questionnaire, OI, CES-D, and ABES. The planned research design included a 2x2 univariate analysis of covariance (ANCOVA) with two categorical independent variables (gender of participants' partner and source of prejudice, i.e. gay/lesbian individuals versus heterosexuals) with two levels each and one continuous dependent variable, the full-scale ABES score. Further investigation of experiences of specific dimensions of anti-bisexual prejudice was planned via a 2x2 multivariate analysis of covariance (MANCOVA) using the same independent variables as the ANCOVA and three continuous dependent variables, the three subscales of the ABES (Instability, Irresponsibility, and Hostility). Outness as measured by the OI and relationship outness (i.e., the percentage of people in participants' lives who know the gender of their partner), both continuous variables, were hypothesized covariates of prejudice. This research design was chosen to enable the analysis of two main effects and one interaction effect. The first main effect was the effect of partner's gender on ABES scores; this analysis addressed the question of whether bisexual women in relationships with men experience a significantly different amount of anti-bisexual prejudice than do bisexual women in relationships with women. The second main effect was the effect of the sexual orientation of person(s) enacting prejudice (i.e., lesbian/gay individuals or

heterosexuals) on ABES scores; this analysis assessed whether bisexual women perceive significantly different levels of anti-bisexual prejudice from gay/lesbian individuals versus heterosexuals. Finally, the interaction effect examined whether the independent variables interact with one another to affect ABES scores; this analysis assessed whether the level of anti-bisexual prejudice perceived from lesbian/gay individuals versus heterosexuals is significantly different for those participants in same-sex versus opposite-sex relationships.

An assumption of ANCOVA and MANCOVA is homogeneity of regressions; that is, in order for a variable to act as a covariate, it must show the same linear relationship with all dependent variables (Weinfurt, 1995). Both OI scores and relationship outness scores were expected to be similarly positively correlated with ABES full-scale and subscale scores across all groups, supporting their use as covariates in the analyses. This was the case with relationship outness; however, OI scores violated this assumption. Specifically, in the ANCOVA there was a significant interaction between outness and source of prejudice, $F(1, 267) = 4.121, p = .043$; in the MANCOVA, the interaction between outness and partner's gender was significant, $F(6, 526) = 3.722, p = .001$. Therefore, outness was converted to a categorical independent variable with three levels; level cutoffs were guided by the conceptual structure of the Outness Inventory (see Appendix D). Specifically, OI scores up to 4.0, corresponding to responses indicating that the participants' sexual orientation is either definitely unknown, or possibly known but never talked about, were designated "low-outness." OI scores from 4.0 up to 5.99, corresponding to responses indicating that the participant's sexual orientation is probably

or definitely known but rarely talked about, were designated “middle-outness.” OI scores from 6.0 to 7.0 (highest possible score), corresponding to responses indicating that the participant’s sexual orientation is probably or definitely known and sometimes or openly talked about, were designated “high-outness.” Because the researcher was aware that such a conversion would be necessary if the data did not meet assumptions of homogeneity of regression, prospective power analysis was conducted based on this scenario. This power analysis, which utilized G*POWER3 (Faul et al., 2007), indicated that a sample size of $N = 250$ was sufficient to achieve 80% power in a $2 \times 2 \times 3$ ANCOVA; the final sample of 271 participants exceeded this target.

The transformed, categorical outness scores were used as a third independent variable in the final analyses, so that the actual analyses conducted were a $2 \times 2 \times 3$ ANCOVA (for full-scale ABES scores) and a $2 \times 2 \times 3$ MANCOVA (for ABES subscales). In addition to the main and interaction effects described above, this design enabled examination of main effects for outness as well as interactions between outness and partner’s gender, outness and source of prejudice, and the three-way interaction of outness, partner’s gender, and source of prejudice.

Depressive symptoms. Guided by the hypothesis that experiences of sexual stigma are associated with negative mental health outcomes, Pearson’s correlations were calculated for total ABES-LG and ABES-H scores and CES-D scores in order to test the strength of association between prejudice and depressive symptoms in the present sample. In addition to this planned analysis, a number of post-hoc analyses were

conducted to explore this relationship in more detail. The correlations of the ABES-LG and ABES-H with the CES-D were compared using a dependent-samples t-test in order to determine whether prejudice from gay/lesbian individuals or heterosexuals was significantly more strongly associated with depressive symptoms. Additionally, each subscale of the ABES-LG and ABES-H (6 subscales in total) was separately correlated with CES-D scores, and these correlations were compared using dependent-samples t-tests in order to assess whether any particular type or source of anti-bisexual prejudice is more strongly associated with depressive symptoms than the others. Additionally, guided by literature suggesting that outness is associated with positive mental health outcomes, the relationship between outness and depressive symptoms was measured using a one-way ANOVA in which outness was a categorical independent variable with three levels (as described above) and CES-D score was the continuous dependent variable.

Experiences of support. In addition to the quantitative data analysis detailed above, participants' responses to the one open-ended question assessing supportive, affirming responses to their sexual orientation were analyzed using thematic analysis (Braun & Clarke, 2006). Major themes and sub-themes were identified and described, and these results were compared and synthesized with results from the quantitative analyses.

Chapter 4: Results

Sample Characteristics

A total of 698 respondents electronically signed the informed consent and completed all inclusion items. Of these, 348 were disqualified because they did not meet one or more of the inclusion criteria. Reasons for disqualification are summarized in Table 1. Of note, although the study announcement described the study as an investigation of the experiences of bisexual women, a substantial number of respondents who were disqualified chose an answer besides bisexual to the question “Which word do you typically use to describe your sexual orientation?” The most common disqualifying response was queer (n=81), followed by “I choose not to label my sexual orientation” (n = 44). Additionally, 38 respondents chose other; these respondents reported diverse sexual identity labels, including “queer and bisexual,” “fluid,” “omnisexual,” “pansexual,” and “heteroflexible.” It is likely that the majority of these respondents would have chosen bisexual if only given the usual four options - gay, lesbian, straight, or bisexual - but it is interesting that when allowed other options, more than one quarter of respondents opted for a different self-label. Additionally, a substantial number of respondents were disqualified because they reported that they were not currently involved in a monogamous romantic relationship; 59 reported they were single and not dating anyone, 35 that they were dating casually but not in a relationship as defined by the study, and 29 that they were in more than one relationship (i.e., non-monogamous). A smaller proportion of disqualified respondents were excluded because either they or their partner(s) identified as gender variant (as defined by choosing transgender or other when

asked about preferred gender label). Those who chose other reported a wide variety of gender identity labels, with the most frequent being “genderqueer” and “bigender.” The large proportion of respondents who were disqualified from the study due to identity labeling and relationship choices reflects the broad diversity within what is commonly called the bisexual community.

Table 1: *Reasons for Disqualification*

Reason	Number	Percentage
Sexual Orientation		
Queer	81	23.2
Unlabeled	44	12.6
Other	38	10.9
Heterosexual	16	4.6
Lesbian	8	2.3
Gay	4	1.2
Relationship Status		
Single, not dating	59	17.0
Casual dating	35	10.1
More than 1 relationship	29	8.3
Respondent’s Gender Identity		
Other	23	6.7
Transgender	8	2.3
Male/Man	6	1.7
Partner’s Gender Identity		
Transgender	24	6.9
Other	20	5.7
Biological Sex		
Male	14	4.0
Intersex	3	0.9
Age: Under 18	11	3.2

* Note: Percentages total greater than 100% because some respondents gave multiple disqualifying responses.

In addition to the 348 respondents who were disqualified, 79 respondents met all inclusion criteria but left the survey before completing all study items. This yielded a final sample of 271 complete responses. The completion rate for the survey was 38.8%. All respondents in the final sample (hereafter “participants”) were age 18 or over, self-

identified as bisexual, cisgender women, and were currently involved in a monogamous romantic relationship with a cisgender man or woman. Nearly twice as many participants were partnered with men (65.3%; n=177) as with women (34.7%; n=94). Of note, Herek et al. (2010) reported that in their probability sample of English-speaking U.S. residents, 90% of bisexual-identified women who were in a relationship were partnered with men, so the composition of the present sample represents a much higher proportion of same-sex relationships than would be expected based on the demographics of the population of interest. The majority (59%; n=160) of participants reported that they were “in a relationship with one person,” while smaller proportions were married (35.8%; n=97) or in a civil union, domestic partnership, or other life partnership (5.2%; n=14). A significantly higher proportion of those in opposite-sex relationships reported they were married, while significantly more of those in same-sex relationships reported they were “in a relationship” or in a civil union or other life partnership. Among participants partnered with men, the overwhelming majority reported that their partner identifies as heterosexual (87%; n=154); a few male partners were bisexual (8%; n=14), unlabeled, (4%; n=7), gay (0.5%; n=1), or other (0.5%; n=1). The sexual orientation labels of participants’ female partners were more evenly distributed; 47.9% (n=45) reportedly identified as lesbian, 39.4% (n=37) as bisexual, and the remainder as gay (5.3%; n=5), queer (3.2%; n=3), or unlabeled (3.2%; n=3).

Participants in relationships with men reported significantly longer relationship duration than those partnered with women; 72.9% (n=129) of opposite-sex relationships had a duration of at least 2 years, compared to 38.3% (n=36) of same-sex relationships.

The association between participants' age and reported relationship duration was tested with a one-way ANOVA, which was significant, $F = 16.07, p = .000$. Post-hoc testing using Scheffe's test revealed that participants who reported they had been in their current relationship for more than 5 years were significantly older ($M = 37.28$ years, $p = .000$) than those with any other relationship duration, who did not differ significantly from one another in age ($M = 26.33 - 29.66, p = .639 - 1.00$). Participants partnered with men also scored significantly higher on the measure of relationship outness, indicating that, on average, a much higher percentage of the people in these participants lives were aware of the gender of their partner than for participants partnered with women. In contrast, participants partnered with women scored significantly higher on the measure of sexual orientation self-disclosure (OI; see Appendix D), indicating that they were more open about their bisexual identity with others in their life than were participants partnered with men. Table 2 summarizes participants' relationship status and duration, partners' sexual orientation, relationship outness, and sexual orientation outness.

Table 2: *Relationship Status, Duration, Partner's Sexual Orientation, and Outness*

Variable	Same-sex relationship		Opposite-sex relationship	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Relationship status**				
In a relationship	74	78.7	86	48.6
Married	10	10.7	87	49.2
Civil union/ domestic partner	10	10.6	4	2.2
Partner's sexual orientation**				
Lesbian	45	47.9	0	0.0
Bisexual	37	39.4	14	7.9
Gay	5	5.3	1	0.6
Queer	3	3.2	0	0.0
Unlabeled	3	3.2	7	3.9
Heterosexual	1	1.0	154	87.0
Other	0	0.0	1	0.6
Relationship duration**				
Less than 6 months	14	14.9	10	5.6
6 month – 1 year	21	22.3	18	10.2
1 – 2 years	23	24.5	20	11.3
2 – 5 years	16	17.0	40	22.6
More than 5 years	20	21.3	89	50.3
Relationship outness**				
Less than 20%	8	8.5	1	0.6
20 – 40%	14	14.9	3	1.7
40 – 60%	13	13.8	6	3.4
60 – 80%	24	25.5	22	12.4
80 – 100%	35	37.2	145	81.9
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Outness**	4.84	1.27	3.89	1.28

** Difference between SS and OS groups significant, $p < .01$.

Participants ranged in age from 18 to 62, with an average age of 32.3 years ($SD = 9.48$). The average age of participants in same-sex relationships ($M = 32.69$, $SD = 9.10$) did not differ significantly from those in opposite-sex relationships ($M = 32.09$, $SD = 9.69$; $p = .620$). The vast majority of respondents identified their race as Caucasian/European American/White (80.8%; $n=219$), with much smaller proportions identifying as Other/Multi-racial (5.5%; $n=15$), Black/African-American (5.2%; $n=14$), Hispanic or Latino/a (4.4%; $n=12$), Asian/Pacific Islander (1.8%; $n=5$) or Native

American/Alaska Native (0.7%; n=2). Four participants (1.5%) declined to identify their race. The same- and opposite-sex relationship groups had similar distributions of race ($p = .433$). In general, participants were highly educated; 96.3% had attended at least some college, and 74.5% had completed a Bachelor's degree or higher, with 42% reporting that they had completed an advanced degree. A higher proportion of SS participants had completed Bachelor's or Master's degrees, while there were higher proportions of OS participants with both low levels of education (less than Bachelor's) and very high education (doctoral degrees). However, the overall distribution of education did not differ significantly for SS and OS participants. The majority of participants were employed, either full time (56.5%; n=153) or part time (18.8%; n=51). Additionally, a substantial proportion of participants were students, either full-time (22.5%; n=61) or part-time (4.8%; n=13). Smaller proportions of participants reported that they were unemployed (8.9%; n=24) or retired (1.8%; n=5). Significantly more SS than OS participants reported that they were employed full-time. Most participants identified as middle class (47.6%; n=129), with smaller proportions identifying as upper-middle (22.5%; n=61), working (22.1%; n=60), upper (4.1%; n=11), and lower (3.7%; n=10) class. There was a marginally significant difference in the distribution of class between participants in same- and opposite-sex relationships ($p = .054$); although approximately half of the participants in each group identified as middle-class, higher proportions of those in same-sex relationships identified as upper-middle or upper class and no one in this group identified as lower class, while higher proportions of those in opposite-sex relationships identified as lower or working class.

The sample includes participants from all regions of the United States, with the greatest proportions in the Northeast (27.7%; n=75) and Midwest (21.8%; n=59). Additionally, a substantial minority of participants (12.2%; n=33) lived outside the United States, surprising since the study announcement was mainly sent to schools, organizations, and online forums based in the U.S. (it was distributed to one online group based in the United Kingdom and posted on the website of a Canadian LGBT organization as well). Notably, although the regional distribution of SS and OS participants did not vary significantly overall, a higher proportion (16%) of OS participants lived outside the U.S. (compared with only 5% of SS participants). The vast majority of participants reported that they live in an urban (45.4%; n=123) or suburban (45.0%; n=122) area; only 9.6% (n=26) were from rural areas. The full demographic characteristics of the study sample are summarized in Table 3.

Table 3: *Sample Demographics*

Variable	Overall		SS Group		OS Group		<i>p</i> value
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Age	32.3	9.5	32.7	9.1	32.1	9.7	.0387
Race	<u>Frequency</u>	<u>%</u>	<u>Frequency</u>	<u>%</u>	<u>Frequency</u>	<u>%</u>	0.433
Asian/ Pacific Islander	5	1.8	0	0.0	5	2.8	
Black/African American	14	5.2	6	6.4	8	4.5	
Caucasian/White	219	80.8	78	83.0	141	79.7	
Hispanic or Latino/a	12	4.4	4	4.3	8	4.5	
Native American	2	0.7	1	1.1	1	0.6	
Other/Multi-racial	15	5.5	4	4.3	11	6.2	
Decline to respond	4	1.5	1	1.1	3	1.7	
Education							0.165
12 th grade or less	2	0.7	0	0.0	2	1.1	
Graduated HS/GED	8	3.0	0	0.0	8	4.5	
Some college, no degree	46	17.0	10	10.6	36	20.3	
Associate's/	13	4.8	6	6.4	7	4.0	

2-year degree							
Bachelor's/	88	32.5	36	38.3	52	29.4	
4-year degree							
Master's degree	80	29.5	33	35.1	47	26.6	
Doctoral degree	34	12.5	9	9.6	25	14.1	
Employment*							
Work FT**	153	56.5	64	68.1	89	50.3	0.005
Work PT	51	18.1	13	13.8	38	21.5	0.126
Student FT	61	22.5	17	18.1	44	24.9	0.205
Student PT	13	4.8	4	4.3	9	5.1	0.761
Unemployed	24	8.9	6	6.4	18	10.2	0.297
Retired	5	1.8	2	2.1	3	1.7	0.801
Class***							0.054
Lower	10	3.7	0	0.0	10	10.6	
Working	60	22.1	18	19.1	42	23.7	
Middle	129	47.6	47	50.0	82	46.3	
Upper middle	61	22.5	25	26.6	36	20.3	
Upper	11	4.1	4	4.3	7	4.0	
Region							0.797
Northeast	75	27.7	29	30.1	46	26.0	
Midwest	59	21.8	18	19.1	41	23.2	
Southeast	34	12.5	8	8.5	26	14.7	
West	32	11.8	13	13.8	19	10.7	
Northwest	14	5.2	7	7.4	7	4.0	
Southwest	14	5.2	6	6.4	8	4.5	
South	10	3.7	8	8.5	2	1.1	
Outside the U.S.	33	12.1	5	5.3	28	15.8	
Area							0.071
Urban	123	45.4	49	52.1	74	41.8	
Suburban	122	45.0	39	41.5	83	46.9	
Rural	26	9.6	6	6.4	20	11.3	

* Note: totals may exceed 100% because some participants were both students and employed

** Difference between SS and OS groups is significant, $p < .01$

*** Difference between SS and OS groups is marginally significant

Experiences of Anti-Bisexual Prejudice

Experiences of perceived anti-bisexual prejudice reported by participants in same- and opposite-sex relationships ($n = 94$ and 177 , respectively) were compared at the scale, subscale, and item level using independent measures t tests. These results are reported in full in Table 4. There was no significant difference between the two groups in the overall levels of prejudice from heterosexuals or gay/lesbian individuals. Of the 6 subscales of

the ABES (Instability, Hostility, and Irresponsibility, each from heterosexuals and from gay/lesbian individuals), the only significant difference between groups was on Hostility-H: participants in same-sex relationships reported significantly more experiences of interpersonal hostility from heterosexuals than did those in opposite-sex relationships ($t = -2.685, p = .008$). At the item level, there were several significant differences between participants partnered with women and men. Participants in current same-sex relationships reported significantly higher scores on the items “People have acted as if my sexual orientation is just a transition to a gay/lesbian orientation” and “People have treated me as if I am likely to have an STD/HIV because I identify as bisexual,” both from gay/lesbian individuals and heterosexuals. Additionally, participants in same-sex relationships reported the following experiences from heterosexuals at a significantly higher rate than did those in opposite-sex relationships: “I have been excluded from social networks because I am bisexual;” “Others have pressured me to fit into a binary system of sexual orientation (i.e., either gay or straight);” “People have not wanted to be my friend because I identify as bisexual;” and “I have been alienated because I am bisexual.” Participants in same-sex relationships also reported the following experiences of prejudice from gay men and lesbians at a significantly higher rate than did those in opposite-sex relationships: “When I have disclosed my sexual orientation to others, they have continued to assume that I am really heterosexual or gay/lesbian” and “People have assumed that I will cheat in a relationship because I am bisexual.” Notably, there were no subscales or individual items on which participants partnered with men reported significantly higher scores than those partnered with women.

Table 4: Comparison of ABES Scales, Subscales and Items by Partner's Gender

Variable	Same-sex mean	Opposite-sex mean	t value	p value
ABES-LG	2.55006	2.30841	-1.587	0.114
Instability-LG	2.91489	2.68573	-1.286	0.200
Item 1 LG	2.9468	2.8136	-0.661	0.509
Item 3 LG	3.2553	2.9040	-1.637	0.103
Item 4 LG	3.3404	2.8588	-2.224	.027*
Item 6 LG	2.9468	2.4237	-2.461	.014*
Item 7 LG	2.7234	2.6328	-0.421	0.674
Item 10 LG	3.0213	3.0113	-0.048	0.961
Item 11 LG	2.8617	2.5593	-1.373	0.171
Item 14 LG	2.2234	2.2825	0.302	0.763
Hostility-LG	2.22766	2.00000	-1.453	0.147
Item 2 LG	2.2447	2.0791	-0.876	0.382
Item 5 LG	1.9043	1.6554	-1.501	0.135
Item 9 LG	2.4468	2.2712	-0.893	0.372
Item 15 LG	2.1170	1.8192	-1.729	0.085
Item 16 LG	2.4255	2.1751	-1.244	0.214
Irresponsibility-LG	2.22340	1.93927	-1.842	0.067
Item 8 LG	2.9468	2.5141	-1.955	.052***
Item 12 LG	1.8085	1.3220	-3.327	0.001**
Item 13 LG	2.0957	2.0508	-0.240	0.810
Item 17 LG	2.0426	1.8701	-0.917	0.360
ABES-H	2.61952	2.36092	-1.838	0.067
Instability-H	2.93883	2.67797	-1.645	0.101
Item 1 H	3.1596	2.8870	-1.418	0.157
Item 3 H	3.1489	2.6780	-2.313	.021*
Item 4 H	3.4574	3.0791	-1.814	0.071
Item 6 H	2.7553	1.9605	-4.395	.000**
Item 7 H	3.0851	3.0000	-0.400	0.698
Item 10 H	2.9574	2.8814	-0.383	0.702
Item 11 H	2.5957	2.5424	-0.258	0.797
Item 14 H	2.3511	2.3955	0.222	0.825
Hostility-H	2.33617	1.94915	-2.685	.008**
Item 2 H	2.2447	1.5706	-4.027	.000*
Item 5 H	2.0426	1.5763	-2.880	.004**
Item 9 H	2.2340	2.1864	-0.275	0.783
Item 15 H	2.6809	2.4520	-1.223	0.222
Item 16 H	2.4787	1.9605	-2.960	0.003**
Irresponsibility-H	2.33511	2.24153	-0.567	0.571
Item 8 H	2.8404	2.9040	0.276	0.782
Item 12 H	1.9149	1.3390	-3.832	.000**
Item 13 H	2.2872	2.3898	0.505	0.614
Item 17 H	2.2979	2.3333	0.172	0.864

*Difference between SS and OS groups is significant, $p < .05$.

**Difference between SS and OS groups is significant, $p < .01$.

*** Difference between SS and OS groups is marginally significant.

Participants' experiences of anti-bisexual prejudice were further analyzed using a 2 x 2 x 3 mixed between- and within-subjects analysis of covariance (ANCOVA). The dependent variable was total ABES score. Adjustment was made for one covariate: relationship outness (i.e., the percent of people in participants' lives who are aware of the gender of their current partner). The independent variables were partner's gender (male or female), source of anti-bisexual prejudice (gays/lesbians or heterosexuals), and outness (low, middle, or high). Outness was initially hypothesized to be a covariate but violated the assumption of homogeneity of regression: the interaction between outness and source of prejudice was significant, $F(1, 267) = 4.121, p = .043$. Therefore, outness was converted to a categorical independent variable with three levels, as described above. To correct for unequal numbers of participants in each group (for partner's gender, male = 177 and female = 94; for level of outness, high = 30, middle = 126, low = 115), Type II sum of squares was used throughout the analyses.

The main effect for partner's gender was non-significant, $F(1, 264) = 1.214, p = .271, \eta^2 = .005$. That is, there was no significant difference between the overall level of anti-bisexual prejudice experienced by participants in same-sex versus opposite-sex relationships. The main effect for source of prejudice was also non-significant, $F(1, 264) = 2.790, p = .096, \eta^2 = .010$; the amount of anti-bisexual prejudice participants perceived from heterosexuals and gay/lesbian individuals was similar. Additionally, the interaction between partner's gender and source of prejudice was non-significant, $F(1, 264) = .022, p = .882, \eta^2 = .000$; the amount of prejudice perceived from heterosexuals versus

gay/lesbian individuals did not differ significantly for participants in same- versus opposite-sex relationships.

The main effect for outness was significant, $F(1, 264) = 4.542, p = .011$, partial $\eta^2 = .033$. Participants in the low-outness group perceived significantly less prejudice than those in the middle- and high-outness groups ($p = .000$ and $.017$, respectively), who did not reliably differ from one another ($p = .912$; see Figure 1). Additionally, the interaction effect between outness and source of prejudice was significant, $F(2, 264) = 5.148, p = .006, \eta^2 = .038$. Low-outness participants perceived significantly less prejudice from lesbian/gay individuals than did middle- or high-outness participants ($p < .0001$ and $p = .0226$, respectively), who did not reliably differ from one another ($p = .5816$).

Additionally, low-outness participants perceived significantly less prejudice from heterosexuals than did middle-outness participants ($p = .0227$), but high-outness participants did not differ reliably from either middle- or low-outness participants in perceived prejudice from heterosexuals ($p = .7113$ and $.1109$, respectively; see Figure 2).

The interaction effect between outness and partner's gender was also significant, $F(2, 264) = 3.761, p = .025, \eta^2 = .028$. Among participants partnered with women, the low-outness group perceived significantly less prejudice than the middle- or high-outness groups ($p = .0005$ and $.0225$, respectively), who did not reliably differ from one another ($p = .4092$). In contrast, the amount of prejudice perceived by participants partnered with men was similar across all levels of outness ($p = .2802 - .6027$; see Figure 3).

Additionally, low-outness participants partnered with women perceived significantly less prejudice than those partnered with men ($p = .0038$), while there was no significant

difference based on partner's gender in the middle- and high-outness groups ($p = .6130$ and $.4297$, respectively). Finally, the three-way interaction between outness, partner's gender, and source of prejudice was non-significant, $F(2, 264) = 1.337, p = .264, \eta^2 = .010$.

Figure 1: *Perceived Prejudice by Level of Outness*

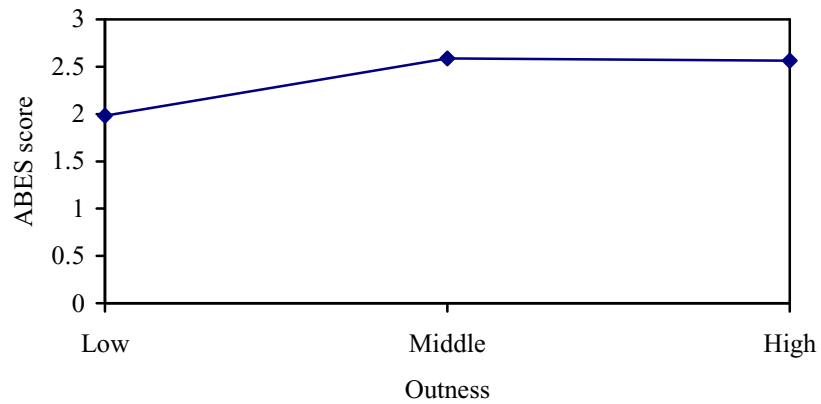


Figure 2: *Perceived Prejudice by Outness and Source*

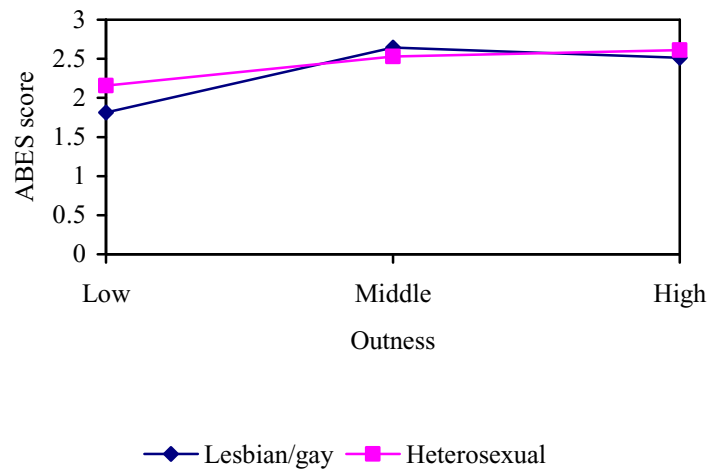
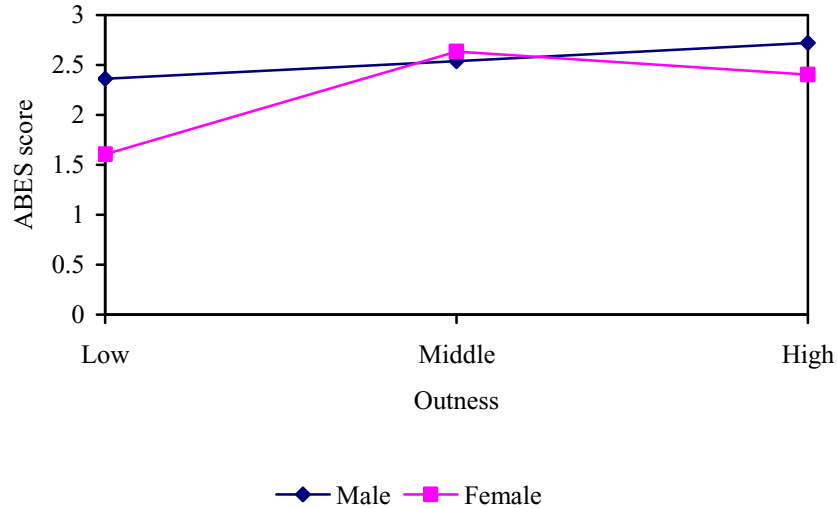


Figure 3: *Perceived Prejudice by Outness and Partner's Gender*



To investigate participants' experiences of specific dimensions of anti-bisexual prejudice, a 2 x 2 x 3 mixed between- and within-subjects multivariate analysis of covariance (MANCOVA) was performed on the three subscales of the ABES: Instability, Hostility, and Irresponsibility. As in the univariate analysis, the independent variables were partner's gender (male or female), source of anti-bisexual prejudice (gays/lesbians or heterosexuals), and outness (low, middle, or high), and adjustment was made for one covariate, relationship outness. Using Wilks' Lambda, the main effect for partner's gender was non-significant, $F(3, 262) = .93, p = .43$; participants experienced similar levels of each type of prejudice regardless of whether they were in same- or opposite-sex relationships. The main effect for source of prejudice was also non-significant, $F(3, 262) = 1.14, p = .33$; participants' perceptions of each type of prejudice from both heterosexuals and gay/lesbian individuals were similar. There was a significant main effect for outness, $F(6, 524) = 2.49, p = .02$, partial $\eta^2 = .03$; that is, participants'

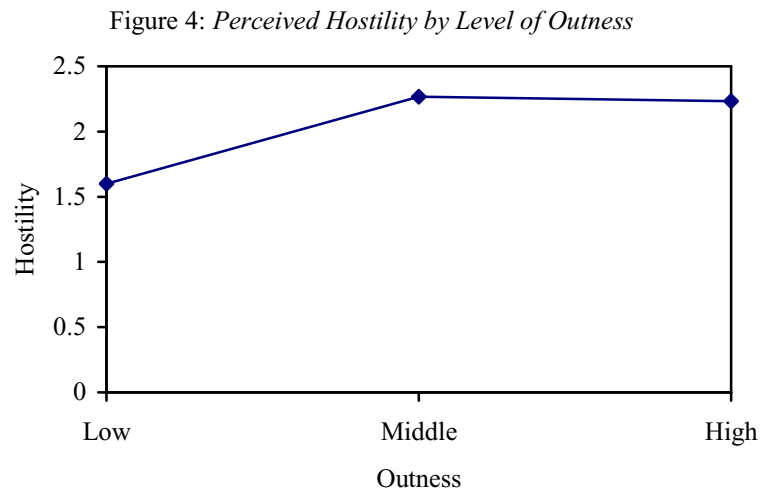
perceptions of one or more specific types of anti-bisexual prejudice differed based on their level of outness. Additionally, all two-way interactions between IVs were significant: between partner's gender and outness, $F(6, 524) = 2.11, p = .05, \eta^2 = .02$; between partner's gender and source of prejudice, $F(3, 262) = 2.80, p = .04, \text{partial } \eta^2 = .03$; and between source of prejudice and outness, $F(6, 524) = 2.70, p = .01, \text{partial } \eta^2 = .03$. The three-way interaction between all three IVs was non-significant, $F(6, 524) = .96, p = .45$. Using Cohen's conventions for labeling effect size, all the significant effects observed were small in size.

Univariate analysis of covariance (ANCOVA) was used to assess the effects on each of the dependent variables (after adjustment for the covariate) of each IV or combination of IVs found to be significant in the MANCOVA. Of note, although the interaction between partner's gender and source of prejudice was significant in the multivariate test, this interaction was not significant for any of the individual DVs in the univariate analysis ($p = .14 - .99$). Univariate analyses yielded a complex mixture of significant and non-significant results. For clarity, the significant results for each dependent variable will be presented separately.

Hostility.

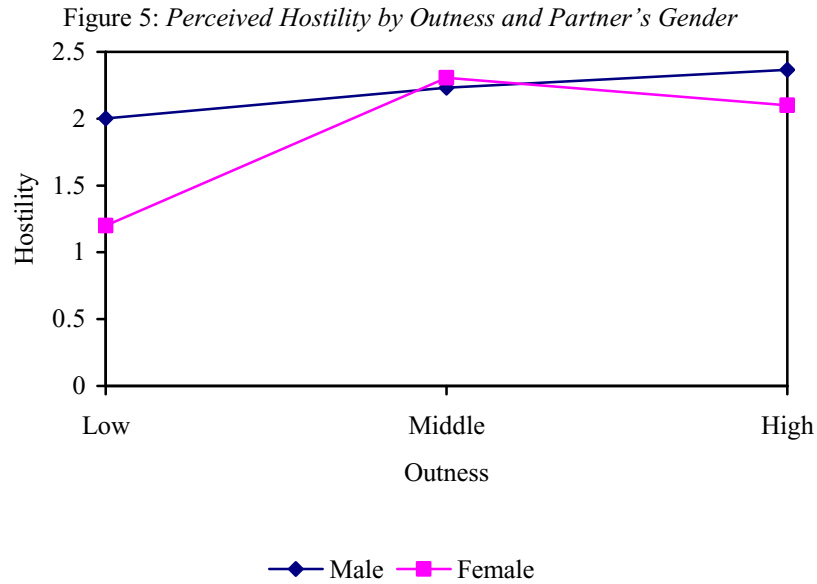
The level of Hostility perceived by participants varied significantly according to their level of outness, $F = 6.16, p = .002$. This effect was small in size, $\text{partial } \eta^2 = .05$. Participants in the middle-outness group perceived the highest level of Hostility ($M = 2.268, SE = .091$), followed by those in the high-outness group ($M = 2.233, SE = .194$)

and then those in the low-outness group ($M = 1.600$, $SE = .127$). Post-hoc testing using independent samples t-tests revealed that low-outness participants perceived significantly less Hostility than middle- or high-outness participants ($p < .0001$ and $p = .0195$, respectively), who did not significantly differ from one another ($p = .8673$; see Figure 4).

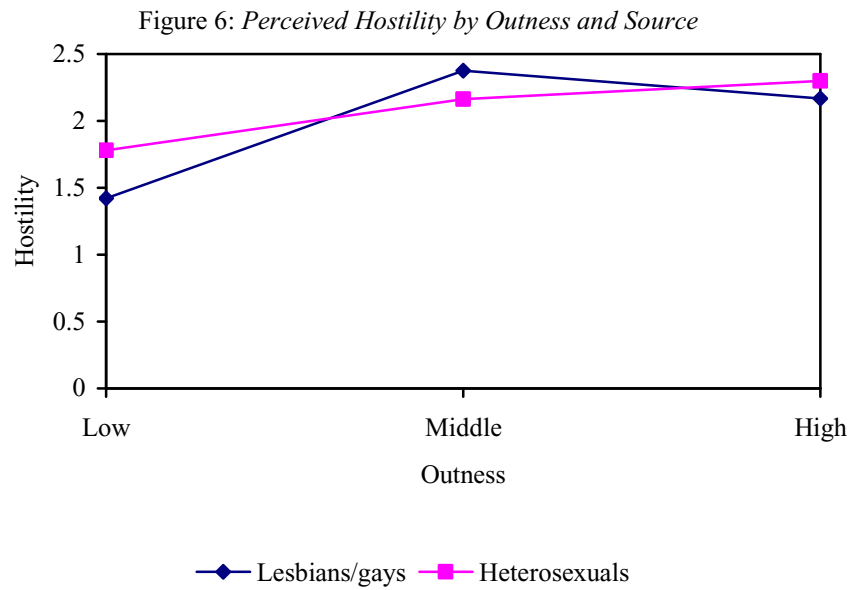


In addition to the main effect for level of outness, the amount of Hostility perceived by participants was also affected by the interaction between outness and partner's gender, $F = 4.07$, $p = .018$. That is, the effect of outness on perceived levels of Hostility differed based on whether participants were currently in a same-sex or an opposite-sex relationship. This effect was small in size, partial $\eta^2 = .03$. For participants in opposite-sex relationships, levels of perceived Hostility were similar at all levels of outness. In contrast, for participants in same-sex relationships, those in the low-outness group perceived significantly less Hostility than those in the middle- or high-outness groups ($p = .0001$ and $.0094$, respectively), who did not reliably differ in their level of perceived Hostility ($p = .4551$; see Figure 5). That is, the observed pattern of the main

effect for outness holds for participants partnered with women, but not for those partnered with men.



The interaction effect between source of prejudice and outness was also significant, $F = 7.01$, $p = .001$. This effect was small in size, partial $\eta^2 = .05$. Low-outness participants perceived significantly less Hostility from heterosexuals than did middle-outness participants ($p = .0221$), but high-outness participants did not differ reliably from either low- or middle-outness participants ($p = .0748$ and $.5471$, respectively). Additionally, low-outness participants perceived significantly less Hostility from gay men and lesbians than did middle- or high-outness participants ($p < .0001$ and $p = .0159$, respectively), who did not reliably differ from one another ($p = .3883$; see Figure 6).



To summarize, the general pattern for Hostility was that participants in the low-outness group perceived significantly lower levels than those in the middle- or high-outness groups, who did not differ from one another. However, this general pattern was modified by the interaction between outness and each of the other IVs. The same pattern observed for outness alone was observed for participants in same-sex relationships, while there were no significant differences in perceived Hostility among participants in opposite-sex relationships, regardless of level of outness. Similarly, the pattern held for perceived Hostility from gay men and lesbians, but not from heterosexuals; high-outness participants fell between and did not differ significantly from the other groups in perceived Hostility from heterosexuals. It should be noted that in the case of all four significant findings, the highest level of Hostility was reported by individuals in the middle-outness group, and that the difference between low- and high-outness groups either approached or reached statistical significance in all cases.

Irresponsibility.

The level of Irresponsibility perceived by participants varied significantly by their level of outness, $F = 5.809, p = .003$. This effect was small in size, partial $\eta^2 = .04$. Specifically, participants in the low-outness group ($M = 1.578, SE = .144$) perceived significantly less Irresponsibility ($p < .01$) than those in the middle- and high-outness groups ($M = 2.35, SE = .103$ and $M = 2.40, SE = .221$ respectively), who did not differ significantly from one another ($p > .99$; see Figure 7). However, this pattern was modified by a significant interaction with gender of the participant's current partner, $F = 5.745, p = .004$. This effect was small in size, partial $\eta^2 = .04$. Participants in opposite-sex relationships perceived similar levels of Irresponsibility across all outness levels, while low-outness participants in same-sex relationships experienced significantly less Irresponsibility than those in the middle- or high-outness groups ($p = .0001 - .0061$), who did not differ from one another ($p = .3852$; see Figure 8). In other words, it appears that outness has a significant effect on levels of perceived Irresponsibility only for participants in same-sex relationships.

Figure 7: *Perceived Irresponsibility by Level of Outness*

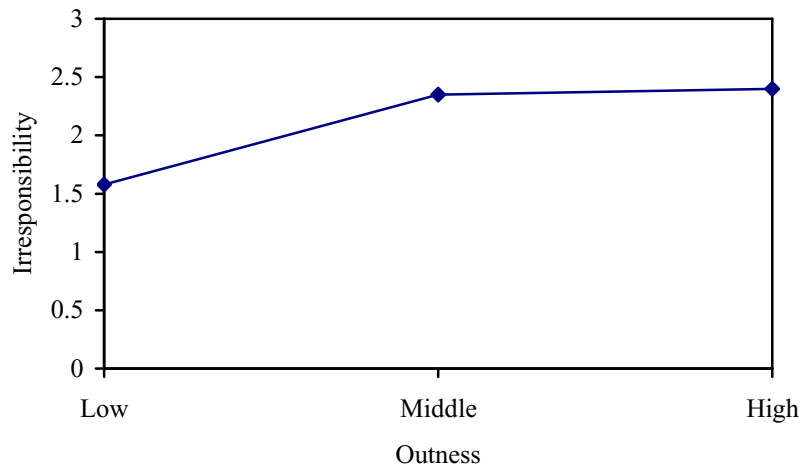
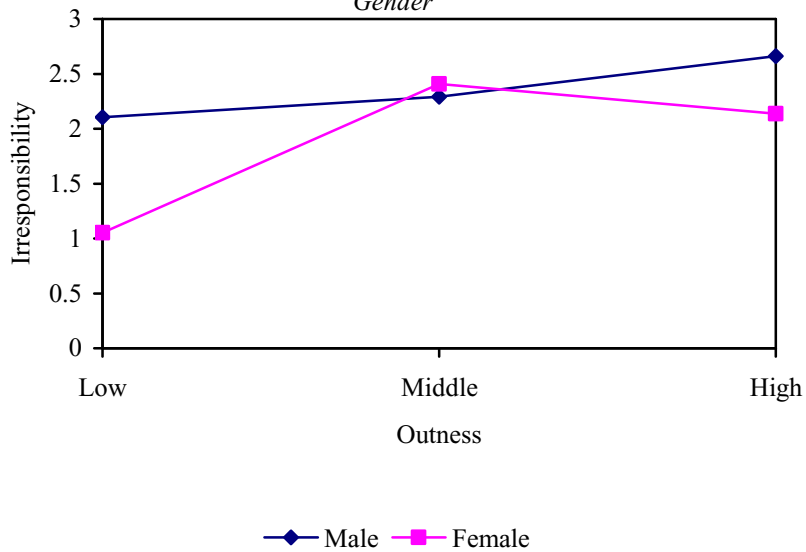
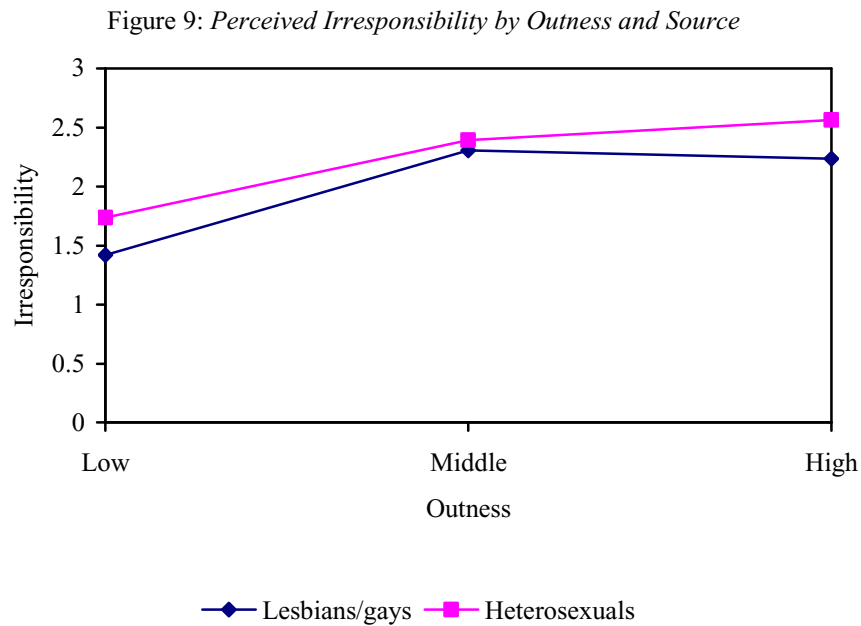


Figure 8: *Perceived Irresponsibility by Outness and Partner's Gender*



The interaction between source of prejudice and outness was marginally significant, $F(2, 264) = 2.946, p = .054$. This effect was small in size, partial $\eta^2 = .02$. Low-outness participants perceived significantly less Hostility from gay men and lesbians than middle- or high-outness participants ($p < .0001$ and $p = .0084$), who did not differ

significantly from one another ($p = .7734$). Similarly, participants in the low-outness group perceived significantly less Irresponsibility from heterosexuals than those in the middle- or high-outness groups ($p = .0007$ and $.0143$, respectively), who did not differ reliably from one another ($p = .5119$; see Figure 9).

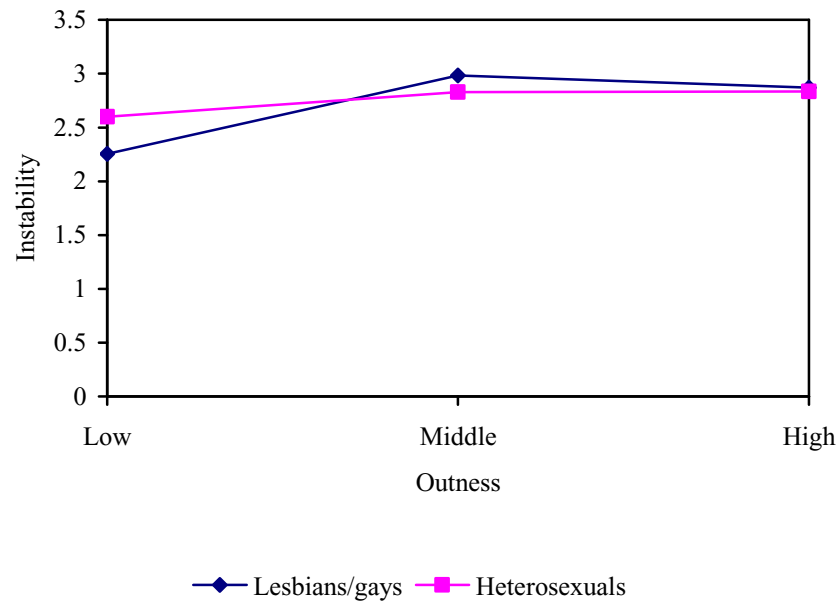


Instability.

Unlike Hostility and Irresponsibility, for Instability there was no significant main effect for level of outness ($F = 2.081, p = .127$), nor for the interaction between outness and partner's gender ($F = 1.792, p = .169$). The interaction between outness and source of prejudice was marginally significant, $F = 2.956, p = .054$. This effect was small in size, partial $\eta^2 = .02$. Similar levels of Instability from heterosexuals were perceived by participants in all outness groups. Low-outness participants perceived significantly less

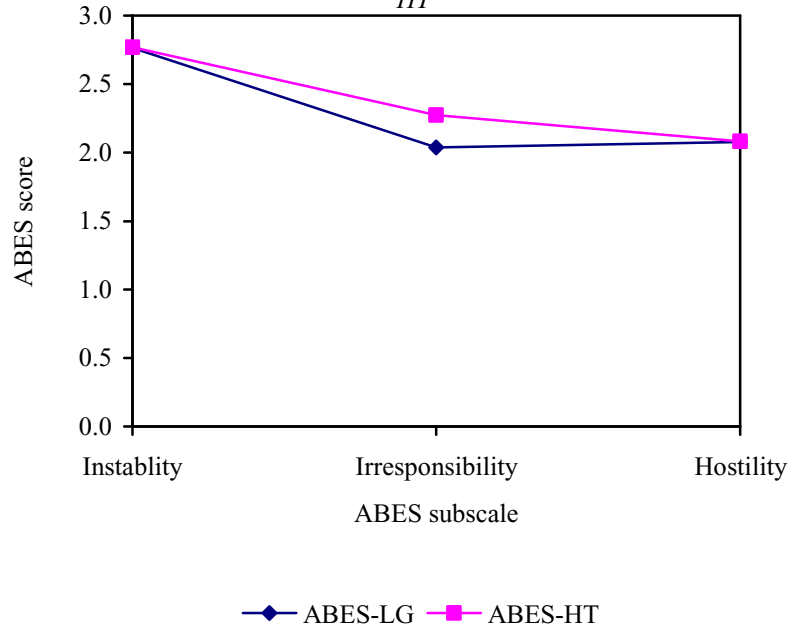
Instability from gay men and lesbians than those in the middle-outness group ($p = .0007$). High-outness participants did not differ reliably from either of the other groups in their perception of Instability from gay/lesbian individuals (see Figure 10).

Figure 10: *Perceived Instability by Outness and Source*



Finally, it is notable that for both the H and LG forms of the ABES, the mean score for Instability was significantly higher than both Hostility and Irresponsibility ($p < .001$ for all comparisons). Levels of Irresponsibility and Hostility perceived from gay men and lesbians did not differ significantly ($p = .413$), while significantly more Irresponsibility than Hostility was perceived from heterosexuals ($p < .001$; see Figure 11).

Figure 11: Comparison of Subscale Means for ABES-LG and ABES-HT



Anti-Bisexual Prejudice, Outness, and Depressive Symptoms

As predicted, there was a significant positive correlation between depressive symptomatology and experiences of anti-bisexual prejudice. The correlation with the CES-D was of moderate strength for both forms of the ABES; for ABES-H, Pearson's $r(269) = .42, p < .01$ and for ABES-LG, Pearson's $r(269) = .34, p < .01$. The strength of the relationship between experienced prejudice and depressive symptoms did not vary significantly based on the source of prejudice ($t = 1.97, p = .97$); that is, experiences of prejudice from heterosexuals and from gay/lesbian individuals are associated with depression to about the same degree. Participants in the same- and opposite-sex

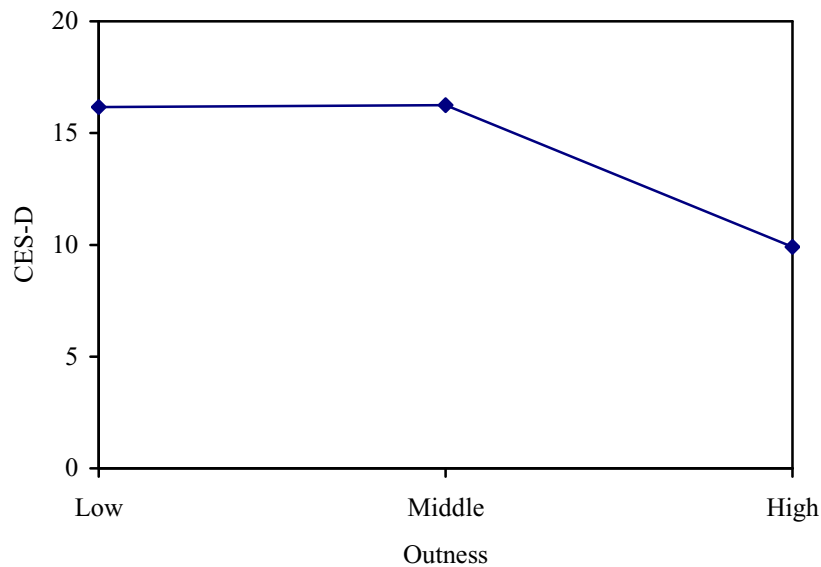
relationship groups did not differ significantly in their reported depressive symptoms ($p = .842$).

To determine which elements of anti-bisexual prejudice are most strongly associated with depressive symptoms, each subscale of the ABES was separately correlated with CES-D scores. All three subscales of both forms of the ABES (LG and H) were significantly positively correlated with depressive symptoms (Pearson's $r = .279 - .418, p < .001$). The three subscales of the ABES-LG did not significantly differ from one another in strength of correlation with the CES-D, nor did the three subscales of the ABES-H. However, the correlation of Hostility-H with the CES-D was significantly stronger than that of Instability-LG ($t = -2.492, p = .007$) or Irresponsibility-LG ($t = -2.312, p = .011$); that is, experiences of prejudice in the form of interpersonal hostility from heterosexuals are more strongly associated with depression than are experiences of prejudice from lesbian/gay individuals related to stereotypes about the instability of bisexuality or the sexual irresponsibility of bisexuals.

Because outness was significantly associated with experiences of anti-bisexual prejudice, the relationship between outness and depressive symptoms was also explored using a one-way ANOVA in which outness was a categorical independent variable with three levels (low, middle, and high, as described above), and CES-D score was the continuous dependent variable. The relationship between outness and depressive symptoms was significant, $F = 4.15, p = .017$, partial $\eta^2 = .03$. Post-hoc testing using Scheffe's test revealed that participants in the high-outness group reported significantly lower depressive symptomatology ($M = 9.90, SE = 12.91$) than those in the low- and

middle-outness groups ($M = 16.17$, $SE = 10.75$, $p = .027$; $M = 16.25$, $SE = 11.40$, $p = .023$ respectively), who did not differ significantly from one another ($p = .998$). Notably, the mean CES-D scores for both the low- and middle-outness groups are above the cutoff score of 16 that is typically used to indicate clinically-significant depression (Radloff, 1977; see Figure 12).

Figure 12: Mean CES-D Scores by Level of Outness



Experiences of Support

Of the 271 participants in the study, 249 contributed responses to one open-ended question assessing experiences of support for their bisexual identity: “Please describe experiences you have had in which someone responded positively or supportively to your bisexuality. When and with whom have you had these experiences (heterosexuals, gay men, lesbians, other bisexuals, etc.)?” These responses varied in length from a few words

to several paragraphs. Most responses spoke generally about individuals or groups of people who had been supportive, but about half of respondents also included one or more specific examples or stories related to support for their sexuality. The qualitative data were analyzed using thematic analysis (Braun & Clarke, 2006), yielding several broad themes and sub-themes. Because this analysis was exploratory, the data were not segmented according to partner's gender or outness, and comparisons similar to the quantitative analysis were not attempted; rather, these data were analyzed for their general themes regarding monogamously-partnered bisexual women's experiences of support. The experiences represented in this data set are as diverse and varied as bisexual women themselves, yet there are some common threads that run through the data.

Perhaps the most prominent theme within this data set is that support is not a unitary construct, nor is it an all-or-nothing proposition; rather, participants defined, either explicitly or implicitly, what support meant within their responses. This group of participants reported experiencing support of various kinds from all areas of their life, from close friends and family to partners, co-workers, clergy, and therapists. Additionally, some participants' responses suggested that their relationship status (i.e., being in a monogamous relationship) and the relationship transitions they have experienced (e.g., from a partner of one gender to the other) affected the support they received. Finally (and unsurprisingly, in the context of the quantitative results), participants' decisions about self-disclosure of sexual orientation appear to both influence and be influenced by the support they receive from others in their lives. Each of these themes is described in more detail below.

What constitutes support?

Affirmation/active support. As might be expected given the wording of the question, the majority of participants (about two thirds of respondents to this question) described at least one person, group, or situation in which their sexuality was met with an unequivocally positive response. Some participants reported generally positive responses from many people in their lives (e.g. “In general my life is full of people who support my bisexuality... I'm blessed to have found support in my family, my places of work, my community, my church, my doctors' offices, and almost every other place I can think of.”) Others described specific instances of positive response. For example, one participant stated, “My heterosexual sister views my orientation as a very ‘open minded’ and ‘progressive’ one. She considers it a ‘gift’ I suppose. She fully accepted me and applauded me when I came out.” Another participant shared, “I had a straight female friend respond only with happiness when I told her I was dating another girl. The gender of my partner didn't matter to her, just that I was happy. My current boyfriend, who is straight, is very supportive of my identity. He has accompanied me to bisexual and queer events and support meetings.”

A specific type of affirmative support reported by several participants involved friends or loved ones defending them against others’ negative appraisals of their bisexual identity. For example, one participant stated, “My lesbian girlfriend defended me against one of her lesbian friends who said I could not be serious about my girlfriend because I was bisexual and ‘you never know with THEM.’ My girlfriend said she trusted me and I was not THEM, I was me and she knew me and my bisexuality was moot.” Another

reported, “My best friend[...]is proud of telling people (with my permission) that I am bisexual/queer and defends me when people say biphobic things.” Summing up this sentiment, one participant stated “Most if not all of my friends are very supportive. This includes friends who are straight, bi, gay, lesbian, trans... Generally, [my sexual orientation is] not a big deal, but it's always nice to know that my friends have got my back.”

Lack of negative response/passive support. Although many participants reported affirming, unequivocally positive experiences with some people in their lives, a substantial number (over 25%) responded to this question by reporting experiences that are less straightforwardly defined as positive or supportive. These responses ranged from acceptance without explicit support/affirmation to indifference, ignoring/not talking about sexual orientation, or the mere absence of a negative response. Notably, participants varied in their appraisal of these more equivocal responses. For some, having their bisexual identity be casually accepted felt supportive, seeming to convey that sexual orientation was a non-issue (e.g., “being bi has never been an issue, folks accept me for me”). One participant’s story conveyed this sentiment well:

The best experience recently was coming out to a mother of my son's new school friend (they are 5 & 6 yrs old). It just popped up in a discussion on astrology and our past love lives. She just nodded and it went on as if I gave any other info about myself, such as ‘I am 5' 9 tall.’ It was great for that bit of my biography to be greeted so naturally and without event. The woman and I are still friends, our boys still play together.

However, for other participants, responses involving indifference or ignoring sexuality were seen as supportive only in the sense of not being explicitly negative. As one participant explained:

Most gay and straight identified people who know [my sexual orientation] seem to purposefully ignore it and avoid the topic, even when I bring it up. Of those who don't avoid it, most of the straight identified people respond neutrally about it[...]while most gay/lesbian identified people have responded somewhat negatively (because they feel in challenges their own identity/their dualistic, essentialist view of sexuality as being strictly either homo or hetero).

Another participant reported a similar response, in which sexual minority status in general is accepted but the participant's own identity is ignored: "My mother is straight and supportive of lgbt people and know [sic] about me for a year now, but never talked to me about MY bisexuality, only that she loved me (after I sended [sic] her an email telling)." Some participants made quite explicit the linking of support with absence of rejection; for example, one stated, "I've been lucky and have not had any negative responses to my sexuality. In terms of positive responses, nothing stands out as anything other than acceptance." Another explained, "Most of my positive experiences of disclosing my bisexual identity come from coming out to other bisexuals. Some of my straight, lesbian, gay and trans friends have had positive (*as defined by the absence of negative*) responses as well" (italics added). Implicit in these responses seems to be an expectation of a negative response, or at least an awareness of the possibility of such a response, such that the absence of explicit rejection is experienced as at least partial acceptance/support. One participant's response illustrated this quite poignantly: "Both my

straight cis[gender] parents reacted very positively. They did not throw me out of the house, did not disown me and did not try to disown me.”

Sexualization: “Positive,” but not supportive. Finally, many participants also noted that people sometimes respond to their sexuality in a way that the responding individual sees as positive, but that is not necessarily experienced as positive or supportive by the participant. The most prominent example of this is the enthusiastic response many participants reported receiving from straight men, which participants either suspected or knew was based on those men’s assumptions of participants’ sexual availability. Participants were quite direct in their reports of this kind of response, e.g. “Het[erosexual] men respond positively because they sexualize bisexuality (e.g., they think if I’m bisexual then I’ll have a threesome with them and another woman).” Another participant summed up this phenomenon humorously, stating “Tell a straight guy you’re bi, and his eyes light up like it’s sexual Christmas.” Notably, all participants who reported being sexualized as a result of their bisexual identity were clear in giving this a negative valence, even while recognizing that the response was seen as positive by the responder; none indicated that they appreciated or enjoyed this response (in contrast to, for example, indifferent responses, which were seen as supportive by some participants and not by others). It should also be noted that although heterosexual men were the people from whom participants most frequently received sexualizing responses, some participants reported this phenomenon more globally, e.g. “The only ones that really respond positively to my bisexuality are people who hope to be sexual partners.” Of note,

although this objectifying response is a widely documented element of biphobia, no items on the ABES capture this particular experience, perhaps because it is considered gender-specific (i.e., only experienced by bisexual women; Ross, Dobinson, & Eady, 2010).

Who is supportive?

By relationship. Participants reported receiving support from a wide array of people in their lives, including (in order of frequency) friends, family (besides parents), partners and spouses, parents, co-workers, a variety of support groups and organizations, and therapists. Nearly half of all participants reported some form of support from their friends, and the support they received from friends was more likely to be unequivocally positive and affirming:

Most of my straight, bisexual, gay and lesbian friends and my coworkers (who know about my bisexuality) are supportive and non-judgmental. They care about me for who I am and don't care about the gender of the person I romantically love, as long as I'm happy.

Family was a close second, with many participants reporting support either from family in general or from specific family members. Notably, participants' experiences of support from parents were sometimes fully affirming and supportive, but often also included elements of typical parental responses to a sexual minority individual's coming out, such as concern about their child having a more difficult life. For example, one participant stated "My father was supportive when I came out to him. He was afraid I would be unpartnered." Another participant elaborated a similar theme:

My family was mostly supportive of my identity, but couldn't understand why I would ever 'choose' the 'hard way' of dating anyone who wasn't a man.

Eventually, however, they all rallied around to support me when they realized how much I needed them to understand that 'choosing' to only date men was like amputating a part of myself

Participants' partners were also an important source of support, and many participants' responses indicated that support for their sexual identity was a factor in their choice of a particular partner. For example, one participant who is married to a man stated "My husband is very positive about my bisexuality. I wouldn't be with him if he wasn't. He has always been comfortable with me talking about people I dated before him, both male and female." Some participants also specified that their male partners' not responding in a way that fetishized them contributed to their feelings of support in the relationship, e.g. "Husband (heterosexual male) was supportive, responded with humour also importantly not in a lecherous way, he doesn't think it's particularly 'kinky' to be bisexual or is into threesomes or anything like that." Another participant echoed this sentiment, saying "Only my husband has accepted my bisexuality as an aspect of me and not as a support for motives of 3 some[sic] with two females at once. He is my only positive support." Additionally, some participants reported that their partners supported the visibility of their bisexual identity in specific ways. For example, one participant partnered with a man reported "My current boyfriend, who is straight, is very supportive of my identity. He has accompanied me to bisexual and queer events and support meetings," while another stated "When I told my current partner (he's a straight male), he was supportive and takes interest in issues that affect me as a bisexual woman- such as biphobia and things of that matter." Another participant, who is partnered with a woman,

stated “My partner is affirming and we are a ‘same sex’ couple versus a ‘lesbian’ couple because I am bi.”

Smaller but significant numbers of participants reported support from their colleagues/co-workers. One participant reported “My co-workers range from indifferent to supportive.” Another commented “my workplace is pretty open and I have told some people I am bisexual.” Some participants were even involved in ally groups or SafeZone trainings at their workplaces and reported these as supportive experiences. Groups and organizations, whether in the workplace or elsewhere, were reported as important sources of support for several participants. Some of the groups mentioned were formal, such as PFLAG or the Bisexual Organizing Project in Minneapolis/St. Paul, while others were more informal support groups. For example, one participant described “We have organized a women's group that is highly supportive. It consists of lesbians, bisexuals, and straight females. It expands our friendship base. We are there for each other when in need.” Finally, several participants also mentioned therapists or counselors as a source of support. One participant reported “The most supportive people have been a lesbian friend from high school, a gay friend from high school, and a bisexual counselor I had in college. My counselor encouraged me to explore resources that helped me understand my bisexuality.” However, not all experiences with therapists were positive; one participant reported:

[I] have come out to a number of colleagues and friends recently, when I experienced biphobia from a therapist when I was ill with depression, and they were all supportive e.g. expressing shock at what I had experienced, sympathising etc.

By gender/sexual orientation. Because the sexual orientation of individuals responding to participants' sexual identity was a construct of interest in the analysis of experiences of prejudice (recall the two forms of the ABES, one for heterosexuals and one for lesbians/gay men), the question about experiences of support also asked participants to report the sexual orientation of people from whom they have received support, and many, though not all, participants did so. Other bisexual-identified people, especially other bisexual women, were by far the group most often cited as providing affirmative support (e.g. "Most of my positive experiences of disclosing my bisexual identity come from coming out to other bisexuals"). The ability of other bisexuals to fully understand participants' experiences, particularly their experiences of anti-bisexual prejudice, contributed significantly to the perception of support; participants often contrasted this more fully supportive response with the support received from non-bisexuals. For example, one participant stated "A woman in my office is also bi-sexual. She is the only person who truly seems to understand my experience, validate it, and celebrate it" and another stated "No memorable instances, but I have engaged in moments of bisexual solidarity, sympathy, and pride with other bisexuals. I don't think any monosexuals have ever shown a specifically positive reaction to my bisexuality, although many accept it."

Notably, although some participants cited bisexual men as a source of support, several noted that they were not acquainted with many bi-identified men, and a few shared their perception or experience that men who may be bisexual in behavior or attraction hesitate to self-identify as such because of the greater stigma facing male

bisexuals. For example, one participant shared, “One friend who as far as I knew was gay male and 'out' as such, came out to me as bisexual himself but explained his reasons for concealing this (gay men don't trust bi men, his experience).” Another stated, “Unfortunately I've known very few openly bisexual men, who tend to be quiet about it.” These responses, though they comprise only a small proportion of the data set, do underscore the critical need for more research into bisexual men’s experiences and more resources to support bisexual-identified men.

In general, those participants who specifically mentioned gay men reported positive experiences (e.g. “Gay men say ‘You’re so fabulous’”). Others noted that gay men seemed indifferent to their disclosure of bisexual identity (e.g. “I’ve noticed that gay men don’t seem to care”), perhaps because they are less likely to have a personal investment in women’s sexual orientation (and thus, their potential availability as sexual partners). The neutral or positive responses of gay men were often contrasted by participants with less positive responses from lesbian women (e.g., “pretty much exclusively gay men and straight allies. They are all warm and welcoming. Lesbians and straight people seem to tolerate it but think it's threatening;” “Speaking with gay men has been fine, but not all lesbians are very receptive”). Indeed, of the participants who referred specifically to gay men and lesbians in their responses, several noted that lesbian women in general were less supportive toward bisexual women than are people of other sexual orientations. However, many participants also reported strongly positive experiences with lesbian women who were close friends, family members, or colleagues

My best friend is a lesbian in a long-term committed relationship with children. I disclosed to her my bisexuality at the same time that she disclosed her experience as a woman questioning her own gender. I find her to be very accepting of my bisexuality even in spite of my marriage to a man.

Similarly, participants often generalized that heterosexuals as a group were less likely than bisexuals or gay/lesbian individuals to be supportive, but also reported strongly positive experiences with specific heterosexuals with whom they had close relationships.

Relationship status and transitions. Participants' responses also suggested that being in a monogamous relationship impacts the responses they receive. Specifically, it seems bisexual women might be especially vulnerable to having their bisexual identity erased, ignored, or doubted when they are involved in a long-term monogamous partnership. These responses were most common for participants partnered with men, and were received from both heterosexuals and gay/lesbian individuals. For example, one participant stated, "Many other queer people do not accept my self-identification as bisexual, because I am (nowadays) monogamously married to a person of the opposite sex... I've been told that I don't 'count' since I'm married to a man." Another echoed this, saying, "Since I'm in a long-term relationship with a man, I've had many straight friends and some gay men and lesbians try and assert that I don't 'count' as being bisexual," and another stated "People are often surprised that I am in a hetero relationship and still identify as bisexual. Generally the GLBT community is more supportive and the straight community is more circumspect, thinking I am 'really straight.'" However, these

responses were not limited to women in opposite-sex relationships; one participant partnered with a woman stated:

Most people (except other bisexuals) initially assume I'm a lesbian, since I'm very out in my life, but I try to correct that assumption every chance I get. Some people don't understand how a person can be bisexual and in a life-partnership, but I've gotten pretty good at clarifying that for people.

It should also be noted that some participants reported that they themselves felt their bisexual identity had become less salient to them over time as a result of being monogamously partnered; as one woman stated:

I have only come 'out' to a handful of people, mostly because it hasn't been relevant since I started college. Yes, I'm bisexual, but since I'm in a monogamous relationship now and have been for three years, I don't need to necessarily talk about my sexuality.

Some participants also indicated that their experiences of dating a partner of one gender after having previously dated the other gender affected others' responses to them. Some stated that they had been supported equally regardless of who they were dating. For example, one participant stated "My friends have continuously supported me in my decision and respect those I choose to date, whether it be a man or a woman;" another shared:

I have had positive experiences with people of many genders and sexualities - such as my cisgendered heterosexual parents, who were not surprised when I told them about my girlfriend (they've known I was bi for a while) and responded to the relationship not to the gender. Friends of mine from grad school have also responded positively to this relationship with a woman in the same way they responded positively to my last relationship with a man.

For other participants, people's responses seemed to indicate subtle bias toward partners of one gender over another. For example, one participant shared:

...a close friend who is bisexual and her lesbian partner are excited that I am now also seeing a woman (double dates)... one or two other friends have been supportive in that they have taken in stride the change from a male partner to a female partner.

Another stated:

I have generally had positive experiences with the queer community regarding my bisexuality. I find myself neutralizing pronouns though and shying away from names when discussing my partner. When I mention that I have a boyfriend (who is cisgendered) I suddenly am not as included.

Other participants reported receiving more support for opposite-sex relationships (or increased questioning or concern from people in their lives when they were in same-sex relationships). One participant stated, “My parents responded supportively but to some extent that may be because they like having me in a relationship that looks heteronormative.” Another shared that “my grandmother, while not willing to accept I was in a relationship, treated my future wife with great kindness.” Although there were too few responses referring to such biases to warrant broad generalizations, within this sample family members, particularly parents, were most likely to be biased toward supporting opposite-sex relationships or questioning/being concerned about same-sex ones, while friends, particularly LGB-identified friends, were more likely to be equally supportive regardless of partner’s gender or to be subtly biased toward supporting same-sex relationships. These responses suggest that although there may not be reliable group differences between the experiences of bisexual women currently partnered with men or women (as observed in the quantitative data from the present study), the experience of having dated partners of both sexes and others’ response (supportive or otherwise) to

transition points between dating men and women are likely salient to bisexual women's experiences.

Support and self-disclosure. These data also suggested that participants' experiences of support both influence and are influenced by their decisions about self-disclosure of sexual orientation. That is, these participants indicated that they actively evaluate their social milieu, making attempts to anticipate others' likely responses and tailoring their self-presentation and disclosure accordingly. While many participants reported direct verbal disclosures of sexual orientation to some individuals in their lives, consideration of these individuals' likely responses often influenced the decision to directly disclose (e.g., "Well, not that many people in my life know that I'm bisexual. Most of the people I've told are people I anticipated a positive response from"). Additionally, some participants noted that they were open with some individuals while perceiving the necessity of concealing their sexual orientation within certain broader social structures or communities that would likely be rejecting. For example, one participant shared, "I live in an area that has a predominant religion. That religion is not in support of bisexual orientation, and I am not 'out'. Therefore the only people who know about my orientation are other bisexuals and a few close friends." Another stated, "Most people are ok with it or think it's great, but I'm not out to my family, and they are the ones I'd be most worried about accepting it."

Some participants employed strategies of indirect disclosure. For example, a few participants reported coming out in online forums or through Facebook posts, which

might serve to buffer or protect against the possibility of rejection in a face-to-face verbal disclosure. Others seemed to employ a strategy of speculation, leaving their identity ambiguous but making no efforts to hide it. One participant's story illustrates this strategy well:

I did not out myself to my family. They knew I was living with (my girlfriend's name), that I was helping her move to her internship and that I talked about her all the time. I knew my family was intelligent enough to put two and two together so that if they never did figure it out, it was because they were in denial or not ready for that. I use this for my whole family and when my grandma figured it out, she called me and told me the story of her aunt and her aunt's "good friend" for whom my grandma is named. She was surprisingly supportive and weirdly excited to meet my partner.

Other participants noted that their sexual orientation became known to others indirectly through clues, e.g., "Most people don't have a strong reaction to my sexual orientation. Because I do research in this area, I think that most people assume that I identify somewhere in the queer spectrum." As this participant's response indicates, however, the use of such clues may be more complicated for bisexual women (and men) than for gay men and lesbians; although her research suggests that she is "somewhere in the queer spectrum," her specific identity as bisexual must (presumably) still be clarified through a more direct disclosure. Indeed, an important difference in "strategic outness" (Orne, 2011, p. 681) between bisexuals and gay men may be the types of clues that are available to them, and how accurately others are likely to infer one's identity based on those clues. For many gay men and lesbians, simply making reference to a same-sex partner is sufficient to clue someone in to their sexual identity. In contrast, although many participants in the present study indicated that being in a same-sex relationship for the

first time was the catalyst for their coming-out, if they wanted to be seen as bisexual rather than lesbian, an additional disclosure or clarification was necessary.

Chapter 5: Discussion

Sample Demographics

A number of demographic characteristics of the study sample warrant discussion. Most notable is the very high level of education reported by participants, with 75% having completed a Bachelor's degree or higher and 42% having completed an advanced degree. Although these proportions are much higher than the general U.S. population (according to recent U.S. Census Bureau data, about 28% of Americans have completed a Bachelor's degree; Ryan & Siebens, 2012), they are similar to those reported by other researchers for samples of lesbian women (e.g. Bradford, Ryan, & Rothblum, 1994; Oetjen & Rothblum, 2000). Of note, Herek et al. (2010) reported that only 28% of bisexual women in their national probability sample had completed a Bachelor's, so the present sample is significantly more highly educated than the general population of bisexual women (who do not differ from the overall U.S. population in educational attainment). This is likely an artifact of the recruitment method, as more highly educated individuals are more likely to have internet access (Zickuhr & Smith, 2012) and may be more likely to be savvy to internet resources such as the online communities from which participants were recruited (Zillien & Hargittai, 2009). Additionally, college and university LGBT group lists constituted some (though far from all) of the recruitment venues. It is also possible that more highly educated individuals, particularly those who have themselves pursued graduate-level education, are simply more interested or motivated to participate in the graduate-level research projects of others. In any case, the

very high level of education observed in this sample may limit the generalizability of the findings to bisexual women with lower levels of educational attainment.

The composition of the present sample also varies significantly from estimates of the general population of bisexual women with regard to prevalence of same-sex versus opposite-sex relationships, likely as a result of the recruitment methods used. While Herek and colleagues (2010) derived their population estimates from a large, representative U.S. sample obtained through random-digit dialing and found that 90% of partnered bisexual women were in relationships with men, the present study (like most studies of sexual minorities) used a non-random, self-selected sample recruited through online forums targeting bisexuals or LGBT people in general, yielding a sample with 35% of participants partnered with women. It is possible that bisexual women who are in same-sex relationships may be more engaged with the LGBT community or may be more likely to see their bisexual identity as highly salient, making them more likely to subscribe to the online lists targeted or to participate in research on their sexual minority experience. Although no research has addressed this question specifically, Balsam and Mohr (2007) reported that lesbian women's level of engagement with the LGBT community was higher than bisexual women's, making it potentially unsurprising that bisexual women currently in same-sex relationships might be more engaged with the community than those in opposite-sex relationships.

SS vs. OS Demographic Differences

Notably, the SS and OS groups varied significantly on a number of demographic characteristics. It is unsurprising that more OS participants are married and more SS participants are in civil unions or other life partnerships, given that same-sex marriage is not legal in most states. OS participants also reported significantly longer relationship duration than did SS participants. Interestingly, this difference was not a function of age; although greater age was associated with longer relationship duration (notably, only for relationships longer than 5 years), SS and OS participants had nearly identical mean ages. It is possible the greater financial and legal barriers to dissolving a marriage (compared to a non-legally-recognized partnership) encourage longer duration, and that the higher prevalence of legal marriage in the OS group thus accounts for the observed difference in relationship duration. Other demographic differences are less easily explained. For example, the skew toward high levels of education in the overall sample was more pronounced among SS participants, who were also more likely to self-identify as upper-middle or upper class than were OS participants. Because of the dearth of general demographic data on bisexual women and the lack of other studies considering partner's gender as a variable, it is unknown whether the demographic differences observed here reflect real differences in the population or are particular to the present sample, but these results suggest that the gender of a bisexual woman's relationship partner is a variable that warrants further investigation.

Identity and Self-Labeling

Although the high number of disqualified respondents limited the final sample size of the present study, the observed pattern of response and disqualification is interesting in its own right. As detailed above, the most frequent reason that respondents were disqualified is that they self-identified with a sexual orientation label other than bisexual, with the majority of these identifying as queer or unlabeled. Although these women felt that the study description, which made reference to bisexual women, described them well enough to spur their interest in participating, when given additional options for self-labeling, many eschewed the bisexual label. Some respondents who were disqualified contacted the researcher to inquire about their exclusion or advocate for inclusion, and most stated that they are bisexual in behavior and/or attraction but choose to identify as queer as a protest against sexual orientation labels they view as constraining or divisive, or to avoid being subject to bisexual stereotypes. Other studies of the self-labeling practices of bisexual women (e.g., Ochs, 2007; Serenson, 2002) have documented similar motivations. Additionally, longitudinal research on the self-identification of women with bisexual behaviors or attractions has shown that changing labels over time is common, with more women moving toward an unlabeled identity than adopting more traditional labels such as bisexual, lesbian, or heterosexual (Diamond, 2008a). The possibility of cohort effects in self-labeling practices also should not be overlooked, as there is some evidence that younger sexual minority individuals are less likely to experience their identities as politically defined (Weststrate & McLean, 2010) and are more likely to reject traditional labels like gay, lesbian, and bisexual in favor of

idiosyncratic, personally-defined (and sometimes unlabeled) identities (Savin-Williams, 2005).

Because perceived experiences of being stereotyped or discriminated against based on bisexual identity, specifically, were the main construct of interest in the present study, it seemed important to ensure that all participants actually self-identify with this label, but it should be noted that women who use many other identity labels may share some of the experiences of prejudice documented here. Although the email correspondences from disqualified respondents are not part of the official data set for the study, they help to shed light on the very high disqualification rate in the present study, and also add support to the conclusions drawn by other researchers: behaviorally bisexual people may selectively and intentionally use other labels (including queer, pansexual, and omnisexual) or no label at all in order to represent their sexuality in a non-stereotyped way.

Experiences of Anti-Bisexual Prejudice

Overall levels.

It is encouraging to note that means for the full-scale ABES as well as all subscales (Instability, Hostility, and Irresponsibility) fell below the midpoint, although for every item there were some participants who reported having the experience in question “almost all of the time (more than 70% of the time).” In general, mean scores indicated that participants experienced most types of anti-bisexual prejudice in less than 10% of their interactions, although the mean score for Instability approached the level

corresponding to having that experience up to 25% of the time. Of note, for both forms of the ABES, mean Instability scores were significantly higher than mean Irresponsibility and Hostility scores; that is, participants reported more experiences of having their orientation treated as transient or unstable than experiences of being treated as sexually unreliable or promiscuous, or being more generally mistreated or rejected because of their sexual orientation. Brewster and Moradi (2010) reported a similar pattern of scores in their sample. Instability was also the subscale for which the fewest significant differences between groups were observed. These findings suggest that of the dimensions of anti-bisexual prejudice captured by the ABES, experiences of one's bisexuality being erased, doubted, or treated as a phase are the most common and also the most pervasive, being experienced at about the same rates by bisexual women at varying levels of outness and with various relationship statuses and partners' genders.

Notably, qualitative results of the present study suggested that being in a monogamous relationship contributes to bisexual women's experiences of having their sexual identity questioned or erased. That is, because bisexual individuals who are in relationships are often presumed to be gay or straight based the gender of their partner (or there may be the perception that they have "picked a side" even if their orientation is known), monogamously partnered bisexuals like those comprising this research sample might be particularly vulnerable to experiences of Instability prejudice. Ross, Dobinson, and Eady (2010) and Esterberg (1997) noted similar responses among their participants who were involved in long-term monogamous relationships. These results underscore the

continued invisibility and denial of bisexuality by both gay/lesbian individuals and heterosexuals.

SS vs. OS group differences.

A main goal of the present study was to examine whether bisexual women who are monogamously partnered with women or men have significantly different experiences of anti-bisexual prejudice. As described in the previous chapter, this was examined through a planned analysis that included outness, relationship outness, and source of prejudice (heterosexuals or gay men/lesbians) as additional variables, as well as through post-hoc analysis of mean raw ABES scores at the scale, subscale, and item level. Although the hypothesized significant main effects for partner's gender were not observed in the planned analysis, there were some significant differences based on partner's gender in the post-hoc analyses.

Post-hoc analyses. Notably, in all post-hoc comparisons where there were significant differences, the higher mean score was reported by participants in same-sex relationships, suggesting that these participants might be more vulnerable to certain specific experiences of prejudice; these differences may have been obscured when scores were adjusted for the covariate and aggregated into the subscales and scales of the ABES, explaining the lack of significant effect for partner's gender in the planned analysis. However, it should also be noted that these item-level comparisons do not take other variables, such as outness, into consideration; the SS group's greater overall level of

outness may have increased their exposure to some of these experiences. Participants in the same-sex relationship group were also, on average, more highly educated and of higher self-identified social class than those in opposite-sex relationships, which has been shown to correlate with higher perceptions of other kinds of prejudice (Borrell, Kiefe, Williams, Diez-Roux, & Gordon-Larsen, 2005; Dailey, Kasl, Holford, Lewis, & Jones, 2010).

The same-sex relationship group's higher score on the heterosexual form of several items reflecting experiences of feeling socially alienated, rejected, or excluded may reflect these participants' expectation that they are being presumed lesbian (or closer to lesbian than those in opposite-sex relationships) because of their relationship; in other words, it may reflect their greater visibility as a sexual minority. In turn, these women may feel that being more visibly non-heterosexual than their peers partnered with men results in greater generalized hostile or rejecting responses from heterosexuals. Similarly, their greater sexual minority visibility may also account for SS participants' experiencing greater pressure from heterosexuals than do their OS peers to fit into a binary system of sexual orientation; heterosexuals may perceive the combination of these women's homosexual relationship and assertion of continued opposite-sex attraction as especially disruptive to their binary thinking and may pressure these women to identify as lesbian because it is easier for monosexuals to understand other monosexuals than bisexuals.

It is unsurprising that participants in same-sex relationships were more likely to perceive that both gay/lesbian individuals and heterosexuals expected them to eventually transition to an exclusively lesbian identity, since their current relationship might easily

be perceived as a step in that direction by someone who doubts the stability of bisexuality as an orientation. Given the lesbian community's historical demonization of bisexual women as the bridge bringing disease to the community through their sexual contact with men (Rila, 1996; Rust, 2000d), it is also unsurprising that the same-sex relationship group perceived more prejudice from lesbians based on concern about STDs, although the finding that they also perceived this from heterosexuals is more puzzling; perhaps it reflects a kind of stereotype threat related to the perception of being more closely associated with the gay community by heterosexuals. Additionally, these participants' higher experience of being expected to cheat by gay/lesbian individuals may simply reflect that their reliability as a relationship partner to a gay/lesbian person is particularly salient when they are in a same-sex relationship; it may also reflect the perception in the lesbian community that bisexual women are likely to eventually go back to being with men in order to regain or maintain heterosexual privilege (Israel & Mohr, 2004; Ochs, 1996; Sumpter, 1991).

Planned analyses. For the planned multivariate analysis, it was hypothesized that the overall amount of anti-bisexual prejudice participants experienced would vary significantly according to the gender of their relationship partner, and that these differences would in turn vary based on the sexual orientation of those enacting the prejudice. However, neither of these hypotheses was supported; despite the significant differences in post-hoc analyses (discussed above), neither the main effect for partner's gender nor the interaction between partner's gender and source of prejudice was

significant in the planned analysis (in which prejudice scores were adjusted for the covariate relationship outness). For this sample of bisexual women, their partner's gender alone was not associated with any meaningful differences in the dimensions of anti-bisexual prejudice measured by the ABES. Although these findings may seem to suggest that partner's gender is not particularly salient to bisexual women's experiences of prejudice, this interpretation should be made only very cautiously in light of the item-level differences discussed above. Rather, it is likely that the significant differences between the SS and OS groups on some specific prejudice experiences (i.e., individual items) were obscured when these scores were aggregated into the scale and subscale scores on the ABES; that is, the differences in prejudice experienced by bisexual women in same- versus opposite-sex relationships do not reliably cluster within the dimensions of anti-bisexual prejudice measured by the ABES subscales.

Additionally, it seems likely that other aspects of participants' relationships that were not included in the present analysis may affect participants' experiences of prejudice, in conjunction with the gender of their partner. Including one item assessing relationship outness (i.e., the percentage of people in a participant's life that are aware of the gender of their current partner) was an attempt to address this. However, other factors such as the duration of the current relationship or how the current relationship fits or breaks the individual's prior pattern of dating relationships might also affect others' responses to them. In particular, given that bisexual individuals' sexual orientation is often misconstrued as either straight or gay/lesbian based on their current partner, they may be most vulnerable to experiences of prejudice at times that their bisexuality

becomes most visible, such as when beginning a relationship with a partner of one gender after having previously dated someone of the other gender. Indeed, previous qualitative research has suggested that such relationship transitions, particularly when they entail switching gender of partner, may expose bisexual women to negative responses from others (Esterberg, 1997), and some participants described similar experiences in their qualitative responses to the current study.

Source of prejudice.

In addition to the hypothesized effects of partner's gender, it was hypothesized that there would be a significant difference between the amount of prejudice participants perceived from gay men and lesbians versus heterosexuals. However, this hypothesis was not supported; no significant main effect was observed for source of prejudice. The limited number of previous studies comparing stigma or prejudice from the gay/lesbian and heterosexual communities have yielded contradictory findings. Beaber (2008) reported that her sample of 273 bisexual women perceived more sexual stigma from the gay/lesbian community than from heterosexuals. In contrast, in their sample of 699 bisexual-identified men and women, Brewster and Moradi (2010) found that experiences of prejudice from heterosexuals were reported at a significantly higher rate than from gay/lesbian individuals, though they noted that this effect was small in size and recommended caution in drawing conclusions regarding the relative prevalence of anti-bisexual prejudice among heterosexuals and gay/lesbian individuals. While Beaber's (2008) study and the present study were limited to bisexual-identified women, Brewster

and Moradi's sample included men and women; it is possible that bisexual men in particular experience greater prejudice from heterosexuals, contributing to the significant difference they observed. Additionally, given the small effect size they observed (partial $\eta^2 = .06$) and their much larger sample size, it is possible that the present study simply lacked sufficient power to detect a small but significant difference in levels of prejudice from heterosexuals versus gay men and lesbians.

However, data from the qualitative portion of the present study may also shed light on these contrasting findings. Specifically, many participants reported that although heterosexuals or lesbians (or, in smaller numbers, gay men) as a group were sometimes unsupportive of or prejudiced against their bisexuality, they reported many experiences in which particular heterosexual, lesbian, or gay individuals were supportive; typically, these supportive individuals were in a close relationship (romantic, platonic, or familial) with the participant. In other words, the kind and quality of relationship a participant had with someone seemed to impact their perception of that person's supportiveness to a greater degree than that person's sexual orientation. The same may be true for perceptions of prejudice; when answering the ABES items, which ask about experiences with heterosexuals and gay/lesbian individuals overall, participants may have struggled to generalize in this way, and their experiences, positive or negative, with a few important people in their lives may have impacted their responses disproportionately. Additionally, while the ABES-LG lumps together experiences with gay men and lesbians, participants' qualitative responses indicated that their experiences with gay men and lesbians were often quite different, with the former being generally more supportive. It should not be

concluded, then, that the sexual orientation of individuals who enact anti-bisexual prejudice is not salient to bisexuals' experiences; rather, it is more likely that the relative prevalence of prejudice from people of other sexual orientations varies for bisexuals according to highly individual differences in their relational lives that are too nuanced to be captured by a quantitative measure like the ABES.

Effects of outness.

Although the hypothesized main effects for partner's gender and source of prejudice were not observed, these variables did yield significant findings when combined with the effect of outness. Recall that it was initially hypothesized that outness (i.e., participants' level of disclosure of their sexual orientation to others) would serve as a covariate in the study; that is, it was expected that outness would be similarly correlated with prejudice for all participants regardless of their partner's gender, across both the heterosexual and lesbian/gay versions of the ABES, and that its effect would simply be removed from the analysis before examining the effects of partner's gender and source of prejudice. However, as described in the previous chapter, the obtained data did not match this expectation; rather, outness interacted with the other variables in meaningful ways.

Main effect. In all cases where outness alone had a significant effect (i.e., for total ABES as well as Hostility and Irresponsibility scores), the lowest level of prejudice was perceived by participants in the low-outness group, and those in the middle- and high-outness groups were indistinguishable from one another. This finding makes intuitive

sense; participants are less likely to perceive that others act toward them in particular ways because they are bisexual if those others are either certainly or probably unaware of participants' bisexual identity. Additionally, the relationship between outness and prejudice may be bidirectional; several authors have noted that sexual minority individuals often strategically manage their self-disclosure in response to their relational environment, assessing the likeliness of support or rejection and making ongoing disclosure decisions based on these changing contexts (McLean, 2007; Orne, 2011; Rasmussen, 2004). Indeed, the qualitative responses of the present sample of participants often spoke directly to this "strategic outness" (Orne, 2011). Seen in this light, limiting self-disclosure of sexual identity may serve to protect bisexuals from experiencing anti-bisexual prejudice. However, the interaction effects observed between outness and partner's gender and source of prejudice suggest that this protective effect may not apply in all cases.

Outness x source. For example, the effect of outness differed for prejudice from gay/lesbian individuals and heterosexuals. Consistent with the pattern noted above, the lowest levels of prejudice from both heterosexuals and lesbian/gay individuals was perceived by low-outness participants. However, for both overall prejudice (full-scale ABES score) and Hostility from heterosexuals, high-outness participants' scores fell in between the low- and middle-outness groups and were not reliably distinguishable from either. Although it is possible that this lack of significant difference was simply due to limited power in the current study, it is also possible that no such difference exists.

Keeping in mind that the distinction between outness levels has as much to do with how openly sexuality is talked about as how certainly it is known, this means that the highest levels of overall prejudice and interpersonal hostility from heterosexuals are experienced by participants who feel that their sexual orientation may (or may not) be known, but is never or rarely acknowledged. These results may be explained in part by research findings related to stigma concealment. Pachankis (2007) has proposed that individuals with concealable stigmas experience a number of cognitive and affective consequences, including increased vigilance regarding others' reactions to them and increased suspiciousness that those reactions are being influenced by others' perception of the concealed stigmatized status. It follows, then, that individuals who are in an ongoing state of uncertainty about whether their stigma is known (i.e., middle-outness participants) would, through these cognitive mechanisms, be likely to perceive the greatest prejudice.

In contrast, for prejudice from lesbians and gay men, middle- and high-outness participants perceived more prejudice than low-outness participants but did not differ from one another, suggesting that the effects of concealment differ based on to whom one is disclosing or concealing one's identity. Bisexual women may perceive that the gay and lesbian community is likely to be less prejudiced in general because of their shared sexual minority status. That is, because they likely perceive that these individuals share at least a portion of their stigma (the positive valence of stigma salience; Pachankis, 2007), they may perceive that the consequences of their identity being discovered are less serious than with heterosexuals. Thus, interacting with gay men and lesbians is a situation that may be less likely to set off the negative cognitive and affective processes of stigma

concealment. However, once their specific identity as bisexual becomes known (i.e., at higher outness levels), experiences of biphobia from gay men and lesbians may cancel out the protective effects of shared sexual minority identity, explaining why middle- and high-outness participants perceived similar levels of prejudice from heterosexuals and gay/lesbian individuals.

Outness x partner's gender. The observed interaction between outness and partner's gender is a more puzzling result. Only low-outness participants in same-sex relationships perceived reduced prejudice; OS participants experienced about the same amount of prejudice regardless of outness level, and also did not differ significantly from middle- and high-outness SS participants. This may be explained in part by considering that the gender of a bisexual woman's relationship partner may meaningfully affect her experience of being out. For example, Mohr and Sheets (2008) highlighted the importance of differentiating outness as bisexual from general sexual minority outness; notably, same-sex-partnered participants in their sample reported higher general sexual minority than specific bisexual outness. In the present study, it is likely that simply by virtue of being in a same-sex relationship, participants partnered with women are more likely than those partnered with men to be visible as a sexual minority, independent of the degree to which they disclose their bisexual identity. Put another way, the stigma of bisexuality (and of general sexual minority identity) is more concealable for bisexual women who are in opposite-sex relationships than for those in same-sex relationships. If, as Pachankis (2007) has proposed, concealing a stigma leads to increased vigilance and

possibly to heightened perception of prejudice from others, this might explain why the OS group perceived more prejudice than the SS group even at low outness levels. According to this model, the reduced concealability (or increased visibility) of sexual minority status for bisexual women in same-sex relationships might actually make them less vulnerable to the cognitive preoccupations of concealment that may, in turn, fuel perceptions of prejudice (Pachankis, 2007). Alternately, low-outness SS participants' awareness of the visibility of their sexual minority status might make them more likely to attribute general hostility or mistreatment to that status rather than to their bisexuality specifically, possibly leading to lower scores on the ABES items because those items refer specifically to bisexuality as the reason for prejudice.

Prejudice, Outness, Support, and Depression

Levels of depression.

Prior research on bisexual mental health issues has demonstrated that bisexuals experience clinically significant psychological distress, including major mood and anxiety disorders, substance abuse, and suicidality, at a higher rate than monosexuals (Bostwick et al., 2010; Dodge & Sandfort, 2007; Meyer, 2003; Shilo & Savaya, 2012). In light of these findings, it is alarming, though not surprising, that the mean score on the CES-D for this sample ($M = 15.51$), which was drawn from the general population of bisexual-identified women, falls less than half a point under the cutoff score of 16 that is typically used to identify clinically significant depression (Radloff, 1977). In other words, this non-clinical sample of bisexual women had been experiencing, on average, near-

clinical depression in the week prior to completing the survey. Newcomb and Mustanski (2010) have cautioned that dimensional measures of internalizing symptomatology (including the CES-D) may overestimate the prevalence of actual psychiatric diagnoses in LGB populations, so the mean CES-D scores observed in the present study should be interpreted cautiously and should not be construed as suggesting that these women necessarily meet criteria for Major Depressive Disorder or a major depressive episode; nevertheless, these scores do likely reflect significant psychological distress.

Prejudice and depression.

Researchers have hypothesized that experiences of prejudice and stigma based on sexual orientation likely contribute to elevated levels of psychological distress documented in bisexual populations (Bostwick et al., 2010; Dodge & Sandfort, 2007; Matteson, 1996), and a growing body of literature supports this minority stress model (see Meyer, 2003 for an excellent review). Additionally, a recent qualitative study of bisexuals' perceived determinants of mental health found that bisexuals themselves perceive that anti-bisexual prejudice negatively impacts their emotional well-being (Ross et al., 2010). The results of the present study lend additional support to this perspective, documenting and describing quantitatively the association between perceived prejudice and depressive symptoms. Significant positive correlations of moderate strength were found between all scales and subscales of the ABES and symptoms of depression as measured by the CES-D. These correlations were much stronger than those reported by Brewster and Moradi (2010) between ABES scores and scores on the Hopkins Symptom

Checklist (a measure of psychological distress that measures anxiety, interpersonal sensitivity, obsessive-compulsive symptoms, and somatization, in addition to depression), suggesting that perhaps depression specifically is more strongly impacted by experiences of prejudice than are other types of distress. Newcomb and Mustanski's (2010) finding that internalized homophobia is more strongly linked with depression than with anxiety would seem to support this interpretation, although it must be noted that internalized homophobia and experiences of prejudice constitute distinct dimensions of minority stress (see Meyer, 1995).

Experiences of Hostility from heterosexuals were most strongly associated with depression. Because Interpersonal Hostility is the broadest and least specific of the dimensions of prejudice measured by the ABES, comprising general experiences of alienation and rejection based on bisexual identity, the strength of this association is perhaps unsurprising. That Hostility from heterosexuals specifically was most strongly correlated with depression is consistent with the results of a previous study in which sexuality-specific support from heterosexuals was found to contribute prominently to bisexual young adults' well-being (Sheets & Mohr, 2009). This stronger correlation may also reflect the reality that the majority of the population is heterosexual, so scores on the H form of the ABES may represent experiences with a wider range of people and settings than do the LG scores; the greater pervasiveness of these experiences might increase their impact on depressive symptoms. In summary, although all types of anti-bisexual prejudice from all sources are significantly associated with depression, it appears that

hostile or outright rejecting responses from heterosexuals may be particularly damaging to bisexual women's well-being.

The gender of participants' relationship partner had no discernible effect on the level of depression they reported. Taken together with the equivocal findings regarding prejudice and partner's gender, this finding is encouraging, as it suggests that the well-being of bisexual women in same-sex relationships is comparable to those partnered with men, despite the more stigmatized status of same-sex relationships in U.S. culture and the unique stressors they may face, such as lack of legal recognition for their relationships in most states. Although these results are preliminary and too limited to warrant any sweeping conclusions about the experience of being in a same- versus opposite-sex relationship, knowing that bisexual women partnered with men do not avoid anti-bisexual prejudice (although they may be shielded somewhat from general homophobia), nor do those partnered with women seem to experience greater prejudice or depression, may help diffuse some of the anxieties of bisexual women considering entering into a same-sex relationship for the first time, or of lesbian women considering a relationship with a bisexual woman but wary that she might lose commitment to the relationship because of experiencing increased stigma.

Outness and depression.

Perhaps most notable is the significant difference in the depression scores of high-outness participants compared with the middle- and low-outness groups. While the latter groups' mean CES-D scores both fell slightly above the cutoff for clinically significant

depression, the mean for high-outness participants was about 6 points lower, well below the cutoff. Recall that for data analysis purposes, continuous OI scores were converted to a categorical grouping variable. The main difference between the scores designated as high-outness and those designated middle- or low-outness was not solely the degree of certainty that the participant's sexual orientation is known to the target person or group, but the degree to which it was openly talked about. It appears, then, that being able to talk openly about one's sexual orientation is associated with significantly reduced depressive symptomatology. This finding is consistent with existing literature documenting the apparent ill effects of concealment (Miller & Major, 2000; Pachankis, 2007; Smart & Wegner, 2000) and benefits of disclosure for gay men and lesbians (e.g. Beals, Peplau, & Gable, 2009; Jordan & Deluty, 1998; Morris, Waldo, & Rothblum, 2001).

Although the associations between outness and well-being reported here and elsewhere are compelling, it is important to note that the benefits of disclosure may vary in different social contexts. Qualitative findings from the present study indicated that participants actively evaluate their social milieu, making attempts to anticipate others' likely responses and tailoring their self-presentation and disclosure accordingly. That bisexual women (and indeed, all sexual minority individuals) are selective in their self-disclosures and more open with some individuals/groups than with others is not a new insight; indeed, researchers have acknowledged this for decades (e.g., Evans & Broido, 1999; Kahn, 1991; McLean, 2007; Ochs, 2009; Oetjen & Rothblum, 2000; Mohr & Sheets, 2008; Wells & Kline, 1987). Nevertheless, the continued popularity of stage theories of sexual minority identity development (e.g., Cass, 1979; Weinberg et al., 1994)

has led to a tendency to oversimplify the coming-out process and to minimize or overlook both the continual nature of the process and the active attention to social environment inherent in it (Mosher, 2001; Orne, 2011). In response to this oversimplification, Orne (2011) has recently proposed a conceptual model of “strategic outness,” in which it is acknowledged that disclosure can be achieved through several different means and that concealment in some contexts is a strategic choice that need not be seen as evidence of internalized homophobia, identity instability, or shame (as is often implied by identity development models that valorize coming out). In his sample of young gay men, Orne (2011) noted several strategies, including direct verbal disclosure, use of clues that suggest but do not state gay identity, speculation (i.e., not actively concealing identity and allowing others to possibly discover it), and active concealment. The responses of participants in the present study made reference to many of these same tools and strategies for navigating and managing their identity in different social contexts, suggesting that Orne’s model is applicable to bisexual women in addition to gay men, although it must be noted that some of the indirect disclosure methods (e.g., making reference to a same-sex partner) used by gay men may not function in the same way for bisexuals.

Role of support.

Although seemingly straightforward in isolation, when taken together, the findings of the current study present an apparent paradox. Consistent with the minority stress hypothesis (Meyer, 1995; 2003), increased experiences of prejudice were

associated with increased depression, and consistent with the literature on concealment versus disclosure cited above, higher outness was associated with reduced depression. Yet, higher outness was also, at least in some instances, associated with higher perceived prejudice, which should have increased rather than reduced depression. This suggests that openness about one's sexuality must, through some mechanism(s), positively affect mental health to a degree that compensates for the ill effects of being exposed to increased anti-bisexual prejudice. It seems likely that higher-outness individuals' increased access to sexuality-specific social support accounts for this compensating effect. Although the mixed quantitative and qualitative design of the present study did not permit associations between social support and outness, prejudice, and depression to be tested statistically, Beals and colleagues (2009) recently demonstrated that perceived social support mediates the positive relationship between self-disclosure and several measures of well-being, lending support to this hypothesis. Additionally, there is some evidence that the presence of positive or supportive interactions can attenuate the adverse effects of negative interactions on well-being (Schuster, Kessler, & Aseltine, 1990).

The qualitative results of the present study indicate that, although coming out is a complex, ongoing and strategic process for these participants, receiving social support for their sexuality is generally contingent on their willingness to disclose it. In conclusion, then, the complexities of coming out for bisexuals, including the possible benefits of selective concealment or "partial outness" (i.e., being visible as a sexual minority but not out as bisexual specifically) should not be overlooked. Yet, the results of this research suggest that openly discussing their sexual orientation with affirmatively supportive

others is likely to significantly benefit bisexual women's well-being, perhaps particularly at times when they are partnered with men and are thus at higher risk for having their sexual minority identity erased.

Experiences of Support

It is encouraging to find that the majority of participants in this sample reported that they experience support for their bisexuality from at least one person in their lives, as prior research has indicated that sexuality-specific social support is key to forming an affirmative bisexual identity (Bradford, 2004; Fox, 1991; Weinberg et al., 1994) and to bisexuals' overall well-being (Ross et al., 2010; Sheets & Mohr, 2009). Perhaps the most important contribution of the present study to this body of research is the finding that the social support perceived by bisexual women is multidimensional: active affirmation was differentiated from neutrality or lack of negative response or rejection.

Lack of rejection as support.

In their implication that rejection might have been expected, responses equating non-rejection with support reflect stigma consciousness on the part of participants who reported them. That is, although the women in this sample experienced considerable support for their sexual orientation, their responses also indicated awareness that they cannot necessarily expect such support. Although stigma consciousness was less implied in reported experiences of affirmative support, it can be seen in reported experiences in

which a person actively supported a bisexual woman by standing up for her when she was faced with prejudice from others.

The construal of non-rejection as a form of support (as reported by a significant proportion of participants) is somewhat counter-intuitive, but can be understood in context of existing research on the relative impact of negative and positive social interactions. Schuster, Kessler, and Aseltine (1990) have noted that although much research considers positive and negative interactions separately, the reality is that most interpersonal relationships include both. They reported that negative interactions were associated with lower well-being and vice versa, but notably, the association for negative interactions was stronger than for positive interactions. In other words, negative interpersonal experiences may have a stronger effect on overall well-being than positive ones. Using the same measure of positive and negative experiences, researchers in Australia reported that bisexual individuals experienced less positive support from family and more negative interactions with their friends than did heterosexual or homosexual participants (Jorm, Korten, Rodgers, Jacomb, & Christensen, 2002). These studies may help explain why participants in the current study experienced lack of negative response as supportive. If bisexuals experience negative interactions with others in their lives more frequently than do heterosexuals or gay/lesbian individuals, and if negative interactions have a stronger impact on well-being than do positive interactions, then not experiencing an anticipated negative response likely has a positive impact on participants' well-being and is thus perceived to be supportive, albeit in a qualitatively different way than actively affirming responses.

Active support.

From bisexuals. Overwhelmingly, participants reported that the most enthusiastic and affirmative supportive responses they received were from other bisexual-identified people, particularly other bisexual women, and they often explicitly contrasted the quality of support they received from bisexuals with that they received from others (e.g., “Other bisexuals are generally the only people who respond really supportively. An equal number of open-minded straight and gay men and women are at least neutral/accepting.”) They were also quite vocal about how uniquely valuable and sustaining this support is. It appears that the reason for this is the feeling of true understanding and solidarity with unique experiences that many participants believed only other bisexuals could share. One participant stated:

When I was coming out as bisexual, there wasn't anyone who really claimed to understand. Close friends who were accepting figured I would eventually settle on gay or straight....Years later, after moving to NYC, I had several bisexual friends who were supportive. We would occasionally discuss bisexual specific issues, like how & when to come out to a new partner as bisexual, etc.

Some expressed that it was only with other bisexual people that they felt fully comfortable talking about their sexuality (e.g., “I once went to a student group at my school called Biversity. It was the first and only time I felt really comfortable talking about my sexuality. I was in a group of people who were neither too gay nor too straight for me. They were very supportive”). Consistent with existing bisexual identity development models (e.g., Bradford, 2004; Weinberg et al., 1994), other participants

stated that contact with other bisexuals had helped them to develop and consolidate their own identities:

I had some bisexual friends (two girls and one guy) in college who were very supportive about me figuring out my orientation and my partners of both genders. I knew they were bisexual before figuring it out myself, so it was great to have the support of friends who had gone through it before me.

Still others cited bisexual peers as an important source of solidarity in the face of biphobia from monosexual communities (e.g., “I can discuss with 2 bisexual friends about negative perceptions of bisexuality, how we deal with expressing our identity to other people, shared resources, books, websites etc.”). These responses were extremely wide-ranging, but what was clear is that this sample of bisexual women felt that while others might support their experience in various ways and to various degrees, no one fully understood or celebrated it like other bisexuals did, and this understanding was crucial to these women’s formation of an affirmative bisexual identity. These results echo findings by Ross et al. (2010), whose participants also reported the greatest support from other bisexual-identified individuals.

From queer community. Many participants also reported affirmative support from “queer”-identified people or “the queer community” in general. Although it is possible that these participants used the term “queer” as an overall umbrella term synonymous with “LGBT” (as is increasingly common among sexual minority individuals), the possibility that they used that specific label to refer to individuals who actively reject the splitting of the community into different identity categories should not

be overlooked. Indeed, as discussed above, some individuals who were disqualified from the study because they did not self-identify using the bisexual label indicated that they choose to identify as “queer” to avoid being subject to bisexual stereotypes or to protest the division of the sexual minority community into separate categories (motivations that have been documented elsewhere, e.g., Ochs, 2007; Serenson, 2002). Seen in this light, the study participants’ reference to support from the “queer” community may refer not to LGBT people overall, but to a specific population within the sexual minority community that is less invested in divisive labels and may be more likely to affirm the non-binary, fluid sexuality of bisexual women.

From other sexual orientations. Responses from people of other sexual orientations were sometimes actively supportive, but just as often fell into the more equivocal forms of support, such as acceptance, tolerance, or neutrality. In cases where people of other sexual orientations were reported to be actively supportive, they were usually individuals who were in a close relationship with the participant; in fact, these women’s responses indicate that overall, the closeness of the relationship they have with someone is a better predictor of their level of support than is that person’s sexual orientation, with close friends and family being the most frequently reported sources of support. Participants were mixed in their reports of support from heterosexuals, lesbians, and gay men as general groups (as opposed to specific individuals close to them).

Neutral, accepting, or non-rejecting responses.

From heterosexuals. Many participants reported that heterosexuals' support was characterized by acceptance, although not necessarily understanding. For example, one participant shared:

Most of my heterosexual (most of them young, urban, educated) friends responded very positively when I came out to them as bisexual/' now having a girlfriend.' Some of them were confused but eventually accepting. A subset of my friends are also bisexual women, and I found the most valuable support with them.

Notably, although some participants reported support from heterosexual men (or did not differentiate based on gender but just referred to "straight friends"), overall participants cited more support from heterosexual women than men (e.g., "I have had the most positive experiences with straight women being supportive"). Additionally, several participants noted that some of the "support" they received from straight men was objectifying or overly sexualized, a phenomenon that has also been widely documented elsewhere (e.g., Carlton, 1991; Firestein, 2007b; Ochs, 1996). As one participant stated:

I've come out to a number of people, mostly my close friends who are typically white heterosexual females. Most of my friends have been incredibly supportive. I'm not sure if it's because they had an idea that I was bisexual, or if they are just really open and accepting of the LGBT community. Most of the time, the fact that I was bisexual wasn't an issue, and we just continued with our conversation. I've come out to a couple of my male heterosexual friends, and a couple of them responded in similar ways as my female friends. Other male friends were 'positive,' but I gather it was mostly in the 'she likes boobs, too' and 'maybe she'll have a threesome' kind of way. Which may seem positive, but I'm not really convinced that it is.

Taken together, these results suggest that many bisexual women receive support ranging from the active and affirmative to the accepting or neutral from heterosexuals in their

lives, particularly their close friends and family, a finding that is encouraging in light of previous research linking sexuality-specific support from heterosexuals to greater well-being (Sheets & Mohr, 2009). However, the wide range of reported experiences with heterosexuals, and especially the incidence of sexualizing responses from straight men, suggests that further inquiry into the quality of support a bisexual woman receives from heterosexuals is warranted.

From lesbians. Participants' descriptions of the support they received from gay men and lesbians also revealed interesting patterns. Of all the sexual orientation groups, lesbians were most often reported to be rejecting or suspicious of bisexual women; these comments about lack of support from lesbians stand out all the more since they were offered in response to a question asking about positive experiences. For example, one participant stated, "I've had good experiences talking with other bisexuals, male or female (though I don't know many bi males). Speaking with gay men has been fine, but not all lesbians are very receptive." Another stated, "I have had negative experiences with lesbians--- the whole bi-negativity thing. From my heterosexual friends it has been positive." Ross et al. (2010) reported similar findings, noting that their participants expressed concern about coming out as bisexual within the gay/lesbian community because they feared being excluded. These results are unsurprising in the context of the historical and ongoing tensions between the bisexual and lesbian communities (Esterberg, 1997; Ochs, 1996; Rust, 1993/2000). However, it should be noted that although responses were mixed with regard to lesbians as a group, with some participants reporting support

and others rejection, many participants stated that close lesbian friends were among their strongest supporters, highlighting again the importance of the relationship over the specific sexual orientation of the person offering support.

From gay men. In contrast, participants reported that generally, gay men were more likely than lesbians to be supportive, and might be less likely than lesbians to pressure bisexual women to move toward exclusive homosexuality. For example, one participant shared, “I minored in LGBT studies and found the most discrimination from lesbians in the program. They were very mean and claimed I needed to chose a side of the fence. Gay men have always been accepting.” Another stated, “All other bisexuals I've met have responded positively - pretty much all lesbians I have met responded/respond negatively -- except my lesbian partner who was generally positive. I notice that gay men don't seem to care.” Overall, participants talked about their experiences with gay men in less detail than other groups, but it seems that the support they receive from gay men is typically either actively supportive (particularly if they are close friends) or accepting/indifferent. This may reflect the reality that women’s sexuality is less personally salient to gay men, who are unlikely to consider them as possible sexual or romantic partners. These results also suggest that lumping gay men and lesbians together or simply referring to the “LGBT community” when inquiring about bisexual women’s experiences is likely to overlook important nuances in their experience.

Support and partner choice.

Given that straight men and lesbian women were the groups most likely to comprise relationship partners for this sample of participants and that the responses reported from these groups were equivocal (i.e., sometimes supportive, but sometimes sexually objectifying, suspicious, or rejecting), it is unsurprising that these participants' perception of sexuality-specific support from their partner seemed to play a role in partner choice. That is, many participants who mentioned their partner either explicitly stated or implied that they were with their partner in part because of their partner's support for and efforts to understand and affirm their sexuality. This was the case for women in both same- and opposite-sex relationships. For example, one participant shared, "[my] current (lesbian) partner has no issues with my bisexuality; amazing to me!; she just cares where I am at now and what I want now, which is to love a woman and to be with her." Another stated, "My straight boyfriend is very supportive, tries his best to learn, and knows my bisexuality is real. He also knows that my bisexuality is not going to make me cheat on him with a girl, as many people tend to believe about bisexuals. He trusts me." Notably, many of these responses tacitly or openly acknowledge the challenges these women face with being stereotyped as unreliable in relationships (i.e., the Sexual Irresponsibility dimension of anti-bisexual prejudice). Additionally, some of these responses make reference to the tendency to over-sexualize bisexual women, which was cited by several participants (e.g., "Only my husband has accepted my bisexuality as an aspect of me and not as a support for motives of 3 some [sic] with two females at ones. He is my only positive support"). Partners who did not

react to participants' sexuality in this way (i.e., who were seen as actively rejecting Irresponsibility prejudice or opposing the objectification of bisexuality) were seen as highly supportive, which contributed to participants' motivation to initiate or maintain the relationship.

Support from counselors.

Of the seven participants who mentioned counselors or therapists in their responses, most reported affirmative experiences, and four noted that their counselor either identified as bisexual or lesbian herself or was of unknown sexual identity but specialized in LGBT concerns. It seems that for these participants, having a shared sexual minority identity increased their perception that their counselors truly understood their concerns and perspective, which is unsurprising in light of the finding that overall, bisexual women perceived the most affirmative and sustaining support from other bisexuals. However, it should be noted that being an expert in LGBT issues, regardless of sexual orientation, was also cited as helpful. These responses, though only a very small subset of the data set, reflect the findings of other research on bisexual women's needs in therapy and core competencies for working with bisexual women (e.g., Brooks, Inman, Klinger, Malouf, & Kaduvettoor, 2010; Firestein, 2007a, 2007b; Page, 2007). Notably, one participant reported that her friends had rallied to support her following an experience with a biphobic therapist. Although this is only one response, other research on bisexual women's experiences in therapy suggests that this experience may not be uncommon (Page, 2007). Whether positive or negative, experiences with therapists were

described as influential; clinicians who work with bisexual women are in a position to very positively impact these women's lives if they are well informed and are able to effectively communicate active affirmation for these women's sexuality.

Implications for Clinical Practice

A recent meta-analysis of available population-based studies (Gates, 2011) suggests that approximately 1.8% of the United States population is bisexual (just over half of all LGB-identified people), and that nearly two thirds of lesbian or bisexual women identify as bisexual. Given the documented elevated prevalence of mood and other psychological disorders in the bisexual population, it is likely that most psychologists and other providers of mental health services will treat bisexual female clients at some point in their careers. However, research on bisexuals' experiences in counseling and psychotherapy indicates that a greater understanding of factors that contribute to bisexuals' distress is critical to providing competent and effective care to bisexual clients (Firestein, 2007b ; Page, 2007). The results of the present study offer a number of insights for clinical practice with bisexual women.

The present findings concerning bisexual women's experiences of social support are of particular interest for clinicians, given that mental health professionals are in a position to offer considerable support to these women. Specifically, these results indicate that not all support is created equal; although these participants reported that they experienced acceptance, neutral/indifferent responses, or lack of rejection from many people in their lives and experienced these responses as supportive to varying degrees,

instances of enthusiastic, unequivocally affirmative support were cited as the most sustaining. Existing data on bisexual women's experiences in therapy indicate that they often experience their therapists as passively accepting or neutral toward their sexuality (Page, 2007), but the present findings suggest that best practice with bisexual clients entails providing active, affirmative support for these women's sexuality. In order to achieve this, it is important that therapy itself be a high-outness space, that is, one in which clients feel both empowered and safe enough to speak openly about their sexuality, whether or not issues related to sexuality are the clinical focus of therapy. Given that emotional processing has been shown to be an important mechanism through which disclosure improves well-being (Beals et al., 2009), therapists can be of enormous assistance to clients simply by providing them with opportunities to process their thoughts, feelings, and experiences related to sexual orientation. Additionally, bisexual individuals have reported that they perceive self-acceptance as a key determinant of their emotional well-being (Ross et al., 2010), so therapists can help bisexual women not only by expressing their own support for bisexuality, but by facilitating the working through of internalized biphobia in order to help increase bisexual clients' self-acceptance.

As other authors (e.g. Firestein, 2007b; Page, 2007) have noted, critically examining one's own attitudes toward bisexuality is a crucial first step toward cultural competence with this population, but this self-exploration is unlikely to be sufficient in itself. Importantly, these participants indicated that truly affirmative support was characterized by unwavering acknowledgement of bisexuality as a valid identity, appreciation of the strengths and gifts of bisexuality, and above all, nuanced

understanding of the unique challenges and opportunities these women experience as a result of their bisexual identity. Although other bisexual individuals were most likely to share this understanding and provide affirmative support, the growing body of research on bisexuals' normative experiences, of which the present study is a part, makes it increasingly possible for clinicians of all sexual orientations to inform themselves about bisexual women's experiences and arm themselves with the knowledge and skills to provide excellent care.

One of the key contributions of the present study to this growing body of knowledge concerns the ways that bisexual women's participation in same- versus opposite-sex relationships may affect their experiences. In particular, clinicians should be aware that the experience of coming out and being out may vary for bisexual women based on their relationship partner. Those women who are engaged in current same-sex relationships are likely to be more visible as a sexual minority, regardless of the degree to which they assert their specific bisexual identity. Insofar as they remain relatively quiet about their bisexuality, these women may benefit from affiliation with the gay and lesbian community; however, this and other studies (e.g., Esterberg, 1997; Ross et al., 2010) have suggested that if they are more vocal about asserting their bisexuality, this protective factor may be reduced as they become subject to the anti-bisexual prejudice in the gay/lesbian community. In contrast, bisexual women who are partnered with men are at risk to have their sexual minority identity erased or overlooked completely, and may become vulnerable to the negative psychological consequences of concealing a stigmatized identity (Pachankis, 2007), even as they benefit (perhaps guiltily) from

protection from societal homophobia. Being aware of these dynamics can help inform clinicians about what kind of questions to ask or experiences to listen for when working with partnered bisexual women, and this awareness might be particularly salient when working with bisexual clients who are in a relationship transition, especially a transition that involves switching from a partner of one gender to the other. This and other studies (e.g., Esterberg, 1997; Ross et al., 2010) also indicate that bisexual women who are in long-term monogamous partnerships, particularly with men but also with women, are vulnerable to having their bisexual identity challenged or denied, or its salience questioned, because of stereotypes from monosexuals that a bisexual identity necessarily entails pursuing partners of both sexes. Clinicians should be aware of this bias both in others and, potentially, in themselves, and should avoid making assumptions about the salience of a bisexual woman's identity based on the duration of her partnership.

These findings also have applications for couples' therapy with bisexual women and their partners. Participants who mentioned their partners in their qualitative responses reported a range of experiences, and many participants even cited the degree to which their partner affirmed their bisexuality as a key factor in their choice to begin or maintain the relationship. For clinicians conducting couples therapy with bisexual women and their partners, then, it is crucial to assess both partners' attitudes toward bisexuality as well as the degree and quality of support the bisexual women perceives from her partner, as well as educate both partners about the distinction between active/affirmative and passive/neutral support. Clinicians who are aware of the links between anti-bisexual prejudice, identity disclosure or concealment, and depression will be well-positioned both

to understand possible antecedents of distress in a bisexual client and to educate both partners about these factors.

Couples' therapy can also provide a safe space in which to explore a heterosexual or lesbian-identified partner's possible fears or insecurities stemming from internalized monosexuality or biphobia. Additionally, given the vulnerability (documented here and in other studies) of bisexual women to being over-sexualized by their partners, clinicians should be especially sensitive to the possibility that the support for bisexuality a woman receives from current or potential sexual or relationship partners may be characterized at least in part by objectification. Particularly when both members of the couple are attending therapy and this dynamic is at play, clinicians may find themselves helping to facilitate dialogue about how this particular kind of enthusiastic response to the woman's sexual orientation affects the bisexual woman's well-being and may also have consequences for the relationship.

The findings regarding self-disclosure (i.e., outness) and depression in the present study also have important implications for clinical practice with bisexual women. In the context of well-documented associations between disclosure and well-being in other sexual minority populations, and the robust association between outness and depression reported here, it would be tempting to conclude that coming out is reliably beneficial for bisexual individuals and that assisting clients in the coming-out process should be a key therapeutic goal. Although this may be the case for some clients, a word of caution is warranted. Many prevailing models of sexual minority identity development privilege coming out as a crucial stage in identity development and a badge of stable, well-

integrated identity. This has created what Rasmussen (2004) has termed the *disclosure imperative*: a discourse within LGBT communities that positions coming out as good, associated with honesty and pride, and concealing identity as bad, associated with shame and living a lie. However, as McLean (2007) has persuasively argued, this uncritical valorizing of total outness overlooks many of the unique challenges facing bisexuals in disclosing their identity. Among these challenges are the possibility of losing support from the gay/lesbian community if they become too insistent about asserting bisexual identity, the possibility that their relationships might be seen differently and viewed with suspicion if their bisexuality is known (because of stereotypes of nonmonogamy), and the possibility that their disclosure will be met with outright denial (McLean, 2007).

Highlighting these complexities should not be construed as an argument against coming out; rather, it underscores the need for clinicians to approach coming-out issues with sensitivity and awareness. In particular, clinicians should critically examine their own values regarding coming out. Ironically, those clinicians who specialize in LGBT issues may be the most likely, through their affiliation with LGBT communities and familiarity with stage models of identity development, to espouse the disclosure imperative, subtly or overtly imposing an agenda of disclosure on clients. Although Rasmussen (2004) argues that this imperative may be harmful to sexual minority individuals of all orientations, bisexual individuals may be especially vulnerable to feeling shame about choosing non-disclosure because the gay and lesbian community frequently vilifies bisexuals as homosexuals who lack the courage to fully come out and renounce heterosexual privilege. As such, it is critical that clinicians communicate

respect for their bisexual clients' autonomy and agency in making disclosure decisions and support them equally in utilizing the full range of disclosure and concealment strategies available to them, including more indirect forms of coming out such as testing the waters through casual references or clues prior to directly asserting their bisexual identity. Clinicians may also help clients make wise disclosure decisions by facilitating discussion of the benefits and drawbacks of disclosure to particular individuals or in specific situations.

Finally, it must be emphasized that simply because a bisexual woman presents for therapy does not necessarily mean that her sexual orientation is related to her presenting concerns or is problematic for her in any way. Indeed, to automatically treat a client's bisexuality as a focus of clinical attention is, itself, a form of anti-bisexual prejudice. To the extent that a bisexual woman does present with issues clearly related to sexuality, it is important that clinicians recognize and clearly communicate that there is nothing pathological about bisexuality itself; rather, these clients' distress is a consequence of the widespread cultural stigma against bisexuality (Bradford, 2006). However, it is also important to remember that for many bisexual clients, their sexuality may be no problem at all.

In conclusion, this research highlights the importance of asking nuanced questions that communicate understanding for the many factors affecting bisexual women's experiences. It is not enough to ask "are your friends supportive?" or "are you out to your parents?" Rather, drawing on the insights of this study and the growing body of research on bisexual women's normative experiences, clinicians should actively assess what types

of support a bisexual woman perceives are available to her, and from whom.

Additionally, they must recognize coming out as an ongoing, strategic process rather than an event, and assess bisexual client's degree of outness not only as a sexual minority in general, but as bisexual in particular. Although the present research illuminates some patterns in the experiences of partnered bisexual women, it does not support sweeping generalizations about these women's experiences, but rather highlights the diversity and complexity of experience within this population.

Limitations and Future Directions

Although it makes a valuable contribution to the literature on the experiences of bisexual women, the present study has some significant limitations related to the study design, sample characteristics, and measurement and analysis issues.

Design of the study.

One important limitation of the study is its reliance on cross-sectional data, which does not enable conclusions about the direction of influence between variables. For example, although it is believed that experiences of anti-bisexual prejudice contribute to depression, other possible explanations of the relationship between the variables must be considered. It is possible that feeling depressed might increase individuals' likelihood of perceiving that others are rejecting or mistreating them based on their sexual orientation; because the ABES is based on respondents' attribution or perception of others' actions and motivations, scores could be impacted by the negative cognitive bias that sometimes

accompanies depression. This effect might be most pronounced for experiences of Hostility, since the items comprising this subscale are vaguer and more general (e.g., “Others have treated me negatively because I am bisexual.”). However, the CES-D asks about depressive symptoms experienced during the past week only, while participants were instructed to answer the ABES items with reference to the entire duration of their current relationship, making this alternative explanation of the correlation between prejudice experiences and depression less likely. Similarly, although there is reason to believe that social support and self-disclosure positively contribute to bisexual women’s well-being, it is also possible that individuals who are less depressed are more likely to reach out to others for support or to feel able and willing to face the challenges and risks associated with self-disclosure. Future research utilizing data analysis procedures such as path analysis may help to further clarify the relationship between minority stress variables, social support, and mental health outcomes, although only longitudinal studies will truly enable conclusions about the direction of influence among these variables.

Another limitation, also related to the study’s cross-sectional design, is that no data about participants’ past relationship history was collected in the present study; the instruction to participants to answer ABES items referring only to the time they have been in their current relationship was meant to address this limitation, but may have resulted in an oversimplification or glossing over of important differences in participants’ past life experiences. Additionally, memory is imperfect, and it is impossible to know how successful individual participants were in constraining their response to ABES items to only the duration of their current relationship. Of note, if this difficulty of

remembering and filtering experience did confound the data at all, it likely affected participants in same-sex relationships disproportionately because they reported significantly shorter relationship duration, meaning that they were, on average, being instructed to think of a more recent time period when answering the ABES items and may have had a harder time filtering out experiences they had prior to their current relationship. Future research that specifically addresses bisexual women's changing experiences of support and/or prejudice accompanying changes in relationship status is warranted. Longitudinal study designs, though they present logistical challenges and require greater resources, would be especially helpful in elucidating the effects of bisexuals' changing relationship statuses over time.

Including a measure of participants' level of engagement with the LGBT community or even a simple rating scale of approximate percentage of LGBT versus heterosexual friends would also have improved the study. Although little prior research has explicitly compared the experiences of same- and opposite-sex-partnered bisexual women, there is limited evidence that those in same-sex relationships may be more engaged with the LGBT community and may, on average, spend more time with gay men and lesbians than do those in opposite-sex relationships (Gregory, 2009). Including a measure of community involvement in the present study would have allowed for replication of those findings, and may also have helped inform hypotheses about the interaction effect between outness and partner's gender. If bisexuals in same-sex relationships do in fact spend more time with other sexual minority people, they may be protected from some experiences of general anti-sexual-minority prejudice as a result of

that affiliation; indeed, existing literature on the association between connection with the gay/lesbian community and lesbians' and gay men's well-being often cites this buffering from societal stigma as a mechanism through which social support improves well-being (e.g., Jordan & Deluty, 1998; Vincke & Bolton, 1994). However, bisexuals may experience this protective effect to a greater degree when they allow gay men and lesbians to assume they are gay/lesbian based on their same-sex relationship; when they become more vocal about asserting their bisexual identity (i.e., at higher outness levels), this protective effect may be canceled out by increased anti-bisexual prejudice from gay men and lesbians. Although this hypothesis has face validity, without a measure of community involvement, the data collected in the present study are insufficient to support it. Future research should incorporate such measures and should investigate LGBT community involvement as a possible mediator of observed differences between bisexuals partnered with women and with men.

Sample characteristics.

Other limitations are related to the characteristics of the study sample. For example, the very high level of educational attainment and relatively high level of socioeconomic status (particularly among the participants in same-sex relationships) limits the generalizability of these results to less educated bisexual individuals or those of lower social classes. Similarly, the predominance of White participants may limit the generalizability of the findings to bisexual individuals who are ethnic minorities. As Brooks et al. (2010) have recently demonstrated, ethnic minority status may confer

additional challenges to bisexual women that must be considered when working clinically with these individuals. Future research should make particular efforts to recruit participants from a wider range of ethnic identities and levels of education and socioeconomic status. Although recruitment from internet-based sources is efficient and cost-effective and may increase access to participants who are less comfortable being out in their day-to-day lives, supplementing these methods with other recruitment methods that do not rely on access to the Internet may help address some of these issues in future research.

It should also be noted that the inclusion criteria of the study, while intentionally chosen, do limit the generalizability of these findings. Because the study was limited to individuals in monogamous relationships, no conclusions should be drawn about the experiences of unpartnered or non-monogamously partnered bisexual women based on these findings. Similarly, although behaviorally bisexual women who choose to self-identify using other labels may share many of the experiences described here, the present findings pertain only to those women who self-identify as bisexual. Given the broad diversity of self-labeling within the bisexual community and studies suggesting that some bisexual women use other labels in order to manage the stigma associated with bisexuality (Ochs, 2007; Serenson, 2002), future research comparing the experiences of women with different identity labels may be illuminating. This could be achieved by using a measure of sexual orientation such as the Klein Sexual Orientation Grid or the Kinsey Scale to exclude only respondents who report exclusively heterosexual or homosexual behaviors and attractions, enabling both a broader description of experiences

shared by behaviorally bisexual women and an exploration of possible differences in experience based on chosen sexual orientation label. Such a study could also offer much-needed empirical investigation of the possibility of cohort effects or other demographic differences between individuals who choose different labels for their non-binary sexuality.

Bisexual-identified men have been even more neglected in sexual minority research than have bisexual women, and the differing histories of bisexual men and women *vis-a-vis* the gay and lesbian community suggest that their experiences may differ in important ways. Future research investigating bisexual men's experiences and comparing them with the experiences of gay men, lesbians, and bisexual women is warranted. Finally, although the present study excluded trans-identified individuals and their partners in recognition of the likelihood that trans identity carries its own unique minority stress correlates, the reality that there is significant overlap between the bisexual and transgender communities should not be overlooked. Transgender individuals are arguably even more neglected in social science research than are bisexuals. The specific experiences of individuals who are both trans- and bi-identified could be explored through qualitative or quantitative research; alternately, future research on bisexuals could utilize large enough sample sizes or endeavor to recruit enough trans-identified participants to enable comparisons between the experiences of transgender and cisgender bisexuals.

Data analysis.

Some measurement and data analysis issues also bear mentioning. First, because no correction for multiple comparisons was used in the exploratory post-hoc analyses, there is an elevated risk of Type I error in the item-level intergroup differences reported. It should also be noted that all of the significant intergroup differences reported in the planned analyses had small effect sizes (partial $\eta^2 = .02 - .05$). Ferguson (2009) has suggested that partial η^2 of .04 be considered the minimum cutoff for practical (as opposed to statistical) significance in social science research. It is important to consider this distinction because statistical significance is so highly influenced by sample size. Although the sample size obtained exceeded that projected in a priori power analysis, that power analysis was conducted hypothesizing medium effect sizes; given the small effect sizes actually observed, it is possible that the null findings on some hypotheses reflect a lack of power rather than a true lack of significant difference in the scores. In other words, due to the small effect sizes, the planned analyses of the study have a high risk of Type II error. However, even if a larger sample size had yielded additional statistically significant findings, these effects would still have been small in size.

Although it is reasonably certain that the group differences reported here are reliable (i.e., not due to chance), their practical utility for making generalizations about the experiences of bisexual women partnered with men versus women is limited, and indeed, to make broad generalizations might do a disservice to these women by minimizing or glossing over the complexity and diversity of experience within the bisexual community. Rather, the small magnitude of the intergroup differences based on

level of outness, source of prejudice, and partner's gender observed in the current sample suggest that these are just a few of many factors that likely contribute to these experiences, some of which may be highly individualized and difficult to capture through survey methods.

Measures.

The study measured outness using a single overall Outness Inventory score. The OI was modified to include items referring to both old and new straight and gay friends. Because of these modifications, using the existing validated subscales of the OI was not possible. However, given how important outness seems to be to experiences of prejudice and support, examining outness in more fine-grained detail might benefit future studies. In particular, for studies utilizing the ABES, being able to separately measure how out people are as bisexual to heterosexuals versus LGB people may be helpful. Additionally, it should be noted that although this study used a modified version of the OI that referred specifically to bisexuality, it is impossible to know the degree to which participants collapsed their bisexual identity into a more general sexual minority identity when answering the items. Given the importance of that distinction (Mohr & Sheets, 2008), future research on bisexual populations should consider including forms of the OI assessing sexual minority and bisexual outness separately to allow for comparisons.

Additionally, it should be noted that the ABES was constructed and validated with two forms, LG and H. However, in the present study, H and LG scores were averaged together when examining effects other than source of prejudice (i.e., effects for

outness, partner's gender, and their interaction). Because heterosexuals comprise a much larger proportion of the general population than do gay men and lesbians, it is reasonable to guess that these averaged scores represent participants' experiences with gay men and lesbians disproportionately, compared with the actual day-to-day prominence of those experiences in their lives. However, because it is not possible to know how much time each participant actually spends interacting with heterosexuals versus gay/lesbian individuals, it is impossible to know the degree to which scores may have been skewed by this averaging. For this reason, future research using the ABES may wish to avoid such averaging by running separate analyses on the ABES-H and the ABES-LG rather than using the source of prejudice as an independent variable. Additionally, given the different experiences of support (or non-support) from gay men versus lesbians reported by participants in this study, the lumping together of gay men and lesbians in the LG form of the ABES is potentially problematic and is a weakness of the instrument. Research to test and validate separate forms of the ABES for gay men and for lesbians may be warranted in order to facilitate more meaningful comparisons.

Finally, Sheets and Mohr (2009) have advocated for the development of a scale of sexuality-specific social support that can differentiate between sources of support (e.g., gay male versus lesbian versus bisexual friends). The present findings support this suggestion, and also suggest that such a scale should attend to the different kinds of support bisexual individuals might experience, including active/affirmative support, defense against others' prejudice, acceptance, lack of rejection, and the positive valence of neutral responses (e.g., bisexuality is "no big deal"). Such a scale might also benefit

from inclusion of some measure of relationship-specific support (i.e., whether individuals' support is contingent on the respondent being in a relationship with one gender over another, or in a monogamous versus non-monogamous relationship), which would enable the instrument to be used to measure the changes bisexuals experience in support over time as their relationship status and partner(s) change. The qualitative data of the present study could inform the construction of such a scale by providing items for exploratory factor analysis; such an analysis could, in turn, serve to validate or modify the typology of sexuality-specific support proposed here.

References

- Arndt, M. (2009). Attitudes toward bisexual men and women: The relationship between respondents' attitudes and their sexual orientation. Unpublished dissertation, University of Johannesburg. Retrieved on October 26, 2010 from <http://ujdigispace.uj.ac.za:8080/dspace/bitstream/10210/3217/1/Arndt.pdf>
- Balsam, K. F., & Mohr, J. J. (2007). Adaptation to sexual orientation stigma: A comparison of bisexual and lesbian/gay adults. *Journal of Counseling Psychology, 54*(3), 306-319.
- Baumgardner, J. (2007). *Look both ways: Bisexual politics*. New York, NY: Farrar, Strauss and Giroux.
- Beaber, T. (2008). Well-being among bisexual females: The roles of internalized biphobia, stigma consciousness, social support, and self-disclosure. [Unpublished dissertation]
- Beals, K. P., Peplau, L. A., & Gable, S. L. (2009). Stigma management and well-being: The role of perceived social support, emotional processing, and suppression. *Personality and Social Psychology Bulletin, 35*(7), 867-879.
- Bennett, K. (1992). Feminist bisexuality: A both/and option for an either/or world. In E. R. Weise (Ed.), *Closer to home: Bisexuality and feminism* (pp. 205-231). Seattle, WA: The Seal Press.

- Berenson, C. (2002). What's in a name? Bisexual women define their terms. In D. Atkins (Ed.), *Bisexual women in the twenty-first century* (pp. 10-22). New York, NY: Harrington Park Press.
- Bieschke, K. J., Paul, P. L., & Blasko, K. A. (2007). Review of empirical research focused on the experience of lesbian, gay, and bisexual clients in counseling and psychotherapy. In K. J. Bieschke, R. M. Perez, & K. A. DeBord (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (2nd ed., pp. 293-315). Washington, DC: American Psychological Association.
- Blumstein, P. W., & Schwartz, P. (2000). Bisexuality: Some social psychological issues. In P. C. R. Rust (Ed.), *Bisexuality in the United States: A social science reader* (pp. 339-352). New York, NY: Columbia University Press. (Reprinted from *Journal of Social Issues*, 33(2), 30-45).
- Borrell, L. N., Kiefe, C. I., Williams, D. R., Diez-Roux, A. V., & Gordon-Larsen, P. (2006). Self-reported health, perceived racial discrimination, and skin color in African Americans in the CARDIA study. *Social Science & Medicine*, 63, 1415-1427.
- Bostwick, W. B., Boyd, C. J., Hughes, T. L., & McCabe, S. E. (2010). Dimensions of sexual orientation and the prevalence of mood and anxiety disorders in the United States. *American Journal of Public Health*, 100(3), 468-475.

- Bradford, J., Ryan, C., & Rothblum, E. (1994). National lesbian health care survey: Implications for mental health care. *Journal of Consulting and Clinical Psychology, 62*(2), 228-242. doi: 10.1037/0022-006X.62.2.228
- Bradford, M. (2004). The bisexual experience: Living in a dichotomous culture. In R. C. Fox (Ed.), *Current research on bisexuality* (pp. 7-24). New York, NY: Haworth Press.
- Bradford, M. (2006). Affirmative psychotherapy with bisexual women. In R. C. Fox (Ed.), *Affirmative psychotherapy with bisexual women and bisexual men* (pp. 13-26). New York, NY: Harrington Park Press.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101.
- Brewster, M. E., & Moradi, B. (2010). Perceived experiences of anti-bisexual prejudice: Instrument development and evaluation. *Journal of Counseling Psychology, 57*(4), 451-468.
- Brooks, L. M., Inman, A. G., Klinger, R. S., Malouf, M. A., & Kaduvettoor, A. (2010). In her own words: Ethnic-minority bisexual women's self-reported counseling needs. *Journal of Bisexuality, 10*, 253-267.
- Burleson, W. E. (2005). *Bi America: Myths, truths, and struggles of an invisible community*. New York, NY: Harrington Park Press.
- Carlton, S. (1991). This poem can be put off no longer. In L. Hutchins & L. Kaahumanu (Eds.), *Bi any other name: Bisexual people speak out* (pp. 14-16). Boston, MA: Alyson Publications.

- Cass, V. C. (1979). Homosexual identity formation: A theoretical model. *Journal of Homosexuality, 4*, 219-235.
- Cass, V. C. (1984). Homosexual identity formation: Testing a theoretical model. *Journal of Sex Research, 20*, 143-167.
- Dailey, A. B., Kasl, S. V., Holford, T. R., Lewis, T. T., & Jones, B. A. (2010). Neighborhood- and individual-level socioeconomic variation in perceptions of racial discrimination. *Ethnicity and Health, 15*(2), 145-163.
- Diamond, L. M. (2008a). Female bisexuality from adolescence to adulthood: Results from a 10-year longitudinal study. *Developmental Psychology, 44*(1), 5-14.
- Diamond, L. M. (2008b). *Sexual fluidity: Understanding women's love and desire*. Boston, MA: Harvard University Press.
- Dodge, B., & Sandfort, T. G. M. (2007). A review of mental health research on bisexual individuals when compared to homosexual and heterosexual individuals. In B. A. Firestein (Ed.), *Becoming visible: Counseling bisexuals across the lifespan* (pp. 28-51). New York, NY: Columbia University Press.
- Esterberg, K. G. (1997). *Lesbian and bisexual identities: Constructing communities, constructing selves*. Philadelphia, PA: Temple University Press.
- Evans, N. J., & Broido, E. M. (1999). Coming out in college residence halls: Negotiation, meaning-making, challenges, supports. *Journal of College Student Development, 40*(6), 658-668.
- Fassinger, R. E., & Arsenau, J. R. (2007). "I'd rather get wet than be under that umbrella": Differentiating the experiences and identities of lesbian, gay, bisexual,

- and transgender people. In K. J. Bieschke, R. M. Perez, & K. A. DeBord (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (2nd ed., pp. 19-49). Washington, D.C.: American Psychological Association.
- Faul, F., Erdfelder, E., Lang, A.G., & Buchner, A. (2007). G*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods*, 39, 175-191.
- Ferguson, C. J. (2009). An effect size primer: A guide for clinicians and researchers. *Professional Psychology: Research and Practice*, 40(5), 532-538.
- Firestein, B. A. (1996). Bisexuality as paradigm shift: Transforming our disciplines. In B. A. Firestein (Ed.), *Bisexuality: The psychology and politics of an invisible minority* (pp. 3-50). Thousand Oaks, CA: Sage Publications.
- Firestein, B. A. (Ed.). (2007a). *Becoming visible: Counseling bisexuals across the lifespan*. New York, NY: Columbia University Press.
- Firestein, B. A. (2007b). Cultural and relational contexts of bisexual women: Implications for therapy. In K. J. Bieschke, R. M. Perez, & K. A. DeBord (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (2nd ed., pp. 91-117). Washington, D.C.: American Psychological Association.
- Fox, A. (1991). Development of a bisexual identity. In L. Hutchins & L. Kaahumanu (Eds.), *Bi any other name: Bisexual people speak out* (pp. 29-36). Boston, MA: Alyson Publications.

- Fox, R. C. (1993). Coming out bisexual: Identity, behavior, and sexual orientation self-disclosure. Ph.D. dissertation, California Institute of Integral Studies, United States -- California. Retrieved October 17, 2010, from Dissertations & Theses: Full Text. (Publication No. AAT 9511406).
- Fox, R. C. (1996). Bisexuality in perspective: A review of theory and research. In B. A. Firestein (Ed.), *Bisexuality: The psychology and politics of an invisible minority* (pp. 3-50). Thousand Oaks, CA: Sage Publications.
- Fox, R. C. (Ed.). (2006). *Affirmative psychotherapy with bisexual women and bisexual men*. New York, NY: Harrington Park Press.
- Gates, G. J. (2011). *How many people are lesbian, gay, bisexual, and transgender?* Retrieved from The Williams Institute at UCLA website:
<http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf>
- Gregory, A. M. (2009). A comparison of bisexual women partnered with same or other-sex partners: Identity, assertion/disclosure of bisexual identity, cultural influences and experiences. Unpublished dissertation, retrieved from
<http://proquest.umi.com/pqdlink?Ver=1&Exp=04-16-2016&FMT=7&DID=2016234351&RQT=309&attempt=1&cfc=1>
- Herek, G. M. (2002). Heterosexuals' attitudes toward bisexual men and women in the United States. *Journal of Sex Research*, 39(4), 264-274.
- Herek, G. M. (2009). Sexual stigma and sexual prejudice in the United States: A conceptual framework. In D. A. Hope (Ed.), *Contemporary perspectives on*

lesbian, gay & bisexual identities: The 54th Nebraska Symposium on Motivation (pp. 65-111). New York, NY: Springer.

Herek, G. M., Norton, A. T., Allen, T. J., & Sims, C. L. (2010). Demographic, psychological, and social characteristics of self-identified lesbian, gay, and bisexual adults in a U.S. probability sample. *Sexuality Research and Social Policy*, 7, 176-200.

Hutchins, L. (1996). Bisexuality: Politics and community. In B. A. Firestein (Ed.), *Bisexuality: The psychology and politics of an invisible minority* (pp. 240-259). Thousand Oaks, CA: Sage Publications.

Hutchins, L., & Kaahumanu, L. (Eds.) (1991). *Bi any other name: Bisexual people speak out*. Boston, MA: Alyson Publications.

Israel, T., & Mohr, J. J. (2004). Attitudes toward bisexual women and men: Current research, future directions. In R. C. Fox (Ed.), *Current research on bisexuality* (pp. 117-134). New York, NY: Haworth Press.

Jordan, K. M., & Deluty, R. H. (1998). Coming out for lesbian women: Its relation to anxiety, positive affectivity, self-esteem and social support. *Journal of Homosexuality*, 35(2), 41-63. doi: 10.1300/J082v35n02_03

Jorm, A. F., Korten, A. E., Rodgers, B., Jacomb, P. A., & Christensen, H. (2002). Sexual orientation and mental health: Results from a community survey of young and middle-aged adults. *British Journal of Psychiatry*, 180, 423-427. doi: 10.1192/bjp.180.5.423

- Kahn, M. J. (1991). Factors affecting the coming out process for lesbians. *Journal of Homosexuality, 21*(3), 47-70. doi: 10.1300/J082v21n03_03
- Kinsey, A. C., Pomeroy, W. B., & Martin, C. E. (1948). *Sexual behavior in the human male*. Philadelphia, PA: W. B. Saunders.
- MacDonald, A. P. (1983/2000). A little bit of lavender goes a long way: A critique of research on sexual orientation. In P. C. R. Rust (Ed.), *Bisexuality in the United States: A social science reader* (pp. 24-54). New York, NY: Columbia University Press.
- Matteson, D. R. (1996). Counseling and psychotherapy with bisexual and exploring clients. In B. A. Firestein (Ed.), *Bisexuality: The psychology and politics of an invisible minority* (pp. 185-213). Thousand Oaks, CA: Sage Publications.
- McLean, K. (2007). Hiding in the closet? Bisexuals, coming out and the disclosure imperative. *Journal of Sociology, 43*(2), 151-166.
doi:10.1177/1440783307076893
- Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior, 36*, 38-56.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674-697.
- Miller, C. T., & Major B. (2000). Coping with stigma and prejudice. In T. F. Heatherton, R. E. Kleck, M. R. Hebl, & J. G. Hull (Eds.), *The social psychology of stigma* (pp. 243-272). New York, NY: Guilford Press.

- Mohr, J. J., & Fassinger, R. E. (2000). Measuring dimensions of lesbian and gay male experience. *Measurement and Evaluation in Counseling and Development, 33*, 66-90.
- Mohr, J. J., Israel, T., & Sedlacek, W. E. (2001). Counselors' attitudes toward bisexuality as predictors of counselors' clinical responses: An analogue study of a female bisexual client. *Journal of Counseling Psychology, 48*(2), 212-222.
- Mohr, J. J., & Rochlen, A. B. (1999). Measuring attitudes regarding bisexuality in lesbian, gay male, and heterosexual populations. *Journal of Counseling Psychology, 46*, 353-369.
- Mohr, J. J., & Sheets, R. L. (2008). *Coming out twice: Sexual orientation disclosure in bisexual young adults*. Paper presented at the annual convention of the American Psychological Association.
- Moradi, B., Mohr, J. J., Worthington, R. L., & Fassinger, R. E. (2009). Counseling psychology research on sexual (orientation) minority issues: Conceptual and methodological challenges and opportunities. *Journal of Counseling Psychology, 56*(1), 5-22.
- Morris, J. F., Waldo, C. R., & Rothblum, E. D. (2001). A model of predictors and outcomes of outness among lesbian and bisexual women. *American Journal of Orthopsychiatry, 71*(1), 61-71. doi: 10.1037/0002-9432.71.1.61
- Mosher, C. M. (2001). The social implications of sexual identity formation and the coming-out process: A review of the theoretical and empirical literature. *The Family Journal, 9*(2), 164-173.

- Newcomb, M. E., & Mustanski, B. (2010). Internalized homophobia and internalizing mental health problems: A meta-analytic review. *Clinical Psychology Review, 30*, 1019-1029.
- Ochs, R. (1996). Biphobia: It goes more than two ways. In B. A. Firestein (Ed.), *Bisexuality: The psychology and politics of an invisible minority* (pp. 217-239). Thousand Oaks, CA: Sage Publications.
- Ochs, R. (2007). What's in a name? Why women embrace or resist a bisexual identity. In B. A. Firestein (Ed.), *Becoming visible: Counseling bisexuals across the lifespan* (pp. 72-88). New York, NY: Columbia University Press.
- Ochs, R. (2009). Coming out as bisexual. In R. Ochs & S. E. Rowley (Eds.), *Getting bi: Voices of bisexuals around the world* (2nd ed., pp. 201-205). Boston, MA: Bisexual Resource Center.
- Oetjen, H., & Rothblum, E. D. (2000). When lesbians aren't gay: Factors affecting depression among lesbians. *Journal of Homosexuality, 39*(1), 49-73.
- Orne, J. (2011). 'You will always have to "out" yourself': Reconsidering coming out through strategic outness. *Sexualities, 14*(6), 681-703.
- Pachankis, J. E. (2007). The psychological implications of concealing a stigma: A cognitive-affective-behavioral model. *Psychological Bulletin, 133*(2), 328-345.
- Page, E. (2007). Bisexual women's and men's experiences of psychotherapy. In B. A. Firestein (Ed.), *Becoming visible: Counseling bisexuals across the lifespan* (pp. 52-71). New York, NY: Columbia University Press.

- Paul, J. P. (1985/2000). Bisexuality: Reassessing our paradigms of sexuality. In P. C. R. Rust (Ed.), *Bisexuality in the United States: A social science reader* (pp. 11-23). New York, NY: Columbia University Press. (Reprinted from *Journal of Homosexuality*, 11(1-2), 21-34.)
- Pennington, S. (2009). Bisexuals “doing gender” in romantic relationships. *Journal of Bisexuality*, 9, 33-69. doi: 10.1080/1529971080660029
- Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1, 385-401. doi: 10.1177/014662167700100306
- Rasmussen, M. L. (2004). The problem of coming out. *Theory Into Practice*, 43(2), 144-150.
- Rila, M. (1996). Bisexual women and the AIDS crisis. In B. A. Firestein (Ed.), *Bisexuality: The psychology and politics of an invisible minority* (pp. 169-184). Thousand Oaks, CA: Sage Publications.
- Ross, L. E., Dobinson, C., & Eady, A. (2010). Perceived determinants of mental health for bisexual people: A qualitative examination. *American Journal of Public Health*, 100(3), 496-502. doi: 10.2105/AJPH.2008.156307
- Rust, P. C. (1992). The politics of sexual identity: Sexual attraction and behavior among lesbian and bisexual women. *Social Problems*, 39(4), 366-386.
- Rust, P. C. (1993). “Coming out” in the age of social constructivism: Sexual identity formation among lesbian and bisexual women. *Gender and Society*, 7(1), 50-77.

- Rust, P. C. (1993/2000). Neutralizing the political threat of the marginal woman: Lesbians' beliefs about bisexual women. In P. C. R. Rust (Ed.), *Bisexuality in the United States: A social science reader* (pp. 471-497). New York, NY: Columbia University Press.
- Rust, P. C. (1996). Monogamy and polyamory: Relationship issues for bisexuals. In B. A. Firestein (Ed.), *Bisexuality: The psychology and politics of an invisible minority* (pp. 127-148). Thousand Oaks, CA: Sage Publications.
- Rust, P. C. R. (2000a). Criticisms of the scholarly literature on sexuality for its neglect of bisexuality. In P. C. R. Rust (Ed.), *Bisexuality in the United States: A social science reader* (pp. 5-10). New York, NY: Columbia University Press.
- Rust, P. C. R. (2000b). Alternatives to binary sexuality: Modeling bisexuality. In P. C. R. Rust (Ed.), *Bisexuality in the United States: A social science reader* (pp. 33-54). New York, NY: Columbia University Press.
- Rust, P. C. R. (2000c). Popular images and the growth of bisexual community and visibility. In P. C. R. Rust (Ed.), *Bisexuality in the United States: A social science reader* (pp. 537-553). New York, NY: Columbia University Press.
- Rust, P. C. R. (2000d). Bisexuality in HIV research. In P. C. R. Rust (Ed.), *Bisexuality in the United States: A social science reader* (pp. 355-399). New York, NY: Columbia University Press.
- Rust, P. C. R. (2000e). The biology, psychology, sociology, and sexuality of bisexuality. In P. C. R. Rust (Ed.), *Bisexuality in the United States: A social science reader* (pp. 403-470). New York, NY: Columbia University Press.

- Rust, P. C. R. (2007). The construction and reconstruction of bisexuality: Inventing and reinventing the self. In B. A. Firestein (Ed.), *Becoming visible: Counseling bisexuals across the lifespan* (pp. 3-27). New York, NY: Columbia University Press.
- Ryan, C. L., & Siebens, J. (2012). *Educational attainment in the United States: 2009*. (P20-566). Retrieved from U.S. Census Bureau website:
www.census.gov/hhes/socdemo/education/index.html
- Savin-Williams, R. C. (2005). *The new gay teenager*. Cambridge, MA: Harvard University Press.
- Schuster, T. L., Kessler, R. C., & Aseltine, R. H. (1990). Supportive interactions, negative interactions, and depressed mood. *Journal of Community Psychology*, *18*(3), 423-438.
- Sheets, R. L., & Mohr, J. J. (2009). Perceived social support from friends and family and psychosocial functioning in bisexual young adults. *Journal of Counseling Psychology*, *56*(1), 152-163.
- Shilo, G., & Savaya, R. (2012). Mental health of lesbian, gay, and bisexual youth and young adults: Differential effects of age, gender, religiosity, and sexual orientation. *Journal of Research on Adolescence*, *22*(2), 310-325.
doi: 10.1111/j.1532-7795.2011.00772.x
- Smart, L., & Wegner, D. M. (2000). The hidden costs of stigma. In T. F. Heatherton, R. E. Kleck, M. R. Hebl, & J. G. Hull (Eds.), *The social psychology of stigma* (pp. 220-242). New York, NY: Guilford Press.

- Sumpter, S. F. (1991). Myths/realities of bisexuality. In L. Hutchins & L. Kaahumanu (Eds.), *Bi any other name: Bisexual people speak out* (pp. 12-13). Boston, MA: Alyson Publications.
- Troiden, R. R. (1979). Becoming homosexual: A model of gay identity acquisition. *Psychiatry, 42*, 362-373.
- Troiden, R. R. (1988). Homosexual identity development. *Journal of Adolescent Health Care, 9*, 105-113.
- Udis-Kessler, A. (1991). Present tense: Biphobia as a crisis of meaning. In L. Hutchins & L. Kaahumanu (Eds.), *Bi any other name: Bisexual people speak out* (pp. 350-358). Boston, MA: Alyson Publications.
- Vincke, J., & Bolton, R. (1994). Social support, depression, and self-acceptance among gay men. *Human Relations, 47*(9), 1049-1062.
- Weinberg, M. S., Williams, C. J., & Pryor, D. W. (1994). *Dual attraction: Understanding bisexuality*. New York, NY: Oxford University Press.
- Weinfurt, K. P. (1995). Multivariate analysis of variance. In L. G. Grimm & P. R. Yarnold (Eds.), *Reading and understanding multivariate statistics* (pp. 245-276). Washington, DC: American Psychological Association.
- Wells, J. W., & Kline, W. B. (1987). Self-disclosure of homosexual orientation. *Journal of Social Psychology, 127*(2), 191-197. doi: 10.1080/00224545.1987.9713679
- Weststrate, N. M., & McLean, K. C. (2010). The rise and fall of gay: A cultural-historical approach to gay identity development. *Memory, 18*(2), 225-240.

- Zickuhr, K., & Smith, A. (2012). Digital differences. Report of Pew Research Center's Internet and American Life Project. Retrieved from <http://pewinternet.org/Reports/2012/Digital-differences.aspx>
- Zillien, N., & Hargittai, E. (2009). Digital distinction: Status-specific types of internet usage. *Social Science Quarterly*, *90*(2), 274-291.
- Zinik, G. (1985/2000). Identity conflict or adaptive flexibility? Bisexuality reconsidered. In P. C. R. Rust (Ed.), *Bisexuality in the United States: A social science reader* (pp. 55-60). New York, NY: Columbia University Press. (Reprinted from *Journal of Homosexuality*, *11*(1-2), 7-19).

Appendix A: Inclusion Criteria

(responses that meet criteria are in bold)

1. What is your age?
 - under 18
 - **18 or older**

2. What is your biological sex?
 - **female**
 - male
 - intersex

3. How do you describe your gender?
 - **female/woman**
 - male/man
 - transgender (male-to-female)
 - transgender (female-to-male)
 - other (*respondents may type their own label in text box if desired*)

4. Which word do you typically use to describe your sexual orientation?
 - heterosexual
 - **bisexual**
 - lesbian
 - gay
 - queer
 - I do not label my sexual orientation
 - other (*respondents may type their own label in text box if desired*)

5. Which of the following *most closely* describes your current relationship status? (In this study, “relationship” refers to an ongoing romantic relationship that includes an emotional component and is not solely sexual.)
 - Single, not dating anyone
 - Dating casually, but not in a relationship
 - **In a relationship with one person**
 - In relationship(s) with more than one person
 - **Married**
 - **Civil union/domestic partnership/other life partnership**

6. If you are in a relationship, how does your partner identify his or her gender? (If you are in a relationship with more than one person, please answer based on the individual you consider your primary or most committed partner).
 - **female/woman**

- **male/man**
- transgender (male-to-female)
- transgender (female-to-male)
- n/a - I am not in a relationship
- other (*respondents may type their own label in text box if desired*)

Appendix B: Demographic Survey

1. What is your age? (*respondents type age into box in survey program*)
2. Which of the following best describes your race?
 - Asian/Pacific Islander
 - Black/African American
 - Caucasian/European American/white
 - Hispanic or Latino/a
 - Native American/Alaska Native
 - Other/Multi-racial
 - Decline to respond
3. What is the highest level of education you have completed?
 - 12th grade or less
 - Graduated high school or equivalent
 - Some college, no degree
 - Associate's/2-year degree
 - Bachelor's/4-year degree
 - Master's degree
 - Doctoral degree
4. Which of the following best describes your employment status? (check all that apply)
 - Work part-time
 - Work full-time
 - Full-time student
 - Part-time student
 - Unemployed
 - Retired
5. Which of the following best describes your economic class?
 - lower
 - working/lower-middle
 - middle
 - upper middle
 - upper
6. Which region of the United States do you live in?
 - Northeast
 - Southeast
 - Midwest

- South
- Northwest
- Southwest
- West
- I live outside the United States

7. Which of the following best describes the area where you live?

- urban
- suburban
- rural

8. How long have you been in an exclusive relationship with your current partner?

- Less than 6 months
- 6 months - 1 year
- 1 - 2 years
- 2 - 5 years
- More than 5 years

9. Which word does your partner typically use to define their sexual orientation?

- heterosexual/straight
- bisexual
- lesbian
- gay
- queer
- They do not label their sexual orientation
- other (*respondents may type their own label in text box if desired*)

10. About what percentage of the people in your life know the gender of your current partner?

- Less than 20%
- 20 - 40%
- 40 - 60%
- 60 - 80%
- 80 - 100%

11. Please describe experiences you have had in which someone responded positively or supportively to your bisexuality. When and with whom have you had these experiences (heterosexuals, gay men, lesbians, other bisexuals, etc.)? (*respondents type their answer into box*)

Appendix C: Center for Epidemiologic Studies Depression Scale (CES-D)

Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week. Please answer using the following scale:

- 1 = Rarely or none of the time (less than 1 day)
- 2 = Some or a little of the time (1 -2 days)
- 3 = Occasionally or a moderate amount of the time (3 - 4 days)
- 4 = Most or all of the time (5 - 7 days)

1. I was bothered by things that usually don't bother me.
2. I did not feel like eating; my appetite was poor.
3. I felt that I could not shake off the blues even with help from my family or friends.
4. I felt I was just as good as other people.
5. I had trouble keeping my mind on what I was doing.
6. I felt depressed.
7. I felt that everything I did was an effort.
8. I felt hopeful about the future.
9. I thought my life had been a failure.
10. I felt fearful.
11. My sleep was restless.
12. I was happy.
13. I talked less than usual.
14. I felt lonely.
15. People were unfriendly.
16. I enjoyed life.
17. I had crying spells.
18. I felt sad.
19. I felt that people dislike me.
20. I could not get "going."

Appendix D: Outness Inventory (OI)

(Adapted from Mohr & Fassinger, 2000)

Use the following rating scale to indicate how open you are about your sexual orientation to the people listed below. Please respond to all of the items; answer “0” if the item does not apply to you.

- 1 = person definitely does NOT know that you are bisexual
- 2 = person might know that you are bisexual, but it is NEVER talked about
- 3 = person probably knows that you are bisexual, but it is NEVER talked about
- 4 = person probably knows that you are bisexual, but it is RARELY talked about
- 5 = person definitely knows that you are bisexual, but it is RARELY or NEVER talked about
- 6 = person definitely knows that you are bisexual, and it is SOMETIMES talked about
- 7 = person definitely knows that you are bisexual, 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. parents	1	2	3	4	5	6	7	0
2. siblings (sisters, brothers)	1	2	3	4	5	6	7	0
3. extended family/relatives	1	2	3	4	5	6	7	0
4. my <u>new</u> straight friends	1	2	3	4	5	6	7	0
6. my <u>new</u> gay/lesbian friends	1	2	3	4	5	6	7	0
7. people I work with (e.g., co-workers, supervisors, subordinates)	1	2	3	4	5	6	7	0
8. people in my religious community (e.g., church, temple)	1	2	3	4	5	6	7	0
9. my <u>old</u> gay/lesbian friends	1	2	3	4	5	6	7	0
10. my <u>old</u> heterosexual friends	1	2	3	4	5	6	7	0
11. strangers, new acquaintances	1	2	3	4	5	6	7	0

Appendix E: Anti-Bisexual Experiences Scale (ABES)

(Adapted from Brewster & Moradi, 2010)

Please rate how often the experience reflected in each of the following items has happened to you personally, *during the time you have been in your current romantic relationship*.

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. Please *exclude your current partner* when answering the items; that is, even if your partner is a gay/lesbian or heterosexual individual, do NOT include experiences with him or her when answering for that group.

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:

1 = If this has NEVER happened to you

2 = If this has happened to you ONCE IN A WHILE (less than 10% of the time)

3 = If this has happened to you SOMETIMES (10%-25% of the time)

4 = If this has happened to you A LOT (26%-49% of the time)

5 = If this has happened to you MOST OF THE TIME (50%-70% of the time)

6 = If this has happened to you ALMOST ALL OF THE TIME (more than 70% of the time)

1. People have addressed my bisexuality as if it means that I am simply confused about my sexual orientation

... had this experience with lesbian or gay people 1 – 2 – 3 – 4 – 5 – 6

... had this experience with heterosexual people 1 – 2 – 3 – 4 – 5 – 6

2. I have been excluded from social networks because I am bisexual

... had this experience with lesbian or gay people 1 – 2 – 3 – 4 – 5 – 6

... had this experience with heterosexual people 1 – 2 – 3 – 4 – 5 – 6

3. Others have pressured me to fit into a binary system of sexual orientation (i.e., either gay or straight)
 - ... had this experience with lesbian or gay people 1 – 2 – 3 – 4 – 5 – 6
 - ... had this experience with heterosexual people 1 – 2 – 3 – 4 – 5 – 6

4. When I have disclosed my sexual orientation to others, they have continued to assume that I am really heterosexual or gay/lesbian
 - ... had this experience with lesbian or gay people 1 – 2 – 3 – 4 – 5 – 6
 - ... had this experience with heterosexual people 1 – 2 – 3 – 4 – 5 – 6

5. People have not wanted to be my friend because I identify as bisexual
 - ... had this experience with lesbian or gay people 1 – 2 – 3 – 4 – 5 – 6
 - ... had this experience with heterosexual people 1 – 2 – 3 – 4 – 5 – 6

6. People have acted as if my sexual orientation is just a transition to a gay/lesbian orientation
 - ... had this experience with lesbian or gay people 1 – 2 – 3 – 4 – 5 – 6
 - ... had this experience with heterosexual people 1 – 2 – 3 – 4 – 5 – 6

7. People have acted as if my bisexuality is only a sexual curiosity, not a stable sexual orientation
 - ... had this experience with lesbian or gay people 1 – 2 – 3 – 4 – 5 – 6
 - ... had this experience with heterosexual people 1 – 2 – 3 – 4 – 5 – 6

8. People have assumed that I will cheat in a relationship because I am bisexual
 - ... had this experience with lesbian or gay people 1 – 2 – 3 – 4 – 5 – 6
 - ... had this experience with heterosexual people 1 – 2 – 3 – 4 – 5 – 6

9. Others have treated me negatively because I am bisexual
 - ... had this experience with lesbian or gay people 1 – 2 – 3 – 4 – 5 – 6
 - ... had this experience with heterosexual people 1 – 2 – 3 – 4 – 5 – 6

10. People have not taken my sexual orientation seriously because I am bisexual

... had this experience with lesbian or gay people 1 – 2 – 3 – 4 – 5 – 6

... had this experience with heterosexual people 1 – 2 – 3 – 4 – 5 – 6

11. People have denied that I am really bisexual when I tell them about my sexual orientation

... had this experience with lesbian or gay people 1 – 2 – 3 – 4 – 5 – 6

... had this experience with heterosexual people 1 – 2 – 3 – 4 – 5 – 6

12. People have treated me as if I am likely to have an STD/HIV because I identify as bisexual

... had this experience with lesbian or gay people 1 – 2 – 3 – 4 – 5 – 6

... had this experience with heterosexual people 1 – 2 – 3 – 4 – 5 – 6

13. People have stereotyped me as having many sexual partners without emotional commitments

... had this experience with lesbian or gay people 1 – 2 – 3 – 4 – 5 – 6

... had this experience with heterosexual people 1 – 2 – 3 – 4 – 5 – 6

14. 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"

... had this experience with lesbian or gay people 1 – 2 – 3 – 4 – 5 – 6

... had this experience with heterosexual people 1 – 2 – 3 – 4 – 5 – 6

15. Others have acted uncomfortable around me because of my bisexuality

... had this experience with lesbian or gay people 1 – 2 – 3 – 4 – 5 – 6

... had this experience with heterosexual people 1 – 2 – 3 – 4 – 5 – 6

16. I have been alienated because I am bisexual

... had this experience with lesbian or gay people 1 – 2 – 3 – 4 – 5 – 6

... had this experience with heterosexual people 1 – 2 – 3 – 4 – 5 – 6

17. People have treated me as if I am obsessed with sex because I am bisexual

... had this experience with lesbian or gay people 1 – 2 – 3 – 4 – 5 – 6
... had this experience with heterosexual people 1 – 2 – 3 – 4 – 5 – 6