

RELATIONS BETWEEN BINEGATIVITY, PROXIMAL STRESSORS, AND MENTAL
HEALTH OUTCOMES: THE MODERATING ROLE OF AUTHENTICITY

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RELATIONS BETWEEN BINEGATIVITY, PROXIMAL STRESSORS, AND MENTAL HEALTH OUTCOMES: THE MODERATING ROLE OF AUTHENTICITY

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ABSTRACT

The relationships between distal stressors and mental health are well established within sexual minority populations (e.g., Brewster et al., 2016; Lehavot & Simoni, 2011; Mereish & Poteat, 2015). However, research specifically focused on the unique stressors of bisexual+ people, or nonmonosexual individuals, is still emerging. Individuals' experiences with monogamy and mixed-orientation relationships represent another aspect of bisexuality that has rarely been explored. The current study used the framework of minority stress theory (Meyer, 2003) to examine the relationships between distal and proximal stressors with psychological outcomes among a sample of bisexual women in monogamous relationships. To this end, binegativity was examined in relation to well-being and psychological distress through the mediating roles of anticipated binegativity, internalized binegativity, and identity uncertainty. In addition, the limited findings that exist on the role of authenticity for bisexual+ individuals suggest that authenticity is of great importance to the wellness of bisexual individuals (Hartman-Linck, 2014; Riggle et al., 2008; Riggle et al., 2017). In response, this study examined authenticity as a possible moderator to the relationships between distal and proximal stressors with mental health outcomes. Results from this study provide greater insight into how bisexual individuals in monogamous relationships experience stress, and its relationship with well-being.

APPROVAL PAGE

The faculty listed below, appointed by the Dean of the School of Education, have examined a dissertation titled “Relations Between Binegativity, Proximal Stressors, and Mental Health Outcomes: The Moderating Role of Authenticity” presented by Sarah Beth VanMattson, candidate for the Doctor of Philosophy degree, and certify that in their opinion it is worthy of acceptance.

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CHAPTER 1

INTRODUCTION

Relationships often represent a primary marker of sexuality (McLean, 2007), as individuals outside of the relationship seek to interpret couples' sexual orientations based on perceptions of the relationship itself (Ochs, 2007). Such perceptions stem from dichotomies and societal norms, which assume that individuals will fit into specific categories (Bradford, 2004). Binary constructs have been created by societies, which infer that identities lying outside of a binary makeup are abnormal. These binaries include gender identity (i.e., woman/man or boy/girl), gender expression (i.e., feminine/masculine), and sexual orientation (i.e., gay/straight); Chiasson & Sanlo, 2013). Thus, boxes have been created, both to exclude identities outside of heterosexuality, and to exclude identities that do not fit a binary or dichotomous conceptualization of sexual orientation. For example, the social sciences have historically placed sexuality on a binary, thus improperly and inaccurately labeling bisexual people as heterosexual, or either lesbian or gay (LG), based on same or opposite sex behaviors and relationships alone (Monro et al., 2017; MacDonald, 1981). Indeed, studies have found that partner gender tends to shape how others perceive an individual's sexual identity (McLean, 2007).

Such viewpoints lack the dynamic quality and relative fluidity of relationships, sexuality, and gender. For example, individuals identifying as transgender or intersex do not hold space inside the binary gender boxes designed by societies (Peletz, 2006), nor do individuals who are attracted to multiple genders (e.g., bisexual or pansexual individuals). Acquiring more nuanced and fluid perspectives on sexuality and gender is necessary in order to understand the unique difficulties of individuals identifying outside of such binary

structures. These dichotomous ideologies perpetuate heteronormative and mono-normative systems that neglect and dismiss identities outside of binaries, resulting in heterosexual and LG orientations being the only recognizable identities (Butler, 1990; Foucault, 1978).

Heterosexism is the assumption and ideology that heterosexuality is the default or “normal” sexual orientation, which perpetuates feelings of otherness for those of whom are not heterosexual (Boyer & Lorenz, 2019; Robertson, 2014). *Monosexism* suggests that the default or “normal” sexual orientation is that which is limited to one gender attraction alone; thus, individuals identifying as lesbian, gay, or straight are included in such conceptions of normality, while people attracted to more than one gender are considered abnormal. In addition to facing inaccurate assumptions regarding their sexual identity, monogamous couples may also face misgendering and/or being placed in gender normative categories (Hayfield et al., 2018). Mononormativity often implies that monogamous relationships are the only valid way to have meaningful connection with others (Barker & Langdridge, 2010; McLean, 2004; Monro et al., 2017; Roberts et al., 2015; Zinik, 1985).

The current study focuses on the experiences of bisexual cisgender women in monogamous relationships, given that monogamous relationships (combined with perceived gender of partner) are often used to classify couples as either heterosexual or same-sex (Hartman-Linck, 2014). The scope of this study is limited to cisgender woman due to the variability of experiences between gender diverse bisexual individuals. Previous research has conveyed the nuances in discriminatory experiences for non-binary and genderqueer individuals, particularly regarding experiences of invisibility (Hayfield et al., 2018), suggesting that those who identify as non-binary and genderqueer likely experience unique forms of marginalization and dismissal (Serano, 2010). In addition, bisexual men have

reported distinctive experiences as well, which may be due to perceptions of bi-identifying individuals according to gender (Armstrong & Reissing, 2014, Hayfield et al., 2018).

Accounting for such variability in gender experience, and other forms of discrimination that may be intertwined with binegativity (e.g., transphobia), would be difficult to accomplish within the scope of this research. While this study is limited in its generalizability, the aim is to establish results that can be built upon in future research with gender diverse samples.

The variation of sexual diversity can be illustrated through identity labels as pansexual, polysexual, and sexually fluid. Bisexuality, as an identifier, is often used as an umbrella term for individuals attracted to more than one gender, which could include cisgender or transgender women, men, and non-binary people. Robyn Ochs, an American bisexual activist, defines bisexuality as “the potential to be attracted – romantically and/or sexually to people of more than one sex and/or gender, not necessarily at the same time, not necessarily in the same way, and not necessarily to the same degree” (Eisner, 2013, p. 21). As Ochs’ definition implies, bisexual identity labels allow for the dynamic movement of identity, in so much that they can account for the sexual fluidity that exists for many queer identifying people (Eisner, 2013, p. 21). In other words, while sexual identity may remain static over the course of a lifetime for some individuals, for others, sexuality is more fluid and open to movement (Niki, 2018).

Nested under the bi-umbrella are identity labels such as *queer*, *pansexual*, *bi-curious*, *polysexual*, *homoflexible*, *sexually fluid*, and *heteroflexible*, among others (Eisner, 2013; Appendix C). As an umbrella term, bisexuality can be viewed as a *community identity label* to encompass a larger group of people with shared experiences. Thus, bisexuality may encompass multiple nonmonosexual identity labels, or labels associated with attraction to

more than one gender, such as pansexual and queer. Individuals may also choose to use *personal identity labels* to capture their experience of sexuality (BiNetUSA, 2015, p. 3; Dyar et al., 2015). These labels function in different ways for individuals, such that a person could use certain labels to identify themselves in the presence of others and other labels to identify themselves in more personal ways. For example, an individual might utilize the community label of bisexual as an overarching identity, whereas they may personally identify as pansexual or queer (personal identity label). Research on the identity experiences of bisexual people may not consider the different layers of the bisexual experience, including the experiences of individuals who prefer to use personal identity labels outside of the bisexual community label. Thus, researchers have suggested broadening inclusion to allow for more flexibility in how participants label themselves, as the term bisexual may not fully capture an individual's experience and identity (Brownfield et al., 2018; Watson et al., 2016). For the sake of this research, those identifying with a nonmonosexual identity label will be included. The term bisexual will be used throughout this research in reference to individuals attracted to more than one gender.

Expressing desires and attraction for multiple genders and, indeed, engaging in romantic or sexual relationships with more than one gender, is often one way for bisexual people to express their sexual identity and make that identity known to others (Miller, 2006). However, for bisexual people in monogamous relationships, expressing this dimension of their identity is less available, thus individuals in monogamous relationships may face added risk of bi-invisibility. Often referred to as the *invisible majority*, bisexual individuals have historically been generalized as having the same or comparable experiences with other sexual minorities, namely gay and lesbian individuals, despite being estimated to make up the

largest sexual minority group in the United States (Copen et al., 2016; Gates, 2011; Pew Research Center, 2013).

Of the existing scholarship on lesbian, gay, and bisexual (LGB) communities, a small portion of research has exclusively focused on the experiences of bisexual individuals (see critiques by Paul & Rust, 2000) and suggests that bisexual people face specific and unique forms of discrimination based on their bisexuality (Spalding & Peplau, 1997). Similar to homophobia, biphobia can manifest as overt prejudice, hatred, or fear in addition to more dismissive and negative attitudes toward bisexuality (Armstrong & Reissing, 2014). For example, bi-phobic stereotyping is considered a specific form of biphobia that facilitates and sustains the invisibility and marginalization of bisexual individuals by perpetuating erroneous misconceptions of bisexuality (Barker & Langdridge, 2008; Klesse, 2011). As a result, bisexual individuals, as well as non-bisexual others, may lack awareness about bisexuality and believe that in order to adopt a bisexual label, individuals must have had romantic and/or sexual relationships with multiple genders (Klesse, 2011). Together, overgeneralizations and inaccurate information about sexuality, gender, and bisexuality in particular, has contributed to bisexual individuals facing more significant and complex forms of negativity. For the purpose of this study, I will be concentrating primarily on bi-erasure which is considered the dismissal of bisexuality as a significant and legitimate dimension of personal identity (Ochs, 1996; Yoshino, 2000).

In addition to rendering bisexuality as invisible or interchangeable with gay and lesbian communities, bi-erasure often results in individuals having to fight to be accurately recognized or identified (Monro, 2015; Robinson, 2013). In particular, individuals may face heightened bisexual erasure when in monogamous relationships (Bradford, 2012; Gonzalez

et al., 2016; McLean, 2007) given that assumptions are often made about a person's sexual identity based on the perceived gender of their partner (McLean, 2007). For example, if a bisexual woman were to be in a monogamous relationship with a man, she might be assumed to be heterosexual. Inversely, if she were in a relationship with a woman, she might be presumed to be lesbian. Additionally, even in occasions when partner gender does not fit a binary (e.g., transgender or gender non-binary), bisexual identity continues to be misrecognized. Previous findings indicate that those outside of the relationship misgender the partner (i.e., male/female), which allows them to continue to inaccurately assume a binary sexual identity as well (i.e., gay/straight) (Hayfield et al., 2018). Throughout this manuscript, I will use the terms bi-erasure and bi-invisibility interchangeably to refer to the same construct.

The heightened level of invisibility that many bisexual people in monogamous relationships experience may result in unique stressors (Arriaga & Parent, 2019; Barker et al., 2008; McLean, 2018). More specifically, they may be given the impression that their bisexual identity is no longer valid, inferring that they have “chosen a side” (Hayfield et al. 2014). In addition to feeling misunderstood, bisexual individuals may feel compelled to provide evidence or proof of their bisexuality, effectively trying to convince others, and possibly themselves, that they are bisexual enough (Eadie, 1993). Furthermore, given that bisexual individuals often find themselves negotiating their identities within both LG and heterosexual spaces, they are also at risk for double-discrimination, or feeling rejected by multiple communities (Hequembourg & Brallier, 2009). The cost of such stress and invisibility on bisexual individuals may lead to negative internalized views of the self (Arriaga & Parent, 2019; Puckett et al., 2017; Sheets & Mohr, 2009), and negative

psychological and behavioral health outcomes (Brewster et al., 2016; Lehavot & Simoni, 2011; Hughes & Eliason, 2002; Lewis et al., 2003; Mereish & Poteat, 2015; Meyer, 1995). Such stigmatization and prejudice towards bisexual people, including negative attitudes and harmful stereotypes, perpetuate bi-erasure and represent a significant external stressor in the lives of bisexual people (Dyar & Feinstein, 2018). In an effort to gain more insight into the ways that bisexual individuals experience bi-erasure, this study uses a minority stress framework to investigate links between external and internal stressors associated with binegativity and psychological outcomes among a sample of bisexual women in monogamous relationships.

Literature Review

Historically, the concept of bisexuality has been narrowly defined and have undergone different variations over the course of time (Barker et al., 2009; Berenson, 2002; Rust, 2001). For example, the term bisexual has been characterized as having romantic and sexual desire towards both male and female genders (Cantarella, 1992), as well as being sexually attracted to cisgender men and women (Niki, 2018). However, the emergence of gender fluid and transgender communities has challenged and expanded this belief (Niki, 2018). Gender diversity has reached beyond dichotomous ideology (e.g., man/woman), which has expanded identifiers and terminology to help account for more gender variance and sexual diversity (Niki, 2018). Therefore, more fluid and nuanced definitions of sexual diversity have been established to include individuals sexually and/or romantically attracted to one single gender, individuals not attracted to a single gender, and individuals who may be attracted to multiple genders (Niki, 2018).

However, scholarly research has given minimal attention to understanding bisexuality as a fundamental dimension of a person's self-identity and overall sense of self. For example, although bisexual individuals are estimated to make up over half of the larger LGB population (Gates, 2011; Yoshino, 2000; MAP, 2016), a 45-year review of research (1970-2015) across multiple disciplines of study (e.g., sexuality research, queer theory [Erickson-Schroth & Mitchell, 2009; Gurevich et al., 2009], and sexual identity development models [Cass, 1979; Troiden, 1989;]) found minimal scholarship on biphobia when compared to studies on homophobia. In addition, bisexual individuals have often been included in study samples examining broader concerns relevant to the LGB community.

However, the discrimination and minority stress that bisexual communities face is often distinct from those experienced in LG communities (Balsam & Mohr, 2007; Brewster & Moradi, 2010; Friedman et al., 2014; Israel & Mohr, 2004; Weiss, 2003). Findings from survey data indicate that bisexual individuals are at high risk for experiencing physical and mental health difficulties (MAP, 2016; San Francisco Human Rights Commission, 2011). In particular, such data indicate that bisexual people experience anxiety disorders, suicidality, substance use, and mood disorders at higher rates than do gay, lesbian, and heterosexual people (MAP, 2016; San Francisco Human Rights Commission, 2011). Bisexual women experience greater rates of sexual and intimate partner violence (Movement Advancement Project, 2016; Walters et al., 2013), and bisexual people in general are more likely to live below the federal poverty line (Badgett et al., 2013). Such results underscore the need for the development of studies that seek to better understand the unique experiences of bisexual people.

Mixed Orientation Monogamous Relationships

Individuals' experiences with monogamy and mixed-orientation relationships represent another aspect of bisexuality that has rarely been explored. *Mixed-orientation relationships* are couples in which each individual holds different sexual orientation identities. For example, one person may identify as bisexual, while their partner identifies as heterosexual. Overall, the research on the experiences of bisexual people in mixed-orientation relationships has failed to provide an accurate and distinct understanding of the bisexual experience (Buxton, 2001, 2006). More specifically, studies have often combined the experiences of lesbian and bisexual women to make one construct, as well as those of gay and bisexual men, resulting in over-conflated narratives. Much of the previous research involving bisexual people in mixed-orientation relationships has focused on the experiences of their heterosexual partners (Buxton, 2001, 2004), while some studies have centered on the relationship experiences of bisexual people with their heterosexual partners (Buxton, 2001, 2004; Edser & Shea, 2002). By and large, research has assumed that a partner or spouse coming out as bisexual would lead to conflict and crisis in the relationship, as negative assumptions have been implied that bisexual partners could not maintain a monogamous relationship. Such research ran the risk of perpetuating binegative and harmful bisexual stereotypes (Armstrong & Reissing, 2014).

More recently, a small body of literature has been dedicated to exploring the experiences of bisexual individuals in relationships (Bradford, 2012; Feinstein et al., 2016; Gustavson, 2009; Lahti, 2015; Li et al., 2013). In studies examining the relationships and experiences of bisexual people via qualitative design methods (i.e., interviews and focus groups), bisexual-identifying research participants have challenged the notion that they must

be in relationships with multiple genders simultaneously in order to live true to their identity (Bradford, 2004a; Gustavson, 2009; Li et al., 2013). Still, when McLean (2007) interviewed 60 bisexual individuals about their coming out experiences and bisexual narratives, some bisexual participants in monogamous relationships expressed feeling as though they must forgo a piece of their identity when in such relationship structures. This may be due, at least in part, to the heightened invisibility they experience when in monogamous relationships (Robinson, 2013). Bisexual individuals have reported feeling great frustration over the bi-invisibility they experience while in relationships, as they are often assumed to be gay or straight based on their partner's gender (Bradford, 2012; McLean, 2007). Binegative assumptions have also been made suggesting that a bisexual individual will relinquish their bisexual identity upon entering a monogamous relationship in favor of a gay or straight identity label (Bradford, 2004b; Lannutti, 2008). Indeed, the research above has illuminated some of the challenges bisexual individuals in monogamous relationships encounter.

As previously stated, the sexual identities of bisexual individuals within a relationship are often mischaracterized by others based on the gender of their partner. This may occur because two labels exist for those in relationships: the individual's sexual orientation label, and the relationship's sexual orientation label. Relationships are often interpreted as either heterosexual or gay/lesbian, dependent on the genders of those involved (Bradford, 2012; McLean, 2007). When Lannutti (2008) interviewed 26 same-sex female couples, in which one partner identified as lesbian and the other as bisexual, bisexual participants suggested that terminology such as gay marriage has erased bisexuality. Indeed, a possible bisexual relationship category has been difficult for bisexual people to define or conceptualize (Hayfield et al., 2018). When Hayfield and colleagues (2018) interviewed bisexual people in

relationships, some spoke to the discomfort and frustration in not having a relationship label that fits their sexual identity. One participant stated that she thinks about this much more when she is in relationships, explaining that she becomes stressed, wondering how others are labeling her sexuality as a result of her heterosexual appearing relationship. Like the binaries discussed above, this heterosexual/gay relationship dichotomy overlooks the individual sexual identities of those in the relationship (Lannutti, 2008).

In addition, findings from previous studies suggested that bisexual individuals may express a desire to be seen as bisexual, despite their relationship status. They have felt frustrated and experienced loss due to the invisibility of their bisexual identity or the lack of a bisexual relationship identity (Gonzalez et al., 2016; Hayfield et al., 2018). The bi-erasure an individual might feel while in monogamous relationships could contribute to feelings of inauthenticity or incongruency, resulting in other personal and relational issues. In one qualitative study, participants reported hinderance to bisexual coming out growth as a result of the invisibility they experienced as bisexual individuals in monogamous relationships (Brownfield et al., 2018). One participant spoke to this experience stating: “I’ve been with the main partner, the man, for six years . . . so just feeling this understanding that I’m falling into this mold and everyone sees me as straight, it’s really taxing on me, emotionally, psychologically,” (p. 226).

In addition, bisexual people may experience difficulties in relationships due to possible binegativity from partners. Bisexual individuals looking for relationships may encounter similar struggles, as they face possible rejection from potential partners due to their bisexual identity (Anderson et al., 2015; Armstrong & Reissing, 2014; Li et al., 2013). This is due to binegative stereotypes that result in bisexual people being deemed “undesirable

partners,” which include assumptions that bisexual people are hypersexual, promiscuous, untrustworthy, unfaithful, and unable to commit to monogamous relationships (Anderson et al., 2015, p. 21; Eliason, 1997; Feinstein et al., 2016; Hayfield et al., 2014; Klesse, 2011; Li et al., 2013; Vernallis, 1999). In addition, bisexual people have been subjected to the binegativity of their partners, and some women have reported being objectified by their male partners because of their bisexuality (Gustavson, 2009; Li et al., 2013).

Binegativity in mixed-orientation relationships can also present itself as individuals feeling as though their bisexual partner should give up the bisexual label in order to be more committed to the relationship (Bradford, 2004b). Niki (2018) found that non-bisexual partners may try to control the relationship or their bi-identifying partners by shaming them through expressed binegativity. Such binegativity from partners may include threatening to out their bisexual partner, using derogatory terminology and phrases (e.g., “bi now, gay later”), trivializing or dismissing the bisexual identity, and/or objectifying or fetishizing their bisexual partner (Niki, 2018). Research suggests that such binegativity can occur in relationships that were established without concealment of an individual’s bisexual identity, and can also occur when an individual chooses to come out to their partner after a committed relationship has been established. Such experiences of binegativity within relationships further contributes to bi-erasure and may have an impact of psychological well-being. In contrast, there is evidence to suggest that bisexual individuals with supportive and bi-affirming partners are more likely to experience better mental health (Li et al., 2013).

It has also been suggested that bisexual people in monogamous relationships engage in a process of protecting their partners from anticipated accusations of binegativity so that their relationships may be seen in a positive light (Hayfield et al., 2018, p.231). This may be

a type of relationship oppression that bisexual people uniquely face when in mixed-orientation, monogamous relationships, and it suggests that they are likely engaging in both identity and relationship work simultaneously in order to be visible as a bisexual person. Thus, bi-identifying individuals may try to explain or justify their partner's binegativity in order to cope with the biphobia present in the relationship, which in turn may lead to internalized binegativity (Hayfield et al., 2018). Authenticity, or living true to one's self while in monogamous relationships, may provide greater insight into how one may maintain their identity as bisexual while in monogamous relationships and experience positive outcomes at the same time.

Minority Stress Theory

Influenced by previous theories used to explain the stressful experiences of minority individuals (Lazarus & Folkman, 1984; Selye, 1982), Meyer (2003) developed the model of minority stress to help elucidate ways that stress affects LGB individuals. Minority stress is considered a chronic stress that is experienced by marginalized communities (Meyer, 2003). The premise of the minority stress theory is that stress originates from an existing society heavily shaped by the intersections of dominant institutions and social norms (Meyer, 2003). In addition, minority stress theory proposes that individuals face minority related stress, along with general day-to-day stresses, which may lead to sexual minority individuals encountering greater mental health concerns than heterosexual individuals (Meyer, 2003). In other words, belonging to a marginalized group has an impact on one's well-being, as individuals experience stress related to societal and systemic marginalization in addition to everyday stress, which potentially places sexual minorities at risk for poorer mental health outcomes.

According to Meyer (2003), minority stressors fall into three different areas or three different levels: structural, interpersonal, and individual. Structural level stressors (also known as institutional stress) can include laws and larger institutional practices, such as the lack of national protections under law for minority groups. For example, sexual minority individuals are not protected under federal fair housing laws, which are intended to provide equal opportunities in housing to all (U.S. Department of Housing and Urban Development, n.d.). Interpersonal level stressors can include experiences with discrimination, such as binegativity or biphobia. Lastly, individual level stressors refer to the stressors that can manifest within oneself as a result of one's marginalized status. An example is internalized binegativity (Hatzenbuehler et al., 2014). Meyer (2003) used the terms distal and proximal to describe these stressors.

For sexual minority individuals, distal stressors are represented by external experiences such as discrimination (e.g., rejection, inappropriate jokes, name-calling, etc.), anti-LGB violence and harassment (e.g., stalking, threatening, physically or emotionally harming, etc.), and marginalization (e.g., making one feel powerless, not being provided equal access, denying professional opportunities). Proximal stressors are those that are more subjective in nature and are centered on one's personal and internal experiences of themselves related to their marginalized identity. For example, a bisexual individual may believe that their bisexual identity is illegitimate and that they need to be either LG or heterosexual.

It has been posed that distal and proximal stressors may influence one another, indicating that one may cause the other (Hatzenbuehler et al., 2014). This infers that external stressors may have an impact on one's internal experiences of themselves, which then

influences one's psychological well-being (Hatzenbuehler, 2009). For example, experiences of binegativity (distal) may influence the amount of internalized binegativity (proximal) one experiences. As an individual receives feedback from others that their identity is illegitimate, they may begin to feel that this is true and experience self-rejection. Binegativity (distal), might also influence an individual's expectations of rejection (proximal), causing them to assume they will be rejected by others because of their bisexual identity (Arriaga & Parent, 2019; Meyer, 2003). This terminology (i.e., distal and proximal) is used within the minority stress theory, and will therefore be used throughout this study to describe the differing levels of stress (Meyer, 2003).

Therefore, there are different factors that play a role in the relationship between minority stressors and mental health outcomes, which require further study (Thoits, 1999; Meyer, 2003). Bisexual people must navigate stressors related to their attraction to individuals of the same gender (e.g., homophobia/heterosexism), and also stressors stemming from their attraction to multiple genders (e.g., biphobia/monosexism). Therefore, a bisexual person may experience the negative attitudes of others towards their same-sex attraction, and also negative belief regarding bisexuality from others. In contrast, a lesbian or gay individual may only experience stress related to heterosexism, and not from that of monosexism. These two different types of prejudice are distinct in that they originate from both heterosexual communities and LG communities. With these different originations of prejudice, research centered on minority stress for bisexual people, separate from other sexual minorities, is needed (Hayfield et al., 2014; Mulick & Wright, 2002; Ochs, 1996).

Extensive research has explored correlates of minority stress within LGB communities, and results have consistently indicated a strong link between greater minority

stress (e.g., LGB victimization, prejudice, discrimination, violence, anti-gay harassment, racism, and poverty) and negative mental health outcomes (e.g., Bostwick & Hequembourg, 2014; Brewster et al., 2016; Díaz et al., 2001; Eldahan et al., 2016; Hatzenbuehler et al., 2010; Hatzenbuehler & Pachankis, 2016; Huebner et al., 2004; Hughes & Eliason, 2002; Lehavot & Simoni, 2011; Lewis et al., 2003; Mays & Cochran, 2001; McCabe et al., 2010; Mereish & Poteat, 2015; Meyer, 1995, 2003). Studies have shown that bisexual individuals, in particular, experience heightened rates of mood and anxiety disorders, substance use, and suicidality when compared to the heterosexual and LG populations (Movement Advancement Project, 2016; San Francisco Human Rights Commission, 2011). In addition, bisexual women have been shown to experience greater rates of depression and anxiety when compared to lesbian and heterosexual women (Bostwick et al., 2010; Steele et al., 2009). Another study showed that bisexual women were more significantly likely to experience mental distress over a 30 day period than were lesbian women (Fredriksen-Goldsen et al., 2010). Minority stress theory identifies such well-being and psychological difficulties as repercussions of the minority stress experienced by bisexual people (Meyer, 2003). The unique experiences of stigmatization and discrimination that bisexual people face may help explain the mental health disparities evident in previous research.

Distal Influence of Binegativity

As of the date of this dissertation, research on minority stress within the bisexual population alone is sparse (Arriaga & Parent, 2019). The discrimination bisexual individuals experience largely revolves around bisexual erasure, being silenced, or invalidating the permanence of bisexuality (Bower et al., 2002; Bradford, 2004; Callis, 2013). In particular, adopting a bisexual identity label is often assumed to be temporary or a transition to

identifying as heterosexual or lesbian, a repercussion of indecisiveness, or a way in which bisexual people try to retain heterosexual privilege (Bower et al., 2002). As research continues to develop and language changes, the term binegativity is often used in place of biphobia in order to define discrimination more broadly. As such, binegativity includes prejudiced beliefs and attitudes towards and pertaining to the bisexual community and bisexual individuals (Dyar & Feinstein, 2018; Yost & Thomas, 2012).

A number of studies have found that distal stressors, such as discrimination, are linked to poor physical and mental health outcomes in sexual minority populations (Feinstein & Dyer, 2017; Frost et al., 2015; Walch et al., 2016; Denton et al., 2014). Díaz and colleagues (2001) explored the link between experiences of homophobia, racism, and financial hardship (i.e., distal stressors) with symptoms of psychological distress (i.e., anxiety, depression, and suicidal ideation) in a sample of 912 Latino, non-heterosexual men. Results suggested that psychological difficulties are directly related to a social context of discrimination and oppression towards gay and bisexual Latino men in the United States (Díaz et al., 2001). Eldahan and colleagues (2016) uncovered similar results using tests of time-lagged associations through daily diary entries of bisexual and gay men in New York City. Their results showed that with greater experiences of minority stress (both distal and proximal) came higher negative and anxious affect, both on the day of the occurrence and on the subsequent day (Eldahan, 2016). In a larger study of psychiatric morbidity prevalence in LGB populations, Hatzenbuehler and colleagues (2010) looked at data from the National Epidemiologic Survey on Alcohol and Related Conditions to assess psychological symptoms for LGB people living in states that enforced bans on same-sex marriage in 2004 and 2005. Results showed significant increases in psychological symptoms for individuals living in

these states, but not for those living in states without bans or for heterosexual individuals (Hatzenbuehler et al., 2010). These results suggested the significant psychological impact that discriminatory policies (i.e., distal stressors) can have on the LGB population.

The psychological impacts of distal stressors have been studied extensively within the larger LGB population. One study containing bisexual inclusion found that with more experiences of discrimination came lower self-esteem and increased suicidal ideation (Huebner et al., 2004). When sampling a large group of lesbian and bisexual women, another study found that LGB victimization was directly linked to substance use, as was internalized homophobia (Lehavot & Simoni, 2011). Indeed, substance use was found to be four times more prevalent for LGB individuals experiencing multiple forms of discrimination, including sexual orientation, race, and gender discrimination (McCabe et al., 2011). Utilizing the National Survey of Midlife Development in the United States, Mays and Cochran (2001) found that those identifying as LGB reported greater experiences of discrimination than did heterosexual individuals, and such experiences were linked to symptoms of psychiatric morbidity as well as harmful effects on quality of life.

Experiences of discrimination in the bisexual community specifically have been shown to induce symptoms similar to that of life-threatening events or insidious trauma (Arnett et al., 2019; Dworkin et al., 2018). Bostwich and Hequembourg (2014) uncovered seven unique binegative and biphobic microaggressions through focus groups with bisexual women. Their findings included hostility, denial/dismissal, unintelligibility, pressure to change, legitimacy, dating exclusion, and hypersexuality. Hostility was aimed at the individual's bisexual identity and not their non-heterosexual identity. An example one participant gave was that of a lesbian friend constantly telling her that "something is wrong

with [her]” (Bostwich & Hequembourg, 2014, p. 493). Participants reported frequent dismissive and condescending comments, including being told that they were “making it [the bisexual identity] up” (p. 494). Unintelligibility was described by participants as others around them acting as though their bisexual identity was confusing or could not be understood. Those in monogamous relationships described the experience of not being seen by their partners for who they were as bisexual women. Bostwich and Hequembourg (2014) suggested that such consistent messages produce both a cognitive and emotional burden on bisexual people, especially given the amount of work bi-identifying people must engage in to make their identity known, seen, and understood. Still, other research shows inconsistent results when studying the link between biphobia and mental health outcomes (MacLeod et al., 2015). Given these findings, researchers must consider characteristics that might modify the relationship between minority stress and mental health outcomes for the bisexual community.

Proximal Influences

As previously described, proximal stressors are those that are more subjective in nature and are centered on one’s personal and internal experiences of themselves in relation to their marginalized identity. For example, a bisexual individual may believe that their bisexual identity is illegitimate and that they need to be either LG or heterosexual. This example is a representation of internalized binegativity. For this research, three proximal stressors will be examined: internalized binegativity, identity uncertainty, and anticipated binegativity. Meyer (2003) suggested that proximal stressors are directly linked with psychological well-being in such a way that, as an individual experiences more minority stress, they will also experience greater psychological distress. In addition, as suggested by

Hatzenbuehler and colleagues (2014), proximal stressors may be influenced by distal stressors. Therefore, binegativity likely positively relates to the specific proximal stressors discussed below.

Internalized Binegativity. The examples of binegativity above represent distal stressors that can facilitate an internal struggle for bisexual individuals to the degree of rejecting their bisexual identity (Callis, 2013). These internalized struggles, often called internalized biphobia or internalized binegativity, represent proximal stressors. The negative views of bisexual people discussed above place the bi community in boxes, possibly causing bi people who have multiple partners to fear they are poorly representing the bi community or living true to negative stereotypes. In response to such negative stereotypes and discriminatory beliefs, bisexual individuals may feel the need to distance themselves from such views (Hayfield et al., 2018). Thus, experiences of persistent binegativity and the delegitimization of bisexuality by non-bisexual individuals and heteronormative culture (distal stressor) may result in the internalization of binegativity (proximal stressor; Arriaga & Parent, 2019; Paul et al., 2014; Puckett et al., 2017; Roberts et al., 2015; Sheets & Mohr, 2009). In other words, as individuals experience more binegativity, they may experience greater internalized binegativity. Indeed, previous research has shown that more supportive people and environments that produce less binegativity are associated with less internalized stigma (Puckett et al., 2017; Sheets & Mohr, 2009). Arriaga and Parent (2019) found stigma received from LG people towards bisexual women to be significantly related to internalized binegativity, and the stigma experienced by bisexual men from heterosexual people significantly related to internalized binegativity. The authors suggested that these findings may be attributed to the negative stereotypical assumption that bisexual men are actually gay

and that bisexual women are actually heterosexual (Yost & Thomas, 2012). Such research exemplifies the influence distal stressors (e.g., binegativity) can have on proximal stressors (e.g., internalized binegativity).

In addition to the relationship between external and internal stressors, direct links have also been established between internalized stressors and mental health outcomes. In a sample of LGB youth, internalized homophobia was found to significantly relate to posttraumatic stress symptoms (Dragowski et al., 2011), and other studies of the larger LGB population have found links between internalized heterosexism and psychological distress (Szymanski et al., 2008). In the bisexual population specifically, internalized binegativity has been linked to psychological difficulties including sexual identity uncertainty, depression, substance abuse, and low-self-esteem (Brewster et al., 2013; Feinstein et al., 2017; Lambe et al., 2017; Paul et al., 2014; Weber, 2008; Arriaga & Parent, 2019). Due to lack of support from both heterosexual and LG individuals (Bradford, 2004a; McLean, 2018; Ochs, 1996; Paul, 1984), community support that might mitigate the poor mental health outcomes related to binegativity and internalized binegativity (Lambe et al., 2017) may not be readily accessible. Variables that might buffer the impact that experienced binegativity has on rates of internalized binegativity require further exploration.

Identity uncertainty. Sexual identity uncertainty is the level of difficulty one may have in claiming an identity label that best fits their pattern of attractions and behavior. Such difficulties may lead to an individual being uncertain about their sexual orientation and how to identify in a way that is congruent with who they are. Today, very little research exists on identity uncertainty among sexual minority populations relative to the amount of research in existence surrounding sexual identity development. The research that has been conducted

surrounding the topic of identity uncertainty has provided results that indicate that bisexual people experience greater identity uncertainty than do other sexual minority individuals (Balsam & Mohr, 2007; Worthington et al., 2008). While some may assert their binegativity and attribute this difficulty to negative stereotypes regarding the instability or invalidity of the bisexual identity, others have theorized that this uncertainty is the result of a culture of binegativity and pressures placed on bisexual people to fit a binary sexuality, or adopt a heterosexual or LG identity (Weinberg et al., 1994).

Previous research showed identity uncertainty occurring for LG individuals following a process of realizing same-sex attraction (Cass, 1979; Weinberg et al., 1994), which is often then followed by an identification of one's gay or lesbian identity (Cass, 1979; McCarn & Fassinger, 1996; Troiden, 1989). However, for nonmonosexual individuals, identity uncertainty may continue beyond the point of identification as bisexual, which may be attributed to mononormativity, binegativity, and pressure to adopt a monosexual identity (Weinberg et al., 1994). As previously discussed, some distal minority stressors are unique to the bisexual experience (Brewster & Moradi, 2010; Meyer, 2003; Weinberg et al., 1994). Therefore, identity uncertainty may represent a proximal stressor within the minority stress theory specifically present for bisexual individuals (Meyer, 2003). As previously discussed, distal stressors, such as binegativity, can lead to internalized experiences of biphobia (Hatzenbuehler, 2009), which can translate to identity uncertainty. In other words, receiving anti-bisexual messages, and experiencing chronic binegativity and monosexism, could lead to negative internalized messages of one's self and a questioning of one's own legitimacy or validity. Previous research has linked increased experiences of monosexism and internalized

monosexism with heightened experiences of identity uncertainty (Brewster & Moradi, 2010; Brewster et al., 2014; Dyar et al., 2014).

Identity uncertainty may be further uniquely attributable to bisexual individuals in monogamous relationships. Bisexual participants in previous studies have reported more freedom to choose partners, as gender does not present itself as a limiting characteristic (Rostosky et al., 2010). However, as previously stated, partner gender often unintentionally implies one's sexual identity to the outside world. Misconceptions, and the bi-invisibility experienced from such, may influence an individual's chosen partnership, as they seek to limit the amount of binegativity they are exposed to. Participants in previous studies have expressed concerns that their bisexual identity would disappear as a result of their monogamous relationships, or that they may forget about their bisexual identities (Hartman-Linck, 2014). While those in monogamous relationships are not able to express their bisexuality through relationships with multiple genders simultaneously, they may choose to be in relationships with those of the opposite gender to experience less binegativity from the heterosexual community, or an individual of the same gender to avoid binegativity from LG communities. Previous research has indicated that bisexual individuals may change the way in which they self-identify based on the gender of their partner, furthering bi-invisibility (Kase & Mohr, 2021; Mohr et al., 2017). In other words, if they are partnered to an individual with the same gender, they may choose to identify as gay or lesbian, and if they are partnered to someone of the opposite gender, they may choose to identify as heterosexual. Such self-identification changes were linked to greater sexual identity uncertainty (Mohr et al., 2017).

Choosing one's partner gender in order to minimize experiences of binegativity, or to be seen in a certain light by others, may infer that such decisions are not the result of one's own desires or authentic self, but are instead a way to manage other aspects of their well-being. Partner gender, like identity concealment, may be used to protect oneself from discrimination, but likely brings even greater self-awareness to one's stigmatized identity and may lead to negative psychosocial effects (Pachankis, 2007). Experienced binegativity, combined with identity uncertainty, may result in such measures as partner gender management in order to avoid further internalized binegativity. In addition to an individual choosing partner gender partly because they want to avoid binegativity, an individual may also choose partner gender based on a desire to be more visible as a bisexual person. For instance, if an individual's family or friends were to assume they are heterosexual, despite repeated attempts to express their bisexual identity, they may choose to partner with someone of the same sex in order to better express their non-heterosexual identity and challenge the identity assumptions that they are receiving. Similarly, if friends or family were to assume the individual was gay or lesbian, they may choose a partner of the opposite sex in order to make their bisexual identity more visible. Partner gender management, either for the sake of avoiding experiences of biphobia or to make their bisexual identity more visible, may be linked to identity uncertainty stemming from received messages of binegativity (Pachankis, 2007).

Dyar and colleagues (2017) found that more experiences of binegativity are linked to greater internalized biphobia. Furthermore, internalized binegativity was found to be associated with greater sexual identity uncertainty. These results indicate an experience likely unique to the bisexual community and provide evidence that minority distal stressors are

associated with proximal stressors (Hatzenbuehler, 2009). These findings were only significant for participants who reported minimal nonmonosexual identity disclosure, indicating that those who disclose their nonmonosexual identity less may be more susceptible to identity uncertainty. Such results suggest a link between experienced binegativity, identity uncertainty, and disclosure.

Anticipated binegativity. Binegativity is a widespread phenomenon and, like other forms of discrimination, can have wide reaching consequences, including lasting impressions on mental health. Anticipated binegativity may be one result of chronic binegativity in so much that bisexual individuals may begin to anticipate binegativity and fear that they will be rejected because of their bi identity. Early non-supportive experiences can result in struggles in the identity development process of sexual minority individuals (Bregman et al., 2013), possibly leading to continued fears of rejections. Due to double discrimination, bisexual individuals experience sexual minority prejudice at a heightened rate (Flanders, 2018; Hayfield et al., 2014; Israel & Mohr, 2004; Mulick & Wright, 2002; Ochs, 1996), and being faced with such discrimination and rejection from other sexual minority groups, including LG communities in addition to heterosexual culture, may lead to even greater amounts of anticipated binegativity and fears. In addition, such fears of rejection may be one reason that bisexual individuals choose to refrain from self-disclosure and engage in concealment, or actively sharing one's sexual orientation identity (Todd, 2016). Concealment is often utilized as a way to avoid stigmatization and binegativity, but has been shown to increase stress (Smart & Wegner, 2000). Continued concerns regarding how others will respond to one's bisexual identity could have a number of consequences on sexual identity development, thus

it would be beneficial to examine various factors that could prevent an individual from internalizing and fearing future stigmatization.

Authenticity as a Buffer of Binegativity

Meyer (2003) suggested that other factors may play a role in the relationship between minority stress and mental health outcomes. For example, the characteristics of an individual's sexual identity, such as the integration of their LGB identity (e.g., how they display or conceal their identity), could influence the relationship between proximal and distal stressors and mental health outcomes, either negatively or positively (Meyer, 2003). In other words, identity characteristics may play a moderating or mediating role in this model. Characteristics of one's sexual identity may include the prominence of their minority identity in their everyday life or how authentic they are living to their sexual minority identity. Such characteristics may have an impact on the relationship between the minority stress they experience and their psychological well-being (Hatzenbuehler et al., 2014).

Bi-invisibility is a pervasive problem in the bisexual community, as such forms of binegativity make it difficult to be known and appreciated for who one is. To live authentically is to live true to one's self and to their values – to who they are (Riggle et al., 2017). Little research has previously been conducted on the role of authenticity in the bisexual community, however, the findings that do exist suggest that authenticity is of great importance to the wellness of bisexual individuals. Authenticity has been shown to have positive effects on one's overall well-being and happiness (Brownfield & Brown, 2022; Riggle et al., 2008). Indeed, a positive identity narrative for those identifying as sexual minorities involves authenticity, self-assurance, and pride (Bowleg, 2013; Riggle et al., 2008). Furthermore, when controlling for outness, Riggle and colleagues (2017) found that

mental health outcomes were positively predicted by authenticity. Such results suggest that authenticity may serve as a buffer between sexual minority stress and psychological well-being.

Binegativity, such as bi-erasure and illegitimizing the identity (e.g., suggesting that bisexuality is a phase or a stage; Brewster & Moradi, 2010), results in the bisexual identity being viewed as inauthentic or fictional in nature. As previously discussed, such expressions of binegativity can lead to internalized binegativity, through which one may also begin to believe that their identity is inauthentic. It would seem as though binegativity would make it more difficult to live authentically, especially if there are other factors contributing to one's invisibility, such as a monogamous relationship status. However, previous research has indicated otherwise, suggesting that authenticity is a prevalent and important construct for those identifying as bisexual (Brownfield et al., 2018; Rostosky et al., 2010). Brownfield and colleagues (2018) found that participants experienced greater authenticity upon coming out and living truer to their bisexual identity, suggesting the importance of this construct among the bisexual population. Furthermore, authenticity has been found to positively relate with emotional well-being and strength (Pascale-Hague, 2015). Such research implicates authenticity as a positive predictor of community belonging among bisexual individuals and plays a role in one's ability to form meaningful relationships (Pascale-Hague, 2015).

Due to binegativity and bi-erasure, it can be very difficult for bisexual people to express their bi identities and feel seen by those around them. The degree to which an individual is out or the level to which they disclose or conceal their sexual minority identity is suggested to play a role in one's ability to live authentically (Szymanski et al., 2017). However, even upon efforts of self-disclosure, coming out, and self-identification, many

continue to feel the effects of bisexual invisibility. As a result, it often becomes an individual's own self-awareness and knowledge of who they are that helps them live true to their bisexual identity (Hartman-Linck, 2014). Regardless of who acknowledges one's bisexual identity or how their identity is interpreted by others, participants in one study acknowledged the importance of bisexual outness as it enhanced feelings of authenticity, or living true to themselves (Hartman-Linck, 2014). Furthermore, even when no others were involved in the individual's bisexual display, or act of visibility, the act itself was meaningful as it allowed the bisexual individual to act authentically despite the lack of acknowledgement by others. Hartman-Linck (2014) argued that living authentically is beneficial, even when no others are present to interpret such displays of outness. Despite being in monogamous relationships, the participants expressed the importance of visibility, not for recognition by possible sexual or romantic partners, but to live more authentically for themselves (Hartman-Linck, 2014).

Authenticity has also been explored in the context of positive psychology in LGB samples. Riggle and colleagues (2008) explored the positive aspects of the life experiences of gay men and lesbian women, seeking to better inform a body of research saturated with the negative life experiences of sexual minority individuals. They used an online survey to collect qualitative data from 203 gay men and 350 lesbians, with each participant reporting the positive aspects of holding a lesbian or gay identity. Authenticity and honesty, with self and others, revealed itself as the most common theme overall, suggesting the importance of authenticity to LG individuals. In addition to expressing authenticity as a positive attribute of an individual's life, participants also discussed how authenticity positively influences their overall well-being. For example, one lesbian participant expressed how living more

authentically gave her more confidence, happiness, improved health, and spiritual/religious closeness (Riggle et al., 2008). These results suggest that authenticity may be positively associated with health and wellness for LG individuals.

Furthering the study of positive identity influences in the lives of LGB individuals, Riggle, Mohr, Rostosky, Fingerhut, and Balsam (2014) developed the LGB-Positive Identity Measure (LGB-PIM). One subscale emerged from the scale development process, whereby 264 LGB individuals participated, which assessed the experiences of authenticity for LGB people. This authenticity scale was positively correlated with satisfaction of life for a sample of 272 LGB participants (Riggle et al., 2014), which further suggests the connection between living authentically and positive mental health outcomes for those identifying as a sexual minority.

When assessing positive aspects of LGB experience, Riggle and colleagues (2017) further placed a spotlight on the role of authenticity. In a sample of 373 LGB-identified individuals (bisexual identifying individuals made up 33.2%, another 25.7% identified as queer, and 15.9% identified as “other”), authenticity positively predicted psychological well-being when controlling for outness, concealment, and education. These findings provide further evidence for the unique role authenticity plays in the wellness of LGB people.

The relationship between authenticity and psychological well-being was also evident in a qualitative, grounded theory study looking at sexual minority stressors and resiliency (Levitt et al., 2016). Participants included 15 LGB individuals (including 3 bisexual participants), and the shared experience of feeling conflicted between living authentically and losing self-determination (i.e., abilities to accomplish goals, having autonomy, and/or sense of belonging), or living inauthentically and maintain self-determination. The authors

summarized these results by stating that living inauthentically, as a result of minority stress, seemed to have a negative impact on participants' well-being, and called for research that could further explore the relationship between authenticity and minority stress (Levitt et al., 2016).

The importance of authenticity in the lives of sexual minority individuals was also emphasized by Birichi (2015). He explored the relationships between minority stress, authenticity, eudaimonic well-being (e.g., personal growth, positive relationships with others, purpose in life), and hedonic well-being (e.g., life satisfaction, positive affect) in a sample of 226 gay men. Minority stressors in the context of this study included experiences of discrimination, expectations of rejection, internalized homophobia, and concealment. Birichi (2015) found significant positive relationships between authenticity and both types of well-being (eudaimonic and hedonic well-being). Upon examination of authenticity as a mediator between minority stress (i.e., concealment) and the two individual types of well-being, Birichi (2015) found that authenticity partially moderated the relationship between concealment and eudaimonic well-being and fully mediated the relationship between concealment and hedonic well-being. These findings further suggest the significance of authenticity in the lives of sexual minority individuals and well-being. Birichi (2015) recommended that further research be conducted to elucidate the role of authenticity in the lives of different sexual and gender identities.

Intrinsic self-expression, which is described as being akin to authenticity, was studied as a mediator in the relationship between verbal disclosure and well-being (Villicana et al., 2016), for both White gay men ($n = 57$) and Latino gay men ($n = 59$). Significant mediation was found for White gay men, but not for Latino gay men. However, the path from intrinsic

self-expression to well-being was found to be significant for both groups of men. These results suggest that authenticity likely plays a significant role for gay men across racial backgrounds, and that verbal disclosure may not always be directly linked to authenticity. This may mean that authenticity may be found in other ways and may not simply be described by how out an individual is.

Brownfield and Brown (2022) continued the exploration into the mediating role of authenticity. In a sample of 450 bisexual individuals, results showed that bisexual disclosure positively predicted well-being, whereas disclosure as a sexual minority did not, indicating that disclosure specific to one's nonmonosexual identity is important to their health. These results may suggest that greater authenticity comes from disclosure that is bisexual-specific and better captures the unique identity of a bisexual individual. In addition, Brownfield and Brown (2022) found that authenticity partially mediated the relationship between bisexual disclosure and well-being, suggesting that when disclosure produces greater authenticity, individuals experience greater well-being. These results provide greater insight into how authenticity may affect an individual's well-being.

Keeping in mind the research summarized above, authenticity may be considered an identity characteristic for sexual minority individuals. In the context of the minority stress model (Meyer, 2003), authenticity may, thus, mediate or moderate the relationships between stressors and mental health outcomes.

Purpose Statement

The current study uses the framework of minority stress to examine the relationships between binegativity, anticipated binegativity, internalized binegativity, and identity uncertainty with psychological outcomes among a sample of bisexual women in

monogamous relationships. The scope of this study is limited to cisgender woman due to the variability of experiences between gender diverse bisexual individuals. Previous research has conveyed the nuances in discriminatory experiences for non-binary and genderqueer individuals, as well as for bisexual men (Armstrong & Reissing, 2014, Hayfield et al., 2018). While this study is limited in its generalizability, the aim is to establish results that can be built upon in future research with gender diverse samples.

Extensive research has found a strong link between greater minority stress and negative mental health outcomes among samples of LGB individuals (e.g., Brewster et al., 2016; Lehavot & Simoni, 2011; Mereish & Poteat, 2015). In a sample of 143 sexual minority individuals (31% identified as bisexual), minority stress (i.e., heterosexist discrimination and internalized heterosexism) was positively correlated with psychological distress and negatively correlated with well-being (Brewster et al., 2016). Lehavot and Simoni (2011) uncovered similar results in regards to substance use specifically. In a large sample of 1,381 sexual minority women (29% identified as bisexual, 16% as queer, 2% as two-spirit, and 3% as other), both LGB victimization and internalized homophobia were directly linked to substance use. In addition, in a sample of 719 sexual minority individuals (25.3% identified as bisexual, 5.3% as queer, 1.5% as unsure/questioning, and 1.3% as other), Mereish and Poteat (2015) found that the relationships between distal stressors (i.e., discrimination, rejection, and victimization), proximal stressors (i.e., internalized homophobia and sexual orientation concealment), and psychological distress were mediated by shame, poorer relationships with a close peer and the LGBT community, and loneliness. Such findings underscore the relevance of possible mediators and moderators in the relationships between minority stress and psychological outcomes.

Given the dominance of heteronormative culture and the delegitimization of bisexuality by non-bisexual individuals, bisexual people who experience persistent binegativity may be more likely to internalize binegativity (Arriaga & Parent, 2019; Hatzenbuehler, 2009; Paul et al., 2014; Roberts et al., 2015; Puckett et al., 2017; Sheets & Mohr, 2009), and experience both heightened identity uncertainty and anticipated binegativity (Dyar et al., 2014; Brewster & Moradi, 2010; Brewster et al., 2014). Furthermore, internalized binegativity, identity uncertainty, and anticipated binegativity have been linked to psychological difficulties in samples of sexual minority people, including large sample of bisexual individuals (Brewster et al., 2013; Feinstein et al., 2017; Lambe et al., 2017; Paul et al., 2014; Weber, 2008; Arriaga & Parent, 2019). Therefore, it was expected that the proximal stressors (i.e., internalized binegativity, identity uncertainty, and anticipated binegativity) would at least partially explain the relationship between binegativity and the outcomes of psychological distress and psychological well-being. In other words, higher levels of distal stress (i.e., binegativity) was expected to positively relate to proximal stressors (i.e., internalized binegativity, identity uncertainty, and anticipated binegativity), which in turn would relate to lower psychological well-being and higher psychological stress.

Given that relationships can often represent a primary marker of sexuality (McLean, 2007), individuals in monogamous relationships may be particularly at risk for both distal and proximal stressors. For instance, partner gender has been found to influence the assumptions that are made regarding one's sexual orientation (Barker et al., 2008; McLean, 2018). Meyer (1995) stated the importance of in-group variance that could account for changes in the relationship between minority stress and mental health outcomes, which suggests that bisexual individuals in monogamous relationships may experience unique

stressors when compared to the larger bisexual community. This theory is supported by Arriaga and Parent (2019), who found that bisexual individuals in relationships experienced differing levels of stressors, based on partner gender and binegativity, from either the LG community or the heterosexual community. Thus, the bi-erasure an individual might feel while in monogamous relationships could contribute to feelings of inauthenticity or incongruency, resulting in other personal and relational issues. More research on the unique stressors of bisexual people in monogamous relationships is needed, as well as exploration into possible buffers to poor mental health outcomes.

Meyer (2003) suggested that other factors may play a role in the relationship between minority stress and mental health outcomes, such as the characteristics of an individual's sexual identity. Authenticity has been described as an interpersonal experience whereby an individual lives true to their self and to their values (Riggle et al., 2017). As an interpersonal process, authenticity may be considered a characteristic of one's identity, thus fitting within the minority stress model. Authenticity has been shown to have positive effects on one's overall well-being and happiness (Riggle et al., 2008; Riggle et al., 2017), and has been shown to be salient in the process of creating a positive identity narrative for LGB individuals (Bowleg, 2013; Riggle et al., 2008). Previous research has indicated the importance of authenticity in the lives of sexual minority individuals (Riggle et al., 2008). For bisexual individuals in monogamous relationships in particular, authenticity has been shown to be important to one's wellness, as bi-invisibility may be even more prevalent for such individuals (Hartman-Linck, 2014). Indeed, the relationship between living authentically and positive mental health outcomes has been established in samples of LGB individuals (Birichi, 2015; Levitt et al., 2016; Riggle et al., 2014; Villicana et al., 2016). In

addition, authenticity has been found to partially mediate the relationships between distal stressors, proximal stressors, and mental health outcomes (Birichi, 2015; Brownfield & Brown, 2022); however, minority stress has not always been found to be significantly linked to authenticity (Villicana et al., 2016), suggesting a moderating relationship between minority stress and mental health outcomes may be a better fit.

In the context of the minority stress model (Meyer, 2003), authenticity may, thus, mediate or moderate the relationships between stressors and mental health outcomes. Therefore, this study examined the potential moderating role of authenticity in the mediating relationships between binegativity and proximal stressors (i.e., internalized binegativity, anticipated binegativity, and identity uncertainty) with mental health outcomes (i.e., well-being and psychological stress), as well as between binegativity and mental health outcomes (i.e., well-being and psychological stress) directly. Although current evidence suggests the positive impact authenticity can have on the happiness and psychological well-being of bisexual individuals, little research exists to date that examines how authenticity might moderate the effects of binegativity on bisexual individuals' well-being and psychological health.

This study examined the experiences of bisexual women in monogamous relationships through the framework of minority stress theory. In particular, the first part of this study tested a mediation model that examined the explanatory role of proximal stressors in the relationship between binegativity and mental health outcomes. Second, a moderated mediation model was tested by examining the moderating role of authenticity on the second-order relationships (link between distal and proximal stressors) and third-order relationships

(link between binegativity and mental health outcomes) of the mediation model.

Specifically, the following hypotheses were proposed:

1. The distal stressor of binegativity will positively relate to psychological distress and the three proximal stressors (i.e., internalized binegativity, anticipated binegativity, and identity uncertainty), and will negatively relate to psychological well-being.

2. The proximal stressors of internalized binegativity, anticipated binegativity, and identity uncertainty will be positively related to psychological distress, and will be negatively related to psychological well-being.

3. The proximal stressors (i.e., internalized binegativity, anticipated binegativity, and identity uncertainty) will at least partially mediate the relationships between binegativity and the psychological outcomes of well-being and psychological distress.

Additionally, the following research question was addressed:

1. To what extent will authenticity moderate the second order relationships between proximal stressors (i.e., internalized binegativity, anticipated binegativity, and identity uncertainty) and the outcomes of well-being and psychological distress, as well as the third order relationships between binegativity and the outcomes of well-being and psychological distress?

CHAPTER 2

MANUSCRIPT

Individuals' experiences with monogamy and mixed-orientation relationships represent an aspect of bisexuality that has rarely been explored. *Mixed-orientation relationships* are couples in which each individual holds different sexual orientation identities. For example, one person may identify as bisexual, while their partner identifies as heterosexual. Overall, the research on the experiences of bisexual people in mixed-orientation relationships has failed to provide an accurate and distinct understanding of the bisexual experience (Buxton, 2001, 2006). More specifically, studies have often combined the experiences of lesbian and bisexual women to make one construct, as well as those of gay and bisexual men, resulting in over-conflated narratives. Much of the previous research involving bisexual people in mixed-orientation relationships has focused on the experiences of their heterosexual partners (Buxton, 2001, 2004), while some studies have centered on the relationship experiences of bisexual people with their heterosexual partners (Buxton, 2001, 2004; Edser & Shea, 2002). By and large, research has assumed that a partner or spouse coming out as bisexual would lead to conflict and crisis in the relationship, as negative assumptions have been implied that bisexual partners could not maintain a monogamous relationship. Such research ran the risk of perpetuating binegative and harmful bisexual stereotypes (Armstrong & Reissing, 2014).

Given the dominance of heteronormative culture and the delegitimization of bisexuality by non-bisexual individuals, bisexual people who experience persistent binegativity may be more likely to internalize binegativity (Arriaga & Parent, 2019; Hatzenbuehler, 2009; Paul et al., 2014; Roberts et al., 2015; Puckett et al., 2017; Sheets &

Mohr, 2009), and experience both heightened identity uncertainty and anticipated binegativity (Dyar et al., 2014; Brewster & Moradi, 2010; Brewster et al., 2014). Indeed, bisexual individuals, in particular, have been found to experience heightened rates of mood and anxiety disorders, substance use, and suicidality when compared to the heterosexual and LG populations (Movement Advancement Project, 2016; San Francisco Human Rights Commission, 2011). Furthermore, internalized binegativity, identity uncertainty, and anticipated binegativity have been linked to psychological difficulties in samples of sexual minority people, including large sample of bisexual individuals (Brewster et al., 2013; Feinstein et al., 2017; Lambe et al., 2017; Paul et al., 2014; Weber, 2008; Arriaga & Parent, 2019).

Therefore, the current study uses the framework of minority stress to examine the relationships between binegativity, anticipated binegativity, internalized binegativity, and identity uncertainty with psychological outcomes among a sample of bisexual women in monogamous relationships. According to minority stress theory, belonging to a marginalized group can negatively impact a person's well-being (Meyer, 2003) as individuals experience stress related to societal and systemic marginalization in addition to everyday stress. However, research on minority stress has largely centered on the experiences of the sexual minority population as a whole, whereas research specific to the bisexual population alone is sparse (Arriaga & Parent, 2019). Studies suggest that the discrimination faced by bisexual individuals largely revolves around bisexual erasure, being silenced, or invalidating the permanence of bisexuality (Bower et al., 2002; Bradford, 2004; Callis, 2013).

Bisexual Individuals and Monogamous Relationships

A small body of literature has been dedicated to exploring the experiences of bisexual individuals in relationships (Bradford, 2012; Feinstein et al., 2016; Gustavson, 2009; Lahti, 2015; Li et al., 2013). In studies examining the relationships and experiences of bisexual people via qualitative design methods (i.e., interviews and focus groups), bisexual-identifying research participants have challenged the notion that they must be in relationships with multiple genders simultaneously in order to live true to their identity (Bradford, 2004a; Gustavson, 2009; Li et al., 2013). Still, when McLean (2007) interviewed 60 bisexual individuals about their coming out experiences and bisexual narratives, some bisexual participants in monogamous relationships expressed feeling as though they must forgo a piece of their identity when in such relationship structures. This may be due, at least in part, to the heightened invisibility they experience when in monogamous relationships (Robinson, 2013). Bisexual individuals have reported feeling great frustration over the bi-invisibility they experience while in relationships, as they are often assumed to be gay or straight based on their partner's gender (Bradford, 2012; McLean, 2007). Binegative assumptions have also been made suggesting that a bisexual individual will relinquish their bi identity upon entering a monogamous relationship (Bradford, 2004b; Lannutti, 2008). Indeed, the research above has illuminated some of the challenges bisexual individuals in monogamous relationships encounter.

Furthermore, the sexual identities of bisexual individuals within a relationship are often mischaracterized by others based on the gender of their partner. This may occur because two labels exist for those in relationships: the individual's sexual orientation label, and the relationship's sexual orientation label. Relationships are often interpreted as either

heterosexual or gay/lesbian, dependent on the genders of those involved (Bradford, 2012; McLean, 2007). When Lannutti (2008) interviewed 26 same-sex female couples, in which one partner identified as lesbian and the other as bisexual, bisexual participants suggested that terminology such as gay marriage has erased bisexuality.

In addition, bisexual people may experience difficulties in relationships due to possible binegativity from partners. Bisexual individuals looking for relationships may encounter similar struggles, as they face possible rejection from potential partners due to their bi identity (Anderson et al., 2015; Armstrong & Reissing, 2014; Li et al., 2013). This is due to binegative stereotypes that result in bisexual people being deemed “undesirable partners,” which include assumptions that bisexual people are hypersexual, promiscuous, untrustworthy, unfaithful, and unable to commit to monogamous relationships (Anderson et al., 2015, p. 21; Eliason, 1997; Feinstein et al., 2016; Hayfield et al., 2014; Klesse, 2011; Li et al., 2013; Vernallis, 1999). In addition, bisexual people have been subjected to the binegative attitudes of their partners, and some women have reported being objectified by their male partners because of their bisexuality (Gustavson, 2009; Li et al., 2013). Binegativity in mixed-orientation relationships can also present itself as individuals feeling as though their bisexual partner should give up the bisexual label in order to be more committed to the relationship (Bradford, 2004b). Niki (2018) found that non-bisexual partners may try to control the relationship or their bi-identifying partners by shaming them through expressed binegativity. Overall, there is evidence to suggest that bisexual individuals with supportive and bi-affirming partners are more likely to experience better mental health (Li et al., 2013).

Minority Stress Theory

Influenced by previous theories used to explain the stressful experiences of minority individuals (Lazarus & Folkman, 1984; Selye, 1982), Meyer (2003) developed the model of minority stress to help elucidate ways that stress affects LGB individuals. Minority stress is considered a chronic stress that is experienced by marginalized communities (Meyer, 2003). The premise of the minority stress theory is that stress originates from an existing society heavily shaped by the intersections of dominant institutions and social norms (Meyer, 2003). According to Meyer (2003), minority stressors fall into three different areas or three different levels: structural, interpersonal, and individual. Structural level stressors (also known as institutional stress) can include laws and larger institutional practices, such as the lack of national protections under law for minority groups. Interpersonal level stressors can include experiences with discrimination, such as bignegativity. Lastly, Meyer (2003) used the terms distal and proximal to describe interpersonal stressors. For sexual minority individuals, distal stressors are represented by external experiences such as discrimination (e.g., rejection, inappropriate jokes, name-calling, etc.), anti-LGB violence and harassment (e.g., stalking, threatening, physically or emotionally harming, etc.), and marginalization (e.g., making one feel powerless, not being provided equal access, denying professional opportunities). Proximal stressors are those that are more subjective in nature and are centered on one's personal and internal experiences of themselves related to their marginalized identity. In addition, it has been posed that distal and proximal stressors may influence one another, indicating that one may cause the other (Hatzenbuehler et al., 2014). This infers that external stressors may have an impact on one's internal experiences of themselves, which then influences one's psychological well-being (Hatzenbuehler, 2009).

Extensive research has explored correlates of minority stress within LGB communities, and results have consistently indicated a strong link between greater minority stress (e.g., LGB victimization, prejudice, discrimination, violence, anti-gay harassment, racism, and poverty) and negative mental health outcomes (e.g., Bostwick & Hequembourg, 2014; Brewster et al., 2016; Díaz et al., 2001). Minority stress theory would suggest that well-being and psychological difficulties are repercussions of the minority stress experienced by bisexual people (Meyer, 2003). Of the existing research, minority stress (i.e., heterosexist discrimination and internalized heterosexism) has been positively correlated with psychological distress and substance abuse and negatively correlated with well-being (Brewster et al., 2016) in LGB samples (Lehavot & Simoni, 2011).

Link Between Minority Stress and Negative Outcomes

Binegativity as a distal stressor. As of the date of this dissertation, research on minority stress within the bisexual population alone is sparse (Arriaga & Parent, 2019). The discrimination bisexual individuals experience largely revolves around bisexual erasure, being silenced, or invalidating the permanence of bisexuality (Bower et al., 2002; Bradford, 2004; Callis, 2013). In particular, adopting a bisexual identity label is often assumed to be temporary or a transition to identifying as heterosexual or lesbian, a repercussion of indecisiveness, or a way in which bisexual people try to retain heterosexual privilege (Bower et al., 2002). As research continues to develop and language changes, the term binegativity is often used in place of biphobia in order to define discrimination more broadly. As such, binegativity includes prejudiced beliefs and attitudes towards and pertaining to the bisexual community and bisexual individuals (Dyar & Feinstein, 2018; Yost & Thomas, 2012).

Research suggests that the discrimination faced by the bisexual community can induce symptoms similar to that of life-threatening events or insidious trauma (Arnett et al., 2019; Dworkin et al., 2018). Based on data collected through focus groups, Bostwich and Hequembourg (2014) found that bisexual women identified experiencing seven unique binegative and biphobic microaggressions. Notably, participants described facing volatile attitudes specifically toward their bisexual identity, such as hostility, denial/dismissal, and pressure to change. The authors concluded that such consistent messages produce both a cognitive and emotional burden on bisexual people, especially given the amount of work bi-identifying people must engage in to make their identity known, seen, and understood (Bostwich & Hequembourg, 2014).

Proximal stressors. Minority Stress Theory suggests that distal and proximal stressors may influence one another (Hatzenbuehler et al., 2014), which infers that external stressors may have an impact on one's internal experiences of themselves, which then influences one's psychological well-being (Hatzenbuehler, 2009). For example, Dyar and colleagues (2017) found that more experiences of binegativity are linked to greater internalized biphobia. For the purpose of the current study, I will examine three different proximal stressors: Internalized binegativity, identity uncertainty, and anticipated binegativity.

Internalized binegativity represents a proximal or internal stressor that can facilitate a stressful struggle for bisexual individuals to the degree of rejecting their bisexual identity (Callis, 2013). In other words, as individuals experience more binegativity, they may experience greater internalized binegativity. Indeed, previous research has shown that environments that produce less binegativity are associated with less internalized stigma

(Puckett et al., 2017; Sheets & Mohr, 2009). In the bisexual population specifically, internalized binegativity has been linked to psychological difficulties including sexual identity uncertainty, depression, substance abuse, and low-self-esteem (Brewster et al., 2013; Feinstein et al., 2017; Lambe et al., 2017; Paul et al., 2014; Weber, 2008; Arriaga & Parent, 2019). Arriaga and Parent (2019) found stigma received from LG people towards bisexual women to be significantly related to internalized binegativity, while the stigma experienced by bisexual men from heterosexual people significantly related to internalized binegativity.

In addition, research suggests that bisexual people experience greater identity uncertainty than do other sexual minority individuals (Balsam & Mohr, 2007; Worthington et al., 2008). Sexual identity uncertainty is the level of difficulty one may have in claiming an identity label that best fits their pattern of attractions and behavior. Such difficulties may lead to an individual being uncertain about their sexual orientation and how to identify in a way that is congruent with who they are. Previous research showed identity uncertainty occurring for LG individuals following a process of realizing same-sex attraction (Cass, 1979; Weinberg et al., 1994), which is often then followed by an identification of one's gay or lesbian identity (Cass, 1979; McCarn & Fassinger, 1996; Troiden, 1989). However, for nonmonosexual individuals, identity uncertainty may continue beyond the point of identification as bisexual, which may be attributed to mononormativity, binegativity, and pressure to adopt a monosexual identity (Weinberg et al., 1994). As previously discussed, some distal minority stressors are unique to the bisexual experience (Brewster & Moradi, 2010; Meyer, 2003; Weinberg et al., 1994). Therefore, identity uncertainty may represent a proximal stressor within the minority stress theory specifically present for bisexual individuals (Meyer, 2003).

Authenticity as a Moderator

Meyer (2003) suggested that other factors may play a role in the relationship between minority stress and mental health outcomes, such as the characteristics of an individual's sexual identity. Authenticity has been described as an interpersonal experience whereby an individual lives true to their self and to their values (Riggle et al., 2017). As an interpersonal process, authenticity may be considered a characteristic of one's identity, thus fitting within the minority stress model. Authenticity has been shown to have positive effects on one's overall well-being and happiness (Riggle et al., 2008; Riggle et al., 2017), and has been shown to be salient in the process of creating a positive identity narrative for LGB individuals (Bowleg, 2013; Riggle et al., 2008). Previous research has indicated the importance of authenticity in the lives of sexual minority individuals (Riggle et al., 2008). For bisexual people in monogamous relationships in particular, authenticity has been shown to be important to one's wellness, as bi-invisibility may be even more prevalent for such individuals (Hartman-Linck, 2014). Indeed, the relationship between living authentically and positive mental health outcomes has been established in samples of LGB individuals (Birichi, 2015; Levitt et al., 2016; Riggle et al., 2014; Villicana et al., 2016). In addition, authenticity has been found to partially mediate the relationships between distal stressors, proximal stressors, and mental health outcomes (Birichi, 2015; Brownfield & Brown, 2022); however, minority stress has not always been found to be significantly linked to authenticity (Villicana et al., 2016), suggesting that authenticity may play a moderating role in the relationship between minority stress and mental health outcomes.

Study Purpose

Given that relationships can often represent a primary marker of sexuality (McLean, 2007), individuals in monogamous relationships may be particularly at risk for minority stress. For instance, partner gender has been found to influence the assumptions that are made regarding one's sexual orientation (Barker et al., 2008; McLean, 2018). Meyer (1995) stated the importance of in-group variance that could account for changes in the relationship between minority stress and mental health outcomes. As such, bisexual individuals in monogamous relationships may experience unique stressors when compared to the larger bisexual community. This theory is supported by Arriaga and Parent (2019), who found that bisexual individuals in relationships experienced differing levels of stressors, based on partner gender and binegativity, from either the LG community or the heterosexual community. Thus, the bi-erasure an individual might feel while in monogamous relationships could contribute to feelings of inauthenticity or incongruency, resulting in other personal and relational issues.

In the context of the minority stress model (Meyer, 2003), authenticity may moderate the relationships between stressors and mental health outcomes. Therefore, this study examined the experiences of bisexual women in monogamous relationships through the framework of minority stress theory. In particular, the first part of this study tested a mediation model that examined the explanatory role of proximal stressors in the relationship between binegativity and mental health outcomes. Second, a moderated mediation model was tested by examining the moderating role of authenticity on the second-order relationships (link between distal and proximal stressors) and third-order relationships (link between

binegativity and mental health outcomes) of the mediation model. Specifically, the following hypotheses were proposed:

1. The distal stressor of binegativity will positively relate to psychological distress and the three proximal stressors (i.e., internalized binegativity, anticipated binegativity, and identity uncertainty), and will negatively relate to psychological well-being.

2. The proximal stressors of internalized binegativity, anticipated binegativity, and identity uncertainty will be positively related to psychological distress, and will be negatively related to psychological well-being.

3. The proximal stressors (i.e., internalized binegativity, anticipated binegativity, and identity uncertainty) will at least partially mediate the relationships between binegativity and the psychological outcomes of well-being and psychological distress.

Additionally, the following research question was addressed:

1. To what extent will authenticity moderate the second order relationships between proximal stressors (i.e., internalized binegativity, anticipated binegativity, and identity uncertainty) and the outcomes of well-being and psychological distress, as well as the third order relationships between binegativity and the outcomes of well-being and psychological distress?

Method

Participants

In order to assess how many participants would be needed for this study, I first ran a power analysis for all mediation models via multiple regression, using an R^2 test. Four variables were included in the power analysis (i.e., binegativity, internalized binegativity, anticipated binegativity, and identity uncertainty). With an alpha level of .05, power of .80,

and an anticipated effect size of .04, a minimum sample of 199 participants is required. Next, I ran a power analysis for all moderation models (Faul et al., 2009), also using an R^2 test. Five variables were included in the power analysis (i.e., binegativity, internalized binegativity, anticipated binegativity, identity uncertainty, and authenticity). As such, an alpha level of .05 was used, along with a power of .80, and an anticipated effect size of .02. A sample of 484 was yielded. Next, I calculated the difference between these two sample sizes and rounded to the next hundredth, so to seek the largest sample adequate. As such, I sought a sample of at least 300 participants.

Eligible participants were 18 years of age or older, identified as a cisgender woman, self-identified as bisexual/nonmonosexual, were in a monogamous relationship for at least 1 year at the time of participation, and resided in the United States. Eligibility requirements were not disclosed to participants before screening questions were submitted in order to prevent participants from submitting false answers to meet eligibility. Participants were given the option to choose Bisexual+ when asked to identify their sexual orientation in the screening questions, and other nonmonosexual identities were given as examples within the bisexual+ option (e.g., bisexual, pansexual, omnisexual, nonmonosexual). Participants also had the option to select one or more sexual identities from a provided list or write in their own label. As long as the bisexual+ option was chosen, they met this requirement for eligibility. To assess for monogamy, participants were given multiple options to identify their relationship status (i.e., single, in a monogamous relationship, in a non-monogamous relationship, and other). Monogamy was defined as being in relationship with only one person. Nonmonosexual monogamy was self-reported, but inclusion was limited to those that had not had romantic and/or sexual contact with anyone outside of their current partner for

the past year, and the current relationship must have been ongoing during that time.

Participants were also asked to report the length of time they had been monogamous with their current partner. Eligible participants must have been in a monogamous relationship for at least one year. Participants were required to reside in the United States to account for the samples upon which measures have been normed and due to possible variance in bisexual experience across countries. Eligibility requirements and study purpose was provided to participants on the consent form after they met eligibility requirements.

Procedures

After obtaining institutional review board approval, I recruited participants through Amazon's Mechanical Turk (MTurk). MTurk is an Amazon operated online service that allows researchers to recruit participants to complete human intelligence tasks (HITs) for compensation. MTurk workers are able to choose from a list of available tasks and may receive monetary reward for their involvement. MTurk allows researchers to acquire large sample data from diverse MTurk workers in an efficient way and is comparable in score to more traditional methods of data collection in terms of quality of responses (Burhmester, Kwang, & Gosling, 2011). According to a task-level analysis, on average, MTurk workers earn \$2 per hour, and only 4% of workers earn more than \$7.25 per hour (Hara et al., 2017). Due to the small payment received for each task, it is unlikely that financial motivation impacts the results (Burhmester et al., 2011). In addition, research has shown that the low compensation offered to MTurk workers does not affect data quality (Burhmester et al., 2011). The questionnaires and measures used for this research were organized into a HIT, which was posted to MTurk. An estimated time of completion (i.e., 13 minutes) and

compensation was advertised in the post. Qualtrics online survey software was used, which is a university-approved hosting website for data collection.

A HIT was created and appeared on a list of HITS for workers to choose from. The HIT included a brief description of the task, including the expected completion time and payment terms. The task was described as behavioral health research including one-time assessments and demographic data. The HIT listed the \$1 pay, stating that the HIT must be completed in its entirety in order to be eligible for payment. Such pay came in the form of a code at the end of the survey, which was exchanged, electronically, on MTurk for payment. A research link was provided within the HIT post on MTurk. When individuals clicked on the research link, they were redirected to screening questions in Qualtrics.

Each individual that opted to participate in the study was asked to answer screening questions (i.e., age, gender, sexual identity, relationship status, and if they currently reside in the United States; Appendix D). A message informed possible participants that all screening questions must be answered in order to continue to the next page. Participants had the opportunity to write in additional sexual identity labels, should the labels that were provided not completely capture their identity. Participants could choose more than one identity label, however, those who chose to provide a write-in answer alone were not eligible to participate. Participants that did not meet eligibility criteria were directed to a page in Qualtrics containing a message that informed them that they were not eligible for the study and thanked them for their time.

Upon submission of the screening questions, participants who met eligibility requirements were automatically redirected to the informed consent page (Appendix E). At the top of the consent page, participants were provided with a short description of the study's

purpose, along with both mine and my advisor's contact information, as well as that of UMKC's IRB. The informed consent again stated that all questions must be answered throughout the study in order to continue to the following page and to be eligible for payment. However, participants could have chosen at any point in time to stop taking the survey and close out of the browser. Those that chose to end the survey early were not eligible to receive payment. When participants gave consent, they were redirected to the questionnaire portion of the study, which included a demographics questionnaire (Appendix L).

A reminder note was placed on each survey page to inform participants that each item must be answered in order to continue to the next page. Participants were alerted to any missing items upon attempts to go to the next page, or upon attempts to submit the survey. Participants were informed that they were able to end the survey whenever they chose, but that the survey must be completed in its entirety in order to receive compensation. Individuals who completed the survey received a code that they could enter into MTurk to receive compensation. Those recruited through MTurk were awarded \$1 upon completion of the survey by entering their obtained code into MTurk following their completion of the survey. I monitored submitted codes through MTurk to ensure that individuals who were not admitted to the survey due to not meeting the eligibility criteria were not awarded pay for submitting fabricated codes.

Measures

The following measures were administered at random, with the demographics questionnaire always appearing last.

Distal Stressors

Experiences of binegativity. The Anti-Bisexual Experiences Scale (ABES; Brewster & Moradi, 2010; Appendix F) was used to assess participants' experiences of binegativity. The ABES includes 17 items and has three subscales that encompass different aspects of monosexism, including: (a) Sexual Orientation Instability (e.g., "People have acted as if my bisexuality/monosexuality is 'just a phase' I am going through"; eight items), (b) Sexual Irresponsibility (e.g., "People have treated me as if I am obsessed with sex because I am bisexual/nonmonosexual"; four items), and (c) Interpersonal Hostility (e.g., "People have not wanted to be my friend because I identify as bisexual/nonmonosexual"; five items). Participants were asked to respond to each of the item statements by using a scale between 1 (*never*) and 6 (*almost all of the time*). Results from the original confirmatory factor analysis supports the use of a full scale score, as well as individual subscale scores for the ABES (Brewster & Moradi, 2010). This study utilized the full score of the assessment in order to assess overall exposure to prejudice. Therefore, responses were averaged as one overall score, with higher scores indicating more frequent anti-bisexual experiences.

Good internal consistency reliability was previously reported in a large sample of predominately bisexual, White, cisgender men and women for experiences of sexual instability from heterosexual and LG individuals ($\alpha = .96$), experiences of sexual irresponsibility from heterosexual and LG individuals ($\alpha = .90$), and experiences of hostility from heterosexual and LG individuals ($\alpha = .91$). In addition, evidence suggesting inter-item reliability has been established in samples of cisgender, predominately identified bisexual individuals (ranging $\alpha = .81$ to $.96$; Brewster & Moradi, 2010). Convergent validity evidence has also been suggested, as a positive relationship has been established between the ABES

and stigma consciousness and awareness of public devaluation (Brewster & Moradi, 2010). In the current study, the ABES demonstrated good internal consistency reliability with the acquired sample ($\alpha = .95$).

Proximal Stressors

Identity uncertainty. The Identity Uncertainty subscale of the Lesbian, Gay, and Bisexual Identity Scale (LGBIS-R; Mohr & Kendra, 2011; Appendix G) was used to measure identity uncertainty. The original LGBIS consists of 27 items across eight subscales (i.e., Anticipated binegativity, Internalized Negativity, Identity Uncertainty, Concealment Motivation, Identity Centrality, Identity Affirmation, Identity Superiority, and Difficult Process of Sexual Identity Development), that assess different aspects of LGB identity. With permission from the author of the measure, language such as “LGB” was changed to “bisexual” for clarity, and the term “homosexual” was changed to “gay/lesbian” so to avoid stigmatizing language. Participants were asked to indicate their current experience as a bisexual person, answering each question according to how they are feeling at the moment.

The Identity Uncertainty subscale consists of four items and measures the extent to which an individual is able to label or identify in a way that feels accurate to their sexual orientation and/or attractions (e.g., “I keep changing my mind about my sexual orientation”). Participants were asked to respond to each item by utilizing a 6-point scale of 1 (*strongly disagree*) to 6 (*strongly agree*). Subscale scores were evaluated by averaging the item values such that the final identity uncertainty scores could range from 1 to 6 with higher scores indicating higher uncertainty.

Good internal consistency reliability has been found for the identity uncertainty subscale, both within White, well-educated LGB samples (ranging from $\alpha = .85$ to $\alpha = .93$;

Balsam & Mohr, 2007; Dyar, et al., 2015; Mohr & Kendra, 2011), and in studies with samples of primarily White, bisexual cisgender women ($\alpha = .89$, Dyar et al., 2014; $\alpha = .85$, Dyar et al., 2017; $\alpha = .83$, Dyar & London, 2018). Significant positive correlations have been found between identity uncertainty and difficulty developing a positive sexual identity, internalized illegitimacy of bisexuality, internalized stigma, as well as internalized homonegativity, suggesting convergent validity (Balsam & Mohr, 2007; Dyar et al., 2015; Dyar et al., 2017; Mohr & Kendra, 2011). Internal consistency reliability was also strong in the present study for the Identity Uncertainty subscale of the LGBIS-R ($\alpha = .94$).

Internalized binegativity and anticipated binegativity. Internalized binegativity and anticipated binegativity were measured using two separate subscales of the Bisexual Identity Inventory (BII; Paul et al., 2014; Appendix H). Although the BII ($n = 24$) was created to measure four aspects of bisexual identity (i.e., internalized binegativity, illegitimacy of bisexuality, anticipated binegativity, and identity affirmation), scores were only used from the Internalized Binegativity and Anticipated Binegativity subscales. For both subscales, participants were asked to rate items on a scale of 1 (*strongly disagree*) to 7 (*strongly agree*), indicating the extent to which they identify with each statement provided. Respective item scores were averaged for each subscale in order to determine subscale scores.

The Internalized Binegativity subscale of the BII consists of five items (e.g., “*Being bisexual prevents me from having meaningful intimate relationships*”) intending to assess self-reported experiences with internalized binegativity. Scores for the Internalized Binegativity subscale can range from 1 to 7 with higher scores reflecting higher internalized binegativity.

Moderately high internal consistency has been found in samples of predominately White, educated bisexual individuals ($\alpha = .78-.84$; Dyar et al., 2017; Lambe et al., 2017; Paul et al., 2014; Robinson, Sanches, & MacLeod, 2016). In samples of primarily White, bisexual, cisgender women, alphas between .82 and .88 have been found (Dyar & London, 2018; Israel et al., 2018; Vencill et al., 2018), indicating good evidence for reliability. Positive correlations have been found between the Internalized Binegativity subscale and anticipated binegativity as well as depression, and negative correlations have been found with bisexual identity affirmation (Paul et al., 2014), providing evidence for convergent and discriminant validity. The Internalized Binegativity subscale of the BII yielded good internal consistency reliability for the current sample ($\alpha = .92$).

The Anticipated Binegativity subscale consists of five items and measures possible fears or concerns participants have regarding the reactions of others in response to their bisexual identity (e.g., *“People might not like me if they found out that I am bisexual”*). Scores for the Anticipated Binegativity subscale can range from 1 to 7 with higher scores reflecting greater anticipated binegativity. In a sample of primarily White, educated, bisexual women from the United States, Cronbach’s alpha was found to be .79 for the Anticipated Binegativity subscale (Lambe et al., 2017), indicating acceptable evidence of reliability. The Anticipated Binegativity subscale has been found to be positively correlated with depression and negatively correlated with outness (Paul et al., 2014), providing evidence of convergent and discriminant validity. The original study of this measure yielded Cronbach’s alphas between .80 to .90 (Paul et al., 2014). For the present study, the Anticipated Binegativity subscale of the BII demonstrated good internal consistency reliability with the obtained sample ($\alpha = .82$).

Outcomes

Well-Being. The Psychological Well-Being Scale (PWBS; Ryff, 1989; Appendix I) was used to measure participants' overall well-being. The PWBS is a 42-item scale that is intended to measure six qualities of well-being (i.e., personal growth, purpose in life, self-acceptance, autonomy, positive relationships with others, and environmental mastery), which are combined into a single-factor measure of well-being. Participants were asked to respond to each item using a rating scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). Example items include, "*In many ways I feel disappointed about my achievements in life,*" and "*In general, I feel I am in charge of the situation in which I live.*" Reverse scoring will be used for negatively worded items. All item responses were averaged to make a composite PWBS score to represent overall well-being. Higher scores on this measure indicate greater amount of well-being.

Total PWBS scores have been used over subscale scores in previous LGB studies, utilizing different versions (18 items, 42 items, 84 items; Riggle et al., 2017; Selvidge, Matthews, & Bridges, 2008; Velez & Moradi, 2016). Good internal consistency reliability has been found in studies utilizing the 42-item version of the PWBS, including a study with LGB samples ($\alpha = .95$, Riggle et al., 2017), as well as a study with a bisexual sample ($\alpha = .95$, Brownfield & Brown, 2022). In a sample of 321 relatively healthy, well-educated, financially secure women and men, strong convergent and discriminant validity evidence was found, as significant positive correlations were found between several pre-existing well-being measures and the PWBS, and significant negative correlations were found between negative functioning (i.e., depression) and PWBS total scores (Ryff, 1989). In a sample of LGB individuals, positive correlations were found between PWBS and life satisfaction, and

PWBS was negatively correlated with depression and internalized homophobia (Lease, Horne, & Noffsinger-Frazier, 2005), suggesting both convergent and discriminant validity. Good internal consistency reliability was also found for the PWBS in the current sample ($\alpha = .92$).

Psychological distress. The Hopkins Symptom Checklist-21 (HSCL-21; Green, Walkey, McCormick, & Taylor, 1988; Appendix J) is a 21-item measure created to assess symptoms of psychological distress. Participants were asked how they have felt in the previous 7 days, and to use the scale provided to describe how distressing these have been over that time. Participants used a 4-point scale ranging from 1 (*not at all*) to 4 (*extremely*) to rate their experience with each item. Example items include “*Blaming yourself for things*” and “*Trouble concentrating*.” Mean scores were calculated, and a range from 1 to 4 was determined, with higher overall scores suggesting greater psychological distress. In a sample of 138 people, who were primarily under the age of 50 and of European decent, evidence of convergent validity was suggested, as significant positive correlations were found between the HSCL-21 and other psychological distress measures (Deane, Leathem, & Spicer, 1992). Good internal consistency reliability has been established in sexual minority samples ($\alpha = .89$, Velez et al., 2013; $\alpha = .92$, Brewster et al., 2016), in a racially diverse sexual minority sample ($\alpha = .92$, Velez et al., 2019), and in a sample of predominantly White, bisexual, cisgender women ($\alpha = .92$, Craney et al., 2018). Evidence of validity has also been established in a sample of bisexual people, as HSCL-21 was found to be positively correlated with antibisexual discrimination and minority stressors (Brewster et al., 2013), providing evidence of convergent validity. Internal consistency reliability was also found to be strong in the current study for the HSCL-21 ($\alpha = .95$).

Moderator Variable LGB Authenticity. Authenticity was measured using the 14-item Authenticity subscale of the LGB-Positive Identity Measure (LGB-PIM; Riggle et al., 2014; Appendix K). The measure instructed participants to choose a response category that best represented their feelings about their experiences and their bisexual identity. This subscale utilizes a 7-point scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*) in response to statements regarding an individual's feelings of bisexual authenticity. Example items include, "*I embrace my bisexual identity*" and "*My bisexual identity helps me feel whole.*" Items were averaged to create a subscale score, which can range from 1 to 7. The higher the score on the authenticity subscale, the greater authenticity one possesses.

In a sample of predominantly well-educated, White, LGB participants, evidence for convergent validity was found, as significant, positive correlations were established between the LGB authenticity subscale and an authentic living measure ($r = .46$), as well as with an identity affirmation measure ($r = .67$, Riggle et al., 2014). Significant negative correlations were found between a self-alienation measure and the LGB authenticity subscale ($r = -.38$, Riggle et al., 2014), which suggests discriminant validity was established. Good internal consistency reliability scores were also found ($\alpha = .88$, $\alpha = .82$, Riggle et al., 2014). Internal consistency reliability was found to be .87 in a sample of predominantly White, bisexual women (Brownfield & Brown, 2022). In order to better assess for authenticity in a bisexual sample, the LGB acronyms used throughout the scale was altered to read "bisexual" (e.g., "I feel I can be honest and share my *LGBT* identity with others" was changed to "I feel I can be honest and share my *bisexual* identity with others). Permission for this change was given by the original author. In the present study, the Authenticity subscale of the LGB-PIM was found to have good internal consistency reliability with the acquired sample ($\alpha = .79$).

Demographics. The demographics questionnaire (Appendix L) was administered after all other measures. Data regarding the following were collected: race, education, income, partner's gender identity, partner's sexual orientation, type of relationship (e.g., legal marriage, non-legal commitment ceremony, living together, etc.), length of relationship, how long the participant has been monogamous with their current partner, if the participant has children and, if so, how many and their ages.

Results

Preliminary Analysis

Participants. In total, 639 individuals completed the survey. Eligible participants were those that identified as cisgender women, bisexual+, and were in a monogamous relationship for at least one year. In addition, participants had to be over the age of 18 years old and reside in the United States. Thirteen individuals were removed from the sample due to choosing the write-in option for their gender, and another four were removed for identifying their relationship as non-monogamous in the demographics questionnaire. Three manipulation check items were included in the survey in order to ensure participants were paying attention and answering all questions with intention (e.g., "To ensure that you're paying attention, please select the response Strongly Agree"). If two of the three manipulation check items were answered incorrectly, the individual was removed from the sample for inattentive responding. This disqualification criteria was chosen due to similar criteria being used in previous studies (Brownfield, 2019; Keramidas, 2019). Should a participant answer one validity question inaccurately, a mistake may have been made by the participant, whereas answering multiple manipulation check items inaccurately may indicate inattentive responding. In total, 11 participants were removed due to failing at least two of

the manipulation checks. After removal of participants based on eligibility criteria and attentive responding, 611 participants remained in the data file.

The final sample included 611 cisgender women who identified as bisexual+. These individuals self-reported as being in a monogamous relationship for at least one year at the time of survey administration. Ages ranged from 18 to 71 with a mean age of 33.46 ($SD = 9.28$). In terms of ethnicity, 76.9% ($n = 470$) of participants identified as White/European American, 11.9% ($n = 73$) identified as Black/African American, 4.6% ($n = 28$) identified as Latinx/Hispanic American, 2.1% ($n = 13$) identified as Asian/Asian American, 1.6% ($n = 10$) identified as Indigenous American/Alaskan Native, .3% ($n = 2$) identified as Middle Eastern/North African (MENA), and 2.5% ($n = 15$) identified as Biracial or Multiracial American.

In regard to educational level, the majority of participants received a college education, with 17.7% ($n = 108$) attending some college/vocational or trade school, 9.2% ($n = 56$) earning an associate's degree, 34.5% ($n = 211$) receiving a bachelor's degree, 31.6% ($n = 193$) earning a master's degree, 0.2% ($n = 1$) receiving a specialist degree, and 1.8% ($n = 11$) earning a doctorate degree. Of the remaining participants, 4.7% ($n = 29$) earned a high school diploma/GED, and .3% ($n = 2$) completed some high school and did not receive a diploma. In terms of household income, 7.5% ($n = 46$) reported earning less than \$20,000 annually, 14.4% ($n = 88$) between \$20,000 and \$34,999, and 17.8% ($n = 109$) between \$35,000 and \$49,999. Another 26.7% ($n = 163$) of participants reported earning \$50,000 to \$74,999 annually, 21.4% ($n = 131$) between \$75,000 and \$99,999, and 12.1% ($n = 74$) over \$100,000 per year.

All participants reported living in the United States at the time of the survey and all were at least 18 years old. Those with and without children represented fairly even percentages of the sample with 47.3% ($n = 289$) having children and the remaining 52.7% ($n = 322$) having no children. Outness in terms of sexuality was also assessed and showed that 3.6% ($n = 22$) of participants are not out at all. Another 6.4% ($n = 39$) rated themselves as being 10% out, 4.4% ($n = 27$) as 20% out, 4.9% ($n = 30$) as 30% out, 6.7% ($n = 41$) at 40% out, 8.3% ($n = 51$) as 50% out, 8.5% ($n = 52$) as 60% out, 11.8% ($n = 72$) as 70% out, 15.9% ($n = 97$) as 80% out, 12.3% ($n = 75$) at 90% out and 17.2% ($n = 105$) as completely out.

Regarding participant relationships, 57.3% ($n = 350$) of participants reported that their partner's identify as cisgender men, 33.6% ($n = 205$) were partnered to cisgender women, 2.0% ($n = 12$) were partnered to transmen, 5.6% ($n = 34$) were partnered to transwomen, and 1.6% ($n = 10$) were partnered to genderqueer individuals. Participants reported their partner's sexual identification and were able to choose multiple identifiers. Of the sample, 50.5% ($n = 308$) of participants identified their partner as heterosexual, 3.7% ($n = 22$) as lesbian, 0.5% ($n = 3$) as gay, 44.9% ($n = 274$) as bisexual, 2.9% ($n = 17$) as pansexual, 0.7% ($n = 4$) as queer, 1.0% ($n = 6$) as questioning, and 0.5% ($n = 3$) as a sexuality other than those listed.

Participants were also asked to report their relationship status and were able to choose multiple options. Of the sample, 63.2% ($n = 385$) reported being in a monogamous relationship, 42% ($n = 256$) identified being married, 2.4% ($n = 15$) reported being in a domestic partnership, 12.8% ($n = 78$) identified living with their partner, 3.5% ($n = 21$) reported being married/partnered but separated, and another 0.2% ($n = 1$) reported being separated with no other identifiers. Some individuals chose more than one relationship

identifier. Participants reported being in a monogamous relationship at the beginning of the survey and many answered this demographic question in a more descriptive way, marking the most accurate description for their relationship status despite also defining their relationship as monogamous. This meant that some participants did not mark monogamous on this demographic question and instead marked a more descriptive option to identify their relationship (e.g., “Married”). Relationship length ranged from 1 year to 35 years with a mean length of 6.42 years (*SD* 5.44). Two individuals did not report the length of their relationships in the demographic section but reported relationships of at least 1 year in response to the screening questions.

Table 1

Characteristics of the Sample

	Frequency	Percent
Race/Ethnicity		
White/European American	470	76.9
Black/African American	73	11.9
Latinx/Hispanic American	28	4.6
Asian/Asian American	13	2.1
Indigenous American/Alaskan Native	10	1.6
Middle Eastern, North African (MENA)		
American	2	0.3
Biracial or Multiracial American	15	2.5
Educational Level		
Some High School/No Diploma	2	0.3
High School Diploma/GED	29	4.7
Some College/Vocational or Trade School	108	17.7
Associates Degree	56	9.2
Bachelor’s Degree	211	34.5
Master’s Degree	193	31.6
Specialist Degree	1	0.2
Doctorate Degree	11	1.8
Income		
Less than \$20,000	46	7.5
\$20,000 to \$34,999	88	14.4
\$35,000 to \$49,999	109	17.8

	\$50,000 to \$74,999	163	26.7
	\$75,000 to \$99,999	131	21.4
	Over \$100,000	74	12.1
Have Children			
	Yes	289	47.3
	No	322	52.7
Outness			
	0% Not at all	22	3.6
	10%	39	6.4
	20%	27	4.4
	30%	30	4.9
	40%	41	6.7
	50%	51	8.3
	60%	52	8.5
	70%	72	11.8
	80%	97	15.9
	90%	75	12.3
	100% Completely	105	17.2
Partner Gender			
	Man, not transgender	350	57.3
	Woman, not transgender	205	33.6
	Man of transgender experience	12	2.0
	Woman of transgender experience	34	5.6
	Genderqueer	10	1.6
Relationship Status			
	In a monogamous relationship	385	63.2
	Married	256	42.0
	Domestic partnership	15	2.6
	Living with partner	78	12.8
	Married/Partnered, but separated	21	3.5
	Separated	1	0.2
	Widowed	1	0.2
Partner Sexual Identification			
	Heterosexual	308	50.5
	Lesbian	22	3.7
	Gay	3	0.5
	Bisexual	276	45.2
	Pansexual	17	2.9
	Omnisexual	3	0.5
	Queer	3	0.5
	Questioning	6	1.0
	Other	3	0.5

Note: Frequency and percentages for Relationship Status and Partner Sexual Identification exceed total sample size due to participants identifying with multiple choices (e.g., selected both “In a monogamous relationship” and “Married”).

Table 2

Years of Age and Length of Relationship

	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>Range</i>
Age	611	33.46	9.28	18-71
Length of relationship (years)	608	6.42	5.44	1-35

Missing Data. Missing data were assessed next by examining the amount and pattern of missing cases. In total, four of the 611 respondents (0.7%) were missing values for items within various study scales. For the psychological well-being scale, one participant was missing data for five items. For the psychological distress scale, one participant was missing data for one item, and another participant was missing data for two items. Lastly, for the identity uncertainty scale, one participant was missing data for one item. In total, nine missing values were examined. Due to the small amount of missing data among the 122 items across all study measures (.01%), these nine values were then estimated using mean substitution when calculating the scale scores. For example, for the participant who had missing data for five items out of 49 on the psychological well-being scale, missing values were calculated by replacing the missing items with the mean of the remaining 44 items that were answered on the scale.

Assumptions. The underlying assumptions of the comparative statistics required to test the hypotheses were assessed for each variable (i.e., binegativity, anticipated binegativity, internalized binegativity, identity uncertainty, psychological well-being, psychological distress, and authenticity). Table 3 presents the descriptive statistics used to

test for univariate normality and internal consistency reliability. Age and educational level were included in the tests of normality, since they were later assessed as potential covariates. Cronbach's alphas were all above the accepted benchmark of .70, indicating that the scales were internally consistent within the current sample. None of the kurtosis values were found to be greater than an absolute value of 10, and no skewness values were found to be greater than an absolute value of 3, indicating that the scales were normally distributed (Chou & Bentler, 1995). However, the histograms revealed irregularities in the distributions which caused substantial issues when testing regression assumptions. These are addressed below.

Table 3

Summary Statistics for Study Measures Age, and Educational Level

	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>Range</i>	<i>Skewness</i>	<i>Kurtosis</i>	<i>z-Score Range</i>	<i>Cronbach's Alpha</i>
<u>Scales</u>								
Identity Uncertainty	61			1-6			-1.21-	
	1	2.94	1.60		0.22	1.55	1.92	0.94
Anticipated Binegativity	61			1-7			-2.27-	
	1	4.21	1.41		-0.14	2.32	1.97	0.82
Internalized Binegativity	61			1-7			-1.10-	
	1	2.91	1.73		0.61	2.22	2.37	0.92
Binegativity	61			1-6			-2.21-	
	1	3.61	1.18		-0.44	2.41	2.03	0.95
Psychological Distress	61			1-4			-1.75-	
	1	2.20	0.68		0.21	2.32	2.63	0.95
Psychological Well-Being	61	165.9	29.1	80-			-2.95-	
	1	9	2	249	0.62	3.21	2.85	0.92
Authenticity	61			1-7			-4.04-	
	1	5.46	1.10		-1.01	4.03	1.40	0.79
<u>Demographics</u>								
Age	61			18-71				
	1	33.46	9.28		0.97	3.63		
Educational Level	61			1-8				
	1	4.77	1.31		-0.45	-0.27		

Z-scores were used to assess for univariate outliers. Outliers were indicated when z-scores were found to be greater than ± 3 (Kline, 2011). Although the distribution of Authenticity was shown to have outliers (minimum z-score = -4.04, Table 3), they were not immediately removed before testing the regression assumptions. Mahalanobis distances with probabilities were computed to assess for multivariate outliers. The conservative threshold of $p < .001$ (Kline, 2011) detected ten outliers. These cases were retained until Mahalanobis distances were recomputed after transformations were applied to the variables in later steps of testing the regression assumptions.

Pearson intercorrelations were computed between all the independent variables to assess for collinearity. The correlation matrix is shown in Table 4 reveals that the highest correlation was .64, well below the accepted benchmark of .80 (Warner, 2013) that would indicate problems with collinearity. Variance inflation factors were used to rule out multicollinearity in the multiple regression analyses. In the regressions for psychological distress and well-being, using all five independent variables as predictors, the variance inflation factors ranged between 1.2 and 2.6, well below the benchmark of 4.0 noted by Hair, et al. (2006), indicating that multicollinearity was not an issue.

Table 4

Pearson Intercorrelations for Independent Variables

	2	3	4	5
1. Identity Uncertainty	.11**	.64***	.55***	-.09*
2. Anticipated Binegativity	---	.43***	.33***	-.23***
3. Internalized Binegativity		---	.47***	-.06
4. Binegativity			---	.07
5. Authenticity				---

* $p < .05$ ** $p < .01$ *** $p < .001$

Bivariate scatter plots were used to assess for linearity in each independent variable/outcome variable pair (Warner, 2013). Specifically, each independent variable (i.e., binegativity, anticipated binegativity, internalized binegativity, identity uncertainty, and authenticity) was plotted against each of the outcome variables (i.e., psychological well-being and psychological distress). The relationships of each independent variable with each dependent variable showed acceptably linear relationships.

Finally, normal P-P plots of regression were used to confirm homogeneity and plots of the standardized residuals against predicted values were used to test for heteroscedasticity. Moderate heterogeneity and clear heteroscedasticity were detected for the regression on psychological well-being. A two-step procedure was conducted to affect a solution. First, outliers were identified as values that were 1.5 times the interquartile range (IQR) below or above the first (Q1) or third (Q3) quartiles. Table 5 shows the results. The distribution of psychological well-being had outliers at both the lower and upper ends, and the distribution of Authenticity had outliers at the lower end. The distributions with outliers were winsorized (Dixon, 1960) by recoding low outliers to the next lowest, and high outliers to the next highest values in the distribution. In order to confirm that the winsorization procedure would not affect or limit the strength of associations by forcing ceiling or floor effects, correlations with the independent variables were computed and compared between the winsorized and non-winsorized versions of psychological well-being and authenticity. The correlations were virtually identical.

Table 5*Identification of Outliers in Scale Distributions*

	<i>IQR</i>	<i>1.5*IQR</i>	<i>Q1</i>	<i>Q3</i>	Lower Bound	Upper Bound	Range
Identity Uncertainty	3.25	4.88	1.25	4.50	-3.63	9.38	1-6
Anticipated Binegativity	2.20	3.30	3.20	5.40	-0.10	8.70	1-7
Internalized Binegativity	3.00	4.50	1.20	4.20	-3.30	8.70	1-7
Binegativity	1.71	2.57	2.82	4.53	0.26	7.10	1-6
Psychological Distress	1.00	1.50	1.67	2.67	0.17	4.17	1-4
Psychological Well-Being	37	55.5	146	183	90.50	238.50	80-249
Authenticity	1.25	1.88	5.00	6.25	3.13	8.13	1-7

The Mahalanobis distances were recomputed with the independent variables after winsorization of Authenticity. The same ten cases were identified as multivariate outliers. These cases were included in univariate analyses to test the hypotheses, but were excluded in all subsequent multivariate analyses. The normal P-P plots and plots of the standardized residuals against predicted values were re-run and revealed a substantial improvement in homogeneity and homoscedasticity after winsorization was applied to Psychological Well-Being and Authenticity, and after the ten multivariate outliers were removed.

Assessment of potential covariates. Three demographic variables were considered as potential confounding factors, as prior research has identified them having significant impacts on psychological well-being and psychological distress. These three variables include age (Meyer, 2003), educational level (Riggle et al., 2017), and having children (Negraia & Augustine, 2020).

Pearson correlations were computed between the dependent variables and age. Since educational level was an ordinal variable, Spearman correlations were used to assess relationships with the dependent variables. As shown in Table 6, higher educational level

was associated with greater psychological distress ($r = .19, p < .001$) and a lower reported level of psychological well-being ($r = -.15, p < .001$). Therefore, educational level was used as a covariate when testing the hypotheses. No significant relationships with age were found with either of the psychological outcomes.

Table 6

Correlations Between Dependent Variables and Potential Confounds

	Correlation Type	Psychological Distress	Psychological Well-Being
Age	Pearson	-.07	.08
Educational Level	Spearman	.19***	-.15***

*** $p < .001$

To test the possible confounding effects of having children, two independent samples t -tests were conducted on the dependent variables between respondents who reported having children versus those who said they had no children. The results are summarized in Table 7. Levene's tests were run to assess the underlying assumption of homogeneity of variances. This test revealed that the groups varied differently on psychological distress. Therefore, a t -test not assuming equal variances was used to compare the group means on psychological distress. The t -test revealed that respondents with children reported significantly higher psychological distress compared to those with no children ($t(584.9) = 3.52, p < .001$). No significant difference by having children was found for psychological well-being. Therefore, having children was used as a covariate when testing the hypotheses for psychological distress, but not when testing the hypotheses for psychological well-being.

Table 7*Comparison of Dependent Variables by Having Children*

	Children (<i>n</i> = 289)		No Children (<i>n</i> = 322)		<i>F</i>	<i>t</i> (<i>df</i>)
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>		
Psychological Distress	2.30	0.71	2.11	0.65	4.26*	3.52 (584.9)***
Psychological Well-Being	164.17	27.45	167.67	29.73	2.51	-1.51 (609)

Note. *F* = Levene's test for homogeneity of variances; *t*-test on psychological distress did not assume equality of variances; * $p < .05$ *** $p < .001$;

Comparisons of distal and proximal stressors by children status were also conducted to provide data for exploratory analysis and to better understand the experiences of bisexual women in monogamous relationships. Table 8 shows the comparisons of distal and proximal stressors between participants who reported having children and those who reported having no children. Levene's tests were run to assess the underlying assumption of homogeneity of variances. This test revealed that the groups varied differently on identity uncertainty, and internalized binegativity. Therefore, a *t*-test not assuming equal variances was used to compare the group means on these two variables. The *t*-test revealed that respondents with children reported significantly higher identity uncertainty compared to those with no children ($t(587.8) = -4.86, p < .001$), significantly higher internalized binegativity compared to those with no children ($t(580.6) = -4.50, p < .001$), and significantly heightened experiences of binegativity compared to those with no children ($t(609) = -5.21, p < .001$). No significant difference by having children was found for anticipated binegativity.

Table 8*Comparison of distal and proximal stressors by having children*

	Children (<i>n</i> = 289)		No Children (<i>n</i> = 322)		<i>F</i>	<i>t</i> (<i>df</i>)
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>		
Identity Uncertainty	3.26	1.64	2.64	1.51	11.53***	-4.86 (587.8)***
Anticipated Binegativity	4.25	1.47	4.18	1.36	2.94	-0.60 (609)
Internalized Binegativity	3.23	1.80	2.61	1.60	9.83**	-4.50 (580.6)***
Binegativity	3.87	1.16	3.38	1.15	0.06	-5.21 (609)***

Note. *F* = Levene's test for homogeneity of variances; *t*-tests on Identity Uncertainty and Internalized Binegativity did not assume equality of variances;

* *p* < .05 ** *p* < .01 *** *p* < .001;

Primary Analysis

Hypothesis 1. Hypothesis 1 examined the direct relationship between binegativity and the outcome variables, as well as binegativity and the three proximal stressors. As such, it posed that the distal stressor of binegativity would positively relate to psychological distress and the three proximal stressors (i.e., internalized binegativity, anticipated binegativity, and identity uncertainty), and would negatively relate to psychological well-being.

This hypothesis was tested using Pearson correlations between binegativity, the three proximal stressors and the two outcome measures. The results are shown in Table 9. All five relationships were significant at the .001 level in the hypothesized directions, with a strong positive relationship being found between identity uncertainty and binegativity ($r = .55$), as well as between psychological distress and binegativity ($r = .54$). Moderate, positive relationships were found between anticipated binegativity and binegativity ($r = .33$), as well as between internalized binegativity and binegativity ($r = .47$). Lastly, a moderate, negative

relationship between psychological well-being and binegativity ($r = -.35$; Cohen, 1988).

These results support full acceptance of Hypothesis 1.

Table 9

Pearson Correlations Between Binegativity, the Proximal Stressors and Outcomes

	Binegativity
<u>Proximal Stressors</u>	
Identity Uncertainty	.55***
Anticipated Binegativity	.33***
Internalized Binegativity	.47***
<u>Outcomes</u>	
Psychological Distress	.54***
Psychological Well-Being	-.35***

*** $p < .001$

Hypothesis 2. Hypothesis 2 was intended to examine the relationship between the three proximal stressors and the outcome variable. It posed that the proximal stressors of internalized binegativity, anticipated binegativity, and identity uncertainty would be positively related to psychological distress, and would be negatively related to psychological well-being.

This hypothesis was tested using Pearson correlations between the three proximal stressors and the two outcome measures. The results are shown in Table 10. All six relationships were significant at the .001 level in the hypothesized directions. Identity uncertainty was found to be strongly correlated to psychological distress ($r = .59$), and demonstrated a moderate, negative relationship with psychological well-being ($r = -.49$). A weak but significant and positive relationship was revealed between anticipated binegativity and psychological distress ($r = .26$), and a weak but significant negative relationship with psychological well-being ($r = -.24$). Lastly, internalized binegativity was found to be

moderately and positively related to psychological distress ($r = .47$), and moderately and negatively related to psychological well-being ($r = .40$; Cohen, 1988). These results support full acceptance of Hypothesis 2.

Table 10

Pearson Correlations Between the Proximal Stressors and Outcomes

	<u>Outcomes</u>	
	Psychological Distress	Psychological Well-Being
<u>Proximal Stressors</u>		
Identity Uncertainty	.59***	-.49***
Anticipated Binegativity	.26***	-.24***
Internalized Binegativity	.47***	-.40***

*** $p < .001$

Hypothesis 3. The mediation effects were addressed in Hypothesis 3, which posed that the proximal stressors (i.e., internalized binegativity, anticipated binegativity, and identity uncertainty) would at least partially mediate the relationships between binegativity and the psychological outcomes of well-being and psychological distress.

To assess the mediation models with psychological distress or psychological well-being as the outcomes within PROCESS model 4 (Hayes, 2018), binegativity was entered as the IV, or predictor variable, the proximal stressors were assessed as mediator variables simultaneously, and psychological distress or well-being was considered as the DV, or outcome variable. Educational level and having children, which was a dichotomous variable, were considered as covariates. To aid in the interpretation of regression parameters, binegativity, the proximal stressor variables, and educational level were centered prior to regression analysis and ten multivariate outliers were removed. Since the transformations of

the data were not successful in completely resolving the issues with heteroscedasticity, as observed through P-P plots, the Cribari-Neto heteroscedasticity consistent standard error and covariance matrix estimator were used to estimate the 95% confidence intervals for the regression coefficients (Hayes, 2007).

Two preliminary hierarchical regression analyses (one for each outcome variable) were conducted to determine the validity of including the covariates in the mediation models. The covariates were considered for entry into the regression equation first, using a forward stepwise procedure, followed by entry of binegativity. The results, shown in Table 11, revealed that neither of the covariates were significantly predictive of either outcome in the presence of binegativity. Therefore, the covariates were removed from the mediation models.

Table 11

Hierarchical Regressions Including Covariates and the Independent Variable

Outcome	Step	Predictors	R^2	$R^2 \Delta$	$F \Delta$	β
Distress						
	1	Educational Level	.03	.03	15.10***	.01
	2	Having Children	.04	.02	9.57**	.04
	3	Binegativity	.30	.26	224.57***	.54***
Well-Being						
	1	Educational Level	.01	.01	3.81	.02
	2	Binegativity	.13	.13	87.86***	-.37***

Note. Only educational level was considered in the model to predict psychological well-being
 ** $p < .01$ *** $p < .001$

Two additional stepwise regressions allowing the three proximal stressors to enter the equation in a stepwise fashion revealed that although internalized binegativity was significantly related to both outcomes as a single predictor, it was not a significant contributor to the prediction of either outcome in the presence of the other two proximal

stressors. These regressions were also examined in the presence of the binegativity predictor to ensure that the significance of internalized binegativity did not change based on this addition. Internalized binegativity remained insignificant. Therefore, the mediation models were adjusted to exclude internalized binegativity from the set of the proximal stressors. Of note, based on these regressions, identity uncertainty explained 36% of the variance in distress and 26% of the variance in well-being, indicating large effect sizes ($R^2 = .36$ and $R^2 = .26$ respectively). The results are presented in Table 12.

Table 12

Stepwise Regressions Including Proximal Stressors

Outcome	Step	Predictors	R^2	$R^2 \Delta$	$F \Delta$	β
Distress	1	Identity Uncertainty	.36	.36	333.37***	.56***
	2	Anticipated Binegativity	.40	.04	37.30***	.19***
	3	Internalized Binegativity	.40	.00	0.12	.02
Well-Being	1	Identity Uncertainty	.26	.26	208.30***	-.49***
	2	Anticipated Binegativity	.29	.03	27.90***	-.19***
	3	Internalized Binegativity	.29	.00	0.01	.00

*** $p < .001$

Correlations between remaining variables were calculated and are presented altogether in Table 13.

Table 13

Pearson correlations between all variables in the models

	2	3	4	5
<u>Outcomes</u>				
1 Psychological Distress	-0.65***	0.54***	0.59***	0.26***
2 Psychological Well-Being		-0.35***	-0.49***	-0.24***

<u>Distal Stressor</u>			
3	Binegativity	0.55***	0.33***
<u>Proximal Stressors</u>			
4	Identity Uncertainty		0.11**
5	Anticipated Binegativity		

** $p < .01$ *** $p < .001$

Four regression analyses were required to develop the full mediation models for each of the outcome variables. For both outcomes, the first two regressions involved using binegativity as a predictor for each of the mediators in turn. The results of these two regressions are shown in Table 14.

Table 14

Regressions for Identity Uncertainty and Anticipated Binegativity Using Binegativity as the Predictor

Outcome	<i>R</i>	<i>R</i> ²	Predictors	<i>B</i> (<i>SE</i>)	<i>LLCI</i>	<i>ULCI</i>
Identity Uncertainty	.56	.31***	constant	.00 (.05)	-.11	.10
			Binegativity	.76 (.04)***	.67	.84
Anticipated Binegativity	.35	.12***	constant	.00 (.05)	-.11	.10
			Binegativity	.42 (.05)***	.32	.52

Note. *CI* = 95% confidence interval; *LL* = lower limit *UL* = upper limit; *** $p < .001$

The final two regressions for the total effect of the predictor on psychological distress and the full regression with the predictor and mediators in the model are summarized in Table 15.

Table 15*Regressions for Psychological Distress*

Model	<i>R</i>	<i>R</i> ²	Predictors	<i>B</i> (<i>SE</i>)	<i>LLCI</i>	<i>ULCI</i>
Total Effect	.55	.30***				
			constant	2.20(.02)***	2.15	2.25
			Binegativity	.32 (.02)***	.28	.36
Full Regression	.66	.44***				
			constant	2.20 (.02)***	2.16	2.24
			Binegativity	.15 (.02)***	.11	.20
			Identity Uncertainty	.19 (.02)***	.16	.22
			Anticipated Binegativity	.06 (.02)***	.03	.09

Note. *CI* = 95% confidence interval; *LL* = lower limit *UL* = upper limit; ****p* < .001

The final mediation model for psychological distress is illustrated in Figure 1. All paths are denoted with their respective unstandardized coefficients and standard errors in parentheses. None of the 95% confidence intervals crossed zero, indicating that the total, direct and indirect effects were all statistically significant, consistent with partial mediation. The total effect of binegativity on psychological distress was significant ($B = .32$, $SE = .02$, 95% $CI = .28-.36$, $p < .001$). However, after controlling for the mediators, the direct effect of binegativity on psychological distress was reduced by half ($B = .15$, $SE = .02$, 95% $CI = .11-.20$, $p < .001$), further confirming partial mediation. Based on the regression for psychological distress, binegativity, identity uncertainty, and anticipated binegativity had a large effect size ($R^2 = .44$), suggesting that they explained 44% of the variance in psychological distress. The significant mediation was largely due to the indirect effect of identity uncertainty ($B = .14$, $SE = .02$, 95% $CI = .17-.25$), while the indirect effect of anticipated binegativity was much smaller yet remained significant ($B = .03$, $SE = .01$, 95% $CI = .01-.06$). In other words, both identity uncertainty and anticipated binegativity partially

mediated the relationship between binegativity and psychological distress, with identity uncertainty having the strongest effect between the two mediators.

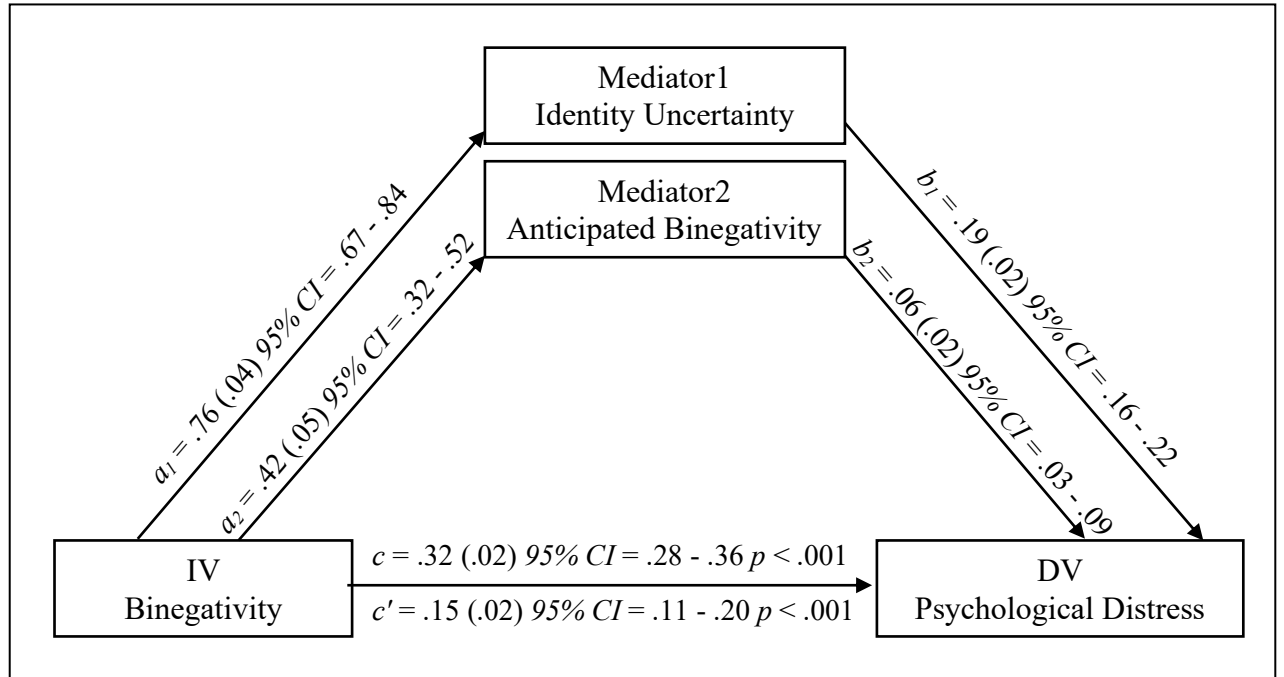


Figure 1. Mediation model for Psychological Distress

The final two regressions for the total effect of the predictor on psychological well-being and the full regression with the predictor and mediators in the model are summarized in Table 16.

Table 16

Regressions for Psychological Well-being

Model	R	R ²	Predictors	B (SE)	LLCI	ULCI
Total Effect	.37	.13***				
			constant	166.33 (1.08)***	164.20	168.45
			Binegativity	-8.86 (0.96)***	-10.75	-6.98

Full Regression .54 .29***

constant	166.29 (0.98)***	164.37	168.21
Binegativity	-1.21 (1.27)	-3.70	1.27
Identity Uncertainty	-8.18 (0.79)***	-9.74	-6.63
Anticipated Binegativity	-3.45 (0.78)***	-4.98	-1.92

Note. *CI* = 95% confidence interval; *LL* = lower limit *UL* = upper limit; ****p* < .001

The final mediation model for psychological well-being is illustrated in Figure 2. All paths are denoted with their respective coefficients and standard error in parentheses. Unlike the direct relationship between binegativity and psychological distress observed in the mediation model above, the direct path between binegativity and psychological well-being was not found to be statistically significant after controlling for the mediators. In other words, when the mediators (i.e., identity uncertainty and anticipated binegativity) were added to the model, the previously significant direct relationship between binegativity and psychological well-being was no longer significant. For all paths except for the direct relationship between binegativity and psychological well-being, 95% confidence intervals crossed zero. While the total effect of binegativity on psychological well-being was significant ($B = -8.86$, $SE = .96$, 95% $CI = -10.75$ to -6.98 $p < .001$), the direct effect after controlling for the mediators was not significant ($B = -1.22$, $SE = 1.27$, 95% $CI = -3.70$ to 1.27 $p = .0338$). This result is consistent with full mediation.

Based on the regressions for psychological well-being, binegativity, identity uncertainty, and anticipated identity had a large effect size ($R^2 = .29$), suggesting that they explained 29% of the variance in well-being. Of note, identity uncertainty was largely responsible for the mediation effect, as evidenced by the much larger coefficient ($B = -6.21$, $SE = .68$, 95% $CI = -7.58$ to -4.91) relative to the indirect effect of anticipated binegativity, which remained significant but less strong when compared to identity uncertainty ($B = -1.44$,

$SE = .39$, 95% $CI = -2.20$ to -0.76). In summary, identity uncertainty and anticipated binegativity fully mediated the relationship between binegativity and psychological well-being, with identity uncertainty having the strongest effect between the two mediators. In addition, the direct relationship between binegativity and psychological well-being was no longer significant after accounting for the mediation effects.

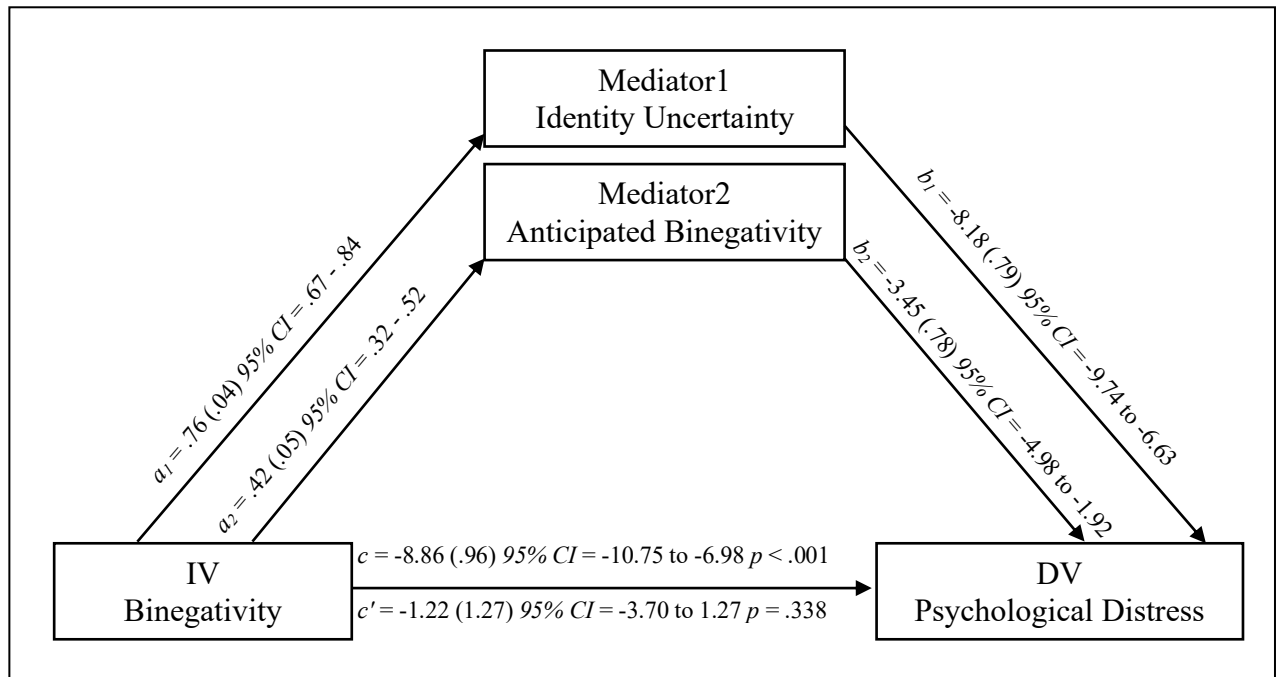


Figure 2. Mediation model for Psychological Well-Being

Research Question 1. Research question 1 examined the extent to which authenticity moderated the second order relationships between proximal stressors (i.e., internalized binegativity, anticipated binegativity, and identity uncertainty) and the outcomes of well-being and psychological distress, as well as the third order relationships between binegativity and the outcomes of well-being and psychological distress.

PROCESS model 15 (Hayes, 2018) was used to examine whether authenticity would simultaneously moderate path *b* (between the mediators and the outcome) and path *c'* (between the predictor and the outcome). The mediators included in the analysis were identity uncertainty and anticipated binegativity. Internalized binegativity was excluded based on prior regression results. The predictor was binegativity. The outcomes of psychological distress and psychological well-being were tested separately. The predictor, mediators, and moderator were mean-centered prior to analysis, and the Cribari-Neto heteroscedasticity consistent standard error and covariance matrix estimator were used to estimate the 95% confidence intervals for the regression coefficients (Hayes, 2007). Interaction terms between authenticity and the mediators were generated to test whether authenticity would moderate path *b*, i.e., the indirect effects of the mediators on the outcome, conditioned on authenticity. An additional interaction term was generated between authenticity and binegativity to test the conditional direct effect on each outcome variable (i.e., psychological distress and well-being).

The results of the full regression for psychological distress are shown in Table 17. As there were no significant interaction effects, the conditional direct and conditional indirect effects (conditioned on authenticity) were very similar to those obtained in the unmoderated mediation analysis shown in Figure 1. An index of moderated mediation was used to test the significance of the moderated mediation, i.e., the difference of the indirect effects across levels of authenticity (Hayes, 2015). The index was not significant for the mediation by identity uncertainty moderated by authenticity (index = 0.03, *SE* = .02, 95% *CI* = -0.01 to 0.06). The index for mediation by anticipated binegativity moderated by authenticity was also found non-significant (index = .000, *SE* = .01, 95% *CI* = -0.01 to 0.02).

Table 17*Moderated Mediation Analysis for Psychological Distress*

Model	<i>R</i>	<i>R</i> ²	Predictors	<i>B</i> (<i>SE</i>)	<i>LLCI</i>	<i>ULCI</i>
Full Regression	.68	.46***				
			constant	2.20 (.02)***	2.16	2.25
			Binegativity	.13 (.02)***	0.08	0.18
			Identity Uncertainty	.19 (.02)***	0.15	0.22
			Anticipated Binegativity	.06 (.02)***	0.03	0.10
			Authenticity	.09 (.03)***	0.04	0.14
			<u>Interactions with Authenticity</u>			
			Binegativity	.04 (.02)	-0.01	0.08
			Identity Uncertainty	.03 (.02)	-0.01	0.08
			Anticipated Binegativity	.00 (.02)	-0.04	0.04

Note. *CI* = 95% confidence interval; *LL* = lower limit *UL* = upper limit; ****p* < .001

The results of the full regression for psychological well-being are shown in Table 18. As with the moderated mediation analysis for psychological distress, there were no significant interaction effects in the regression on psychological well-being. Therefore, the conditional direct and conditional indirect effects (conditioned on authenticity) were very similar to those obtained in the unmoderated mediation analysis shown in Figure 2. An index of moderated mediation was used to test the significance of the moderated mediation, i.e., the difference of the indirect effects across levels of authenticity (Hayes, 2015). The index was not significant for the mediation by identity uncertainty moderated by authenticity (index = -1.23, *SE* = .68, 95% *CI* = -2.54 to 0.12). The index for mediation by anticipated binegativity moderated by authenticity was also found non-significant (index = -0.31, *SE* = .32, 95% *CI* = -0.97 to 0.31).

Table 18*Moderated Mediation Analysis for Psychological Well-being*

Model	<i>R</i>	<i>R</i> ²	Predictors	<i>B (SE)</i>	<i>LLCI</i>	<i>ULCI</i>
Full Regression	.58	.34***				
			constant	165.62 (1.00)***	163.66	167.59
			Binegativity	-2.92 (1.33)*	-5.53	-0.31
			Identity Uncertainty	-7.06 (0.84)***	-8.70	-5.41
			Anticipated Binegativity	-1.80 (0.78)*	-3.34	-0.27
			Authenticity	6.44 (1.06)***	4.36	8.52
			<u>Interactions with Authenticity</u>			
			Binegativity	2.18 (1.26)	-0.29	4.65
			Identity Uncertainty	-1.62 (0.93)	-3.44	0.20
			Anticipated Binegativity	-0.74 (0.79)	-2.30	0.82

Discussion

The present study intended to explore the relationships between experiences of binegativity and health outcomes, including psychological distress and well-being in a sample of 611 bisexual+ cisgender women in monogamous relationships. In addition, the mediating effects of anticipated binegativity, internalized binegativity, identity uncertainty, and the moderating effect of authenticity were also examined. Upon review of previous research suggesting that binegativity is linked to internalized binegativity (Arriaga & Parent, 2019; Hatzenbuehler, 2009; Paul et al., 2014; Roberts et al., 2015; Puckett et al., 2017; Sheets & Mohr, 2009), as well as heightened identity uncertainty and anticipated binegativity (Dyar et al., 2014; Brewster & Moradi, 2010; Brewster et al., 2014), it was hypothesized that these proximal stressors would be positively related to binegativity. Additionally, previous research has emphasized the link between greater minority stress and negative mental health outcomes (e.g., Brewster et al., 2016; Lehavot & Simoni, 2011), prompting a hypothesis stating that binegativity and the three proximal stressors would be directly and positively

correlated with psychological distress and negatively related to well-being. The relationship between living authentically and positive mental health outcomes has been established in samples of LGB individuals (Birichi, 2015; Levitt et al., 2016; Riggle et al., 2014; Villicana et al., 2016), which prompted the research question of how authenticity might moderate the relationships between minority stress and psychological well-being.

Results indicated that binegativity, the distal stressor, positively correlated with psychological distress and all three proximal stressors (internalized binegativity, anticipated binegativity, and identity uncertainty), and was negatively related to well-being. These results suggest that participants with elevated experiences of binegativity endorsed heightened experiences of anticipated binegativity, internalized binegativity, identity uncertainty, and psychological distress, and lower levels of psychological well-being. In addition, participants with heightened experiences of the proximal stressors also reported heightened psychological distress and lower levels of well-being. When examining the distal stressor, proximal stressors, and outcome variables, anticipated binegativity and identity uncertainty fully mediated the relationship between binegativity and well-being, and partially mediated the relationship between binegativity and psychology distress. This suggests that greater experiences of binegativity predicted greater experiences of anticipated binegativity and identity uncertainty, which then predicted greater psychological distress and lower levels of well-being. Even with these mediation effects, the direct path from binegativity to psychological distress remained significant (i.e., greater binegativity predicted greater psychological distress). However, when considering the effects of the mediators, the direct path between binegativity and psychological well-being was no longer significant, providing evidence that the proximal stressors fully mediated the relationship between binegativity and

well-being. Despite previous research on the effects of authenticity on the well-being of LGB individuals, authenticity was not shown to moderate the relationships in this mediation model. In the following sections, I will explore these findings and offer interpretations for the results of the present study.

Hypotheses

Hypothesis 1. Previous evidence has linked experiences of sexual identity discrimination to mental health outcomes for LGB individuals (Denton et al., 2014; Eldahan, 2016; Feinstein & Dyer, 2017; Frost et al., 2015; Huebner et al., 2004; Mays & Cochran, 2001; Walch et al., 2016) and, more specifically, binegativity has been linked to symptoms of psychological distress (Arnett et al., 2019; Dworkin et al., 2018; Szymanski & Balsam, 2011). As such, it was expected that experiences of binegativity would relate positively to psychological distress and would relate negatively to well-being. This part of the first hypothesis was supported by the results of the current study, as participants who reported greater experiences of binegativity also reported heightened psychological distress and lower levels of well-being.

Previous research findings have provided evidence that backs the results of this hypothesis. For example, a 2019 study by Arnett and colleagues examined experiences of antibisexual discrimination, trauma symptoms, physical health, and depression among a sample of 387 participants who identified as bisexual. Results from this study showed an indirect link between antibisexual experiences and depression through trauma symptoms. In other words, the experience of antibisexual prejudice was linked to trauma symptoms, which then predicted psychological well-being.

Additional evidence has been found to link binegativity to mental health outcomes through daily report, providing evidence of a direct connection between sexual minority discrimination and well-being. Eldahan and colleagues (2016) used time-lagged associations through daily diary entries for 371 bisexual and gay men in New York City. Results gathered over a 30-day period indicated that as participants experienced minority stress, they experienced greater negative and anxious affect, both on the days when they experienced discrimination and the following day. Furthermore, previous research has linked sexual minority discrimination to poor physical and mental health (Denton et al., 2014; Feinstein & Dyer, 2017; Frost et al., 2015; Mays & Cochran, 2001; Walch et al., 2016), psychological symptoms (e.g., mood disorders, generalized anxiety disorder, alcohol use disorders, and psychiatric comorbidity; Hatzenbuehler et al., 2010), lower self-esteem and increased suicidal ideation (Huebner et al., 2004), increased substance use (Lehavot & Simoni, 2011), and decreased quality of life (Mays & Cochran, 2001). The results of the current study reflect similar findings surrounding the relationship between binegativity and health outcomes.

Previous research has also suggested a link between binegativity and proximal stressors. As such, it was expected that binegativity would relate positively with the three proximal stressors (i.e., internalized binegativity, anticipated binegativity, and identity uncertainty). Results of the current study supported this hypothesis, as participants reporting more experiences of binegativity also showed heightened levels of all three proximal stressors, suggesting that with experiences of binegativity comes other stressors related to one's bisexual identity. Previous research backs these findings. For example, Dyar and colleagues (2017) examined the experiences of 397 nonmonosexual individuals and found that more frequent experiences of monosexism were linked to greater internalized

monosexism among individuals who disclosed their identity less. These results suggest that as individuals experience more binegativity, experiences of internalized binegativity also increase. They may also have implications for visibility, disclosure, and concealment, which will be discussed below. Arriaga and Parent (2019) found similar connections in a sample of 350 cisgender bisexual women and men. Results indicated that greater experiences of binegativity predicted heightened experiences of internalized binegativity.

Additionally, previous research has produced evidence to suggest a direct relationship between binegativity and anticipated binegativity, as well as identity uncertainty. Such results have indicated that increased experiences of monosexism predicts identity uncertainty for bisexual people (Brewster & Moradi, 2010; Brewster et al., 2014; Dyar et al., 2014; Mohr et al., 2017). Binegativity has also been shown to be prevalent in many families, which may prompt an individual to conceal their identity in fear of anticipated discrimination (Todd, 2016). The finding of the current study supports these previous conclusions and builds on the evidence of the relationship between binegativity and the proximal stressors examined in this research.

Hypothesis 2. Although research examining the impact of proximal stressors on health outcomes in the bisexual+ population is sparse, the Minority Stress Theory (Meyer, 2003) suggests that proximal stressors are directly linked with psychological well-being in such a way that, as an individual experiences more minority stress, they will also experience greater psychological distress. Such relationships were supported in the findings of the current study, as each proximal stressor showed to be related to psychological distress and well-being, such that as the proximal stressor increased, psychological distress did as well, while well-being decreased. In other words, participants experiencing more frequent rates of

anticipated binegativity, internalized binegativity, and identity uncertainty also experienced lower rates of well-being and greater psychological distress, providing full support for hypothesis 2.

The link established between proximal stress and health outcomes in the current research adds to the small amount of evidence of these connections from previous research. Such relationships have been posed to suggest that in order to avoid experiencing stigmatization and binegativity, an individual may conceal their identity, which may lead to increased stress (Smart & Wegner, 2000). Thus, concealment is one defensive strategy resulting from anticipated or experienced binegativity. Previous research has elucidated some of the ways in which proximal stressors, namely internalized binegativity, are directly related to mental health outcomes. For example, in a sample of LGB youth, internalized homophobia was found to be significantly related to posttraumatic stress symptoms (Dragowski et al., 2011), while another study with a wider LGB population found links between internalized heterosexism and psychological distress (Szymanski et al., 2008). In studies looking at the experiences of bisexual individuals, internalized binegativity has been linked to psychological difficulties, including depression, substance abuse, and low-self-esteem (Arriaga & Parent, 2019; Brewster et al., 2013; Feinstein et al., 2017; Lambe et al., 2017; Paul et al., 2014; Weber, 2008). The current study provides further evidence for the relationship between proximal stressors and mental health outcomes among bisexual individuals, such that results indicate the more frequently one experiences the proximal stressors of anticipated binegativity, internalized binegativity, and identity uncertainty, the more likely they are to also experience greater psychological distress and lower decreased well-being.

Hypothesis 3. Given past research supporting the previous two hypotheses, it seems plausible that the proximal stressors observed in this study would mediate the relationship between binegativity and mental health outcomes. Such relationship structures have been theorized by both Meyer (2003) and Hatzenbuehler and colleagues (2014), suggesting that proximal stressors may provide greater understanding of the relationship between distal stressors and psychological outcomes. The results of the current study support these claims, as the proximal stressors partially mediated the relationship between binegativity and psychological distress, and fully mediated the relationship between binegativity and well-being. Identity uncertainty represented the largest mediation effects, indicating its significant impact on the wellness of bisexual cisgender women in monogamous relationships.

Pressures to fit into a binary sexuality (adopting a heterosexual or LG identity) is likely to increase identity uncertainty for bisexual people. Heightened experiences of identity uncertainty may be particularly present among bisexual individuals in monogamous relationships. For example, Mohr and colleagues (2017) found that the way a bisexual individual identifies may change based on the gender of their partner and the orientation of the relationship. In other words, a bisexual individual in a monogamous relationship with someone of the opposite gender may label themselves heterosexual while a bisexual individual in a relationship with someone of the same gender may label themselves LG (Kase & Mohr, 2021; Mohr et al, 2017). This identity management may be chosen in order to protect oneself from negative stereotypes and attitudes specific to their nonmonosexual identity (Kase & Mohr, 2021), but may still lead to other difficulties relating to their identity and experience. Previous findings indicated that identifying based on an individual's relationship orientation predicted identity uncertainty, suggesting greater possibility of

identity uncertainty for bisexual people in monogamous relationships. In a study examining outness, well-being, and authenticity within a bisexual sample of 447 participants, Brownfield and Brown (2022) expanded on current understanding of the importance of how one identifies. Results showed that bisexual disclosure positively predicted well-being, whereas disclosure as a sexual minority did not, indicating that disclosure specific to one's nonmonosexual identity is important to the health of bisexual people. In addition, concealment of one's bisexual identity may further increase identity uncertainty (Mohr et al., 2017). Although the majority of participants in the current study reported being at least 60% out, a large minority reported being less than 50% out, which may have increased the prevalence of identity uncertainty within the sample.

One finding that was not expected was that of internalized binegativity as a significant predictor of both outcome variables, but not a significant mediator when accounting for the variability of identity uncertainty and anticipated binegativity. When observing the mediation effects of internalized binegativity, in addition to the other proximal stressors, it was no longer found to be a significant predictor of well-being or psychological distress. It is important to note that prior to the full mediation analysis, internalized binegativity was found to be significantly predicted by experiences of binegativity, and significantly predicted both outcome variables, showing its relevance when considering the impacts of binegativity on bisexual individuals in monogamous relationships.

The lack of significance of internalized binegativity, when within the mediation model, may suggest its relatability to the other mediators. For example, previous research has found links between internalized binegativity and sexual identity uncertainty, such that heightened experiences of monosexism predicted greater internalized monosexism, which

then predicted greater identity uncertainty (Dyar et al., 2017). The link between internalized binegativity and identity uncertainty has also been examined in research centered on experiences that delegitimize the bisexual identity. For example, Arriaga and Parent (2019) found that bisexual people of different genders are affected by binegativity in different ways based on whether the binegativity comes from LG individuals or from heterosexual individuals. The authors suggested that these findings may be attributed to the negative stereotypical assumption that bisexual men are actually gay and that bisexual women are actually heterosexual (Yost & Thomas, 2012). These stereotypical assumptions may result in an individual questioning their own legitimacy, resulting in internalized binegativity that then increases one's identity uncertainty. Thus, it may be that internalized binegativity is a predictor of identity uncertainty. Furthermore, in the current study, as identity uncertainty appeared to be overwhelmingly more significant than either of the other two mediators, it is likely that it represented the majority of variance over and above anticipated binegativity and internalized binegativity, thus overshadowing other proximal stressors in participant reporting.

Research Question 1

Research Question 1 examined to what extent authenticity altered the relationship between the proximal stressors and outcome variables (well-being and psychological distress), as well as the relationship between binegativity and the outcome variables. Due to the results of the regression analyses examined in hypothesis 3, internalized binegativity was excluded from the final moderated mediation model. The moderated effects on the direct and indirect paths were not found to be significant in models with either outcome variable. These results suggest that levels of authenticity did not buffer the negative impact of experiences of

binegativity on the psychological well-being of participants or on potential psychological distress. In addition, levels of authenticity did not buffer the effects of the proximal stressors on well-being or psychological distress. Such results might suggest that authenticity on its own does not change the way that experiences of binegativity, identity uncertainty, or anticipated binegativity impact well-being or the presence of psychological distress in the lives of bisexual+ cisgender women.

Authenticity is defined as an individual living true to their values and who they are (Riggle et al., 2017). Previous research has shown authenticity as a positive contributor to well-being and happiness (Brownfield & Brown, 2022; Riggle et al., 2008), and as a predictor of mental health outcomes among sexual minority individuals in samples of predominantly White, educated bisexual, gay, and lesbian individuals (Riggle et al., 2014; Riggle et al., 2017). Ages for these samples ranged between 15 and 86 years. In addition, authenticity was linked to emotional well-being and community belonging in a sample of 12 bisexual individuals between the ages of 19 and 54 (Pascale-Hague, 2015), suggesting the positive benefits of authenticity within sexual minority populations. This may be even more important for bisexual individuals who face increased invisibility; however, the current study does not replicate these past findings, possibly due to the structure of the model. A variable in this study that might be at odds with authenticity is that of identity uncertainty. For individuals who experience identity uncertainty, living authentically may be particularly challenging. Given the significance of identity uncertainty in this study, individuals experiencing identity uncertainty may be less likely to experience authenticity, leading to difficulties in observing the impacts of authenticity in this sample. Hartman-Linck (2014) suggested that it is through self-awareness that an individual is able to live truer to their

bisexual identity, which may be especially difficult to achieve when identity uncertainty is prominent in one's life.

Another factor that may be able to explain the findings of research question 1 is that of identity disclosure and concealment. Szymanski and colleagues (2017) suggested that the level to which an individual is out may alter their ability to live authentically. Findings from previous research have suggested the importance of bisexual identity disclosure above and beyond sexual minority identity disclosure (Brownfield & Brown, 2022). Such research also found that authenticity partially mediated the relationship between bisexual disclosure and well-being, such that disclosure predicts authenticity, which predicts well-being. Similar results may not have been present in the current study due to a lack of bisexual identity disclosure. Although outness was gauged through self-report on the demographic questionnaire, participants were not asked whether their outness was specific to their bisexuality or to their sexual minority identity. Such information could provide insight into the results of research question number 1 and presents a limitation in this study. In other words, authenticity may not be as present for those that reported high rates of outness based on their sexual minority identity and not on their bisexual identity outness. Inclusion of a bisexual identity outness variable may be useful in future research examining authenticity as a meaningful factor in the lives of bisexual individuals.

In addition to bisexual outness, differences in sampling methods may play a role in the insignificant findings of authenticity in the present study. Samples in previous research have been gathered through announcements to online bisexual-specific and LGBTQ-related organizations, groups, and communities (Brownfield & Brown, 2022; Riggle et al., 2017), which implies that participants were connected to queer identifying and affirming

communities. Thus, authenticity may be more prevalent in the lives of such participants. Belonging to an LGBTQ+ community may suggest greater outness, visibility, and involvement with other bisexual individuals, which may increase authenticity. The current sample was recruited through MTurk, thus, it cannot be assumed that participants are connected to bisexual+ community or had developed the same level of identity awareness as participants recruited from LGBTQ+ community groups.

It has also been suggested that authenticity and disclosure may not always be helpful in decreasing minority stress or increasing psychological well-being. Disclosure, which may in part be associated with authenticity, provides greater opportunities to experience discrimination, whereas concealment may reduce exposure to binegativity. For example, Feinstein and colleagues (2017) examined the roles of outness and community involvement among a sample of 288 lesbian, bisexual, and queer women. Findings suggest that greater outness was associated with higher substance abuse for bisexual women but not for queer or lesbian women. Community involvement showed similar results, with higher community involvement being linked to greater substance abuse for bisexual women only. Such results may be an indication of the impacts of dual discrimination (i.e., discrimination from the LG community and from the heterosexual community) on bisexual individuals and be indicative of the protective nature of concealment for some bisexual people. These previous findings may have implications for the results of the current study, such that authenticity in the current sample may not have been a significant moderator due to unknown levels of bisexual concealment as a preventative to discrimination. The invisibility often experienced by bisexual individuals in monogamous relationships may also play a role in these findings, as authenticity may be more difficult to express while being in a monogamous relationship, or

invisibility may prevent authenticity from being a significant positive contributor to an individual's well-being.

Limitations, Implications, and Future Directions

Limitations. Despite efforts to maximize strengths in the present study design, several limitations are present that should be considered when interpreting findings. Importantly, this study utilized a correlational and non-longitudinal design, which means that causality of findings cannot be assumed. In addition, limitations to generalizability are present due to the makeup of the study's sample. Eligibility criteria required that participants be cisgender women, which limited the scope of the findings based on gender. This criteria was chosen in order to decrease the variability of experiences within the sample, as men and women have been shown to experience binegativity and anti-bisexual discrimination differently (Arriaga & Parent, 2019; Yost & Thomas, 2012). However, by limiting participation in this way, the current findings lack representation for the experiences of men, gender queer, and transgender bisexual+ individuals. This limitation is made even more important due to reports that transgender individuals have been shown to make up the gender majority within the bisexual+ population (MAP, 2016). Further, the majority of participants in the sample identified as White. When paired with the percentages of non-White participants of varying racial identities in the current study, the sample seemingly replicated the overall racial population statistics in the United States (U.S. Census Bureau QuickFacts, 2021). However, the bisexual population within the United States has been shown to be more racially diverse than both the heterosexual population as well as the population of the United States at large (MAP, 2016). Thus, the present sample has limitations in its generalizability to

the larger bisexual+ populations in the U.S., both due to limited inclusion criteria and overall representation.

Further, the sample was limited to United States residents, which does not account for the experiences of bisexual+ people outside of the United States. Although binegativity and discrimination based on sexual identity is not unique to the United States, distal and proximal stressors related to the bisexual+ identity vary across countries and the bisexual experience likely changes with factors such as governmental laws surrounding sexual identity, as well as societal stigmas specific to the country or region (Corlett et al., 2021; Hatzenbuehler et al., 2010). As such, the results of this study may not fully generalize to bisexual+ individuals in other countries. In addition to the generalizability limitations detailed above, the MTurk platform presents a technological limitation. Namely, MTurk workers must have access to the internet, which may present difficulties for older adult bisexual+ individuals who may not be as proficient with technology, as well as for those of lower socioeconomic status (McDuffie, 2019).

Another methodological concern regards slight word modifications that were made to several measures used in the study. For example, language such as “LGB” was changed to “bisexual” on the Identity Uncertainty subscale of the LGBIS-R, as well as on the Authenticity subscale of the LGB-PIM. These changes were made in order to specify an individual’s bisexual experience as opposed to an individual’s sexual minority experience, reflecting previous research that has suggested that these two parts of an individual’s sexual identity may prompt different experiences for Bisexual+ individuals (Brownfield & Brown, 2022). Although these changes have not invalidated previous findings, it would be preferable

to use scales specifically developed to examine the unique stressors and levels of authenticity of bisexual+ people (Brownfield & Brown, 2022; Moradi et al., 2009).

Limitations also exist within the method of data collection. Mono-method bias may be assumed due to using only self-report measures. The nature of this collection method results in further limitations when paired with extraneous variance of the setting, as participants completed the surveys in their own time and in unknown environments. As a result, the central variables being studied may have been more present at the time of survey completion for some participants and relatively distant for others. For example, a participant may be more impacted by experiences of binegativity and discrimination in their home than when they are with bisexual+ friends. If the surveys were taken in their home, they may report more binegativity and less authenticity at the time of survey completion than they would if they had taken the surveys when near friends. Alternatively, individuals may take the surveys in a home with very bisexual+ supportive housemates and report greater authenticity, as compared to taking the surveys when they are in workplaces where their sexual identity may be less visible. Thus, some limitations exist as a result of setting variability and self-report.

Despite these limitations, several strengths exist in the present study as well. Statistical power was met and exceeded, with a large sample size to analyze the experiences of bisexual+ cisgender women in monogamous relationships. Importantly, the findings from the present study contribute to the limited research concerning health outcomes, well-being, and authenticity for bisexual+ individuals. Specifically, the current research addresses a subset of the bisexual+ population, as it seeks to bring light to the unique experience of bisexual+ invisibility faced by bisexual individuals in monogamous relationships. In doing

so, this research has expanded on previous findings regarding binegativity, internalized binegativity, anticipated binegativity, and identity uncertainty, and the impact such experiences have on the psychological well-being of bisexual+ people.

Additionally, the results of this study build upon existing minority stress theory literature and the role it plays in the lives of bisexual+ people. Specifically, this research adds to the knowledge of the interplay between distal and proximal stressors, and the compounding effects of multiple forms of stress in the lives of bisexual+ individuals. Identity uncertainty stood out as a primary stressor in the lives of bisexual+ women in monogamous relationships, explaining a significant amount of variance above and beyond anticipated binegativity and internalized binegativity. These findings add to the previous research asserting the connections between monosexism, disclosure, and identity uncertainty (Brewster & Moradi, 2010; Brewster et al., 2014; Dyar et al., 2014; Hartman-Linck, 2014; Mohr et al., 2017; Pachankis, 2007), and build on the understanding of how it impacts psychological difficulties and the well-being of bisexual+ individuals in monogamous relationships. In addition, findings from the present research beg for greater understanding of the role that authenticity plays in the lives of bisexual+ people in monogamous relationships. Previous research has suggested the importance of authenticity for bisexual+ people (Brownfield & Brown, 2022; Pascale-Hague, 2015; Riggle et al., 2017; Riggle et al., 2008), which may mean that authenticity impacts the relationship between minority stress and health outcomes in a different way than anticipated.

Implications. The findings from this study provide valuable information regarding the well-being of bisexual+ individuals in monogamous relationships. The results suggest that experiences of binegativity continue to be a prevalent difficulty for bisexual people, and

such binegativity is associated with increased psychological distress and less well-being. Additionally, such difficulties are directly linked to identity uncertainty, which appears to be a significant concern. Previous research has shown that identity uncertainty may be linked to partner gender management, or changing the way they self-identify based on the gender of their partner (Mohr et al., 2017; Pachankis, 2007), in order to make their identity more visible and in an effort to combat binegativity. This may be further impacted by the absence of a “bisexual relationship” category (Hayfield et al., 2018). The current research supports the findings from previous studies implying the impacts of identity uncertainty. Such findings suggest the importance of identity certainty for bisexual+ individuals and especially those in monogamous relationships. Thus, helping clients feel secure and stable in their bisexual identity may be an important aspect of the therapeutic process for bisexual individuals in monogamous relationships. As such, validation, awareness, and visibility may be helpful tools within therapy for individuals experiencing identity uncertainty or encountering binegativity.

Distinct from previous findings, authenticity was not found to be a buffer between such stressors and one’s well-being or psychological health. Future research may be able to better elucidate the role of authenticity and how it may be fostered for bisexual people in monogamous relationships. In addition to the ways that mental health providers may be of help in decreasing identity uncertainty and invisibility, it is essential to evaluate the impacts of such stressors on the well-being of clients. Training that elucidates the distinction between harmful binegative stereotypes and experiences of identity uncertainty is recommended. Assessing clients’ experiences of binegativity and identity uncertainty may provide avenues

to explore and validate an individual's identity and may prove useful to the management of health and well-being in the lives of bisexual+ clients in monogamous relationships.

Interestingly, when examining Spearman correlations, higher educational levels were associated with greater psychological distress and lower reported levels of psychological well-being. These findings are in opposition to previous research among LGB participants (Riggle et al, 2017). The correlations between these variables may be indicative of stressors related to this particular sample, or they may suggest that educational impacts may be changing. Future research should give attention to these new findings.

Future Directions. Given previous findings on the importance of authenticity for bisexual+ individuals in the management of well-being (Brownfield & Brown, 2022; Riggle et al., 2008; Riggle et al., 2017), and the lack of significance of authenticity in the current study, future research surrounding authenticity and its impact as a buffer to mental health and well-being is needed. It may be important to consider other related positive aspects of bisexual identity development as well, such as methods of bi-visibility, community support, and bisexual-specific disclosure. In particular, these aspects to the bisexual experience may vary for individuals in monogamous relationships, as visibility may be even more difficult to realize while partnered. Examining resiliency for this group may provide greater understanding of helpful ways to increase well-being and decrease psychological distress within the larger bisexual+ population. Additionally, expanding samples to include individuals outside of cisgender women alone would give insight into possible compounding stressors for individuals that hold both marginalized gender identities (e.g., transgender and genderqueer individuals) as well as marginalized nonmonosexual identities, as suggested in the minority stress framework (Meyer, 2003). Furthermore, bisexual+ male identified

individuals can experience bisexual erasure and discrimination differently than female identified bisexual+ individuals (Armstrong & Reissing, 2014, Hayfield et al., 2018), as bisexual+ men are often perceived as lying about their identity and are actually gay, implying that they are untrustworthy (Armstrong & Reissing, 2014; Yost & Thomas, 2012). Including bisexual+ men in future samples could provide greater understanding of these unique stressors.

Lastly, performing the exploratory analysis looking at children status for the participants in this study exposed increased difficulties for bisexual women in monogamous relationships who have children. These participants showed heightened experiences of binegativity, internalized binegativity, and identity uncertainty. In addition, these participants reported heightened levels of psychological distress. These findings may not be surprising, given the continued barriers many LGB individuals experience when becoming parents due to discrimination and marginalization (Goldberg et al., 2019). In addition, having children may create an extra layer of invisibility for bisexual individuals in particular, as they may be mis-assumed to be heterosexual upon being identified as a parent. The unique difficulties bisexual parents in monogamous relationships face may further decrease an individual's ability to foster authenticity. The sample of this study as gathered through MTurk, and the large number of participants with children, may provide more clarity as to why identity uncertainty was found to be so high, and why authenticity was not found to be a significant moderator. However, little research exists on the experience of being a parent in the LGB community, and even less exists within the bisexual community specifically. Future research is needed to address the heightened difficulties experienced by bisexual parents in

monogamous relationships and how those stressors might impact well-being and psychological distress.

Conclusion

Bisexual+ individuals experience heightened invisibility within the larger LGB population and among heterosexual populations, which may be further compounded when in monogamous relationships. Such invisibility and binegativity are linked to mental health concerns and warrant attention in research and in practice (Eldahan, 2016; Lehavot & Simoni, 2011). Findings from the current study highlight the relationships between experiences of binegativity, anticipated binegativity, identity uncertainty, and internalized binegativity, and their influence on the psychological health and well-being of bisexual+ cisgender women in monogamous relationships. They spotlight the prevalence of psychological difficulties for individuals experiencing such concerns as binegativity, as well as the influential role of proximal stressors in one's psychological well-being. In particular, the findings suggest identity uncertainty as a particularly difficult stressor in the lives of bisexual+ women in monogamous relationships. Mental health providers are encouraged to consider ways to address identity uncertainty with bisexual+ identifying clients, especially those experiencing heightened invisibility and binegativity, such as individuals in monogamous relationships.

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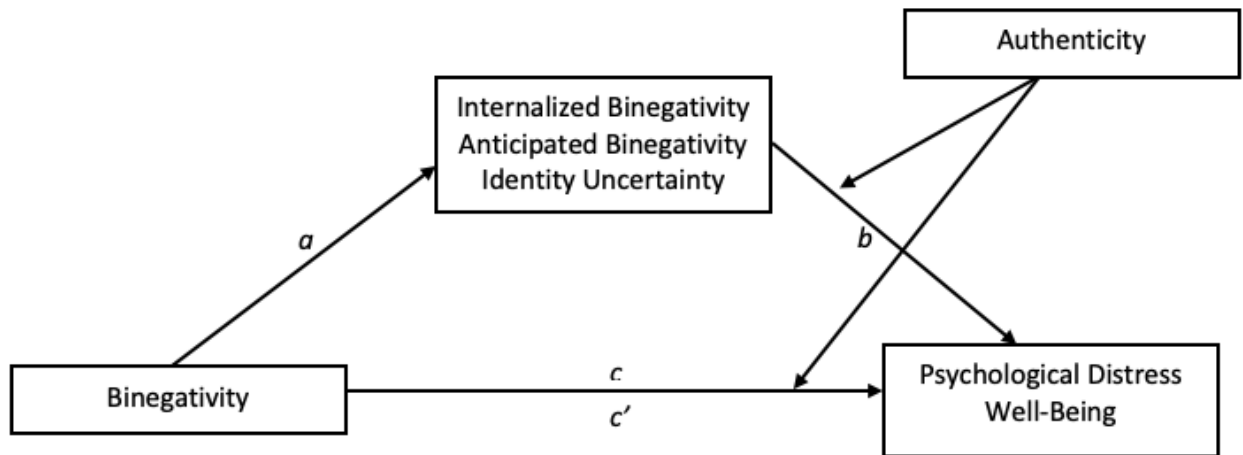
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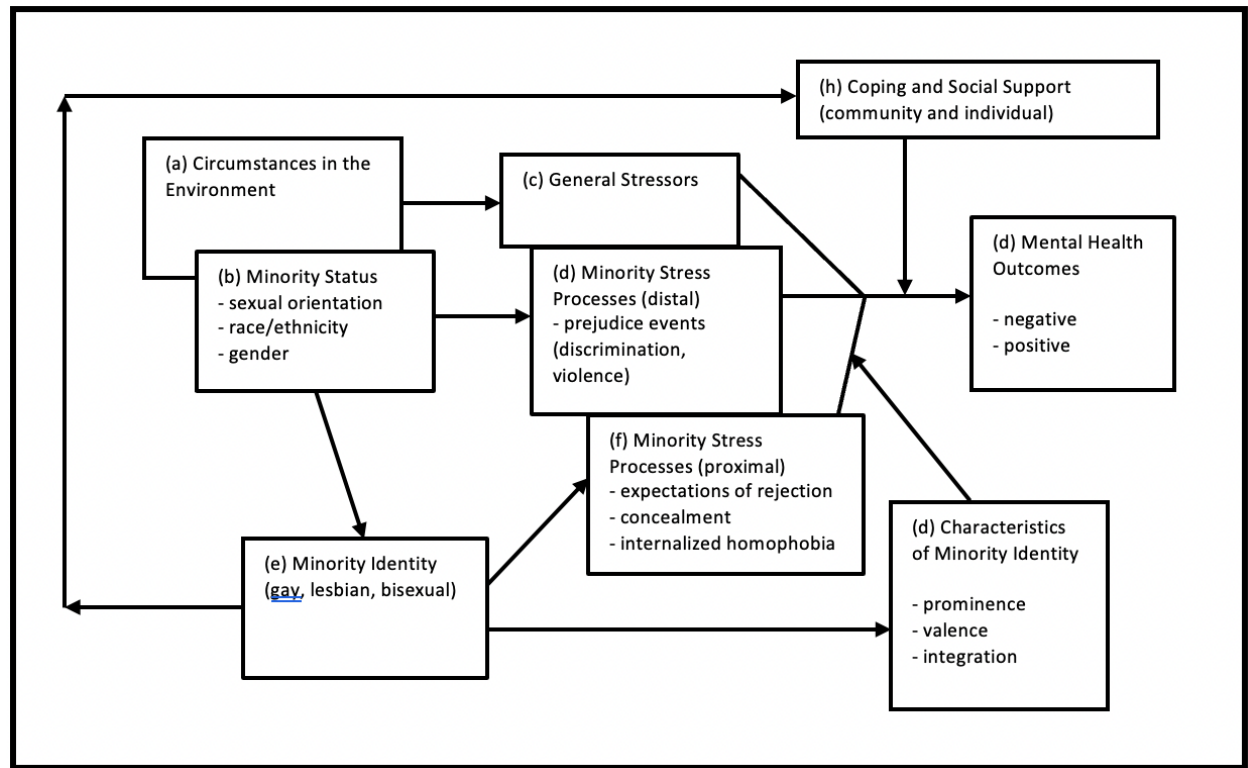
Appendix A

Figure A-1: *Conceptual Model*



Appendix B

Figure A-2: *Minority Stress Model (Meyer, 2003)*



Appendix C

Definition of Terms (Eisner, 2013, p. 219-321)

Bi-curious: people who are usually heterosexual, lesbian, or gay, and who are curious about experimenting with people of genders different from their usual preference.

Fluid: describes attraction that changes or might change over time (toward people of various genders).

Heteroflexible: people who are usually attracted to people of genders different from their own, but might occasionally be attracted to people of genders similar to their own.

Homoflexible/Lesbiflexible: people who are usually attracted to people of genders similar to their own, but might occasionally be attracted to people of genders different from their own.

Pansexual/omnisexual: people who are attracted (sexually, romantically, and/or otherwise) to people of all genders and sexes, or to multiple genders and sexes, or regardless of sex and gender, and who identify as pan/omni. Pansexuality and omnisexuality differ from each other by their Greek and Latin roots (pan meaning all in Greek, and omni the same in Latin).

Polysexual: people who are attracted (sexually, romantically, and/or otherwise) to people of many genders and sexes (but not all), and who identify as poly.

Queer: a nonspecific identity that describes anyone diverging from heterosexuality, monogamy, and vanilla (non-kink) sexuality. In a bi-spectrum context, it's used to denote attraction to people of more than one, or of many, gender(s).

Monosexual: Someone who is attracted to people of no more than one gender.

This is not an exhaustive list of all identities within the bi-spectrum. Others include anthrosexual, ambisexual, biromantic, bisensual, bidyke, byke, bisexual-lesbian, gender-blind, multisexual, panromantic, pansensual, pomosexual, and many others. Where appropriate, it might also include questioning and unlabeled.

Appendix D

Screening Questions

Please answer the following questions:

1. Please indicate your sexual orientation identity:
 - a. Heterosexual
 - b. Lesbian
 - c. Gay
 - d. Bisexual+ (e.g., bisexual, pansexual, omnisexual, non-monosexual)**
 - e. Questioning
 - f. Other (please write in): _____

2. Please indicate your relationship status (Please choose all that apply):
 - a. Single (never married)
 - b. In a monogamous relationship (i.e., in relationship with only one person)**
 - c. In a non-monogamous relationship (i.e., in relationship with more than one person)
 - d. Other (please right in): _____

3. If in a monogamous relationship, how long have you been monogamous with your current partner?
 - a. Less than 1 month
 - b. 1-11 months
 - c. 1 year**
 - d. More than 1 year**
 - e. N/A

4. Indicate which age range you are currently in:
 - a. < 18 years old

- b. 18-30 years old
- c. 30-50 years old
- d. 50-70 years old
- e. > 70 years old

5. Do you currently live in the United States?

- a. Yes
- b. No

6. Please indicate your gender identity (you may select multiple options):

- a. Man of cisgender experience (assigned male at birth and identify as a man)
- b. Man of transgender experience (assigned female at birth and identify as a man)
- c. **Woman of cisgender experience (assigned female at birth and identify as a woman)**
- d. Woman of transgender experience (assigned male at birth and identify as a woman)
- e. Non-binary (e.g., agender, genderqueer, genderfluid)
- f. If the above terms do not adequately describe your gender identity, please specify a term that does: _____

Appendix E

Information Page

Hello, my name is Sarah VanMattson. I am a PhD student at the University of Missouri at Kansas City. I am conducting a research study about the romantic, monogamous relationships and life experiences of cisgender women attracted to more than one gender. You are being asked to be in this study because you have identified yourself as a bisexual+, cisgender woman, and you have been in a monogamous relationship for a year or more. You must be 18 years of age or older and live in the United States to participate.

If you choose to be in this study you will be asked to complete a brief survey that would take about 13-15 minutes of your time to complete.

Your participation is entirely voluntary; you may skip any questions that you don't want to answer, choose to stop participating, or take a break at any time during the study. **However, you must answer all study questions in order to receive compensation via Amazon MTurk.**

Your responses will be anonymous; there is no way for the research team to identify you or your responses to the survey.

Do you have any questions about the research study? Please contact [researcher's name] at [contact info]. If you have questions or concerns about your rights as a research participant, you can call the UMKC Research Compliance at 816-235-5927.

You may ask any questions concerning this research and have those questions answered before agreeing to participate in or during the study. For study related questions, please contact Sarah VanMattson at svanmattson@mail.umkc.edu.

For questions about your rights as a research participant, or to discuss problems, concerns or suggestions related to your participation in the research, please contact the UMKC Institutional Review Board (IRB) Office at (816) 235-5927 or via email at umkcirb@umkc.edu.

If you want to participate in this study, click the "Agree" button to start the survey.

Appendix F

The Anti-Bisexual Experiences Scale (ABES; Brewster & Moradi, 2010)

For each of the following questions, please mark the response that best applies to you based on the scale provided. Please be as honest as possible and indicate how you really feel now, rather than how you ought to feel. Answer each question according to your initial reaction and then move on to the following question.

1	2	3	4	5	6
NEVER			ALMOST ALL		
			OF THE TIME		

1. People have acted as if my bisexuality is only a sexual curiosity, not a stable sexual orientation.

1	2	3	4	5	6
---	---	---	---	---	---

2. When I have disclosed my sexual orientation to others, they have continued to assume that I am really heterosexual or gay/lesbian.

1	2	3	4	5	6
---	---	---	---	---	---

3. 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."

1	2	3	4	5	6
---	---	---	---	---	---

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

1 2 3 4 5 6

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

1 2 3 4 5 6

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

1 2 3 4 5 6

7. Others have pressured me to fit into a binary system of sexual orientation (i.e., either gay or straight).

1 2 3 4 5 6

8. People have acted as if my sexual orientation is just a transition to a gay/lesbian orientation.

1 2 3 4 5 6

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

1 2 3 4 5 6

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

1 2 3 4 5 6

11. People have assumed that I will cheat in a relationship because I am bisexual.

1 2 3 4 5 6

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

1 2 3 4 5 6

13. I have been alienated because I am bisexual.

1 2 3 4 5 6

14. People have not wanted to be my friend because I identify as bisexual.

1 2 3 4 5 6

15. Others have treated me negatively because I am bisexual.

1 2 3 4 5 6

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

1 2 3 4 5 6

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

1

2

3

4

5

6

Appendix G

Lesbian, Gay, and Bisexual Identity Scale (LGBIS-R; Mohr & Kendra, 2011) (Adapted

Identity Uncertainty subscale)

For each of the following questions, please mark the response that best indicates your current experience as a bisexual person. Please be as honest as possible. Indicate below how you really feel now, not how you think you should feel. There is no need to think too much about any one question. Answer each question according to your initial reaction and then move on to the next.

1	2	3	4	5	6
Disagree Strongly	Disagree	Disagree Somewhat	Agree Somewhat	Agree	Agree Strongly

1. I'm not totally sure what my sexual orientation is.

1	2	3	4	5	6
Disagree Strongly	Disagree	Disagree Somewhat	Agree Somewhat	Agree	Agree Strongly

2. I keep changing my mind about my sexual orientation.

1	2	3	4	5	6
Disagree Strongly	Disagree	Disagree Somewhat	Agree Somewhat	Agree	Agree Strongly

3. I can't decide whether I am bisexual or lesbian/gay.

1	2	3	4	5	6
Disagree	Disagree	Disagree	Agree	Agree	Agree
Strongly		Somewhat	Somewhat		Strongly

4. I get very confused when I try to figure out my sexual orientation.

1	2	3	4	5	6
Disagree	Disagree	Disagree	Agree	Agree	Agree
Strongly		Somewhat	Somewhat		Strongly

Appendix H

Bisexual Identity Inventory (BII; Paul et al., 2014)

Bisexual Identity Inventory

The purpose of this scale is to measure the extent to which you identify with each of the following statements as it relates to identifying as a bisexual individual. Please circle the corresponding number for each item as it relates to you personally.

	Strongly disagree						Strongly agree
1. People probably do not take me seriously when I tell them I am bisexual.	1	2	3	4	5	6	7
2. I am grateful for my bisexual identity.	1	2	3	4	5	6	7
3. I am comfortable being bisexual.	1	2	3	4	5	6	7
4. I am reluctant to tell others of my bisexual identity.	1	2	3	4	5	6	7
5. I am proud to be bisexual.	1	2	3	4	5	6	7
6. Bisexual individuals are in denial about being gay.	1	2	3	4	5	6	7
7. I feel that I have to justify my bisexuality to others.	1	2	3	4	5	6	7
8. Identifying as bisexual is just the first step toward becoming gay.	1	2	3	4	5	6	7
9. I feel freedom with both men and women. ^a	1	2	3	4	5	6	7
10. Being bisexual is rewarding to me.	1	2	3	4	5	6	7
11. It's unfair that I am attracted to both men and women. ^b	1	2	3	4	5	6	7
12. People might not like me if they found out that I am bisexual.	1	2	3	4	5	6	7
13. When I talk about being bisexual, I get nervous.	1	2	3	4	5	6	7
14. I am not a real person because I am bisexual.	1	2	3	4	5	6	7
15. I wish I could control my feelings and aim them at either men or women, not both. ^c	1	2	3	4	5	6	7
16. I think that bisexual individuals are just indecisive.	1	2	3	4	5	6	7
17. Being bisexual is a cop out.	1	2	3	4	5	6	7
18. Bisexual identity is just a fleeting fad.	1	2	3	4	5	6	7
19. I am okay with my bisexuality.	1	2	3	4	5	6	7
20. My life would be better if I were not bisexual.	1	2	3	4	5	6	7
21. Being bisexual prevents me from having meaningful intimate relationships.	1	2	3	4	5	6	7
22. I think that being bisexual is just a temporary identity.	1	2	3	4	5	6	7
23. Bisexuality is not a real identity.	1	2	3	4	5	6	7
24. I would be better off if I would identify as gay or straight, rather than bisexual.	1	2	3	4	5	6	7

Note. Researchers may use this scale without contacting us to obtain permission. However, we ask that reports of findings using this scale be forwarded to Nathan Grant Smith. To obtain subscale scores, average the following items: *Illegitimacy of Bisexuality* (6, 8, 14, 16, 17, 18, 22, 23); *Anticipated Binegativity* (1, 4, 7, 12, 13); *Internalized Binegativity* (11, 15, 20, 21, 24); *Identity Affirmation* (2, 3, 5, 9, 10, 19).

^a Suggested alternate wording: *I feel freedom with people of different genders.* ^b Suggested alternate wording: *It's unfair that I am attracted to people of more than one gender.* ^c Suggested alternate wording: *I wish I could control my sexual and romantic feelings by directing them at a single gender.*

Appendix I

Psychological Well-Being Scale (PWBS; Ryff, 1989)

Psychological Well-Being Scale

(Ryff, 1989)

The following set of questions deals with how you feel about yourself and your life. Please remember that there are no right or wrong answers.

Circle the number that best describes your present agreement or disagreement with each statement.	Strongly Disagree	Disagree Somewhat	Disagree Slightly	Agree Slightly	Agree Somewhat	Strongly Agree
1. Most people see me as loving and affectionate.	1	2	3	4	5	6
2. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	1	2	3	4	5	6
3. In general, I feel I am in charge of the situation in which I live.	1	2	3	4	5	6
4. I am not interested in activities that will expand my horizons.	1	2	3	4	5	6
5. I live life one day at a time and don't really think about the future.	1	2	3	4	5	6
6. When I look at the story of my life, I am pleased with how things have turned out.	1	2	3	4	5	6
7. Maintaining close relationships has been difficult and frustrating for me.	1	2	3	4	5	6
8. My decisions are not usually influenced by what everyone else is doing.	1	2	3	4	5	6
9. The demands of everyday life often get me down.	1	2	3	4	5	6
10. I think it is important to have new experiences that challenge how you think about yourself and the world.	1	2	3	4	5	6
11. I have a sense of direction and purpose in life.	1	2	3	4	5	6
12. In general, I feel confident and positive about myself.	1	2	3	4	5	6
13. I often feel lonely because I have few close friends with whom to share my concerns.	1	2	3	4	5	6
14. I tend to be influenced by people with strong opinions.	1	2	3	4	5	6
15. I do not fit very well with the people and the community around me.	1	2	3	4	5	6
16. When I think about it, I haven't really improved much as a person over the years.	1	2	3	4	5	6
17. I don't have a good sense of what it is I'm trying to accomplish in life.	1	2	3	4	5	6
18. I feel like many of the people I know have gotten more out of life than I have.	1	2	3	4	5	6
19. I enjoy personal and mutual conversations with family members and friends.	1	2	3	4	5	6

20. I have confidence in my opinions, even if they are contrary to the general consensus.	1	2	3	4	5	6
21. I am quite good at managing the many responsibilities of my daily life.	1	2	3	4	5	6
22. I have the sense that I have developed a lot as a person over time.	1	2	3	4	5	6
23. My daily activities often seem trivial and unimportant to me.	1	2	3	4	5	6
24. I like most parts of my personality.	1	2	3	4	5	6
25. People would describe me as a giving person, willing to share my time with others.	1	2	3	4	5	6
26. It's difficult for me to voice my own opinions on controversial matters.	1	2	3	4	5	6
27. I often feel overwhelmed by my responsibilities.	1	2	3	4	5	6
28. For me, life has been a continuous process of learning, changing, and growth.	1	2	3	4	5	6
29. I enjoy making plans for the future and working to make them a reality.	1	2	3	4	5	6
30. In many ways I feel disappointed about my achievements in life.	1	2	3	4	5	6
31. I have not experienced many warm and trusting relationships with others.	1	2	3	4	5	6
32. I tend to worry about what other people think of me.	1	2	3	4	5	6
33. I have difficulty arranging my life in a way that is satisfying to me.	1	2	3	4	5	6
34. I gave up trying to make big improvements or changes in my life a long time ago.	1	2	3	4	5	6
35. Some people wander aimlessly through life, but I am not one of them.	1	2	3	4	5	6
36. My attitude about myself is probably not as positive as most people feel about themselves.	1	2	3	4	5	6
37. I know that I can trust my friends, and they know they can trust me.	1	2	3	4	5	6
38. I judge myself by what I think is important, not by the values of what others think is important.	1	2	3	4	5	6
39. I have been able to build a living environment and a lifestyle for myself that is much to my liking.	1	2	3	4	5	6
40. I do not enjoy being in new situations that require me to change my old familiar ways of doing things.	1	2	3	4	5	6
41. I sometimes feel as if I've done all there is to do in life.	1	2	3	4	5	6
42. When I compare myself to friends and acquaintances, it makes me feel good about who I am.	1	2	3	4	5	6

Appendix J

Hopkins Symptom Checklist-21 (HSCL-21; Green, Walkey, McCormick, & Taylor, 1988)

Hopkins Symptom Checklist-21

How have you felt during the past seven days including today? Use the following scale to describe how distressing you have found these things over this time.

Not at all

A little

Quite a bit

Extremely

1. Difficulty in speaking when you are excited.
2. Trouble remembering things.
3. Worried about sloppiness or carelessness.
4. Blaming yourself for things.
5. Pains in the lower part of your back.
6. Feeling lonely.
7. Feeling blue.
8. Your feelings being easily hurt.
9. Feeling others do not understand you or are unsympathetic.
10. Feeling that people are unfriendly or dislike you.
11. Having to do things very slowly in order to be sure you are doing them right.
12. Feeling inferior to others.
13. Soreness of your muscles.
14. *Please select the response associated with "extremely."* (Validity check)
15. Having to check and double-check what you do.
16. Hot or cold spells.
17. Your mind going blank.
18. Numbness or tingling in parts of your body.
19. A lump in your throat.
20. Trouble concentrating.
21. Weakness in parts of your body.
22. Heavy feelings in your arms and legs.

Appendix K

LGB-Positive Identity Measure (LGB-PIM; Riggle et al., 2014)

We are going to ask you a series of questions about your identity as a bisexual identified person. There are several questions and some of the questions may seem similar, but there are differences in the wording, so please try to answer all of the questions. Please answer the questions by thinking about which response category best represents your feelings about your experiences. Indicate how you really feel now, not how you think you should feel. There is no need to think too much about any one question. Answer each question according to your initial reaction and then move on to the next. Choose the response the best reflects your feelings about your bisexual identity.

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
I am comfortable with my bisexual identity.							
I have a sense of inner peace about my bisexual identity.							
I am honest with myself about my bisexual identity.							
I embrace my bisexual identity.							
I feel I can be honest and share my bisexual identity with others.							
I feel free to express my bisexual identity when I interact with others.							
I am living an authentic life as a bisexual person.							
I am a positive role model for other bisexual people.							
It is important to me as a bisexual person to speak up for myself and others.							
I inspire other people to feel safe about expressing their bisexual identity.							
Being open about my bisexual identity will help improve the world for others.							
I think that other bisexual people see me as a role model.							
My bisexual identity helps me feel whole.							
My bisexual identity is a part of being a positive role model for non-bisexual people.							

Appendix L

Demographics Questionnaire

1. How do you identify your racial-ethnic background?
 - a. White/European American
 - b. Black/African American
 - c. Latinx/Hispanic
 - d. Asian/Asian American
 - e. Indigenous American/American Indian/Native American/Alaskan Native
 - f. Native Hawaiian/Pacific Islander American
 - g. Middle Eastern, North African (MENA) American
 - h. Biracial or Multiracial American _____ (optional – to provide additional information)
 - i. Other (please write in): _____
2. What is your current age: _____
3. What is the highest level of education you have completed?
 - a. Some High School/No Diploma
 - b. High School Diploma
 - c. GED
 - d. Vocational or Trade School
 - e. Some College/No Degree
 - f. Associates Degree
 - g. Bachelor's Degree (Ex: BA, BS, BSW)
 - h. Master's Degree (Ex: MA, MS, MSW, M.Ed)
 - i. Doctorate Degree (Ex: Ph.D., Ed.D., Sc.D., DSW, MD)
 - j. Specialist Degree (ex: Ed.S.)
4. What is your current household income?
 - a. Less than \$20,000

- b. \$20,000 to \$34,999
- c. \$35,000 to \$49,999
- d. \$50,000 to \$74,999
- e. \$75,000 to \$99,999
- f. Over \$100,000

5. How out do you feel you are?

- a. 0% Not at all
- b. 10%
- c. 20%
- d. 30%
- e. 40%
- f. 50%
- g. 60%
- h. 70%
- i. 80%
- j. 90%
- k. 100% Completely

7. Please indicate your relationship status (Please choose all that apply):

- a. In a monogamous relationship (i.e., in relationship with only one person)
- b. In a non-monogamous dating relationship (i.e., dating more than one person)
- c. Married
- d. Domestic partnership
- e. Living with partner
- f. Married/Partnered, but separated
- g. Separated
- h. Widow

6. Please indicate your current partner's gender:

- a. Man, not transgender

- b. Woman, not transgender
- c. Man of transgender experience (Trans man, transsexual man, FtM)
- d. Woman of transgender experience (Trans woman, transsexual woman, MtF)
- e. Genderqueer
- f. If the above terms do not adequately describe your partner's gender, please use your own words to do so: _____

7. Please indicate your current partner(s) sexual identity (Please choose all that apply):

- a. Heterosexual
- b. Lesbian
- c. Gay
- d. Bisexual
- e. Pansexual
- f. Omnisexual
- g. Queer
- h. Questioning
- i. Other (please write in): _____

8. How long have you been monogamous with your current partner (e.g., 5 years)?

9. Do you have children? If yes, please indicate how old your kid(s) are (e.g., 4 & 10):

- a. Yes: _____
- b. No

VITA

Sarah Bath VanMattson was born and raised in Kansas City, Missouri. She graduated from York College in 2012 with a Bachelor's degree in Psychology, and returned to Kansas City to pursue a Master's degree in Counseling and Guidance from the University of Missouri-Kansas City (UMKC). Following her Master's program, Sarah returned to UMKC to pursue a Ph.D in Counseling Psychology, which she will complete in 2022. Currently, Sarah resides in Salt Lake City, Utah where she is completing her doctoral clinical internship at the University of Utah Counseling Center. Following her internship, Sarah will begin serving as a core faculty member in the Clinical Psychology program at William James College in Boston.

Sarah's research interests largely revolve around gender and sexuality, and her research has explored issues of oppression, discrimination, and support. Sarah has also focused on themes of multicultural training, defensiveness, and barriers to growth for counselors in training. She has taught Multicultural Counseling to graduate counseling trainees and has provided lectures focused on gender and sexuality, often providing training specifically centered on work and advocacy with nonmonosexual populations. She has mentored and supervised counselors and psychologists in training and will continue to do so in her next role as a faculty member. She received funding for research projects throughout graduate school and completed practicum placements in diverse clinical settings including community clinics, university counseling centers, a private practice, and a VA medical center. Clinically, Sarah is passionate about working with adults experiencing identity development and with those who have been exposed to trauma.