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EXPLORING POSITIVE IDENTITY AND RELATIONSHIP SATISFACTION IN BISEXUAL WOMEN IN RELATIONSHIPS WITH MEN

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BISEXUAL WOMEN IN RELATIONSHIPS WITH MEN

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THESIS

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A thesis submitted in partial fulfillment of the
requirements for the degree of Master of Science in the
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By
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ABSTRACT OF THESIS

EXPLORING POSITIVE IDENTITY AND RELATIONSHIP SATISFACTION IN
BISEXUAL WOMEN IN RELATIONSHIPS WITH MEN

Bi-negative discrimination, negative attitudes, and beliefs regarding bisexual individuals are at least partially responsible for mental and physical distress in the bisexual community (Friedman et al., 2014). Romantic relationships can act as a buffer against negative health outcomes as well as increase overall well-being (Dush & Amato, 2005). However, research has shown that binegitive attitudes can impact a person's willingness to begin relationships with bisexual individuals (Fienstein et al., 2014). This study aimed to explore the impact of positive identity on relationship satisfaction of bisexual women in relationships with men. In particular, we investigated five possible facets of positive identity: (a) authenticity of identity, (b) social justice of identity, (c) self-awareness identity, (d) intimacy, and (f) sense of community and their potential links to relationship satisfaction. A total of 263 bisexual women participated in the study. In order to answer research question, a series of bivariate correlations followed by a multivariate regression utilizing LGB-PIM subscale scores as the independent variable (authenticity, social justice, self-awareness, intimacy, and sense of community) and important demographic characteristics (as control variables) to predict the dependent variable, relationship satisfaction. In this study, intimacy was the only significant predictor of relationship satisfaction for bisexual women in relationships with men. These findings contribute to what is known about intimacy within the context of intimate relationships specifically for bisexual women in relationships with men.

KEYWORDS: Bisexual Women, Positive Identity, Relationship Satisfaction

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07/30/2020

Date

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07/30/2020
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CHAPTER 1. INTRODUCTION

Bisexuality, attraction to own and other gender/sex individuals, gained academic attention after Kinsey and colleagues (1948) found that approximately 46% of individuals engage in both same-sex and mixed-sex sexual activity or are attracted to both sexes even though some still self-identify as heterosexual. In 2011, a population-based survey estimated 3.5% of adults in the United States identify as lesbian, gay, or bisexual, and 1.8% of those individuals identify as bisexual (Gates, 2011). Data from the 2010 National Survey of Sexual Health and Behavior support Kinsey and colleague's findings that more men and women engage in same-sex and mixed-sex than those that self-identify as bisexual (Herbenick et al., 2017). Current literature suggests that bisexuality is more prevalent than same-sex orientations (Savin-Williams & Ream, 2007).

Individuals identifying with minority sexual identities experience stressors including: (1) prejudice, an idea or opinion lacking reason or experience; (2) stigma, attitudes of hostility that lack sufficient knowledge; (3) identity concealment/exposure, hiding one's sexual identity/fear of sexuality being "found out"; (4) internalized homophobia, personal internalization of the negative stereotypes, stigma, and prejudice held by others (Meyer, 2003). Individuals experiencing sexual minority stress are at risk for increased psychological distress (Brewster & Moradi, 2010), substance use (Nawyn et al., 2000), and negative physical health outcomes (Friedman et al., 2014; Frost et al., 2011; Meyer 2003).

Bisexuality at the core challenges societal constructs of a dichotomous sexual orientation. Therefore, bisexual individuals experience a multidimensional form of stigmatization, termed binegitivity (DeCapua, 2017; Dyar et al., 2014). Binegitivity

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encompasses the negative attitudes towards bisexual individuals. These negative attitudes include (1) bisexuality is an unstable orientation, (2) bisexual individuals are sexually irresponsible and promiscuous, and (3) social rejection and hostility towards bisexuals (Dyar et al., 2014). These beliefs influence identity disclosure and awareness of disapproval for individuals navigating relationships (DeCapua, 2017). Additionally, negative attitudes and beliefs can be internalized resulting in exaggerated levels of mental and physical distress (Brewster & Moradi, 2010; Frost et al, 2011; Dyar et al., 2014; Vencill, et al., 2017).

Intimate relationships have been associated with well-being, but the research on bisexual women's relationships is lacking (Diamond, 2008). Comparisons between same-sex and mixed-sex couples have been explored, but they fail to highlight differences between lesbians and bisexual women (Chmielewski & Yost, 2013). Additionally, studies investigating bisexual women can potentially miss those individuals in relationships with men because of lack of lesbian, gay, bisexual, trans, and queer (LGBTQ*) community involvement (Kashubeck- West et al., 2018). Research on couples includes relationship satisfaction of bisexual people in mixed orientation relationships (Vencill et al., 2017), and the role of partner gender and psychological well-being of bisexual individuals (Dyar et al., 2014). However, this body of research assumes a negative lens, and being bisexual has a multitude of positive aspects (Bauer et al., 2008; Mayfield, 2001; Mohr & Kendra, 2011). Rostosky and colleagues (2010), conducted a qualitative study yielding 11 positive identity factors for LGBTQ* people including freedom to love, increased awareness, and freedom of sexual expression (Rostosky et al., 2010). Moreover, feeling

positively about oneself impacts good psychological health and enhances social functioning (Keyes, 1998).

The current study contributes to the existing literature by investigating relationship satisfaction of bisexual women in relationships with men and the role of positive identity formation. We will focus on bisexual women in mixed-sex relationships because their experience is different from bisexual men. Bisexual women experience unique situations where their sexuality is eroticized by heterosexual men (Friedman & Leaper, 2010; Hequembourg & Brallier, 2009; Kertzner et al., 2009; Szymanski, 2005), and research has shown that objectification is negatively associated with relationship satisfaction (Zurbriggen et al., 2011). Additionally, being in a mixed sex relationship may illicit feelings of isolation despite level of outness and LGB community connections (Morandini et al., 2018).

This study was specifically interested in how (a) authenticity of bisexual identity, (b) social justice surrounding bisexual identity, (c) self-awareness of bisexual identity, (d) intimacy within relationships, and (f) sense of community impact relationship satisfaction. These constructs were assessed using a multifactor lesbian, gay, and bisexual positive identity measure (LGB-PIM; Riggle et al.,2014), a five-factor measure of positive identity specific to sexual minority individuals.

Throughout history, knowing oneself and behaving to reflect that have been morally imperative (Harter, 2002). Seminal psychological research considers authenticity to be an essential piece of overall wellbeing (Horney, 1950; May, 1981; Rogers, 1961; Winnicott, 1965; Yalom, 1980). Authenticity is how comfortable one is to express their LGB identity with others and the level of comfort they have with that identity

(Riggle et al., 2014). Partner gender can often make bisexual identity invisible. A bisexual person in a relationship with a same-sex partner is perceived as lesbian or gay, whereas a bisexual person in a mixed-sex relationship is perceived as heterosexual even though they are in a queer relationship. For example, Dyar and colleagues (2014) found that bisexual women in relationships with men report higher identity uncertainty unlike bisexual women in same-sex relationships, and bisexual women in relationships with men were less likely to be "out" than women in same-sex relationships. This phenomenon can impact the level of authenticity a bisexual person is in their sexuality because they are not able to be their true self. This lack of authenticity may negatively impact the life of the bisexual woman, including her satisfaction within a relationship.

Social justice is the idea that all individuals deserve equitable treatment including access to resources, equality of power, equal redistribution of wrong doing (Tyler et al., 1997). LGBTQ* individuals experience oppression because of their sexual minority status. Social justice in our case relates to cultivation of a positive identity as the bisexual individual becomes aware of oppression and activism within the LGBTQ* community. Bisexual identity increases the ability to recognize injustice within politics and communities from both heterosexual and gay/lesbian individuals (Rostosky et al., 2010). For example, experiences of marginalization from both heterosexual and queer communities can promote an individual to take action and make changes for other people experiencing oppression. Riggle and Rostosky (2012) outline some of the forms social justice can take. Mentoring, or guiding another person in a way that promotes their personal growth. Being a mentor allows someone to relay life lessons in a way that can educate others. Activism can include educating people about injustice or speaking out of

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such injustice. Overall social justice contributes to well-being because it provides people with a sense of purpose in that their voice can be heard and cause changes (Riggle & Rostosky, 2012).

Self-awareness of emotions can help individuals navigate their lives (Kauer, 2012). Self-awareness can help individuals identify how they feel and how often they reflect on those feelings. Awareness of person's LGB identity often begins with a realization of being "different" from others around us (Riggle & Rostosky, 2012). According to Riggle et al (2014), LGBTQ* self- awareness is "a belief that one's LGB identity has increased one's self-awareness" and becoming aware of one's sexuality offers opportunity for personal growth and can promote overall well-being. Bisexual identity challenges the traditional dichotomy of sexual orientation and offers fluidity in attraction to men and women rather than the conventional ideology of attraction to either men or women. The ability to feel 'at home' in one's identity promotes a positive sense of self and has the ability to enhance relationships with others (Rostosky et al., 2010).

Emotional connections set the foundation for close relationships (Goleman 2006). Emotional connections with friends, partners, and family is important for positive well-being. These relationships give people support and added value that ultimately increases sense of purpose. Intimacy, as it relates to LGB identity, means that one's sexual identity "enhances one's capacity for intimacy and sexual freedom" (Riggle et al, 2014). Bisexual identity promotes a sense of freedom within the context of sexuality. A freedom to love and experience diversity within romantic relationships that goes beyond partner gender. For example, choosing a partner is not contingent on their biological sex. Instead, one

looks at more humanistic traits like personality, morals, interests, and sexual compatibility (Rostosky et al., 2010).

Community is the sense of connectedness one feels with the LGBTQ community. Previously, we discussed the level of stigma bisexual individuals face from the lesbian and gay communities as well as the heterosexual community. This lack of connection can negatively influence a bisexual person's well-being and positive identity development. However, being connected to the bisexual community can combat the 'outsider' feelings and allow a greater understanding of oppression and privilege (Balsam & Mohr, 2007; Rotosky et al., 2010). Connection to the broader LGBTQ* community is important for sexual minorities because it offers resources and acceptance (Harper & Schneider, 2003), and involvement has a way of acting as a discrimination buffer (Russel & Richards, 2003).

These five factors: (a) authenticity of identity, (b) social justice of identity, (c) self-awareness identity, (d) intimacy, and (f) sense of community work in conjunction to promote over all well-being and a positive sense of identity. Given the limited research examining these constructs of interest, this study aimed to explore the impact of positive identity on relationship satisfaction of bisexual women in relationships with men through the following research questions:

RQ1: Is relationship satisfaction in mixed-sex relationships impacted by bisexual women's level of authenticity of identity?

RQ2: Is relationship satisfaction in mixed-sex relationships impacted by bisexual women's level of social justice toward identity?

RQ3: Is relationship satisfaction in mixed-sex relationships impacted by bisexual women's level of self-awareness identity

RQ4: Is relationship satisfaction in mixed-sex relationships impacted by bisexual women's level of intimacy?

RQ5: Is relationship satisfaction in mixed-sex relationships impacted by bisexual women's level of sense of community?

CHAPTER 2. LITERATURE REVIEW

2.1 Minority Stress Theory

Social stress is the idea that stress can surface from any situation that negatively

impacts relationships, self-esteem, and sense of belonging within society causing adverse

mental and physical health outcomes. Ilan H. Meyer (2003) conceptualized an extension

of social stress, minority stress, or a compilation of additional stressors experienced by

individuals within stigmatized social categories (Meyer, 2003). He theorized that the

discrepancy between mental and physical health disorder prevalence in LGBTQ* and

heterosexual individuals was the result of the stressors associated with being a part of a

minority group, where lesbian, gay, and bisexual individuals experience more

psychological distress than their heterosexual counterparts (Meyer, 2003). Meyer (2003)

also suggested external events and conditions, expectations and vigilance for possible

occurrence of stressful events, and internalization of negative attitudes were driving

forces of minority stress in the LGBTQ* population. Around the world, LGBTQ*

individuals do not have the same rights as heterosexual individuals. In some countries,

same-sex relationships are punishable by death. In fact, same-sex couples in the United

States could not legally be married until June 26, 2015. Additionally, in October of 2019,

the Supreme Court began reviewing a case that would decide if Title VII of the Civil

Rights Act or sex discrimination in the workplace even applied to LGBTQ* persons.

These realties highlight some of the stressors experienced by LGBTQ* individuals.

Sexual minority stress has been consistently associated with negative health

outcomes in the literature (e.g., anxiety, depression, suicide, eating disorders, and

substance misuse). Sexual and gender minorities became one of the National Institute for

Health's health disparity population after research determined that LGBTQ* individuals have more negative health outcomes and less access to care when compared to heterosexual individuals (Baptiste-Roberts et al., 2017; King et al., 2008; Perez-Stable, 2016). Health disparities often result from social determinates of health, like where individuals are born, live, and work (CDC, 2018). Bisexual individuals experience an array of disproportional health outcomes that stem from exposure to stigma, discrimination, and trauma throughout their lifetime. Negative life experiences and sexual minority stress act as catalysts for health disparities in bisexual individuals.

2.2 Attitudes Toward Bisexual Individuals

Bisexual individuals may experience a double discrimination, or discrimination from both heterosexual and lesbian/gay individuals and communities (Ochs, 1996). Brewster and Moradi (2010), found three forms of bisexual prejudice: (a) sexual orientation instability, (b) sexual irresponsibility, and (c) interpersonal hostility. Binegativity is the term that has been used to capture the range of negative attitudes towards bisexual individuals and can be experienced both internally and externally. The first assumes bisexuality as a transitioning stage between a straight identity or a gay/lesbian identity (Dyar et al., 2014). Second, bisexual individuals are perceived to be sexually irresponsible and incapable of monogamy; never satisfied with one person (Dyar et al, 2014). The third dimension highlights the attitudes and hostility directed at bisexual people. Negative attitudes and stereotypes of bisexuality contribute to minority stress. For example, individuals disclosing their sexual identity may experience external stress (DiPlacido, 1998), while those concealing can face internal stress (Ragins et al., 2007).

Attitudes toward bisexuality from within the LGBTQ* community tend to be gendered, such that gay men express greater negative attitudes toward bisexual men and lesbian women express more negative attitudes toward bisexual women (Matsick & Rubin, 2018). Heterosexual men tend to have more positive attitudes toward bisexual women, due in part to sexualization of women sleeping with women to fit within the heteronormative ideal (Yost & Thomas, 2010). A more recent study (Dodge, et al., 2016) evaluated the attitudes of heterosexual, gay/lesbian, and other-identified adults in the United States using five themes: perceptions of confusion, perceptions of HIV/STI risk, perception of non-monogamy, perceptions of promiscuity, and perceptions of bisexuality as temporary for both bisexual men and women. Participants reported neither agreement nor disagreement to each of the themes being evaluated. These findings highlight negative perceptions regarding bisexual individuals within the sexual minority community, and a call for societal reform in order to cultivate more positive attitudes towards bisexual individuals in both heterosexual and queer communities because these stigmatizing environments have negative health implications for bisexual individuals as well as relationship issues.

2.3 Bisexuality and Relationships

Romantic relationships play a significant role in the lives of many human adults. Evolutionarily speaking humans are motivated to develop and maintain close partnerships with others (Baumeister & Leary, 1995; Ryff & Singer, 2000). Romantic relationships can act as a buffer for negative health outcomes as well as increase overall well-being (Dush & Amato, 2005). However, sexual minority relationships are subject to prejudice

and discrimination, and experiences of prejudice and discrimination have been associated with decreased self-image and lower relationship satisfaction (Doyle & Molix, 2014).

Bi-negative stereotypes of bisexuality as an unstable sexual orientation and bisexual individuals being unable to commit to monogamous relationships can cultivate ideas that bisexual people are not acceptable romantic and sexual partners (Feinstien et al., 2016). Bisexual individuals are often viewed and portrayed in the media as "shady characters, untrustworthy partners, and promiscuous sluts" (Klesse, 2011). This negative narrative can influence a person's willingness to consider a romantic relationship with someone who identifies as bisexual. Feinstien and colleagues (2016) found that while people are generally are more willing to have sex or go on a date with a bisexual partner than invest in a relationship. Providing evidence that bi-negative beliefs in heterosexual, lesbian, and gay communities can influence intimate relationships.

Bisexual women in relationships with men can experience bi-erasure. Bi-erasure is the term to describe the erasure of a person's bisexual identity when their mixed-sex relationship may be perceived as heterosexual (Brewster & Moradi, 2010; Diamond, 2003; Rust, 2000a). When bisexual women are in mixed sex relationships, their sexual identity may be concealable. This invisibility can negatively impact inclusion in the gay/lesbian community reducing the minority stress buffer community relationships can create (Hequembourg & Brallier, 2009; Ross et al., 2010). Connection to the community allows the individual to stop comparing themselves to heterosexual individuals erasing the impacts sexual minority stigma (Meyer, 2003).

DeCapua (2017) qualitatively examined bisexual women's experiences with bi-negativity in romantic relationships. Negative experiences prompted women to develop

coping mechanisms to help protect themselves from potential bi-negative experiences. For example, participants with male partners disclosed instances where they felt their sexuality was being eroticized like being asked to engage in a three sum or being encouraged to make out with other women. Participants also discussed experiences of identity invalidation with male partners where they did not consider sexual activity or erotic behavior with other women cheating, but the same was not true for lesbian partners. Evidence has shown that bisexual women in mixed-sex relationships experience higher levels of depression and greater LGBTQ* community exclusion (Dyar et al., 2014). Conversely, bisexual women in same-sex relationships can experience bi-erasure where partners may minimize different-sex attraction or perpetuate bi-negative stereotypes (DeCapua, 2017). Binegitivity is at least partially responsible for higher rates of psychological distress (Balsam & Mohr, 2007; Brewster & Moradi, 2010). Bisexual women in relationships with women can still experience bi-negativity from heterosexual people, but that can be mediated by community involvement. These findings suggest that relationships both romantic and communal are important when trying to reduce health disparities in bisexual populations.

2.4 Positive Bisexual Identity Formation

Identity formation is continuous process within an individual where events occur that determine their future development (Erikson, 1948). The majority of LGBTQ* individuals mature in environments with few or no LGBTQ* family members, being able to identify as something 'different' brings forth self-awareness, meaning, and growth (King et al., 2009; Riggle et al., 2008; Riggle & Rostosky, 2012; Rosario et al., 2006). Living in a heteronormative society can devalue an LGBTQ* individual's identity

(Cass, 1979; Herek, 2009; Meyer, 2007), but also offer a chance for personal grown and skill development (Kwon, 2013; Riggle &Rostosky, 2012). Previous research has indicated that positive identity and negative identity are independent of each other (Mayfield, 2001; Mohr & Kendra, 2011). Developing a positive identity is one way to combat minority stress (Reynolds & Hanjorgiris, 2000). Riggle and Rotosky (2012) found that being authentic, LGBTQ* community connection, mentoring, and activism are all related to positive identity formation and help cultivate a positive identity (Higa et al., 2014; Moradi et al., 2009; Riggle & Rotosky, 2012; Vaughan & Waehler, 2010,). Positive identity contributes to life satisfaction (Mohr & Kendra, 2011) and overall psychological well-being (Kertzner et al., 2009).

Positive identity formation may be difficult for bisexual individuals due to experiences of binegitivity, sexual minority stress, and fewer visible role model (Rust, 2002). Rostosky and colleagues (2010) investigated the ways in which bisexual identity develops. They found that intrapersonal/self-view, interpersonal relationships, and relationship with community/society were at least partially responsible for positive identify development. Intrapersonal views included freedom from labels and gender roles, authentic living, and having a unique perspective. Bisexual individuals reported that their identity gave them the ability to form sexual and affectionate relationships without focusing on partner gender. Instead, they were more concerned with personality, character, interests, intimacy, and sexual attraction in potential partners. The depth and diversity of their chosen relationships enhanced their lives as well as their sense of self. Community relationships were also important for positive identity development. Bi-negativity illuminates oppressive attitudes in politics and communities and influenced

bisexual individuals to act and make a difference for themselves and other marginalized individuals through education and political activism. Positive identity formation influences how bisexual individuals navigate the world around them from relationship formation, community involvement, and combating minority stress and resulting health disparities.

CHAPTER 3. METHODS

3.1 Procedure

Participants were recruited for the current study utilizing targeted recruitment in bisexual spaces primarily online (e.g., bisexual-focused websites, Facebook, Twitter, and Reddit). The recruitment messaging explicitly stated that the study aimed to recruit bisexual individuals and their partners in mixed-sex relationships. The current study will only utilize data from the female bisexual partner. Potential participants expressed interest in the study by clicking on a link that took them to an eligibility survey. A participant met eligibility criteria if they were over the age of 18, identified as bisexual, identified as a woman, had been in their current romantic mixed-sex relationship for a minimum of three months.

3.2 Participants

A total of 263 bisexual women participated in the study. The average age of participants was 28.34 years ($SD = 7.071$, range = 18-50). Participants were predominantly White/ Caucasian (83.3%), with the remainder of the participants identifying their race/ethnicity American/Canadian Indian or Alaska Native (1.1%), Asian or Asian American/Canadian (3.4), Black/ African American (1.5%), and Multiracial (8.7%). The majority of the participants reported higher education either some college/two-year degree/technical school (31.6%), were a college/university graduate (36.5%), or graduate school graduate (16%). The remainder of the participants reported grade school ($n = 1$), middle school ($n = 1$), high school graduate/ GED ($n = 38$, or 14.4%), and other ($n = 2$) as their highest level of education. Over half (57.4%) reported no affiliation with any specific religion, however, some identified as Catholic

(6.5%), Christian (7.2%), Hindu (.8%), Jehovah's Witness (.4%), Jewish (1.5%),

Protestant (4.2%), or other (20.2%). All participants were currently living with their

partner with 51.3% cohabitating and 48.7% being married. The majority of participants

were in monogamous relationships (71.9%), with the remainder (28.1%) in consensually

non-monogamous relationships. The average age participants were first aware of their

sexual identity was 16.27 ($SD = 5.665$, range = 10-45). The average age participants

came out was 19.11 ($SD = 5.475$, range = 10-45). See Table 1 for demographic details of

the sample.

3.3 Measures

3.3.1 Demographic Questions

Participants were asked a number of demographic questions including age,

relationship status, relationship type, education, ethnicity, and religion.

3.3.2 Relationship Satisfaction

Relationship satisfaction was measured using the Global Measure of Relationship

Satisfaction (GMREL; Lawrence & Byers, 1998) tool. The tool is comprised of five 7-

point semantic differentials. The root of the questions is "In general, how would you

describe your overall relationship with your partner?" Anchors include: *Good-Bad,*

Pleasant-Unpleasant, Positive-Negative, Satisfying-Unsatisfying, and Valuable-

Worthless. Participants were asked to rate their overall relationship satisfaction with their

current partner, where higher total scores indicate a higher level of relationship

satisfaction.

3.3.3 Positive Identity from Bisexuality

A five-dimension Lesbian, Gay, and Bisexual Positive Identity Measure (LGB-PIM; Riggle et al., 2014) was used to measure positive bisexual identity. This measure consisted of 25 items assessing different aspects of positive identity: Self-awareness, authenticity, community, intimacy, and social justice. *Self-awareness* involves an individual believing that their LGB identity increases their self-awareness e.g. "*My bisexual identity motivates me to be more self-aware*."). *Authenticity* encompasses the degree to which an individual feel comfortable with their LGB identity and expressing it when interacting with others (e.g. "*I embrace my bisexual identity*.")*. Community* includes an individual's involvement with the LGBT community and support they get from that ("*I feel included in the bisexual community*."). *Intimacy* is the belief that an individual's LGB identity enhances their sexual freedom and level of intimacy they experience with partners ("*My bisexual identity allows me to understand my sexual partner better*."). *Social Justice* is the belief that identifying as an LGB individual increased awareness of social justice issues and other forms of oppression ("*As a bisexual person, it is important to act as an advocate for bisexual rights*."). Respondents answered questions on a 7-point scale ranging from 1 "*Strongly Disagree*" to 7 *"Strongly Agree"*. Validity and reliability have been demonstrated with accessing positive LGB identity (Riggle et al., 2014).

3.4 Analyses

In order to answer research questions, a series of bivariate correlations followed by a multivariate regression utilizing LGB-PIM subscale scores as the independent variable (authenticity, social justice, self-awareness, intimacy, and sense of community)

and important demographic characteristics (as control variables) to predict the dependent

variable, relationship satisfaction. All analysis were conducted using SPSS 26.0.

3.4.1 Assumptions Testing

The five assumptions of the multivariate regression were investigated prior to

analyzing the data. First tested the assumptions of (1) linearity, (2) normality, (3)

homoscedasticity, (4) independence, and (5) outliers. The linear relationship was assessed

by viewing the scatter plot between the outcome and independent variables (See Figure

1). Assumptions of normality were tested using skewness (-2.33) and kurtosis (6.134).

Assumptions of normality were not met based on these statistics but based on the central

limit theorem we are still able to assume normality. Multicollinearity was assessed

through identifying correlations $< .7$ between predictor variables, and all correlations

were $> .7$. Homoscedasticity was assessed using a plot of standardized residuals versus

predicted values to determine equal distribution across all independent variables (See

Figure 2). After testing assumptions, we can conclude multivariate analysis is an

appropriate method for these data.

Figure 1

Relationship satisfaction scatterplot

Scatterplot
Dependent Variable: GMREL summative score
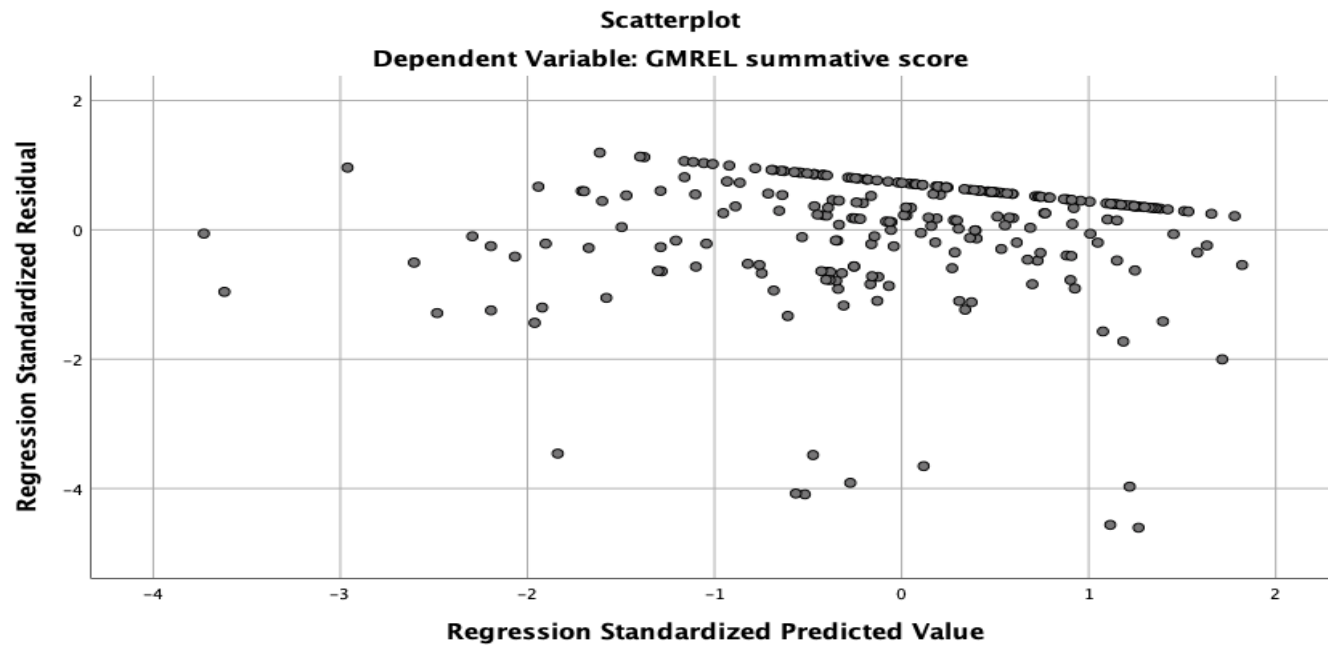
Figure 2

Standardized Residual Plot

Normal P-P Plot of Regression Standardized Residual
Dependent Variable: GMREL summative score
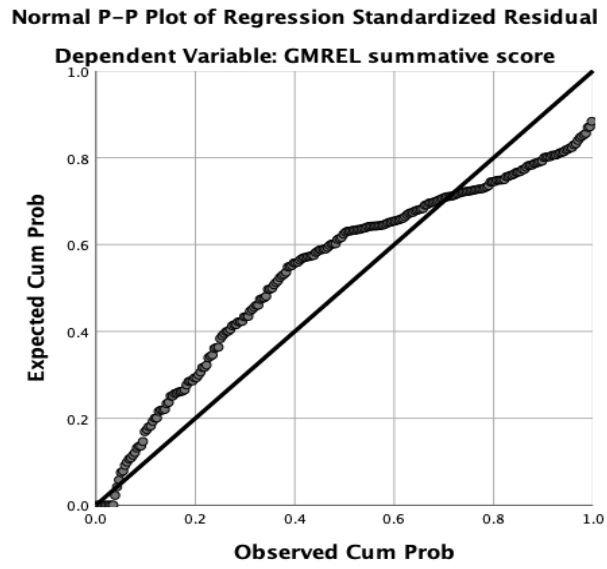
CHAPTER 4. MANUSCRIPT

EXPLORING POSITIVE IDENTITY AND RELATIONSHIP SATISFACTION IN
BISEXUAL WOMEN IN RELATIONSHIPS WITH MEN

Primary proposed journal: Journal of Bisexuality

4.1 Abstract (150 word max)

Bi-negative discrimination, negative attitudes, and beliefs regarding bisexual individuals are at least partially responsible for mental and physical health issues in the bisexual community (Friedman et al., 2014). Romantic relationships can act as a buffer for negative health outcomes and increase overall well-being (Dush & Amato, 2005). However, research has shown that binegitive attitudes can impact a person's willingness to enter a relationship with a bisexual person (Fienstein et al., 2014). This study aimed to explore the impact of positive identity on relationship satisfaction of bisexual women in relationships with men. Specifically, we investigated the way (a) authenticity of identity, (b) social justice of identity, (c) self-awareness identity, (d) intimacy, and (f) sense of community were each related to relationship satisfaction in bisexual women's relationships with men. Intimacy was the only significant predictor of relationship satisfaction; implications of these findings and future research will be discussed.

Keywords(3-5) Bisexual Women, Positive Identity, Relationship Satisfaction, Intimacy

4.2 Introduction

Bisexuality, attraction to own and other gender/sex individuals, gained academic attention after Kinsey, Pomeroy, and Martin (1948) found that approximately 46% of individuals engage in both same-sex and mixed-sex sexual activity or are attracted to both sexes even though some still self-identify as heterosexual. In 2011, a population-based survey estimated 3.5% of adults in the United States identify as lesbian, gay, or bisexual, and 1.8% of those individuals identify as bisexual (Gates, 2011). Data from the 2010 National Survey of Sexual Health and Behavior support Kinsey and colleague's findings that more men and women engage in same-sex and mixed-sex than those that self-identify as bisexual (Herbenick et al., 2017). Current literature suggests that bisexuality is more prevalent than same-sex orientations (Savin-Williams & Ream, 2007).

Individuals identifying with minority sexual identities experience stressors including: (1) prejudice, an idea or opinion lacking reason or experience; (2) stigma, attitudes of hostility that lack sufficient knowledge; (3) identity concealment/exposure, hiding one's sexual identity/fear of sexuality being "found out"; (4) internalized homophobia, personal internalization of the negative stereotypes, stigma, and prejudice held by others (Meyer, 2003). Individuals experiencing sexual minority stress are at risk for increased psychological distress (Brewster & Moradi, 2010), substance use (Nawyn et al., 2000), and negative physical health outcomes (Meyer, 2003; Frost et al., 2011; Friedman et al., 2014).

Bisexuality at the core challenges societal constructs of a dichotomous sexual orientation. Therefore, bisexual individuals experience a multidimensional form of stigmatization, termed binegitivity (DeCapua, 2017; Dyar et al., 2014). Binegitivity encompasses the negative attitudes towards bisexual individuals. These negative attitudes include (1) bisexuality is an unstable orientation, (2) bisexual individuals are sexually irresponsible and promiscuous, and (3) social rejection and hostility towards bisexuals (Dyar et al., 2014). These beliefs influence identity disclosure and awareness of disapproval for individuals navigating relationships (DeCapua, 2017). Additionally, negative attitudes and beliefs can be internalized resulting in exaggerated levels of mental and physical distress (Brewster & Moradi, 2010; Frost et al, 2011; Dyar et al., 2014; Vencill, et al., 2017).

Intimate relationships have been associated with well-being, but the research on bisexual women's relationships is lacking (Diamond, 2008). Comparisons between same-sex and mixed-sex couples have been explored, but they fail to highlight differences between lesbians and bisexual women (Chmielewski & Yost, 2013). Additionally, studies investigating bisexual women can potentially miss those individuals in relationships with men because of lack of lesbian, gay, bisexual, transgender, and queer (LGBTQ*) community involvement (Kashubeck- West et al., 2018). Research on couples includes relationship satisfaction of bisexual people in mixed orientation relationships (Vencill et al., 2017), and the role of partner gender and psychological well-being of bisexual individuals (Dyar et al., 2014). However, this body of research assumes a negative lens, and being bisexual has a multitude of positive aspects (Bauer et al., 2008; Mayfield, 2001; Mohr & Kendra, 2011).

The current study contributes to the existing literature by investigating relationship satisfaction of bisexual women in relationships with men and the role of positive identity formation. We will focus on bisexual women in mixed-sex relationships because their experience is different from bisexual men. Bisexual women experience unique situations where their sexuality is eroticized by heterosexual men (Friedman & Leaper, 2010; Hequembourg & Brallier, 2009; Kertzner et al., 2009; Szymanski, 2005), and research has shown that objectification is negatively associated with relationship satisfaction (Zurbriggen et al., 2011). Additionally, being in a mixed sex relationship may illicit feelings of isolation despite level of outness and LGB community connections (Morandini et al., 2018). This study was specifically interested in how (a) authenticity of bisexual identity, (b) social justice surrounding bisexual identity, (c) self-awareness of bisexual identity, (d) intimacy within relationships, and (f) sense of community impact relationship satisfaction.

4.2.1 MINORITY STRESS

Social stress is the idea that stress can surface from any situation that negatively impacts relationships, self-esteem, and sense of belonging within society causing adverse mental and physical health outcomes. Ilan H. Meyer (2003) conceptualized an extension of social stress, minority stress, or a compilation of additional stressors experienced by individuals within stigmatized social categories (Meyer, 2003). He theorized that the discrepancy between mental and physical health disorder prevalence in LGBTQ* and heterosexual individuals was the result of the stressors associated with being a part of a minority group, where lesbian, gay, and bisexual individuals experience more psychological distress than their heterosexual counterparts (Meyer, 2003). Meyer (2003)

also suggested external events and conditions, expectations and vigilance for possible occurrence of stressful events, and internalization of negative attitudes were driving forces of minority stress in the LGBTQ* population. Around the world, LGBTQ* individuals do not have the same rights as heterosexual individuals. In some countries, same-sex relationships are punishable by death. In fact, same-sex couples in the United States could not legally be married until June 26, 2015. These realties highlight some of the stressors experienced by LGBTQ* individuals.

Sexual minority stress has been consistently associated with negative health outcomes in the literature (e.g., anxiety, depression, suicide, eating disorders, and substance misuse). Sexual and gender minorities became one of the National Institute for Health's health disparity population after research determined that LGBTQ* individuals have more negative health outcomes and less access to care when compared to heterosexual individuals (Baptiste-Roberts et al., 2017; King et al., 2008; Perez-Stable, 2016). Health disparities often result from social determinates of health, like where individuals are born, live, and work (CDC, 2018). Bisexual individuals experience an array of disproportional health outcomes that stem from exposure to stigma, discrimination, and trauma throughout their lifetime.

Double discrimination, discrimination from both heterosexual and sexual minority individuals (Ochs, 1996), acts as a catalyst for health disparities in bisexual individuals. Brewster and Moradi (2010), found three forms of bisexual prejudice: (a) sexual orientation instability, (b) sexual irresponsibility, and (c) interpersonal hostility. Binegitivity is the term that has been used to capture the range of negative attitudes towards bisexual individuals and can be experienced both internally and externally. The

first assumes bisexuality as a transitioning stage between a straight identity or a gay/lesbian identity (Dyar et al., 2014). Second, bisexual individuals are perceived to be sexually irresponsible and incapable of monogamy; never satisfied with one person (Dyar et al, 2014). The third dimension highlights the attitudes and hostility directed at bisexual people. Negative attitudes and stereotypes of bisexuality contribute to minority stress. For example, individuals disclosing their sexual identity may experience external stress (DiPlacido, 1998), while those concealing can face internal stress (Ragins et al., 2007).

Attitudes toward bisexuality from within the LGBTQ* community tend to be gendered, such that gay men express greater negative attitudes toward bisexual men and lesbian women express more negative attitudes toward bisexual women (Matsick & Rubin, 2018). Heterosexual men tend to have more positive attitudes toward bisexual women, due in part to sexualization of women sleeping with women to fit within the heteronormative ideal (Yost & Thomas, 2010). A more recent study highlights negative perceptions regarding bisexual individuals within the sexual minority community and a call for societal reform in order to cultivate more positive attitudes towards bisexual individuals in both heterosexual and queer communities because these stigmatizing environments have negative health and relational implications (Dodge et al,. 2016).

Bi-negative stereotypes of bisexuality as an unstable sexual orientation and bisexual individuals being unable to commit to monogamous relationships can cultivate ideas that bisexual people are not acceptable romantic and sexual partners (Dworkin, 2000). Bisexual individuals are often viewed and portrayed in the media as "shady characters, untrustworthy partners, and promiscuous sluts" (Klesse, 2011). This negative narrative can influence a person's willingness to consider a romantic relationship with

someone who identifies as bisexual. Feinstien and colleagues (2016) found that while

people are generally are more willing to have sex or go on a date with a bisexual partner

than invest in a relationship. Providing evidence that bi-negative beliefs in heterosexual,

lesbian, and gay communities can influence intimate relationships.

4.2.2 BISEXUALITY AND RELATIONSHIPS

Romantic relationships play a significant role in the lives of many human adults.

Evolutionarily speaking humans are motivated to develop and maintain close partnerships

with others (Baumeister & Leary, 1995; Ryff & Singer, 2000). Romantic relationships

can act as a buffer for negative health outcomes as well as increase overall well-being

(Dush & Amato, 2005). However, sexual minority relationships are subject to prejudice

and discrimination, and experiences of prejudice and discrimination have been associated

with decreased self-image and lower relationship satisfaction (Doyle & Molix, 2014).

Bisexual women in relationships with men can experience bi-erasure. Bi-erasure

is the term to describe the erasure of a person's bisexual identity when their mixed-sex

relationship may be perceived as heterosexual (Brewster & Moradi, 2010; Diamond,

2003; Rust, 2000a). When bisexual women are in mixed sex relationships, their sexual

identity may be concealable. This invisibility can negatively impact inclusion in the

gay/lesbian community reducing the minority stress buffer community relationships can

create (Hequembourg & Brallier, 2009; Ross et al., 2010). Connection to the community

allows the individual to stop comparing themselves to heterosexual individuals erasing

the impacts sexual minority stigma (Meyer, 2003).

DeCapua (2017) qualitatively examined bisexual women's experiences with bi-

negativity in romantic relationships. Negative experiences prompted women to develop

coping mechanisms to help protect themselves from potential bi-negative experiences.

Participants also discussed experiences of identity invalidation with male partners where

they did not consider sexual activity or erotic behavior with other women cheating, but

the same was not true for lesbian partners. Evidence has shown that bisexual women in

mixed-sex relationships experience higher levels of depression and greater LGBTQ*

community exclusion (Dyar et al., 2014). Conversely, bisexual women in same-sex

relationships can experience bi-erasure where partners may minimize different-sex

attraction or perpetuate bi-negative stereotypes (DeCapua, 2017). This invalidation of

identity is at least partially responsible for higher rates in substance use and

psychological distress (Dodge & Sandford, 2007). These findings suggest that

relationships both romantic and communal are important when trying to reduce health

disparities in bisexual populations.

4.2.3 Positive Identity Development

Identity formation is continuous process within an individual where events occur

that determine their future development (Erikson, 1948). The majority of LGBTQ*

individuals mature in environments with few or no LGBTQ* family members, being able

to identify as something 'different' brings forth self-awareness, meaning, and growth

(King, Burton, & Giese, 2009; Riggle et al., 2008; Riggle & Rostosky, 2012; Rosario, et

al., 2006). Living in a heteronormative society can devaluate an LGBTQ* individual's

identity (Cass, 1979; Herek, 2009; Meyer, 2007), but also offer a chance for personal

grown and skill development (Kwon, 2013; Riggle & Rostosky, 2012). Previous research

has indicated that positive identity and negative identity are independent of each other

(Mayfield, 2001; Mohr & Kendra, 2011). Developing a positive identity is one way to

combat minority stress (Reynolds & Hanjorgiris, 2000). Being authentic, LGBTQ*

community connection, self-awareness, emotional connection, and social justice are all

related to positive identity formation and help cultivate a positive identity (Riggle &

Rotosky, 2012). Additionally, positive identity contributes to life satisfaction (Mohr &

Kendra, 2011) and overall psychological well-being (Kertzner et al., 2009).

Authenticity is how comfortable one is to express their LGB identity with others

and the level of comfort they have with that identity (Riggle et al., 2014). Partner gender

can often make bisexual identity invisible. A bisexual person in a relationship with a

same-sex partner is perceived as lesbian or gay, whereas a bisexual person in a mixed-sex

relationship is perceived as heterosexual even though they are in a queer relationship. For

example, Dyar et al. (2014) found that bisexual women in relationships with men report

higher identity uncertainty unlike bisexual women in same-sex relationships, and

bisexual women in relationships with men were less likely to be "out" than women in

same-sex relationships. This phenomenon can impact the level of authenticity a bisexual

person is in their sexuality because they are not able to be their true self. This lack of

authenticity may negatively impact the life of the bisexual woman, including her

satisfaction within a relationship.

Social justice is the idea that all individuals deserve equitable treatment including

access to resources, equality of power, equal redistribution of wrong-doing (Tyler et al.,

1997). LGBTQ* individuals experience oppression because of their sexual minority

status. Social justice in our case relates to cultivation of a positive identity as the bisexual

individual becomes aware of oppression and activism within the LGBTQ* community.

Bisexual identity increases the ability to recognize injustice within politics and

communities from both heterosexual and gay/lesbian individuals (Rostosky et al, 2010).

For example, experiences of marginalization from both heterosexual and queer

communities can promote an individual to take action and make changes for other people

experiencing oppression. Riggle and Rostosky (2012) outline some of the forms social

justice can take. Mentoring, or guiding another person in a way that promotes their

personal growth. Being a mentor allows someone to relay life lessons in a way that can

educate others. Activism can include educating people about injustice or speaking out of

such injustice. Overall social justice contributes to well-being because it provides people

with a sense of purpose in that their voice can be heard and cause changes (Riggle &

Rostosky, 2012).

Self-awareness of emotions can help individuals navigate their lives (Kauer,

2012). Self-awareness can help individuals identify how they feel and how often they

reflect on those feelings. Awareness of person's LGB identity often begins with a

realization of being "different" from others around us (Riggle & Rostosky, 2012).

According to Riggle et al (2014), LGBTQ* self- awareness is "a belief that one's LGB

identity has increased one's self-awareness" and becoming aware of one's sexuality

offers opportunity for personal growth and can promote overall well-being. Bisexual

identity challenges the traditional dichotomy of sexual orientation and offers fluidity in

attraction to men and women rather than the conventional ideology of attraction to either

men or women. The ability to feel 'at home' in one's identity promotes a positive sense

of self and has the ability to enhance relationships with others (Rostosky et al., 2010).

Emotional connections set the foundation for close relationships (Goleman 2006).

Emotional connections with friends, partners, and family is important for positive well-

being. These relationships give people support and added value that ultimately increases sense of purpose. Intimacy, as it relates to LGB identity, means that one's sexual identity "enhances one's capacity for intimacy and sexual freedom" (Riggle et al, 2014). Bisexual identity promotes a sense of freedom within the context of sexuality. A freedom to love and experience diversity within romantic relationships that goes beyond partner gender. For example, choosing a partner is not contingent on their biological sex. Instead, one looks at more humanistic traits like personality, morals, interests, and sexual compatibility (Rostosky et al., 2010).

Community is the sense of connectedness one feels with the LGBTQ community. Previously, we discussed the level of stigma bisexual individuals face from the lesbian and gay communities as well as the heterosexual community. This lack of connection can negatively influence a bisexual person's well-being and positive identity development. However, being connected to the bisexual community can combat the 'outsider' feelings and allow a greater understanding of oppression and privilege (Balsam & Mohr, 2007; Rotosky et al., 2010). Connection to the broader LGBTQ* community is important for sexual minorities because it offers resources and acceptance (Harper & Schneider, 2003), and involvement has a way of acting as a discrimination buffer (Russel & Richards, 2003). These five factors: (a) authenticity of identity, (b) social justice of identity, (c) self-awareness identity, (d) intimacy, and (f) sense of community work in conjunction to promote over all well-being and a positive sense of identity.

Positive identity formation may be difficult for bisexual individuals due to experiences of binegitivity, sexual minority stress, and fewer visible role model (Rust, 2002). However, research has uncovered that bisexual identity can facilitate the ability to

form sexual and affectionate relationships without focusing on partner gender (Rostosky et al., 2010). Instead, individuals are concerned with personality, character, interests, intimacy, and sexual attraction in potential partners. Positive identity formation influences how bisexual individuals navigate the world around them from relationship formation, community involvement, and combating minority stress and resulting health disparities.

4.3 Methods

4.3.1 Procedure

Participants were recruited for the current study utilizing targeted recruitment in bisexual spaces primarily online (e.g., bisexual-focused websites, Facebook, Twitter, and Reddit). The recruitment messaging explicitly stated that the study aimed to recruit bisexual individuals and their partners in mixed-sex relationships. The current study will only utilize data from the female bisexual partner. Potential participants expressed interest in the study by clicking on a link that took them to an eligibility survey. A participant met eligibility criteria if they were over the age of 18, identified as bisexual, identified as a woman, had been in their current romantic mixed-sex relationship for a minimum of three months.

4.3.2 Participants

A total of 263 bisexual women participated in the study. The average age of participants was 28.34 years ($SD = 7.071$, range = 18-50). Participants were predominantly White/ Caucasian (83.3%), with the remainder of the participants identifying their race/ethnicity American/Canadian Indian or Alaska Native (1.1%), Asian or Asian American/Canadian (3.4), Black/ African American (1.5%), and

Multiracial (8.7%). The majority of the participants reported higher education either some college/two-year degree/technical school (31.6%), were a college/university graduate (36.5%), or graduate school graduate (16%). The remainder of the participants reported grade school ($n = 1$), middle school ($n = 1$), high school graduate/ GED ($n = 38$, or 14.4%), and other ($n = 2$) as their highest level of education. Over half (57.4%) reported no affiliation with any specific religion, however, some identified as Catholic (6.5%), Christian (7.2%), Hindu (.8%), Jehovah's Witness (.4%), Jewish (1.5%), Protestant (4.2%), or other (20.2%). All participants were currently living with their partner with 51.3% cohabitating and 48.7% being married. The majority of participants were in monogamous relationships (71.9%), with the remainder (28.1%) in consensually non-monogamous relationships. The average age participants were first aware of their sexual identity was 16.27 ($SD = 5.665$, range = 10-45). The average age participants came out was 19.11 ($SD = 5.475$, range = 10-45). See Table 1 for demographic details of the sample.

4.4 Measure

4.4.1 Demographics

Participants were asked a number of demographic questions including age, relationship status, relationship type, education, ethnicity, and religion.

4.4.2 Relationship Satisfaction

Relationship satisfaction was measured using the Global Measure of Relationship Satisfaction (GMREL; Lawrence & Byers, 1998) tool. The tool is comprised of five 7-point semantic differentials. The root of the questions is "In general, how would you describe your overall relationship with your partner?" Anchors include: *Good-Bad,*

Pleasant-Unpleasant, Positive-Negative, Satisfying-Unsatisfying, and Valuable-Worthless. Participants were asked to rate their overall relationship satisfaction with their current partner, where higher total scores indicate a higher level of relationship satisfaction.

4.4.3 Positive Identity from Bisexuality

A five-dimension Lesbian, Gay, and Bisexual Positive Identity Measure (LGB-PIM; Riggle et al., 2014) was used to measure positive bisexual identity. This measure consisted of 25 items assessing different aspects of positive identity: Self-awareness, authenticity, community, intimacy, and social justice. *Self-awareness* involves an individual believing that their LGB identity increases their self-awareness e.g. "*My bisexual identity motivates me to be more self-aware*."). *Authenticity* encompasses the degree to which an individual feel comfortable with their LGB identity and expressing it when interacting with others (e.g. "*I embrace my bisexual identity*."). *Community* includes an individual's involvement with the LGBT community and support they get from that ("*I feel included in the bisexual community*."). *Intimacy* is the belief that an individual's LGB identity enhances their sexual freedom and level of intimacy they experience with partners ("*My bisexual identity allows me to understand my sexual partner better*."). *Social Justice* is the belief that identifying as an LGB individual increased awareness of social justice issues and other forms of oppression ("*As a bisexual person, it is important to act as an advocate for bisexual rights*."). Respondents answered questions on a 7-point scale ranging from 1 "*Strongly Disagree"* to 7 *"Strongly Agree".* Validity and reliability have been demonstrated with accessing positive LGB identity (Riggle et al., 2014).

4.5 Analyses

In order to answer research questions, a series of bivariate correlations followed by a multivariate regression utilizing LGB-PIM subscale scores as the independent variable (authenticity, social justice, self-awareness, intimacy, and sense of community) and important demographic characteristics (as control variables) to predict the dependent variable, relationship satisfaction. All analysis were conducted using SPSS 26.0.

4.6 Results

The means and standard deviations for relevant measures are provided in Table 2. Bivariate analyses were utilized to investigate the link between relationship satisfaction and the five PIM subscales (self-awareness, authenticity, community, intimacy, and social justice), as well as demographic variables of interest (age and relationship length). All variables significantly correlated with relationship satisfaction at the bivariate level were included in the multivariate analysis. A multivariate regression analysis was performed with relationship satisfaction as the outcome variable. In the multivariate model, relationship satisfaction was significantly predicted by the intimacy subscale, $b = .20$, $t(249) = 2.85$, $p < .005$. Intimacy also explained a significant proportion of variance in satisfaction scores, $R^2 = .06$, $F(255) = 4.16$, $p < .000$. None of the other variables significantly predicted relationship satisfaction. See Table 4 for regression coefficients in predicting relationship satisfaction.

4.7 Discussion

The present study sought to better understand relationship satisfaction of bisexual women in relationships with men through a resilience lens by focusing on positive identity factors. LGBTQ* individuals face a multitude of prejudicial experiences in society,

healthcare, and relationships throughout their lifetimes. A culmination of negative life experiences is best explained by the minority stress theory (Meyer, 2003). Individuals experiencing sexual minority stress are at risk for increased psychological distress (Brewster & Moradi, 2010), substance use (Nawyn et al., 2000), and negative physical health outcomes (Meyer, 2003; Frost et al., 2011; Friedman et al., 2014). Minority stress is one explanation for the exponential health disparities experienced within the bisexual community (Friedman et al., 2014). Furthermore, society views bisexuality as an unstable orientation, or that the individual is "in between" same-sex and mixed-sex orientation (Dyar et al., 2014). This belief, held in both straight and gay and lesbian communities, contributes to hesitancy in beginning and maintaining relationships with bisexual individuals (Feinstein et al., 2016). Additionally, experiences of stress on the individual level and the partner level have been found to have negative impacts on relationships (Randall & Bodenmann, 2009). Findings revealed that the intimacy generated by bisexual identity was the most salient predictor of relationship satisfaction. Relatively few studies have focused on bisexual women in mixed-sex relationships and no studies of which we are aware have examined the link between positive identity formation and relationship satisfaction. The current study contributes to the growing body of literature by assessing those links.

The bivariate correlational findings suggested that two aspects of positive identity, authenticity and intimacy, were linked to relationship satisfaction. However, the multivariate model indicated that intimacy was the only significant predictor of relationship satisfaction for bisexual women in long term relationships with men. It is important for overall well-being and life satisfaction to know one's self and behave in a

way that is consistent with one's identity (Harter, 2002), but these findings suggest that the intimacy generated by one's identity is what is fueling relationship satisfaction. Previous research suggests that bisexual women have freedom to choose partners without having to consider their gender/sex and ability to explore diverse experiences (Rostosky et al., 2010). It becomes evident that being bisexual allows one to choose a partner based on internal qualities instead of those on at the surface-level. Thus, bisexual individuals can cultivate close intimate bonds with their partner that goes beyond that person's genitalia and the intimacy derived from this bond seems to positively impact relationship satisfaction.

The literature frequently discusses the importance of LGBTQ* community involvement, but because bisexual women experience double discrimination finding support may be difficult (Brewster & Moradi, 2010; Roberts et al., 2015). In fact, higher connectedness to the LGBTQ* community can act as a buffer against physiological distress resulting from discriminatory experiences for bisexual women (Craney et al., 2018); however, in the present study, community was not linked to relationship satisfaction. Perhaps this is due to the fact that these bisexual women were in long term relationships with men and they may feel like outsiders to their LGBTQ* community compared to single bisexual women or bisexual women in same-sex relationships (Rostosky et al., 2010). Future research should explore the nuances of community involvement for bisexual women in mixed-sex relationships, barriers to feeling welcome in LGBTQ* spaces, and the role of involvement of the male partner in these spaces.

Another facet of positive identity measured how the participants' bisexual identity contributed to their involvement with social justice. In the current sample, this was

perhaps not surprisingly not linked to relationship satisfaction. The measure of social justice included advocacy, education, prejudicial and discriminatory awareness, and appreciation of differences based on ones own experience with the LGBTQ* community. For example, items like "My LGBT identity makes it important to me to actively educate others about LGBT issues" or "My experience with my LGBT identity leads me to fight for the rights of others" are examples of items in this subscale. There are a number of possibilities for why involvement with social justice was not significantly related to relationship satisfaction, including that social justice involvement may be more of an individual activity not as associated with relationship dynamics such as satisfaction. Additionally, bisexual women in a relationship with men may not face the kind of direct discrimination from society at large, and this may provide a buffer that may not motivate as much involvement in social justice efforts. That in combination with the fact that bisexual individuals often do not feel as accepted by the LGBTQ* community (Dodge et al., 2016) may make fighting for the rights of the LGBTQ* community as a whole less urgent. Additionally, the sigma bisexual individuals can face from the larger LGBTQ* community (Matsick & Rubin, 2018) might negatively impact one's willingness to fight for the same community. The current study did not directly assess these constructs, but all would be interesting avenues for future research to consider.

Research on bisexual individuals highlights how double discrimination, discrimination from both straight and sexual minority communities, and binegitivity can impact mental and physical wellbeing. Thus, it is no surprise that authenticity was not linked to relationship satisfaction. Authenticity relates to how comfortable an individual is with themselves and expression of that self to others. Being that these women are in

relationships with men, their bisexual identity may be easily concealed. Conversely, over 28% of our sample reported their current relationship was consensually nonmonogamous. While we did not directly assess the relationship between relationship satisfaction and relationship type (monogamous vs. consensually non-monogamous), we know that open relationships can serve as a strategic form of sexual expression for bisexual women in relationships with men by providing opportunities for visibility (Robinson, 2013), and previous research highlights the importance of communication and honesty within a couple trying to overcome difficulties negotiating nonmonogamous relationships (McLean, 2011). Further research on bisexual women in consensually nonmonogamous mixed-sex relationships could provide insight to better understand the authenticity facet of positive identity in bisexual women.

The present thesis investigated how an individual's bisexual identity influenced their self-awareness and these findings indicated that there was not a significant relationship between self-awareness and relationship satisfaction. In the current sample, the average length of relationship was about 6 years, indicating that these women have been predominately presenting themselves in a mixed-sex relationship for a length of time. It may be that the bisexual aspect of their identity may have been more prominent in their relationship satisfaction earlier on in their relationships. It may also be influenced by the relationship history of the participant and the extent to which they have been involved within and outside of the LGBTQ* community. Future research may benefit from examining the link between identity self-awareness to examine if perhaps greater self-awareness can mitigate the negative impact of bisexual erasure in women in long-term relationships with men.

Intimacy was the only salient predictor in relationship satisfaction for bisexual women in relationships with men. Intimacy is an interpersonal process of self-disclosure, perceived partner disclosure, and perceived partner responsiveness (Laurenceau et al., 2005; Reis & Shaver, 1988). Individuals cultivate and maintain relationships by exchanging intimacy and acknowledging a partner's needs (Reis & Shaver, 1988). In fact, intimacy is widely recognized variable for predicting relationship quality (Julien et al., 2003; Peplau, 2001; Rubin & Campbell, 2012).

This study served a strong purpose providing insight on the links between certain facets of identity and relationship satisfaction in a sexually diverse sample.

4.8 Limitations

The findings should be considered in context of the study's limitations. The participants in this study were predominately white and highly educated. Additionally, this particular analysis only utilized data from one member of the couple despite having access to partner data. Future analyses should integrate the partner perspective into the analysis through dyadic data analysis. The present thesis only evaluated relationship satisfaction from one member of the couple which prevents a holistic view of the couple's overall relationship satisfaction. This is important for future studies because there can be discrepancies in a couple's perceived relationship satisfaction.

CHAPTER 5. RESULTS AND DISSCUSSION

5.1 Results

The means, standard deviations, and ranges for relevant measures are provided in

Table 2. Mean scores for relationship satisfaction and PIM subscales: self-awareness,

authenticity, community, intimacy, and social justice were all relatively high, indicating

that the majority of participants were highly satisfied and had high levels of positive

identity development. Bivariate analyses were utilized to investigate the link between

relationship satisfaction and the five PIM subscales (self-awareness, authenticity,

community, intimacy, and social justice), as well as demographic variables of interest

(age and relationship length). All variables significantly correlated with relationship

satisfaction at the bivariate level were included in the multivariate analysis. A

multivariate regression analysis was performed with relationship satisfaction as the

outcome variable. In the multivariate model, relationship satisfaction was significantly

predicted by the intimacy subscale, $b = .20$, $t(249) = 2.85$, $p < .005$. Intimacy also

explained a significant proportion of variance in satisfaction scores, $R^2 = .06$, $F(255) =$

4.16, $p < .000$. None of the other variables significantly predicted relationship

satisfaction. See Table 4 for regression coefficients in predicting relationship satisfaction.

Table 1

Demographic characteristics

	M
Age	28.34
Age Aware	16.26
Age Out	19.11
Relationship Status	
Married, living with spouse	128 (48.7%)
Partnered, living with spouse	135 (51.3%)
Relationship Type	
Monogamous	189 (71.9%)
Consensually non-monogamous	74 (28.1%)
Education	
Grade School	1 (.4%)
Middle School	1 (.4%)
High School Graduate or GED	38 (14.4%)
Some college/university or a 2yr	83 (31.6%)
College/University Graduate	96 (36.5%)
Graduate School	42 (16%)
Other, please specify:	2 (.8%)
Ethnicity	
American Indian or Alaska Native	4 (.8%)
Asian or Asian American	9 (3.4%)
Black or African American	4 (1.5%)
White or Caucasian	219 (83.3%)
Multiracial, please specific	23 (8.7%)
Religion	
Catholic	17 (6.5%)
Christian	19 (7.2%)
Hindu	2 (.8%)
Jehovah's Witness	1 (.4%)
Jewish	4(1.5%)
Protestant	11 (4.2%)
I don't identify with any specific religion	151(57.4%)
Other, please specify:	53 (20.2%)
No response	5 (1.9%)

Table 2

Mean, standard deviation, and range for variables of interest

	M(SD)	Range
Relationship Satisfaction	39.2 (8.4)	1 – 40
Length of Relationship	74.8 (61.4)	1 - 248
Relationship Type	1.2(.45)	1 - 2
Age	28.3 (7.1)	18 - 50
Self-Awareness	5.3 (1.1)	1 – 7
Authenticity	5.8 (1.2)	1 - 7
Community	4.0 (1.6)	1 - 7
Intimacy	5.3 (1.2)	1 - 7
Social Justice	5.8 (1.3)	1 - 7

Table 3

Results of t-test for Relationship Satisfaction by Relationship Type

	Relationship Type						95% CI for Mean Difference			
	Monogamous			Consensually Non-Monogamous						
	M	SD	n	M	SD	n		t	df	p
Relationship Satisfaction	39.03	8.34	189	39.57	8.67	74	-2.82, 1.74	-.47	261	.640

Table 4

Correlation coefficients for the variables of interest

	Correlation	Significance (2-tailed)	N
Relationship Satisfaction	1	.00	263
Relationship Length Relationship Satisfaction	.03	.64	263
Age Relationship Satisfaction	.04	.56	263
Self-Awareness Relationship Satisfaction	.05	.41	259
Authenticity Relationship Satisfaction	.17	.01*	263
Community Relationship Satisfaction	.09	.17	254
Intimacy Relationship Satisfaction	.23	.00*	258
Social Justice Relationship Satisfaction	.11	.09	261

Note. *$p < .01$.

Table 5

Multivariate Analysis for Relationship Satisfaction

Variable	Estimate	SE	95% CI		p
			LL	UL	
Model 1 (Relationship Satisfaction)					
Constant			20.928	33.249	.00
Authenticity	.885	.538	-.175	1.945	.10
Intimacy	1.283	.466	.365	2.201	.006*

Note. CI = confidence interval, LL = lower limit, UL = upper limit, *$p < .01$.

5.2 Discussion

The present thesis sought to better understand relationship satisfaction of bisexual

women in relationships with men through a resilience lens by focusing on positive

identity factors. LGBTQ* individuals face a multitude of prejudicial experiences in

society, healthcare, and relationships throughout their lifetimes. A culmination of negative life experiences is best explained by the minority stress theory (Meyer, 2003). Individuals experiencing sexual minority stress are at risk for increased psychological distress (Brewster & Moradi, 2010), substance use (Nawyn et al., 2000), and negative physical health outcomes (Meyer, 2003; Frost et al., 2011; Friedman et al., 2014). Minority stress is one explanation for the exponential health disparities experienced within the bisexual community (Friedman et al., 2014). Furthermore, society views bisexuality as an unstable orientation, or that the individual is "in between" same-sex and mixed-sex orientation (Dyar et al., 2014). This belief, held in both straight and gay and lesbian communities, contributes to hesitancy in beginning and maintaining relationships with bisexual individuals (Feinstein et al., 2016). Additionally, experiences of stress on the individual level and the partner level have been found to have negative impacts on relationships (Randall & Bodenmann, 2009). Findings revealed that the intimacy generated by bisexual identity was the most salient predictor of relationship satisfaction. Relatively few studies have focused on bisexual women in mixed-sex relationships and no studies of which we are aware have examined the link between positive identity formation and relationship satisfaction. The current study contributes to the growing body of literature by assessing those links.

Health promotion professionals have a responsibility to provide skills that enable individuals to take action and live healthier lives. This includes areas of education, policy, advocacy, environment, and economy. Binegitive attitudes are problematic and can have a negative impact on the health of the bisexual community (Brewster & Moradi, 2010; Frost et al, 2011; Dyar et al., 2014; Vencill, et al., 2017). Health promotion

professionals can work within and outside of the LGBTQ* community and advocate for the normalization of bisexual identity and the inclusion of bisexual individuals. Education begins at home and continues throughout the lifespan (Darling- Hammond et al., 2019). Health promotion professionals have the ability to educate youth and adults on sexual identity development. Additionally, comprehensive sexuality education should be inclusive of all sexual orientations, including bisexuality, and should include lessons on healthy relationships. The last area of health promotion responsibility pertaining to this study is policy. While there are laws protecting LGBTQ* individuals, there are still stigma and prejudice towards them, especially in healthcare. Facilitating the implementation of policy that protects and promotes equity for LGBTQ* individuals in healthcare settings must be a goal of health promotion professionals.

The bivariate correlational findings suggested that two aspects of positive identity, authenticity and intimacy, were linked to relationship satisfaction. However, the multivariate model indicated that intimacy was the only significant predictor of relationship satisfaction for bisexual women in long term relationships with men. It is important for overall well-being and life satisfaction to know one's self and behave in a way that is consistent with one's identity (Harter, 2002), but these findings suggest that the intimacy generated by one's identity is what is fueling relationship satisfaction. Previous research suggests that bisexual women have freedom to choose partners without having to consider their gender/sex and ability to explore diverse experiences (Rostosky et al., 2010). It becomes evident that being bisexual allows one to choose a partner based on internal qualities instead of those on at the surface-level. Thus, bisexual individuals can cultivate close intimate bonds with their partner that goes beyond that person's

genitalia and the intimacy derived from this bond seems to positively impact relationship satisfaction.

The literature frequently discusses the importance of LGBTQ* community involvement, but because bisexual women experience double discrimination finding support may be difficult (Brewster & Moradi, 2010; Roberts et al., 2015). In fact, higher connectedness to the LGBTQ* community can act as a buffer against physiological distress resulting from discriminatory experiences for bisexual women (Craney et al., 2018); however, in the present study, community was not linked to relationship satisfaction. Perhaps this is due to the fact that these bisexual women were in long term relationships with men and they may feel like outsiders to their LGBTQ* community compared to single bisexual women or bisexual women in same-sex relationships (Rostosky et al., 2010). Future research should explore the nuances of community involvement for bisexual women in mixed-sex relationships, barriers to feeling welcome in LGBTQ* spaces, and the role of involvement of the male partner in these spaces.

Another facet of positive identity measured how the participants' bisexual identity contributed to their involvement with social justice. In the current sample, this was perhaps not surprisingly not linked to relationship satisfaction. The measure of social justice included advocacy, education, prejudicial and discriminatory awareness, and appreciation of differences based on one's own experience with the LGBTQ* community. For example, items like "My LGBT identity makes it important to me to actively educate others about LGBT issues" or "My experience with my LGBT identity leads me to fight for the rights of others" are examples of items in this subscale. There are a number of possibilities for why involvement with social justice was not significantly

related to relationship satisfaction, including that social justice involvement may be more of an individual activity not as associated with relationship dynamics such as satisfaction. Additionally, bisexual women in a relationship with men may not face the kind of direct discrimination from society at large, and this may provide a buffer that may not motivate as much involvement in social justice efforts. That in combination with the fact that bisexual individuals often do not feel as accepted by the LGBTQ* community (Dodge et al., 2016) may make fighting for the rights of the LGBTQ* community as a whole less urgent. Additionally, the sigma bisexual individuals can face from the larger LGBTQ* community (Matsick & Rubin, 2018) might negatively impact one's willingness to fight for the same community. The current study did not directly assess these constructs, but all would be interesting avenues for future research to consider.

Research on bisexual individuals highlights how double discrimination, discrimination from both straight and sexual minority communities, and binegitivity can impact mental and physical wellbeing. Thus, it is no surprise that authenticity was not linked to relationship satisfaction. Authenticity relates to how comfortable an individual is with themselves and expression of that self to others. Being that these women are in relationships with men, their bisexual identity may be easily concealed. Conversely, over 28% of our sample reported their current relationship was consensually nonmonogamous. While we did not directly assess the relationship between relationship satisfaction and relationship type (monogamous vs. consensually non-monogamous), we know that open relationships can serve as a strategic form of sexual expression for bisexual women in relationships with men by providing opportunities for visibility (Robinson, 2013), and previous research highlights the importance of communication and honesty within a

couple trying to overcome difficulties negotiating nonmonogamous relationships (McLean, 2011). Further research on bisexual women in consensually nonmonogamous mixed-sex relationships could provide insight to better understand the authenticity facet of positive identity in bisexual women.

The present thesis investigated how an individual's bisexual identity influenced their self-awareness and these findings indicated that there was not a significant relationship between self-awareness and relationship satisfaction. In the current sample, the average length of relationship was about 6 years, indicating that these women have been predominately presenting themselves in a mixed-sex relationship for a length of time. It may be that the bisexual aspect of their identity may have been more prominent in their relationship satisfaction earlier on in their relationships. It may also be influenced by the relationship history of the participant and the extent to which they have been involved within and outside of the LGBTQ* community. Future research may benefit from examining the link between identity self-awareness to examine if perhaps greater self-awareness can mitigate the negative impact of bisexual erasure in women in long-term relationships with men.

Intimacy was the only salient predictor in relationship satisfaction for bisexual women in relationships with men. Intimacy is an interpersonal process of self-disclosure, perceived partner disclosure, and perceived partner responsiveness (Laurenceau et al., 2005; Reis & Shaver, 1988). Individuals cultivate and maintain relationships by exchanging intimacy and acknowledging a partner's needs (Reis & Shaver, 1988). In fact, intimacy is widely recognized variable for predicting relationship quality (Julien et al., 2003; Peplau, 2001; Rubin & Campbell, 2012). While intimacy was the only

significant predictor in the multivariate model, respondents reported relatively high scores on all variables of interest. Meaning that they were, for the majority, highly satisfied in their relationships and had high levels of positive identity. The lack of variation in satisfaction and positive identity scores means that this study may have failed to represent the variety of individual experience. In addition to high scores on the variables of interest, the sample was majority white. If the study included more voices of color, there would have been an opportunity to examine the intersectionality of race and sexual identity in a meaningful way. A more racially diverse sample has the potential to illuminate the impacts of historical oppression and marginalization on individuals of both racial and sexual minority status not just the white sexual minority experience.

5.3 Limitations

The findings should be considered in context of the study's limitations. The participants in this study were predominately white and highly educated. A more racially and educationally diverse sample has the potential to highlight a variety of different results. Additionally, this particular analysis only utilized data from one member of the couple despite having access to partner data. Future analyses should integrate the partner perspective into the analysis through dyadic data analysis. The present thesis only evaluated relationship satisfaction from one member of the couple which prevents a holistic view of the couple's overall relationship satisfaction. This is important for future studies because there can be discrepancies in a couple's perceived relationship satisfaction.

A final limitation needing consideration are the high relationship satisfaction and PIM subscale scores. The majority of respondents reported high levels of relationship

satisfaction and positive identity. Perhaps, this was a result of the sampling population. For example, if the sample would have been more racially diverse, impacts of intersectionality of both racial and sexual minority status would be represented.

5.4 Practical Implications

The current thesis served to fill the gap in research regarding the link between positive identity and relationship satisfaction of bisexual women in relationships with men by contributing and expanding the existing, yet limited body of knowledge on the topic. This thesis sought to identify which aspect or aspects of positive identity had a predictive link to relationship satisfaction with intimacy being the only predictive construct. Findings hold implications in multiple areas of practice.

Prior research highlights the multitude of health disparities experienced by bisexual women. Identifying intimacy of woman's bisexual identity, as a predictor for relationship satisfaction can serve a purpose for cliniciana working with bisexual women that are unsatisfied in their current romantic relationship with men. Intimate relationships are a crucial aspect of life satisfaction (Diener & Diener McGrave, 2008). In fact, one partner's life satisfaction can improve the other partner's life satisfaction along with the overall relationship satisfaction (Gustavson et al., 2016).

Knowing the link between healthy relationships and life satisfaction may be beneficial for certain areas within health promotion, especially comprehensive sexuality education. In the United States, grant dollars are predominately given to schools that implement abstinence only until marriage (AOUM) programs, despite a body of literature highlighting the inefficacy of such programs (Hall et al., 2016). Conversely, SIECUS had a national task force develop a set of guidelines for comprehensive sexuality education in

grades kindergarten through grade twelve. Not only are these guidelines inclusive of sexual minorities, but they also include information on healthy interpersonal relationships. Health promotion professionals and other health educators should consider the findings of this thesis in conjunction with the guidelines presented by SIECUS when developing health and relationship programs. In addition to improving the availability and delivery of comprehensive sexuality programs, health promotion professions can use the results of this thesis for support for programing identity development programs and workshops. For most people, sexual identity may not have been something to consider exploring. Though this study provided new information it is still crucial to expand this research in order to reduce the health disparities experienced by bisexual individuals.

References

Balsam, K. F., & Mohr, J. J. (2007). Adaptation to sexual orientation stigma: A

comparison of bisexual and lesbian/gay adults. *Journal of Counseling*

Psychology, 54(3), 306–319. DOI:10.1037/0022-0167.54.3.306

Bauer, J., McAdams, J., & Pals, D. (2008). Narrative identity and eudaimonic well-being.

Journal of Happiness Studies, 9(1), 81-104. DOI: 10.1007/s10902-006-9021-6

Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal

attachments as a fundamental human motivation. *Psychological Bulletin, 117*,

497– 529. DOI: 10.1037/0033-2909.117.3.497

Baptiste-Roberts, K., Oranuba, E., Werts, N., & Edwards, L. V. (2017). Addressing

health care disparities among sexual minorities. *Obstetrics and Gynecology*

Clinics of North America, 44, 71–80. DOI: 10.1016/j.ogc.2016.11.003

Brewster, M. E., & Moradi, B. (2010). Perceived experiences of anti-bisexual prejudice:

Instrument development and evaluation. *Journal of Counseling Psychology, 57*,

451–468. DOI: 10.1037/a0021116

Cass, V.C., (1979). Homosexual identity formation. *Journal of Homosexuality, 4*(3), 219-

235. DOI: 10.1300/J082v04n03_01

Centers for Disease Control and Prevention. (2018). Social Determinants of Health:

Know What Affects Health. Retrieved

from https://www.cdc.gov/socialdeterminants/index.htm

Craney, R.S., Watson, L.B., Brownfield, J., & Flores, M.J., (2018). Bisexual women's

discriminatory experiences and psychological distress: Exploring the roles of

coping and lgbtq community connectedness. *Psychology of Sexual Orientation and Gender Diversity, 5*(3), 324-337. DOI: 10.1037/sgd0000276

Chmielewski, J. F., & Yost, M. R. (2013). Psychosocial influences on bisexual women's body image: Negotiating gender and sexuality. *Psychology of Women Quarterly*, *37,* 224–241. DOI: 10.1177/0361684311426126

Darling-Hammond, L., Flook, L., Cook-Harvey, C., Barron, B., & Osher, D. (2019). Implications for educational practice of the science of learning and development. Applied Developmental Science, 24 (2), 97 – 140. DOI: 10.1080/10888691.2018.1537791

DeCapua, S.R., (2017). Bisexual women's experiences with binegativity in romantic relationships. *Journal of Bisexuality, 17*(4), 451- 472. DOI: 10.1080/15299716.2017.1382424

Diamond, L. M. (2008). Female bisexuality from adolescence to adulthood: Results from a 10-year longitudinal study. *Developmental Psychology, 44*, 5–14. DOI:10.1037/0012-1649.44.1.5

Diener, M. L., & Diener McGavran, M. B. (2008). What makes people happy?: A developmental approach to the literature on family relationships and well-being. In M. Eid & R. J. Larsen (Eds.), The science of subjective well-being (p. 347–375). Guilford Press.

DiPlacido, J. (1998). *Minority stress about lesbians, gay men, and bisexuals: A consequence of heterosexism, homophobia, and stigmatizations*. In G. Herek (Ed.), *Stigma and sexual orientation* (pp. 138–159). Thousand Oaks, CA: Sage

Dodge, B., Herbenick, D., Friedman, M.R., Schick, V., Fu, J., Bostwick, W., …Sandford,

    T.G.M. (2016). Attitudes toward bisexual men and women among a nationally

    representative probability sample of adults in the united states. *PLoS ONE,*

    11(10). DOI: 10.1371/journal.pone.0164430

Doyle, D. M., & Molix, L. (2014). How does stigma spoil relationships? Evidence that

    perceived discrimination harms romantic relationship quality through impaired

    self-image. *Journal of Applied Social Psychology, 44*(9), 600–610. DOI:

    10.1111/jasp.12252

Dush, C. M. K., & Amato, P. R. (2005). Consequences of relationship status and quality

    for subjective well-being. *Journal of Social and Personal Relationships, 22,* 607–

    627. DOI: 10.1177/0265407505056438

Dyar, C., Feinstein, B.A., & London, B. (2014). Dimensions of sexual identity and

    minority stress among bisexual women: The role of partner gender. *Psychology of*

    Sexual Orientation and Gender Diversity, 1(4), 441-451.

    DOI: 10.1037/sgd0000063

Dyar, C., Lytle, A., London, B., & Levy, S.R. (2017). An experimental investigation of

    the application of binegative stereotypes. *Psychology of Sexual Orientation and*

    Gender Diversity, 4(3), 314-327.

Feinstein, B. A., Dyar, C., Bhatia, V., Latack, J. A., & Davila, J. (2016). Conservative

    beliefs, attitudes toward bisexuality, and willingness to engage in romantic and

    sexual activities with a bisexual partner. *Archives of Sexual Behavior, 45(*6),

    1535–1550. https://doi.org/10.1007/s10508-015-0642-x

Frost, D., Lehavot, K., & Meyer, I. (2011). Minority stress and physical health among

    sexual minority individuals. *Journal of Behavioral Medicine, 38*(1), 1-8.

    DOI: 10.1007/s10865-013-9523-8

Friedman, M., Dodge, B., Schick, V., Herbenick, D., Hubach, R., Bowling, J., . . . Reece,

    M. (2014). From bias to bisexual health disparities: Attitudes toward bisexual

    men and women in the united states. *LGBT Health, 1*(4), 39-318.

Friedman, C., & Leaper, C. (2010). Sexual-Minority College Women's Experiences with

    Discrimination: Relations with Identity and Collective Action. *Psychology of*

    Women Quarterly, 34(2), 152-164. DOI: 10.1111/j.1471-6402.2010.01558.x

Gates, G. J. (2011). How many people are lesbian, gay, bisexual and transgender? Los

    Angeles, CA:The Williams Institute.

Goleman, D. (2006). *Social intelligence: The new science of human relationships.* New

    York: Bantam Books.

Gustavson, K., Røysamb, E., Borren, I., Torvik, F., & Karevold, E. (2016). Life

    satisfaction in close relationships: findings from a longitudinal study. *Journal of*

    Happiness Studies, 17(3), 1293-1311. DOI: 10.1007/s10902-015-9643-7

Hall, K. S., Sales, J. M., Komro, K. A., & Santelli, J. (2016). The state of sex education

    in the United States. *The Journal of Adolescent Health: Official Publication of the*

    Society for Adolescent Medicine, 58, 595. DOI: 10.1016/j.jadohealth.2016.03.032

Harper, G., & Schneider, M. (2003). Oppression and Discrimination among Lesbian,

    Gay, Bisexual, and Transgendered People and Communities: A Challenge for

    Community Psychology. *American Journal of Community Psychology, 31*(3-4),

    243-252. DOI:10.1023/A:1023906620085

Harter, S. (2002). Authenticity. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (p. 382–394). Oxford University Press.

Herbenick, D., Bowling, J., Fu, T., Dodge, B., Guerra-Reyes, L., & Sanders, S. (2017). Sexual diversity in the united states: Results from a nationally representative probability sample of adult women and men. *PLoS ONE, 12*(7). DOI:10.1371/journal.pone.0181198

Herek, G. M. (2009). Sexual stigma and sexual prejudice in the United States: A conceptual framework. In D. A. Hope (Ed.), *Contemporary perspectives on lesbian, gay, and bisexual identities* (pp. 65–111). New York, NY: Springer. DOI:10.1007/978-0-387-09556-1_4

Hertlein, K.M., Hartwell, E.E., & Munns, M.E. (2016). Attitudes toward bisexuality according to sexual orientation and gender. *Journal of Bisexuality, 16*, 339-360. doi:10.1080/15299716.2016.1200510

Hequembourg, A.L., & Brailler, S.A. (2009). An exploration of sexual minority stress across the lines of gender and sexual identity. *Journal of Homosexuality, 56*(3), 273-298. DOI: 10.1080/00918360902728517

Higa, D., Hoppe, M. J., Lindhorst, T., Mincer, S., Beadnell, B., Morrison, D. M., Wells, E. A., Todd, A., & Mountz, S. (2014). Negative and positive factors associated with the well-being of lesbian, gay, bisexual, transgender, queer, and questioning (lgbtq) youth. *Youth & Society, 46*(5), 663–687. DOI:10.1177/0044118X12449630

Horney, K. (1950). *Neurosis and human growth; the struggle toward selfrealization*. New York: Norton.

Israel, T., & Mohr, J. J. (2004). Attitudes toward bisexual women and men: Current

 research, future directions. *Journal of Bisexuality, 4*, 117–134.

 DOI:10.1300/J159v04n01_09

Julien, D., Chartrand, E., Simard, M. C., Bouthillier, D., & Bégin, J. (2003). Conflict,

 social support and relationship quality: An observational study of heterosexual,

 gay male and lesbian couples' communication. *Journal of Family Psychology, 17*,

 419–428. DOI:10.1037/0893-3200.17.3.419

Kashubeck-West, S., Zeilman, M., & Deitz, C. (2018). Objectification, relationship

 satisfaction, and self-consciousness during physical intimacy in bisexual women.

 Sexual and Relationship Therapy, 33(1-2), 1-16.

 DOI: 10.1080/14681994.2017.1419569

Kauer, S. D., Reid, S. C., Crooke, A. H. D., Khor, A., Hearps, S. J. C., Jorm, A. F., et al.

 (2012). Self-monitoring using mobile phones in the early stages of adolescent

 depression: randomised controlled trial with an attention comparison group to

 examine the mediating effect of emotional self-awareness. *Journal of Medical

 Internet Research, 14*(3). DOI: 10.2196/jmir.1858

Kertzner, R. M., Meyer, I. H., Frost, D. M., & Stirratt, M. J. (2009). Social and

 psychological well-being in lesbians, gay men, and bisexuals: The effects of race,

 gender, age, and sexual identity. *American Journal of Orthopsychiatry, 79,* 500–

 510. DOI:10.1037/a0016848

Keyes, C. L. M. (1998). Social well-being. *Social Psychology Quarterly,61*, 121–140.

 DOI:10.2307/2787065

King, M., Semlyen, J., Tai, S. S., Killaspy, H., Osborn, D., Popelyuk, D., & Nazareth, I. (2008). A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay, and bisexual people. BMC Psychiatry, 8, 70. DOI: 10.1186/1471-244X-8-70

King, L. A., Burton, C. M., & Giese, A. C. (2009). The good (gay) life: Thesearch for signs of maturity in the narratives of gay adults. In P. L. Hammack & B. J. Cohler (Eds.), *The story of sexual identity: Narrative perspectives on the gay and lesbian life course* (pp. 375–396). New York, NY: Oxford University Press. DOI:10.1093/acprof:oso/9780195326789.003.0016

Kinsey, A.C., Pomeroy, W.B., & Martin, C.E. (1948). Sexual behavior in the human male. Oxford, England: Saunders

Klesse, K. (2011) Shady characters, untrustworthy partners, and promiscuous sluts: Creating bisexual intimacies in the face of heteronormativity and biphobia, *Journal of Bisexuality, 11*(2 - 3). DOI:10.1080/15299716.2011.571987

Kwon, P. (2013). Resilience in lesbian, gay, and bisexual individuals. *Personality and Social Psychology Review, 17*(4). DOI: 10.1177/1088868313490248.

Laurenceau, J. P., Barrett, L. F., & Pietromonaco, P. R. (1998). Intimacy as an interpersonal process: The importance of self-disclosure, partner disclosure, and perceived partner responsiveness in interpersonal exchanges. *Journal of Personality and Social Psychology, 74*, 1238–1251.DOI: 10.1037//0022-3514.74.5.1238.

Laurenceau, J. P., Barrett, L. F., & Rovine, M. J. (2005). The interpersonal process model

 of intimacy in marriage: A daily-diary and multilevel modeling approach. Journal

 of Family Psychology, 19, 314–323. DOI: 10.1037/0893-3200.19.2.314.

Lawrance, K., & Byers, E. S. (1998). Interpersonal Exchange Model of Sexual

 Satisfaction Questionnaire. In C. M. Davis, W. L. Yarber, R. Baureman, G.

 Schreer, & S. L. Davis (Eds), Sexuality related measures: A compendium (p. 514-

 519).

Mastick, J.L., & Rubin, J.D. (2018). Bisexual prejudice among lesbian and gay people:

 Examining the roles of gender and perceived sexual orientation. *Psychology of*

 Sexual Orientation and Gender Diversity, 5(2), 143-155.

 DOI: 10.1037/sgd0000283

May, R. (1981). *Freedom and destiny.* New York: Basic Books.

Mayfield, W. (2001). The Development of an Internalized Homonegativity Inventory for

 Gay Men. *Journal of Homosexuality, 41*(2), 53-76. DOI:

 10.1300/J082v41n02_04

Mays, V. M., & Cochran, S. D. (2001). Mental health correlates of perceived

 discrimination among lesbian, gay and bisexual adults in the United States.

 American Journal of Public Health, 91, 1869–1876. doi:10.2105/ajph.91.11.1869

McLean, K. (2011). Bisexuality and nonmonogamy: A reflection. *Journal of*

 Bisexuality, 11, 513-517. DOI:10.1080/15299716.2011.620857

Meyer, I.H., (2003). Prejudice, social stress, and mental health in lesbian, gay, and

 bisexual populations: conceptual issues and research evidence. *Psychology*

 Bulletin, 129(5), 674-697. DOI: 10.1037/0033-2909.129.5.674

Meyer, I. H. (2007). Prejudice and discrimination as social stressors. In I. H. Meyer & M.

   E. Northridge (Eds.), The health of sexual minorities (pp. 242–267). New York,

   NY: Springer. DOI:10.1007/978-0-387-31334-4_10

Mohr, J., & Kendra, M. (2011). Revision and extension of a multidimensional measure of

   sexual minority identity: The lesbian, gay, and bisexual identity scale. *Journal of*

   Counseling Psychology, 58(2), 234-245. DOI: 10.1037/a0022858

Mohr, J. J., & Rochlen, A. B. (1999). Measuring attitudes regarding bisexuality in

   lesbian, gay male, and heterosexual populations. *Journal of Counseling*

   Psychology, 46, 353-369. doi:10.1037/0022-0167.46.3.353

Moradi, B., Mohr, J. J., Worthington, R. L., & Fassinger, R. E. (2009). Counseling

   psychology research on sexual (orientation) minority issues: Conceptual and

   methodological challenges and opportunities. *Journal of Counseling Psychology,*

   56(1), 5–22. DOI: 10.1037/a0014572

Morandini, J., Pinkus, R., & Dar-Nimrod, I. (2018). Does partner gender influence

    relationship quality among non-monosexual women? *Sexual and Relationship*

   Therapy, 33(1-2), 146 – 165. DOI:10.1080/14681994.2017.1419568

Mulick, P. S., & Wright Jr., L.W. (2008). Examining the existence of biphobia in the

   heterosexual and homosexual populations. *Journal of Bisexuality, 2*(4), 45-64.

Nawyn, S., Richman, J., Rospenda, K., & Hughes, T. (2000). Sexual identity and alcohol-

   related outcomes: Contributions of workplace harassment. *Journal of Substance*

   Abuse, 11(3), 289-304.DOI: 10.1016/s0899-3289(00)00028-6

Ochs, R. (1996). *Biphobia: It goes more than two ways*. In B. A. Firestein

(Ed.), *Bisexuality: The psychology and politics of an invisible minority* (p. 217–

239). Sage Publications, Inc.

Peplau, L. A. (2001). Rethinking women's sexual orientation: An interdisciplinary,

relationship focused approach. *Personal Relationships, 8*, 1–19.

DOI:10.1111/j.1475-6811.2001.tb0 0025.x

Perez-Stable, E. J. (2016, October 6). Sexual and gender minorities formally designated

as a health disparity population for research purposes. Retrieved from

https://www.nimhd.nih.gov/about/directors-corner/message.html

Ragins, B. R., Singh, R., & Cronwell, J. M. (2007). Making the invisible visible: Fear and

disclosure of sexual orientation at work. *Journal of Applied Psychology, 92*,

1103–1118. DOI: 10.1037/0021-9010.92.4.1103

Randall, A., & Bodenmann, G. (2009). The role of stress on close relationships and

marital satisfaction. Clinical Psychology Review, 29(2), 105-115. DOI:

10.1016/j.cpr.2008.10.004

Reis, H.T., & Shaver, P. (1988). *Intimacy as an interpersonal process.* In Handbook of

Relationships, (Ed.), (p. 367–389).

Reynolds, A. L., & Hanjorgiris, W. F. (2000). Coming out: Lesbian, gay, and bisexual

identity development. In R. M. Perez, K. A. DeBord, & K. J. Bieschke (Eds.),

Handbook of counseling and psychotherapy with lesbian, gay, and bisexual

clients (p. 35–56). Washington, DC: American Psychological Association.

Riggle, E. D. B., Whitman, J. S., Olson, A., Rostosky, S. S., & Strong, S. (2008). The

positive aspects of being a lesbian or gay man. *Professional Psychology:*

Research and Practice, 39, 210–217. DOI:10.1037/0735-7028.39.2.210

Riggle, E.D.B., & Rostosky, S.S (2012). *A positive view of lgbtq: Embracing identity and*

cultivating well-being. Lanham, Maryland: Rowman & Littlefield Publishers.

Riggle, E.D.B., Mohr, J.J., Rostosky, S.S., Fingerhunt, A.W., & Balsam, K.F. (2014). A

multifactor lesbian, gay, and bisexual positive identity measure (lgp-pim).

Psychology of Sexual Orientation and Gender Diversity, 1(4), 398-411. DOI:

10.1037/sgd0000057

Roberts, T.S., Horne, S.G., & Hoyt, W.T. (2015). Between a gay and a straight place:

Bisexual individuals' experiences with monosexism. Journal of Bisexuality,

15(4), 554 – 569. DOI:10.1080/15299716.2015.1111183

Robinson, M. (2013). Polyamory and monogamy as strategic identities. *Journal of*

Bisexuality, 13, 21-38. DOI:10.1080/15299716.2013.755731

Rogers, C. R. (1980). A way of being. Boston: Houghton Mifflin.

Rosario, M., Schrimshaw, E. W., Hunter, J., & Braun, L. (2006). Sexual identity

development among lesbian, gay, and bisexual youths: Consistency and change

over time. *Journal of Sex Research*, 43, 46–58.

DOI:10.1080/00224490609552298

Rostosky, S.S., Riggle, E.D.B., Pascale-Hague, D., & McCants, L.E. (2010). The positive

aspects of a bisexual self-identification. *Psychology & Sexuality, 1*(2), 131-144.

DOI:10.1080/19419899.2010.484595

Russell, G. M., & Richards, J. A. (2003). Stressor and resilience factors for lesbians, gay

men, and bisexuals confronting antigay politics. *American Journal of Community

Psychology, 31*(3-4), 313–328.DOI: 10.1023/a:1023919022811

Rust, P.C. (2000a*). Bisexuality in the United States: A social science reader*. New York:

Columbia University Press

Rubin, H., & Campbell, L. (2012). Day-to-day changes in intimacy predict heightened

relationship passion, sexual occurrence, and sexual satisfaction: A dyadic diary

analysis. *Social Psychological and Personality Science, 3*(2), 224–231. DOI:

10.1177/1948550611416520

Ryff, C. D., & Singer, B. (2000). Interpersonal flourishing: A positive health agenda for

the new millennium. *Personality and Social Psychology Review, 4*, 30– 44. DOI:

10.1207/S15327957PSPR0401_4

Savin-Williams, R., & Ream, C. (2007). Prevalence and Stability of Sexual Orientation

Components During Adolescence and Young Adulthood. *Archives of Sexual

Behavior, 36*(3), 385-394. DOI: 10.1007/s10508-006-9088-5

Szymanski, D. (2005). Heterosexism and sexism as correlates of psychological distress in

lesbians. *Journal of Counseling and Development*, 83(3), 355-360.

DOI: 10.1002/j.1556-6678.2005.tb00355.x

Tyler, T., Boeckmann, R., Smith, H., & Huo, Y. (1997). *Social justice in a diverse

society*. Boulder, CO: Westview Press.

Vaughan, M. D., & Waehler, C. A. (2010). Coming out growth: Conceptualizing and

measuring stress-related growth associated with coming out to others as a sexual

minority. *Journal of Adult Development, 17*(2), 94–109. DOI: 10.1007/s10804-009-9084-9

Vencill, J.A., Carlson, S., Iantaffi, A., & Miner, M. (2017). Mental health, relationships, and sex: exploring patterns among bisexual individuals in mixed orientation relationships. *Sex and Relationship Therapy, 3*(1-2), 14-33. DOI: 10.1080/14681994.2017.1419570

Winnicott, D. W. (1965). *The maturational processes and the facilitating environment.* New York: International Universities Press

Yalom, I. D. (1980). *Existential psychotherapy.* New York: Basic Books.

Yost, M.R., & Thomas, G.D. (2012). Gender and binegativity: men's and women's attitudes toward male and female bisexuals. *Archives of Sexual Behavior, 41*(3), 691-702. DOI: 10.1007/s10508-011-9767-8

Zurbriggen, E. L., Ramsey, L. R., & Jaworski, B. K. (2011). Self- and partner-objectification in romantic relationships: Associations with media consumption and relationship satisfaction. *Sex Roles*, 64, 449–462. DOI: 10.1007/s11199-011-9933-4

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<u>Selected Presentations</u>

Michel, K., Mark, K.P., & Ziliak, C. (2019). A qualitative analysis of North American women's circumcision status preferences. *Society for the Scientific Study of Sexuality.* Denver, CO.

Haus, K., Michel, K., Mark, K.P. (2019). Implementing Participant-Led Trauma-Informed Sexuality Education to Pregnant Teens and Teen Moms in Kentucky. Center for Clinical and Translational Science. Lexington, KY.

Leistner, C., Mark, K.P., & Michel, K. (2018). Attitudes toward mothers as sexual beings: Scale development and associations with sexual health outcomes among couples with children. Society for the Scientific Study of Sexuality. Montreal, Canada.