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Predictors Of Psychological Well-Being And Relationship Satisfaction Among Bisexual Individuals

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PREDICTORS OF PSYCHOLOGICAL WELL-BEING AND RELATIONSHIP
SATISFACTION AMONG BISEXUAL INDIVIDUALS

A Dissertation

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of the Requirements for the Degree

Doctor of Psychology

by

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Keywords: bisexual, sexual orientation, relationships, psychological health

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ABSTRACT

Despite representing the largest subgroup of the LGBTQ+ community, bisexual individuals have long faced marginalization and erasure in psychological research on LGBTQ+ issues, which has often lumped bisexual individuals together with lesbians and gay men or excluded them altogether. Such practices fail to acknowledge the unique discriminatory experiences bisexual individuals face at the hands of heterosexual people as well as lesbians and gay men, and how these minority stressors contribute to distinctly poorer mental health and relationship outcomes for bisexual individuals. Although bisexuality research is still in its early stages and many gaps in the literature remain, a few recent studies suggest that having internalized negative attitudes about one's bisexuality, concealing one's bisexual identity from others, feeling socially isolated and disconnected from the bisexual community, and having a different-gender partner may predict poorer psychological well-being and relationship quality. This study aimed to clarify the nature of these associations, as well as examine sexual satisfaction as a possible predictor of relationship satisfaction and less internalized binegativity. Participants who identified as bisexual, were over 18-years old, and were currently in a monogamous relationship were recruited through snowball sampling. The criterion variables were the participant's psychological well-being and relationship satisfaction as measured by their scores on the Everyday Feeling Questionnaire and the Relationship Assessment Scale, respectively. The predictor variables were partner gender as indicated in the demographic questionnaire, scores on the Illegitimacy of Bisexuality, Internalized Binegativity, and Identity Affirmation subscales of the Bisexual Identity Inventory, the Connectedness to the Bisexual Community Scale, the Disclosure and Concealment subscales of the Nebraska Outness Scale, the Friendship Scale, and the New Sexual Satisfaction Scale. It was hypothesized that greater psychological well-being and sexual satisfaction would both predict greater relationship satisfaction, and that greater reported levels of internalized

binegativity and having a different-gender partner would predict lower levels of both psychological well-being and relationship satisfaction. Additionally, we predicted that outness would moderate the association between psychological well-being and levels of connectedness to the bisexual community such that the association between psychological well-being and connectedness would be stronger among those with higher levels of outness. Also, we predicted that social support would mediate the relation between bisexual community connectedness and psychological well-being such that more connectedness would be associated with more social support, which would then be associated with psychological well-being. Furthermore, we hypothesized an indirect serial mediation pathway linking greater reported outness to greater relationship satisfaction through greater bisexual-specific community connectedness and perceived social support.

Lower internalized binegativity, greater sexual satisfaction, and having a different-gender partner all significantly predicted greater relationship satisfaction and less psychological distress. Low levels of concealment predicted less psychological distress among people with strong connections to the bisexual community. Greater levels of disclosure predicted more psychological distress among non-cisgender people (but not cisgender people) with high community connectedness. Greater community connectedness indirectly predicted less psychological distress through greater perceived social support. Among people with different-gender partners, lower concealment predicted greater community connectedness, greater social support, and greater relationship satisfaction, respectively. Results are discussed in terms of how the study's findings can educate and inform mental health providers, researchers, and community organizers on how to better address the unique needs of bisexual populations.

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Predictors of Psychological Well-Being and Relationship Satisfaction Among Bisexual Individuals

As societal understanding of the nuances of sexuality has advanced such that the existence of sexual orientations besides heterosexuality and homosexuality is being more widely acknowledged, bisexual people are beginning to see themselves represented in popular media. A number of television series in the past 20 years feature characters identifying themselves as bisexual; notable examples include bisexual doctors Remy “Thirteen” Hadley and Callie Torres in the TV shows *House* and *Grey’s Anatomy*, respectively. Arguably even more notable is the 2015 TV series *The Magicians*, which has received critical acclaim from the bisexual community for its unostentatious portrayal of bisexuality through main characters Quentin, Eliot, and Margo, whose story arcs include their sexuality as just one facet of their respective personalities without featuring any dramatic internal or external conflicts or coming-out storylines that would tokenize their bisexuality (Carroll, 2019). This represents a large step in the right direction when it comes to inclusivity and validation of bisexual identity and sexual minority status in pop culture.

In addition to increased fictional media representations, bisexual people are beginning to see a growing number of openly bisexual public figures with whom they can relate and view as like-minded role models. Many celebrities have publicly come out as bisexual in recent years, including Kristen Stewart, Bella Thorne, Drew Barrymore, Halsey, Frank Ocean, Megan Fox, Lady Gaga, Margaret Cho, Evan Rachel Wood, Megan Mullally, and more (Appelbaum, 2017). Bisexual individuals have also begun to occupy influential roles in U.S. government over the past decade; Arizona Senator Kyrsten Sinema became the first openly bisexual member of Congress in 2012 and the first bisexual U.S. Senator in 2018, and Oregon Governor Kate Brown became the first openly bisexual state governor in 2015. This positive shift in the number of

respected, successful public figures who are openly bisexual is incredibly significant, as the presence of positive role models for members of sexual minority groups can have a remarkable positive impact on self-esteem and acceptance of one's own sexual identity (Gomillion & Giuliano, 2011).

The above examples depict the variety of ways in which societal recognition and acceptance of bisexuality has increased in recent years. However, despite these positive changes, bisexual people still face many challenges and continue to combat stigma, erasure, and inadequate representation. For example, a popular 2005 article in the *New York Times* titled "Straight, Gay or Lying? Bisexuality Revisited" declares that individuals claiming to be bisexual are usually homosexuals who are ambivalent or in denial of their homosexuality (Carey, 2005). A 2014 article in *The Guardian* likewise proclaims that while it's all fine and good for young people to experiment with their sexuality, they must show a clear preference for men or women by age 22 or else they could face "permanent damage to the decision-making centers in the brain" (Browne, 2014, para. 8). Perhaps an even more absurd example of misinformed and sensationalized pseudoscience is the article's claim that bisexual people in monogamous relationships/marriages are "genetically programmed" to have an affair with someone of the opposite gender to their partner/spouse, and will "run away, cackling evilly, from their suburban home at midnight like it was all a big joke" (Browne, 2014, para. 12). As laughable as the beliefs purported in these articles may seem, their biphobic messages contribute to a sense of resignation among the bisexual community that, in a society that seemingly insists on discretely categorizing people as either "cat people" or "dog people," the concept of bisexuality is fated to remain an enigma.

Despite bisexuality's objective majority status within the LGBT community, the legitimacy of bisexuality as a valid sexual identity has historically been called into question (or downright repudiated) on a substantially larger scale than that of homosexuality. Societal conceptualizations of gender and sexuality tend to abide by a dyadic, binary model of heterosexuality/homosexuality that demands everything be viewed through an "either/or" lens, through which bisexuality becomes a concept that simply cannot exist (Germon, 2008). Indeed, since the inaugural recognition and attempted normalization of bisexual attraction and behavior in the works of Alfred Kinsey in the mid-20th century, skepticism of bisexuality as a valid sexual identity has remained salient in academia and popular media that continue to contribute to the erasure and oppression of bisexual people (Hutchins, 2005).

Though the area is growing more in recent years, bisexuality has long faced marginalization and erasure in psychological research on LGBTQ issues. Studies focusing on sexual orientation-related differences have traditionally focused only on gay men, lesbians, and heterosexuals, leaving bisexuality out of the equation entirely in favor of a more dichotomous view of gender and sexuality (Barker & Langdridge, 2008; Germon, 2008; Pollitt et al., 2018). Arguably even more insidious is the marginalization of bisexuality in studies claiming to have a more inclusive focus on lesbian, gay, and bisexual (LGB) issues. Many of these studies include bisexual participants and include bisexuality in their titles and key terms alongside gay and lesbian, but fail to report bisexual-specific results (e.g., Chakraborty et al., 2011; Detrie & Lease, 2007; Meyer, 2003). Indeed, authors of a recent meta-analysis of bisexual mental health outcomes excluded more than 75% of articles about LGB mental health from their analysis because the studies failed to report bisexual-specific results (Ross et al., 2018). Additionally, Monro et al. (2017) analyzed the content of books published between 1970 and 2015 in the area

of sexuality studies and reported that over a quarter of the texts did not reference bisexuality in either the content or index, despite including ample lesbian and gay content. Other LGB studies merge bisexuals with their gender-respective homosexual orientation, offering analyses and/or comparisons of “lesbians/bisexual women” and “gay/bisexual men” (e.g., Luhtanen, 2002; Masini & Barrett, 2008). The conflation of bisexuality with lesbians and gay men not only offers a smokescreen of inclusivity while contributing to the erasure of bisexuality as a valid sexual identity, but also results in skewed outcomes for lesbian and gay issues. As illustrated by the statistics reported previously, bisexual individuals, like lesbian women and gay men, represent a distinct population within the overarching LGBTQ community with their own unique sets of challenges and experiences that are not adequately addressed through simply making generalizations based on the experiences of lesbians and gay men (Helms & Waters, 2016). Given research that suggests bisexual individuals fare worse on a variety of mental health outcomes compared to both homosexual and heterosexual individuals (Dodge & Sandfort, 2007; Feinstein & Dyar, 2017; Jorm et al., 2002; Ross et al., 2018), lumping bisexuals in with lesbians and gay men may result in studies reporting skewed data that paint an overly negative picture of lesbian and gay mental health outcomes while simultaneously minimizing the experiences of bisexual people.

Although societal representations of and attitudes toward bisexual people have admittedly become more positive in recent years, it remains clear that bisexuals continue to fare worse than both heterosexuals and other sexual minorities when it comes to adequate representation in all mediums. Bisexual erasure in academic research has resulted in a deficit of accurate information regarding the intricacies of bisexuals’ psychological experience – a deficit that is far greater than that of the available literature focused on lesbians and gay men. Furthermore, the incorrect yet

prevalent assumption that the experience of bisexuals is comparable to that of lesbians and gay men has compounded the dismissal of the unique challenges that bisexual individuals face. As a result, there remains a critical gap in the available literature regarding the unique factors that underlie bisexual individuals' psychological health and well-being in both social and romantic contexts. Thus, the purpose of the present study is to explore factors that may predict overall feelings of relationship/sexual satisfaction and psychological well-being in bisexual people involved in monogamous romantic relationships. Variables to be considered as potential contributing factors include internalized attitudes toward one's bisexual identity (e.g., internalized binegativity), outness, and level of bisexual-specific community connectedness. Additionally, possible moderating effects of gender (both of the participants and of their current romantic partners), relationship history, and demographic variables including ethnicity and age will be explored as well.

Bisexuality

Bisexuality, and sexual orientation in general, is commonly defined as being composed of three dimensions: identity (i.e., how an individual defines themselves), attraction (i.e., toward what groups of people an individual feels romantic/sexual attraction), and behavior (i.e., an individual's sexual behaviors) (Laumann et al., 1994). However, there can reasonably be discrepancies between each of these dimensions within individuals who identify as bisexual; a notable example being that a person may experience attraction toward multiple genders but may only ever have been behaviorally involved with people of one gender. Likewise, individuals who are "behaviorally bisexual" [e.g., men who have sex with men and women (MSMW) and women who have sex with men and women (WSMW)] may or may not identify themselves as bisexual (Bauer & Brennan, 2013). Because one of the aims of the present study is to examine how

bisexual individuals experience, conceptualize, and communicate their sexual orientation to others, we will be prioritizing the "identity" dimension of bisexuality by recruiting participants who specifically identify their sexual orientation as bisexual, regardless of their behavioral history.

Additionally, because the present study focuses on bisexual individuals who are currently involved in a monogamous relationship, the behavioral dimension of bisexuality is less salient. Nevertheless, it is important to acknowledge the role that one's behavioral history (i.e., gender of past romantic/sexual partners) plays in their development of negative internalized attitudes of bisexuality (also referred to as internalized binegativity; Ochs, 1996) and, in turn, their psychological well-being (Ross et al., 2010).

Several new labels for non-monosexual identities have begun to emerge in recent years. Notably, an increase in individuals identifying as pansexual has coincided with debate among the academic and LGBTQ+ community as to the distinction between pansexual and bisexual. Pansexuality, defined as attraction to people regardless of their gender identity, assigned sex, or gender expression, could indeed be considered distinct from bisexuality which is characterized as attraction to both men and women. For example, trans and gender nonconforming individuals (e.g., individuals who identify with a gender that is different from their assigned sex at birth or outside of the gender binary) would fall under the pansexual umbrella but not the bisexual umbrella (Greaves et al., 2019; Morandini et al., 2017). Indeed, a 2017 study by Galupo and colleagues found that individuals who identify as bisexual were more likely to describe the nature of their sexual attraction using language that tacitly reinforces the gender binary (e.g., "both genders") and assigned percentages to denote relative attraction to men vs. women.

However, many argue in favor of defining bisexuality as an attraction to both same-gender and different-gender individuals, which blurs its distinction from pansexuality by allowing for non-cisgender individuals to fall under the bisexual umbrella. This modern perspective implies that pansexuality and bisexuality are, in essence, different names for the same thing. Findings by Morandini and colleagues (2017) indicating that pansexual-identified men and women are just as likely as bisexual-identified men and women to rate sexual attraction, romantic attraction, and sexual behavior in the bisexual range appear to corroborate this perspective. However, this still does not explain why pansexual identity has become increasingly common among younger individuals and non-cisgender individuals (Greaves et al., 2019; Morandini et al., 2017). Some theorists suggest that younger individuals are more likely to align with a pansexual identity over a bisexual identity as a function of their rejection of the gender binary (and thus rejection of a label that has binary connotations), or even as an attempt to avoid the stigma associated with bisexuality (Callis, 2013; Morandini et al., 2016). Additionally, alignment with a term like pansexuality that is more gender-neutral than bisexuality (or even lesbian, gay, or heterosexual, for that matter) may be more enticing for non-cisgender individuals for two key reasons: it does not require individuals to use binary notions of gender to define their sexual attraction/preference, and it liberates individuals from having to define their own gender in relation to the object(s) of their sexual attraction/preference (Morandini et al., 2016).

Given the similarities between pansexual- and bisexual-identified individuals in sexual attraction, romantic attraction, and sexual behavior demonstrated by Morandini and colleagues (2016), the present study will allow for the inclusion of pansexual-identified participants along with bisexuals. However, if sample sizes permit, additional separate analyses will be conducted

so as to avoid bias and to determine the presence or absence of distinctive qualities that could characterize the two sexual identities as discrete groups.

Biphobia (and Monosexism)

In a similar nature to homophobia, biphobia refers to negativity, prejudice, or discrimination against bisexual people. Biphobia can often fit into the broader perspective of monosexism, which only views single-gender sexual orientations (i.e., heterosexuality and homosexuality) as legitimate (Ross et al., 2010). This view only recognizes sexual orientation as an "either/or" paradigm, in which bisexuality by definition has no place. In turn, monosexism contributes to the tendency of many to assume one's sexual orientation based on the gender of their current romantic partner, effectively dismissing the "attraction" and "identity" aspects of bisexuality in favor of an entirely behavioral definition of sexual orientation as it exists in the present tense (Bauer & Brennan, 2013). Thus, both the dismissal of bisexuality as a stable sexual orientation characterized by a "both/and" perspective and the relative erasure/invisibility of bisexual people can conceivably be explained, in part, by monosexism (Bennett, 1992; Ross et al., 2010).

Media representations of sexual orientation have often operated within a monosexist perspective, as evidenced by not only the relative nonexistence of openly bisexual characters in movies/TV shows, but also by the dichotomous "either/or" framework applied to characters who show sexual fluidity. In other words, characters in media who have intimate encounters with members of more than one gender are often portrayed as having "switched sides" or "turned gay/lesbian" (Barker & Langdridge, 2008). Notable examples include Willow from *Buffy the Vampire Slayer*, and Robert and Sol from *Grace and Frankie*. Such representations in the media are not only particularly salient examples of the dismissal of bisexuality as a legitimate and

stable sexual identity on a societal level, but also perpetuate negative and/or inaccurate stereotypes about bisexuality that contribute to poorer mental health outcomes and psychological well-being in bisexual people (Ross et al., 2010).

Attitudes Toward Bisexuality

Negative attitudes toward homosexuality, and their resulting impact on the functioning and psychological well-being of lesbians and gay men, have received a fair amount of attention in media, popular culture, academia, and social policy. Despite the eradication of several institutional barriers to equality for sexual minorities in recent years (e.g., legalization of same-sex marriage, lifted ban on military service, protection against employment and housing discrimination), lesbians and gay men continue to face prejudice and discrimination from the heterosexual community (Herek, 1988; Herek & McLemore, 2013). The increased rate of discrimination and violence that lesbians and gay men (compared to heterosexual men and women) experience as a result of their sexual identity has been demonstrated to have significant negative effects on their mental health (Herek & Garnets, 2007; Mays & Cochran, 2001; Meyer, 2003). Although lesbians and gay men are undeniably vulnerable to the harmful effects of homophobic discrimination, the assumption that bisexual individuals face an equivalent degree of negative attitudes represents yet another insidious form of erasure of the unique bisexual experience as described in preceding sections.

The rejection of bisexuality as a legitimate sexual identity underlies many of the common harmful misconceptions of bisexual individuals. As a whole, bisexual individuals are viewed as indecisive or experimenting, existing in a transitory period in which they are in denial of their “true” identity as heterosexual or homosexual (DeCapua, 2017). Interestingly, the assumptions of the “true” identity differs by gender; bisexual women are thought to be predominantly

heterosexual, whereas bisexual men are assumed to be homosexual. In other words, the identities of both bisexual men and bisexual women are presumed to be a smokescreen for a fundamental sexual attraction to men (Callis, 2013; Yost & Thomas, 2012). For bisexual women, the assumption that they are “actually” heterosexual manifests itself through men assuming that bisexual women only desire or engage in sexual interaction with women for the purpose of attracting male attention (DeCapua, 2017). Being asked by a man to participate in a threesome, to engage in sexual activity with another woman while the man watches, and hearing men claim that theirs will be the penis that will convince her that she is truly heterosexual are all experiences commonly reported by bisexual women (Callis, 2013; Li et al., 2013; Ross et al., 2010). Consequently, bisexual women are often fetishized by heterosexual men, who view them as promiscuous, hypersexual, and willing to fulfill their own sexual fantasies without hesitation (DeCapua, 2017). Although heterosexual men tend to report a greater level of acceptance of female bisexuality than male bisexuality, the fact that men’s greater eroticization of lesbian sexuality may represent a driving factor towards their acceptance of bisexual women nonetheless contributes to further propagation of harmful and incorrect beliefs about bisexuality (DeCapua, 2017; Yost & Thomas, 2012).

The available research paints a particularly unfavorable image regarding attitudes toward bisexual men from the heterosexual community. Heterosexual participants in a 2016 study endorsed significantly more negative attitudes toward bisexual men compared not only to bisexual women, but to gay men and lesbians as well (Helms & Waters, 2016). Attitudes toward bisexual men and bisexual women differ by rater’s gender as well. Although both men and women view male bisexuality more negatively than female bisexuality, the magnitude of this difference is much greater among men, who tend to report far greater binegativity toward

bisexual men than women whereas women report more similar levels of binegativity toward bisexual men and women (Dodge et al., 2016; Helms & Waters, 2016; Yost & Thomas, 2012). This is consistent with research on homophobic attitudes, which demonstrate that heterosexual women endorse similar levels of homonegativity toward gay men and lesbians whereas heterosexual men report far more homonegativity toward gay men than toward lesbians (Yost & Thomas, 2012). Additionally, these findings are consistent with Pirlott and Neuberg's (2014) findings proposing that sexual prejudices held by heterosexual men and women may be driven by perceptions of unwanted sexual interest from bisexual/gay men and bisexual/lesbian women, respectively.

Binary conceptualizations of sexual orientation that are prevalent in a heteronormative, monosexist society contribute to a unique burden faced by bisexual individuals, who face negative attitudes, stigma, and discrimination not only from the heterosexual community, but from gay and lesbian individuals as well (Dodge et al., 2016). Bisexual individuals often find themselves feeling unwelcome or even explicitly excluded from events celebrating LGBTQ+ pride (Callis, 2013; Israel & Mohr, 2004). Again, skepticism of the legitimacy of bisexuality seems to be a driving force for gay men's and lesbians' negative attitudes toward bisexual individuals, who often view bisexual individuals as a threat to societal recognition of the validity of their own gay or lesbian identities (Helms & Waters, 2016). Members of the gay and lesbian communities have expressed resentment toward bisexual individuals, including beliefs that they refuse or lack the courage to come out as gay or lesbian due to their desire to maintain heterosexual privilege (Roberts et al., 2015). Additionally, the androcentric assumption that both bisexual men and women are primarily sexually attracted to men is salient in Matsick and

Rubin's (2018) findings that lesbian women reported greater levels of negative attitudes toward bisexual women than gay men reported toward bisexual men.

Either way, the assumption that bisexual individuals are lying about their sexual identity feeds into the perception of bisexual individuals as dangerous and 'dirty' (Callis, 2013). Such attitudes pose particular difficulties for bisexual individuals who desire monogamous romantic relationships. Heterosexual men and women, gay men, and lesbians alike have all expressed reluctance toward engaging in a romantic relationship with a bisexual individual due to perceptions that bisexuals are hypersexual, promiscuous, and more prone to infidelity due to their sexual orientation (Israel & Mohr, 2004; Roberts et al., 2015). Such fears of infidelity reinforce views of bisexuality as a "requirement-for-both" rather than the "potential-for-either" (Roberts et al., 2015; Udis-Kessler, 1990). In turn, the stereotype of promiscuity may go hand in hand with negative stigma related to the sexual health of bisexual individuals, particularly bisexual men, who are often viewed as being at a higher likelihood of carrying and spreading sexually transmitted diseases including HIV/AIDS (Eliason, 2000; Herek et al., 2005). Perceptions of promiscuity and hypersexuality also pose a barrier for bisexual individuals wanting romantic relationships, as findings by Feinstein and colleagues (2014) indicated that people are generally more willing to date or have sex with a bisexual partner than they were to be in a longer-term romantic relationship with one.

Internalized Binegativity

Repeated exposures to discriminatory experiences as a consequence of the various binegative attitudes and instances of erasure discussed in preceding sections can lead to bisexual people adopting these negative attitudes about bisexuality, a phenomenon known as internalized binegativity (Ochs, 1996; Paul et al., 2014). Internalized binegativity generally involves the

acceptance and internalization of oppressive heterosexist and monosexist actions and attitudes towards bisexuality, and can involve supporting harmful stereotypes against bisexual people, holding negative opinions of other bisexual people based on their sexuality, and often contributes to a general feeling of self-loathing (Israel et al., 2019). This experience of self-hatred and self-condemnation often corresponds with uncomfortable feelings of shame, powerlessness, and confusion (Paul et al., 2014). As such, it is logical to suggest that internalized negative feelings about one's bisexuality can have detrimental effects on one's mental health and overall sense of psychological well-being (Israel et al., 2019; Paul et al., 2014). Although research specifically assessing the psychological consequences of internalized binegativity (versus internalized homonegativity) is still in its preliminary stages, recent research has indicated that endorsement of binegative stereotypes and negative attitudes about one's bisexuality is associated with increased depressive symptoms and decreased self-esteem (Lambe et al., 2017).

Psychological Well-Being and Mental Health

The mental health of bisexual individuals should be viewed as a major public health concern, given that bisexual people constitute the majority of the LGBTQ+ community and have been consistently identified in recent research to be at increased risk for negative health outcomes compared to monosexual (i.e., heterosexual, gay, and lesbian) individuals (Feinstein & Dyar, 2017; Pew Research Center, 2013). The unique challenges and minority stress faced by bisexual individuals place them at increased lifetime rates of mood and anxiety disorders compared to monosexual individuals. For example, a recent meta-analysis in the United Kingdom found significant discrepancies in several mental health outcomes: 39.1% of bisexual individuals in the study met criteria for being anxious or depressed, compared to 29.2% of gay men and lesbians and 23.0% of heterosexual individuals (Semlyen et al., 2016). In addition,

bisexual individuals endorsed significantly lower psychological well-being and significantly more symptoms of common mental disorders than lesbians and gay men. These negative mental health outcomes for bisexual individuals have been consistently reported across numerous studies demonstrating higher rates of depression, anxiety, substance use disorders, and suicidality among bisexual individuals than their heterosexual and even gay and lesbian counterparts (Conron et al., 2010; Dodge & Sandfort, 2007; Feinstein & Dyar, 2017; Green & Feinstein, 2012; Kertzner et al., 2009). A particularly shocking finding by Conron and colleagues (2010) reported that a staggering 18.5% of bisexual individuals had seriously contemplated suicide in the past year, a rate that is alarmingly high compared to lesbians and gay men and heterosexual individuals, of whom only 4.2% and 3.0%, respectively, had seriously considered suicide in the past year.

Although the research seems to paint a rather grim picture of bisexual mental health and psychological well-being as well as several uniquely negative experiences faced by bisexual individuals, a main focus of the present study is to examine aspects of the bisexual experience that may contribute to the psychological well-being of bisexual individuals in a positive way. Identification of positive factors contributing to increased psychological well-being among bisexual people could have far-reaching implications for both future research and clinicians and mental health practitioners who provide services to bisexual clients. Along with internalized binegativity and exposure to binegative attitudes and stereotypes, the available literature indicates that outness and community connectedness, factors which will each be discussed in greater detail below, may play particularly influential roles in the psychological well-being of bisexual individuals.

Outness

Outness, broadly described as how open one is to others regarding their own sexual orientation, has been a common fixture in the existing LGB research literature as a key factor influencing the health and psychological well-being of sexual minority individuals. Furthermore, Meidlinger and Hope (2014) conceptualize outness as representing a composite of two distinct but related constructs: the disclosure and concealment of one's sexual orientation. Disclosure refers to the active communication of an individual's own sexual orientation through verbal or behavioral means, whereas concealment represents one's active avoidance of revealing their sexual orientation to others. The present study shares this conceptualization, and thus refers to outness as a term that encompasses both of these constructs.

The conflation of bisexuals with lesbian and gay individuals in research represents a particularly salient problem when it comes to discussing outness. Outness may be a more complicated process for bisexuals compared to lesbian and gay individuals because more explicit and frequent disclosure may be necessary. Whereas lesbian, gay, or heterosexual individuals (i.e., monosexual individuals) can presume to have effectively disclosed their sexual orientation simply by casually mentioning the gender of their partner, bisexual individuals generally do not have this luxury. For bisexuals, simply indicating the gender of their partner may not constitute a complete disclosure of their sexual orientation; thus, the process of disclosure requires bisexuals to provide additional information or be more explicit than would be necessary for monosexual individuals (Meidlinger & Hope, 2014; Mohr et al., 2017; Ross et al., 2010).

Consequently, bisexual women and men are significantly less likely than their lesbian and gay counterparts to disclose their sexual orientation to their partners, friends, family members, or anyone else (Balsam & Mohr, 2007; Feinstein & Dyar, 2017; Kertzner et al., 2009;

Mohr et al., 2017; Morris et al., 2001; Schrimshaw et al., 2018). Indeed, survey data from the Pew Research Center (2013) revealed dramatic differences in sexual orientation disclosure; whereas 77% of gay men and 71% of lesbians reported that all or most of the important people in their life know about their sexual orientation, only 28% of bisexuals reported that all or most people know. Given their increased exposure to binegativity and discrimination based on their sexual orientation, many bisexual individuals may choose to conceal their sexual identities from others as a means of protecting themselves against additional and potentially dangerous experiences of binegativity (DeCapua, 2017; Feinstein & Dyar, 2017; Mohr et al., 2017; Schrimshaw et al., 2018). This self-preservative lens is supported by Rust's (2002) review of empirical research on bisexuality, in which she presents evidence suggesting that bisexual individuals may in fact present different labels for their sexual identities (e.g., as heterosexual, lesbian, or gay) based on contextual factors, such as their current romantic partner's gender or sexual orientation, as a strategic measure to avoid exposure to prejudice. Strategically altering the sexual identity that one discloses may not only serve to protect bisexual individuals from invalidation and discrimination from heterosexual friends and family members (e.g., "it's just a phase," assumptions that gender of current partner indicates sexual orientation, beliefs about perceived promiscuity, etc.), but also from lesbian and gay individuals whose desired romantic interest or social acceptance and support may vanish with truthful bisexual identity disclosure if these individuals hold binegative attitudes (DeCapua, 2017).

Indeed, a recent study of behaviorally-bisexual men suggests that non-disclosure of bisexual orientation is likely a stigma management strategy, rather than a reflection of sexual identity confusion or uncertainty (Schrimshaw et al., 2018). The qualitative study identified several more specific reasons for non-disclosure reported by behaviorally-bisexual men that fall

under the umbrella of stigma management, primarily that those to whom they (hypothetically) disclose their sexual orientation will have a negative emotional response and will abandon, leave, or disown them, that they will stigmatize them as possibly HIV-positive, or assume any number of other negative stereotypes of bisexuality described in preceding sections. Consistent with binegative attitudes discussed by Pirlott and Neuberg (2014), many behaviorally-bisexual men reported reluctance to disclose their sexual orientation to their friends, particularly their heterosexual male friends, citing concerns that their friends might terminate the friendship out of fear of perceived unwanted sexual interest (Schrimshaw et al., 2018).

The majority of the available literature regarding the associations between outness and psychological well-being centers on lesbians and gay men. With regard to this population, the consensus among researchers generally appears to support an overall positive relationship between outness and mental health outcomes, with several studies reporting that higher levels of outness and sexual identity disclosure were associated with greater self-esteem and lower levels of anxiety and depressive symptoms (Juster et al., 2013; Kosciw et al., 2012; Riggle et al., 2017). However, it is important to note that some studies have reported that increased outness (particularly with regard to disclosure) predicted an increase in depressive symptoms among lesbians and gay men; these results can reasonably be explained by the increased risk of minority stress, rejection, or discrimination that many lesbian and gay individuals face by being out in certain contexts, which consequently would increase their risk for depressive symptoms (Riggle et al., 2017). Accordingly, studies examining sexual identity concealment among lesbians and gay men have found that concealment behaviors predicted increased depressive symptoms and decreased life satisfaction, and concealment motivation (e.g., feeling unsafe or fearful in a given situation, internalized negative feelings, attitudes, or shame regarding one's sexual identity, etc.)

predicted greater internalized homophobia and poorer quality of life (Jackson & Mohr, 2016; Meidlinger & Hope, 2014; Riggle et al., 2017). These findings are consistent with research conceptualizing sexual identity concealment as a protective stigma management strategy (i.e., Feinstein & Dyar, 2017; Mohr et al., 2017; Rust, 2002; Schrimshaw et al., 2018), while also suggesting that concealment may reflect or be motivated by internalized negative attitudes or shame regarding one's sexual orientation (Jackson & Mohr, 2016).

Context and certain demographic variables seem to be particularly important factors that may help clarify the somewhat contradictory findings with regard to the psychological health outcomes associated with outness. For example, sexual minority individuals may face comparatively greater risk of rejection and consequent negative psychological health outcomes when disclosing their sexual orientation to family and friends who hold conservative religious values or negative cultural views of homosexuality, whereas individuals whose family and friends express more liberal values that are more welcoming of sexual diversity may be more likely to enjoy the positive benefits of sexual identity disclosure such as increased social support and reduced minority stress (Schrimshaw et al., 2018). Additionally, others' reactions to an individual's disclosure of their bisexual identity may differ based on the gender, race/ethnicity, and relationship status of the bisexual person (Mohr et al., 2017). These contextual differences impacting the consequences of outness highlight how important it is for researchers to consider the demographic composition of their sample and to ensure that measures of outness (such as the Nebraska Outness Scale [NOS] used in the current study; Meidlinger & Hope, 2014) assess disclosure and concealment behaviors with regard to different audiences, such as immediate and extended family, friends, current and past romantic partners, work colleagues, and strangers.

With the notable exception of situations in which sexual identity disclosure is met with rejection or discrimination and associated negative psychological outcomes, the pattern that emerges from the available literature regarding lesbians and gay men generally demonstrates that outness (i.e., increased disclosure and decreased concealment) is positively associated with psychological well-being. However, based on the limited number of existing studies that examine sexual orientation as a moderator of the association between outness and mental health, this relationship appears to be more complicated with regard to bisexual individuals. Results of a recent longitudinal study indicate that the association between outness and mental health is moderated by sexual orientation, such that being more open about one's sexual orientation was associated with increases in depressive symptoms and substance use for bisexual individuals but not for lesbian or gay individuals (Feinstein et al., 2019). Another recent study also identified a significant association between sexual identity concealment and symptoms of depression and anxiety among bisexual individuals; however, this association was significant only for those with interpersonal motivations for concealment (e.g., concerns that one will be judged or treated negatively by others, concerns about risking physical safety) as opposed to intrapersonal motivations for concealment (e.g., not considering one's bisexual identity as being a central part of one's overall identity) (Feinstein et al., 2020). These findings highlight the protective and stigma management strategies used by bisexual individuals on a day-to-day basis, as well as the negative impact such vigilance may have on their psychological well-being.

The unique complicating factors associated with outness for bisexual individuals that may increase one's motivations to conceal their bisexual identity as well as make disclosure a more challenging and exhaustive process may affect other areas of functioning that relate to mental health as well. For example, concealment and non-disclosure of bisexual identity may be

associated with higher levels of sexual identity confusion and internalized binegativity, which can have a negative impact on psychological well-being (Balsam & Mohr, 2007; Kertzner et al., 2009; Mohr et al., 2017; Schrimshaw et al., 2018). Indeed, Jackson and Mohr (2016) demonstrated that while increased concealment behaviors predicted increased depressive symptoms and poorer life satisfaction, increased concealment motivation predicted increased acceptance concerns, self-stigma, and negative social identity adjustment. Taken together, these findings suggest that some bisexual individuals who are inclined to conceal their sexual identity may be motivated by difficulty coping with their own stigmatized identity rather than by fears of discrimination, and that those who do so may exhibit greater internalized binegativity and associated negative psychological outcomes.

Along with stigma management and internalized binegativity, a key possible explanation for these findings describing the various patterns, motivations, and often unfavorable mental health consequences of concealment of bisexual identity involves the role of community connectedness. As described in preceding sections, bisexual individuals experience discrimination from the lesbian and gay community as well as from the heterosexual community. This amplifies the potential for negative interpersonal outcomes of being open about one's bisexual identity, such as discrimination, rejection, or violence – even within the LGBT community (Feinstein & Dyar, 2017). Thus, community connectedness (particularly to bisexual-specific communities) is an important variable to consider in the relationship between outness and psychological well-being of bisexual individuals.

Community Connectedness

The importance of community connectedness with regard to psychological well-being in sexual minority groups can be understood through the lens of Baumeister and Leary's (1995) belongingness hypothesis, which argues that humans strive to fulfill a fundamental need to belong. Satisfying this need to belong, according to Baumeister and Leary (1995), involves two criteria: first, humans need to have frequent interactions that are affectively pleasant with at least a few other individuals, and second, these interactions must occur within a longstanding framework in which all persons demonstrate genuine concern for each other's well-being. Without this need for belongingness met, individuals' psychological well-being may suffer and they may experience a variety of negative emotional, cognitive, and even physical effects (Baumeister & Leary, 1995; Frost et al., 2016; Ross et al., 2010).

The belongingness hypothesis also proposes that simply attaining a sense of relatedness to others without maintaining frequent contact will not be sufficient in fulfilling the need for belongingness. Indeed, researchers have distinguished between the related constructs of community participation and community connectedness; community participation involves the behavioral component of belonging to a community, such as through active participation and interaction with others in the group, whereas community connectedness is conceptualized as a more abstract construct that encompasses the affective and cognitive aspects of community affiliation, reflecting the sense of relatedness mentioned in Baumeister and Leary's (1995) belongingness hypothesis (Ashmore et al., 2004; Frost & Meyer, 2012). Consistent with this conceptualization, the measure of community connectedness selected for the present study encompasses constructs associated with relatedness and belonging, such as the felt sense of

closeness, kinship, and fulfillment or gratification individuals may gain from their connections with their community and its like-minded members (Frost & Meyer, 2012).

Furthermore, in an effort to highlight the unique experiences of bisexual individuals and their interactions within their communities, the present study utilizes a bisexual-specific conceptualization and measure of community connectedness (adapted from Frost & Meyer, 2012) that reflects individuals' perceptions of closeness to the bisexual community and its members, to what degree they feel their connections to the bisexual community are positive and rewarding, and their attitudes toward the importance of their own participation within the bisexual community. Although evidence suggests that connectedness to the LGBT community is associated with positive mental health outcomes in lesbian and gay individuals (Detrie & Lease, 2007; Kertzner et al., 2009; LeBeau & Jellison, 2009), the conflation of bisexual individuals with lesbian and gay individuals in many of the research samples makes it difficult to disentangle the relative benefits bisexual individuals experience from LGBT community connectedness, compared to lesbian and gay individuals (Lin & Israel, 2012). Indeed, the fairly well-established existence of negative attitudes toward bisexuality held by both the heterosexual community and the lesbian and gay community is likely to reduce the quality of outcomes bisexual individuals may gain from connectedness with the LGBT community (Feinstein & Dyar, 2017; Kertzner et al., 2009; Lambe et al., 2017; Lin & Israel, 2012; Ross et al., 2010). Therefore, bisexual individuals may derive greater benefit from connectedness with the bisexual community than from connectedness with the LGBT community (Vencill et al., 2018).

The importance of connectedness with a supportive community of bisexual-identified individuals has indeed been suggested in recent research, highlighting the lack of a sense of belonging that many bisexual individuals feel with regard to the LGBT community (Balsam &

Mohr, 2007; Lin & Israel, 2012). Bisexual individuals tend to feel socially marginalized, misunderstood, and ostracized by the lesbian and gay community as well as the heterosexual community, and many bisexual individuals report experiencing biphobia and monosexism at predominantly lesbian and gay events (Lambe et al., 2017; LeBeau & Jellison, 2009; Li et al., 2013; Ross et al., 2010). In particular, bisexual individuals in long-term, monogamous relationships, especially with someone of a different sex, are especially vulnerable to rejection or exclusion by the LGBT community, as questions of the legitimacy of their bisexual identities often arise based on monosexist assumptions that the gender of their current partner reflects that the individual has “chosen a side” (Lambe et al., 2017; Molina et al., 2015; Morandini et al., 2018; Ross et al., 2010; Vencill et al., 2018). Promisingly, some research evidence suggests that access to a supportive community of other bisexual-identified persons does indeed have positive mental health benefits for bisexual individuals, such as increasing social support and lessening the negative impact of internalized binegativity on depression (Lambe et al., 2017; Ross et al., 2010; Vencill et al., 2018). Unfortunately, however, community resources available to most bisexual individuals are meager compared to those available to lesbians and gay men, and many bisexual individuals report difficulty attaining such bisexual-specific community connection based on several factors, including geographic location, age, and ethnicity (Balsam & Mohr, 2007; Lambe et al., 2017; Ross et al., 2010).

One key proposed mechanism that may help explain the positive effect that connectedness to a bisexual-specific community may have on bisexual individuals’ psychological well-being is the construct of social support. Consistent with Baumeister and Leary’s (1995) belongingness hypothesis, social support encompasses the belief that one is cared for, loved, valued, esteemed, and that one is secure in the knowledge that they have a place in

their social environment and membership in a definite human group (Cobb, 1976). Social support has long been demonstrated in the research literature to be a significant positive contributor to psychological and physical health, as well as a protective buffer against the negative effects of life stress, crisis, and minority stress (Baumeister & Leary, 1995; Cobb, 1976; Diamond, 2013; Hawthorne, 2008; Tomaka et al., 2006). One could reasonably presume that a greater sense of connectedness to the bisexual community would correspond with greater perceived social support, thus protecting the bisexual individual from the negative effects of minority stress and contributing to greater overall psychological well-being and even reduced internalized binegativity (Balsam & Mohr, 2007; Lambe et al., 2017).

On what could be considered the “opposite” end of the social support construct is perceived social isolation, broadly defined by Hawthorne (2008) as the absence of social support, or the “subjective feelings of living without social contacts or supports” (p. 141). Socially isolated individuals may experience low levels of social contact and social support, live without companionship, and may feel lonely, like an outsider, and separate or isolated from others (Hawthorne, 2006). Bisexual individuals may be particularly prone to social isolation, as attempts to increase one’s connectedness to the LGB community often result in rejection, exclusion, and binegative discrimination, which in turn leads to a reduced pool of potential social support persons available to bisexual individuals (i.e., increased social isolation) and reductions in bisexual individual’s psychological well-being (Hawthorne, 2006; Lambe et al., 2017; LeBeau & Jellison, 2009; Li et al., 2013; Ross et al., 2010). This is especially troublesome when one considers the contrastingly positive benefits lesbian and gay individuals derive from LGB community connectedness (e.g., increased social support, greater psychological well-being), as

well as the increased difficulty bisexual individuals have with finding a bisexual-specific community with which to associate.

Interestingly, findings by Balsam and Mohr (2007) suggest that community connectedness may help clarify the complicated relationship between outness and psychological well-being for bisexual individuals. They reported a significant positive correlation between outness and community connection, but no clear relationship between either of those factors individually with psychological well-being. While neither outness nor community connection uniquely contributed to the prediction of psychological well-being, outness did uniquely contribute to the prediction of social support, and the authors reported a reasonably strong association between outness and community connection. Correspondingly, results of a more recent study also indicated a positive correlation between outness and LGB community connectedness (Morandini et al., 2018). Taken together, these findings suggest the possibility that outness may function as a prerequisite to community connectedness. Furthermore, one could reasonably imply from Balsam and Mohr's (2007) findings that the social support that comes with bisexual-specific community connection may moderate the relationship between outness and psychological well-being, such that those bisexual individuals who feel strongly connected to their bisexual community may derive greater mental health benefits from being open about their bisexual identity than those without strong connections to their bisexual community.

Relationships

Although much research has been done concerning attitudes toward romantic relationships with bisexual individuals, far less has focused on factors that influence bisexual individuals' feelings of satisfaction within their own romantic relationships. For example, factors such as internalized binegativity, partner gender, harmful misperceptions of bisexuality as a

“requirement-for-both” rather than the “potential-for-either” or as implying infidelity, and perceived social isolation may pose unique difficulties for bisexual individuals who desire and engage in monogamous romantic relationships, and may contribute to the level of satisfaction and fulfillment they derive from such relationships.

Satisfaction within romantic relationships is an important variable to consider when examining contributors to psychological well-being among partnered individuals of any sexual orientation. Perceived relationship quality has strong ties to mental health correlates; in particular, a robust association between relationship dissatisfaction and depressive symptoms in the general population has been well-documented in a number of studies (Whisman, 2001; Whisman & Bruce, 1999; Zlotnick et al., 2000). Additionally, findings of some studies suggest that relationship satisfaction may serve as a buffer against emotional distress resulting from stressful life events (Edwards et al., 1998; Røsand et al., 2011; Røsand et al., 2012).

The following sections reviews research literature pertaining only to relationship (and sexual) satisfaction within monogamous relationships. There is research on bisexual individuals in polygamous relationships; however, this research is not covered here because the proposed study focuses on people in monogamous relationships.

Social Support and Isolation

Among the available research findings regarding various influences on relationship satisfaction for bisexual individuals, social support (and, conversely, social isolation) stands out as an important potential mediating factor to consider. Social support may protect sexual minority individuals against the negative effects of biphobia and sexual minority stress, as well as reduce feelings of alienation associated with their sexual minority status (Balsam & Mohr, 2007; Diamond, 2013; Meyer, 2003; Morandini et al., 2018). Consequently, sexual minority

individuals with lower outness and less connection to the LGB community may be more socially isolated (i.e., insufficient social support), which may then negatively influence relationship functioning by increasing the level of strain within their intimate relationships (Morandini et al., 2018). This may be of particular relevance to bisexual individuals with a different-gender partner, as their tendency to report more frequent experiences of binegative rejection and exclusion by the lesbian and gay community contributes to decreased LGB community connectedness and, accordingly, increased social isolation (Davids & Lundquist, 2018; Dyar et al., 2014; Morandini et al., 2018; Vencill et al., 2018). Indeed, a number of studies have indicated that bisexual individuals in different-gender relationships have lower levels of relationship satisfaction, as well as higher levels of depression and stress, than those in same-gender relationships (Davids & Lundquist, 2018; Molina et al., 2015; Morandini et al., 2018; Szymanski et al., 2016; Vencill et al., 2018). It is important to keep in mind, however, that the samples used in several of these studies are likely biased toward bisexual women, whether by design or accident. Nevertheless, as noted by the authors of several of these studies, social isolation resulting from a sense of rejection and exclusion from the LGB community may represent an indirect mechanism by which associations between partner gender, community connectedness, and relationship satisfaction can be explained (Morandini et al., 2018; Szymanski et al., 2016).

Partner Gender

Just as the gender of a bisexual individual's romantic partner can influence the attitudes others have toward them, partner gender also appears to play a role in the psychological and social functioning of the bisexual individual. In a recent study of relationship quality in sexual minority women, Szymanski and colleagues (2016) found that sexual minority women in

different-gender relationships reported lower levels of relationship satisfaction compared to sexual minority women in same-gender relationships. Several potential explanations may account for this finding. Sexual minority women in same-gender relationships may experience greater intimacy, egalitarianism, and freedom from traditional gender roles (Szymanski et al., 2016). Additionally, female partners of sexual minority women likely have had similar lifetime experiences of discrimination and oppression based on their sexual orientation; thus, these shared minority stress experiences may enhance emotional support and understanding within same-gender relationships (Szymanski et al., 2016; Vencill et al., 2018). This possible interpretation would lend credence to theories suggesting that social support indirectly contributes to relationship satisfaction by moderating the negative effects of minority stress (Davids & Lundquist, 2018; Diamond, 2013; Morandini et al., 2018; Vencill et al., 2018)

Furthermore, bisexual individuals in different-gender relationships may experience lower relationship satisfaction as a result of harmful binegative attitudes held by their different-gender partner. In a qualitative study that explored the unique experiences and challenges of bisexual people in intimate relationships (Li et al., 2013), some respondents in different-gender relationships reported that their partners' belief in stereotypes depicting bisexual individuals as promiscuous or more prone to infidelity negatively impacted the quality of their intimate relationships via increased insecurity and jealousy and reduced levels of trust. In addition, these respondents noted that their own social relationships also suffered due to their different-gender partners' insecurity. Specifically, bisexual individuals who reported that their partner believed them to be more likely to cheat due to their bisexual identity reported being more socially isolated and having fewer friends as a result of their partner's jealousy (Li et al., 2013). Indeed, findings by Morandini and colleagues (2018) indicated that although there was no direct

association between partner gender and relationship strain among a sample of non-monosexual women, having a different-gender partner did indirectly predict relationship strain. That is, non-monosexual women who had a male partner reported lower levels of outness and connectedness to the LGB community, which in turn predicted increased perceived social isolation, and subsequently greater relationship strain. Thus, having a different-gender partner may indeed indirectly predict relationship strain via reductions in social support, and the potential mediating effects of outness and community connectedness warrant further exploration as well.

As noted in preceding sections, bisexual individuals must navigate additional obstacles with regard to outness compared to lesbian and gay individuals, for whom simply indicating the gender of their partner effectively constitutes a complete disclosure of their sexual orientation (Li et al., 2013; Meidlinger & Hope, 2014; Mohr et al., 2017; Ross et al., 2010). Unlike monosexual sexual minority individuals (i.e., lesbians and gay men), bisexual individuals face a unique decision within their intimate relationships regarding whether or not to disclose their bisexuality to their romantic partner(s) (DeCapua, 2017; Li et al., 2013). Perhaps as a result, bisexual individuals in different-gender relationships tend to be less out than those in same-gender relationships (Molina et al., 2015; Morandini et al., 2018). Considering findings indicating that outness is positively correlated with community connectedness and negatively correlated with both relationship strain and social isolation, one might reasonably predict that lower levels of outness among bisexual individuals in different-gender relationships may contribute not only to decreased community connectedness and social support, but also to greater subsequent concealment-related stress and internalized binegativity, and ultimately reduced relationship satisfaction and psychological well-being (Davids & Lundquist, 2018; Mark et al., 2020; Morandini et al., 2018; Szymanski et al., 2016; Vencill et al., 2018).

Internalized Binegativity

Some findings suggest that lesbian and gay individuals who are more connected to the LGB community tend to have lower internalized homonegativity, and that this acceptance of one's own sexual orientation positively impacts satisfaction within romantic relationships (Morandini et al., 2018). This appears to be the case for bisexual individuals as well. Recent research has indicated that bisexual individuals with lower levels of internalized binegativity tend to experience greater relationship satisfaction (Mark et al., 2020). Conversely, bisexual individuals with higher internalized binegativity, particularly with regard to feelings of illegitimacy of bisexuality, report lower relationship satisfaction (Li et al., 2013; Mark et al., 2020; Vencill et al., 2018).

Internalized binegativity may also influence bisexual individuals' decisions when seeking out romantic relationships. Szymanski and colleagues (2016) reported that non-monosexual women with higher levels of internalized binegativity are significantly more likely to seek out a different-gender relationship (i.e., with a man). It is possible that this may be attributable to increased efforts to conceal one's bisexual identity and avoid binegative discrimination by seeking out heteronormative relationships (DeCapua, 2017). Research findings regarding differences in internalized binegativity based on current partner gender have yet to demonstrate a conclusive pattern.

Sexual Satisfaction

Previous research has demonstrated a robust positive correlation between relationship satisfaction and sexual satisfaction among heterosexual couples (McNulty et al., 2016). Although research regarding sexual satisfaction for bisexual individuals in romantic relationships is admittedly in its early stages, the existing literature may still provide some useful information.

Findings from a recent study indicated a significant association between lower internalized homonegativity and greater sexual satisfaction (Baldwin et al., 2019). However, the applicability of these findings to the present study may be limited as the sample included lesbian, bisexual, pansexual, and queer women who were monogamous, nonmonogamous, and unpartnered, and the authors did not report results specific to bisexual individuals in monogamous relationships. Mark and colleagues (2020) reported that increased feelings of illegitimacy of bisexuality (a facet of internalized binegativity) on the part of the bisexual partner was associated with decreased sexual satisfaction for both the bisexual partner and the straight partner in the relationship. Although internalized binegativity as a whole was not a negative predictor of sexual satisfaction for the bisexual partner, Mark and colleagues (2020) reported an unexpected but significant finding in which internalized binegativity in the bisexual partner was positively associated with sexual satisfaction in the straight partner. The authors speculate that the heterosexual partner of the bisexual individual may feel less threatened and less afraid of potential sexual inadequacy or rejection if their bisexual partner holds negative attitudes about their own bisexual identity (Mark et al., 2020). Nonetheless, additional research that may help clarify the relationship between internalized binegativity and sexual satisfaction for bisexual individuals is warranted.

Research examining the role of partner gender in the sexual satisfaction of bisexual individuals is sparse; however, a few research studies from the 1980s suggested that up to 89% of bisexual women and 61% of bisexual men may experience sexual problems in relationships with different-gender partners (Coleman, 1982, 1985). The most frequently reported sexual difficulty among married bisexual women was a lack of sexual desire for their male partner (Coleman, 1985). Interestingly, in his 1985 study on bisexual women in different-gender

marriages, Coleman noted that although the sample of female participants rated their pre-marriage behaviors and fantasies as “almost exclusively heterosexual” using Kinsey-type ratings, the women experienced a dramatic shift toward same-gender orientation that occurred following marriage. The author reasoned that at that time, women were more likely to marry at a younger age and were less likely to be aware of their same-gender attractions before marriage compared to homosexual men who had been married. As a result, women were more likely to experience sexual dissatisfaction and dissonance related to their bisexuality following marriage, prompting marital conflicts or early termination of marriage (Coleman, 1982, 1985). Nevertheless, as trends such as the average age at which individuals get married, divorce rates, average age of sexual identity exploration, and societal acceptance of non-heterosexual orientations have undeniably changed since the 1980s, additional research is needed in order to clarify the potential role of partner gender in the sexual satisfaction of bisexual individuals. Considering the array of unique challenges and prejudices that bisexual individuals face with regard to romantic relationships, the current study aims to explore the potential influence of factors such as internalized binegativity, outness, community connectedness, social support, sexual satisfaction, and partner gender on relationship satisfaction as well as overall psychological well-being among bisexual individuals.

Present Study

The purpose of the current study was to investigate predictors of psychological well-being and relationship satisfaction among bisexual individuals in monogamous romantic relationships. Although research literature has a lengthy history of bisexual erasure, recent years have begun to see an increase in empirical studies attempting to identify factors specifically associated with the psychological functioning of bisexual individuals. With the emergence of bisexual-specific research, it is becoming more widely recognized that the bisexual experience is

not equivalent to the lesbian and gay experience as previously assumed; rather, bisexuality involves a unique array of challenges and stressors that contribute to increased marginalization and poorer mental health outcomes among bisexual individuals compared to lesbians and gay men (Feinstein & Dyar, 2017). Currently, the existing literature has suggested that internalized binegativity, outness, community connectedness, and social support may be particularly salient factors contributing to the mental health of bisexual individuals (Balsam & Mohr, 2007; Feinstein et al., 2019; Lambe et al., 2017; Riggle et al., 2017; Ross et al., 2010; Vencill et al., 2018). The present study aimed to improve upon the existing bisexuality research literature by clarifying the associations that these key variables have with the psychological well-being of bisexual individuals.

In addition, the present study aimed to address a significant gap in the existing literature with regard to bisexual individuals in romantic relationships. Very few studies have specifically explored relationship satisfaction in the bisexual population to date; thus, the degree to which bisexual individuals differ from other sexual minority groups in this area has yet to be established. A particularly notable way in which bisexual individuals are unique from lesbians and gay men is the fact that their romantic relationships may be with someone of the same gender or someone of a different gender, meaning that simply including bisexual-identified individuals in studies examining “same-gender” or “different-gender” relationships cannot fully encapsulate the romantic functioning of the bisexual population. The present study aimed to elaborate on the (scant) existing literature by not only examining predictors of relationship satisfaction among bisexual individuals in general, but also exploring differences in relationship satisfaction of bisexual individuals in same-gender versus different-gender relationships. Additionally, the present study aimed to explore possible patterns with regard to sexual

satisfaction among bisexual individuals, an area that has received particularly little attention in the existing literature.

The present study specifically examined the ways in which internalized binegativity, outness, bisexual-specific community connectedness, social support, partner gender, and sexual satisfaction are associated with psychological well-being (and, conversely, psychological distress) and relationship satisfaction in bisexual individuals in monogamous romantic relationships. Based on previous literature, our hypotheses were as follows:

1. In support of findings by Whisman (2001), Whisman and Bruce (1999), and Zlotnick et al. (2000), we hypothesized that our two criterion variables, psychological well-being and relationship satisfaction, would be significantly correlated, such that lower reported levels of psychological distress would be associated with higher reported levels of relationship satisfaction in bisexual individuals.
2. Consistent with findings by Israel et al. (2019), Lambe et al. (2017), Li et al. (2013), Mark et al. (2020), Paul et al. (2014), and Vencill et al. (2018), we hypothesized that greater reported levels of internalized binegativity would predict greater levels of psychological distress and lower levels of relationship satisfaction in bisexual individuals.
3. To expand on previous findings by Balsam and Mohr (2007), we predicted that the relationship between outness and psychological well-being would be moderated by bisexual-specific community connectedness, such that greater reported levels of outness would be more strongly associated with lower levels of psychological distress among individuals who report higher levels of bisexual-specific community connectedness.

4. In an effort to further clarify findings by Balsam and Mohr (2007), Lambe et al. (2017), LeBeau and Jellison (2009), and Ross et al. (2010), we hypothesized that the relationship between bisexual-specific community connectedness and psychological well-being would be mediated by social support. That is, we predicted that greater reported levels of bisexual-specific community connectedness would indirectly predict greater psychological well-being through greater perceived social support.
5. In support of findings by Molina et al. (2015), Morandini et al. (2018), and Szymanski et al. (2016), we predicted that bisexual individuals in different-gender relationships would report lower levels of relationship satisfaction and greater psychological distress than bisexual individuals in same-gender relationships.
6. Consistent with findings by Morandini et al. (2018), we hypothesized an indirect serial mediation pathway linking outness to relationship satisfaction through bisexual-specific community connectedness and social support (See Figure 1). Bisexual individuals in different-gender relationships will be less open about their bisexuality (in line with findings of Molina et al., 2015). This is because they are likely to be perceived as heterosexual based on their partner's gender, and they may be motivated to reduce the risk of minority stress and discrimination by choosing not to disclose their sexual orientation (Schrimshaw et al., 2018). Consequently, we predicted that lower reported levels of outness among bisexual individuals in different-gender relationships would reduce one's ability to connect and affiliate with other bisexual individuals (Balsam & Mohr, 2007), which in turn would lead to lower perceived social support (Balsam & Mohr, 2007; Lambe et al., 2017). Ultimately, we predicted that this would lead to lower reported relationship satisfaction due to concealment-related stress, reduced feelings of

authenticity within the relationship, and less emotional support during times of relationship strain (Morandini et al., 2018). This mediation model was also explored in bisexual individuals in same-gender relationships.

7. Given previous findings (McNulty et al., 2016) indicating a strong positive correlation between sexual satisfaction and relationship satisfaction in heterosexual couples, we explored whether this association exists in bisexual individuals. We also explored possible associations between sexual satisfaction and other predictor variables, including partner gender and internalized binegativity. Finally, we explored similarities and differences between participants with non-cisgender and cisgender identities.

Method

Design

The present study used a correlational design to examine data collected through self-report questionnaires distributed in an online format. We evaluated the associations between various aspects of bisexual identity, community connectedness, outness, social support, and sexual satisfaction, and relationship satisfaction and psychological well-being/distress. The criterion variables for the regression analyses were the participant's relationship satisfaction as measured by scores on the Relationship Assessment Scale (RAS; Hendrick, 1988), and the participant's psychological well-being or distress as measured by scores on the Everyday Feeling Questionnaire (EFQ; Uher & Goodman, 2010). The predictor variables were partner gender as indicated on the Demographic Questionnaire and scores on the Bisexual Identity Inventory (BII; Paul et al., 2014), the Nebraska Outness Scale (NOS; Meidlinger & Hope, 2014), the Connectedness to the Bisexual Community Scale (Frost & Meyer, 2012), the Friendship Scale

(FS; Hawthorne, 2006), and the New Sexual Satisfaction Scale (NSSS; Štulhofer, Buško, & Brouillard, 2010).

Power Analysis

An a priori power analysis was conducted to determine the sample size necessary for the present study. Previous research exploring the associations between outness, bisexual-specific community connectedness, social support, mental health, and relationship satisfaction among bisexual individuals have effect sizes from small to moderate. In particular, the correlation between outness and LGBTQ community connectedness among partnered bisexual individuals was reported in Morandini et al. (2018)'s findings to be .39, indicating a moderate effect size. Morandini et al. (2018) also reported moderate correlations between outness and social isolation (-.30), and between social isolation and community connectedness (-.40), as well as small correlations between social isolation and relationship strain (.27), and between outness and relationship strain (-.19) among bisexual individuals. Power analyses indicated that in order to test the full mediation model predicted in Hypothesis 6, the present study needed a sample size of at least 120 participants for a power of .8 and in order to detect a moderate effect size with an α of .05 (Cohen, 1992). The final sample size of participants with usable data was 872.

Participants

Participants included self-identified bisexual or pansexual individuals over the age of 18-years old who were currently in a monogamous romantic relationship, and were recruited via convenience and snowball sampling. Additionally, the link to the online survey was shared with faculty in gender and LGBTQ+ studies programs, and LGBTQ+/ bisexual-specific student organizations at universities around the country to help reach a diverse group of participants. Finally, the survey link was posted on social media sites that specifically reach or target

individuals who identify as bisexual, as well as sites that cater to members of the LGBTQ+ community. A total of 1410 people responded to the survey. Data of some participants were deleted for the following reasons: no data for age ($n = 149$); no data for sexual orientation or sexual orientation was not bisexual, pansexual, or other ($n = 175$); not currently in a monogamous relationship, e.g., number of current partners was zero or more than one ($n = 96$); wrong answer on both validity questions or left both blank ($n = 111$); and excessive missing data ($n = 3$). Additionally, data of 4 participants were deleted due to unusual similarity in responses to nearly all demographic variables.

The final sample included 872 participants with usable data. The average age of the participants was 29.9 years old ($SD = 7.3$; range 18 to 65 years). Participants in this group identified themselves as 79.8% White/Caucasian, 13% Hispanic/Latinx, 2.6% Asian/Asian American, 1.7% Black/African American, 1.1% Native American/American Indian, 0.1% Middle Eastern, and 1.3% multiracial; 0.1% was “other” and 0.2% had missing data. The final sample reported current gender identity as 53.4% Woman/Female, 29.8% Man/Male, 4.9% MTF/Transgender female/Trans woman, 3% FTM/Transgender male/Trans man, 3.2% Queer/Non-binary/GNC/Neither exclusively male nor female, and 5.6% Multiple Gender Identities. Regarding gender assigned at birth, 57.8% of people reported being assigned male at birth, 41.7% reported being assigned female at birth, and 0.5% were assigned Intersex. Cisgender women (assigned female at birth and identified as Woman/Female) accounted for 30.8% and cisgender men (assigned male at birth and identified as Man/Male) accounted for 23.7% of the sample. Participants assigned female at birth and identified as non-cisgender accounted for 10.9% and those assigned male at birth and identified as non-cisgender accounted for 34.1% of the sample.

As for sexual orientation, 90.3% identified as bisexual, 8.5% identified as pansexual, and 1.3% identified as other than listed (i.e., “queer” $n = 7$; “demisexual/bisexual” $n = 2$; “bi curious” $n = 1$; “queer/pansexual” $n = 1$). Regarding education, 15.1% of people reported having earned a graduate degree, 12.7% had completed some graduate studies, 36.2% had a college diploma, 23.2% had some college, 10.7% had a high school diploma or GED, and 2.1% had less than a high school diploma. Finally, regarding partner gender, 59.1% reported having a partner who was the same gender as themselves, and 40.8% reported having a partner who was a different gender.

Measures

Demographic Questionnaire

This questionnaire gathered specific data regarding the following characteristics: age, gender assigned at birth and current gender identity (Broussard et al., 2018), race/ethnicity, sexual orientation, level of education, gender of current romantic partner, sexual orientation of current romantic partner, duration of current relationship, number of past romantic relationships, approximate percentage of participants’ past romantic partners that were the same gender as the participant, the degree to which participants feel they are actively involved in, supported by, and connected to the broader LGBTQ+ community, and whether participants feel more strongly supported by and connected to the bisexual community or the broader LGBTQ+ community. Refer to Appendix A for the full list of demographic items.

The Bisexual Identity Inventory (BII)

This 24-item scale was developed by Paul et al. (2014) to assist researchers and clinicians in assessing bisexual identity using a measure that delineates bisexual individuals’ distinct experiences from those of lesbian and gay individuals. The data for the development of this

measure were collected from a total of 422 self-identified bisexual participants who were recruited through advertisements and postings on 81 Yahoo Group sites that had a focus on bisexuality, or focused more broadly on the LGBT community but contained a number of bisexual members.

Participants of the Paul et al. (2014) study completed an initial version of the scale that contained 46 items that were rated on a 7-point Likert scale from 1 = *strongly disagree* to 7 = *strongly agree*. After conducting exploratory factor analyses to determine the factor loadings of the measure, the authors deleted 22 items from the measure. The resulting scale contained a total of 24 items that corresponded with four factors: *Illegitimacy of Bisexuality* (8 items), *Anticipated Binegativity* (5 items), *Internalized Binegativity* (5 items), and *Identity Affirmation* (6 items) (Paul et al., 2014). Sample items include “*I think that being bisexual is just a temporary identity*” (*Illegitimacy of Bisexuality*), “*People might not like me if they found out that I am bisexual*” (*Anticipated Binegativity*), “*My life would be better if I were not bisexual*” (*Internalized Binegativity*), and “*I am grateful for my bisexual identity*” (*Identity Affirmation*). Higher scores on the *Illegitimacy of Bisexuality* factor indicated increased feelings that bisexuality is not a genuine sexual orientation. Higher scores on the *Anticipated Binegativity* factor indicated increased fears of being treated poorly by others because of being bisexual. Higher scores on the *Internalized Binegativity* factor indicated greater level of negative feelings toward one’s bisexual identity. Higher scores on the *Identity Affirmation* factor indicated greater level of comfort and pride with one’s bisexual identity. For the present study, analyses that use the Bisexual Identity Inventory included the *Illegitimacy of Bisexuality* and *Internalized Binegativity* subscales as these reflect factors related to negative feelings toward bisexuality, as well as the *Identity*

Affirmation subscale as it may relate to psychological well-being. The *Anticipated Binegativity* subscale was not included in analyses in the present study.

The ranges of alpha coefficients from the Paul et al. (2014) study for each of the four factors were as follows: .80-.84 for Illegitimacy of Bisexuality, .73-.78 for Anticipated Binegativity, .84-.87 for Internalized Binegativity, and .91-.93 for Identity Affirmation. Cronbach's alphas for the current study revealed good internal consistency: $\alpha = .89$ for the full scale, Illegitimacy of Bisexuality $\alpha = .95$, Internalized Binegativity $\alpha = .86$, and Identity Affirmation $\alpha = .87$. A full list of the items may be viewed in Appendix B.

Relationship Assessment Scale (RAS)

This 7-item scale was developed by Hendrick (1988) as a brief measure of relationship satisfaction. The RAS was designed to broaden the scope of a brief measure of marital satisfaction used in previous research (Marital Assessment Questionnaire; Hendrick, 1981) to be applicable to romantic relationships in general, rather than just marital relationships. Participants ($N = 125$) were undergraduate psychology students. Sample items from the RAS include "*How well does your partner meet your needs?*" and "*In general, how satisfied are you with your relationship?*" All items were rated on a 5-point Likert scale from 1 = *low satisfaction* to 5 = *high satisfaction* such that higher scores indicated greater marital satisfaction, with items 4 and 7 being reverse scored (i.e., for these items, higher scores indicate lower marital satisfaction). The standardized alpha coefficient for the RAS was .87 (Hendrick, 1988). Cronbach's alpha for the current study revealed acceptable internal consistency, $\alpha = .75$. A full list of the items may be viewed in Appendix C.

New Sexual Satisfaction Scale (NSSS)

This 20-item scale was developed by Štulhofer et al. (2010) as a measure of personal sexual satisfaction regardless of participant's gender, relationship status, and sexual orientation. Participants included a total of seven independent student, community, and clinical samples, five of which were surveyed in Croatia and two in the U.S. The NSSS is comprised of two subscales, each containing 10 items. *The Ego-centered subscale* measures the sexual satisfaction that is generated by participants' personal experiences and sensations, and includes items asking participants to rate their satisfaction with aspects of their sex life such as "the intensity of [their] sexual arousal" and "[their] mood after sexual activity." *The Partner/sexual activity centered subscale* measures the sexual satisfaction that is derived from partner's sexual behavior/reactions as well as the diversity and/or frequency of sexual activities, and includes items asking participants to rate their satisfaction with aspects of their sex life such as "the way [their] partner takes care of [their] sexual needs" and "the variety of [their] sexual activities." Responses to all items were coded on a 5-point Likert scale from 1 = *not at all satisfied* to 5 = *extremely satisfied*, with higher scores indicating greater levels of sexual satisfaction. Alpha coefficients from the Štulhofer et al. (2010) study ranged from .94-.96 for the full scale, from .91-.93 for the *Ego-centered subscale*, and from .90-.94 for the *Partner/sexual activity centered subscale*. For the present study, only the full scale was used for the analyses. Cronbach's alphas for the current study revealed good internal consistency; full scale $\alpha = .94$. A full list of the items may be viewed in Appendix D.

Everyday Feeling Questionnaire (EFQ)

This 10-item scale was developed by Uher and Goodman (2010) as a comprehensive measure of psychological well-being and psychological distress as a single construct.

Participants in the Uher and Goodman (2010) study included 5,279 mothers and other child caregivers (95% were female) who completed the EFQ as part of a survey of mental health of children and young people in Great Britain. The EFQ contains an equal number of positive and negative items; items related to psychological well-being assess the facets of self-acceptance, environmental mastery, and purpose in life, and items related to psychological distress assess symptoms of common mental disorders, including unhappiness, loss of interest, worry and tension, feeling stressed, and fatigue and lack of energy (i.e., core symptoms of depression and anxiety). All items are rated on a 5-point Likert scale, with participants being asked to rate the frequency (none of the time, a little of the time, some of the time, most of the time, and all of the time) with which they have experienced the feeling(s) represented by each item within the past 4 weeks. Responses to positive items are reverse scored. Thus, higher scores on the EFQ represent higher levels of distress and lower levels of psychological well-being. The alpha coefficient from the Uher and Goodman (2010) study was .89, indicating that the EFQ has good internal consistency. The authors also reported good concurrent validity. Cronbach's alpha from the current study revealed acceptable internal consistency, $\alpha = .73$. A full list of the items may be viewed in Appendix E.

Connectedness to the Bisexual Community Scale

This 8-item scale was developed by Frost and Meyer (2012) as a measure of the various ways in which individuals can feel connected with the LGBT community. The scale includes items that assess how close individuals feel to the LGBT community, how positive their connections to the LGBT community are, whether they perceive their connections to the LGBT community as rewarding and having problem-solving potential, and the degree of closeness individuals feel with community members having the same sexual orientation and gender

identity as themselves. Items are rated on a 4-point Likert scale, with participants being asked to rate the degree (1 = *Disagree Strongly*; 4 = *Agree Strongly*) to which they agreed with each item. Responses were scored such that higher scores on the measure indicated greater feelings of connectedness to the LGBT community. The alpha coefficient from the Frost and Meyer (2012) study was .81, indicating that the measure demonstrates adequate internal consistency reliability. The authors also reported good convergent and discriminant validity.

Items in the original scale mentioned the LGBT community; however, for the present study, these items were reworded to be specific to the bisexual community in order to assess bisexual-specific community connectedness. Additionally, items in the original scale that mentioned New York City (i.e., the location in which data were collected for the development of the measure) were reworded for the current study to accommodate the heterogeneity of participants' areas of residence. For example, the item "You are proud of NYC's LGBT community" was reworded to "You are proud of your bisexual community." Cronbach's alpha for the current study revealed acceptable internal consistency, $\alpha = .77$. A full list of the adapted items may be viewed in Appendix F.

Nebraska Outness Scale (NOS)

This scale was developed by Meidlinger and Hope (2014) as a measure of openness about one's sexual orientation. Participants of the Meidlinger and Hope (2014) study included 149 adults over the age of 19 who identified as lesbian, gay, or bisexual. The NOS is comprised of two separate subscales: *Disclosure* (NOS-D) and *Concealment* (NOS-C). Both subscales ask questions relating to five different groups: participants' immediate family, extended family, friends, people at work or school, and strangers. The NOS-D assesses disclosure by asking participants to rate the proportion of each of these groups that are aware of their sexual

orientation, and the NOS-C assesses concealment by asking participants to rate how often they avoid discussing or otherwise indicating their sexual orientation when interacting with members of each group. All responses were given on an 11-point Likert-type scale; for the NOS-D subscale, responses ranged from 0 = 0% (“None”) to 10 = 100% (“All”), with higher scores indicating greater disclosure, and for the NOS-C subscale, responses ranged from 0 = *Never avoid* to 10 = *Always avoid*, with higher scores indicating greater concealment. In their 2014 study, Meidlinger and Hope demonstrated good internal reliability for the full scale and both subscales, reporting an alpha coefficient of .89 for the full scale NOS, .82 for the NOS-D, and .80 for the NOS-C. The authors also reported good convergent validity of the NOS with other measures of outness.

The original NOS consisted of 10 items, with each of the two subscales containing five items; however, for the present study, a total of four items (two per subscale) were added in order to gather additional data regarding participants’ disclosure/concealment of their sexual orientation with their current romantic partner (item 6 in Appendix G and item 6 in Appendix H) and with their past romantic partner(s) (item 7 in Appendix G and item 7 in Appendix H). A full list of the adapted NOS-D and NOS-C items may be viewed in Appendix G and Appendix H, respectively. Cronbach’s alphas for the current study revealed good internal consistency: full scale $\alpha = .81$, NOS-D $\alpha = .85$, and NOS-C $\alpha = .81$.

Friendship Scale (FS)

This 6-item scale was developed by Hawthorne (2006) as a measure of perceived social support and isolation. The scale includes items that assess the ease of relating to others, feeling isolated from others, having someone with whom one can share their feelings, ease of getting in touch with others when needed, feeling separate from other people, and feeling alone and

friendless (Hawthorne, 2008). Items are rated on a 5-point scale, with participants being asked to rate the frequency (0 = *Almost Always*; 4 = *Not at all*) with which they have related to each item within the past four weeks. Items 1, 3, and 4 are positively worded so as to reduce acquiescence bias, and are reversed prior to scoring (such that for these items, 0 = *Not at all*; 4 = *Almost Always*). Responses are scored such that higher scores on the measure represent greater feelings of social connectedness and support, and lower scores represent greater perceived social isolation. Hawthorne (2006) suggested a categorization of FS scores into five levels of social isolation, in which scores of 0-11 are obtained by those who are very socially isolated, scores in the range 12-15 represent isolated or low-level social support respondents, scores of 16-18 indicate some social support, socially connected respondents score in the range 19-21, and scores of 22-24 are obtained by those who are very socially connected. Hawthorne (2006) reported an alpha coefficient of .83, indicating that the measure demonstrates good internal reliability, and reported good concurrent and discriminant validity. Cronbach's alpha for the current study revealed questionable internal consistency, $\alpha = .63$. Due to this, analyses using this scale should be interpreted with caution. A full list of the items may be viewed in Appendix I.

Procedure

The survey link and recruitment script were shared with faculty in LGBTQ+ studies programs and LGBTQ+/bisexual-specific student organizations at universities around the U.S. Additionally, the survey link and recruitment script were posted on social media sites that specifically cater to individuals identifying as bisexual, as well as sites that reach or target members of the LGBTQ+ communities. The recruitment script may be viewed in Appendix J. Upon clicking the link to enter the survey, participants were presented with the informed consent. The informed consent provided general information about the study and general

guidelines for participation. Namely, it stated that participants must be at least eighteen years old to participate, communicated the minimal risk to participants, and informed participants that they may choose to stop the survey at any time by simply exiting the survey. The informed consent form may be viewed in Appendix K. To proceed to the survey, the participant then needed to select the “agree” button; any participant who selected the “disagree” button was exited out of the survey without viewing any of the survey questions. Participants first completed the demographic items and then the following questionnaires were presented in a random order: The Bisexual Identity Inventory (BII), the Relationship Assessment Scale (RAS), the New Sexual Satisfaction Scale (NSSS), the Everyday Feeling Questionnaire (EFQ), the Connectedness to the Bisexual Community Scale, the Nebraska Outness Scale (NOS), and the Friendship Scale (FS). The following two statements were presented at different points in the survey to check for random responding: “I traveled around the world three times today” and “I breathe air.” After completing the survey, participants had the opportunity to enter a drawing for one of four \$50 Visa gift cards. Participants who decided to participate in the drawing were directed to a link that was separate from the study where they provided their email address. Participants were informed that their chances of being selected for the gift card were based the number of people that decide to participate in the drawing. After completing all of the questionnaires, participants were presented with a debriefing form that explained the purpose of the study and provided information about psychological health services in the event that participants experienced distress resulting from their participation in this study. The debriefing form may be viewed in Appendix L. The data collected were entered into the database automatically when the participant selected the “submit” button signaling the completion of the survey.

Results

Descriptive Statistics

Primary analyses were conducted investigating psychological health, relationship and sexual satisfaction, bisexual identity, outness (disclosure and concealment), and support variables. Means and standard deviations for all of the variables were calculated among the total sample, as well as separately among bisexual and pansexual/other participants, and can be viewed in Table 1. T-tests revealed that the only variable for which bisexual and pansexual/other participants differed significantly was the Internalized Binegativity subscale of the BII, with bisexual participants scoring higher, with a moderate effect size, $p = .002$, $d = .364$. Because they were similar on most of the variables of interest, we decided to examine the two groups together rather than separately. Correlations were also calculated among all of the variables and subscales. As predicted by the first hypothesis, more psychological distress was associated with less relationship satisfaction. Consistent with the second hypothesis, more internalized binegativity was associated with more psychological distress and less relationship satisfaction. Furthermore, consistent with the seventh hypothesis, sexual satisfaction was significantly associated with more relationship satisfaction. In addition, sexual satisfaction was significantly correlated with less psychological distress, more internalized binegativity, more affirmation of one's bisexuality, more connectedness to the bisexual community, more social support, and less disclosure and concealment of one's bisexuality. See Table 2 for zero-order correlation coefficients among the psychological health, relationship/sexual satisfaction, bisexual identity, outness, and support variables.

Predictors of Psychological Distress

Disclosure, Concealment, and Community Connectedness

We conducted a hierarchical multiple regression analysis to test the third hypothesis that the association between disclosure of one's sexual orientation and psychological well-being would be moderated by bisexual-specific community connectedness. Specifically, we predicted that greater reported levels of disclosure would be more strongly associated with lower levels of psychological distress among individuals who report higher levels of bisexual-specific community connectedness. The criterion variable was scores on the EFQ, the measure of psychological well-being. Predictor variables in the first step of the regression were mean-centered scores for disclosure and connectedness. The interaction between disclosure and connectedness was added as a predictor variable in the second step of the regression.

The main effects of disclosure and connectedness together were significant, $R^2 = .07$, $F(2, 673) = 25.96$, $p < .001$. In partial support of the hypothesis, less community connectedness predicted more psychological distress; however, more disclosure also predicted more psychological distress which is contrary to the hypothesis. In the second step, disclosure became nonsignificant; however, connectedness remained significant and the interaction between disclosure and connectedness significantly increased the explained variance, although the effect size was small, $R^2 = .09$, $F(3, 672) = 21.63$, $p < .001$. See Table 3 for the beta coefficients.

We conducted a simple slopes analysis to further examine the significant interaction effect of disclosure and connectedness on psychological well-being. Scores on the moderator variable, community connectedness, were divided into low (scores ≤ 20 , $n = 253$), medium (scores of 22 -23, $n = 248$) and high (scores ≥ 24 , $n = 340$) categories. Disclosure accounted for only 0.3% of the variance in psychological well-being for low connectedness and 0.7% of the

variance for medium connectedness, indicating that these two categories of connectedness do not moderate the association between disclosure and psychological distress. However, disclosure accounted for 2.7% of the variance in psychological well-being for the high connectedness category. This suggests that bisexual people with stronger connections to the bisexual community were more likely to experience less psychological distress if their disclosure levels were relatively low.

Approximately 45% of the sample reported a non-cisgender identity. In addition, non-cisgender participants differed significantly from cisgender participants on several variables including psychological distress, community connectedness, and disclosure (see Exploratory Analyses section for more details). Given these results, we reran the hierarchical regression analyses separately for cisgender and non-cisgender individuals. Table 4 has the results of the analyses. The main effects of disclosure and connectedness together were significant for the cisgender participants, $R^2 = .08$, $F(2, 329) = 14.29$, $p < .001$. However, only connectedness significantly predicted psychological well-being with lower levels of connectedness associated with higher levels of psychological distress. In addition, the interaction term in step 2 of the regression was not significant.

The main effects of disclosure and connectedness together were significant for the non-cisgender participants, $R^2 = .04$, $F(2, 340) = 6.45$, $p = .002$. Less community connectedness and more disclosure predicted more psychological distress. Including the interaction between disclosure and connectedness significantly increased the explained variance, although the effect size was small, $R^2 = .10$, $F(3, 339) = 12.06$, $p < .001$. A simple slopes analysis similar to the one described earlier indicated that disclosure accounted for only 0.7% of the variance in psychological well-being for non-cisgender people with low connectedness ($n = 116$) and 1.5%

of the variance for medium connectedness ($n = 122$), indicating that these two categories of connectedness do not moderate the association between disclosure and psychological distress. However, disclosure accounted for 8.8% of the variance in psychological well-being for non-cisgender people with high community connectedness ($n = 140$). This suggests that bisexual people with non-cisgender identities who had stronger connections to the bisexual community were more likely to experience less psychological distress if their disclosure levels were relatively low. In addition, this interaction effect may be specific to people in our sample with non-cisgender identities rather than cisgender identities.

We conducted a second hierarchical multiple regression analysis to test the hypothesis that the association between concealment of one's sexual orientation and psychological well-being would be moderated by bisexual-specific community connectedness. Specifically, we predicted that greater reported levels of concealment would be more strongly associated with higher levels of psychological distress among individuals who report higher levels of bisexual-specific community connectedness. The criterion variable was scores on the EFQ, the measure of psychological well-being. Predictor variables in the first step of the regression were mean-centered scores for concealment and connectedness. The interaction between concealment and connectedness was added as a predictor variable in the second step of the regression.

The main effects of concealment and connectedness together were significant, $R^2 = .05$, $F(2, 703) = 16.44$, $p < .001$. In support of the hypothesis, less community connectedness and more concealment predicted higher levels of psychological distress. In the second step, connectedness and concealment remained significant and the interaction between concealment and connectedness significantly increased the explained variance, although the effect size was small, $R^2 = .14$, $F(3, 702) = 37.97$, $p < .001$. See Table 5 for the beta coefficients.

We conducted a simple slopes analysis to further examine the significant interaction effect of concealment and connectedness on psychological well-being. Scores on the moderator variable, community connectedness, were divided into low (scores ≤ 20 , $n = 253$), medium (scores of 22-23, $n = 248$) and high (scores ≥ 24 , $n = 340$) categories. Concealment accounted for 3% of the variance in psychological well-being for low connectedness, 0.2% of the variance for medium connectedness, and 10% of the variance for high connectedness. These results indicated that participants with low connectedness experienced somewhat less psychological distress if concealment levels were relatively high. However, bisexual people with stronger connections to the bisexual community were less likely to experience psychological distress if their concealment levels were relatively low. Having a medium level of connectedness to the bisexual community did not seem to moderate the association between concealment and psychological distress.

We reran the hierarchical regression analyses separately for cisgender and non-cisgender individuals. Table 6 has the results of the analyses. The main effects of concealment and connectedness together were significant for the cisgender participants, $R^2 = .04$, $F(2, 358) = 7.50$, $p < .001$. In the first step of the regression, only connectedness significantly predicted psychological distress with lower levels of connectedness associated with higher levels of psychological distress. In the second step, connectedness remained significant and the interaction between concealment and connectedness significantly increased the explained variance, although the effect size was small, $R^2 = .14$, $F(3, 357) = 19.24$, $p < .001$. See Table 6 for the beta coefficients.

We conducted a simple slopes analysis to further examine the significant interaction effect of concealment and connectedness on psychological well-being of cisgender participants. Concealment accounted for 3% of the variance in psychological well-being for low

connectedness ($n = 137$), 0.2% of the variance for medium connectedness ($n = 124$), and 10% of the variance for high connectedness ($n = 200$). These results were similar to those for the total sample. Cisgender participants with low connectedness experienced somewhat less psychological distress if concealment levels were relatively high. However, cisgender participants with stronger connections to the bisexual community were less likely to experience psychological distress if their concealment levels were relatively low. Having a medium level of connectedness to the bisexual community did not seem to moderate the association between concealment and psychological distress in cisgender participants.

The main effects of concealment and connectedness together were significant for the non-cisgender participants, $R^2 = .07$, $F(2, 340) = 12.93$, $p < .001$. Less community connectedness and more concealment predicted more psychological distress. Including the interaction between concealment and connectedness significantly increased the explained variance, although the effect size was small, $R^2 = .11$, $F(3, 339) = 13.58$, $p < .001$. A simple slopes analysis similar to the one described earlier indicated that concealment accounted for only 0.7% of the variance in psychological well-being for non-cisgender people with low connectedness, 0.3% of the variance for medium connectedness, and 15.3% of the variance in psychological well-being for non-cisgender people with high community connectedness. This suggests that bisexual people with non-cisgender identities who had stronger connections to the bisexual community were less likely to experience psychological distress if their concealment levels were relatively low. Also, low and medium levels of connectedness did not appear to moderate the association between concealment and psychological distress in non-cisgender participants.

In summary, these results suggest that the interaction effects between community connectedness and disclosure or concealment on psychological distress may differ as a function of the participants' gender identity (non-cisgender versus cisgender).

Community Connectedness and Social Support

We conducted a series of three regressions to test the fourth hypothesis that the relationship between bisexual-specific community connectedness and psychological well-being would be mediated by social support. Specifically, we predicted that greater reported levels of connectedness to the bisexual community would indirectly predict greater psychological well-being through greater perceived social support. In the first regression, Everyday Feelings Questionnaire total scores (EFQ) were regressed on the Connectedness to the Bisexual Community Scale scores (CBCS). The regression was significant, $F(1, 833) = 26.56, p < .001$. Higher levels of community connectedness predicted lower levels of psychological distress, $\beta = -.18, t = -5.15, p < .001$. The second regression regressed CBCS scores on the mediator, social support as assessed by the Friendship Scale (FS). This regression was also significant, $F(1, 831) = 38.13, p < .001$. Higher levels of community connectedness predicted higher levels of social support, $\beta = .21, t = 6.18, p < .001$. In the final regression, we regressed EFQ scores on the CBCS and FS scores. The regression was significant, $F(2, 824) = 229.55, p < .001$. Connectedness was not a significant predictor, $\beta = -.06, t = -1.93, p = .054$. However, the mediator, social support (FS) remained a significant predictor, $\beta = -.59, t = -20.51, p < .001$, with higher levels of social support predicting less psychological distress. A Sobel test was also conducted and indicated that social support completely mediated the association between community connectedness and psychological well-being, $z = -5.84, SD = .03, p < .001$.

Same-Gender versus Different-Gender Comparisons

We conducted two independent-sample *t*-tests to test the fifth hypothesis that relationship satisfaction and psychological well-being would differ based on partner gender. Specifically, we predicted that bisexual individuals with different-gender partners would report lower levels of relationship satisfaction and greater psychological distress compared to bisexual individuals with same-gender partners. Because multiple *t*-tests were calculated, we did a Bonferroni adjustment and set the *p*-value at .005. Contrary to predictions, participants with a same-gender partner had more psychological distress and less relationship satisfaction than participants with a different-gender partner. We also compared participants with a same- or different-gender partner among all other variables. Participants with same-gender partners reported more internalized binegativity, greater feelings of illegitimacy of bisexuality, and less bisexual identity affirmation compared to participants with different-gender partners, indicating poorer outcomes overall with regard to bisexual identity. In addition, participants with same-gender partners had less connection to the bisexual community, less social support, and greater disclosure compared to participants with different-gender partners. Participants did not differ significantly on sexual satisfaction and concealment. See Table 7 for *t*-test results.

The sixth hypothesis stated that lower reported levels of outness (disclosure and concealment) among bisexual individuals in different-gender relationships would reduce one's ability to connect and affiliate with other bisexual individuals, which in turn would lead to lower perceived social support, and subsequently, less relationship satisfaction. To test this hypothesis, we conducted separate multiple serial mediation analyses using PROCESS (Hayes, 2017) for the disclosure and concealment measures. There were enough participants in same-gender relationships so we ran the same analyses on that sub-sample.

Consistent with the sixth hypothesis, bisexual community connectedness and social support fully mediated the association between concealment and relationship satisfaction among participants with different-gender partners. Specifically, less concealment of bisexual identity indirectly predicted greater relationship satisfaction through greater bisexual community connectedness and greater social support, respectively (see Figure 2).

Among participants with same-gender partners, social support partially mediated the association between concealment and relationship satisfaction. Specifically, less concealment of bisexual identity indirectly predicted greater relationship satisfaction through increased social support. However, bisexual community connectedness and social support (together) did not mediate the association between concealment and relationship satisfaction (see Figure 3).

Contrary to predictions, disclosure was not a significant predictor of bisexual community connectedness, social support, or relationship satisfaction among participants with same-gender or different-gender partners. However, social support partially mediated the association between bisexual community connectedness and relationship satisfaction for both the different-gender (Figure 4) and same-gender (Figure 5) partner groups. In other words, regardless of partner gender, greater connectedness to the bisexual community was indirectly associated with greater relationship satisfaction through greater perceived social support.

Exploratory Analyses

Independent *t*-tests were calculated comparing non-cisgender and cisgender participants on all study variables. Non-cisgender participants reported more psychological distress, less relationship satisfaction, and less sexual satisfaction than cisgender participants. Additionally, non-cisgender participants reported significantly more internalized binegativity, more feelings of illegitimacy of bisexuality, and fewer feelings of affirmation of bisexual identity. Finally, non-

cisgender participants reported greater levels of disclosure of bisexual identity and lower levels of social support compared to cisgender participants. The two groups did not differ significantly on bisexual-specific community connectedness or concealment of bisexual identity. See Table 8 for means, standard deviations, and *t*-test results.

There were a sufficient number of non-cisgender participants in our sample, so we examined the correlations related to hypotheses 1, 2, and 7 separately for non-cisgender and cisgender participants. For both samples, psychological distress was associated with less relationship satisfaction (hypothesis 1). Similarly, internalized binegativity was associated with more psychological distress and less relationship satisfaction for both samples (hypothesis 2). Finally, sexual satisfaction was significantly associated with more relationship satisfaction in both non-cisgender and cisgender participants (hypothesis 7). Some correlations for other variables were significant only in one sample but not the other. Additionally, some correlations for non-cisgender and cisgender participants differed in effect size and/or direction. See Table 9 for correlations.

To expand on the fourth hypothesis, we conducted a series of three regressions to test whether social support mediated the relationship between bisexual-specific community connectedness and psychological well-being separately for non-cisgender and cisgender participants. In the first regression for non-cisgender participants, Everyday Feelings Questionnaire total scores (EFQ) were regressed on the Connectedness to the Bisexual Community Scale scores (CBCS). The regression was significant, $F(1, 374) = 11.01, p < .001$. Higher levels of community connectedness predicted lower levels of psychological distress, $\beta = -.17, t = -3.32, p < .001$. The second regression regressed CBCS scores on the mediator, social support as assessed by the Friendship Scale (FS). This regression was also significant, $F(1, 372)$

= 16.69, $p < .001$. Higher levels of community connectedness predicted higher levels of social support, $\beta = .21$, $t = 4.09$, $p < .001$. In the final regression, we regressed EFQ scores on the CBCS and FS scores. The regression was significant, $F(2, 369) = 57.58$, $p < .001$. Connectedness was not a significant predictor, $\beta = -.07$, $t = -1.54$, $p = .123$. However, the mediator, social support (FS) remained a significant predictor, $\beta = -.47$, $t = -10.07$, $p < .001$, with higher levels of social support predicting less psychological distress.

In the first regression for cisgender participants, Everyday Feelings Questionnaire total scores (EFQ) were regressed on the Connectedness to the Bisexual Community Scale scores (CBCS). The regression was significant, $F(1, 455) = 12.38$, $p < .001$. Higher levels of community connectedness predicted lower levels of psychological distress, $\beta = -.16$, $t = -3.52$, $p < .001$. The second regression regressed CBCS scores on the mediator, social support as assessed by the Friendship Scale (FS). This regression was also significant, $F(1, 455) = 17.11$, $p < .001$. Higher levels of community connectedness predicted higher levels of social support, $\beta = .19$, $t = 4.14$, $p < .001$. In the final regression, we regressed EFQ scores on the CBCS and FS scores. The regression was significant, $F(2, 450) = 132.93$, $p < .001$. Connectedness was not a significant predictor, $\beta = -.05$, $t = -1.37$, $p = .172$. However, the mediator, social support (FS) remained a significant predictor, $\beta = -.60$, $t = -15.74$, $p < .001$, with higher levels of social support predicting less psychological distress.

Discussion

In order to provide better support for bisexual individuals, it is important to recognize the ways in which their experiences and romantic relationships are distinct from heterosexual people as well as lesbians, gay men, and other sexual identities. Bisexuality has a lengthy history of being excluded from or simply lumped together with lesbians and gay men in psychological

research, which has contributed to systemic monosexism and bisexual erasure. A few recent studies have provided a preliminary analysis of factors specifically contributing to the psychological well-being of bisexual individuals, such as internalized binegativity, outness, bisexual-specific community connectedness, and social support; however, research examining how these factors might influence bisexual individuals' feelings of satisfaction within monogamous romantic relationships with same-gender or different-gender partners is even more scarce. The present study examined factors that may contribute to the psychological well-being and relationship satisfaction of bisexual individuals. The findings of the present study could assist mental health providers, researchers, and community organizers in better understanding and addressing the unique needs of bisexual people.

Relationship Satisfaction, Sexual Satisfaction, and Internalized Binegativity

As hypothesized, participants that reported greater satisfaction within their romantic relationships reported significantly less psychological distress. Additionally, greater relationship satisfaction predicted significantly greater sexual satisfaction. These findings are consistent with previous research among samples of heterosexual adults in monogamous romantic relationships demonstrating that greater relationship satisfaction is associated with greater psychological well-being (Whisman, 2001; Whisman & Bruce, 1999; Zlotnick et al., 2000) and greater sexual satisfaction (McNulty et al., 2016). Thus, the present findings indicate that bisexual people experience similarly positive psychological and sexual health benefits from satisfying romantic relationships as do heterosexual people. Consistent with research by Røsland and colleagues (2012), this suggests that satisfying romantic relationships may serve as a protective buffer against emotional distress resulting from minority stress and other stressful life events.

Furthermore, as hypothesized, greater internalized binegativity predicted significantly more psychological distress and less relationship satisfaction. This finding supports previous research indicating that bisexual individuals who hold more internalized negative attitudes about bisexuality experience poorer mental health outcomes, including feelings of self-loathing, shame, confusion, powerlessness, increased depressive symptoms, and decreased self-esteem (Israel et al., 2019; Lambe et al., 2017; Paul et al., 2014). Additionally, results of the present study are consistent with previous research indicating that bisexual individuals with lower internalized binegativity tend to feel more satisfied in their romantic relationships (Mark et al., 2020) whereas bisexual individuals with higher internalized binegativity, particularly with regard to feelings of illegitimacy of bisexuality, tend to report lower relationship satisfaction (Li et al., 2013; Mark et al., 2020; Vencill et al., 2018). Taken together, these findings indicate that internalized binegativity is closely linked to mental health and relationship satisfaction among bisexual individuals. It is possible that the feelings of self-hatred and shame associated with greater internalized binegativity may have a negative impact on bisexual individuals' mental health and perceptions of romantic relationship quality. Alternatively, relationship dissatisfaction and poor mental health may give rise to more internalized binegativity. Because causal claims or claims of temporal precedence cannot be made from correlational data, additional research is needed in order to clarify the directional mechanisms that may exist between these variables.

Predictors of Psychological Distress

Disclosure, Concealment, and Community Connectedness

In partial support of predictions, bisexual-specific community connectedness moderated the association between outness and psychological distress in the present study. However, the direction of the effect was unexpected when using disclosure as the measure of outness. Among

bisexual individuals with stronger connections to the bisexual community, lower levels of disclosure predicted less psychological distress. Interestingly, this interaction effect seemed to be largely driven by participants with a non-cisgender identity. In the full sample, disclosure accounted for 2.7% of the variance in psychological distress among bisexual individuals with high levels of bisexual community connectedness. When we reran the regression analyses separately for cisgender and non-cisgender individuals, disclosure accounted for 8.8% of the variance in psychological distress among non-cisgender individuals with high community connectedness, indicating that for non-cisgender bisexual individuals with high community connectedness, low levels of disclosure predicted less psychological distress. Among cisgender individuals, however, the interaction effect became nonsignificant.

There are several possible explanations for the present findings. Firstly, the measure of disclosure used in the present study only contained items related to disclosure of one's bisexual orientation, but not disclosure of one's gender identity. Outness is already uniquely complicated for bisexual individuals, such that bisexual individuals are called upon to disclose their bisexuality (e.g., having to correct others when mistakenly identified as lesbian/gay or heterosexual) more often due to the regularity of bisexual erasure (Brownfield & Brown, 2022). The intersection of this with a non-cisgender gender identity could make disclosure even more onerous (e.g., having to correct others for using incorrect pronouns or names). Additionally, disclosure may be more (or less) difficult for some non-cisgender individuals than others, based on one's gender presentation or performance of gender norms. For example, an individual whose appearance and personal expression does not fit the societal expectations of binary gender identity may have a different experience with disclosing their gender identity and/or sexual

orientation to others compared to an individual whose appearance and personal expression falls more in line with binary societal expectations of gender (Brown et al., 2022).

Another possible explanation for these findings could be that non-cisgender individuals and bisexual individuals both experience higher rates of rejection from family members compared to cisgender and heterosexual individuals, which contributes to disproportionately higher rates of homelessness among these populations (Durso & Gates, 2012; Pew Research Center, 2013; Ray, 2006). Further, the intersection of these two facets of identity may make non-cisgender individuals more likely to experience rejection from family when disclosing their identity. This increased vulnerability to rejection from family members might mean that greater disclosure is more strongly related to greater distress among non-cisgender bisexual individuals. Therefore, these individuals may form stronger connections to the bisexual community out of necessity after being rejected from their own family of origin or community, but still experience high levels of emotional distress as a result of navigating their intersecting marginalized identities. Indeed, forming strong community connections and “chosen families” has been demonstrated to be a common strength and source of resilience among many members of the LGBTQ+ community, particularly those with intersecting identities (Brown et al., 2022; Hull & Ortyl, 2019; Weston, 1991). Unfortunately, however, this is often in response to experiences of rejection from one’s family of origin.

As hypothesized, lower levels of concealment predicted lower levels of psychological distress among bisexual individuals who had stronger connections to the bisexual community. Unlike our findings with regard to disclosure, results were similar when we ran this analysis separately for cisgender and non-cisgender individuals. This finding supports previous research suggesting that connectedness with a community of similar others is protective against the

negative impact of stigma (Balsam & Mohr, 2007; Crocker & Major, 1989). Further, having strong connections to the bisexual community may provide individuals with a sufficient level of social support such that they may perceive less of a need to conceal their bisexual identity. In other words, high levels of bisexual community connectedness may make it easier to not conceal one's bisexual orientation.

Community Connectedness and Social Support

As hypothesized, social support completely mediated the association between bisexual-specific community connectedness and psychological well-being, such that greater community connectedness indirectly predicted less psychological distress through greater perceived social support. This finding supports previous research suggesting that access to a supportive community of other bisexual-identified persons has positive mental health benefits for bisexual individuals, including an increase in social support as well as lessening the negative impact of internalized binegativity on depression (Lambe et al., 2017; Ross et al., 2010; Vencill et al., 2018). Furthermore, previous research utilizing a variety of samples has robustly demonstrated that social support functions as a significant positive contributor to psychological health, as well as a protective buffer against the negative effects of life stress, crisis, and minority stress (Baumeister & Leary, 1995; Cobb, 1976; Diamond, 2013; Hawthorne, 2008; Tomaka et al., 2006). The findings of this study align with previous research, and additionally suggest a mechanism in which a greater sense of connectedness to the bisexual community leads to an increase in perceived social support, which in turn predicts less psychological distress among bisexual individuals. Furthermore, findings were similar for non-cisgender and cisgender participants, indicating this mechanism may function similarly for people of different gender identities.

Same-Gender versus Different-Gender Comparisons

Contrary to predictions, participants with a same-gender partner reported significantly more psychological distress and less relationship satisfaction than participants with a different-gender partner. This finding was surprising given that previous research had suggested that having a different-gender partner directly (Szymanski et al., 2016) and/or indirectly (Li et al., 2013; Morandini et al., 2018) predicted more psychological distress and less relationship satisfaction among sexual minority individuals, compared to those with a same-gender partner. Furthermore, previous research indicated that bisexual individuals who are in a long-term, monogamous relationship with a different-gender partner are especially vulnerable to rejection or exclusion by the LGBTQ+ community, which may limit these individuals' access to community connectedness and social support, which are both contributors to psychological distress and relationship satisfaction (Lambe et al., 2017; Molina et al., 2015; Morandini et al., 2018; Ross et al., 2010; Vencill et al., 2018).

One possible explanation for the present findings could be related to stigma sensitivity in response to external perceptions of relationship legitimacy. Although all bisexual individuals are vulnerable to discrimination and invalidation of their bisexual orientation regardless of relationship status or partner gender, bisexual individuals in different-gender relationships may be perceived as more “legitimate” with regard to their relationship status (i.e., are more likely to be seen and treated as a “couple”), whereas those with same-gender partners may experience increased invalidation of their relationship status and increased homonegative and binegative discrimination, along with experiences of invalidation of their bisexual orientation. Indeed, our results indicated that bisexual individuals with same-gender partners reported more internalized binegativity, more feelings of illegitimacy of bisexuality, and less affirmation of bisexual identity

compared to those with different-gender partners. Additionally, bisexual individuals with same-gender partners may be more vigilant to signs of prejudice as a result of experiences of homonegative and/or binegative discrimination. Previous research has suggested that this increased vigilance to prejudice, or stigma sensitivity, is associated with poorer mental health among LGB individuals and poorer relationship quality in same-gender couples (Balsam & Mohr, 2007; Mohr & Fassinger, 2006). Given that bisexual individuals are prone to binegative discrimination from lesbians and gay men as well as heterosexual individuals (Callis, 2013; Dodge et al., 2016; Israel & Mohr, 2004; Roberts et al., 2015), it is possible that the intersection of these external sources of binegativity experienced by bisexual individuals with same-gender partners may contribute to increased internalized binegativity and, in turn, poorer psychological well-being and relationship satisfaction.

As hypothesized, among bisexual individuals with different-gender partners, less concealment of bisexual identity predicted greater connectedness to the bisexual community, which then predicted greater perceived social support, which was subsequently associated with greater relationship satisfaction. This finding is in line with previous research by Morandini and colleagues (2018) indicating a serial mediation pathway linking outness to relationship satisfaction through bisexual-specific community connectedness and social support, respectively. However, the nature of this serial mediation pathway differed depending on partner gender. Among participants with same-gender partners, less concealment of bisexual identity was associated with greater perceived social support and, in turn, greater relationship satisfaction, but connectedness to the bisexual community was not a significant mediator. Given that participants with same-gender partners overall reported significantly less bisexual-specific community connectedness than participants with different-gender partners in the present study, it is possible

that connectedness may not have been as important of a mediator for those with same-gender partners as those with different-gender partners in our sample.

Interestingly, the relationships between these variables changed when the analyses were run using disclosure (rather than concealment) as the measure of outness. Contrary to predictions, disclosure of bisexual identity was not a significant predictor of bisexual community connectedness, social support, or relationship satisfaction in the present study, regardless of partner gender. Social support remained a partial mediator of the association between community connectedness and relationship satisfaction for both the same-gender and different-gender partner groups, but participants' level of disclosure of their bisexual identity did not represent a significant predictor of any of those variables. This finding could be explained in the context of the minority stress model (Meyer, 2003). In other words, the negative psychological impact of actively concealing of one's sexual orientation may be greater than simply not disclosing one's sexual orientation. Previous research examining bisexual individuals' motivations for concealing their sexual orientation from others has suggested that concealment often functions as a protective stigma management strategy that may be more common among individuals with high levels of internalized binegativity (Balsam & Mohr, 2007; Kertzner et al., 2009; Mohr et al., 2017; Schrimshaw et al., 2018). Additionally, results of a study by Schrimshaw and colleagues (2013) indicated that greater concealment (but not disclosure) of bisexual identity predicted poorer mental health among bisexual men. Thus, compared to non-disclosure, concealment strategies likely require more active emotion regulation efforts and more vigilance, which constitutes a form of minority stress that may have detrimental effects on mental health and romantic relationship quality among sexual minority individuals (Balsam & Mohr, 2007; Meyer, 2003).

Limitations and Strengths

The data used in this study was strictly correlational, and thus no causal claims can be made based on the results for the present study. Temporal precedence cannot be determined by correlational design, and there may be additional variables that are responsible for the significant associations we observed, such as the length of a person's intimate relationship. Additionally, based on the non-random sampling methods used to recruit participants for the present study (i.e., convenience snowball sampling), there are several ways in which the resulting sample may be biased. The present sample, while robust in size, was predominantly White, fairly well-educated, and nearly 70% of the participants were between the ages of 18-30. Thus, the results of the present study may not be as generalizable among populations that were not represented in this sample, such as older adults, people of color, and individuals without a college education.

Another limitation of the present study is the use of self-report data, which involves inherent risks with regard to motivation to complete the survey or responding in a socially desirable way. Participants may also have interpreted certain terms or phrases in different ways. Additionally, it is possible that the individuals who chose to respond to the survey may have been less distressed and/or more satisfied in their relationships compared to those who may have elected not to participate, because the types of questions asked may have been intrinsically more distressing for individuals who already were feeling distressed and/or dissatisfied in their relationships.

The present study was fortunate enough to include a robust sample of individuals with a variety of cisgender and non-cisgender identities, which made it possible to perform additional exploratory analyses comparing cisgender and non-cisgender participants for several of the hypotheses. This represents both a strength and a limitation of the present study. To date, few

other studies have been conducted comparing the well-being of cisgender and non-cisgender individuals within the bisexual community (Brownfield & Brown, 2022 represents a recent and notable exception). The present findings could initiate discussions and additional research into the intersection of gender identity with bisexuality, and the unique difficulties non-cisgender bisexual individuals may face in romantic relationships. However, gender is not a binary construct, and clumping individuals together in "cisgender" and "non-cisgender" groups fails to acknowledge the nuances that exist within and across these groups (Beischel et al., 2022). Future research could help clarify how the intersectional nature of gender identity and sexual orientation impacts mental health and romantic relationship quality among bisexual individuals.

Additionally, the present study only examined differences based on partner gender, not partner sexual orientation. Although the majority of the available research literature related to mixed-orientation relationships (i.e., having a partner whose sexual orientation differs from one's own) has centered on marriages and relationships in which one partner is heterosexual and the other is not (e.g., heterosexual/bisexual partnerships), it is likely that mixed-orientation relationships in which neither partner is heterosexual (e.g., lesbian/bisexual partnerships) may pose unique challenges and benefits (Vencill & Wiljamaa, 2016). Indeed, recent research utilizing a representative sample of sexual minority individuals suggests that being in a mixed-orientation relationship may be a more influential contributor to mental health than partner gender (Wilson et al., 2022). Additionally, a study by Vencill and colleagues (2018) found that bisexual individuals in monogamous relationships with heterosexual partners reported higher levels of stress compared to bisexual individuals in monogamous relationships with lesbian partners. Future research could expand on the findings of the present study by examining how

the sexual orientation of bisexual individuals' romantic partners contributes to mental health and relationship satisfaction in the context of the other psychosocial variables examined in this study.

Finally, it is important to keep in mind that the data for the present study was collected during the summer of 2021, just over a year after the global COVID-19 pandemic began. This pandemic has constituted a collective, prolonged, and still ongoing traumatic event that has had a profound impact on mental health across the globe (Xiong et al., 2020). Lockdowns, quarantines, and social distancing efforts have impacted relationship dynamics and the extent to which individuals are able to socialize with others. The present study did not specifically collect data on whether the pandemic affected individuals, but recent findings have indicated that marginalized communities such as LGBTQ+ populations have been disproportionately negatively impacted by the pandemic (Goldbach et al., 2021). Specifically, the intersection of existing social/structural inequities that disproportionately impact LGBTQ+ persons (e.g., more likely to face poverty and lack access to health insurance compared with non-LGBTQ+ persons; Salerno et al., 2020; Whittington et al., 2020) with existing mental health disparities among (and within) LGBTQ+ populations may exacerbate the psychological impact of COVID-19 pandemic trauma among the LGBTQ+ community.

It is reasonable to posit that the unique conditions and stressors that people experienced throughout the pandemic could have impacted participants' responses on measures of social support, relationship satisfaction, sexual satisfaction, community connectedness, and psychological distress. In particular, the COVID-19 pandemic could help explain the questionable internal reliability of the measure of social support in the present study. While access to in-person social support structures and community connectedness have been reduced by social distancing and shelter-in-place orders, many bisexual individuals have demonstrated

resilience by turning to online sources of connection and social support during periods of prolonged physical isolation (Goldbach et al., 2021; Konnoth, 2020). Thus, pandemic conditions may make it uniquely possible for individuals to experience social support and social isolation simultaneously. The present study made efforts to accommodate this by modifying our measure of bisexual-specific community connectedness to explicitly mention online communities (rather than just in-person communities) in its instructions. However, it is impossible to fully anticipate in advance all the various ways that an unprecedented crisis like the COVID-19 pandemic may impact communities that are already marginalized. Thus, the results of the present study should be interpreted with caution and conceptualized in the context of the COVID-19 pandemic, especially with regard to social support. Additional research is warranted in the post-pandemic future in order to more broadly assess the direct impact of the COVID-19 pandemic on bisexual individuals' mental health and functioning within monogamous romantic relationships.

Despite these limitations, the present study also has some key strengths. As noted previously, bisexuality has a lengthy history of erasure in psychological research despite contemporary evidence that bisexual individuals make up 2.1% of the U.S. population and represent approximately 40% of the LGBT community (Goldberg et al., 2020; Wilson et al., 2022), and face poorer mental health outcomes compared to lesbians and gay men (Dodge & Sandfort, 2007; Feinstein & Dyar, 2017; Israel & Mohr, 2004; Ross et al., 2018; Semlyen et al., 2016). Although recent research has begun to examine the unique sets of challenges and experiences faced by bisexual individuals, there remains significant gaps in the literature regarding the factors that contribute to their psychological well-being. In addition, existing studies examining relationship satisfaction and sexual satisfaction among non-heterosexual/sexual minority individuals have overwhelmingly focused on lesbians and gay men,

with very little attention paid to bisexual individuals. However, this study specifically explored contributors to relationship satisfaction and sexual satisfaction in bisexual individuals.

Additionally, the present study is among the first to examine differences in relationship and mental health functioning for bisexual individuals with same-gender partners versus different-gender partners; to date, the comparative dynamics of these two kinds of relationships has not been explored in the context of the variables we have addressed in this study. A particularly notable strength of the present study was the robust sample size, which allowed for unique comparisons based on participants' gender identity as well as the gender of their current romantic partner. Furthermore, the results of the present study may help clinicians who work with bisexual individuals and couples to better understand the unique challenges faced by bisexual individuals and how these challenges impact their mental health and romantic relationships, as well as assist researchers and community organizers in better addressing the needs of bisexual populations.

Implications and Future Research

Findings of the present study may help clarify the various psychosocial contributors to bisexual individuals' psychological well-being and relationship satisfaction. This information could help inform mental health providers on how best to provide support to their bisexual clients (Li et al., 2013). Given that results of the present study support previous findings (i.e., Israel et al., 2019; Lambe et al., 2017; Li et al., 2013; Mark et al., 2020; Paul et al., 2014; Vencill et al., 2018) indicating that internalized binegativity is a strong negative predictor of psychological well-being and relationship satisfaction among bisexual individuals, this information may offer mental health providers better insight in order to provide interventions that assist bisexual clients in recognizing and challenging internalized negative attitudes about bisexuality and cultivating a more positive bisexual self-identity. Consequently, such

interventions may lead to positive mental health outcomes and improved relationship quality via the reduction of heterosexism/monosexism and bisexual-specific minority stress (Israel et al., 2019; Li et al., 2013; Mark et al., 2020; Paul et al., 2014).

In addition to internalized binegativity, findings of the present study indicate that factors associated with positive interactions with similarly-identified others may contribute to more positive psychological and relationship functioning among bisexual individuals. These factors include outness, social support, and bisexual-specific community connectedness (Balsam & Mohr, 2007; Lambe et al., 2017; LeBeau & Jellison, 2009; Morandini et al., 2018; Ross et al., 2010; Vencill et al., 2018). Knowledge and understanding of the interacting ways in which these factors contribute to psychological well-being and relationship satisfaction among bisexual individuals may provide mental health providers with several options when working with bisexual clients and couples. For example, clinicians may assist their clients in identifying supportive communities of other bisexual individuals that might provide bisexual clients with more sources of social support, as well as a safe environment in which to disclose one's bisexual identity. Additionally, clinicians working with couples in which one partner identifies as bisexual might utilize this knowledge to help improve interpersonal communication and support within the relationship, as well as address any binegative stereotypes held by the non-bisexual partner that may be contributing to negative mental health outcomes for the bisexual partner (Davids & Lundquist, 2018; Li et al., 2013; Mark et al., 2020).

In order to gain a better understanding of the unique stressors faced by bisexual individuals, to examine and deconstruct one's own monosexist biases, and to provide supportive and affirmative care to this vulnerable population, clinicians are encouraged to familiarize themselves with the *APA Guidelines for Psychological Practice with Sexual Minority Persons*

(APA Task Force on Psychological Practice with Sexual Minority Person, 2021). Furthermore, given that non-cisgender bisexual individuals in the present study experienced poorer outcomes in several areas compared to their cisgender counterparts, clinicians are also encouraged to consult the *APA Guidelines for Psychological Practice with Transgender and Gender Nonconforming People* (American Psychological Association, 2015) as a reference for expanding their level of competence with providing affirmative care to bisexual individuals with intersecting non-cisgender gender identities.

Despite the fact that bisexual people represent a majority of the LGBTQ community, bisexual-specific research initiatives and community projects that specifically address the needs of bisexual individuals (who are often ostracized and excluded from broader LGBTQ communities and events) are grossly underfunded in comparison to funding allocated to the “broader LGBTQ community” and other groups under the LGBTQ+ umbrella (Beach & Xavier Hall, 2020; Pew Research Center, 2013). In addition to assisting mental health providers who work with bisexual clients and couples, the present study’s contribution to the existing bisexual literature may also help researchers and community organizers to not only develop a better understanding of the psychological impact of the harmful stereotypes, systemic bisexual erasure, and unique minority stressors faced by bisexual individuals, but also advocate for an increase in tangible community resources and societal changes that are more appropriately adapted to the needs of bisexual populations (Beach & Xavier Hall, 2020; Vencill et al., 2018).

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Table 1

Means and Standard Deviations for All Variables Among Total Sample, Bisexual, and Pansexual/Other Participants

Variables	Total Sample			Bisexual			Pansexual/Other		
	<i>N</i>	<i>M</i>	<i>SD</i>	<i>N</i>	<i>M</i>	<i>SD</i>	<i>N</i>	<i>M</i>	<i>SD</i>
EFQ	866	28.5	5.2	782	28.5	5.2	84	28.6	5.1
Rel. Sat.	853	25.0	5.1	773	24.9	5.0	80	26.2	5.5
BII IB	863	18.4	7.1	779	18.6	7.0	84	16.1	7.5
BII Illegit	852	26.7	13.0	768	27.0	13.0	84	24.0	13.0
BII Affirm	861	28.0	6.9	779	27.9	6.9	82	29.0	6.6
Social Support	863	13.3	3.6	778	13.2	3.6	85	13.9	3.6
NOS-D	700	48.4	19.3	625	47.9	19.0	75	52.4	21.7
NOS-C	735	38.6	14.4	669	38.7	14.4	66	37.5	14.0
CBCS	841	22.8	3.9	758	22.8	4.0	83	22.7	3.4
Sexual Sat.	862	68.0	14.6	777	68.2	14.8	85	65.9	12.8

Note. EFQ = Psychological Well-Being measure; BII IB = Internalized Binegativity subscale; BII Illegit = Illegitimacy of Bisexuality subscale; BII Affirm = Identity Affirmation subscale; CBCS = Connectedness to Bisexual Community Scale; NOS-D = Disclosure subscale; NOS-C = Concealment subscale. Higher scores indicated greater levels of psychological distress, relationship satisfaction, internalized binegativity, perceived social support, greater disclosure and concealment of bisexual identity, greater connectedness to the bisexual community, and greater sexual satisfaction.

Table 2*Zero-order Correlations between Study Variables*

	Rel. Sat.	BII IB	BII Illegit	BII Affirm	Sex. Sat.	NOS-D	NOS-C	CBCS	Social Support
EFQ	-.43***	.24***	.20***	-.28***	-.35***	.10**	.13***	-.18***	-.60***
Rel. Sat.	--	-.37***	-.43***	.43***	.45***	-.01	-.08*	.29***	.46***
BII_IB		--	.79***	-.22***	.14***	-.09*	.03	.09*	-.41***
BII_Illegit			--	-.21***	.16***	-.06	-.09*	.06	-.38***
BII_Affirm				--	.48***	-.05	-.11**	.53***	.33***
Sex. Sat.					--	-.13***	-.25***	.49***	.25***
NOS-D						--	.35***	-.06	-.02
NOS-C							--	-.11**	-.19***
CBCS								--	.21***

Note. Sample sizes range from 658-866. EFQ = Psychological Well-Being measure; BII IB = Internalized Binegativity subscale; BII Illegit = Illegitimacy of Bisexuality subscale; BII Affirm = Identity Affirmation subscale; NOS-D = Disclosure subscale; NOS-C = Concealment subscale; CBCS = Connectedness to Bisexual Community Scale.

* $p \leq .05$. ** $p \leq .01$. *** $p \leq .001$.

Table 3

Hierarchical Regression Results for Disclosure and Community Connectedness Predicting

Psychological Well-Being in the Total Sample

	<i>b</i> (β)	<i>t</i>	<i>p</i>	ΔR^2
<u>Step 1</u>				.07***
Disclosure	.02 (.08)	2.12	.035	
Connectedness	-.32(-.25)	-6.76	< .001	
<u>Step 2</u>				.02**
Disclosure	.02 (.07)	1.75	.080	
Connectedness	-.28(-.23)	-6.01	< .001	
Disclosure x Connectedness	.01 (.13)	3.48	< .001	

Note. Sample size was 675.

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

Table 4*Hierarchical Regression Results for Disclosure and Community Connectedness Predicting**Psychological Well-Being in Cisgender and Non-Cisgender Participants*

Cisgender Participants	<i>b</i> (β)	<i>t</i>	<i>p</i>	ΔR^2
<u>Step 1</u>				.08***
Disclosure	.00 (.00)	-0.23	.981	
Connectedness	-.38 (-.28)	-5.33	< .001	
<u>Step 2</u>				.00
Disclosure	.00 (-.01)	-0.15	.880	
Connectedness	-.35 (-.26)	-4.55	< .001	
Disclosure x Connectedness	.00 (.07)	1.25	.211	
Non-Cisgender Participants				
<u>Step 1</u>				.04**
Disclosure	.03 (.15)	2.71	.007	
Connectedness	-.14 (-.14)	-2.63	.009	
<u>Step 2</u>				.06***
Disclosure	.03 (.15)	2.79	.006	
Connectedness	-.20 (-.20)	-3.68	< .001	
Disclosure x Connectedness	.02 (.25)	4.74	< .001	

Note. Sample sizes were 331 cisgender participants and 342 non-cisgender participants.

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

Table 5

Hierarchical Regression Results for Concealment and Community Connectedness Predicting Psychological Well-Being in the Total Sample

	<i>b</i> (β)	<i>t</i>	<i>p</i>	ΔR^2
<u>Step 1</u>				.05***
Concealment	.03 (.08)	2.28	.023	
Connectedness	-.24(-.19)	-5.00	< .001	
<u>Step 2</u>				.10***
Concealment	.04 (.11)	3.08	.002	
Connectedness	-.19(-.15)	-4.09	< .001	
Concealment x Connectedness	.03 (.31)	8.80	< .001	

Note. Sample size was 705.

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

Table 6

Hierarchical Regression Results for Concealment and Community Connectedness Predicting Psychological Well-Being in Cisgender and Non-Cisgender Participants

Cisgender Participants	<i>b</i> (β)	<i>t</i>	<i>p</i>	ΔR^2
<u>Step 1</u>				.04***
Concealment	.01 (.03)	0.50	.619	
Connectedness	-.27 (-.20)	-3.71	< .001	
<u>Step 2</u>				.10***
Concealment	.03 (.07)	1.38	.169	
Connectedness	-.22 (-.16)	-3.16	.002	
Concealment x Connectedness	.03 (.32)	6.41	< .001	
Non-Cisgender Participants				
<u>Step 1</u>				.07***
Concealment	.07 (.23)	4.44	< .001	
Connectedness	-.14 (-.15)	-2.76	.006	
<u>Step 2</u>				.04***
Concealment	.07 (.21)	4.14	< .001	
Connectedness	-.12 (-.11)	-2.11	.036	
Concealment x Connectedness	.02 (.20)	3.73	< .001	

Note. Sample sizes were 360 cisgender participants and 342 non-cisgender participants.

Table 7

Means, Standard Deviations, and t-test Results for Participants with a Same-Gender or a Different-Gender Partner

	Same Gender	Different Gender			
	<i>M(SD)</i>	<i>M(SD)</i>	<i>t</i>	Cohen's <i>d</i>	95% CI
EFQ	29.0(3.7)	27.7(6.8)	3.65***	.252	[.116, .388]
Rel. Sat.	23.5(3.9)	27.2(5.7)	-11.15***	-.776	[-.917, -.635]
BII Illegit	32.6(9.6)	18.2(12.5)	19.00***	1.324	[1.173, 1.474]
BII IB	20.6(5.7)	15.2(7.6)	11.88***	.824	[.682, .965]
BII Affirm	26.3(6.1)	30.5(7.2)	-9.30***	-.645	[-.784, -.505]
Sexual Sat.	67.9(13.2)	68.1(16.4)	-0.13	-.009	[-.145, .127]
CBCS	22.3(3.4)	23.5(4.4)	-4.46***	-.313	[-.451, -.175]
NOS-D	50.7(18.1)	43.2(21.0)	4.76***	.390	[.228, .552]
NOS-C	37.7(12.8)	40.2(16.9)	-2.20	-.171	[-.323, -.018]
Social Support	12.5(2.6)	14.4(4.5)	-7.94***	-.550	[-.688, -.412]

Note. Sample sizes range from 482-512 for same-gender partner group, and 215-353 for different-gender partner group. Degrees of freedom ranged from 697-863. EFQ = Psychological Well-Being measure; BII IB = Internalized Binegativity subscale; BII Illegit = Illegitimacy of Bisexuality subscale; BII Affirm = Identity Affirmation subscale; CBCS = Connectedness to Bisexual Community Scale; NOS-D = Disclosure subscale; NOS-C = Concealment subscale.

*** $p < .001$.

Table 8

Means, Standard Deviations, and t-test Results for All Measures Among Cisgender and Non-Cisgender Participants

	Cis Gender	Non-Cis Gender			
	<i>M(SD)</i>	<i>M(SD)</i>	<i>t</i>	Cohen's <i>d</i>	95% CI
EFQ	27.7(6.2)	29.5(3.4)	5.11***	.350	[.215, .485]
Rel. Sat.	26.5(5.5)	23.1(3.9)	-10.35***	-.714	[-.853, -.574]
BII IB	17.0(7.8)	20.0(5.6)	6.24***	.428	[.292, .564]
BII Illegit	22.9(13.9)	31.3(10.0)	9.90***	.683	[.544, .822]
BII Affirm	30.0(6.9)	25.7(6.1)	-9.50***	-.652	[-.790, -.513]
Sexual Sat.	69.3(16.5)	66.3(11.6)	-3.08**	-.211	[-.346, -.076]
CBCS	23.1(4.4)	22.4(3.2)	-2.70	-.187	[-.323, -.051]
NOS-D	43.7(22.7)	52.9(14.0)	6.46***	.489	[.338, .639]
NOS-C	37.8(17.3)	39.1(10.4)	1.18	.087	[-.058, .232]
Social Support	14.0(4.2)	12.4(2.5)	-6.49***	-.445	[-.581, -.309]

Note. Sample sizes range from 342-472 for Cisgender group, and 356-390 for Non-Cisgender group. Degrees of freedom ranged from 696-860. EFQ = Psychological Well-Being measure; BII IB = Internalized Binegativity subscale; BII Illegit = Illegitimacy of Bisexuality subscale; BII Affirm = Identity Affirmation subscale; CBCS = Connectedness to Bisexual Community Scale; NOS-D = Disclosure subscale; NOS-C = Concealment subscale.

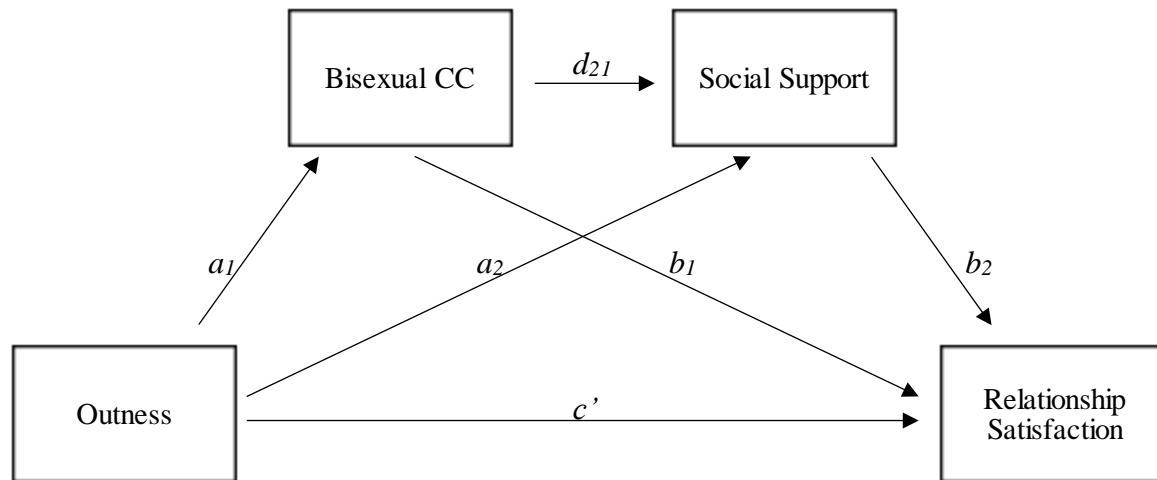
** $p < .01$. *** $p < .001$.

Table 9*Zero-order Correlations between Study Variables for Cisgender and Non-Cisgender Participants*

	EFQ	Rel. Sat.	BII_IB	BII Illegit	BII Affirm	Sex. Sat.	NOS-D	NOS-C	CBCS	Social Support
EFQ	--	-.30***	.22***	.22***	-.11*	-.25***	.17**	.26***	-.17***	-.49***
Rel. Sat.	-.43***	--	-.17***	-.22***	.33***	.36***	.14**	-.07	.31***	.39***
BII IB	.21***	-.39***	--	.84***	.20***	.33***	.07	.15**	.23***	-.34***
BII Illegit	.14**	-.42***	.76***	--	.11*	.30***	.02	.13*	.14**	-.33***
BII Affirm	-.31***	.40***	-.37***	-.25***	--	.61***	.23***	.05	.59***	.18***
Sex. Sat.	-.37***	.49***	.10*	.16***	.40***	--	.19***	-.15**	.52***	.25***
NOS-D	.02	.03	-.20***	-.16**	-.07	-.21***	--	.48***	.11*	-.01
NOS-C	.08	-.07	-.03	-.20***	-.17**	-.28***	.27***	--	.07	-.28***
CBCS	-.16***	.26***	.06	.07	.50***	.47***	-.08	-.18***	--	.21***
Social Support	-.61***	.43***	-.40***	-.34***	.34***	.23***	.05	-.16**	.19***	--

Note. Non-cisgender participants are above the diagonal ($n = 342-387$) and cisgender participants are below the diagonal ($n = 314-468$). EFQ = Psychological Well-Being measure; BII IB = Internalized Binegativity subscale; BII Illegit = Illegitimacy of Bisexuality subscale; BII Affirm = Identity Affirmation subscale; NOS-D = Disclosure subscale; NOS-C = Concealment subscale; CBCS = Connectedness to Bisexual Community Scale.

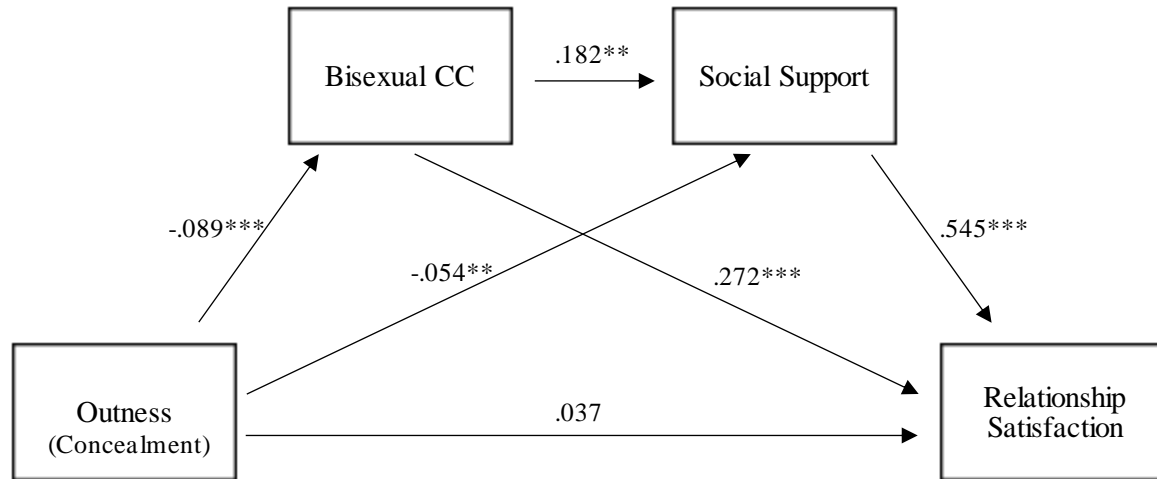
* $p < .05$. ** $p < .01$. *** $p < .001$.

Figure 1*Serial Mediation Model*

Note. Bisexual CC = Bisexual-specific community connectedness.

Figure 2

Serial Mediation Results Predicting Relationship Satisfaction from Concealment Among Participants with Different-Gender Partners

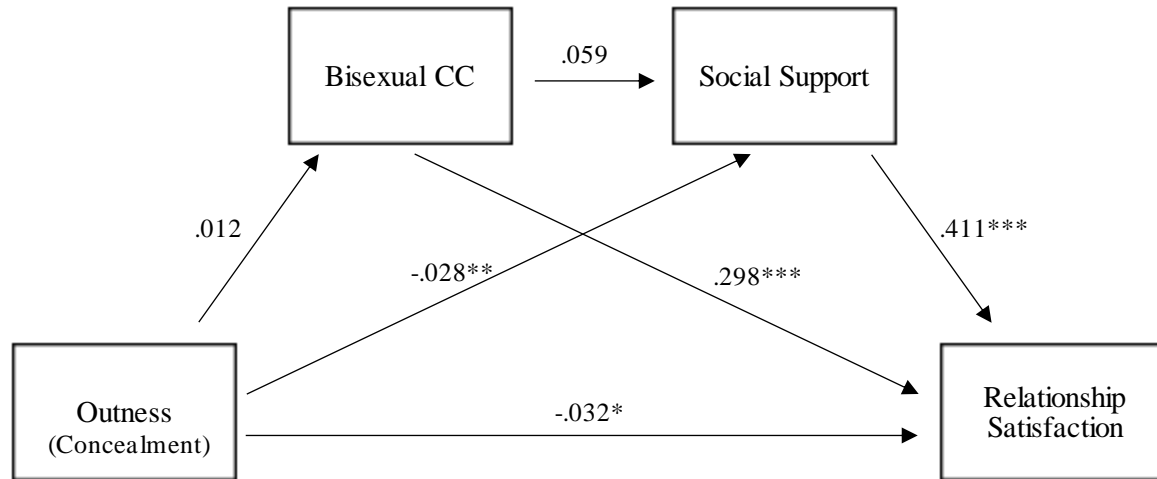


Note. Bisexual CC = Bisexual-specific community connectedness. Sample size = 240.

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

Figure 3

Serial Mediation Results Predicting Relationship Satisfaction from Concealment Among Participants with Same-Gender Partners

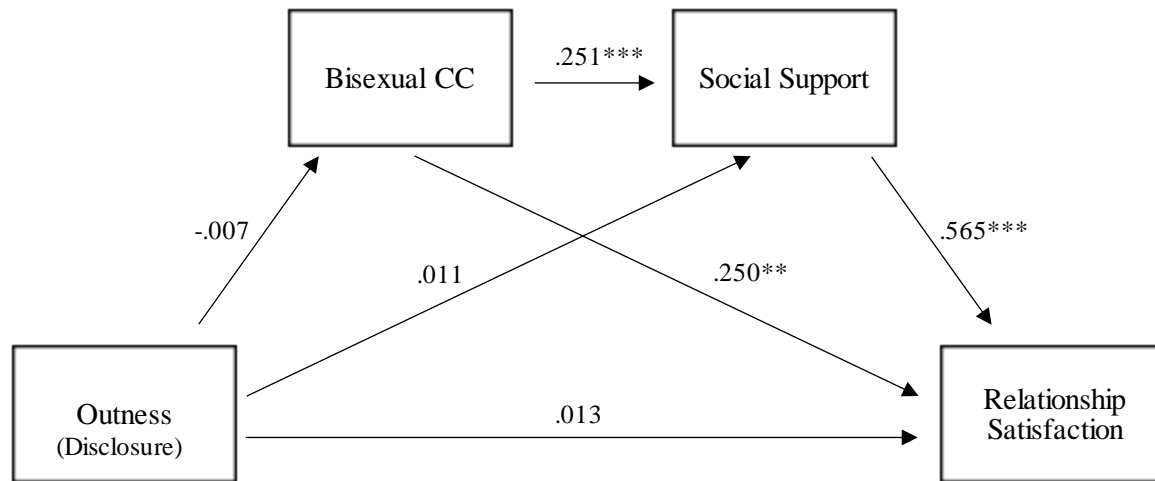


Note. Bisexual CC = Bisexual-specific community connectedness. Sample size = 446.

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

Figure 4

Serial Mediation Results Predicting Relationship Satisfaction from Disclosure Among Participants with Different-Gender Partners

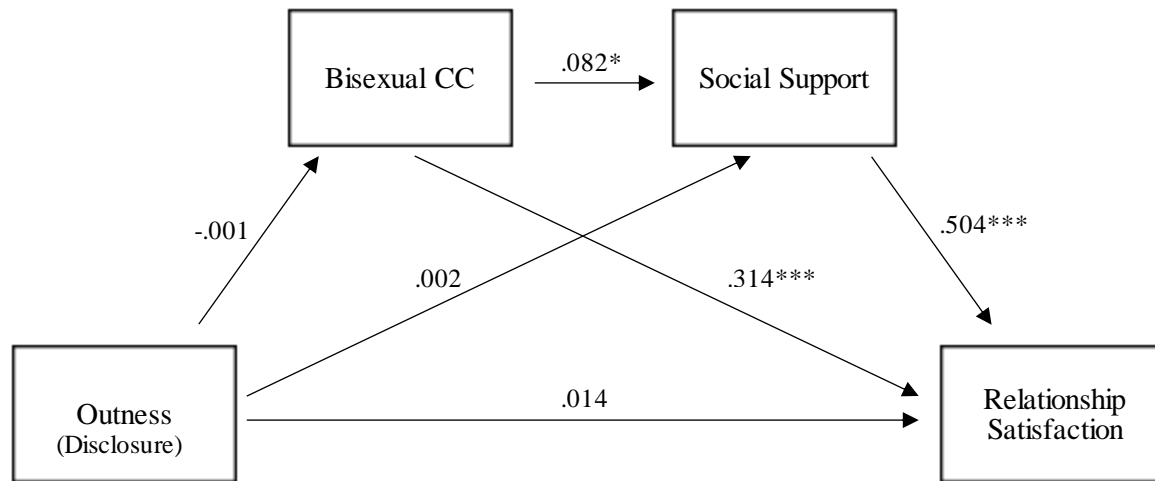


Note. Bisexual CC = Bisexual-specific community connectedness. Sample size = 207.

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

Figure 5

Serial Mediation Results Predicting Relationship Satisfaction from Disclosure Among Participants with Same-Gender Partners



Note. Bisexual CC = Bisexual-specific community connectedness. Sample size = 449.

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

Appendix A

Demographics

1. What is your age? _____ years
2. What gender were you assigned at birth?
 - a. Male
 - b. Female
 - c. Intersex
3. What is your current gender identity? (check all that apply)
 - a. Female
 - b. Male
 - c. Male-to-Female (MTF)/Transgender female/Trans woman
 - d. Female-to-Male (FTM)/Transgender male/Trans man
 - e. Genderqueer, neither exclusively male nor female
 - f. Other (please specify) _____
4. Which of the following race or ethnic categories describes you the best?
 - a. White/Caucasian
 - b. Hispanic/Latinx
 - c. Asian/Asian American
 - d. Black/African American
 - e. Native American/American Indian
 - f. Middle Eastern
 - g. Multiracial (please specify) _____
 - h. Other (please specify) _____
5. What is your sexual orientation?
 - a. Bisexual
 - b. Lesbian
 - c. Gay
 - d. Pansexual
 - e. Asexual
 - f. Heterosexual/Straight
 - g. Other (please specify) _____
6. What is the highest degree or level of school you have completed? (If currently enrolled, select the highest degree received)
 - a. Less than a high school diploma
 - b. High School Diploma/GED
 - c. Some College
 - d. College Diploma
 - e. Some Graduate Studies
 - f. Graduate Degree (e.g., Masters, PhD., etc.)

7. How many current romantic partners do you have?
- 0
 - 1
 - More than one
8. Is your current romantic partner the same gender as you or a different gender than you?
- Same gender
 - Different gender
9. If your partner is a different gender from you, please indicate their gender identity:

10. What is your current romantic partner's sexual orientation?
- Bisexual
 - Lesbian
 - Gay
 - Pansexual
 - Asexual
 - Heterosexual/Straight
 - Other (please specify) _____
11. How long have you been in a relationship with your current romantic partner?

12. How many previous romantic relationships have you been in? _____
13. Approximately what percentage of your past romantic partners were the same gender as you? (For example, if you have had 4 past romantic partners and 3 of them were the same gender as you, you would indicate 75%) _____
14. How actively involved are you in the broader LGBTQ+ community?
- | | | | | |
|----------------------|---|--------------------|---|---------------------|
| 1 | 2 | 3 | 4 | 5 |
| Not at
all active | | Somewhat
active | | Extremely
active |
15. How supported do you feel by the broader LGBTQ+ community?
- | | | | | |
|-------------------------|---|-----------------------|---|------------------------|
| 1 | 2 | 3 | 4 | 5 |
| Not at
all supported | | Somewhat
supported | | Extremely
supported |
16. How connected do you feel to the broader LGBTQ+ community?
- | | | | | |
|-------------------------|---|-----------------------|---|------------------------|
| 1 | 2 | 3 | 4 | 5 |
| Not at
all connected | | Somewhat
connected | | Extremely
connected |

17. Do you feel more strongly supported by the bisexual community or the broader LGBTQ+ community?
- a. More supported by the bisexual community
 - b. More supported by the broader LGBTQ+ community
 - c. I feel equally supported by both the bisexual community and the broader LGBTQ+ community
 - d. I don't feel at all supported by the bisexual community or the broader LGBTQ+ community
18. Do you feel more strongly connected to the bisexual community or the broader LGBTQ+ community?
- a. More connected to the bisexual community
 - b. More connected to the broader LGBTQ+ community
 - c. I feel equally connected to both the bisexual community and the broader LGBTQ+ community
 - d. I don't feel at all connected to the bisexual community or the broader LGBTQ+ community

Appendix B

Bisexual Identity Inventory (BII)

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neither Agree or Disagree	Slightly Agree	Agree	Strongly Agree

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

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

Appendix C

Relationship Assessment Scale (RAS)

Please select the number for each item which best answers that item for you.

1. How well does your partner meet your needs?

1	2	3	4	5
Poorly		Average		Extremely well

2. In general, how satisfied are you with your relationship?

1	2	3	4	5
Unsatisfied		Average		Extremely satisfied

3. How good is your relationship compared to most?

1	2	3	4	5
Poor		Average		Excellent

4. How often do you wish you hadn't gotten in this relationship?

1	2	3	4	5
Never		Average		Very often

5. To what extent has your relationship met your original expectations:

1	2	3	4	5
Hardly at all		Average		Completely

6. How much do you love your partner?

1	2	3	4	5
Not much		Average		Very much

7. How many problems are there in your relationship?

1	2	3	4	5
Very few		Average		Very many

Appendix D

New Sexual Satisfaction Scale (NSSS)

1	2	3	4	5
Not at all satisfied	A little satisfied	Moderately satisfied	Very satisfied	Extremely satisfied

Thinking about your sex life during the last six months, please rate your satisfaction with the following aspects:

1. The intensity of my sexual arousal
2. The quality of my orgasms
3. My “letting go” and surrender to sexual pleasure during sex
4. My focus/concentration during sexual activity
5. The way I sexually react to my partner
6. My body’s sexual functioning
7. My emotional opening up in sex
8. My mood after sexual activity
9. The frequency of my orgasms
10. The pleasure I provide to my partner
11. The balance between what I give and receive in sex
12. My partner’s emotional opening up during sex
13. My partner’s initiation of sexual activity
14. My partner’s ability to orgasm
15. My partner’s surrender to sexual pleasure (“letting go”)
16. The way my partner takes care of my sexual needs
17. My partner’s sexual creativity
18. My partner’s sexual availability
19. The variety of my sexual activities
20. The frequency of my sexual activity

Appendix E**Everyday Feeling Questionnaire (EFQ)**

1	2	3	4	5
None of the time	A little of the time	Some of the time	Most of the time	All of the time

Feelings come and go. Over the last 4 weeks, how often have you felt the following?

1. Positive about the future
2. Worried or tense
3. Able to enjoy life
4. Tired or lacking in energy
5. Stressed
6. Positive about yourself
7. Less interested in things you used to enjoy
8. Calm and relaxed
9. Very unhappy
10. Able to cope with what life brings

Appendix F

Connectedness to the Bisexual Community Scale

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

These are questions about your bisexual community. By your bisexual community, we are referring to the bisexual community in the area in which you currently reside or online. Please indicate the degree to which you agree with each of these questions.

1. You feel you're a part of your bisexual community.
2. Participating in your bisexual community is a positive thing for you.
3. You feel a bond with your bisexual community.
4. You are proud of your bisexual community.
5. It is important for you to be politically active in your bisexual community.
6. If we work together, bisexual people can solve problems in your bisexual community.
7. You really feel that any problems faced by your bisexual community are also your own problems.
8. You feel a bond with other bisexual people who are the same gender as you.

Appendix G

Nebraska Outness Scale – Disclosure Subscale (NOS-D)

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
None										All

What percent of the people in this group do you think are aware of your sexual orientation (meaning they are aware of whether you consider yourself bisexual)?

1. Members of your immediate family (e.g., parents and siblings)
2. Members of your extended family (e.g., aunts, uncles, grandparents, cousins)
3. People you socialize with (e.g., friends and acquaintances)
4. People at your work/school (e.g., coworkers, supervisors, instructors, students)
5. Strangers (e.g., someone you have a casual conversation with in line at the store)
6. Your current romantic partner
7. Your past romantic partner(s)

Appendix H

Nebraska Outness Scale – Concealment Subscale (NOS-C)

1	2	3	4	5	6	7	8	9	10	11
Never Avoid					Avoid Half the Time					Always Avoid

How often do you avoid talking about topics related to or otherwise indicating your sexual orientation (e.g., not talking about your significant other, changing your mannerisms) when interacting with members of these groups?

1. Members of your immediate family (e.g., parents and siblings)
2. Members of your extended family (e.g., aunts, uncles, grandparents, cousins)
3. People you socialize with (e.g., friends and acquaintances)
4. People at your work/school (e.g., coworkers, supervisors, instructors, students)
5. Strangers (e.g., someone you have a casual conversation with in line at the store)
6. Your current romantic partner
7. Your past romantic partner(s)

Appendix I**The Friendship Scale (FS)**

0	1	2	3	4
None of the time	A little of the time	Some of the time	Most of the time	All of the time

During the past four weeks:

1. It has been easy to relate to others.
2. I felt isolated from other people.
3. I had someone to share my feelings with.
4. I found it easy to get in touch with others when I needed to.
5. When with other people, I felt separate from them.
6. I felt alone and friendless.

Appendix J

Recruitment Statement

Predictors of Relationship Satisfaction and Psychological Well-Being Among Bisexual Individuals

You are invited to participate in a research study conducted by Samantha Kahl and Dr. Veanne Anderson in the Department of Psychology at Indiana State University. We are interested in how different aspects of your experiences as a bisexual person have influenced your psychological well-being and satisfaction within your romantic relationship. This survey will take approximately 45 minutes to complete. If you decide to participate and complete the study you will also have the opportunity to enter a drawing for a \$50 Visa gift card. To participate you must identify as bisexual or pansexual, and you must currently be in a monogamous relationship. Also, you must be at least 18 years of age and comprehend English. Finally, please share the information about this study with other people you think may be interested in participating.

Appendix K

Informed Consent to Participate in Research

Indiana State University

Predictors of Relationship Satisfaction and Psychological Well-Being Among Bisexual Individuals

You are being invited to participate in a research study. This study aims to investigate the associations between bisexual identity, openness about one's sexual orientation, connectedness to the bisexual community, social support, gender of romantic partner, relationship and sexual satisfaction, and the psychological well-being of bisexual people. This document will help you decide if you want to participate in this research by providing information about the study and what you are asked to do. You will be asked to complete an anonymous online survey about your attitudes and experiences as a bisexual person, your current and past romantic relationships, and your psychological health. Completion of the survey should take about 45 minutes.

One reason you might want to participate in this research is that you will be able to share your experiences as a bisexual person. More specifically, information about your attitudes toward your bisexual identity and the degree to which you feel supported as a member of a group that is often discriminated against could help clinicians provide assistance to maintain and/or improve the psychological well-being of bisexual people. In addition, another reason you may want to participate in this study is that you might learn more about your past and current experiences with romantic relationships as a bisexual person and how your bisexual identity has influenced or may influence your relationship satisfaction and psychological well-being. One reason you might not want to participate in this research includes discomfort you may feel when exploring feelings and attitudes related to your bisexual identity. Additionally, examining your own intimate relationships may be distressing.

The choice to participate or not is yours; participation is entirely voluntary. You can decline to complete the online survey or withdraw at any time by exiting the survey. You may also skip questions that you do not want to answer. If you decide not to participate, to decline some activities, or withdraw, you will not lose any benefits that you may otherwise be entitled to receive.

If you volunteer to participate in this study, you will click on a link below that says "Agree." You will then be routed to an Indiana State University website where you will be asked to complete several questionnaires related to background characteristics (e.g., age, gender, ethnicity, sexual orientation, level of education, characteristics of your relationships); your attitudes toward your bisexual identity; the degree to which you discuss your sexual orientation with others; relationship and sexual satisfaction; level of connectedness with the bisexual community; and psychological well-being. After you complete the survey you will have the opportunity to enter a drawing for one of four \$50 Visa gift cards. If you decide to participate in the drawing you will be directed to a link that is separate from the study where you will provide

your email address. Your chances of being selected for the gift card are based on the number of people that decide to participate in the drawing. You have been asked to participate in this research because you are over the age of 18-years old, identify as bisexual or pansexual, and are currently in a romantic relationship.

Every effort will be made to protect your confidentiality through the use of an anonymous online survey. No identifying information will be obtained on the surveys, such as name, student identification number, birth date, or other personal identification. All data will be stored on a password protected computer hard drive and thumb drive and only the researchers will have access to the data. If you decide to participate in the drawing, your email address will be deleted after the drawing is completed. The data will be used for a future publication and/or conference presentation.

Although every effort will be made to reduce risks, there are still some potential risks to this study. These include the possibility that you may experience some mild anxiety when completing some of the questions due to examining your own attitudes and intimate relationships. For example, some of the items ask about sexual experiences with your current romantic partner. An additional risk is that anonymity cannot be guaranteed over the internet. Additionally, there is a risk of a breach of confidentiality if you use a computer that is not your own, you use a public computer, or you use your computer in a public setting. The risks of participation are minimal and not expected to be greater than what you might encounter in everyday activities.

It is unlikely that you will benefit directly by participating in this study. However, the research results may benefit clinicians and others who work with bisexual people by providing information on what factors contribute to their psychological well-being and satisfaction in their romantic relationships.

If you have any questions, please contact the principal investigator, Samantha Kahl, Department of Psychology, Indiana State University, Terre Haute, IN 47809 at (414) 559-1539 or samantha.kahl@indstate.edu. You can also contact the faculty sponsor, Dr. Veanne Anderson, Department of Psychology, Indiana State University, Terre Haute, IN 47809 at (812) 237-2459 or veanne.anderson@indstate.edu.

If you have any questions about your rights as a research subject or if you feel you have been placed at risk, you may contact the Indiana State University Institutional Review Board (IRB) by mail at Indiana State University, Office of Sponsored Programs, Terre Haute, IN 47809, by phone at (812) 237-3088 or by email at irb@indstate.edu.

Please save a copy of this form for your records and click “Agree” below to begin the study. If you select “Disagree,” then you will automatically exit the survey and be unable to complete it in the future.

Agree

Disagree

Appendix L

Debriefing Form

Thank you for participating in this study. In this study we are interested in gaining a better understanding of the unique experiences that bisexual individuals face in romantic relationships. We are particularly interested in exploring the many facets of bisexual identity that may help promote greater satisfaction in romantic relationships and better psychological health. Previous research indicates that having negative internalized attitudes about one's bisexual identity and having a different-gender partner may be associated with poorer mental health and relationship satisfaction among bisexual individuals. Other factors that may contribute to psychological well-being include outness and community support. This study will be among the first to specifically examine differences in mental health and relationship functioning for bisexual individuals with same-gender partners versus different-gender partners. This information may help inform mental health providers, researchers, and community organizers on how to better address the unique needs of bisexual populations.

If you experience any distress as a result of participating in this study, you can access psychological services at Indiana State University's Student Counseling Center (812-237-3939) or the Psychology Clinic in Root Hall (812-237-3317). Participants not attending Indiana State University can seek support through these online resources: <https://www.outcarehealth.org/>, <http://www.mentalhealthamerica.net/>, or <https://biresource.org>.

If you have any questions or if you are interested in the results of the study, please contact Samantha Kahl at 414-559-1539 or email samantha.kahl@indstate.edu. You can also contact Veanne N. Anderson, Department of Psychology at 812-237-2459 or email her at veanne.anderson@indstate.edu

Thank you for participating in this study. You now have an opportunity to enter a drawing to win a \$50 Visa.com gift card. The gift card will be sent electronically via email, so if you would like to enter the drawing, you will need to provide an email address. The email addresses will be entered into a database that is separate from the database that contains responses to the questionnaires. None of your responses to the questionnaires will be connected to your email address.

At the end of the study, four email addresses will be randomly selected from the email database. If your email address is selected, you will be contacted via email and the gift card information will be sent to your email account. Your email address will not be given out to any other parties; as stated above, we will be contacting you directly to notify you of your winning, you will not be contacted by a third party. If you do not win, your email address will be deleted from the database and we will have no further contact with you. If you would like to participate in the Visa gift card drawing, please click below to enter your email address. Thank you and good luck.