

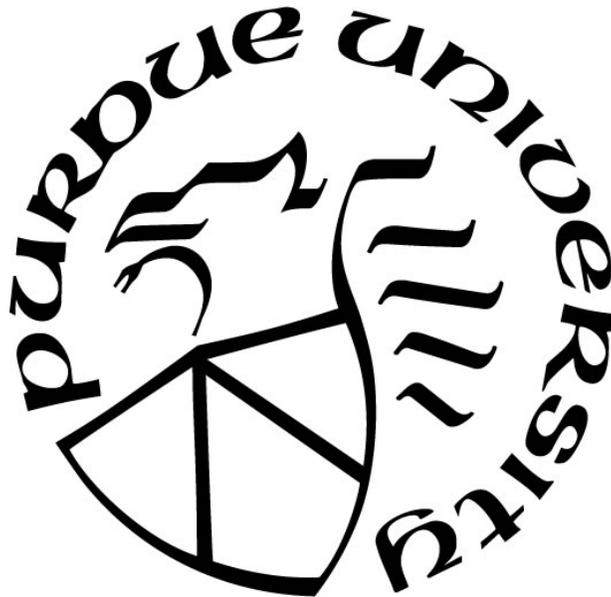
**SEXUALITY ON STANDBI:
CONSEQUENCES OF BIERASURE IN DIFFERENT-GENDERED
RELATIONSHIPS**

by
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A Thesis

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*Dedicated to the first-generation college students.
You can do great things.*

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ABSTRACT

This study aimed to examine the effects of bierasure in relationships using measures of self-esteem, relationship satisfaction, and sexual satisfaction, and to explore social expectations as a possible predictor of bierasure. Bierasure is the exclusion of bisexuality, whether in research, media, social contexts, historical works, and common discussion of sexuality. At the time of this research, there are no published measures of bierasure, which is an experience unique to bisexual individuals and has been linked to worsened mental health outcomes. Using basic scale development techniques, the researchers developed the Experiences of Bierasure Scale (EBES) for use in this study to test the desired relationships using a pilot study to begin to identify scale structure. Structural equation modeling was used to examine the above constructs in relation to each other from data gathered from bisexual-identified adults via an online questionnaire. Results suggest complicated relationships between bierasure and other constructs, with the EBES appearing as a stable questionnaire. While the overall theoretical model showed few significant results related to bierasure and was not a good fit for the data, there were several significant correlations between EBES factors, social expectations, self-esteem, relationship satisfaction, and sexual satisfaction. These results imply that bierasure plays an important role in the matrix of social interactions, but the exact structure of those relationships is unclear.

Keywords: *bisexuality, bierasure, bisexual invisibility, sexuality, LGBT, SGM*

CHAPTER 1: INTRODUCTION

Statement of the Problem

Sexuality has historically been a controversial and complex topic (ACA, 2009; Tontonoz, 2017). Most current psychological research on sexuality largely focuses on mono-homosexuality—gay men and lesbian women—rather than being comprehensive and covering the full range of the non-heterosexual community that it claims to represent. Research and writing guidelines proposed by Barker et al. (2012) clearly describe fifteen guidelines for working specifically with bisexual people, the first being “*separate bisexuals from the other groups*” (p. 385). A review by Pollitt, Brimall, Brewster, and Ross (2018), found that only 0.5% of the articles published in the *Psychology of Sexual Orientation and Gender Diversity* journal were dedicated to bisexuality. The authors noted numerous articles in their analysis used the term “bisexuality” as a keyword or mentioned bisexuality in the abstract without clear representation or discussion within the research (Pollitt et al., 2018). When research does specifically include bisexuality, it is most often combined with homosexual identities in analysis, if sexuality is analyzed separately at all, which makes it impossible to determine possible differences specific to bisexuality (Dodge, Reece, Gebhard, 2008; Israel, 2018). Compared to research about homosexual populations, there is much less research that is exclusively about bisexuality (Hartwell, Serovich, Reed, Boisvert, & Falbo, 2017). This lack of research is concerning because people in the sexual and gender minority (SGM) community seek therapy two to four times more often than heterosexual individuals do, and there are an estimated four million members in the SGM community throughout the United States (Dyar, Lytle, London, & Levy, 2015; Troutman & Packer-Williams, 2014). The lack of research on bisexuality and other lesser recognized sexualities creates a deficit in research where important information for mental health practitioners may exist (Hartwell et al., 2017). As there is established research about the connections among acceptance of sexual orientation, relationship satisfaction, and self-esteem (Feldman, & Wright, 2013; Terrell & Dugger, 2018), it is crucial to examine how these heavily-researched areas present in populations that are comparatively understudied, such as the bisexual population.

CHAPTER 2: REVIEW OF THE LITERATURE

Significance of the Problem

Bisexuality is conventionally understood as attraction to members of both the same and the other gender, when using a dichotomous view of gender consisting of only female and male (Callis, 2009). When expanding our view to include multiple genders, bisexuality can mean attraction to one's one gender and another, attraction to two genders, or attraction to similar-gendered and different-gendered people. Other nonmonosexual identities, such as pansexuality, do not reference gender at all when describing attraction patterns (Belous & Bauman, 2017). New sexual orientation labels are continuously being created and old labels are being reimaged and reclaimed as people within the sexual and gender minority (SGM) community find labels limiting or inaccurate (APA, 2012). This ever-changing language leads to labels such as queer and pansexual, which represent greater fluidity and recognition in understanding sexuality (Galupo, Ramirez, Pulice-Farrow, 2017).

Terms

The term SGM has been used throughout this study to represent any variety of identities within the lesbian, gay, bisexual, transgender, queer, "and more" (LGBTQ+) spectrum and to simplify the "alphabet soup" which can develop when attempting to recognize a wide variety of identities (Oswalt, Evans, & Drott, 2016). Questionnaire materials that study participants viewed used the term *LGBTQ+* due to better common recognition and understanding. The expansion of terms to describe sexuality leads to some labels such as *queer*, which originated as an insult, now often being used by those who feel it is the best identifier for their complex identity or attraction (Eaklor, 2008). The term *bisexuality* is now often referred to as an umbrella term for many different sexualities in which attraction to more than one gender or attraction disregarding gender, such as with pansexuality. People may additionally identify their sexuality differently in separate settings, such as describing themselves as pansexual in some areas of their life but bisexual in others (Galupo et al., 2017). Belous and Bauman (2017) argue that the term *pansexuality* should be used as the umbrella term for nonmonosexualities due to its more inclusive nature, but doing so would require significant shifts in language, usage, and

understanding of bisexuality. This work uses the term *bisexuality* as an umbrella term for nonmonosexual identities (anyone who can be attracted to more than a single gender identity) to improve recognition of the topic and the historic nature of bisexuality, whereas the authors present this explanation of terms in hopes of bringing awareness to the diversity of sexualities.

History of Bisexuality

Medical

The use of the term bisexuality has scientific and natural origins. Medical settings originally used the word to describe organisms displaying physical traits of both sexes, what we now call intersex, or as a stage of development, such as a human embryo before sexual differentiation occurs (Dodge, Reece, & Gebhard, 2008; Fairyington, 2008). The term became attached to sexuality in Western science as Freud used it to describe all humans as being born with a bisexual potential which would later develop into heterosexuality or homosexuality (Callis, 2009). This understanding corresponds with the stereotype that bisexual people use the label of bisexual as a stepping stone to being truly gay or straight (Russell, 2011). In nature, bisexuality is frequently observed, as is hetero- and homosexuality. It is well recognized that many animal species participate in sexual behaviors with members of their own sex, but these actions are frequently labeled “homosexual” instead of bisexual or merely sexual, which may be accurate when describing the behavior of animals (Yarber & Sayad, 2013). Masters and Johnson (1979) conducted seminal research on responses to sexual stimuli and found a large group of participants would respond to stimuli regardless of the gender of those involved. Gooß (2008) later re-analyzed their data and suggested that their “ambisexuals” (people with an ambiguous sexuality) could be relabeled as bisexual (Gooß, 2008; Masters & Johnson, 1979).

Social

We often view individuals as being only gay, if they are not straight, and their homosexual identity as being the only important aspect and therefore defining characteristic of their personality. This is based on the essentialist perspective of gender and sexuality, which argues that gender is binary, gender and sexuality are innate and fundamental within a person, and that these innate traits are biologically-based. This view is opposed to the social

constructionist view of sexuality, which argues that sexuality, sexual behavior, and relationships are shaped by cultural understandings and social interaction (Benack & Swan, 2016). The essentialist view encourages bias and invisibility through emphasis on the binary of gender and sexuality, while the social constructionist view allows for the existence of bisexuality. There is much research on homosexual (gay and lesbian) relationships, individuals, and identities; however, bisexual persons have often been left out, or categorically lumped into the same results as homosexual-identified people. Bisexuals are sometimes described as having both a heterosexual and a homosexual identity in coexistence (Fairington, 2008; Knous, 2006), although this characterization is not supported in modern literature. The failure to recognize bisexuality as a separate and standalone category of sexuality led to a delay in the creation of a bisexual community and self-identity (Gooß, 2008). By combining other sexualities with discussion of gay and lesbian identities, research reinforces stereotypes about bisexuality, such as that it is only a stepping stone between straight and gay or that bisexual individuals identify more with homosexual groups than with heterosexual groups (Dworkin, 2001). This trend has thrived in mainstream media, becoming a microaggressive punchline and quite incapacitating for those who identify as bisexual.

In contrast with these now dated sentiments about sexuality, it can and has been argued by researchers that humans are not innately heterosexual, homosexual, bisexual, or any other sexuality, but instead simply sexual with added individual preferences (Sears, 2014). During the early homosexual movement, gay men and lesbian women argued strongly that sexuality is innate within a person to lend credibility to their identity (Starhawk, 2010). If we are to consider homosexuality as innate, then we should also view any other sexual preference or label in the same way. Common understanding of sexuality often does not view bisexuality as innate, however, which may be related to the appearance of one's sexuality changes with the gender of one's partner (Diamond, 2008). When with a similar-gender partner, a casual onlooker will identify a person as homosexual; if with a different-gender partner, they are identified as heterosexual. Some queer theorists suggest bisexuality is threatening to the gay community because it brings forward the illusion that people can choose the gender of their sexual partners, which may contribute to bisexuality being less accepted within the SGM community (Zaylia, 2009).

Identity Development

Nonmonosexual people may feel even greater stress when exploring their sexual identity and how it plays a part of their overall personality and general identity when compared to monosexuals. In terms of defining sexuality, Alfred Kinsey and Fritz Klein produced the two most widely known models (Klein, 2014).

Kinsey's Model of Identity Development

The Kinsey Scale (Kinsey, Wardell, & Martin, 1948) rejects a dichotomous sexuality and introduced a spectrum of zero to six which scores individuals on a range of exclusively heterosexual (0) to exclusively homosexual (6) with five degrees of integration in between (see Figure 1). Because of the defined nature of the two extremes, theory suggests that it is near impossible to truly function as 0 or 6 on this scale (Alexander & Suresha, 2008; Lenius, 2011). According to the scale, most people would fall into the bisexual range in that they are not entirely gay or straight (Sears, 2014). The Kinsey Scale has been criticized as not being a good model to truly measure sexuality due to the inability to differentiate between different kinds of attraction, behaviors, fantasies, and other sexual interactions. This model also posits that homosexual behaviors and heterosexual behaviors are true opposites. Because of these constraints, it is often seen as limited and largely based on the sexual behaviors a person using the scale is willing to include.

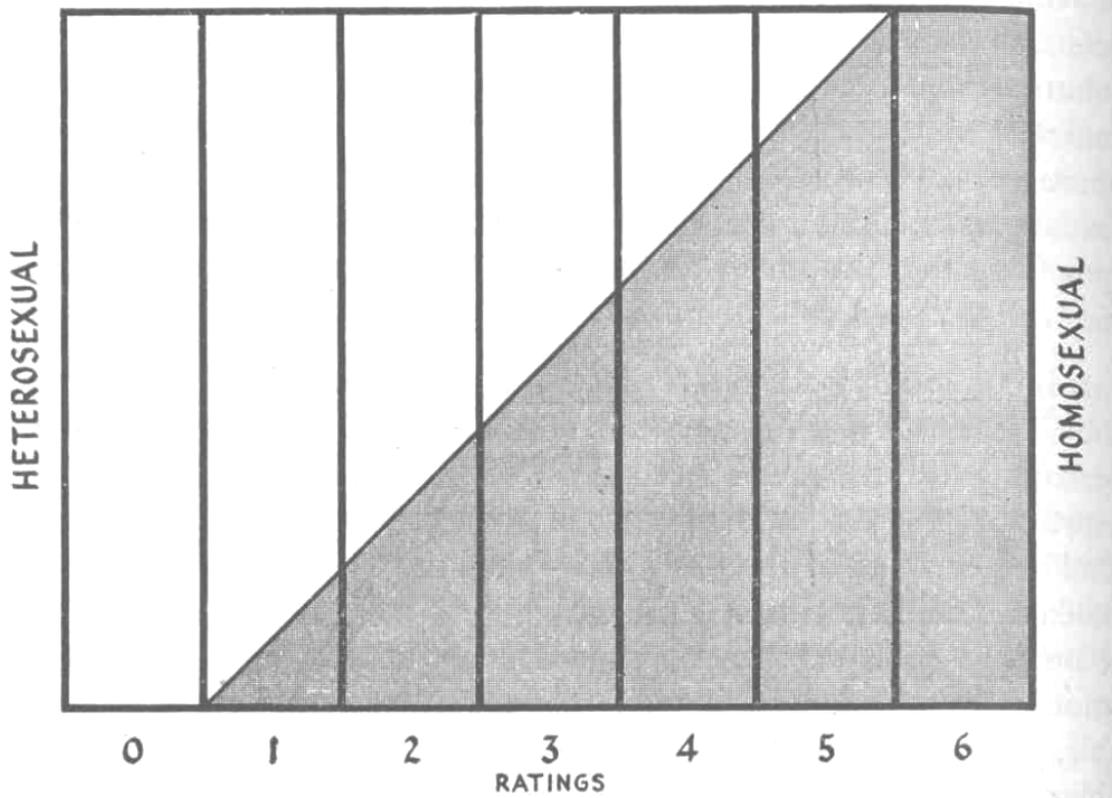


Figure 1: Kinsey Scale (Kinsey, Wardell, & Martin, 1948)

Klein's Model of Identity Development

Klein (1993; 2014) went further to create a matrix which became the Klein Sexual Orientation Grid (KSOG), which uses seven variables to describe a person's sexual orientation, including sexual fantasies, emotional preference, and self-identification. This grid also included space for descriptions of past, present, and desired behaviors, instead of focusing solely on physical interactions actually had (see Figure 2). As with Kinsey's scale, most individuals would fall at least somewhat on the bisexual spectrum for lack of being purely monosexual in their desires (Israel, 2018; Klein, 2014). Using these models, SGM researchers have long argued that there are more bisexual individuals in a given population compared to purely homo- or heterosexual individuals. Researchers criticize this model, similar to the Kinsey Scale, for still focusing on a binary view of gender, since hetero- and homosexuality are posited as two ends of the sexual spectrum (Diamond, 2008).

The Klein Sexuality Grid

	Variable	Past	Present	Ideal
A	Sexual Attraction			
B	Sexual Behavior			
C	Sexual Fantasies			
D	Emotional Preference			
E	Social Preference			
F	Heterosexual/Homosexual Lifestyle			
G	Self Identification			

For Variables A to E:

- 1 = Other sex only
- 2 = Other sex mostly
- 3 = Other sex somewhat more
- 4 = Both sexes
- 5 = Same sex somewhat more
- 6 = Same sex mostly
- 7 = Same sex only

For Variables F and G:

- 1 = Heterosexual only
- 2 = Heterosexual mostly
- 3 = Heterosexual somewhat more
- 4 = Hetero/Gay-Lesbian equally
- 5 = Gay/Lesbian somewhat more
- 6 = Gay/Lesbian mostly
- 7 = Gay/Lesbian only

Figure 2: Klein Sexual Orientation Grid (Klein, 1993)

Cass's Model of Identity Development

With spreading awareness of the Kinsey Scale and KSOG and the increasing popularity of the social constructionist view of human development, researchers began exploring identity development for SGMs (Israel, 2018). Dr. Vivienne Cass developed in Homosexual Identity Formation Model in 1979 that became one of the biggest and most well-known models of gay identity development. The model was largely intended for use in sexuality education and clinical work. The model breaks down into six stages: *identity confusion*, where a person may first begin to question their sexuality; *identity comparison*, where a person more seriously considers their homosexual identity but moves between denial and acknowledgement; *identity tolerance*, where one may begin to recognize their homosexuality but not yet accept it; *identity acceptance*, where

one interacts more with other gay or lesbian people and has a positive view of their homosexuality; *identity pride* where one feels satisfied and outspoken with their identity; and *identity synthesis*, where the homosexual label becomes a part of one's self-image (Israel, 2018; Kenneady & Oswalt, 2014).

These stages were only developed only with homosexuality in mind, and this model is now considered outdated due to its focus on a linear process of identity development (Kenneady & Oswalt, 2014). A more accurate representation of bisexual identity formation would include experiencing both same-gender and other-gender attraction, acceptance of bisexual identity, management of bi-invisibility and binegativity, lack of resources and awareness, and other challenges specific to bisexual individuals. A main struggle discussed in research on creating a model of bisexual identity formation is that many bisexual people do not strongly identify with the label of "bisexual," although whether due to identity confusion, lack of awareness of bisexuality, internal or external biphobia, not feeling like part of a bisexual community, or feeling sexuality is more fluid than a label permits is uncertain (Hoang, Holloway, & Mendoza, 2011; Israel, 2018; Kenneady & Oswalt, 2014). The researchers hope that this study will contribute to the literature in this area and bring light to how biasure may impact these areas.

Queer Theory

Bisexuality has been marginalized in the shadow of systemic monosexuality (Goob, 2008). Although some view bisexuality as a mix of heterosexuality and homosexuality and therefore embedded in discussions of either, leaving out explicit discussion of bisexuality and other sexualities weakens queer theory by continuing the enforcement of a dichotomous view of sexuality and ignoring the continued evolution of sexual identities (Callis, 2009). Men appear to have more rigid attitudes than women about sexuality in that they receive more negative reactions for identifying as bisexual and more pressure to be nonmonogamous to reaffirm their bisexuality and sexual prowess, whereas women are often encouraged to be bisexual for the pleasure of men and also to be monogamous to their partners (Karner et al., 2014). Younger generations have thought less of gender and sexuality in binary terms, opening the doors to more fluid expression (Lenius, 2011). This shift has been accompanied by the formation of new sexualities, such as pansexuality and the reclamation of the label queer, but with continued

struggles around community building due to ongoing prejudice and lack of recognition (Klein, Holtby, Cook, & Travers, 2015).

Stereotypes about Bisexuality

There are many stereotypes about bisexuality, perhaps the two most common being bisexuality as a phase and of bisexual individuals as sexually promiscuous (Dyar, Lytle, London, & Levy, 2017).

“Just a Phase”

A small number of individuals choose to identify as bisexual before later identifying as a monosexual identity, such as gay or straight (Flanders, Dobinson, Logie, 2017; Todd, Oravec, & Vejar, 2016). Identifying as bisexual is often still considered as an experimentation phase, or as a stepping stone for fully identifying as gay, especially for men, who may face more overall discrimination related to homosexual behavior (Gooß, 2008). This view contributes to the stereotype of bisexuality being a transitional identity. Transitional bisexuality and this lack of recognizing bisexuality as a stable, distinctive identity is harmful and contributes to microaggressions, invisibility, isolation, and internalized binegativity (Israel, 2018; Lenius, 2011; Russell, 2011). The majority of the bisexual community does not use “bisexuality” as a transitional label, and the fact that some do choose to use the label in this way does not invalidate the existence of bisexuality as a whole (Paul, Smith, Mohr, & Ross, 2014). Many people who eventually identify as bisexual begin their sexually mature life by identifying as hetero- or homosexual and later deciding to identify as bisexual after a period of monosexuality. The focus on finding one definition of one’s sexuality ignores the social patterns that people do often change how they identify their sexual orientation and preferences over the course of their lives, regardless of if they ever identify as bisexual (Diamond, 2008; Klein, 2014).

“On the Fence”

Bisexuals are often viewed as being on the edge between heterosexuality and homosexuality. When bisexuality is described as a fence, such that on either side is homosexuality and heterosexuality and the middle is an edge that is uncomfortable to balance on,

being “on the fence” puts them in a stage of marginalization such that they are viewed as experimenting and untrustworthy (Ault, 1994). Because a bisexual person in a relationship with someone of a different gender will appear straight, there is privilege in these kinds of relationships when compared to homosexual relationships that will always appear nonheteronormative. Within this, qualitative research has found that many homosexual people, particularly lesbian women, are fearful of a bisexual partner breaking off the same-sex relationship in favor of an opposite-gender partner, and they are therefore more likely to reject and deny bisexual partners or pressure partners to identify differently to create a pretense of monosexuality (Gonzalez, Ramirez, & Galupo, 2017; Israel, 2018). This imagery of being on the fence emphasizes the beliefs that a bisexual person will eventually fall off fence to either side as they enter a long-term relationship and “become” gay or straight based on their relationship. It also insinuates that bisexuality can only exist if attraction between similar-gender and other-gender people is perfectly even, further limiting the permissible definition of bisexuality (Fairington, 2008; Klesse, 2011).

Promiscuity and Selfishness

Socially, it is a common belief that a single same-sex act defines a creature as homosexual, as defined by many models of measuring sexuality and social understanding of sexual behavior of both people and animals. This is known as the “one-time rule”, and this belief makes it impossible for bisexuality to exist (Duffin, 2016; Flanders & Hatfield, 2014); with this social understanding, bisexuality on a theoretical level can only exist when a person is with two partners simultaneously, one of the same sex and one of another. This could be the origin of the stereotypical assumption that bisexual people are unfaithful, promiscuous, and sex-obsessed, despite the established existence of monogamous bisexuals and polyamorous gay and straight individuals (Callis, 2009). Karner, Mark, and Rosenkrantz (2014) assessed bisexual individuals’ feelings towards monogamy. Their results showed that bisexual people tend to view monogamy as less vital to happiness compared to other aspects of romantic relationships and more of a sacrifice of freedom than monosexual groups. This result did not negate the presence of monogamy, as in fact bisexual persons still had a significant interest in relationship commitment. Karner et al. (2014) pointed out two social views affecting how bisexuality is interpreted: first, that sexuality and gender are binary and rigid, and second, that monogamy is a necessary factor

for a good relationship. Many arguments against bisexuality are aimed at their openness to nonmonogamy while ignoring explanations other than sexuality, such as that they may simply consider more openly the idea of open relationships or they may identify with other SGM labels, such as polyamorous, queer, or asexual. Because bisexual people are stereotyped as being unfaithful, negative opinions are further cultivated towards the group. However, Karner et al.'s (2014) study showed that bisexuals value the same parts of relationships—intimacy, commitment, love, communication, affection, and passion—as many other straight or long-term couples. People in bisexual relationships also tend to show more awareness of and willingness to discuss the role of gender in a relationship and gendered behaviors compared to non-bisexual relationships, which may affect common relational conflict issues such as division of household labor, which may in turn affect relationship satisfaction (Garelick et al., 2017).

Changing Labels

Some bisexual individuals willingly alter their label based on the gender of their partner to aid with public perception of their sexuality, even though they may internally recognize their nonmonosexuality. This use of an alternative label may result from pressuring from a partner or others to identify differently, wanting to keep their bisexual label somewhat covert, or having a weak connection to the label of bisexuality (Diamond, 2008; Dworkin, 2001). Research completed by Galupo et al. (2017) found that 10.5% of people identifying as bisexual use multiple labels to describe their sexuality and 14.5% decide not to use a label at all, while recognizing that others may label them as bisexual. Participants in their study were categorized as finding one label limiting in describing sexuality, having a lack of comfort with being known as a specific identity, questioning one's own sexuality, or sexuality changing over time (Galupo et al., 2017). Other research has explored how bisexual people occasionally mislabel themselves in some settings to avoid possible negative responses while acknowledging their bisexual identity in private. This process of putting one's true sexuality on standby, although meant to protect, may increase experiences on internalized biphobia, bisexual invisibility, and bierasure (Hoang, Holloway, & Mendoza, 2011; Todd, Oravec, & Vejar, 2016). It is also common for the average person to make snap judgements about people they see in public, and sexuality may be assumed by seeing two similar-gendered or different-gendered people together and therefore believing they are gay or straight. For those who are more familiar with a couple, a bisexual

person's "true" sexuality is often judged by the gender of the partner and determined to be gay or straight (Dyar et al., 2017).

Minority Stress Theory

Nonmonosexual people are at a much higher risk of minority stressors than lesbian and gay populations because of rejection from both gay and straight groups, with certain negative experiences specific to their bisexuality including invisibility, binegativity, lack of awareness and acceptance, and limited community (Israel, 2018; Paul et al., 2014). Minority stress theory suggests that the stressors bisexual individuals face is twofold due to the separation from hetero- and homosexual groups. It is noted that more research needs to be done on the specific experiences of minority stress in the lives of nonmonosexuals. Specific areas of impact that have been researched include lack of access to resources, lack of positive coping skills, and complicated identity development (Dyar et al., 2015). Bisexual people tend to report higher rates of various mental health factors compared to homosexual groups, including adverse childhood experiences (ACEs), higher rates of anxiety and depression, higher rates of suicidality, poorer overall physical health, higher rates of poverty, more workplace discrimination, and higher rates of sexual assault (Israel, 2018). All of these risk factors can layer upon each other and lead to additional stress unique for minority populations. Most specific to the bisexual community are the experiences of stigma and discrimination as a result of their sexuality (Israel, 2018).

Bisexual Invisibility

Bisexuality as an identity is invalidated through refusing to acknowledge its existence. People who consider themselves bisexual may question their attractions and feel pressure to change their labels if they feel bisexuality is not a valid enough option as an identity (Duffin, 2016). This mislabeling is increasingly likely for individuals of other nonmonosexual orientations who may feel even less support, recognition, and affirmation towards their preferred label. Although described as having heterosexual privilege, a bisexual person in a different-gendered relationship faces a force of unknown impact due to the inherent invisibility of being in a straight-appearing relationship. Being in a straight-appearing relationship also erases any

perceived connection to the SGM community as a whole, as the relationship falls in line with heteronormative standards. (Gonzalez, Ramirez, & Galupo, 2017).

Erasure

Bisexuality is often left out of media and community representations of SGM, and depictions that are presented often maintain negative stereotypes, adding to the lack of positive visibility (Dyar et al., 2015). Bisexual erasure, or bierasure, is a process in which bisexuality is ignored, removed, or ridiculed in media, community, and other discussion of sexuality, usually in favor of discussing a dichotomous view of sexuality focused on homo- and heterosexuality. Definitions of bierasure in research often range from the basic overlooking of bisexuality to examining microaggressions and discrimination against bisexual people (Helms & Waters, 2016; Israel, 2018). Some research does not provide a definition for bierasure specifically, but instead details issues around bierasure such as defining biphobia, identifying negative stereotypes about bisexuality, or discussing monosexuality (Gonzalez, Ramirez, & Galupo, 2017). There does not seem to be a consensus, even in research explicitly on bisexuality, of what bierasure entails or includes. Our culture focuses on automatic monosexuality, emphasizing gay and straight behaviors instead of accepting the prospect of a middle ground. A person who exhibits any level of same-sex behavior is usually labeled as homosexual, regardless of the presence of opposite-sex behavior as well. Stereotypes about bisexuality also increase erasure of the identity through minimizing it as a phase, dismissing it as sexual permissiveness, or other negative views that deny bisexuality as a whole and valid sexuality (Israel, 2018). In this study, bierasure is defined as the legitimacy of one's identity as a bisexual person being questioned, or one's bisexual identity being hidden or overlooked as acted on by the person who identifies as bisexual, people around them, media, or society at large.

Ault (1994) researched bierasure and described four strategies to describe how bisexuals—and by extension, other nonmonosexual groups—are being erased: *suppression* through minimizing and negating the existence of bisexuality; *incorporation* through including bisexuality with other SGM groups, as much research on bisexuality does by including it with homosexuality in analysis; *marginalization* through discussing bisexuality as peripheral, uncommon, incidental, or abnormal; and *delegitimizing* it through denying the existence of and validity of bisexuality. These four aspects of suppression, incorporation, marginalization, and

delegitimizing create Ault's working definition of bierasure. Lack of recognition and support can make individuals feel alone, misunderstood, or depressed. These negative feelings contribute to overall attitudes about sexuality and internalized biphobia. Incorporation of bisexual individuals through containing them only within other groups involves acknowledging bisexuality, but contributes to the belief that a bisexual person will ultimately identify as straight or gay or that they are no different than homosexual groups and therefore should not need separate recognition. These ideas cover some common stereotypes about bisexuality and are a large and important aspect of bierasure, particularly in this research, which is interested in how being in a straight-appearing relationship may impact experiences of bierasure. Ault (1994) supported this four-pronged description of bierasure through interviews in which participants stated they believed bisexuals in same-sex relationships should identify as gay or lesbian instead of bisexual, which has also been documented in further research on bisexuality (Gonzalez, Ramirez, & Galupo, 2017). This approach of non-bisexual partners works to delegitimize bisexuality as an independent sexual category and reinforces the existence of a binary system of attraction (Ault, 1994; Gonzalez, Ramirez, & Galupo, 2017; Israel, 2018). A bisexual person identifying or being labeled as hetero- or homosexual based on the gender of their partner would be similar to judging a person's preferences to their partner's hair color. If a person is dating someone with black hair, assuming that they are only attracted to people with black hair would be considered quite presumptive and unfitting. The same consideration is not commonly connected to gender, however. Combined with previously discussed stereotypes, the use of Ault's incorporation and delegitimizing may create the appearance of confusion and selfishness in a bisexual person. Being "on the fence" puts them in a stage of marginalization where they are viewed as experimenting and untrustworthy (Ault, 1994; Fairington, 2008). This may further impact a person's decisions to use different labels for their sexuality in different settings, thereby erasing parts of their identity.

Self-Esteem and Social Efficacy

Having higher self-esteem as an SGM is related to better physical health, better mental health, more social support, and lower overall distress (Oswalt, Evans, & Drott, 2016). Specifically within bisexuality, self-esteem directly relate to experiences of discrimination, close social support, and attachment to identity (Craney, Watson, Brownfield, & Flores, 2018; Rosario,

Schrimshaw, & Hunter, 2011). Some researchers suggest coming out is beneficial for increasing self-esteem in SGMs (though not necessarily studied adequately in different sexual identities), but associated risks of being public about one's sexuality must be considered and may present other negative experiences through coming out. There is not much evidence of a relationship between overall disclosure of sexuality and mental health outside of self-esteem (Feldman, & Wright, 2013).

Self-esteem is also related to social self-efficacy, or a person's beliefs about their abilities in performing socially. This includes the perceptions of outcomes based on social interactions, or social outcome expectations. Social self-efficacy includes skills of friendliness, participation, helping, problem-solving, empathy, support, and motivation (Anderson, Winett, & Wojcik, 2007; Bilgin & Akkapulu, 2007; Jones & Brewster, 2017; (Wright, Wright, Jenkins-Guarnieri, 2013)). Although these concepts have been studied in relation to activism for the SGM community, the impact of social self-efficacy has not been widely studied within SGMs, particularly bisexual-identified people. As with many other research topics, it is assumed that the homosexual population will respond similarly to the heterosexual population, and that the bisexual population will respond similarly to the homosexual population until (and unless) proven otherwise. In straight people, social self-efficacy has shown to be positively related to self-esteem, life satisfaction, relationship satisfaction, emotional regulation, social support, and lower interpersonal stress (Wright, Wright, & Jenkins-Guarnieri, 2013). It is unknown how sexuality, bisexuality, biphobia, or biersure affect or are affected by social self-efficacy or social outcome expectations. As these constructs are centered on a person's beliefs about their ability to navigate the world successfully, the present study posits that this is an area of research interest.

Other Consequences

Member of the SGM community may feel stress because of their identity, but bisexual individuals are especially prone to do so. Specific causes for stress often include hostile and unsupportive environments, discrimination, experiences with heterosexism, feelings of guilt, and self-hatred (Israel, Gorcheva, Burnes, & Walter, 2008; Spitalnick & McNair, 2005). Negative outcomes related to experiencing minority stress include anxiety, depression, self-harm or suicidal behaviors, higher rates of poverty and workplace discrimination, prostitution, substance

abuse, and social isolation due to experiencing microaggression and discrimination (APA, 2012; Roberts, Horne, & Hoyt, 2015). Compared to gay men and lesbian women, bisexuals tend to report less social support and more effects of minority stress (Roberts et al., 2015; Russell, 2011). However, research suggests that despite oppression and resistance, bisexual people experience greater self-awareness and feelings of freedom of expression from society's labeling. This may aid in fighting against consequences of minority stress due to the strength of beliefs around sexuality (Paul et al., 2014).

Therapeutic Implications

Assumptions of Working with Bisexual Individuals

Very little research has been done on bisexual populations and their needs in therapy (Hartwell et al., 2017). It had been widely believed that SGM couples and families would simply need the same interventions as heterosexual families without further analysis of different SGM subgroups. An analysis of couple and family journals from 1975 to 1995 found that only .006% of articles openly addressed non-heterosexual issues (77 out of 13,217), and in an analysis of 1996 to 2009, that number rose to 2% (173 out of 8,781; Hartwell, Serovich, Grafsky, & Kerr, 2012; Spitalnick & McNair, 2005). It has also been found that learning a client is part of the SGM community may alter a therapist's practices with these clients, including diagnoses, interpretations and judgments of client behaviors, expectations for treatment, and impact of symptoms. Bisexuality specifically is often viewed as being more unstable and symptomatic than homosexuality, which may further impact how bisexuals are viewed in therapy and when bisexual-identified people seek treatment (Hartwell, Serovich, Grafsky, & Kerr, 2012).

Training to Work with Bisexual Individuals

Many counselors report feeling like they were not adequately educated and had a lack of competence when working with SGM clients (McGeorge & Carlson, 2015; Rock, Carlson, & McGeorge, 2010). Up to two thirds of students in couple and family therapy (CFT) training programs stated they were not trained in SGM models or affirmative therapy skills, despite SGM topics being required in training programs by accreditation organizations. Research on CFT students also found that having been trained in SGM models and affirmative practices does not

seem to connect to self-perceived competency in working with SGM (Rock et al., 2010). Without improved training and standards, insufficient training will endure and clinicians will continue to feel unprepared to work with SGM clientele (Troutman & Packer-Williams, 2014).

Relationship Satisfaction Among Bisexuals

In an analysis of CFT journals from 1996 to 2009, 6.4% of articles about SGM issues included discussion of relationship satisfaction. Having a higher degree of internalized homophobia is related to having more conflict and less intimacy with a partner, which lead to decreased relationship satisfaction (Fleishman, Crane, & Koch, 2019). Areas in lesbian relationships which have been studied in connection with relationship satisfaction include boundary management, communication, sexual satisfaction, emotional health, role management, presence of children and parenting styles, local SGM policies, and social support. Experiences with homophobia appear to initially decrease relationship satisfaction but later strengthen it (Kimberly & Williams, 2017). Bisexuality and relationship satisfaction have not been meaningfully studied in a way that allows for interpreting the impact of the presence of bisexuality in a relationship (Vencill & Israel, 2018).

Sexual Satisfaction Among Bisexuals

Sexual satisfaction has been widely researched as an important part of individual sexual health and strongly related to relationship satisfaction. Men in similar-gendered relationships tend to report higher satisfaction during noncommitted sex whereas women in similar-gendered relationships report higher satisfaction with sexual encounters with a serious partner (Fleishman, Crane, & Koch, 2019). There is not much research on internalized negativity in SGMs and sexual satisfaction, and what research is extant suggests a complicated relationship with mediating factors. Areas researched in connection to lesbian sexual satisfaction include presence of depression, relationship satisfaction, social support, internalized homophobia and sexual health (Fleishman, Crane, & Koch, 2019; Kimberly & Williams, 2017). Again, there has not been adequate research on bisexuality and sexual satisfaction (Vencill & Israel, 2018).

Differences in Outness

There are some factors which may make it more difficult for a therapist to work with a client of a sexual minority or for such a client to fully participate in the counseling process. One struggle when working with SGM couples or families is the issue of stage discrepancies, such that members in a relationship are at different stages of being “out” to their friends and family. An example of differences in outness could include one partner being public and very open about their sexuality and another being closeted, or very reserved and unsure. This discrepancy could create tension within the couple or family as they work through a changing relationship and their own identity (Therapeutic Issues for Same-Sex Couples, 2016). This tension has traditionally been researched in homosexual couples, but it is important to consider the impact of this issue in a mixed-identity couple where one partner may identify as bisexual and the other as straight. As our society currently assumes automatic heterosexuality, straight partners will have no experience with the personal struggle of coming out and thus little understanding of the process for their partner. This heteronormative emphasis adds to the discomfort and possible conflict couples may experience as a result of sexuality. Further, there is no established or widely accepted model of bisexual identity development, as discussed above, and therefore it is unclear how stage discrepancies may work differently for people in these mixed-orientation relationships. It is well understood, however, that differences in outness for homosexual couples can contribute to relationship conflict (Clausell & Roisman, 2009; Knoble & Linville, 2012). Being out as bisexual may lead to increased experiences of discrimination and other minority stressors, which may make it more complicated to come out. This barrier may additionally lead to a bisexual partner identifying as straight when with a different-gendered partner to avoid this issue altogether (Craney, Watson, Brownfield, & Flores, 2018). Being out is sometimes considered healthier and a necessary end goal, but being out of the closet is less common in bisexual people compared to homosexuals due to comparatively higher incidences of biphobia (Klein, Holtby, Cook, & Travers, 2015; Mohr, Weiner, Chopp, & Wong, 2009).

The Present Study

Bisexual people face higher degrees of minority stress, decreased mental health, and relational conflict due to invalidation of nonmonosexuality and differences in outness (Pollitt,

Brimall, Brewster, & Ross, 2018). Bisexuality is under-researched compared to research on homosexuality, particularly in the area of relationships, and suffers particularly from bisexual invisibility and bierasure from being combined with other SGM groups instead of being independently analyzed (Hoang, Holloway, & Mendoza, 2011; Israel, 2018; Kenneady & Oswalt, 2014). This deficiency of research attention leads the researchers to the question of determining the impacts of bierasure in a different-gendered relationship. The original question that inspired this research asked how bierasure affects how people move around the world and interact with others. Through looking at social self-efficacy, self-esteem, relationship satisfaction, and sexual satisfaction, the researchers explore the presence of bierasure and hope to explore this question.

Hypotheses

Based on the literature review above, nine hypotheses (shown in Figure 3) were created and tested using the methods described below. Because many of the variables included in the model have existing connections demonstrated in research, some hypotheses—1, 8, and 9—were included in this study as verification of that previous research to help test for data normality. The hypotheses are as follows:

Hypothesis 1

Attachment to social efficacy expectations and attachment to social outcome expectations are positively correlated (verification of previous research).

Hypothesis 2

Attachment to social efficacy expectations and self-esteem are positively correlated.

Hypothesis 3

Attachment to social efficacy expectations is positively correlated with bisexual erasure.

Hypothesis 4

Attachment to social outcome expectations is positively correlated with bisexual erasure.

Hypothesis 5

Bisexual erasure and self-esteem are negatively correlated.

Hypothesis 6

Bisexual erasure and relationship satisfaction are negatively correlated.

Hypothesis 7

Bisexual erasure and sexual satisfaction are negatively correlated.

Hypothesis 8

Self-esteem and relationship satisfaction are positively correlated (verification of previous research).

Hypothesis 9

Relationship satisfaction and sexual satisfaction are positively correlated (verification of previous research).

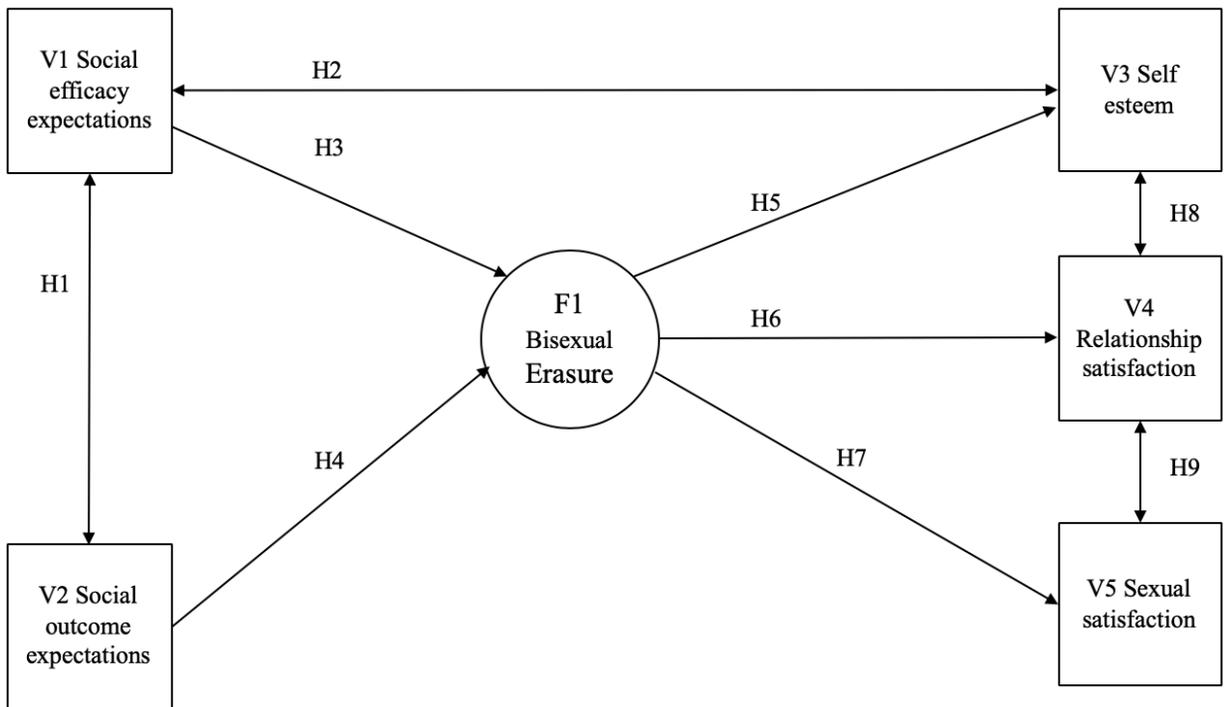


Figure 3: Model of Hypotheses

CHAPTER 3: METHODOLOGY

Study 1: Development and Validation of the Experiences of Bisexual Erasure Scale

Participants and Procedure

This study sample consisted of individuals 18 and older who describe themselves as bisexual. Two hundred individuals were sought to participate in this study, as per a power analysis (Johanson & Brooks, 2010). Participants accessed the study through an online crowdsourcing website, MTurk, and completed the survey through Qualtrics software. Participants read and responded to informed consent information and filtering questions, then continued to the questionnaires (see Appendix A). If participants did not agree to the informed consent or stated they do not identify as bisexual, they were excluded the study. Participants who agreed to these terms were directed to the rest of the questionnaire, where they completed further demographic information. For compensation for their participation, participants were paid \$0.50 through their MTurk account.

In total, 209 cases out of an original 295 were used in complete analyses. Gender of participants varied at 56.9% identifying as men, 38.8% women, 1.4% trans women, 1.4% trans men, and 0.5% (1 participant) each for nonbinary, nongendered, and other. After the filtering question at the beginning of the survey, participants were asked again what sexuality best fits how they identify. Respondents overwhelmingly replied bisexual at 94.3%, 1.9% pansexual, 1.4% other, 1% queer, and 0.5% each for omnisexual and asexual. All participants were included in further analysis, as all cases identified as bisexual in the initial filtering question for the study. Participants were largely emerging to middle adults, with 22% ages 18-25, 52.6% ages 26-35, 16.8% ages 36-45, 5.3% ages 46-55, and 3.3% ages 56 and up. The oldest participant was 69 years of age. The sample was largely White (77.5%), with 12.0% Black/African American, 4.8% Asian, 2.9% Hispanic/Latinx, 1.0% American Indian or Alaskan Native, and 1% Native Hawaiian or Pacific Islander. The sample was also largely Christian (35.9%) or Catholic (27.3%; 63.2% combined). The next largest religious subsets included agnostic (11.0%), atheist (12.9%), and nonreligious participants (2.9%, 26.8% combined).

Measures

Experiences of Bisexual Erasure Scale

At the time of conducting this research, the researchers could find no known ways to reliably measure bierasure. As this construct is the main focus of this thesis, the researchers created a measure titled the Experiences of Bisexual Erasure Scale (EBES) to attempt to quantify experiences of bisexual erasure. Using scale development steps outlined by Snyder and Rice (1996), the researchers first created a pool of 62 items through reviewing literature of experiences of bisexual individuals and modifying existing measures of sexuality, including the Internalized Homophobia Scale (IHS; Wagner, Brondolo, & Rabkin, 2008) and the Bisexual Identity Inventory (BII; Paul et al., 2014) (see Appendix D for items and outcome). Items from these two scales were modified to reflect experiences of bierasure, biphobia, binegativity, or experiences rather than those of homosexual individuals. Eight dimensions of questions were created based on theoretical content: degree of outness, comfort of outness, comfort disclosing, passing, activism, community, direct negative statements, and experiences. Items were reviewed after creation to ensure that they demonstrated face validity, and were then narrowed down to fifty items presented in Study 1 based on overlap of content areas (see Appendix A for complete questionnaire). These 50 items were rated by participants on a five-point Likert scale (ranging from 1 = *strongly disagree* to 5 = *strongly agree*). A sample item is “I am open about my sexuality with most people.” There were two additional open-ended questions to allow participants to include any other thoughts or questions they felt were missing to assist in determining if the included questions missed important aspects of experiences of bierasure.

Testing Discriminant Validity

To test the discriminant validity of the EBES, the researchers used a scale which was expected to be unrelated to responses to the EBES based on a theoretical relationship. The Driving and Riding Avoidance Scale (DRAS, $\alpha = .96$) was developed by Stewart and Peter (2004) to measure avoidance symptoms of people who have been in vehicular-related accidents. The researchers included in this study as it was not expected to be correlated with sexuality or experiences of bierasure and therefore served as a measure of discriminant validity. The scale measures avoidance symptoms on a four-point Likert scale (ranging from 0 = *rarely or none of*

the time to 3 = most or all of the time). It contains four subscales: general avoidance (items 1-5), traffic and busy roadways (items 6-10), weather and lighting conditions (items 11-15), and riding avoidance (items 16-20). The scale is scored by adding all responses together, with scores ranging from 0 to 60 with higher responses indicating greater avoidance. A sample item is “I avoided driving in a car if I could” (Stewart & Peter, 2010). Participants’ results from this scale were correlated with results from the EBES to determine the discriminant validity of the scale, described below.

Testing Convergent Validity

To test convergent validity, the researchers included a scale of a similar construct to test that responses to the EBES were comparable. As there is no published scale to measure bierasure, a scale which measures negative aspects of a bisexual identity was used due to the overlapping content areas and understanding of these two constructs. The Bisexual Identity Inventory (BII) was developed by Paul et al. (2014). It consists of 24 items on a seven-point Likert scale (ranging from 1 = *strongly disagree* to 7 = *strongly agree*). It contains four subscales: illegitimacy of bisexuality (items 6, 8, 14, 16, 17, 18, 22, and 23; $\alpha = .97$), anticipated binegativity (items 1, 4, 7, 12, and 13; $\alpha = .83$), internalized binegativity (items 11, 15, 20, 21, and 24; $\alpha = .94$), and identity affirmation (items 2, 3, 5, 9, 10, and 19; $\alpha = .97$). Subscale scores were determined through averaging the respective items, with higher scores representing a higher level of respective subscale construct. A sample item is “I feel that I have to justify my bisexuality to others” (Paul et al., 2014). Participants’ responses to the BII were compared to their responses to the EBES to determine the convergent validity of the scale, described below.

Demographics

Participants of this study were asked a variety of demographic information of themselves, including age, race, gender identity, religion, and sexuality.

Study 2: Testing EBES in Model

Participants and Procedure

This study sample consisted of individuals 18 of age and older who described themselves as bisexual and are currently in or have previously been in a different-gendered relationship of at least six months. In total, 500 individuals were sought to participate in this study, as per a power analysis (Wolf, Harrington, Clark, & Miller, 2013). Sampling was conducted using Facebook advertising, which advertises to Instagram and any other Facebook-owned sites, targeted to individuals with an interest in SGM issues. Using Facebook advertising for study advertisement provided a higher hit rate given the stricter inclusion criteria. Snowball sampling also utilized participants as sources for further contributions, as participants were asked at the end of the study to share the survey link with others who they felt would be able and willing to participate. This method helped ensure the necessary number of participants would be able to access the survey, as the stricter inclusion criteria slowed down the rate of participant viewing and sampling method limited the location of study advertisements. Participants viewed and responded informed consent information and filtering questions, then completed the questionnaires on Qualtrics software (see Appendix B). If the participant did not agree to the informed consent or stated they do not identify as bisexual or have never been in a different-gendered relationship of at least six months, they were excluded from the study. Participants who agreed to these terms were directed to the questionnaire, where they also completed further demographic information. For compensation for their participation, participants were invited to enter a raffle for a chance to win a \$20 Amazon gift card (see Appendix B). One winner per fifty participants were selected randomly from those who chose to enter the raffle, which resulted in seven participants receiving a gift card.

In total, 726 cases out of an original 2000 were used in complete analyses (process described in Chapter 4). Gender of participants varied at 3.9% identifying as men, 76.4% women, 0.3% trans women (n = 2), 1.9% trans men, 12% nonbinary, 1.5% nongendered, 1.7% genderfluid/genderqueer, 0.3% Two Spirit, 0.1% gender nonconforming, 0.3% questioning, 0.3% androgynous, and 0.4% other unspecified. After a filtering question at the beginning of the survey, participants were asked again what sexuality best fits how they identify. Respondents mainly replied bisexual at 74.2%; in addition, there were those that identified with additional

labels of 14.5% pansexual, 7.9% queer, and less than 1% each for omnisexual, asexual, polysexual, questioning, and demisexual. As with Study 1, all participants identified as bisexual in the filtering question from the beginning of the study and therefore included in all further analysis. Participants were largely emerging to middle adults, with 78.8% ages 18-25, 19% ages 26-35, 1.9% ages 36-45, and 0.3% ages over 45 (two participants, ages 57 and 65). The oldest participant was 65 years of age. The sample was largely White (77.4%), with 1.4% Black/African American, 0.7% Asian, 8.5% Hispanic/Latinx, 1.2% American Indian or Alaskan Native, 0.1% Native Hawaiian or Pacific Islander, 0.6% Middle Eastern, and 8.5% multiracial. The sample was also largely nonreligious, with 26.6% identifying as agnostic, 18.7% atheist, 18.7% nonreligious, 11.2% Christian, 3.6% Catholic, 5.4% Pagan, and less than 5% each for Muslim, Jewish, Hindu, spiritual but not religious, Wiccan, questioning, Satanist, Buddhist, and nondenominational, as identified through open-responses.

This study also included questions about the participant's partner. Gender of partners were identified as 78.1% men, 11.7% women, 1.2% trans women, 2.8% trans men, 3.3% nonbinary, and 0.8% nongendered. Sexuality of partners were identified as 61.4% heterosexual, 19.7% bisexual, 7% pansexual, 3% queer, 4.3% homosexual, and less than 1% of omnisexual, asexual, questioning, demisexual, other unspecified identity, or unknown to the participant. Participants were asked what their partners identified their race as, and participants stated 72.6% White, 4.3% Black or African American, 1% American Indian or Alaskan Native, 2.5% Asian, 0.3% Native Hawaiian or Pacific Islander, 9% Hispanic or Latinx, 7.7% multiracial, 0.6% Middle Eastern, and 0.3% other unspecified identity. Partner's religions were described as 21.8% Agnostic, 24.7% atheist, 20.9% nonreligious, 15.6% Christian, 4.7% Catholic, 1.5% Jewish, and less than 1% for Muslim, Hindu, spiritual but not religious, Wiccan, Pagan, questioning, or Buddhist. The statuses of the different-gendered relationships in question were described as 40.6% in a long-term committed relationship, 22% dating, 7.9% engaged, 13.8% married, and 13.4% separated. Length of relationship ranged from six months to eighteen years. Living arrangements were described as 42.3% cohabitating, 13.9% living together occasionally, and 41% living separately. When asked if there were children associated with the relationship, 84.4% said there were no children and 13.1% said there were children; for those that did have children, 52.6% had one child, 30.5% had two children, 11.6% had three, 2.1% had four, and 3.2% had five.

Two additional questions were included in this questionnaire to inquire if participants felt they had experienced bisexual erasure or bisexual negativity based on a definition of each (see Appendix A). When asked if they felt they experienced bisexual erasure, 91.9% said yes, 7.3% said no, and 0.8% declined to answer. When asked if they felt they experienced bisexual negativity, 84.2% said yes, 15.0% said no, and 0.8% declined to answer.

Measures

Social Efficacy and Social Outcome Expectations

Wright, Wright, and Jenkins-Guarnieri (2013) developed the Social Efficacy and Social Outcome Expectations Scale (SESOES). It measures social self-efficacy in the context of relationships via 18 items on a 5-point Likert scale (ranging from 1 = *strongly disagree* to 5 = *strongly agree*). It contains two subscales: the social efficacy expectations subscale (items 1-12; $\alpha = .91$) and the social outcomes expectations subscale (items 13-18; $\alpha = .83$). The inventory is scored through averaging the responses of the subscale; higher scores indicate higher levels of self-efficacy and social outcome expectations. A sample item is “I am confident in my skills to be in social relationships” (Wright et al., 2013).

Relationship Satisfaction

Funk and Rogge (2007) developed the Couples Satisfaction Index (CSI; $\alpha = .77$), which measures the level of satisfaction within a relationship. There are different forms of the inventory with 4, 16, or 32 items. This study used the 16-item version, which used items scored on different Likert scales of six or seven points (zero to six or zero to five). This inventory is scored through adding up points designated to each item. The 16-item version has a range of 0-81, with a higher score representing greater satisfaction. A sample item is “Please indicate the degree of happiness, all things considered, of your relationship,” which is then rated on a scale from zero (*extremely unhappy*) to six (*perfect*) (Funk & Rogge, 2007).

Sexual Satisfaction

THudson, Harrison, and Crosscup (1981) developed the Index of Sexual Satisfaction (ISS; $\alpha = .94$). This 25-item index measures the degree of sexual satisfaction the responder feels

in their current relationship. Items are rated on a seven-point Likert scale (ranging from 1 = *none of the time* to 7 = *all of the time*) with 12 of the items reverse scored (1, 2, 3, 9, 10, 12, 16, 17, 19, 21, 22, and 23). Scoring is completed through reverse scoring the relevant items then averaging all item responses. Final scores range from 0 to 100, with greater scores indicating greater sexual unhappiness. A sample item is “I feel that my partner enjoys our sex life” (Hudson et al., 1981).

Self-Esteem

Rosenberg (1965) developed the Rosenberg Self-Esteem Scale (RSES; $\alpha = .90$). It consists of ten items and assesses degree of self-esteem. Scores are found through summing all responses, with higher scores correlating with higher self-esteem. Each of the ten items are rated on a four-point Likert scale (ranging from 1 = *strongly agree* to 4 = *strongly disagree*). A sample item is “On the whole, I am satisfied with myself.” Five of the items are reversed scored (2, 5, 6, 8, and 9; strongly disagree = 1, disagree = 2, agree = 3, and strongly agree = 4); an example of a reversed item is “All in all, I am inclined to feel that I am a failure” (Rosenberg, 1965).

Bisexual Erasure

Analysis from Study 1 determined the number of items and factor structure of items used in the EBES use in Study 2. The scale presented in the same format as previously described, using a five-point Likert scale (ranging from 1 = *strongly disagree* to 5 = *strongly agree*). Based on Study 1 results, the EBES questionnaire reduced to 40 items from the original 62, the process of which is described in Chapter 4 Results. Scoring is completed through averaging the items in the individual subscales for a measure of the specific experience, and a total sum to all items can be used to measure the overall impact of bierasure subscales.

Table 1: Descriptive Statistics of Measures Used in Study 1

Scale	Possible Range	Actual Range	M	SD	Cronbach's Alpha - Theoretical	Cronbach's Alpha - Observed
DRAS	0-60	0-60	27.43	16.08	.92	.96
BII Illegitimacy of Bisexuality	1-7	1-7	3.70	1.92	.84	.97
BII Anticipated Binegativity	1-7	1-7	4.53	1.32	.73	.83
BII Internalized Binegativity	1-7	1-7	3.91	1.80	.84	.94
BII Identity Affirmation	1-7	1-7	4.97	1.23	.93	.97
EBES-50 Sum	50-250	53-216	134.35	34.03	-	.96

Note: DRAS stands for Driving and Riding Avoidance Scale. BII stands for Bisexual Identity Inventory. EBES stands for Experiences of Bisexual Erasure Scale.

Table 2: Absolute Value of the Differences of Variable Correlations Based on Identified Sexuality

Correlations of Variables for Participants Identifying as Only Bisexual									
	1	2	3	4	5	6	7	8	9
1. SEE	-								
2. SOE	.42**	-							
3. CSI	.17**	.15**	-						
4. ISS	.31**	.25**	.60**	-					
5. RSES	-.08	-.15**	.04	.014	-				
6. EBES Social Discourse	-.06	-.13**	-.02	-.05	.07	-			
7. EBES Outness	.19**	.09*	.14**	.25**	-.09*	-.09*	-		
8. EBES Identity Trauma	.03	.02	-.02	.01	-.04	.54**	-.02	-	
9. EBES Identity Engagement	.08	.15**	.09*	.10*	-.10*	-.47**	.32*	-.3**	-

Correlations of Variables for Participants Identifying as Other Nonmonosexual Identities

Correlations of Variables for Participants Identifying as Other Nonmonosexual Identities									
	1	2	3	4	5	6	7	8	9
1. SEE	-								
2. SOE	.45**	-							
3. CSI	.26**	.12	-						
4. ISS	.37**	.25**	.53**	-					
5. RSES	-.06	-.20**	.03	-.04	-				

Table 2 cont.

6. EBES Social Discourse	-.01	-.11	-.02	.03	.08	-														
7. EBES Outness	.18*	.08	.03	.31**	-.08	-.12	-													
8. EBES Identity Trauma	-.12	-.10	.06	-.01	.12	.50**	-.16*	-												
9. EBES Identity Engagement	.16*	.17*	-.06	.12	-.08	-.41**	.27**	-.34**	-											
Absolute Values of the Differences Between Correlations (Bisexual-Identified over Multiple-Identities)																				
1. SEE	-																			
2. SOE	.03	-																		
3. CSI	.10	.03	-																	
4. ISS	.06	.01	.06	-																
5. RSES	.02	.05	.01	.05	-															
6. EBES Social Discourse	.06	.02	.00	.07	.01	-														
7. EBES Outness	.01	.01	.10	.06	.01	.03	-													
8. EBES Identity Trauma	.15	.12	.08	.01	.16	.03	.14	-												
9. EBES Identity Engagement	.08	.02	.15	.01	.03	.06	.06	.04	-											
Average Difference per Variable	.02	.014	.02	.01	.01	.02	.03	.03	.00											
Total Average Difference for All Variables:	.00																			

** . Correlation is significant at the .01 level

* . Correlation is significant at the .05 level

Table 3: Descriptive Statistics Used in Study 2

Scale	Possible Range	Actual Range	M	SD	Cronbach's Alpha – Original Development	Cronbach's Alpha – Observed
SEE	12-60	1.25-5	3.97	.66	.97	.91
SOE	6-30	1-5	4.28	.55	.91	.83
ISS	25-125	25-148	60.35	25.06	.93	.94
RSES	10-40	13-28	21.37	2.24	.97	.90
CSI	0-80	18-72	56.85	9.78	.98	.77
EBES (Total Sum)	29-145	65-144	112.64	14.93	-	.88
EBES Social Discourse	9-45	10-45	39.97	5.09	-	.83
EBES Outness	3-15	3-15	11.30	3.32	-	.88
EBES Identity Trauma	10-50	11-50	33.45	7.99	-	.83
EBES Identity Engagement	7-35	13-35	28.91	4.53	-	.80

Note: SEE = Social Efficacy Expectations; SOE = Social Outcome Expectations; ISS = Index of Sexual Satisfaction; RSES = Rosenberg Self-Esteem Scale; CSI = Couples Satisfaction Index; EBES = Experiences of Bierasure Scale.

CHAPTER 4: RESULTS

Study 1

Data Screening

The researchers examined the data before conducting further testing to ensure the data were fit for analysis. In total, 295 participants engaged with the survey. One case declined consent and was removed, 51 cases did not identify as bisexual in the filtering question were removed, 12 were removed for dropping out (determined as having more than 80% incomplete data, or systematic missing data) after filtering questions, 13 were removed for not completing the Bisexual Identity Inventory (BII) or further questionnaires, and 9 were removed for completing less than half of the Experiences of Bierasure Scale (EBES). This left 209 cases for further analysis. No univariate outliers or issues with skewness and kurtosis were found, as all variables were within the acceptable range. No problems were found when testing the assumptions of linearity and homoscedasticity. The data were then checked for multivariate normality using Mahalanobis distance and no cases were identified as multivariate outliers with values above the chi-square critical value (20.515). Screening found no multicollinearity within the data via a visual examination of a scree plot visual. Cases with missing data were then examined. Three cases had one missing item for the Driving and Riding Avoidance Scale (DRAS) and two had one to two missing items for the BII. For these cases, items from the respective subscale averaged to create a value for the missing item which was then used in further analysis. At the end of this screening, a total of 209 complete cases remained for creating the EBES.

Analysis

The purpose of Study 1 was to create a viable scale to use in the testing of the model and to decrease the total number of items in the scale into a more efficient measure. The researchers conducted further analysis using SPSS. An exploratory factor analysis examined all EBES items to determine initial factor structure and number. This initially suggested a maximum of eight factors however, the suggested eight-factor structure created several factors with minimal high-

loading items (one or two) and therefore seemed less appropriate. A visual screen plot from the factor analysis suggested five factors. Several confirmatory factor analyses then tested all EBES items forced into seven, six, five, and four factors. Researchers examined the four, five, six, and seven factor models through looking at the number and pattern of items in each factor, examining factor loadings, identifying possible factor labels, and examining the contribution of each item contributing to stability. A five-factor structure seemed most appropriate based on the strength of each loading, lack of double loadings, reliability of each factor being the strongest of the factor analyses, and face validity of factor organization. The final factor loadings for each item were acceptable, being between .32 and .87.

Researchers tentatively labeled the factors as Degree of Outness, Comfort of Outness, Invalidation, Self-Imposed Binegativity, and Experiences. These titles were based on a visual assessment of the content of the factor. A Euclidian distance model plotted each of the five factors to assess which items loaded extremely similarly and therefore candidates for removal. The five-factor structure demonstrated the most stability, with Eigenvalues of 34.67, 9.50, 6.60, 3.94, and 3.06 for the final factors. In total, ten items decreased of factor stability and total scale reliability when included (see Appendix D) and therefore removed from further use. This left a 40-item questionnaire with five factors for use in Study 2.

Although the portion of the study did not test a model of variables, additional questionnaires helped examine the validity of the EBES (see Table 4 for all correlations). The DRAS, which tested discriminant validity, was expected not to have strong correlations with measures related to bisexuality. However, several correlations existed between the DRAS (total score and subscales) and the EBES. Although used with the intention of having a lack of correlations, the high number of strong relationships suggests an unexpected connection. Research has established that sexuality and experiences of minority stress are related to anxiety (Dyar & London, 2018; Meyer, 2015), so it is not unreasonable to speculate that this extends to anxiety around driving. The BII tested convergent validity, as it measures constructs related to bisexuality and therefore expected to be highly related to the EBES. It also showed several correlations with the EBES; all scores for the EBES, its subscales, and the BII showed correlations except for BII Identity Affirmation and EBES Experiences. This shows that the BII and EBES are highly related and possibly measure similar constructs, thus demonstrating convergent validity.

Study 2

Data Screening

In total, 2000 participants engaged with the survey. The data were examined for missing cases, appropriateness for analysis, and univariate outliers. Eight responses were removed for declining consent, 40 for not identifying as bisexual in the filtering question, 208 for not having been in a relationship with someone of a different gender for at least six months, 512 for dropping out after filtering questions were passed (completing less than 80% of scale items; high dropout rates noticeable with survey progression, indicating dropping out when seeing length of survey), and 4 for identifying themselves as being under the age of 18. Of these participants, six cases were identified as univariate outliers through standardized z -scores and excluded from further analysis. No problems were found when testing the assumptions of linearity and homoscedasticity. The data were then checked for multivariate normality using Mahalanobis distance and 18 cases were identified as multivariate outliers ($p < .001$) with values above the chi-square critical value (24.32) and were therefore excluded from further analysis. This left 726 complete cases for full analysis.

Skewness and kurtosis were examined, and several scales were transformed to fix skewness. Social efficacy expectations (SEE) was negatively skewed (diagnostic = $-0.673 / 0.090 = -7.494$) and transformed with a logarithm of the reflection (diagnostic = $0.035 / 0.091 = 0.388$). Social outcome expectations (SOE) was negatively skewed (diagnostic = $-0.707 / 0.090 = -7.879$) and transformed using a square root of the reflection (diagnostic = $0.077 / 0.091 = 0.848$). Couples Satisfaction Index (CSI) was negatively skewed (diagnostic = $-1.242 / 0.090 = -13.834$) and transformed using the logarithm of its reflection (diagnostic = $0.009 / 0.091 = 0.181$). Index of Sexual Satisfaction (ISS) was skewed (diagnostic = $1.121 / 0.090 = 12.495$) and transformed using its square root (diagnostic = $0.134 / 0.091 = 1.482$). Rosenberg Self-Esteem Scale (RSES) was negatively skewed (diagnostic = $-0.295 / 0.090 = -3.287$) and transformed using the square root of its reflection (diagnostic = $-0.255 / 0.091 = -2.809$). EBES Social Discourse was negatively skewed (diagnostic = $-1.282 / 0.091 = -14.128$) and transformed using the inverse of its reflection (diagnostic = $0.039 / 0.199 = 2.198006907$). EBES Outness was negatively skewed (diagnostic = $-0.813 / 0.091 = -8.967$) and transformed using the logarithm of its reflection (diagnostic = $0.094 / 0.091 = 1.035$). EBES Identity Engagement was negatively

skewed (diagnostic = $-0.816 / 0.091 = -8.995$) and transformed using the logarithm of its reflection (diagnostic = $0.103 / 0.091 = 1.137$). EBES Identity Trauma did not require any transformation. These transformations fixed any issues of skewness for their respective scales. Screening found no multicollinearity within the data through a visual examination of a scree plot.

Researchers then examined missing cases and determined if missing values were at random or systemic. The following number of cases were removed from each questionnaire due to systemic missing data (completing less than 80% of the items): 9 removed from SEE, 5 removed from SOE, 207 removed from CSI, 176 removed from ISS, and 81 removed from EBES. A total of 478 cases were removed for having large amounts of missing data. For cases for which less than 20% of items (usually one to two items) were missing from a given measure, items from the respective scale or subscale were averaged to create a value for the missing item. This process was completed for the following number of cases: 23 for SEE, 9 for CSI, 23 for ISS, 1 for RSES, and 6 for EBES. At the end of this screening, there were a total of 726 complete cases suitable for testing of hypotheses. See Table 5 for correlations between Study 2 variables.

As described above, some participants chose another sexuality identifier when answered demographics questions after identifying as bisexual in the initial filtering question. To examine possible differences between participants who exclusively identified as bisexual and those who chose another identifier, a post hoc test looked at the correlations between model variables for these two groups. The absolute values of the difference between correlations are displayed in Table 2. As shown, the total average distance between variables is 0.004, suggesting that there are not vastly different results from populations that identify as purely bisexual and those that also identify with other labels, at least in the included sample. This analysis fits in line with guidelines of working with bisexual individuals through not grouping together multiple sexual orientation identities (Barker et al., 2012). Other nonmonosexual identities were grouped together for the purpose of this test due to the lower number of cases identifying with other labels and very minimal difference between correlations.

Scale Creation

To test the structure of the EBES from Study 1, various statistics were completed in SPSS Software (IBM, Statistical Package for the Social Sciences, 2017 – Version 25.0) before testing the hypothesized structural equation model. An exploratory factor analysis tested the suggested

structure of the EBES based on the data from Study 2 and compared to the suggested EBES structure from Study 1. This factor analysis suggested a maximum of eight factors with similar minimal loadings and single to double items on a single factor. Similar to the results of Study One, all forty EBES items used in this round of testing were forced into four, five, six, and seven factor models to compare through examining the number and pattern of items in each factor, examining factor loadings, identifying possible factor labels, and examining the strength of each item. The researchers examined factor reliability with each item to determine which items' removal created a more usable measure and improved validity. The researchers determined that if an item decreased overall reliability of the scale or subscale, and did not loading strongly in any particular model of factor analysis, the item itself may not fit with the scale.

Eleven items were removed from the measure to create a 29-item measure with four stable factors, and acceptable evidence for reliability (see Appendix D) with a total scale reliability, as measured by Cronbach's alpha, of 0.88 and respective factor reliabilities of 0.83, 0.88, 0.83, and 0.80. The four factors were labeled as Social Discourse, Outness, Identity Trauma, and Identity Engagement based on visual assessment of the items in the factors. The final structure with twenty-nine items appears as a stable structure, with reliability decreasing if any further items are removed or added. As such, this study suggests that all twenty-nine items should be included in the measure as an important aspect of the overall scale and subscale constructs. A final version of the EBES is included in Appendix D for reference.

Test of Hypotheses

A structural equation modeling program, EQS 6.4, was used to explore the relationships among SEE, SOE, bisexual erasure, self-esteem, relationship satisfaction, and sexual satisfaction (Bentler, 2008). The researchers ran the model for all participants; the results for each analysis are shown in Figure 4 to allow for ease of comparison. A Robust Maximum Likelihood solution showed parameter estimates within normal limits, with no issues presenting during optimization, and all equality constraints correctly imposed.

The hypothesized model for all participants fits well, $\chi^2(1, n = 726) = 124.124, df = 18, p < .001, CFI = .894$. The RMSEA was above the .06 standard (Hu & Bentler, 1999) at .09, the CFI is low (expected to be greater than .95), and the χ^2 value is low. This result could suffer from the overpowered sample size ($n = 726$) or the sensitive nature of studying issues around

sexuality. The hypothesized model for all participants significantly improved from the independence model, $\chi^2 = 1041.27$ (36, $n = 726$, $p < .001$). This model contained significant pathways (see Figure 4) between SEE and SOE, SOE and bierasure, SOE and sexual satisfaction, relationship satisfaction and sexual satisfaction, and from the factor of bierasure to each of its four subscales.

Hypothesis 1

Hypothesis 1 stated that attachment to social efficacy expectations and attachment to social outcome expectations are positively correlated, as established by previous research (Wright et al., 2013). This was supported in the overall model ($B = 0.43$; see Table 5 for all variable correlations), and there was also a moderate correlation between the two variables as computed in SPSS ($r = .43$, $p < .01$). This suggests that individual's beliefs about themselves correspond with their ability to perform in interpersonal situations both as individual variables and when taking into consideration the rest of the constructs included in the model, as expected.

Hypothesis 2

Hypothesis 2 stated that attachment to social efficacy expectations and self-esteem are positively correlated. This was not supported in the overall model, as the variables were slightly negatively correlated as computed in SPSS ($r = -.075$, $p < 0.05$). This relationship was not examinable using EQS as self-esteem is downstream from SEE (relationship to variable error term is $B = -0.005$, $p > 0.05$). This finding goes against previously established literature which states that there is a positive relationship between these two constructs (Wright, Wright, & Jenkins-Guarnieri, 2013).

Hypothesis 3

Hypothesis 3 stated that attachment to social efficacy expectations is positively correlated with bisexual erasure. This was not supported in the overall model examined in EQS ($B = .02$), which suggests that social efficacy expectations do not correspond to experiences of bierasure when all of the model constructs are taken into consideration. However, as computed in SPSS, SEE was correlated with EBES subscales Outness ($r = .18$, $p < .01$) and Identity Engagement (r

= .10, $p < .01$), suggesting that these variables do have a relationship separate from the other constructs.

Hypothesis 4

Hypothesis 4 stated that attachment to social outcome expectations is positively correlated with bisexual erasure. This was supported in the overall model ($B = 0.15$), suggesting that beliefs about one's ability to perform socially are related to experiences of bierasure. SOE was also correlated with EBES subscales Social Discourse ($r = -.13$, $p < .01$), Outness ($r = .08$, $p < .05$), and Identity Engagement ($r = .15$, $p < .01$).

Hypothesis 5

Hypothesis 5 stated that bisexual erasure and self-esteem are negatively correlated. This was not supported in the overall model ($B = .07$), suggesting that factors other than bierasure, as measured in this study, affect self-esteem. However, self-esteem showed a negative correlation with EBES Subscales Outness ($r = -.09$, $p < .05$) and Identity Engagement ($r = -.10$, $p < .01$), suggesting a relationship between these individual variables without consideration of other constructs in the overall model.

Hypothesis 6

Hypothesis 6 stated that bisexual erasure and relationship satisfaction are negatively correlated. This was not supported in the overall model ($B = .01$), suggesting that factors other than bierasure, as measured in this study, affect relationship satisfaction. However, relationship satisfaction exhibited a correlation with EBES subscale Outness ($r = .11$, $p < .01$), suggesting that the relationship between these variables exists but without being affected by other model constructs.

Hypothesis 7

Hypothesis 7 stated that bisexual erasure and sexual satisfaction are negatively correlated. This was not supported in the overall model ($B = .02$), suggesting that factors other than bierasure, as measured in this study, affect sexual satisfaction. However, sexual satisfaction

exhibited a correlation with EBES subscales Outness ($r = .26, p < .01$) and Identity Engagement ($r = .11, p < .01$), suggesting that the relationship between these variables exists but without being affected by other model constructs.

Hypothesis 8

Hypothesis 8 stated that self-esteem and relationship satisfaction are positively correlated as a verification of established research (Fleishman, Crane, & Koch, 2019; Funk & Rogge, 2007). This was not supported in the overall EQS model ($B = .03$), which goes against established research and do not appear as correlated as computed in SPSS. This suggests a complicated relationship between the sampled population, self-esteem, and relationship satisfaction.

Hypothesis 9

Hypothesis 9 stated that relationship satisfaction and sexual satisfaction are positively correlated, as a verification of established research (Hudson et al., 1981; Kimberly & Williams, 2017). This was supported in the overall model ($B = .57, p < .05$) and shows a moderate correlation as computed in SPSS ($r = .57, p < .01$), suggesting that our sample of bisexual participants have an expected relationship between relationship satisfaction and sexual satisfaction both individually and in relation to overall model constructs.

Bierasure

Although not dedicated hypotheses, the subscales of the EBES are included in Figure 4 to display their connection to the construct of bierasure. All four subscales (Social Discourse, Outness, Identity Trauma, and Identity Engagement) have significant associations to the construct of bierasure: Social Discourse $r = -.75, p < .01$; Outness $r = .27, p < .01$; Identity Engagement $r = -.82, p < .01$; and Identity Engagement $r = .65, p < .01$. This provides evidence that the construct of bierasure can be measured through these four scales.

In addition to testing the relationships between variables in the theoretical model, correlations between EBES scores and demographic information were examined to explore other potential relationships.

Post hoc tests were completed to compare EBES scores to demographic factors. A total EBES score was not correlated with sexuality, race, gender, or religion of the participant or their partners, living arrangements, or presence of children, with the exception of gender of the self ($p < 0.01$; $r = 0.090$, $p < 0.05$). This suggests that partners and their various identities largely do not impact experiences of biersure, at least as measured here. Women and men both showed higher rates of biersure compared to nonbinary participants in a one-way ANOVA using a Bonferroni test (women $M = 6.08$, $SD = 1.37$, $n = 555$; men $M = 6.62$, $SD = 1.75$; $n = 28$; nonbinary $M = 5.25$, $SD = 1.37$, $n = 87$; women x nonbinary $t(640) = 5.25$, $p < .01$; men x nonbinary $t(113) = 4.23$, $p < .01$). Scores of biersure were also slightly related to relationship status with married participants having significantly higher EBES scores than dating participants (married $M = 6.27$, $SD = 1.33$, $n = 100$; dating $M = 5.64$, $SD = 1.58$, $n = 160$; dating x married $t(253) = -3.27$, $p = .001$).

Table 4: Study 1 Correlations

	1	2	3	4	5	6	7	8	9	10	11
1. EBES Sum	1										
2. EBES Degree of Outness	.92**	1									
3. EBES Comfort of Outness	.78**	.57**	1								
4. EBES Invalidation	.78**	.61**	.48**	1							
5. EBES Self-Imposed											
Binegativity	.56**	.49**	.20**	.51**	1						
6. EBES Experiences	.80**	.67**	.54**	.68**	.42**	1					
7. DRAS Total Sum	-.49**	-.59**	-.24**	-.23**	-.24**	-.33**	1				
8. BII Illegitimacy	-.53**	-.69**	-.27**	-.19**	-.24**	-.32**	.76**	1			
9. BII Anticipated Binegativity	-.53**	-.57**	-.14*	-.49**	-.47**	-.48**	.49**	.59**	1		
10. BII Internalized											
Binegativity	-.56**	-.71**	-.22**	-.30**	-.34**	-.36**	.73**	.91**	.68**	1	
11. BII Identity Affirmation	-.36**	-.23**	-.49**	-.27**	-.02	-.32**	.21**	.32**	.32**	.27**	1

Note. * $p < .05$; ** $p < .01$

Table 5: Correlations between Model Variables in Study 2

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
1. SEE	-									
2. SOE	.43**	-								
3. CSI	.19**	.14**	-							
4. ISS	.33**	.25**	.57**	-						
5. RSES	-.08*	-.17**	0.03	0.00	-					
6. EBES Social Discourse	-0.04	-.12**	-0.02	-0.03	0.07	-				
7. EBES Outness	.18**	.083*	.11**	.26**	-.09*	-.10**	-			
8. EBES Identity Trauma	-0.00	-0.01	0.01	0.00	-0.00	-.82**	.54**	-		
9. EBES Identity Engagement	.10**	.15**	0.06	.11**	-.10**	-.46**	.31**	.32**	-	
10. EBES Sum	.048	.09*	.01	.051	-.08*	-.75**	.27**	-.82**	.65**	-

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

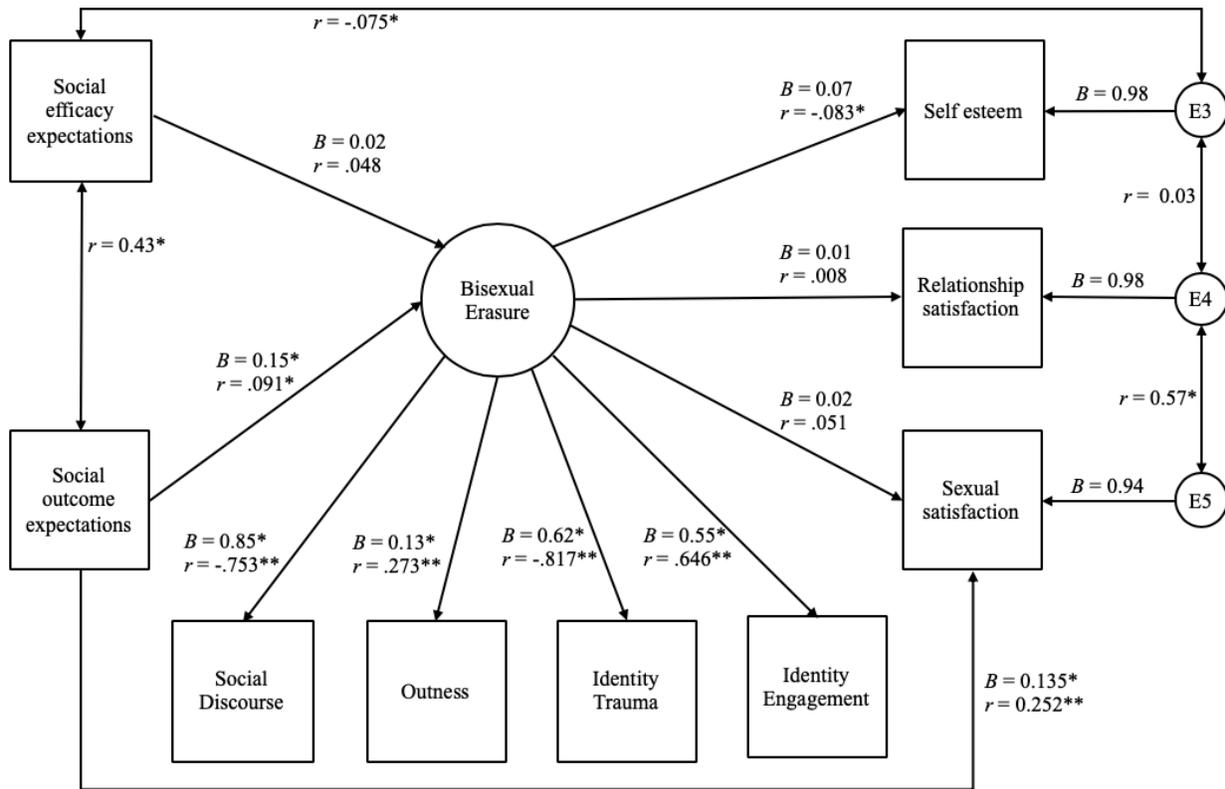


Figure 4: Structural Equation Model and Resulting Coefficients

CHAPTER 5: DISCUSSION

The purpose of this study was to examine the possible impacts of biersure on the self and relationships, with a focus on self-esteem, relationship satisfaction, and sexual satisfaction. Social efficacy expectations (SEE) and social outcome expectations (SOE) were examined as possible predictors of biersure. The relationships between SEE and SOE and between sexual satisfaction and relationship satisfaction were significant, as expected based off established research in these areas. SOE was significantly related to both biersure and sexual satisfaction, and the four factors developed in the EBES were significantly related to biersure. SEE was not related to either biersure or self-esteem in the context of the whole model, but was correlated with self-esteem and EBES Outness and EBES Identity Engagement. Biersure was not related to self-esteem, relationship satisfaction, or sexual satisfaction in context of the overall model, but some showed individual correlations. Because of the lack of connections to biersure within the overall model, the main model of this study is rejected, although the number of significant correlations suggests there are relationships between the examined variables. Because of the notable differences between the SEM and significant correlations between variables, the SEM model should be regarded as misspecified or a poor fit for the variables, as supported by the fit indices.

Social Efficacy Expectations and Social Outcome Expectations

Social efficacy expectations (SEE) are the personal assessments that people makes about their beliefs to perform a certain task. Social outcome expectations (SOE) reflect people's ideas about the effect of their behaviors (Wright et al., 2013). As expected from research about SEE and SOE, this study found significantly positively correlated results (Wright et al., 2013). This result suggests some level of normality in the sample, as it is verifying an existing, known relationship between constructs. In contrast, SEE was not related to either self-esteem or biersure. The lack of a link to biersure is important for the overall goals of this study in determining that SOE do not appear to have an impact on experiences of biersure. However, the lack of a positive link between SOE and self-esteem is notable because existing research suggests such a link between these two constructs (Wright, Wright, & Jenkins-Guarnieri, 2013),

at least in general populations. Due to the design of the model used in this study, it is difficult to properly examine this relationship due to there being variables in between SEE and self-esteem, although this study was not designed to measure a direct relationship between these variables. When examined as a correlation instead of as part of a SEM, there is a slight negative relationship between SEE and self-esteem. This suggests that participants having a higher confidence in their social performances will have a slightly decreased self-esteem. SOE were related to bierasure, which suggests that having higher expectations for the result of social interactions leads to greater experiences of bierasure.

Bierasure

Bierasure was not, in this study, related to self-esteem, relationship satisfaction, or sexual satisfaction when examined through SEM. When the variables are correlated, however, several variables do show significant relationships with overall EBES score or subscale scores (shown in Table 5). This suggests that the model may not best demonstrate the relationship between variables, that the model is mis-specified in some way, or that these variables do have relationships but not in the context of the larger model. The variables included in this study are not a good representation of the real-world constructs that affect or are affected by bierasure. This further emphasizes the complicated nature of measuring sexuality and bierasure in relationship to other constructs. It reiterates the need for research on bierasure to fully understand it and determine what variables do impact experiences of bierasure.

In the post hoc tests described above, it was found that men and women experience more bierasure than nonbinary individuals, and that married participants experienced more bierasure compared to dating participants. This result suggests that cisgender bisexual people may struggle more with fighting against constructs that are normally discussed in binary ways, whereas nonbinary individuals have done more of that work through their gender identity and therefore may feel more comfortable and confident in exploring a nonbinary sexuality. Married participants showed higher rates of bierasure compared to dating participants. This result could be due to the visibility of nonmonosexuality; in a committed relationship, there is often less variation and movement between partners compared to those who are dating. There may also be less discussion or challenging of sexuality, as married people have likely established their

sexuality's role in the relationship whereas people dating may feel they have more opportunities to discuss or explore their sexuality with partners.

Implications for Research

As noted in recent literature on bisexuality, more research needs to examine bisexuals and other nonmonosexual groups, not only to reach equity with other SGM groups but also to learn about the impacts and consequences of nonmonosexuality (Hartwell et al., 2017; Pollitt et al., 2018). Parity this thesis created the EBES, a measure of bierasure, further testing and research could develop measures of the impact of sexuality, acceptance, internalized negativity, and other issues that are present in the SGM community but not thoroughly researched. Researchers should also take into consideration special guidelines for working with the SGM community and specific subgroups to ensure groups are not being erased by being combined, such as bisexuality versus pansexuality (Barker et al., 2012). Research on bisexuality has certainly expanded over the previous decade, as evident by large publications such as the *Journal of Bisexuality* becoming better known, but bisexuality and other issues of SGMs needs representation in every form of research. Even if sexuality is not a main factor in a research discussion, it is important to do post hoc analyses looking at results for different groups of people, not just limited to sexuality but including race, income level, age, and other demographic factors that may show important results that could otherwise be overlooked.

Implications for Clinicians

As it has been demonstrated that there are quantifiably more people who identify as bisexual or nonmonosexual compared to those who identify as monosexual, it is important for clinicians to know of special needs and circumstances of nonmonosexual clients. For bisexual clients, this specifically brings into question the issues of bierasure. Implications from this study directly suggest the assessments of self-esteem, relationship satisfaction, sexual satisfaction, and social expectations may influence understanding the individual impact of someone's sexuality on their relationship. Commons assessments, such as the RSES and CSI, may be used during the intake process to assess these constructs. Additional questions during the intake session and throughout the therapy process should assess the continued status of issues such as self-esteem,

relationship satisfaction, and sexual satisfaction, especially if they are not the focus of treatment and may therefore be overlooked. This is important to ensure that these overlapping constructs that may impact the client are still being assessed and addressed. Specific questions may be highly dependent on the modality and focus of treatment, but could include “How do you talk about your sexuality in the relationship? How do you think you express your sexuality? Do you think that biersure is playing a role?” Simply asking a client to explore the history of their sexuality, as through a sexual genogram (Belous, Timm, Chee, & Whitehead, 2012), and their experiences with biersure may be useful in identifying themes and impacts of experiences related to their sexuality.

Existing Suggestions for Practice

The American Psychological Association (APA, 2012), the American Counseling Association (Harper et al., 2013), the Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling (ALGBTIC, Harper et al., 2013), and most national counseling organizations provides guidelines for those in the psychology field working with lesbian, gay, and bisexual clients, but these guidelines are vague and do not offer specific instructions on how to treat SGM groups, let alone a specific subgroup within the SGM community. They offer no specific suggestions for working with bisexual clients and could be described as simply SGM-affirmative. Often, clinicians may apply the suggestions to any minority group. Some sentiments include urging counselors to understand the stigma and discrimination that SGM individuals encounter and to understand that sexual orientation is not a mental illness, but with no direction in how to do so (APA, 2012).

There are several therapeutic interventions or methods clinicians should consider when working with bisexual clients and other minorities and when engaging in counselor training. When examining some of the guidelines described from gay-affirmative, general sources, some suggestions for practice include creating a safe therapeutic environment and good patient-therapist relationship; reducing stress, improving self-care; resolving any trauma (APA, 2012); emphasizing and fostering resiliency; addressing intersectional identities, especially when working with couples, families, or groups (Therapeutic Issues for Same-Sex Couples, 2016); helping the client(s) to develop strong social support systems (Marriage Counseling for Same Sex Couples, 2016); intentionally including bisexual clientele in counseling and training;

confronting heterosexism and avoiding unintentional bias, such as using the phrase “partner” instead of “wife” or having a line to write one’s gender versus a male or female box; actively engaging in multicultural training (Troutman & Packer-Williams, 2014); validating, accepting, and normalizing a client’s sexuality and other identities (Israel et al., 2008); redefining what a family is and creating a family genogram with relationships besides those that are biological or legal (Dworkin & Pope, 2012); and exploring internalized oppression and how it affects the client(s) (Dworkin, 2001). As described above, these suggestions come from general sources on providing affirmative therapy and are often not specific to bisexuality, let alone specific to sexuality in general, in many cases. If therapists do not learn these techniques in their training program, they must take initiative to pursue learning about SGM and their needs in therapy on their own, whether through continuing education units (CEUs), attending workshops or trainings, or reading research about SGM. Although these resources are certainly available for use, there is the question of if clinicians will search for, consume, and use them in practice. Although training programs for CFT, clinicians in visible stations such as faculty or administrative positions, or those in more diverse locations may feel more of a pressure to consistently educate and update themselves on SGM research and suggestions for practice, this leaves much room for therapists in other spaces who may not feel pressured to learn about them or who feel pressured not to implement them.

Although therapists should—and are encouraged to—explore their own beliefs about sexuality, monogamy, sexual fluidity, and other minorities, it is vital that therapists seek education about SGM issues. Clients of any identity may approach a therapist at any time, and it is thus necessary that clinicians seek to understand minorities and the particular issues they face. This necessity includes examining the theoretical framework from which the counselor operates to search it for inherent biases (Dworkin, 2001). Negative experiences with sexual minorities and strong religious or political views may also contribute to a poor understanding or willingness of a therapist to work with SGM clients (Troutman & Packer-Williams, 2014).

Barker and colleagues (2012) explicitly focused on creating a definition for bisexual invisibility and provides a concise list of suggestions for practice specifically with bisexual-identified people. These recommendations include ideas for avoiding binegativity and bierasure, taking initiative for learning more about bisexuality and concerns specific to the population, and exploring heterosexism and biases. As these guidelines are presented in journal form and not a

part of any organization's standards for practice, they are not well known and are only viewable by those who take initiative to look for them and who have access to the places it is published.

Risks

Although these general practices are important and beneficial to the counseling field, therapists need more concrete direction on how to best modify their practice to serve groups within the SGM community. As previously stated, bisexual individuals face a great deal of minority stress that can contribute to overall stress and mood issues such as anxiety and depression. Professionals working with these clients must understand the effects that minority stress can play on their clients' lives. Although necessary with all clients, minority populations require an especially safe therapeutic environment, validation, and awareness. It is also important to understand that SGM clients may not seek treatment specifically for issues regarding their sexuality, and that other characteristics such as race, gender, religion, ability, or age can all affect their mental health and can affect the presentation of symptoms (APA, 2012).

If a therapist does not adequately create a safe environment for bisexual clients, clients may terminate treatment prematurely, hold more negative views of mental health services, and feel more hesitant to seek services in the future (Troutman & Packer-Williams, 2014). Other factors that may make a sexual minority client view counseling less favorably include overemphasis on diagnosing, hospitalization, lack of a quality relationship with the therapist, medication, and invalidation (Israel et al., 2008). More research is certainly needed in order to understand the specific needs of bisexual clients seeking treatment.

Limitations

This study had many constraints. Time and resource limits dictated the number of participants gathered for both studies combined, as well as how many rounds of testing the researchers could complete. When creating a scale, it is ideal to complete several large rounds of testing in order to best challenge the scale structure and content. This study is also limited by the use of convenience samples, which may over-emphasize different populations compared to the general public. For example, Study 1 had more male- than female-identified participants, and Study 2 had vastly more female-identified participants. This study was also largely accessible only to English-speaking Americans, which further limits its reach. This study was, by design,

limited by being generalizable only to bisexual-identified individuals, but there are possible additional constraints due to the demographic breakdown of participants. Self-esteem and relationship satisfaction were also not related in this sample, which is a concern as this hypothesis is based on the strong relationship between these variables in existing literature. It is unclear from this study if this discrepancy is due to a methodological issue or if it is characteristic of the bisexual population.

Another large limitation is the lack of understanding or concrete definition of bierasure. While this study defined bierasure both in the literature provided above and in materials study participants accessed, there is not one accepted definition of bierasure, what it entails, or what it affects. This certainly limited what constructs were included in the study, such as self-esteem. Future studies, especially those using a qualitative lens, could further explore how individuals define bisexuality. As with any research on sexuality, there is also the limitation caused by social threats. Not only were there strict requirements for who could participate in this study, we must consider the risks to those who identify as being an SGM and potential fears of confidentiality, safety, personal comfort with sexuality and willingness to discuss it, and evaluation apprehension. Finally, because the nature of this study is correlational, there are threats to internal validity due to the inability to determine causality. Despite attempting to explore the effects of bierasure, we can only present the relationships as they are demonstrated.

Conclusion

Although this study aimed to create a measure of bisexual erasure and explored possible impacts of bierasure in relationships, it is clear that much more research is necessary to fully understand it. Testing of a complete theoretical model including bierasure did not demonstrate significant results with this sample, but there were several promising correlations that demonstrate the importance of studying bierasure to better understand how it presents in individuals and relationships.

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APPENDIX A. STUDY 1 MATERIALS

Participant Informed Consent

Experiences of Bisexual Individuals in Different-Gendered Relationships

David P. Nalbone, Ph.D. and Sierra S. Stein
Department of Behavioral Sciences
Purdue University Northwest

Purpose of This Research

You are being asked to participate in a study designed by David P. Nalbone, Ph.D. and Sierra S. Stein of Purdue University Northwest. We want to understand possible experiences of erasure that bisexual individuals have had.

Procedures Used

If you choose to participate in this research, you are acknowledging that you:

- Are 18 years of age or older, and
- Identify as bisexual, pansexual, queer, or any other identity where you are attracted to people of more than one gender.

If you fit these criteria, you will be asked to complete questionnaires about your experiences and perceptions about yourself. You may choose not to answer particular questions if they make you uncomfortable, or you may withdraw your participation at any time without penalty by exiting out of the study. All of your responses are kept confidential and no identifying information is collected.

Duration of Participation

The survey should take approximately 15 minutes to complete.

Risks of Participation

The main risk of participation is a breach in confidentiality, as you will be completing this survey on your own device in a setting we do not control. To minimize this risk, only the researchers listed above will access the data from this study, and no personally identifying information will be collected during the study. The questions may make you feel uncomfortable and could result in emotional distress. You can go to aamft.org or therapists.psychologytoday.com to find someone in your area to speak with about any distress that may come of participating in this study.

Benefits of Participation

You will not directly benefit from this study. You will have a chance to take part in research, and your participation may contribute to the scientific understanding of the experiences of bisexual individuals. By extension, the researchers hope this will help mental health professionals provide better services to SGM individuals and couples.

Compensation

For your completion of this study, you will receive \$0.50 credited to your MTurk account.

Confidentiality

There is no personally identifying information collected in this survey. All responses will remain anonymous and will be used only in combination with the responses of other participants in this and related studies. In addition, you may choose not to answer particular questions or to withdraw your participation at any time without penalty. All data gathered in this study will be accessed only by the researchers. The data file will be used for preparation of research reports related to this study and kept for a period of three years after publication of any articles related to this study. The project's research records may be reviewed by departments at Purdue University Northwest responsible for regulatory and research oversight.

Voluntary Nature of Participation

Your participation in this study is voluntary. You may choose not to participate and you may withdraw. Your participation at any time without penalty.

Human Subject Statement

If you have any questions, comments, or concerns about this research projects, you can talk to one of the researchers. Please contact Sierra Stein at stein36@pnw.edu.

If you have questions about your rights while taking part in this study or if you have concerns about the treatment of research participants, you can contact the Human Research Protection Program at 765-494-5942, email irb@purdue.edu, or write to:

Ernest C. Young Hall, Room 1032
155 S. Grant St.
West Lafayette, IN 47907-2114

Documentation of Informed Consent I have had the opportunity to read this consent form and have the research study explained. I have had the opportunity to ask questions about the research study, and my questions have been answered. I am prepared to participate in the research study described above. I certify that I am 18 years of age.

- I agree to participate in this study
- I do not agree to participate in this study

Do you identify as bisexual, pansexual, queer, or otherwise attracted to more than one gender?

- Yes
- No

DRAS

Please read the following statements and choose the response that best describes how often you behaved in this way during the past 7 days including today, using this metric:

- 0 = Rarely or none of the time. (Less than 1 day.)
1 = Some or a little of the time. (1-2 days.)

2 = Occasionally or a moderate amount of the time. (3-4 days.)
3 = Most or all of the time. (5-7 days.)

1. I put off a brief trip or errand that required driving the car.
2. I chose to walk or ride a bicycle someplace to avoid driving in the car.
3. I avoided driving in a car if I could.
4. I avoided riding in a car if I could.
5. I avoided driving on residential streets.
6. I avoided driving on busy city streets.
7. I avoided driving on the freeway or interstate.
8. I avoided driving through busy intersections.
9. I traveled a longer distance to avoid driving through heavy traffic or busy streets.
10. I rescheduled making a drive in the car to avoid traffic.
11. I avoided driving the car because the weather was bad (e.g. fog, rain, or ice).
12. I avoided driving the car after dark.
13. I avoided riding in a car because the weather was bad (e.g. fog, rain, or ice).
14. I avoided riding in a car after dark.
15. I avoided riding in a car if I knew that the traffic was heavy.
16. I avoided riding in a car on the freeway or interstate.
17. I rescheduled making a drive in the car to avoid bad weather (e.g. fog, rain, or ice).
18. I put off a brief trip or errand that required riding in a car.
19. I chose to ride a bus someplace to avoid driving in the car.
20. I avoided activities that required using a car.

Experiences of Bisexual Erasure Items

Please rate the items in relation to yourself using the following scale:

- 1 = Strongly Disagree
2 = Disagree
3 = Neither Agree nor Disagree
4 = Agree
5 = Strongly Agree

1. In discussing topics like partners or sexuality, I do not out myself as bisexual.
2. I am open about my sexuality with most people.
3. I do not care if people who don't know me well think I am bisexual when I talk about my partner(s).
4. I try to alter my appearance so people may assume my sexuality.
5. I am comfortable disclosing my sexuality most of the time.
6. It is important to me that I discuss my sexuality with my partner(s).
7. I often talk about my sexuality with my friends.
8. I often talk about my sexuality with my family.
9. In a majority of the areas of my life (such as work, school, church, etc.), I am out. People know about my sexuality.

10. My sexuality is an important part of my identity.
11. I do not think that identifying myself as bisexual to others is important.
12. I think it is important for my partner to know I am bisexual.
13. My sexuality is a defining feature of how I think about myself.
14. I am comfortable in my identity as a bisexual person.
15. It is important to me to feel like I belong to an LGBTQ+¹ community.
16. It is important to me to have bisexual friends.
17. I have been rejected by someone because of my sexuality.
18. I have felt unsafe disclosing my sexuality.
19. I have been in situations where I felt that my sexuality was unwelcome.
20. I have had people react negatively when I disclosed my sexuality to them.
21. I have had potential partners react negatively when I disclosed my sexuality to them.
22. I have felt unsafe somewhere because of my sexuality.
23. I have been verbally assaulted because of my sexuality.
24. I have been physically assaulted because of my sexuality.
25. I feel like I have to be a spokesperson for bisexual awareness and rights.
26. I like to discuss LGBTQ+ issues.
27. I try to spread awareness about bisexuality within the LGBTQ+ community.
28. I participate in events to bring awareness to bisexuality.
29. I feel like bisexuality is ignored within the LGBTQ+ community.
30. If someone incorrectly described my sexuality, I feel the need to correct them.
31. I do not feel like my sexuality is represented well in media.
32. I will describe myself as another label (such as gay, lesbian, or straight) to avoid having to explain my sexuality.
33. I have had my sexual orientation assumed by others by on my partner's gender.
34. When people assume my sexuality based on the gender of my partner, it bothers me.
35. I try to pass as straight/heterosexual.
36. I try to pass as gay/lesbian/homosexual.
37. Someone has incorrectly described my sexuality in front of me.
38. I have heard of bisexuality as a temporary identity.
39. Someone has told me they don't think bisexuality is real.
40. Someone has told me they don't think bisexuality is valid.
41. I have experienced times when I felt my sexuality was being erased or minimized.
42. I feel that society's general opinion of bisexuality is negative.
43. I think that stereotypes about bisexuality are negative.
44. I have been told that I am not really bisexual because I have not had a same-gender relationship.
45. I feel like I have to emphasize my sexuality when I am with a different-gender partner.
46. I have had a partner that has not supported my identity as a bisexual person.
47. A partner has pressured me to identify as gay/lesbian/straight instead of bisexual.
48. Someone close to me has pressured me to identify as gay/lesbian/straight instead of bisexual based on the gender of my current partner.
49. When coming out, someone has expressed that they hope I will "end up" gay or straight.
50. Identifying as bisexual has negatively impacted my mental health.

¹ The abbreviation "LGBTQ+" was used in materials that study participants came in contact with for ease of understanding.

Open-Ended:

1. How did you decide the label “bisexual” fits for you?
2. Is there anything the above questions do not address about your experience of your sexuality?

BII

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 select the corresponding number for each item as it relates to you personally.

1 = Strongly Disagree

2

3

4

5

6

7 = Strongly Agree

1. People probably do not take me seriously when I tell them I am bisexual.
2. I am grateful for my bisexual identify.
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 towards 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 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.

Demographics

Please answer the following questions about yourself.

- What is your age (in whole years)?
- What gender best fits how you identify?
 - Woman
 - Man
 - Trans* woman
 - Trans* man
 - Nonbinary
 - Nongendered
 - Gender fluid
 - Gender Queer
 - Two-Spirit
 - Agender
 - Gender nonconforming
 - Other _____
- What sexuality best fits how you identify?
 - Bisexual
 - Pansexual
 - Queer
 - Omnisexual
 - Asexual
 - Other _____
- What best fits how you describe your race/ethnicity?
 - White / Caucasian / European
 - Black or African American
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Pacific Islander
 - Middle Eastern
 - Hispanic or Latinx
 - Multiracial
 - Other _____
- What best describes your religion?
 - Agnostic
 - Atheist
 - Nonreligious
 - Christian
 - Catholic
 - Muslim
 - Jewish
 - Hindu
 - Prefer not to answer
 - Spiritual

- Wiccan
- Eastern Religions
- Other _____
- What is the highest level of education you have completed?
 - Less than High School
 - High School Diploma
 - Associates Degree or Trade Certification
 - Bachelor's Degree
 - Master's Degree
 - Doctoral Degree
 - Professional Degree (J.D., M.D., other)
 - Other
- What is your current approximate annual income?
 - \$0-\$15,000
 - \$15,001-\$30,000
 - \$30,001-\$45,000
 - \$45,001-\$60,000
 - \$60,001-\$75,000
 - \$75,001-\$90,000
 - \$90,001+
- How many children do you have?
 - 0
 - 1
 - 2
 - 3
 - 4
 - 5+
- What state do you currently live in? _____
- Of the following, how would you describe your family of origin?
 - Conservative / Traditional
 - Liberal / Progressive
 - Average, not conservative or liberal
- What is your current leaning, in terms of social issues?
 - Conservative / Traditional
 - Liberal / Progressive
 - Average, not conservative or liberal

APPENDIX B. STUDY 2 MATERIALS

Participant Informed Consent

Experiences of Bisexual Individuals in Different-Gendered Relationships

David P. Nalbone, Ph.D. and Sierra S. Stein
Department of Behavioral Sciences
Purdue University Northwest

Purpose of This Research

You are being asked to participate in a study designed by David P. Nalbone, Ph.D. and Sierra S. Stein of Purdue University Northwest. We want to understand the experiences of bisexual people in relationships with people of a different gender.

Procedures Used

If you choose to participate in this research, you are acknowledging that you:

- Are 18 years of age or older,
- Identify as bisexual, pansexual, queer, or any other identity where you are attracted to people of more than one gender, and
- Are currently in or have ever been in a relationship of at least six months with a person of another gender.

If you fit these criteria, you will be asked to complete questionnaire about your experiences and perceptions about yourself and your relationship. You may choose not to answer particular questions if they make you uncomfortable, or you may withdraw your participation at any time without penalty by exiting out of the study. All of your responses are kept confidential and no identifying information is collected.

Duration of Participation

The survey should take approximately 25 minutes to complete.

Risks of Participation

The main risk of participation is a breach in confidentiality, as you will be completing this survey on your own device in a setting we do not control. To minimize this risk, only the researchers listed above will access the data from this study, and no personally identifying information will be collected during the study. The questions may make you feel uncomfortable and could result in emotional distress. You can go to aamft.org or therapists.psychologytoday.com to find someone in your area to speak with about any distress that may come of participating in this study.

Benefits of Participation

You will not directly benefit from this study. You will have a chance to take part in research, and your participation may contribute to the scientific understanding of the experiences of

bisexual individuals in relationships. By extension, the researchers hope this will help mental health professionals provide better services to LGBTQ+ individuals and couples.

Compensation

You will have the option to enter the survey's raffle at the end of the survey to win a \$20 gift card to Amazon.com. One winner will be randomly chosen for every 50 participants. To be entered, you must provide your name and email address to receive the gift card if you win. Your responses will not be connected to your name and email.

Confidentiality

There is no personally identifying information collected in this survey. All responses will remain anonymous and will be used only in combination with the responses of other participants in this and related studies. In addition, you may choose not to answer particular questions or to withdraw your participation at any time without penalty. All data gathered in this study will be accessed only by the researchers. The data file will be used for preparation of research reports related to this study and kept for a period of three years after publication of any articles related to this study. The project's research records may be reviewed by departments at Purdue University Northwest responsible for regulatory and research oversight.

Voluntary Nature of Participation

Your participation in this study is voluntary. You may choose not to participate and you may withdraw. Your participation at any time without penalty.

Human Subject Statement

If you have any questions, comments, or concerns about this research projects, you can talk to one of the researchers. Please contact Sierra Stein at stein36@pnw.edu.

If you have questions about your rights while taking part in this study or if you have concerns about the treatment of research participants, you can contact the Human Research Protection Program at 765-494-5942, email irb@purdue.edu, or write to:

Ernest C. Young Hall, Room 1032
155 S. Grant St.
West Lafayette, IN 47907-2114

Documentation of Informed Consent I have had the opportunity to read this consent form and have the research study explained. I have had the opportunity to ask questions about the research study, and my questions have been answered. I am prepared to participate in the research study described above. I certify that I am 18 years of age or older.

- I agree to participate in this study
- I do not agree to participate in this study

I identify as bisexual, pansexual, queer, or am otherwise attracted to people of more than one gender.

- Yes
- No

I am currently in or have previously been in a relationship of at least six months with someone of a different gender.

- Yes
- No

SESOES

Answer each question in relation to yourself as accurately as you can considering the rating scale of strongly agree to strongly disagree.

1. I am confident that I have the abilities to successfully engage in social relationships
2. I am confident in my skills to be in social relationship
3. I am confident expressing my opinions in social relationships
4. I am confident that I have the abilities needed to establish social relationships
5. I am confident in my skills to share my feelings in social relationships
6. I am confident that I have the skills to interact in social relationships
7. I am confident in my abilities to maintain social relationships
8. I am confident I have the ability to reach an agreement in my social relationships
9. I am confident I have the skills needed to establish successful relationship
10. I am confident I have the abilities to maintain happiness in my social relationships
11. I am confident in my skills to talk to others about the things that are important to me
12. I am confident I have the abilities needed to develop social relationships
13. Talking with others will increase my social relationships
14. Doing nice things for others will increase my social relationships
15. Engaging in positive behaviors will lead to successful social relationships
16. Caring for others will results in positive social relationships
17. Pleasantly interacting with others will lead to positive social relationships
18. Equally sharing with others will increase my social relationships

ISS

This questionnaire is designed to measure the is designed to measure the degree of satisfaction you have in the sexual relationship with your partner. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by rating them on the scale above.

Please answer these questions in relation to your current or past relationship with a partner of a different gender. Sex, as it is referred to her, can refer to whatever it means to you.

- None of the time
- Very Rarely
- A little of the time
- Some of the time
- A good part of the time
- Most of the time
- All of the time

1. I feel that my partner enjoys our sex life
2. Our sex life is very exciting
3. Sex is fun for my partner and me
4. Sex with my partner has become a chore for me
5. I feel that our sex is dirty and disgusting
6. Our sex life is monotonous
7. When we have sex, it is too rushed and hurriedly completed
8. I feel that my sex life is lacking in quality
9. My partner is sexually very exciting
10. I enjoy the sex techniques that my partner likes or uses
11. I feel that my partner wants too much sex from me
12. I think that our sex is wonderful
13. My partner dwells on sex too much
14. I try to avoid sexual contact with my partner
15. My partner is too rough or brutal when we have sex
16. My partner is a wonderful sex mate
17. I feel that sex is a normal function of our relationship
18. My partner does not want sex when I do
19. I feel that our sex life really adds a lot to our relationship
20. My partner seems to avoid sexual contact with me
21. It is easy to get sexually excited by my partner
22. I feel that my partner is sexually pleased with me
23. My partner is very sensitive to my sexual needs and desires
24. My partner does not satisfy me sexually
25. I feel that my sex life is boring

RSES

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

1. On the whole, I am satisfied with myself.
2. At times I think I am not good at all.
3. I feel that I have a number of good qualities.
4. I am able to do things as well as most other people.
5. I feel I do not have much to be proud of.
6. I certainly feel useless at times.

7. I feel that I'm a person of worth, at least on an equal plane with others.
8. I wish I could have more respect for myself.
9. All in all, I am inclined to feel that I am a failure.
10. I take a positive attitude toward myself.

CSI-16

1. Please indicate the degree of happiness, all things considered, of your relationship.
 - 0 – Extremely unhappy
 - 1 – Fairly unhappy
 - 2 – A little unhappy
 - 3 – Happy
 - 4 – Very happy
 - 5 – Extremely happy
 - 6 – Perfect
5. In general, how often do you think that things between you and your partner are going well?
 - 5 – All the time
 - 4 – Most of the time
 - 3 – More often than not
 - 2 – Occasionally
 - 1 – Rarely
 - 0 – Never
9. Our relationship is strong.
 - 0 – Not true at all
 - 1 – A little true
 - 2 – Somewhat true
 - 3 – Mostly true
 - 4 – Almost completely true
 - 5 – Completely true
11. My relationship with my partner makes me happy.
 - 0 – Not true at all
 - 1 – A little true
 - 2 – Somewhat true
 - 3 – Mostly true
 - 4 – Almost completely true
 - 5 – Completely true
12. I have a warm and comfortable relationship with my partner.
 - 0 – Not true at all
 - 1 – A little true
 - 2 – Somewhat true
 - 3 – Mostly true
 - 4 – Almost completely true
 - 5 – Completely true
17. I really feel like part of a team with my partner.
 - 0 – Not true at all

- 1 – A little true
 - 2 – Somewhat true
 - 3 – Mostly true
 - 4 – Almost completely true
 - 5 – Completely true
19. How rewarding is your relationship with your partner?
- 0 – Not at all
 - 1 – A little
 - 2 – Somewhat
 - 3 – Mostly
 - 4 – Almost completely
 - 5 – Completely
20. How well does your partner meet your needs?
- 0 – Not at all
 - 1 – A little
 - 2 – Somewhat
 - 3 – Mostly
 - 4 – Almost completely
 - 5 – Completely
21. To what extent has your relationship met your expectations?
- 0 – Not at all
 - 1 – A little
 - 2 – Somewhat
 - 3 – Mostly
 - 4 – Almost completely
 - 5 – Completely
22. In general, how satisfied are you with your relationship?
- 0 – Not at all
 - 1 – A little
 - 2 – Somewhat
 - 3 – Mostly
 - 4 – Almost completely
 - 5 – Completely

For each of the following items, select the answer that best described how you feel about your relationship. Base your responses on your first impressions and immediate feelings about the item.

- 26. Interesting 5 4 3 2 1 0 Boring
- 27. Bad 5 4 3 2 1 0 Good
- 28. Full 5 4 3 2 1 0 Empty
- 30. Sturdy 5 4 3 2 1 0 Fragile
- 31. Discouraging 5 4 3 2 1 0 Hopeful
- 31. Enjoyable 5 4 3 2 1 0 Miserable

EBES

Please rate the items in relation to yourself using the following scale:

- 1 = Strongly Disagree
- 2 = Disagree
- 3 = Neither Agree nor Disagree
- 4 = Agree
- 5 = Strongly Agree

1. In discussing topics like partners or sexuality, I do not out myself as bisexual.
2. I am open about my sexuality with most people.
3. I do not care if people who don't know me well think I am bisexual when I talk about my partner(s).
4. I try to alter my appearance so people may assume my sexuality.
5. I am comfortable disclosing my sexuality most of the time.
6. In a majority of the areas of my life (such as work, school, church, etc.), I am out. People know about my sexuality.
7. My sexuality is an important part of my identity.
8. I do not think that identifying myself as bisexual to others is important.
9. I think it is important for my partner to know I am bisexual.
10. I am comfortable in my identity as a bisexual person.
11. It is important to me to feel like I belong to an LGBTQ+ community.
12. It is important to me to have bisexual friends.
13. I have been rejected by someone because of my sexuality.
14. I have felt unsafe disclosing my sexuality.
15. I have been in situations where I felt that my sexuality was unwelcome.
16. I have had people react negatively when I disclosed my sexuality to them.
17. I have been verbally assaulted because of my sexuality.
18. I have been physically assaulted because of my sexuality.
19. I like to discuss LGBTQ+ issues.
20. I try to spread awareness about bisexuality within the LGBTQ+ community.
21. I feel like bisexuality is ignored within the LGBTQ+ community.
22. If someone incorrectly described my sexuality, I feel the need to correct them.
23. I do not feel like my sexuality is represented well in media.
24. I will describe myself as another label (such as gay, lesbian, or straight) to avoid having to explain my sexuality.
25. I have had my sexual orientation assumed by others by on my partner's gender.
26. When people assume my sexuality based on the gender of my partner, it bothers me.
27. I try to pass as straight/heterosexual.
28. I try to pass as gay/lesbian/homosexual.
29. Someone has incorrectly described my sexuality in front of me.
30. I have heard of bisexuality as a temporary identity.
31. Someone has told me they don't think bisexuality is real.
32. Someone has told me they don't think bisexuality is valid.
33. I have experienced times when I felt my sexuality was being erased or minimized.
34. I feel that society's general opinion of bisexuality is negative.

35. I think that stereotypes about bisexuality are negative.
36. I have been told that I am not really bisexual because I have not had a same-gender relationship.
37. A partner has pressured me to identify as gay/lesbian/straight instead of bisexual.
38. Someone close to me has pressured me to identify as gay/lesbian/straight instead of bisexual based on the gender of my current partner.
39. When coming out, someone has expressed that they hope I will “end up” gay or straight.
40. Identifying as bisexual has negatively impacted my mental health.

Bisexual erasure can be described as the legitimacy of one's identity as a bisexual person being questioned, or one's bisexual identity being hidden or overlooked. This may be acted on by the person who identifies as bisexual, people around them, media, or society at large.

Please choose the answer that best fits you:
I believe I have experienced bisexual erasure.

- Yes
- No

Bisexual negativity may be described as a general sense of dislike, fear, or hatred of someone who identifies as bisexual. This may appear through verbal statements, nonverbal cues such as facial expressions, negative stereotypes, hate crimes, or rejection of someone who identifies as bisexual. It may also be referred to as biphobia.

Please choose the answer that best fits you:
I believe I have experienced bisexual negativity.

- Yes
- No

Demographics

Please answer the following questions in reference to yourself.

- What is your age?
- What gender best fits how you identify?
 - Woman
 - Man
 - Trans* woman
 - Trans* man
 - Nonbinary
 - Nongendered
 - Other _____
- What sexuality best fits how you identify?
 - Bisexual
 - Pansexual

- Queer
- Omnisexual
- Asexual
- Other _____
- What best fits how you describe your race/ethnicity?
 - White
 - Black or African American
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Pacific Islander
 - Hispanic or Latinx
 - Other
 - Multiracial
 - Other _____
- What best describes your religion?
 - Agnostic
 - Atheist
 - Nonreligious
 - Christian
 - Catholic
 - Muslim
 - Jewish
 - Hindu
 - Prefer not to answer
 - Other _____

Please answer the following questions in reference to your current different-gendered partner or the partner of a different gender that you were with for the longest amount of time. If you are unsure of an answer to a question, make your best guess.

Please enter your partner's age.

What gender best fits how your partner identifies?

- Woman
- Man
- Trans* woman
- Trans* man
- Nonbinary
- Nongendered

What sexuality best fits how your partner identifies?

- Bisexual
- Pansexual
- Queer
- Omnisexual
- Asexual
- Heterosexual

- Homosexual
- Other _____

What best fits how your partner describes their race/ethnicity?

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Hispanic or Latinx
- Multiracial
- Other _____

What best describes your partner's religion?

- Agnostic
- Atheist
- Nonreligious
- Christian
- Catholic
- Muslim
- Jewish
- Hindu
- Prefer not to answer
- Other _____

Please answer these questions reference to your relationship with a different-gender partner.

What is the status of this relationship with a different-gendered partner?

- Dating
- In a long-term committed relationship
- Engaged
- Married
- Separated

How long is the relationship currently, or how long was it when it ended? (Enter in increments of half years.) _____

What are/were the living arrangements?

- Cohabiting
- Living together occasionally
- Living separately

Are there any children that you consider to be raised by both you and your partner? If so, how many?

- Yes _____
- No _____

Raffle

If you would like to enter a drawing to receive a \$20 Amazon gift card, please enter your name and email address below. Winners will be chosen after data collection has ended. They will be notified and receive the gift card via email.

Note: This is completely voluntary. Email addresses will not be shared, stored, or kept for any other purposes. Names and email addresses will be deleted after the raffle winners have been notified.

APPENDIX C. EXPERIENCES OF BISEXUAL ERASURE SCALE

Please rate the following items on a scale of:

- 1 – Strongly Disagree
- 2 – Disagree
- 3 – Neither Agree nor Disagree
- 4 – Agree
- 5 – Strongly Agree

1. I have had my sexual orientation assumed by others by on my partner's gender.
2. I have heard of bisexuality as a temporary identity.
3. Someone has told me they don't think bisexuality is real.
4. Someone has told me they don't think bisexuality is valid.
5. I have experienced times when I felt my sexuality was being erased or minimized.
6. I feel like bisexuality is ignored within the LGBTQ+ community.
7. I do not feel like my sexuality is represented well in media.
8. I feel that society's general opinion of bisexuality is negative.
9. I think that stereotypes about bisexuality are negative.
10. I am open about my sexuality with most people.
11. I am comfortable disclosing my sexuality most of the time.
12. In a majority of the areas of my life (such as work, school, church, etc.), I am out. People know about my sexuality.
13. I have been rejected by someone because of my sexuality.
14. I have been verbally assaulted because of my sexuality.
15. I have been physically assaulted because of my sexuality.
16. A partner has pressured me to identify as gay/lesbian/straight instead of bisexual.
17. Someone close to me has pressured me to identify as gay/lesbian/straight instead of bisexual based on the gender of my current partner.
18. When coming out, someone has expressed that they hope I will "end up" gay or straight.
19. I have had people react negatively when I disclosed my sexuality to them.
20. Someone has incorrectly described my sexuality in front of me.
21. I have felt unsafe disclosing my sexuality.
22. I have been in situations where I felt that my sexuality was unwelcome.
23. When people assume my sexuality based on the gender of my partner, it bothers me.
24. My sexuality is an important part of my identity.
25. I think it is important for my partner to know I am bisexual.
26. It is important to me to feel like I belong to an LGBTQ+ community.
27. It is important to me to have bisexual friends.
28. I try to spread awareness about bisexuality within the LGBTQ+ community.
29. I like to discuss LGBTQ+ issues.

Social Discourse: items 1-9. Outness: items 10-12. Identity Trauma: items 13-22. Identity Engagement: items 23-29.

APPENDIX D: EXPERIENCES OF BIERASURE SCALE QUESTION SOURCE AND OUTCOME

Table 6: Experiences of Bierasure Scale Question Source and Outcome

Likert-choice Questions		
Question	Source	Final Outcome
A partner has pressured me to identify as gay/lesbian/straight instead of bisexual	Research-backed	Item included in final questionnaire based on performance in all rounds of study
For the most part, I don't care who knows my sexuality	Research-backed	Deleted before Study 1 for redundancy
I am comfortable disclosing my sexuality most of the time	Research-backed	Item included in final questionnaire based on performance in all rounds of study
I am comfortable discussing sexuality with most people	Research-backed	Deleted before Study 1 for redundancy
I am comfortable discussing topics around sexuality	Research-backed	Deleted before Study 1 for redundancy
I am comfortable in my identity as a bisexual person	Research-backed	Deleted after Study 2 to improve measure validity
I am comfortable talking to most people about my sexuality	Research-backed	Deleted before Study 1 for redundancy
I am comfortable talking to people close to me about my sexuality	Research-backed	Deleted before Study 1 for redundancy
I am comfortable with most people asking me questions about my sexuality	Research-backed	Deleted before Study 1 for redundancy
I am open about my sexuality with most people	Research-backed	Item included in final questionnaire based on performance in all rounds of study
I am self-conscious of the possibility that people assume my sexuality	Research-backed	Deleted before Study 1 for redundancy
I am vocal about issues surrounding bisexuality	Research-backed	Deleted before Study 1 for redundancy
I am vocal about LGBTQ+ issues	Research-backed	Deleted before Study 1 for redundancy
I consider myself fully "out of the closet"	Research-backed	Deleted before Study 1 for redundancy
I do not care about what strangers might assume about me based on my appearance	Research-backed	Deleted before Study 1 for redundancy

I do not care about what strangers might assume about me based on my partner	Research-backed	Deleted before Study 1 for redundancy
I do not care about what strangers might think of my sexuality	Research-backed	Deleted before Study 1 for redundancy
I do not care if people who don't know me well think I am bisexual when I talk about my partner(s)	Research-backed	Deleted after Study 2 to improve measure validity
I do not feel like my sexuality is represented well in media	Research-backed	Item included in final questionnaire based on performance in all rounds of study
I do not think that identifying myself as bisexual to others is important	Research-backed	Deleted after Study 2 to improve measure validity
I feel comfortable talking about my sexuality with my LGBTQ+ friends or family	Research-backed	Deleted before Study 1 for redundancy
I feel comfortable talking about my sexuality with my straight friends or family	Research-backed	Deleted before Study 1 for redundancy
I feel like bisexuality is ignored within the LGBTQ+ community	Research-backed	Item included in final questionnaire based on performance in all rounds of study
I feel like I have to be a spokesperson for bisexual awareness and rights	Research-backed	Deleted after Study 1 to improve measure validity
I feel like I have to emphasize my sexuality when I am with a different-gender partner	Research-backed	Deleted after Study 1 to improve measure validity
I feel that society's general opinion of bisexuality is negative	Research-backed	Item included in final questionnaire based on performance in all rounds of study
I have been in situations where I felt that my sexuality was unwelcome	Research-backed	Item included in final questionnaire based on performance in all rounds of study
I have been physically assaulted because of my sexuality	Research-backed	Item included in final questionnaire based on performance in all rounds of study
I have been rejected by someone because of my sexuality	Research-backed	Item included in final questionnaire based on performance in all rounds of study
I have been told that I am not really bisexual because I have not had a same-gender relationship	Research-backed	Deleted after Study 2 to improve measure validity
I have been verbally assaulted because of my sexuality	Research-backed	Item included in final questionnaire based on performance in all rounds of study

I have experienced times when I felt my sexuality was being erased or minimized	Research-backed	Item included in final questionnaire based on performance in all rounds of study
I have felt unsafe disclosing my sexuality	Research-backed	Item included in final questionnaire based on performance in all rounds of study
I have felt unsafe somewhere because of my sexuality	Research-backed	Deleted after Study 1 to improve measure validity
I have had a partner that has not supported my identity as a bisexual person	Research-backed	Deleted after Study 1 to improve measure validity
I have had my sexual orientation assumed by others based on my partner's gender	Research-backed	Item included in final questionnaire based on performance in all rounds of study
I have had people react negatively when I disclosed my sexuality to them	Research-backed	Item included in final questionnaire based on performance in all rounds of study
I have had potential partners react negatively when I disclosed my sexuality to them	Research-backed	Deleted after Study 1 to improve measure validity
I have heard of bisexuality as a temporary identity	Research-backed	Item included in final questionnaire based on performance in all rounds of study
I have left a location because I felt uncomfortable due to a reason related to my sexuality	Research-backed	Deleted before Study 1 for redundancy
I like to discuss LGBTQ+ issues	Research-backed	Item included in final questionnaire based on performance in all rounds of study
I like to discuss LGBTQ+ rights	Research-backed	Deleted before Study 1 for redundancy
I often talk about my sexuality with my family	Research-backed	Deleted after Study 1 to improve measure validity
I often talk about my sexuality with my friends	Research-backed	Deleted after Study 1 to improve measure validity
I participate in events to bring awareness to bisexuality	Research-backed	Deleted after Study 1 to improve measure validity
I participate in pride events	Research-backed	Deleted before Study 1 for redundancy
I participate in pride events to bring awareness to bisexuality	Research-backed	Deleted after Study 1 to improve measure validity
I spread awareness about bisexuality	Research-backed	Deleted before Study 1 for redundancy

I think it is important for my partner to know I am bisexual	Research-backed	Item included in final questionnaire based on performance in all rounds of study
I think that stereotypes about bisexuality are negative	Research-backed	Item included in final questionnaire based on performance in all rounds of study
I try to alter my appearance so people may assume my sexuality	Research-backed	Deleted after Study 2 to improve measure validity
I try to pass as gay/lesbian/homosexual	Research-backed	Deleted after Study 2 to improve measure validity
I try to pass as straight/heterosexual	Research-backed	Deleted after Study 2 to improve measure validity
I try to spread awareness about bisexuality within the LGBTQ+ community	Research-backed	Item included in final questionnaire based on performance in all rounds of study
I will describe myself as another label (such as gay or straight) to avoid having to defend my sexuality	Research-backed	Deleted before Study 1 for redundancy
I will describe myself as another label (such as gay or straight) to avoid having to explain my sexuality	Research-backed	Deleted after Study 2 to improve measure validity
Identifying as bisexual has negatively impacted my mental health	Research-backed	Deleted after Study 2 to improve measure validity
If someone incorrectly describes my sexuality, I correct them	Research-backed	Deleted before Study 1 for redundancy
If someone incorrectly describes my sexuality, I feel the need to correct them	Research-backed	Deleted after Study 2 to improve measure validity
In a majority of the areas of my life (such as work, school, church, etc.), I am out People know about my sexuality	Research-backed	Item included in final questionnaire based on performance in all rounds of study
In discussing topics like partners or sexuality, I do not out myself as bisexual	Research-backed	Deleted after Study 2 to improve measure validity
It bothers me that people might assume my sexuality based on the gender of my partner	Research-backed	Deleted before Study 1 for redundancy
It is important to me that I discuss my sexuality with my partner(s)	Research-backed	Deleted after Study 1 to improve measure validity
It is important to me that others know I am bisexual	Research-backed	Deleted before Study 1 for redundancy
It is important to me to feel like I belong to a bisexual community	Research-backed	Deleted before Study 1 for redundancy

It is important to me to feel like I belong to an LGBTQ+ community	Research-backed	Item included in final questionnaire based on performance in all rounds of study
It is important to me to have bisexual friends	Research-backed	Item included in final questionnaire based on performance in all rounds of study
It is important to me to have LGBTQ+ friends	Research-backed	Deleted before Study 1 for redundancy
My sexuality is a defining feature of how I think about myself	Research-backed	Deleted after Study 1 to improve measure validity
My sexuality is an important part of my identity	Research-backed	Item included in final questionnaire based on performance in all rounds of study
Someone close to me has pressured me to identify as gay/lesbian/straight instead of bisexual based on the gender of my current partner	Research-backed	Item included in final questionnaire based on performance in all rounds of study
Someone has incorrectly described my sexuality in front of me	Research-backed	Item included in final questionnaire based on performance in all rounds of study
Someone has told me they don't think bisexuality is real	Research-backed	Item included in final questionnaire based on performance in all rounds of study
Someone has told me they don't think bisexuality is valid	Research-backed	Item included in final questionnaire based on performance in all rounds of study
When coming out, someone has expressed that they hope I will "end up" gay or straight	Research-backed	Item included in final questionnaire based on performance in all rounds of study
When people assume my sexuality based on the gender of my partner, it bothers me	Research-backed	Item included in final questionnaire based on performance in all rounds of study
<hr/> Open-Ended Questions <hr/>		
How did you decide the label "bisexual" fits for you?	Theory-based	Item included in Study 2 but not included in EBES
Is there anything the above questions do not address about your experience?	Theory-based	Item included in Study 2 but not included in EBES