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Predictors of Substance Use, Relationship Arrangements and Intimacy Expectancies among Gay
Couples and Associations to Erikson Intimacy Development

by

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ABSTRACT

Research exploring substance use in gay and bisexual men (GBM) has increasingly focused on interpersonal dynamics and concerns associated with the use of substances. The current study explored the role of relationship arrangements and intimacy expectancies as well as the potential role of Eriksonian intimacy development on substance use among GBM. Online survey data were gathered from 339 partnered GBM across the U.S. Survey measures included questions about arrangement type, intimacy expectancies of substance use, Eriksonian intimacy and recent drug use. Intimacy expectancies of drug use were positively associated with the odds of recent substance use, including alcohol, marijuana and other drugs ($B = .039, p < .05$; $B = .045, p < .01$ and $B = .060, p < .01$ respectively). Levels of Eriksonian intimacy were positively associated with the odds of marijuana use and negatively associated with intimacy expectancies ($B = .625, p < .05$ and $B = -3.09, p < .01$). Levels of Eriksonian intimacy were also negatively associated when comparing open with monogamous arrangements but it positively associated with open versus monogamish arrangements ($B = -.829, p < .01$ and $B = .824, p < .05$). This study highlights the relevance of intimacy-related factors to substance use among GBM. Findings imply that intimacy enhancement may be one motivation for drug use and Eriksonian intimacy development is associated with both drug use and sexual agreements (which have long been linked to drug use). These findings suggest that a focus on intimacy development and related social skills may meaningfully enhance drug use interventions for GBM.

1. INTRODUCTION

A substantial amount of existing research has focused on substance use among sexual minority populations, particularly gay and bisexual men (GBM). Studies have shown high rates of substance use among GBM when compared to general heterosexual populations (Clatts, Goldsamt & Yi, 2005; Kipke et. al., 2007; Pantalone, Bimbi, Holder, Golub, & Parsons, 2010; Parsons, Vial, Starks, & Golub, 2012). Substance use has also been found to be higher in GBM than heterosexual men (Austin, & Bozick, 2011) and it is associated with increasing sexual risk, including HIV risk (Kelly, Parsons, & Wells, 2006; Parsons, Grov, & Kelly, 2009; Stall et al., 2001).

A small but growing body of literature looks at substance use within the context of same-sex male relationships. Being in a primary relationship is typically associated with reductions in substance use for heterosexual couples (Austin, & Bozick, 2011; Duncan, Duncan, & Strycker, 2006; Fendrich, & Vaughn, 1994); yet, research on the covariation of relationship status and substance use among GBM shows a different pattern. Results indicate that the agreements or understandings couples have about sex outside their relationship may be an important predictor of drug use among GBM couples (Parsons, Starks, DuBois, Grov, & Golub, 2013; Parsons, & Starks, 2014)

Relationships arrangements, sometimes known as sexual agreements; are the decisions couples make about whether they allow sex with outside partners and the sexual behaviors they engage in together (Hoff & Beougher, 2010). These arrangements within GBM couples have been divided into three major categories in previous literature: *Monogamous*, in which neither member in the couple engages in outside sexual activity with other partners; *Monogamish* where outside sexual activity is allowed only when both members of the couple are present and

together; and *Open*, in which sexual activity is allowed for both members of the couple together and/ or separately (LaSala, 2004; Hoff & Beougher, 2010; Parsons, Starks, Gamarel, & Grov, 2013; Grov, Starks, Rendina, & Parsons, 2014; Parsons & Starks., 2014; Parsons et. al., 2013). Parsons et al. (2014) conducted a study on relationship arrangements, mental health and sexual risk taking in which drug and alcohol use were addressed and found significant differences for drug use among the three types of arrangements. Men in monogamish and open relationships had significantly higher odds of marijuana use than men in monogamous relationships and men in open relationships had significant higher odds of other drug use than men in monogamous relationships. In contrast, the odds of alcohol use were not related to the type of relationship arrangements (Parsons, et. al., 2013).

Previous research focused on relational correlates of drug use has given limited attention to individual development. This is in spite of some evidence suggesting that drug use might be related to personal development (Duncan, Duncan, & Hyman, 1998; Duncan et. al., 2006). Erikson (1968), in his psychosocial theory of development, afforded substantial attention to the individual's development of intimacy, and highlighted its salience particularly in late adolescence and emerging adulthood. Erikson's theory proposed that an individual navigates eight stages of development throughout his/her life span, and each stage is characterized by a unique crisis whose successful resolution facilitates development through later stages (Erikson, 1968), while unsuccessful resolution in a particular stage can result in mental health problems (Erikson, 1959). After the initial five stages—which focus on the development of trust (vs. mistrust), autonomy (vs. shame, doubt), initiative (vs. guilt), industry (vs. inferiority), and identity (vs. identity confusion); the individual encounters and focuses on the sixth challenge of intimacy development (vs. isolation). For Erikson, intimacy involves the capacity to construct

and maintain mature interpersonal commitments, in order to participate in a supportive and affectionate relationship at times requiring self-disclosure, trust, and closeness with an interpersonal partner.

There is a lack of data regarding the association between an individual's capacity for intimacy as conceptualized by Erikson and drug use; however, the existing literature suggests that expectancies about the interpersonal effects of drug use are predictive of drug-using behavior (Starks, Tuck, Millar, & Wells, 2015). Substance use expectancies are the beliefs an individual holds about the probability of the specific behavioral or experiential outcomes after drinking and/ or drug use (Anderson, Grunwald, Bekman, Brown & Grant, 2011; Looby, & Earleywhine, 2010; Haltikis, Palamar, & Mukherjee, 2007; Bimbi, Nanin, Parsons, Vicioso, Missildinie, & Frost, 2006). Starks et. al. (2015) illustrated the relevance of intimacy-related expectancies to drug use among GBM. Their results suggested that GBM who believe that drugs can serve as a facilitator to achieve emotional closeness and/or intimacy with a sexual partner were more likely to use drugs. While compelling, the findings of Starks et al. (2015) were limited to GBM who were currently single (not in a relationship). Further research needs to be done in order to understand factors specific to GBM in relationships. As Starks et al. (2015) also suggested, Eriksonian intimacy may be linked to beliefs about the effects of substance use on emotional closeness and ultimate to substance use behavior itself. While promising, the existing literature has focused primarily on heterosexual individuals (Vargas-Carmona, Newcomb, & Galaif, 2002; Tortu, McMahon, Hamid, & Neaigus, 2000; Norris, Hughes, & Wilsnack, 1994) or GBM who are not in relationships.

In the extant literature, both relationship arrangements and intimacy expectancies have been linked to substance use. It is plausible that relationship arrangements and Eriksonian

intimacy development may also be related to one another. Studies on heterosexual couples have found that they can engage in casual sex without an emotional connection, by separating sex from emotions like love (Banfield & McCabe, 2001). Other studies on GBM couples found that motivations for relationship arrangements were related to honesty, trust and intimacy (Hoff, Beougher, Chakravarty, Darbes & Neilands, 2010). Most couples were motivated to have an arrangement because it benefited their relationship. Arrangements also provided boundaries and emotional connection; they helped couples prioritize different aspects of their relationship (Hoff & Beougher, 2010). These data might suggest that Eriksonian intimacy is directly linked to the type of relationship arrangements. According to Green and Mitchell (2002), GBM are also more likely to redefine the meaning of sex, engage in casual sex without and emotional commitment and approach sex as recreation. Regardless of relationship arrangement type, partnered GBM tend to feel more emotionally connected to their primary partners if they both agree to a certain type of arrangement, including monogamous and open; and can also develop different levels of intimacy and passion depending on their relationship arrangements (Brown, Modesto & Schniering; 2013). These findings may link Eriksonian intimacy to relationship arrangements.

The previously cited studies have mostly examined intimacy expectancies of drug use, substance use, and relationship arrangements separately. The purpose of the current study was to explore the integration and associations among these interpersonal correlates of drug use, including Eriksonian intimacy levels, intimacy expectancies of substance use, and relationship arrangements in a sample of partnered GBM. Based on previous results we hypothesized that: (1) there would be a significant and positive association between intimacy expectancies and the odds of drug use, including alcohol use and marijuana and (2) there would be a significant association

between intimacy levels and relationship arrangements. (3) Eriksonian Intimacy levels would significantly predict and be associated to intimacy expectancies of drug use.

2. METHODS

2.1 Participants

Eligible participants included biological men who identified as male, were 18 or older, and reported being in a primary romantic relationship or partnership with another biological man who was 18 or older.

2.2 Procedures

Data were collected between December 2011 and February 2013, using an internet-based survey host. Index participants were recruited through a variety of mechanisms involving in-person and online venues focused primarily on reaching men in the New York City and New Jersey area. In-person recruitment activities included attendance by study staff at community and social events frequented by men who have sex with men in the New York City and New Jersey area. Participants were recruited by study referral ($n = 21$), in person or venue-based ($n = 150$), and online or internet-based ($n = 168$). The study was offered through referral to participants who had already completed another study at our research center. In person recruitment included attending community based organizations, LGBT Pride events, LGBT nightclubs or any other field based activity targeting GBM. Online recruitment activities included the distribution of study information via listservs and websites also targeting the GBM community. Materials were also sent via email to partnered men who had completed or were ineligible for participation in other studies and indicated an interest in future studies which contained a direct link to the survey, as well as our contact information. Some components of online recruitment (social

networking, website and listserv postings) reached participants living in the U.S., but outside of the NYC area.

All participants who completed the survey and included their mailing addresses were compensated with a free movie ticket. Participants who completed the survey were also entered into a raffle to receive additional \$100 compensation. The raffle prize was given to one in every 25 completed surveys by participant. All recruitment materials and procedures were approved by the IRB at Hunter College of the City University of New York.

2.3 Measures

2.3.1 Demographic characteristics

Participants reported their age, racial and ethnic identity, sexual identity, level of education, HIV serostatus (positive, negative, unknown), individual income level and information related to the duration of relationship (in months). Participants also provided their zip code, which was used to identify the geographic region of residence in the United States as well as indicating whether they lived specifically in the New York City metro area.

2.3.2 Relationship Arrangements

Participants responded to a question which asked them, “How do you handle sex outside of your relationship?” From this item, couples were classified into one of three relationship categories based upon their response to this question. Relationship status of each participant was classified as Monogamous ($n = 214$) if the participant indicated “Neither of us has sex with others, we are monogamous.” or “I do not have sex with others-I don’t know what he does.” Relationship status was categorized as Open ($n = 99$) if the participant indicated “We both have sex with others separately; We both have sex with others separately and together; Only I have sex with others; Only he has sex with others and I have sex with others—I don’t know what he

does.” The relationship status was classified as open because all of these responses implied that at least one partner was engaging in sexual activity with outside partners in the absence of the other member of the dyad. Finally, participants were categorized as having a Monogamish relationship status ($n = 26$) if they and/or their partner handled sex outside of the relationship by indicating “We only have sex with others together.” We use the term Monogamish to describe these men because this relationship arrangement appears to represent outside sexual activity only when both members of the couple are present and together, so this arrangement is closer to what is traditionally known as monogamy (Parsons & Grov, 2012; Parsons et al., 2013b).

2.3.3 Substance Use

Participants reported whether or not they had used any of the following substances in the last 90 days: alcohol, marijuana, cocaine, crystal methamphetamine, ecstasy, gamma-hydroxybutyrate (GHB), ketamine, heroin and/or poppers. Marijuana use was endorsed with sufficient frequency to be examined separately from other drugs. For this reason, two dichotomous variables were created to address marijuana use only and the use of other substances, excluding marijuana. The first variable indicated whether marijuana use was reported and the second indicated whether the use of any substances other than marijuana was reported in the sample.

2.3.4 Intimacy Expectancies for substance use

Beliefs about the effects of drugs on emotional closeness during sex were assessed using the six-item Sexual Expectancies for Substance Use scale (Starks et al., 2015). Four of these items were based upon existing measures of sexual expectancies (Abbey et al., 1999; Brown et al., 1987). These items (with the stem “After using a drug or having a few drinks. . .”) included the following: “I am more connected to my sex partner; It is easier for me to be intimate; I feel

like my sex partner is more intimate with me; and I feel like my sex partner is more intimate with me”. Two items (with the same stem) were created by the study authors to assess expectancies specifically related to sexual intimacy and emotional closeness: “Sex is more intensely emotional” and “I feel like sex is more likely to lead to a relationship.” Participants indicated their level agreement with each statement on a Likert-type scale from 1 (strongly disagree) to 5 (strongly agree). The scale demonstrated strong reliability (Cronbach’s $\alpha = .96$).

2.3.5 Erikson Psychological Stage Inventory

Intimacy as conceptualized within Erikson’s theory of psychosocial development was assessed using the Intimacy subscale of the Erikson Psychosocial Stage Inventory (EPSI; Darling-Fischer & Leidy, 1988). Participants indicated their level of agreement with a series of 11 statements (e.g., “I’m ready to get involved with a special person” and “I’m basically a loner”) on a Likert-type scale from 1 (strongly disagree) to 5 (strongly agree). The scale also demonstrated strong reliability (Cronbach’s $\alpha = .79$).

2.4 Analytic Plan

We calculated different bivariate relationships among variables of interest to determine any significant associations and ran different regression analyses. These analyses examined the associations among substance use and all the other variables, including race, age, education, income, HIV status, relationship arrangement, recruitment method and geographic residence region; to determine potential associations. Logistic regression was used to model predictors of drug and alcohol use. Intimacy expectancies, level of Eriksonian intimacy and relationship arrangements were the predictors of primary interest. Linear regression was used to evaluate predictors of intimacy expectancies. Predictors of primary interest included level of Eriksonian intimacy and relationship arrangements. A final multinomial regression was conducted to predict

relationship arrangements with the EPSI's intimacy subscale as the primary predictor. All regressions included age, race and ethnicity, income, HIV status, relationship arrangements, and New York City residence as covariates. Follow up analyses indicated that inclusion of recruitment venue did not meaningfully impact model estimates and it was therefore excluded.

3. RESULTS

Demographic data for the sample are presented in Table 1. Average age of participants in the sample was 35.8 years ($SD = 11.6$ years). The majority of participants identified as Caucasian (66.1%) followed by Hispanic/Latino (15.0%), and African American (9.1%). Approximately 9.7% of participants identified their race and ethnicity in some other way (i.e., multiracial, Pacific Islander, Native American or Alaskan Native). The majority of participants reported completing a bachelor's degree (75.5%). A little over half of the participants reported an income of more than \$40,000 (54.6%). Gay men comprised 88.2% of the sample ($n = 339$). Regarding HIV status, 79.6% of the men were HIV-negative or unknown. Mean relationship length was 72.77 months ($SD = 89.91$ months). Monogamy was the most common relationship arrangement (63.1%), followed by open (29.2%) and monogamish arrangements (7.7%). Participants reported their US region of residence and also whether they lived in New York City. The majority of participants lived in the Northeast (82%), followed by the West (7.4%) South (5.9%) and Midwest (4.7%) The majority of participants ($n = 262$; 77.3%) also reported that they live in (or visited frequently) the New York City metropolitan area.

3.1 Predictors of Substance use

Table 2 contains the results of logistic regression analyses predicting substance (alcohol, marijuana and other drug) use. Regarding alcohol use, the overall model was significant ($\chi^2_{\text{model}(9)} = 49.77, p < .01$), intimacy expectancies were positively associated with the odds of

drinking ($B = .04$, 95% CI: 1.01, 1.07, $p < .05$). Age was negatively significant associated with alcohol use ($B = -.07$, 95% CI: .91, .96, $p < .01$). Regression coefficients associated with other demographic characteristics, relationship arrangement and Eriksonian intimacy scores were non-significant.

Similarly, the model predicting marijuana use was statistically significant ($\chi^2_{\text{model}(9)} = 40.1$, $p < .01$). Both intimacy expectancies ($B = .045$, 95% CI: 1.02, 1.07, $p < .01$), and Eriksonian intimacy ($B = .63$, 95% CI: 1.20, 2.91, $p < .05$) were positively associated with the odds of reporting marijuana use. Regarding demographics, as with alcohol use, age was also negatively significant associated ($B = -.04$, 95% CI: .936, .986, $p < .01$) and HIV status ($B = -.76$, 95% CI: 1.17, 4.12, $p < .05$). Regression coefficients associated with other demographic characteristics and relationship arrangements were non-significant.

Finally, the overall model predicting the use of drugs other than marijuana by relationship arrangement was also significant ($\chi^2_{\text{model}(9)} = 71.0$, $p < .01$). Men in monogamish ($B = 1.3$, 95% CI: 1.48, 8.66, $p < .01$) and open ($B = 1.4$, 95% CI: 2.35, 7.48, $p < .01$) relationships were significantly more likely to report the use of drugs other than marijuana. A subsequent model using monogamous arrangements as the referent group suggested that monogamish and open men did not differ significantly from each other. While level of Eriksonian intimacy was not significantly related to the odds of other drug use, intimacy expectancies of substance use were ($B = .06$, 95% CI: 1.03, 1.09, $p < .01$). Finally, with respect to demographic predictors, income ($B = .86$, 95% CI: 1.30, 3.79, $p < .05$) and residence region ($B = .86$, 95% CI: 1.38, 4.11, $p < .05$) contributed significantly to the model. Men living in New York City reported more use of other drugs when compared to men living outside of NYC. There were no significant differences regarding recruitment venue (study referral, in person or internet-based).

3.2 Predictors of intimacy expectancies of substance use

Table 3 shows the results of the linear regression analysis predicting Intimacy Expectancies for substance use. Level of Eriksonian intimacy ($B = -3.1$, 95% CI: -4.81, -1.37, $p < .01$) was negatively associated with Intimacy Expectancies. Coefficients associated with relationship arrangements and other demographics; including age, race, education, income, HIV status, recruitment method and geographic residence region were non-significant. The final model was significant ($F(8,458) = 3.20$, $p < .01$) and accounted for 3.6% of the variance in the outcome.

3.3 Predictors of Relationships Arrangements

Table 3 contains results of a multinomial regression analysis predicting the different types of relationship arrangements associated to substance use. The overall model was significant ($\chi^2_{\text{model}}(12) = 62.1$, $p < .01$). Increased levels of Eriksonian intimacy ($B = -.83$, 95% CI: .277, .688, $p < .01$) were negatively associated with the odds of being in an open (versus a monogamous) relationship. In contrast, increased levels of Eriksonian intimacy were positively associated ($B = .83$, 95% CI: 1.04, 4.99, $p < .05$) with the odds of being in a monogamish relationship, compared to men in open relationships. Regarding demographic factors, age ($B = .03$, 95% CI: .963, 1.04, $p < .05$) and HIV status ($B = 1.1$, 95% CI: 1.54, 5.77, $p < .01$) were positively associated with being in an open relationship. There were no predictors that distinguished between men in monogamous and monogamish relationships.

4.0 DISCUSSION

The pattern of these findings highlights the relevance of interpersonal concerns and motivations for drug use among GBM. Furthermore, it supports that application of Erikson's Psychosocial Theory regarding individual intimacy development as a framework for

conceptualizing motivations for drug use. Increased levels of Eriksonian intimacy were directly associated with intimacy expectancies of substance use; while intimacy expectancies of substance use were positively associated with the odds of alcohol use and actual drug use, for both marijuana and drugs other than marijuana. The results of this study extend findings from previous studies focused on intimacy expectancies of substance use and actual drug use.

Findings regarding the link between intimacy expectancies of substance use and actual drug use are consistent with existing studies involving both heterosexuals (Buckner & Schmidt, 2008) and GBM (Starks, Millar, Tuck & Wells., 2015; Mullens, Young, Dunne, Norton; 2010, 2011a). The current study also extends the findings of Starks et. al. (2015), linking intimacy expectancies of substance use and actual drug use among partnered GBM. Although a direct association between Eriksonian intimacy levels and substance use was not established, intimacy levels predicted relationship arrangements. These findings suggest that it is possible that Eriksonian intimacy development may be linked to drug use through intimacy expectancies of substance use, which might be a possibility for future research.

Regarding Eriksonian intimacy development, the study found lower levels of Eriksonian intimacy development were associated with the odds of being in an open (versus a monogamous) relationship. On the other hand, monogamish arrangements were positively associated with intimacy when compared to open arrangements, suggesting that men in monogamish relationships are more like men in monogamous relationships in terms of Eriksonian intimacy development. These findings suggest that Eriksonian intimacy may be associated with actual drug use, not only through intimacy expectancies, but through relationship arrangements.

The current study findings are also aligned with previous studies that demonstrated the importance of relationship arrangements to drug use among GBM (Parsons & Starks, 2014;

Parsons et. al., 2013). Parsons et al. (2013) specifically found that men in monogamous relationships reported the least amount of drug use in comparison to all other relationship arrangements and less drug use during sex than men in open relationships. The current study found that men in open relationships were more likely to use drugs other than marijuana and men in open and monogamish relationships were more likely to report use drugs other than marijuana. These associations between relationship arrangements and drug use in the present sample also mirrored previous observations in samples of GBM (Parsons & Starks, 2014). There were no significant predictors when comparing monogamous to monogamish arrangements.

These results have potential implications for couple's interventions for drug use among partnered GBM. Interventions such as behavioral couples' therapy have demonstrated effectiveness in heterosexual populations. These interventions assume that improvements in a couples' functioning (e.g., increased emotional closeness and improved relationship satisfaction) will be associated with reductions in drug use (Epstein, & McCrady, 1998; O'Farrell, & Fals-Stewart, 2000). When working with GBM, counselors should be aware of the potential relevance of relational factors such as levels of individual intimacy development, relationship arrangements and intimacy expectancies to drug use. The association of these relational factors with drug use suggests that intervention with couples may offer an opportunity to simultaneously discuss these topics by focusing, not only on the partnership level, but also on the individual level for both men. In this study sample, drug use was related to expectancies of substance use and to Eriksonian intimacy levels which are internally developed factors. Since these internal factors might serve as a motivation to use drugs among partnered GBM, counselors should take note on this when working with this population. In general, these findings represent a meaningful focus for future interventions targeting partnered GBM sharing relationship arrangements.

These findings must be viewed in light of several limitations. While this study examined the predictors of drug use among partnered GBM, the generalizability and application to other populations, including single GBM or heterosexual couples might be limited. It is also unclear as to how the findings might apply to lesbian or transgender couples. The generalizability of the findings may also be limited by the sample being mostly Caucasian, well-educated, and mostly from the New York City metropolitan area. The current study also lacks information regarding both partners in the relationship, since the focus was only on one partner of the couple and not together. Future studies should examine patterns across both partners in the relationship. These data overall represent a preliminary investigation intended to demonstrate the importance of incorporating Eriksonian intimacy development investigations and its associations to drug use and intimacy expectancies for substance use among GBM couples who share relationship arrangements.

In conclusion, these findings provided evidence that level of Eriksonian intimacy is directly associated to intimacy expectancies for substance use and relationship arrangements. The level of Eriksonian intimacy is also directly linked to the odds of marijuana use among partnered GBM, but is indirectly associated to alcohol use other drugs through intimacy expectancies. The association of Eriksonian intimacy to relationship arrangements and intimacy expectancies for substance use suggests that they may represent a meaningful focus for future interventions targeting partnered GBM sharing relationship arrangements. These findings also provided the data necessary to inform future studies examining mediational pathways which may indirectly link levels of Eriksonian intimacy to drug use among GBM.

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TABLES

Tables 1.

Demographic Characteristics		
OVERALL	<i>N</i> = 339	
	M	(SD)
Age (years)	35.8	11.6
Relationship Length (months)	72.77	89.91
	<i>N</i>	%
Race		
Caucasian	224	66.1
African American	31	9.1
Hispanic/Latino	51	15.0
Mixed and Other	33	9.7
Education		
Less than a BA	83	24.5
BA or higher	256	75.5
Income		
Less than \$40,000	154	45.4
\$40,000 or more	185	54.6
Self-Identified Sexual Orientation		
Gay	299	88.2
Bisexual	35	10.3
"Queer"	5	1.5
HIV Status		
Negative or Unknown	270	79.6
Positive	69	20.4
Relationship Arrangement		
Monogamous	214	63.1
Monogamish	26	7.7
Open	99	29.2
Method of Recruitment		
Study Referral	21	49.6
In Person (Venue Based)	150	44.2
Online (Internet Based)	168	49.6
Geographic Residence Region*		
Northeast	277	82.0
West	20	7.4
South	25	5.9
Midwest	16	4.7
Missing*	1	

Table 2.

Predictors of Drug Use

	Odds of Alcohol Use			Odds of Marijuana Use			Odds of Other Drugs Use		
	<i>B</i>	<i>exp B</i>	<i>95% CI</i>	<i>B</i>	<i>exp B</i>	<i>95% CI</i>	<i>B</i>	<i>expB</i>	<i>95% CI</i>
Age	-0.07**	0.93	(0.91, 0.96)	-0.04**	0.96	(0.94, .99)	0.08	1.02	(0.99, 1.04)
Race	-0.17	0.84	(0.48, 1.48)	0.12	1.12	(0.65, 1.96)	-0.44	0.65	(0.35, 1.19)
Education	-0.08	0.92	(0.50, 1.69)	-0.31	0.73	(0.41, 1.31)	-0.57	0.56	(0.30, 1.08)
Income	0.17	1.19	(0.68, 2.09)	-0.09	0.91	(0.53, 1.57)	0.86*	2.36	(1.30, 3.79)
HIV Status	-0.12	0.89	(0.44, 1.80)	0.76*	2.14	(1.17, 4.12)	0.56	1.75	(0.90, 0.34)
Recruitment Method	-0.04	0.96	(0.70, 1.32)	0.21	1.24	(0.91, 1.69)	0.14	1.15	(0.82, 1.61)
New York Metro	0.31	1.36	(0.81, 2.27)	0.29	1.35	(0.81, 2.21)	0.86*	2.37	(1.38, 4.11)
Relationship Arrangements (ref = monogamous)									
Monogamish	-0.54	0.58	(0.21, 1.63)	0.61	1.85	(0.76, 4.47)	1.27*	3.58	(1.48, 8.66)
Open	0.04	1.04	(0.57, 1.88)	0.08	1.09	(0.61, 1.93)	1.43**	4.19	(2.35, 7.48)
Intimacy Expectancies	0.04*	1.04	(1.01,1.07)	0.05**	1.05	(1.02, 1.07)	0.06**	1.06	(1.03, 1.09)
Intimacy	-0.31	0.73	(0.48, 1.14)	0.63*	1.87	(1.20, 2.91)	0.27	1.30	(0.83, 2.06)

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

Table 3.

	Intimacy Expectancies		
	<i>B</i>	95% <i>CI</i>	<i>β</i>
Age	-0.09	(-0.18, 0.00)	-.11
Race	2.24	(-0.06, 4.53)	.11
Education	0.93	(-1.53, 3.40)	.04
Income	-1.45	(-3.68, 0.77)	-.08
HIV Status	1.31	(-1.39, 3.99)	.04
Relationship Arrangements (ref = monogamous)			
Monogamish	4.04	(.289, 7.78)	.12
Open	0.53	(-1.80, 2.87)	.03
Intimacy	-3.09**	(-4.81, -1.37)	-.20

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

Table 4.

Predictors of Relationship Agreements

	Open vs. Monogamous			Monogamish vs. Monogamous			Monogamish vs. Open		
	<i>B</i>	<i>expB</i>	<i>95% CI</i>	<i>B</i>	<i>expB</i>	<i>95% CI</i>	<i>B</i>	<i>expB</i>	<i>95% CI</i>
Age	0.03*	1.03	(1.01, 1.06)	0.03	1.03	(1.00,1.07)	0.00	1.00	(0.96, 1.04)
Race	-0.02	0.98	(0.54, 1.81)	0.89	2.42	(0.79, 7.39)	0.90	2.47	(0.76, 7.97)
Education	0.18	1.20	(0.67, 2.16)	-0.45	0.64	(0.45, 4.20)	-0.02	0.98	(0.30, 3.23)
Income	0.34	1.40	(0.71, 2.74)	0.32	1.37	(0.26, 4.20)	-0.63	0.53	(0.20, 1.42)
HIV Status	1.09**	2.99	(1.5, 5.77)	0.56	1.75	(0.55, 5.61)	-0.54	0.59	(0.18, 1.91)
Intimacy	-0.83**	0.44	(0.28, 0.69)	-0.01	0.99	(0.48, 2.08)	0.82*	2.21	(1.04, 4.99)

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

