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An Exploration of the Paradox of Bisexuality in Women: The Dawn Research Study

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**AN EXPLORATION OF THE PARADOX OF BISEXUALITY IN WOMEN:
THE DAWN RESEARCH STUDY**

BY

ANNA LEVY-WARREN

A dissertation submitted to the Graduate Faculty in the Doctoral Subprogram of Clinical
Psychology, in partial fulfillment of the requirements for the degree of Doctor of
Philosophy, The City University of New York.

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An Exploration of the Paradox of Bisexuality in Women: The Dawn Research Study

by

Anna Levy-Warren

This manuscript has been read and accepted for the Graduate Faculty in the Doctoral Subprogram of Clinical Psychology, in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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ABSTRACT

An Exploration of the Paradox of Bisexuality in Women: The Dawn Research Study

by

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Advisor: Margaret Rosario, Phd

Research on lesbian, gay and bisexual populations has reported higher levels of emotional distress among bisexual adults than their gay and lesbian peers. Findings also demonstrate substantial variability in distress levels within populations of bisexual adults. Little research has examined reasons for this variability. Theoretical explanations for distress among bisexuals include foundations in Cognitive Dissonance Theory and Minority Stress Theory, though these theories have not addressed the variability across outcomes. The current study proposes a new theoretical model to explain variability in levels of distress across bisexual women. According to this theory, levels of psychological distress in bisexual women are explained by capacity to tolerate the inherent paradoxes and contradictions in self-perception and the ability to healthily and accurately view of others. To test this theory, 50 adult women between the ages of 26 and 36 with ongoing attractions to both women and men were assessed using quantitative and qualitative methods to gain insight into the range of distress levels within this population and predictors of distress. Psychological distress in bisexual women was hypothesized to be related to: 1) level of object-relatedness (complexity, integration, and coherence of object representations or mental images, including representations of self, self as a sexual being, mother and father with respect to bisexuality); 2) capacity to tolerate paradox (un-resolvable aspects of the self that do not inherently lead to conflict); 3) secure attachment to romantic partners and friends, and degree to which these relationships create a sense of safety

and a space for playfulness; 4) and community support for bisexuality. Furthermore, it was hypothesized that the capacity to tolerate paradox would mediate the relationships between level of object relatedness and psychological distress and between security of attachments and psychological distress. The relationship between capacity to tolerate paradox and psychological distress was expected to be moderated by level of community support. Findings included support of object-relatedness as a precursor of the capacity to tolerate paradox as well as the inverse relationship between the capacity to tolerate paradox and psychological distress. Implications for future research on bisexual individuals are discussed.

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Chapter 1: Introduction

This study focuses on health outcomes in “dually attracted” adult women, defined here as women who report regular, strong, and sustained sexual attractions to both males and females, and who have acted on these attractions at least once (with each sex) in their lifetimes. In studies conducted in the United States and other countries, bisexual adults were found to report higher levels of emotional distress and poorer physical and mental health outcomes than their gay, lesbian, and heterosexual peers (e.g. Cochran & Mays, 2007; Koh & Ross, 2006; Jorm et al., 2002). Adult bisexuals manifest higher rates of eating disorder, anxiety, depression and negative affect, suicide attempts and ideation, as well as unique social disadvantages including “biphobia,” decreased social well-being and lack of community support (e.g. Cochran & Mays, 2000; Dodge & Sandfort 2007; Kertzner, Meyer, Frost, & Stirratt, 2009; Jorm, Korten, Rodgers, Jacomb & Christensen, 2002). Interestingly, studies also demonstrate substantial variability of distress levels within populations of bisexual adults (Ochs, 1996; Koh & Ross, 2006). To date, however, very little research has examined variability in bisexuals’ psychological health outcomes and there is little information to explain the confirmed variation in psychological outcomes among bisexual women (Koh & Ross, 2006; Worthington & Reynolds, 2009). Understanding why certain bisexual adults have relatively positive psychological outcomes whereas others have particularly negative outcomes could help clinicians and researchers better understand risk factors, protective factors, and optimal treatment interventions for this population.

A review of the literature reveals that few studies focus on bisexuals as an independent group, and even fewer examine male and female bisexuals separately from one another. The latter issue is germane because it is widely acknowledged, both empirically and theoretically, that there are important differences between aspects of male and female sexuality including arousability, strength of sex drive and sexual flexibility, substance abuse, levels of social stress, and levels of stigma (Mustanski, Chivers & Bailey, 2002; Baumeister, 2000; Gillespie & Blackwell, 2009; Szymanski, 2005; Meyer, Schwartz & Frost, 2008). Given the small scale of the current study and the importance of using qualitative as well as quantitative methods, this study focuses exclusively on women.

There are two theoretical explanations that attempt to shed light on the variability in psychological outcomes among bisexual women. The first is the conflict/flexibility model, which is grounded in cognitive dissonance theory, and examines the degree to which bisexual identity is characterized by conflict or by flexibility and integration. This framework centers on the presumption of a tension between two general theoretical models of bisexuality: the “conflict model,” which views attractions to both genders as inherently contradictory and the “flexibility model,” which views sexuality as fluid and shifting (Zinik, 1985). On the flexibility side is the notion that conflict and confusion may be a fundamental part of the process of forming an integrated bisexual self-concept, in part because of internal conflicts but also because of social pressures (Moore & Norris, 2005). However, having a capacity for flexibility within one’s cognitions and self-concepts can mitigate the effects of this conflict. On the conflict side the incongruence that may occur between a bisexual individual’s attractions, behaviors, and identity will

inevitably lead to psychological distress. The notion that internal conflict created by attractions to both genders will lead to distress is based on Cognitive Dissonance Theory. Cognitive Dissonance Theory posits that that tension necessarily follows from conflicts among affects, behaviors and cognitions (Festinger, 1957). When this tension occurs people decrease the dissonance in a process Festinger named "dissonance reduction." Festinger believed that the three ways people achieved this reduction are by lowering the importance of one of the discordant factors, adding consonant elements, or changing one of the dissonant factors (Festinger, 1957). The findings of higher levels of distress within the bisexual population are seemingly in concert with this argument. When Cognitive Dissonance Theory is extrapolated to the bisexual population, its utility is limited by its assumption that tension inherently results from attraction to both genders without considering the role of time and situational factors (i.e. when/ under what conditions is bisexuality more conflict-ridden vs. less conflict-ridden). It also does not provide a means to identify potential mediators of distress.

Another predominant theoretical framework used to conceptualize stress among bisexuals is based in Minority Stress Theory (Brooks, 1981; Meyer, 1995; Meyer, 2003), which states that discrimination and stigmatization faced by minority individuals results in negative social and mental health outcomes. Minority Stress Theory helps to reframe the individual stigma and pathology associated with holding a lesbian, gay or bisexual (LGB) identity by explaining negative mental health findings through contextual factors. The idea of protective "in-groups" proposed by a minority stress framework complicates the application of the theory to bisexuals because they are often excluded from lesbian and gay communities (Gurevich, Bower, Mathieson & Dhayanandhan, 2007; Hartman,

2005). In fact, some studies find that bisexuals perceived much lower levels of acceptance among lesbians and gays than among heterosexuals (Bronn, 2001). Hence, bisexuals are additionally stressed beyond the levels experienced by homosexual and heterosexual adults by virtue of their not experiencing any single community to buffer their sexual minority orientation. Yet, this theory does not illuminate the diverse individual experiences of bisexual adults with the degree of nuance that would effectively account for varying levels of distress.

Departing from the Cognitive Dissonance and Minority Stress Theories, the present study recasts the conflicts experienced by bisexual women as examples of paradox. “Paradox” is defined in this study as an irresolvable contradiction that must be tolerated through bridging and bearing the irresolvable (Pizer, 1998; 1992). In other words, it is theorized that bisexual women can create a comfortable internal space that allows for ongoing negotiation and inclusion of ever-shifting feelings and aspects of the self that does not require foreclosure of a part of, or acceptance of a conflict within, the self. Elements of paradox are present in most significant human relationships, regardless of an individual’s sexual orientation. For example, managing the complexity of relationships with parents and with romantic partners generally requires the capacity to balance conflicts between love and hate, and between desires for closeness and distance. There is a constant tension between a wish to be connected and a wish to be independent, but these underlying wishes can be held and tolerated without being acted upon. While paradoxical, these conflicts do not necessarily lead to increased distress, and may in fact lead to growth both at the level of the self and of the relationship. Applying the concept of paradox to bisexual identity, a relatively stable self-identification based on attractions

to both genders and distinct from heterosexuality and homosexuality that is relatively stable over time, implies that attractions to both genders may also be held in a dialectical tension that can be tolerated for optimal benefit. In contrast to the pathogenic relationship between conflict and resultant stress posited by Cognitive Dissonance Theory and Minority Stress Theory, Paradox Theory suggests that bisexual attractions may result in positive growth by integrating seemingly contradictory aspects of the self.

The primary aim of this study is to explain variability in psychological outcomes among female bisexuals. For the first part of the study, it is hypothesized that variation in distress levels within the bisexual population result, at least in part, from individuals' varying capacities to tolerate paradox. Capacity to tolerate paradox is expected to be inversely related to levels of psychological distress in bisexual women. Furthermore, based on prior findings of the importance of a supportive community that accepts one's identity and does not pressure identity foreclosure (Erikson, 1966; Cowen, 1994), it is hypothesized that the relationship between capacity to tolerate paradox and psychological distress will be moderated by level of community support.

I propose that each woman's capacity to tolerate paradox is manifested by the capacity to think about and describe aspects of personal history and identity in terms that acknowledge multiplicity and integration rather than yielding to dissociation. This "multiply organized" self in its healthiest state is a self that is distributed but held together without blocking off one piece or another. (Pizer, 1998; 1992). For this study, the capacity to tolerate paradox with respect to bisexuality was assessed in an in-depth, qualitative assessment, the Focused Interview (Merton et al., 1990), and consisted of

three components: Identity integration; ambiguity tolerance; and integration of attachment and sexuality in intimate relationships.

The aim of the second part of this study is to understand the capacity to tolerate paradox in bisexual women. I propose that two fundamental achievements are prerequisite to the development of a capacity to tolerate paradox. The first is object-relatedness, which involves patterns established in early relationships between child and parent that foreshadow patterns in present relationships. The second is a healthy attachment style, or pattern of expectations, needs, emotions, emotion-regulation strategies, and social behavior that results from an innate ‘attachment behavioral system’ (Bowlby, 1969/1982). It is hypothesized that the security of attachment to romantic partners and object-relatedness are directly related to the capacity to tolerate paradox. Furthermore, I hypothesize that any relationship found to exist between object-relatedness and psychological distress or between attachment and psychological distress will be mediated by the capacity to tolerate paradox. An understanding of why some bisexual women are more distressed than others requires an appreciation of the incongruence and contradictions that are intrinsic to bisexuality. Factoring in the capacity to tolerate paradox, the impact of object-relatedness and attachment upon psychological distress will become nonsignificant (see Figure 1). The hypotheses, in sum, are the following:

Part I:

Hypothesis 1: Attachment security and object-relatedness are related positively to the capacity to tolerate paradox, such that secure attachment and object-relatedness will be related to a higher capacity to tolerate paradox.

Hypothesis 2: Attachment security and object-relatedness are related negatively to psychological distress, such that insecure (anxious or avoidant) attachment and low levels of object-relatedness will be related to higher levels of psychological distress.

Hypothesis 3: The presumed relationship between attachment security and psychological distress and object-relatedness and psychological distress will be explained (i.e., mediated) by the capacity to tolerate paradox.

Hypothesis 4: The capacity to tolerate paradox will be inversely related to psychological distress.

Hypothesis 5: The relationship between capacity to tolerate paradox and psychological distress will be moderated by level of community support. Specifically, individuals who report lower levels of community support will demonstrate a stronger inverse relationship between capacity to tolerate paradox and psychological distress than those who report higher levels of community support.

I suggest that an examination of the capacity to tolerate paradox and its precursors, object-relatedness and attachment style, will provide an explanation for the variability in distress levels among bisexual women, as displayed in the model, Figure 1.

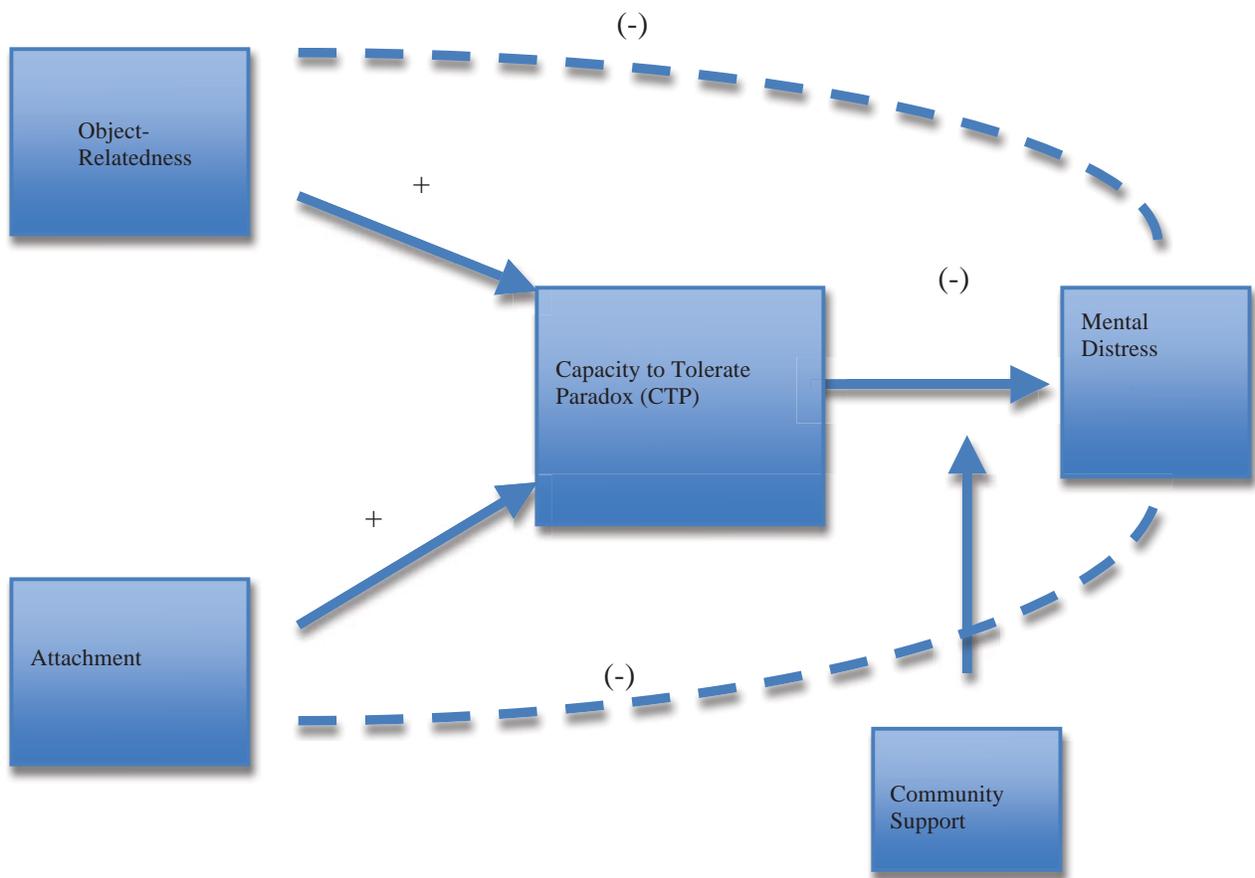


Figure 1. Hypothesized Model

* Mediated relationships indicated by dotted line

Issues of Measurement in Sexual-Orientation Research:

Given that bisexuality has meant different things to different people over time, it is important to clarify variations in measurement and definition when examining this population. Definitions of sexual orientation may include varied configurations of sexual attractions, behaviors and self-identifications (e.g. Thompson & Morgan, 2008; Safren & Pantalone, 2006; Frost & Meyer, 2009). Complicating the existence of these three aspects of sexual orientation are a number of factors: First, aspects of sexuality (attractions, behaviors, and self-identifications) do not always align (Galupo, Sailer, & St. John, 2004; Laumann, Gagnon, Michael, & Michaels, 1994). For example, that one identifies as heterosexual says little about one's history of same-sex sexual behaviors and attractions. Secondly, there is debate over the stability of sexual orientation in general, with some arguing that sexual orientation is stable and permanent and others arguing for a more fluid conceptualization, commonly referred to as the fluidity model (Bergner, 2009). The latter construction of sexual orientation suggests that individuals' sexual behaviors, attractions, and identities may fluctuate across the lifespan and across various contexts (Diamond, 2008; Gurevich et al., 2007; Ochs, 2007; Moore & Norris, 2005; Horowitz et al., 2003; Bronn, 2001). At the heart of this model is the understanding that experiencing attractions to, and sexual behaviors with, both women and men is a phenomenon that is not limited to those who identify as bisexual. Despite the popularity of this model, it complicates the task of concretizing a stable definition for a given sexual orientation.

The bisexual orientation involves by definition some level of sexual attraction to, sexual behavior with, and/ or sexual-orientation identity related to both sexes. A review of the literature reveals four conceptualizations of the bisexual orientation: bisexuality as

undifferentiated from homosexuality (e.g. Rust, 2002; Shively, Jones, & De Cecco, 1983-1984); bisexuality as a transitional phase on the way to homosexuality from heterosexuality that may indicate confusion, ambivalence, experimentation, or undeveloped capacity to accept one's homosexuality (Diamond, 2008; Rust, 2002); bisexuality as a distinct third sexual orientation; and bisexuality as part of the fluidity associated with female sexuality.

Bisexuality is increasingly examined as a category that is qualitatively distinct from heterosexuality and homosexuality. However, the lack of consensus around what the term bisexual orientation comprises has led to confusion both around how researchers and the general public think about the term and to varied samples in recent bisexual research. Despite the apparent stability of the bisexual-identity *label*, in other words those who self-label as bisexual, (e.g. Firestein, 1996; Snyder, Weinrich, & Pillard, 1994), the degree of stability of this orientation has been questioned. Some authors note that sexual behaviors and self-identities may vary over time in response to environmental contexts and question the stability of the bisexual identity over time as a valid and distinct identity (Diamond, 2008; Rust, 2002). Furthermore, the concept of a bisexual orientation as separate from heterosexual and homosexual orientations becomes nebulous if the fluidity model of orientation, which accepts there will be fluctuation in behaviors and attractions over time, is accepted. Diamond (2008) has examined the fluidity model of sexuality as it applies to bisexuals and argued that the capacity for change over time is not in conflict with the idea of bisexuality as a third sexual orientation. She distinguishes attractions, which she finds to be most stable over time, from behaviors and identities,

which shift more frequently and which she suggests are more open to influence by relational and contextual factors (Diamond, 2008).

For the current study, I will consider bisexual individuals to be those who report regular, strong, and sustained sexual attractions to both males and females and who report having engaged in sexual behaviors with both sexes. In defining bisexuals this way, this study makes the assumption that there are important, stable, qualitative differences between individuals who report being dually attracted to/ sexually involved with both sexes and those who do not. This assumption rejects that dually attracted/ sexually involved individuals can be collapsed under a larger homosexual category, just as it rejects the idea that sexual orientation is generally so fluid as to make the bisexual category irrelevant.

Prevalence Data:

In the 1950s Kinsey's studies found that 37% of postpubertal men and 20% of postpubertal women had a sexual experience with someone of the same sex, and 13% of men and 7% of women had more sexual experience with people of the same sex than the opposite sex (Kinsey et al, 1953). On account of the fact that Kinsey did not use probability samples to obtain his estimates, the findings are not conclusive (Turner et al., 1989). A more recent major national population-based study conducted in the United States that measured both same-sex attraction as well as sexual behavior to assess the prevalence of homosexuality found that 6.2% of males and 3.6% of women reported sexual contact with someone of the same sex in the previous 5 years (Sell et al., 1995). This category included those who reported sexual contact with people of both sexes and those who reported sexual contact exclusively with only same-sex partners. Furthermore,

these authors found 20.8% of males in the U.S. and 17.8% of females reported some homosexual attraction or homosexual behavior since age 15 (Sells, Wells & Wypig, 1995). These authors are careful not to label these persons as homosexual due to the fact that their purpose was simply to report representative data on same-sex sexual behaviors and same-sex sexual attraction.

In a report of the findings from a national study intended to provide reliable national estimates on certain types of sexual behavior in the U.S. based on the 2006-2008 National Survey of Family Growth for which over 13,000 individuals between the ages of 15 and 44 were interviewed, 12% of females reported having had a same-sex sexual experience in their lifetime. For women between 25 and 44, 11.4% of females reported having had a same-sex sexual experience with another female in the past 12 months (Chandra, Mosher, & Copen, 2011). Seventeen percent of women had some same-sex attraction and 2.8% reported being equally attracted to both sexes. Furthermore, these authors found that 93.7% of women said they think of themselves as heterosexual, 1.1% of women said they think of themselves as homosexual, 3.5% of women said they think of themselves as bisexual, and 0.6% of women said they think of themselves as “something else.” Of note, 9% of women who had had sexual relations with another woman considered themselves to be heterosexual. From these data, it is clear that there is a significant group of women who either experience same-sex attraction, engage in same-sex sexual behaviors, or label themselves as homosexual or bisexual.

Female Bisexuals

A large number of studies have examined differences between males and females in sexuality development, sexual-orientation development, and same-sex behaviors. Studies have confirmed differences between bisexual behavior in men and women (Blumstein & Schwartz, 1977), as well as differences between women and men with regard to sexual-orientation development (Bailey, Dunne, & Martin 2000). Women have demonstrated different kinds of arousal and sex drive patterns from men (Chivers, Rieger, Latty, & Bailey, 2004; Lippa, 2007) and greater levels of ease incorporating homosexual activity into their lives than men (Blumstein and Schwartz, 1977). Men and women have significant differences in sensitivity to social stigma as well as internalized homonegativity – which can be defined as internalized negative attitudes of lesbian, gay and bisexual (LGB) individuals about their own sexuality, often reflecting the commonly held prejudicial societal view (Mayfield, 2001). One author found that same-sex and other-sex attractions were more polarized (i.e., more “either-or” and mutually exclusive) for men than women (Lippa, 2009). There is also evidence that the experiences of bisexuality differ for women and men (Fox, 2003). According to recent research many bisexual women experience their other-sex attractions before their same-sex attractions and behavior, while bisexual men experience the other and same-sex attractions at the same time. Bradford’s 2004 qualitative study of the experiences of bisexual men and women found that gender role limitations and heterosexism had a greater impact on bisexual men, who also experienced more threats such as AIDS and violence.

There seem to be important gender differences in the development of sexuality, sexual orientation, and the experiences and sequelae of same-sex and bisexual attraction, behavior, and identity making it important to examine male and female bisexuality as distinct groups. Moreover, bisexual females must be studied separately from lesbians. Most large-scale studies measuring mental health problems among sexual minority youths and women either fail to differentiate lesbians from bisexuals or merge the two samples when statistical power becomes an issue because studies examining bisexuals alone are often plagued by small sample sizes (Russell & Seif, 2002). There are issues specific to bisexual women that must be addressed, not the least of which is their sensitivity to rejection by lesbians (Lewis, 2009).

Selected Theories on Sexual Development

Psychoanalytic theories of sexual development:

A pioneer in the development of a theory of sexuality in his time, Freud did not believe that homosexual or bisexual people were fundamentally different from heterosexuals. He argued that sexuality, in all its forms, was determined by multiple factors. Freud was the first to write about what he termed “psychosexual development,” which he believed to have important meaning for the developing child and adolescent. Freud said that an individual's sexuality is modified during puberty. Childhood polyorphous perversity is subordinated to a more adult-like orientation toward sexuality, and the object of one's desire is identified as an aspect of this modification. Freud's views were progressive in forwarding the idea that bisexuality and homosexuality are not

inherently pathological but rather were rooted in universal psychosexual development and are inversions or variants of the more common heterosexual object choice.

As noted in his 1905 “Three Essays on Sexuality,” Freud believed that human beings generally have bisexual dispositions that are modified during puberty to determine ultimate sexual object choice. How those choices develop is a consequence of many factors: biological, familial, and “accidental” in nature. He also noted that psychoanalytic work is “most decidedly opposed to any attempt at separating off homosexuals from the rest of mankind” and that “all human beings are capable of making a homosexual object-choice and have in fact made one in their unconscious.” (p. 145). He continues by saying that “libidinal attachments to persons of the same sex play no less a part as factors of normal mental life, and a greater part as a motive force for illness, than do similar attachments to the opposite sex. On the contrary, psychoanalysis considers that a choice of an object independently of its sex – freedom to range equally over male and female objects – as it is found in childhood, in primitive states of society and early periods of history, is the original basis from which, as a result of restriction in one direction or the other, both the normal and inverted types develop.” (p. 146) He believed that heterosexual object choice was as much a problem that needed elucidation as homosexual object choice, and that it was not based upon forces that were chemical in nature.

In general, Freud wrote that children, (especially boys), resolve the confusing matter of sexual object choice through the successful resolution of the Oedipus Complex. Upon its resolution, most boys are drawn to opposite sex objects, and bisexual urges are

largely repressed – though the extent of the repression determines the degree of exclusive homo- or hetero-sexuality.

In seeing bisexual libidinal attachment as normative, and being so emphatic about the normality of same-sex attraction, Freud created space for continuing discussion of the inherent complexity of human sexuality. He further theorized about the rich and multi-gendered space of sexual fantasy and thus suggested that bisexuality could live on in a person's intrapsychic world, even when behavior had become exclusively heterosexual. His elaboration of the multiple components of sexuality, including behavior, fantasy, internalization of social norms, and early interpersonal experience continues to provide fertile ground for contemporary theorizing about sexuality (Freud, 1905).

Distress Among Bisexuals

Whatever the definition of, or theory behind bisexuality, current research is clear on one point: namely, bisexuals are distressed. Most investigations of psychological outcomes across sexual-orientation categories find bisexual adults report higher levels of emotional distress than their gay, lesbian, and heterosexual peers in both the United States and other countries. Psychological outcomes include psychopathology, substance use disorders, suicide attempts and ideation, negative affect, and reported internal conflict. The most informative studies are those based on probability samples, representative samples from the population, or at minimum large community samples, given findings from smaller convenience samples may merely be documenting a phenomenon unique to the sample at hand.

Results from a national population-based survey of over 135,000 Canadians aged 12 years and over that included 61,715 women found that sexual orientation was

associated with disparities in health status and health risk behaviors (Steele, Ross, Dobinson, Veldhuizen, & Tinmouth, 2009). Compared to lesbians and heterosexual women, bisexual women were more likely to report poor or fair physical health, poor or fair mental health, mood or anxiety disorders, and suicidal ideation. The authors conclude that bisexual women may be an appropriate target for specific health promotion interventions.

In a study of a U.S.-based nationally representative sample, Bostwick and colleagues investigated associations among 3 dimensions of sexual orientation (identity, attraction, and behavior), lifetime and past-year mood and anxiety disorders, and sex (Bostwick, Boyd, Hughes, & McCabe, 2010). These authors found bisexual identity and behavior conferred the highest odds of any mood or anxiety disorder for both males and females. More than one half (58.7%) of bisexual women had a lifetime history of mood disorder, compared with 44.4% of lesbian women, 36.5% of women who were unsure about their sexual identity, and 30.5% of heterosexual women. Behaviorally bisexual women reported a higher prevalence of past year and lifetime disorders than behaviorally heterosexual women.

A community survey of 4,824 randomly selected Australians aged 20-24 and 40-44 yrs found that bisexuals reported more anxiety, depression, and negative affect than did lesbian and gay male participants (Jorm, Korten, Rodgers, Jacomb, & Christensen, 2002). The bisexual group also reported more stressful childhood events and more frequent financial problems compared to the lesbian and gay male group. According to this study there was no difference between lesbian and gay male participants and bisexuals in terms of suicidal thoughts and actions. However, in a U.S. based survey of

1,304 women sampled from 33 healthcare sites, Koh and Ross (2006) found that bisexual women, along with closeted lesbians, were 2-2.5 times more likely to have suicidal ideation and that bisexual and closeted lesbian women were more likely to have had a suicide attempt compared to their out peers and heterosexuals.

In an analysis of data from the California Health Interview Survey, a population-based health survey of adult Californians that was conducted in 2004 and 2005, Cochran and Mays (2007) found that bisexual women were more likely than heterosexual women to report a functional health limitation and poorer physical health; bisexual women reported the highest levels of distress compared with homosexually experienced heterosexual women, lesbians, and exclusively heterosexual women (Cochran & Mays, 2007).

Equally interesting to the saliently high rates of poor physical and mental health outcomes for bisexual women relative to other sexual minority groups, in the aforementioned population-based studies, is the considerable variability in outcomes among bisexuals. For example, in the Canadian Community Health Survey reported on by Steele and colleagues (2009), the authors set a 95% confidence level, denoting a 0.95 probability of covering the true value of the parameter. Despite the large sample size in this study ($n = 60,937$ heterosexual women; $n = 354$ lesbians; $n = 424$ bisexual women), the confidence intervals for psychological outcomes of bisexual women were strikingly wide (Steele et al., 2009). For example, poor or fair self-reported mental health was reported across heterosexual, lesbian, and bisexual sexual-orientation groups (5.2% vs. 6.2% vs. 19.4% respectively; OR (Odds Ratio) for bisexuals compared to heterosexuals = 3.77; 95% CI = 2.43, 5.86). The breadth between the upper and lower limits of the 95%

confidence interval was similar for mood or anxiety disorders (OR for bisexuals compared to heterosexuals = 3.60; 95% CI = 2.51, 5.16) and notably large for lifetime suicidal ideation (OR for bisexuals compared to heterosexuals = 5.93; 95% CI = 2.97, 11.85). In each of these cases, the 95% confidence intervals for psychological outcomes for bisexual women were substantially wider than those for lesbian women, as compared to heterosexual women, reflecting a considerably greater variability in findings among the bisexual group relative to heterosexuals.

In the study by Bostwick and colleagues (2010), the highest rates of most lifetime disorders for women were found among those who identified as bisexual. This group also had the greatest variability in outcomes, with the occasional exception of the group who identified as “not sure.” For any lifetime mood disorder (OR for bisexuals compared to heterosexuals = 2.6; 95% CI = 1.8, 3.8) and for any lifetime anxiety disorder (OR for bisexuals compared to heterosexuals = 2.7; 95% CI = 1.8, 4.0), the breadth of the 95% confidence intervals for this study was greater for bisexual women than for any group. Furthermore, the data comparing prevalence of DSM IV mood and anxiety disorders across sexual-orientation groups in this study reveal not only the highest rates of disorders among bisexuals and women who identified as “not sure,” but also substantially greater variance for both of these groups compared to heterosexuals and lesbians, as revealed by a comparison of percentage of standard error for each group.

These findings raise the possibility that while certain bisexuals have particularly poor psychological outcomes and thereby influence the findings of poor outcomes for bisexuals in studies on larger, representative samples, others may have relatively healthy outcomes that are less salient in larger studies. The reasons for the variation in

psychological outcomes among bisexuals across different studies may be related to the lack of a bisexual community, less access to community resources, variations in defining sexual-orientation groups, or individual differences in bisexual study populations, as well as the fact that bisexuals are both a complex and understudied group. The current study seeks to examine the differences in psychological outcomes across bisexual women.

Theoretical frameworks: Why are bisexuals distressed?

That bisexuals are at elevated risk for negative psychological outcomes relative to both heterosexuals and homosexuals raises the question of what is unique to the bisexual experience that may explain these outcomes. The most common theoretical paradigms used to explain negative outcomes for minority sexual-orientation groups are Cognitive Dissonance Theory and Minority Stress Theory, each of which is explained below. Additionally, a number of theorists have written specifically about the experience of bisexuals, distinct from that of other minority sexual orientations (e.g. Clausen, 1999; Garber, 2000; Weinberg, Williams & Douglas 1994). These theorists underscore the pressures of conforming to the socially accepted gay-or-straight binary—a binary that tends to leave bisexuals without a clear and supportive community, because both homosexuals and heterosexuals may be less accepting of bisexual individuals (Clausen, 1999). Research has shown that the substantial external pressures to conform to the gay–straight binary may result in substantial confusion, exploration, and uncertainty (Weinberg et al., 1994). Other theorists have depicted the female bisexual experience as one of invisibility and/or non-acceptance (Garber, 2000).

Internalized “Biphobia” is a problem specific to bisexuals and is defined as negative attitudes about bisexuality and bisexual people as a group and as individuals

(Bennett, 1992). Research shows that distress can arise through the struggle of bisexuals to form an affirming relationship within the broader gay, lesbian, bisexual and transgender community and simultaneous rejection by heteronormative society. (Lehavot, Balsam, & Ibrahim-Wells, 2009). Even among activists and leaders in the gay, lesbian, bisexual community, there can be notably low bisexual participation and visibility (e.g. Welzer-Lang, 2008). Bisexual women often feel that they actually belong to two communities – heterosexual and homosexual communities (Lehavot et al., 2009) – and they may experience marginalization from either or both, resulting in anticipations of rejection or discrimination and a kind of “double discrimination” because they are not fully accepted by either homosexual or heterosexual groups (Ochs, 1996). Feelings of belonging or non-belonging may depend on a variety of factors including the sex of their partner, social environment, experiences of discrimination or intrapsychic or life phase factors.

Bisexuality undoes the neat binaries of sexual identity. It impacts broad social constructions of sexuality while simultaneously alluding to the internal and psychological challenges faced by people who do not readily fit into categories of single-sex attraction (Garber, 2000). There is a constant questioning and critiquing of bisexuals implying that there should be an endpoint to this sexual category. While this maybe the case for some, there are bisexuals who maintain a bisexuality identity across time and relationships. In examining theoretical explanations for the poorer psychological outcomes of bisexual individuals, it is important to keep in mind that the experience of bisexuals is also varied. Different levels of social support (Berger, 1992), sensitivity to stigma (Lewis, Derlega, Griffin & Krowinski., 2003) and paths to a bisexual identity (Rust, 2002) may lead to

very different feelings about and approaches to an individual's bisexuality. There are differences among bisexual individuals that influence their sexual-identity development and must continue to be explored qualitatively in order to better understand this variability. Differences in resilience levels and risk factors (Weinberg et al., 1994) must be explored to further understand this variability.

Cognitive Dissonance Theory

Cognitive dissonance describes a psychological state in which an individual's cognitions – defined as emotions, values, beliefs and attitudes – are at odds with each other or with a behavior (Egan et al., 2007). Festinger's theory of cognitive dissonance is based on the premise that individuals strive toward consistency within themselves and that inconsistency between cognitions produces discomfort (Festinger, 1957). The term "consonance" is defined in his work as the consistency between what a person knows or believes and what he or she does. The term "dissonance" is defined as the existence of non-fitting relations among cognitions (Festinger, 1957). Festinger hypothesizes that the discomfort resulting from cognitive dissonance motivates the individual to reduce dissonance in order to achieve consistency. Individuals actively avoid situations and information that are likely to produce dissonance, especially when the non-fitting relations among cognitions are of high importance. Therefore, inconsistency often leads to a change in one's attitude-relevant cognitions and people often avoid cognitions that are inconsistent with an action they have performed (Fiske & Taylor, 1991). Dissonance as a motivator for cognitive change appears to be most salient when the incongruence is experienced as reflecting negatively upon the self, and its role can be attenuated by clear, self-affirming cognitions (Steele & Liu, 1983).

Festinger qualifies his theory by stating that there are some areas where dissonance is customary and therefore not problematic. For example, as adults move through life, there are more aspects of the self (mother, lawyer, sister, etc.) that may not be congruent and are normative. This point raises the question of what differentiates incongruence that leads to distress from tolerable incongruence of the variety that all individuals experience. Certain aspects of internal conflict may cause greater distress than others, and there are aspects of life and of selfhood that are inherently conflict-ridden but do not cause significant distress.

Research on cognitive dissonance has focused on a number of different areas including attitudes and prejudice (Leippe & Eisenstadt, 1994), moral cognition (e.g. Tsang, 2002), decision-making (e.g. Akerlof & Dickens, 2000), happiness (e.g. Lyubomirsky & Ross, 1999), and therapeutic practice (Axsom, 1989). There has been little research on the origins of cognitive dissonance, however. Recent work in this area indicates that it is not experiences with negative consequences or past cognitive history that teach children and nonhuman primates to change discordant attitudes, but a “core” or “automatic” need to reduce cognitive dissonance (Egan, Santos, & Bloom, 2007). In a study by Egan and colleagues (2007), both monkeys and children changed their current preferences to fit with their past decisions and experienced their previous decisions as less significant once they had chosen against them. In other words they adjusted current attitudes and preferences to more closely match the choices made in previous decisions.

There is evidence that many lesbian, gay and bisexual individuals experience varying levels of incongruence between sexual behaviors, attractions, and cognitions (Laumann et al., 1994). However, that bisexual individuals are by definition attracted to

members of both sexes raises the question of whether they experience levels of cognitive dissonance that are above and beyond those of homosexual or heterosexual individuals. Other possible sources of increased cognitive dissonance in bisexuals include seeming contradictions between behaviors and attractions and the difference between the individual's sense of her own bisexuality versus more generalized associations with a bisexual-identity label. The use of a bisexual identity as a transitory developmental stage between self-defined heterosexuality and self-defined homosexuality may leave those who are stably bisexual less able to comfortably identify as such. The problems with identifying as bisexual has been demonstrated in one convenience sample of youths who consistently identified as gay or lesbian and reported more consistency between sexual orientation and sexual behaviors (which were each same-sex centered) and scored higher on aspects of the identity integration process than youths who consistently identified as bisexuals (Rosario, Scrimshaw, Hunter & Braun, 2006).

Applying the concepts of cognitive dissonance theory, phenomena that would at least in theory reduce cognitive dissonance for homosexual individuals such as choosing a monogamous partner and having a consistent sexual-orientation identity should lead to high levels of conflict, and therefore, distress in bisexuals. For example, if a bisexual woman has a primary partner with whom she is monogamous, the theory is that she would experience conflict between the objects of her attraction (both men and women) and her behavior (singular relationship with a woman or man) because she cannot have concurrent male and female partners. Furthermore, if she is non-monogamous, the cultural demand for monogamy is in conflict with her non-monogamous practice presenting more opportunity for cognitive dissonance.

Cognitive dissonance theory can consequently be used to argue that bisexuals are continuously in conflict, given that there are aspects of bisexuality that are irreconcilable. However research demonstrates that not all adult bisexuals are in distress. There is a spectrum of psychological outcomes for bisexuals with some manifesting high levels of distress and instability and others demonstrating low distress and a more stable identity as bisexual. It may be that the difference in psychological outcomes is due to differences in the degree to which bisexuals' true sense of themselves and beliefs about themselves (real self) differ from how they present to the world (manifest behavior). If these different self states are highly disparate, there will be increased dissonance, tension and poor mental and physical health (Palsane, 2005). Further research is necessary to shed light on exactly what is dissonant for those bisexuals in distress, and whether the bisexuals without health problems express fewer feelings of conflict.

Minority Stress Theory

The other predominant theoretical framework used to explain stress among minority sexual groups as compared to heterosexuals (Herek & Garnets, 2007) is the minority stress model proposed by Meyer (2003; 2007), who defined it as “the excess stress to which individuals from stigmatized social categories are exposed as a result of their social, often minority, position” (Meyer, 2003, p.675). Within this framework, “excess stress” is understood as a real, external situation or experience within the social realm and as an internal process in which this objective reality is experienced, evaluated, and given meaning by the individual. This theoretical lens has been used to explain why the LGB population has higher prevalence of mental distress than heterosexuals (Meyer,

2003). Authors distinguish between external stressors including discrimination and gay-related stressful life events and internal stressors, which include degree of internalized homophobia and decisions to reveal or conceal one's sexual identity (Meyer, 2003; Rosario, Schrimshaw, Hunter & Gwadz, 2002).

Bisexual women may feel stigmatized by both the lesbian and heterosexual communities (Koh & Ross, 2006) and bisexual people are often viewed with suspicion and hostility from within the gay and lesbian community (Gurevich et al., 2007; Hartman, 2005; Bradford, 2004; Bronn, 2004). Independent bisexual communities only exist in large cities, are difficult to access and maintain and usually have a more restricted group of people involved (McLean, 2003; Heath & Mulligan, 2008). All of these facts, together with the absence of a clear and strong bisexual community (Rust, 2001) contribute to lower levels of minority "in-group support" for members of this minority sexual orientation. Bisexuals must mostly rely on the support of friends, family, and partners. When looking at bisexuals through the minority stress framework, a double bind emerges (Cafilisch, unpublished manuscript). To maintain support and acceptance within mainstream heterosexual society, bisexuals may feel compelled to conceal their attractions to and relationships with members of the same sex; however, to gain access to gay and lesbian "in-groups" they may feel compelled to conceal their attractions to and relationships with members of the opposite gender. As a result of this bind, bisexuals may be more likely to hide or conceal elements of their identities to gain access to community support resulting in their concealing part of themselves. Stress related to this bind may contribute to negative social and mental health outcomes, which are not mitigated by the protective in-group support enjoyed by other minority groups.

Paradox theory

Cognitive dissonance predicts that conflict stems from inconsistency between competing elements of the self that are incongruent and must be aligned or resolved to restore consonance. In fact, individuals experience many un-resolvable contradictions that threaten stability but are lived with nonetheless (Pizer, 1996). Pizer refers to these contradictions as paradox and conceptualizes them as distinct from conflict. Paradox, unlike conflict, must be tolerated and can never be integrated. Yet, unlike the lack of integration between opposing thoughts and feelings in cognitive dissonance theory's view of conflict that is associated with psychological distress, in Pizer's view of paradox the goal is simply to tolerate the balance of opposing forces without needing to disown or disconnect from these disparate aspects of the self. Pizer refers to this as bridging "through ongoing negotiations, the simultaneous existence of mutually exclusive internal, external and relational realities." Whereas "conflict may or may not be resolved – through choice, action, power or compromise," Pizer writes that a paradox "that is not foreclosed (collapsed into conflict) describes a provocative space for inclusion, play and ongoing negotiation." The kind of psychic space Pizer discusses is filled with the contradictions that individuals experience throughout their lives but that do not represent problems to solve.

Examining bisexuality under the lens of paradox permits exploration of this identity as a border crossing and a place of deconstructing and contesting binaries tolerated by the individual. It creates possibilities for questions and theories about how to understand the variability in psychological outcomes of bisexuals. Pizer's conceptualization of paradox may help explain distress levels among bisexual women in that desire, attraction, attachment, and romantic love are laced with specific

contradictions for bisexual individuals and which may need to be tolerated rather than resolved. Specifically, a bisexual individual with an advanced capacity to tolerate paradox may be able to bridge mutually exclusive internal, external and relational realities and tolerate the inherent paradox of being bisexual without being in high levels of conflict, and therefore, distress. As such, the level of distress experienced by bisexual women may not be rooted in the degree of incongruence among their fantasies, attractions and behaviors; rather, distress may be rooted in the capacity, or lack thereof, to *tolerate* the paradox inherent in this incongruence (Bromberg, 1996; Pizer, 1998).

As opposed to cognitive dissonance theory and minority stress theory, where better outcomes are associated with reduction or resolution of conflict and the congruence of identity and its respective behavioral and cognitive aspects, I suggest that according to paradox theory, better outcomes will be associated with consolidation of disparate parts of the self and the recognition that one *cannot* fully integrate all of the different self-states. Healthiest outcomes would be associated with adults with a “multiply organized self,” (Pizer, 1996) such that they are able to tolerate paradox and understand that these paradoxes will never be integrated.

I suggest that for bisexual women, tolerating paradox is likely related to the capacity to play. Play, described by Winnicott, happens in that space where our imagination is able to shape the external world without the experience of compliance, climax, or *too much* anxiety (Winnicott, 1971). Playing allows a child to operate safely on the edges between the external world and the personal reality, the dream and the imagination. Playing with a multitude of fantasies and attractions permits the individual to experience different aspects of the self without shoehorning into a limited and specific way of being. Such an ability to play can create space to express attractions for both sexes internally and relationally without causing too much anxiety through a need to

resolve disparate aspects of the self by taking on multiple partners. Where individuals are deprived of an environment that allows for play, it is expected that the capacity to tolerate paradox becomes more difficult. It is proposed that both the capacity for play and the tolerance of paradox are preceded by two requisite capacities: object-relatedness and secure attachment.

Object-Relatedness

Although definitions differ, the idea that a clear sense of self is important to psychological health is an agreed upon concept across psychological theories of personality (Blatt & Zuroff, 1992). In psychoanalytic theory, healthy object relations are fundamental to a healthy sense of self. Object relations involve the development and establishment of mental representations of the individual in relation to herself and in relation to the people around her. Internal representations are first developed in the context of actual interactions with early caregivers, and come to include internalized versions of these and subsequent interactions. These representations are referred to as “internal working models” (Bowlby, 1980).

Object relations are fundamental to the establishment of a consolidated self (Diamond, Blatt, Staynor, & Kassler, unpublished manuscript) and identity, and mature interpersonal relatedness. There are two distinct but related developmental lines that demonstrate the progression of representations of Self and Other. The first is the development of a self that is positive in nature, realistic, and consolidated. A consolidated identity is one that is “increasingly differentiated and integrated in terms of self definition.” (Diamond et al., unpublished manuscript). When there is a cohesive and consistent set of self-representations, there is a consolidated sense of Self. The second developmental line of object relations involves the capacity to “establish increasingly mature, realistically satisfying, empathically attuned, reciprocal interpersonal relationships.” Healthy psychological functioning and a mature personality organization are dependent upon the creation of a harmonious interplay between self-definition and relatedness. The two depend upon one another and build on each other: “these two

developmental processes evolve in an interactive, reciprocally balanced, mutually facilitating way throughout the life cycle” (Diamond et al., unpublished manuscript).

Overall, a healthy object world and healthy, nuanced representations of self and significant figures are expected to relate to the capacity to tolerate paradox. Without these, the individual will not internalize a stable sense of self in relation to others or self in relation to self. Psychoanalytic theorists argue that the individual’s capacity to feel stable and integrated within herself through fluctuations in emotions, self-states, and relations to others is developed in the context of consistent, positive relationships with others. Without the involvement of consistent others, internal representations of others risk being unstable and jarring, just as the developing sense of self feels compartmentalized and contingent on its surrounds. I propose that individuals with a healthy sense of self and healthy internal representations of relationships with others are more likely to tolerate the inevitable paradoxes that come with having a bisexual identity, including dual attractions and frequently incongruent behaviors and thoughts, the absence of an accepting “home” community, and the social rejection that comes with this minority sexual-orientation status. In order to tolerate the complexities of the paradoxical nature of a bisexual identity, a clear sense of self as separate from the other must be established.

Attachment

Attachment styles are defined as systematic patterns of expectations, needs, emotions, emotion-regulation strategies, and social behaviors that result from the interaction of an innate ‘attachment behavioral system’ and a particular history of attachment experiences, founded in relationships with parents or significant care givers (Bowlby, 1969; 1982). The attachment system helps explain the underlying

neurobiological dispositions, such as temperament, and their interconnection with interpersonal parent-child transactions. Healthy attachments are essential to the individual's capacity to use other people to regulate her own emotions, to engage meaningfully in interpersonal relationships, and to feel a healthy sense of self.

“Attachment security is related to the adoption of support-seeking as an affect-regulation strategy for dealing with distressing situations” (Mikulincer & Nachson, 1991, Study 3).

Three major styles are identified (Ainsworth et al., 1978) in studies of infant-mother attachment – Secure, Anxious, and Avoidant.

Attachment styles have been applied to adult relationships based on the notion of romantic love as an attachment process. Romantic love as an attachment process was first studied by Hazan and Shaver (1987) who used a three-category self-report measure to assess adult attachment, assuming that the kind of attachment patterns seen in infants would exist for adults. Hazan and Shaver focused solely on the association between attachment styles and relationship functioning and did not question the presumption that adults and infants would have the same patterns of attachment.

Brennan's work shifted the basic premise of the adult attachment paradigm by suggesting a two-dimensional model of adult attachment patterns, which is the most agreed upon approach to date (Mikulincer, Shaver, & Pereg, 2003). The two variables of this model are attachment-related anxiety and attachment-related avoidance. Those who have a high score on the attachment-related anxiety scale tend to be concerned about whether their partner is available, responsive, and attentive, and are distressed when their partner is unavailable or unresponsive. Those who are on the low end of this variable are more secure in the perceived responsiveness of their partner. Those who have a high

score on the attachment-related avoidance tend to avoid relying on or opening up to others, and have a fear of dependency and interpersonal intimacy. Those on the low end are more comfortable with intimacy and openness with others. They also are more at ease with being depended on, as well as depending on others. A secure adult would register as low on both of these dimensions whereas an insecure adult would score high on both scales (Fraley & Brumbaugh, 2004).

In sum, a secure attachment is one in which both anxiety and avoidance are low. It is proposed that secure attachment is indicative of early relationships that tolerated the individual in all of her complexities, and is consequently fundamental for individuals to tolerate paradox in themselves. This is because secure individuals tend to be more optimistic about their relationships and feel that general issues that arise outside or within the relationship can be dealt with reasonably. They believe in the good intentions of others and have a sense of control over difficult life events. They have a sense of trust and self-efficacy. They are more likely to turn to others when distressed and to disclose personal information and feelings toward significant others, expressing their emotions in a relatively open way (e.g. Collins & Read, 1990; Keelan, Dion, & Dion, 1998; Mikulincer & Nachshon, 1991). Furthermore, secure individuals disclose more intimate and emotion-laden information than avoidant individuals. A review of current research on adult attachment has shown that: “adult attachment security prospectively predicted the observed and perceived quality of adults’ romantic relationships even after prior levels of interpersonal functioning were controlled” (Holland & Roisman, 2010).

Attachment anxiety and avoidance have been found to be positively associated with self-concealment and personal problems (Lopez et al., 2002), ineffective coping (Wei,

Heppner, & Mallinckrodt, 2003; Wei, Heppner, Russell, & Young, 2006), maladaptive perfectionism (Wei, Mallinckrodt, et al., 2004; Wei et al., 2006), negative mood (Wei, Russell, Mallinckrodt, & Zakalik, 2004), and depression (Zakalik & Wei, 2006), but negatively associated with social self-efficacy and emotional self-awareness (Mallinckrodt & Wei, 2005). In sum, the characteristics associated with secure attachment are crucial for those with the capacity to tolerate paradox as they allow for the external support and capacity to feel secure in the nuance associated with managing a more complicated sexual identity.

The Importance of Belonging: Community Connectedness and Well-Being

While tolerating paradox is a crucial component of mental health outcomes, the presence of a supportive community that is accepting of one's sexual identity and does not pressure identity foreclosure (Erikson, 1966) is crucial (Cowen, 2002). Compared to other minority populations whose minority status generally cannot be concealed (e.g. racial minorities), many sexual minorities are in the position of being able to conceal their stigmatized identity either some or all of the time. At first, this might seem to be an advantage. However, research has shown that people with "invisible" minority identities score lower on self-esteem measures and demonstrate increased levels of negative affect than groups without stigmatized identities and those with visible characteristics of social stigma (Frable, Platt & Hoey, 1998).

In addition to having negative psychological consequences, concealment of identity can have profound health effects. Research on homosexual men who conceal their sexual orientation has shown them to have significantly worse outcomes in overall

physical health (Cole, Kemeny, Taylor & Visscher, 1996). These data underscore the complex and difficult psychological processes involved in negotiating an *internal* identity that is not readily understood, mirrored or celebrated by one's socio-cultural environment. For lesbian, gay and bisexual (LGB) people, the issue of concealment of one's sexual identity has broad and deep implications in a range of areas including mental health, HIV/AIDS prevention, youth homelessness, workplace/legal discrimination, risk of physical harm, maintenance of family ties and acceptance by religious and cultural groups of origin (Garnets & Kimmel, 1993).

Research clearly and effectively demonstrates the positive effects of perceived social support on emotional and physical functioning (Cohen, Underwood, & Gottlieb, 2000; Cohen, 2004; Doolin, 2010). General social support has been found to be directly related to personal self-esteem, collective self-esteem, and overall psychological adjustment; and inversely related to loneliness, depression, and externalizing behavior (Grossman, D'Augelli, & Hershberger, 2000; Waller, 2001; Zea, Reisen & Poppen, 1999). In a review of the research, Harrell concluded that attachment to an identity group (and the personal meanings of that attachment, such as worldview, cultural values, and spirituality) can buffer the negative effects of discrimination. Feelings of connectedness and perceived support from a larger community are proposed to be crucial aspects of mental health (Harrell, 2000). Similarly, Cowen (1994) includes community attachment as one of the essential components of psychological wellness.

Mental health benefits of community involvement are particularly evident for people from minority communities (Meyer, 2003; Peterson, Folkman, & Bakemen, 1996). Connectedness to LGB community is an important coping resource because it

provides access to non-stigmatizing environments and greater opportunities for positive self-appraisals (Crocker & Major, 1989; Meyer, 2003). By identifying as a sexual minority and participating in an LGB community, individuals can benefit from affirmative social norms and can create narratives about their LGB identities that reflect positive transformations of stigmatized identity and that lead to enhanced personal growth (Kertzner, 2001; Meyer & Dean, 1998). Previous research demonstrates that lesbian, gay, and bisexual communities offer members a safe environment where it is possible to connect with others, access resources, and organize for social change without threat of persecution (Harper & Schneider, 2003; Howe, 2001; Woolwine, 2000). Furthermore, decreased concealment of sexual identity, opportunity for in-group identification, and greater access to social support are strongly linked to psychological well-being (Halpin & Allen, 2004; Jordan & Deluty, 1998).

In some studies, deep ties to the LGB community have been associated with specific positive changes in functioning around critical health behaviors such as safer sex practices among gay men (Adib, Joseph, Ostrow, & Tal, 1991; Seibt, Ross, Freeman & Krepcho 1995). However, these findings have been inconsistent (O'Donnell, Agronick, San Doval, Duran, Myint-U & Stueve 2002), and gay men report varied thoughts and feelings about involvement in the larger gay community (LeBeau & Jellison, 2009). Parallel work has not been conducted to examine community attachment and health practices among sexual-minority women. Fingerhut, Peplau, & Ghavami (2005) found, however, that women who more strongly identified with and spent more time in the lesbian community reported higher levels of life satisfaction. Researchers on adolescents have also found that building community for gay and lesbian youth decreases depression

and increases feelings of support and self-esteem (Vincke & van Heeringen, 2004) and supportive relationships were linked to better psychological adjustment while negative social relationships were related to poorer adjustment (Rosario, Schrimshaw, & Hunter, 2011). Furthermore, changes in individual level identity integration were linked to supportive and negative social relationships were related to change in individual-level identity integration. The study reached the conclusion that there was a possible association between sexual-identity integration and adjustment was due to social relationships (Rosario et al., 2011). Increasing the community involvement of lesbian youth, and thereby strengthening and diversifying the larger lesbian community, has been also been encouraged in recent literature (Doolin, 2010). Community support plays a significant role in anyone's life regardless of his or her internal state, and it is especially significant for sexual minorities and other stigmatized groups. For these reasons it is predicted in the current study that community support will moderate the relationship between the capacity to tolerate paradox and mental health, such that individuals who report lower levels of community support will demonstrate a stronger inverse relationship between capacity to tolerate paradox and psychological distress than those who report higher levels of community support.

Significance of the Study

To understand why some bisexual women are more distressed than others requires an appreciation of the incongruence and contradictions that are intrinsic to bisexuality. I hypothesize that variability in distress levels among bisexual women will be primarily explained by the capacity to tolerate the paradoxes inherent in the experiences of dually

attracted women, and that this relationship will be moderated by the level of perceived community support that women report experiencing. Furthermore, I expect to find that the capacity to tolerate paradox is premised on the stability of individual object relations and attachment security. Although both of these constructs are expected to be related to psychological outcomes, I believe that these relationships will be explained (mediated) when considering the capacity to tolerate paradox.

For practicing clinicians, the importance of continually enhancing one's understanding of complex sexual identities, behaviors and attitudes cannot be overemphasized. Given clinicians of all sexual orientations are themselves raised within a heteronormative culture, it is virtually impossible to avoid the influence of underlying heterosexist biases and gaps in knowledge about lesbian, gay, and bisexual experience. Furthermore, because most clinicians are "situated in a culture that privileges a dichotomous understanding of sexual orientations" there is a dearth of clinical knowledge about the experiences and nuanced psychological phenomena of clients whose sexuality does not fit neatly into a binary system of hetero- or homosexual categorization. The internal experience of a fluid sexuality is important for clinicians to consider. If clinicians feel that their own sexuality is singularly focused on one sex or fixed in any way, it is necessary for them to consider the uniqueness of bisexual/dually attracted patients' experiences and to remain mindful of the impact of automatic assumptions of sexual invariance. This research project is designed to examine a theory about bisexual women and women with complex sexual identities for the purposes of augmenting clinical understanding and locating key areas for further research.

Chapter 2: Methods Section

Participants

This study was based on a convenience sample of 50 female adults who identified as being “dually attracted.” The statements “dually attracted” and “ongoing attraction to men and women” were used in all recruitment efforts in order to include those women who did not necessarily identify as bisexual, but who had regular, strong, and sustained attractions to both sexes and had acted on those attractions at least once in their lifetimes. Participants responded to advertisements posted in a local paper or on an internet site in the New York City area (see Appendix F). Each participant met all of the following criteria: (1) biological female (2) endorsed having ongoing attractions to women and men, (3) endorsed having been sexually active with males and females over the course of her lifetime, (3) was aged 26-36 years, and (4) was willing to participate in subsequent phases of the study. Fifty-five out of 91 people who responded to the advertisements and were screened over the phone came to their scheduled interview appointments. There was no significant difference between the 55 who came in for an interview and the 36 who screened out. Of the 55 who came in, five were deemed ineligible for reasons including having lied at screening about age or other inclusion criteria. Two participants were excluded for presenting with acute manic episodes.

Procedures

Implementation. Advertisements seeking women with “ongoing attractions to both women and men” for a research study were posted in a local (New York City) paper (AM New York) and on a local internet site (Craigslist New York). Based on the

consensus in the literature that women with ongoing attraction to women and men identify in numerous ways (Diamond, 2008), terms such as “bisexual,” “queer” or “sexually active with men and women” were purposefully not used in order to limit the sample to dually attracted women as per our definition. Potential participants were offered thirty dollars upon completion of the study if found to be eligible.

In order to enroll in the study, potential subjects contacted the research team via email or phone and consented to be screened. Individuals were screened by phone to ensure that they met the inclusion criteria, and they were then scheduled for an in-person interview, which included the baseline assessment. Baseline assessments were conducted between July 2007 and January 2008. Interviews took place in private rooms at The City University of New York’s City College or Graduate Center depending on the needs of the participant. All participants were asked to provide informed, written consent before being included in the study sample. Consent materials provided participants with a brief, written description of the study, and outlined their rights as research participants (see Appendix B). Participants indicated their consent to participate by signing the consent materials. Once written informed consent was obtained from a subject, she completed the structured questionnaires and open-ended interviews, which required approximately 60-90 minutes.

Three advanced doctoral students in clinical psychology conducted the interviews for this study. Participants in this study were each provided a unique subject number so that their data would not be linked to their names or to any other identifying information. A master sheet of subject numbers and the related identifying information of each participant was kept in one data file stored on one computer secured under a username

only accessible by password and located in a locked office. The consent forms and identifying information (e.g. name and address) were removed from participants' data and all interview materials, and are stored in confidential locked files to which only study staff have access. Open-ended interviews were conducted using digital recording devices. Audio files are identified only by subject number, and are not linked to participants' names or other identifying information. These de-identified files have been transcribed by study staff and by a professional transcription firm, which signed a non-disclosure agreement.

Files containing any identifying information will be destroyed five years after the study has been completed provided that no research work is occurring or anticipated with them. All study personnel have completed the federally required Human Subjects Protection Education Program developed by NIH. And approval by the university institutional review board was secured.

Measures

The use of mixed methods research, which combines qualitative and quantitative data (Hanson et al., 2005), facilitates the testing of the theoretical model presented here just as it permits a multi-layered understanding of the experiences and needs of this population.

Qualitative Measures:

To assess CTP and Community Support an open-ended and unstructured interview, the Focused Interview (Merton et al., 1990), was used. Interview guidelines

were established by the author of this study and were led by pre-established manualized and standardized guidelines (see Appendix A) but impromptu responses and individual adjustments are expected. It focuses on participants' experience of past events as well as their feelings about these events. As such, the researcher is able to gain insight into participants' subjective experiences. Thus, the focused interview is particularly appropriate for this kind of study where discovering the meaning that adult bisexual women attach to their sexuality and sexual experiences as well as their capacity to reflect on how these different aspects of themselves manifest in different areas of their lives is the primary goal.

Interviewers were required to read the guidelines before conducting the interview and they were responsible for conducting three practice interviews that were recorded, transcribed and peer-reviewed in order to maximize consistency across interviewers. Interviews were tape-recorded and transcribed, and transcripts were analyzed and coded. Coding the material involved careful review of each transcript by two coders, which led to the creation of a coding schema informed by the Grounded Theory approach (Glaser & Strauss, 1967; Glaser, 1992; Strauss & Corbin, 1998). All of the transcribed interviews were coded by two doctoral level clinicians independently and checked for consensus. Over 50 codes were identified, and these were grouped first into categories and then into superordinate themes. In addition, using Atlas Qualitative Coding Software, coding families were created to capture the relationships among the codes. Coding families included, but were not limited to, categories that assessed tolerating paradox (ambiguity tolerance/intolerance; integration/splitting of attachment and sexuality); positive/negative self-concepts; comfort/conflict regarding dual attractions; degree of outness (i.e. sexual-

orientation self-disclosure); and experiences of community support/stigma. Out of these categories of codes three categories were identified as being related to the superordinate theme of the capacity to tolerate paradoxical aspects of the bisexual self. These categories are described, along with the codes that each comprised, in Table 2. The capacity to tolerate paradoxical aspects of the bisexual self (CTP) was also evaluated using a more global score. Clinicians independently examined transcripts of the qualitative Focused Interview (Merton et al., 1990). Participants were rated along a five-point Likert scale insofar as the degree to which disparate aspects of their bisexuality were seen as incompatible (and needing to be split off, denied, or dissociated from one another), in conflict (and needing to be changed, fixed, resolved or figured out) or compatible (and able to coexist as seemingly contradictory aspects of each woman's complex bisexual identity). Clinicians attended to how each participant defined herself as a sexual being and the degree to which she imparted a sense of internal pressure to choose between paradoxical elements of her bisexual identity. A coding protocol was devised as a guide for the global clinical score of the capacity to tolerate paradoxical aspects of the bisexual self (see also Appendix C).

Coding protocol for the clinical score of the capacity to tolerate paradoxical aspects of the bisexual self.

1) Disparate aspects of bisexual identity are seen as incompatible and there are efforts to deny them or split them off. There is a sense of discontinuity in identity as it shifts across partners, time periods, self-definitions, and relationships. Additionally, there is a lack of recognition of the discontinuities. There are very split representations of male vs. female partners based on stereotypical representations of gender. Examples include an active decision to "eliminate" attractions to and fantasies about women, even though there is a clear identification with "being attracted to women"; expressing being in love with women but actively terminating relationships with them because it does not fit (family/ religious/ other) aspirations for the self.

2) Disparate aspects of bisexual identity are seen as conflicting and in opposition to one another, though they are acknowledged to have occurred over time. The narrative may contain binaries and these binaries are assumed to be mutually exclusive, often consistent with social norms. There is a sense of discontinuity in identity as it shifts across partners, time periods, self definitions, and relationships; however, there is a developing awareness of these shifts as contradictory and discomforting. There is clear identity diffusion; lack of a cohesive sense of self and frequently there are chameleon-like characteristics. An example is someone who reports not being attracted to men, but who can't imagine a life with a woman because of traditional upbringing.

3) Disparate aspects of bisexual identity are seen as conflicting, they are acknowledged as having occurred over time, and there are repeated efforts to “resolve” the conflicts. The interviewee demonstrates a certain pressure to choose between partners, genders, relationships, ways of defining her sexuality and gender orientation. There may be awareness of social pressures to force choices insofar as these contradictory aspects of her sexuality, and she recognizes that the external pressure is the source of discomfort, but holds the goal as being to resolve her conflicting desires (rather than to renounce this pressure). There is a sense of continuity to her sexual identity, replete with open acknowledgment of contradictions. An example is a woman who is able to acknowledge being bisexual but discusses her lack of community and how this leaves her unable to manage her bisexual identity.

4) Disparate aspects of bisexual identity are acknowledged as co-existing in dialectics. There is awareness of social pressure to choose between paradoxical aspects of her sexuality, and a conscientious effort to reject such choices as well as to reject efforts to resolve conflict. These efforts reflect an aspiration towards acceptance of paradox. Some areas that are being worked on that are seen as conflictual but there is an overall sense that it will work out in the end.

5) Disparate aspects of bisexuality are seen as paradoxical parts of a complex bisexual identity. There is a healthy integration of contradicting affections, behaviors, and constructs of gender and sexual-orientation identity and a self-compassionate acceptance of paradox that provides a sense of continuity in the identity over time. Examples include explicit statements about comfort with identity with self and others.

Inter-rater reliability was established through a comparison of scores. Both clinicians' global clinical scores for all participants were within one point of one another, and where there was a discrepancy, consensus was reached through discussion.

Inter-rater reliability was assessed before consensus discussions by determining Cohen's Kappa coefficient, $\kappa = .87$.

Object Relations Inventory (ORI). The ORI (Blatt, Stayner, Auerbach, & Behrends, 1996) is an open-ended interview used to assess aspects of mental representations by evaluating the structure and content of spontaneous descriptions of self, mother and father. Additionally, I created a second ORI scale that assessed representations of the self as a sexual being (ORI-SASB) that will be described below. For the original ORI, there are several scoring methods. This study employed the assessment of the Differentiation-Relatedness (DR) of self and object representations. The concept of Differentiation-Relatedness is based on theories of separation-individuation and intersubjectivity (Mahler, Pine, & Bergman, 1975; Stern, 1985) and evaluates the developmental quality of self and other representations, including the extent to which they are integrated and differentiated (Diamond et al., 1995).

Responses were rated by doctoral-level clinicians on a ten-point scale ranging from a lack of basic differentiation between self and other to a reflectively constructed representation that integrates aspects of self and other in mutual relatedness. A score of one on this scale, the *self/other boundary compromise* level, was assigned to responses in which a basic level of physical cohesion or integrity of representation was lacking or incomplete. A score of two, the level of *self/other boundary confusion*, was assigned to responses in which representations of self and other were depicted as physically intact and separate, but feelings and thoughts were undifferentiated and confused instead of defined or distinguishable from one another. A score of three, the level of *self/other mirroring*, was assigned to responses in which characteristics of self and other were

depicted as identical. A score of four, the level of *self/other idealization or denigration*, was given to responses in which an attempt was made to consolidate representations based on unitary, unmodulated idealization or denigration, characterized of extreme, exaggerated, unidimensional descriptions. A score of five, the level of *semi-differentiation*, was assigned to responses in which there was a dramatic oscillation between opposite qualities, indicating a tenuous consolidation of representations by polarization, or an emphasis on external features. A score of six, the level of *emergent, ambivalent constancy of self and sense of relatedness*, was given to responses in which the consolidation of divergent aspects of self and others was equivocal, hesitant, or ambivalent, characterized by appropriate conventional characteristics that lacked distinction. A score of seven, the level of *consolidated, constant self and other in unilateral relationships*, was given to responses in which thoughts, feelings, and desires were differentiated and modulated, marking increased capacity for and integration of disparate characteristics and a sympathetic understanding of others. A score of eight, the level of *cohesive, individuated, empathically related self and others*, was given to responses which included a definite sense of identity and interest in interpersonal relationships, a cohesive, nuanced, and related sense of self and others, and a capacity to understand others' perspectives. A score of nine, the level of *reciprocally related integrated unfolding self and others*, was given to responses which evinced a cohesive sense of self and others in reciprocal relationships, characterized by the transformation of the self and others in complex and evolving ways that demonstrates an ongoing unfolding. Finally, a score of ten, the level of *creative, integrated construction of self and other in empathic, reciprocally attuned relationships*, was assigned to responses that

evinced integrated reciprocal relations, including an appreciation of one's contribution to the construction of meaning in complex interpersonal relationship. Scores of ten reflect an understanding that an individual and a relationship can be regarded from multiple of perspectives. (Diamond et al., 1995; Blatt et al., 1997, pp. 359). Inter-rater reliability of this scale has been found to be .83 (Stayner, 1994).

The ORI has demonstrated its validity through its correlation with other measures of mental functioning; higher levels of differentiation on this scale were shown to correspond to therapist ratings of improvement in self-other separation and individuation over the course of psychotherapy (Diamond et al., 1990). In this study, two doctoral candidates scored each ORI. Inter-rater reliability was assessed by determining Cohen's kappa coefficient, $\kappa = .81$.

In this study, because the range of ORI scores was between 4 and 8 with very little variance across the sample, the scale was converted into a binary score, with 0 indicating ORI scores of 4 or 5, and 1 indicating ORI scores of 6 and higher. The decision to cut this binary between a score of a 5 and a 6 was a clinical decision, since scores of 6 or higher reflect the emergence of differentiated aspects of the self whereas scores of 5 or lower reflect the absence of a differentiated sense of self.

Based on the ORI, I developed the ORI-SASB (Levy-Warren, Caflisch & DeMille, unpublished scale), which assesses the quality of one's representations of oneself as a sexual being, and the degree to which the sexual self is differentiated from and related to the rest of one's identity. This scale is based on responses to a single item: "Describe yourself as a sexual being." In rating the responses, the following dimensions

are taken into account for assessing the quality of one's representations of self as a sexual being: Rigidity, complexity, time perspective, sense of agency and autonomy, relatedness and reciprocity (see also Appendix D). Scores ranged from 4 to 8, and again, for the purposes of statistical analyses and due to lack of variance across the sample, these scores were converted into a binary score with 0 representing scores of 4 or 5, the more pathological end of the self-representation spectrum, and 1 representing scores of 6 or higher, or more integrated self-representations. Interrater reliability between the two doctoral level clinicians scoring each response was assessed by determining Cohen's kappa coefficient, $\kappa = .79$.

Community Support. The community support variable was derived from the qualitative analyses of the Focused Interviews. Codes were extracted from the data that demonstrated community and/ or social support, acceptance, tolerance, and/or stigma.

Examples of each are the following:

Community/ social support:

"...my husband doesn't completely understand but he accepts it..."

"...my brother thinks it's awesome! He asks, 'when can I meet your girlfriend!'"

Community and/ or social acceptance:

"I don't feel that there is any stigma in my community at all. It is a large open community and people just do their own thing."

Community and/or social tolerance:

"My husband knew [about my bisexuality] but he didn't ever stop me. He said, 'Oh this isn't a man,' and he didn't really care..."

Community and/or social stigma:

"My husband thinks I am totally crazy... if my parents knew I was with a woman they would be horrified. I can't even think about it."

The Community Support Score was computed by first taking the sum of all support and acceptance codes for each participant. Secondly, the number of stigma codes

was subtracted from the number of tolerance codes and the remaining number was added to the number of combined support/acceptance codes. The resulting variable is highly negative when a subject experiences stigma on the whole, and close to zero when a subject experiences either 1) about equal levels of stigma/ tolerance and acceptance/support or 2) does not experience very much stigma or support/acceptance. The variable is highly positive when the subject experiences high levels of acceptance and support.

Closed-Ended Measures:

Psychological Distress. The Brief Symptom Inventory (BSI) (Derogatis, 1975) is a self-report measure (8-10 minutes to complete) that provides an overview of participant's emotional symptoms and their intensity at a specific point in time. This 53-item self-report measure assesses symptoms of psychological distress and their severity using a 5-point Likert scale (0 = not at all, 1 = a little bit, 2 = moderately, 3 = quite a bit, and 4 = extremely). Level of psychological distress was measured using the Global Severity Index (GSI) from the BSI which quantifies the severity of a subject's symptoms overall and reflects the average intensity rating for all items. It is calculated by summing up the nine symptom dimensions as well as the additional items, and dividing by total number of responses (53) (Derogatis, 1993).

Data from previous studies provide information about the reliability of the BSI. First, in terms of stability, Derogatis and Melisaratos (1983) reported 2-week test-retest reliabilities for the three global subscales, ranging from a low of .70-.75 for Psychoticism to a high of .85-.89 for Depression (Boulet & Boss, 1991; Broday & Mason, 1991; Cheng et al., 1993; Derogatis & Melisaratos, 1983). Alternate forms of reliability have

been estimated by means of correlations between subscales from the BSI and the SCL-90-R. These correlations range from .92 to .99 (Derogatis & Melisaratos, 1983).

In terms of the validity of the BSI, concurrent validity has been demonstrated through correlations between subscales on the BSI and the Minnesota Multiphasic Personality Inventory (MMPI; Boulet & Boss, 1991; Derogatis & Melisaratos, 1983), and predictive validity has been established in a number of studies (Derogatis, 1993). The reliability in this study was .94 using Cronbach's alpha ($\alpha = .94$)

Attachment-related anxiety and avoidance. The Experiences in Close Relationships (ECR) (Brennan, Clark, & Shaver, 1998) is a 36-item self-report instrument designed to measure attachment-related anxiety and avoidance and assess adult attachment to romantic partners and peers. Participants are asked to think about their close relationships, without focusing on a specific partner or friend, and rate the extent to which each item accurately describes their feelings in close relationships. The ECR items were derived from a factor analysis of most of the existing self-report measures of adult romantic attachment. The measure comprises two subscales, Avoidance (or Discomfort with Closeness and Discomfort Depending on Others) and Anxiety (or Fear of Rejection and Abandonment). The Experiences in Close Relationships instrument has shown high rates of reliability in a multitude of studies (Lopez, Gormely, & Simko, 2001; Vogel & Wei, 2005; and Fraley, Waller, & Brennan, 2000). The ECR has demonstrated a test-retest reliability Cronbach alpha rating of .93 for the Anxiety scale and the .95 for the Avoidance scale. In this study the $\alpha = .93$ for both.

Important for this study, empirical evidence demonstrates that the construct of adult attachment is similar for individuals in heterosexual and same-sex intimate

relationships. In an examination of psychometric properties of both the Adult Attachment Scale (AAS; Collins & Read, 1990) and the Relationship Scales Questionnaire (RSQ; Griffin & Bartholomew, 1994) using a sample of gay, lesbian and heterosexual couples Kurdek (2002) found that sexual orientation did not moderate any of the psychometric properties of these scales. Furthermore, an item analysis of the ECR and three other recognized questionnaires, including the RSQ and the AAS (Collins & Read, 1990; Griffin & Bartholomew, 1994; Simpson, 1990), demonstrated that the ECR scales had the best psychometric properties (Fraley, Waller, & Brennan, 2000). These results support the ECR as an optimal measure with which to assess the attachment-related anxiety and avoidance behaviors of individuals in same-sex as well as opposite sex relationships.

Sexual Risk Behavior Assessment Schedule (SERBAS). The SERBAS (Meyer-Bahlburg, Ehrhardt, Exner, & Gruen, 1991) is a semi-structured interview, which first screens for sexual activity and then assesses recent and lifetime sexual partners. For the purposes of this study a select group of questions from this assessment were used including descriptions of sexual experiences and fantasies, important sexual life events (i.e. sexual abuse), and the Kinsey ratings of sexual orientation, which rates an individual's sexuality on a 6-point scale from exclusive heterosexuality (0) to exclusive homosexuality (6) (Kinsey et al., 1948).

Demographic form. Describes basic demographic information of each participant including race/ethnicity, date of birth, current relationship status, place of birth, highest level of education achieved, and type of employment.

Data

Control Variables

Several demographic variables that could possibly account for the observed effects among the psychological variables were important to explore. In particular, I examined whether age, racial/ethnic affiliation, education, and sexual abuse history accounted for variation in scores on each quantitative measure (CTP, Community Support Measure, BSI, ECR, and the ORI). Where any of these factors was determined to have an effect on the scores, its influence was partialled from later analyses of the relationships between psychological variables.

Race

Race/ethnic affiliation was measured in a 5-category variable that included White, Black, Latino/Hispanic, Asian, and Mixed Race categories. Since only women identified as Latina/Hispanic, and to increase the number of participants in each racial category, race/ethnic affiliation was condensed into a 3-category variable for the data analyses, consisting of White ($n=19$), Black/Non-Latina ($n=10$), and Other ($n=21$) categories. Other included Latina, Asian and women identifying as Mixed Race.

Education

Highest level of education obtained by each participant was used as a proxy for socioeconomic status. A 4-category variable was derived consisting of GED/High School Diploma or less, some college less than a 4-year degree, 4-year college degree, and some graduate school or a graduate degree. A 2-category variable was derived consisting of those with less than a four-year college degree and those with at least a four-year college degree.

History of Sexual Abuse

Sexual abuse was assessed by two items—the first inquired whether each participant had endured sexual abuse before the age of 13 years; the second inquired whether each participant had endured sexual abuse since the age of 13 years. A third variable that combined positive responses on both of these items captured any lifetime history of sexual abuse.

Sample Size, Power and Precision

Given the originality of this study's hypotheses, I set an alpha of 0.05. Based on the expectation of an effect size that would be at least medium in size, it was established that a minimum of 50 participants were required to obtain sufficient statistical power for the quantitative part of the study. It was also established that forty qualitative interviews would be required to reach saturation and ensure all possible answers had been obtained¹.

Analyses

Part I of this study consisted of a discussion of the construct of the Capacity to Tolerate Paradox, assessed with a clinician-rated 5-point score. Support for this construct was examined in a qualitative analysis of the semi-structured Focused Interview. As previously discussed, a quantitative system was developed to assess whether the frequency of the codes identified using the Grounded Theory approach was related to the clinician-rated scale for the Capacity to Tolerate Paradox. This correlational analysis provided support for the construct validity of the CTP.

¹ As per personal communication between Dr. Margaret Rosario and Dr. Karolyn Siegel, an expert on qualitative methods and in particular the focused interview.

In Part II of the study, path analysis, a series of simultaneous multiple linear regressions, was used to analyze the model proposed in this study. First, the relationships between each variable in the model and demographic/ background variables (age, race, education, history of sexual abuse) were examined. The CTP score was regressed on the predictor variables, the ORI and the ECR anxiety and avoidance scales while controlling for the effects of education. Next, the BSI was regressed on the aforementioned predictor variables while controlling for the effects of education and community support to assess whether the BSI scores were related to the ORI scores and the ECR scores without including the role of CTP scores. The CTP was then added to the model to test whether it mediated the relationships between psychological distress and the predictor variables of object-relatedness and attachment insecurity (avoidance and anxiety). Lastly, whether CTP interacted with community support to affect psychological distress in the model was examined.

In Part III of this study, other interesting findings relative to the capacity to tolerate paradox in bisexual women extracted from the qualitative analyses were summarized.

Chapter 3: Results

Description of the sample

The sample consisted of 50 biological women who were between the ages of 26 and 36 at the time of the interview. The mean age was 29.6 years ($SD=3.10$, median = 29, mode =26). The majority of the sample ($n = 19$; 38% of the total sample) identified as White or European American, not of Latino descent. Self-identifying African Americans, Blacks, or Black Caribbeans not of Latino descent made up the next largest portion of the group ($n = 10$; 20% of the total sample). There were eight participants (16%) who identified as Latino/ Hispanic, four (8%) who identified as East Asian/ Middle Eastern/ South Asian/ Southeast Asian. Lastly, nine participants (18%) identified as mixed race or identified as having at least two ethnic and or racial affiliations.

Women in this sample were mostly well educated: Only 30% of the sample had less than a 4-year college degree. All but three individuals (94% of the total sample) had obtained at least a GED or high school diploma. Twenty percent of the total sample ($n = 10$) had taken some college courses or obtained a 2-year college degree and 70% of the sample ($n = 35$) had at least a 4-year college degree. Fourteen of these participants (28% of the total sample) had either obtained a graduate degree or taken some graduate courses.

Consistent with the average education level of the sample, participants had high levels of employment, with 70% of the sample being employed. Eighteen participants (36%) had full time employment and 17 participants (34%) had part time employment. Fifteen of the participants (30% of the total sample) were students and all but one of them worked part-time or full-time jobs, with most of them ($n = 9$) working full-time.

Interestingly, only one of the 15 unemployed individuals was a student. Over half of the sample ($n = 27$ or 54%) reported an annual income of less than \$39,999. Two individuals did not report their income, and the remaining 21 individuals (42%) reported an annual income of \$40,000 or greater. Forty percent of the sample ($n = 20$) reported a household income of at least 40,000, while 54% ($n = 27$) made less than that.

Many of the participants in the sample ($n = 21$, 42% of the total sample) reported having no religious affiliation. Seven participants reported being Catholic, two reported being Jewish, and one reported being Protestant. Sixteen other participants labeled their religion as “other,” and three reported being agnostic. Additionally, participants rated their religiosity on a five-point Likert scale from 1 (not religious at all) to 5 (very religious). The mean score for the total sample was 2.50 ($SD = SD = 1.33$, median = 2.50, mode = 1). Twenty-two of the individuals in this sample rated themselves as either average (score of 3) or above average (score of 4) on religiosity.

Participants’ sexual identified sexual orientation was assessed along a five-point scale ranging from “exclusively heterosexual” to “exclusively homosexual,” with “bisexual” serving as the mid point on the scale (Table 1).

Table 1

Self-reported scores on sexual orientation scale.

	Sexual Orientation Continuum				
	Exclusively heterosexual	Mostly heterosexual	Bisexual	Mostly homosexual	Exclusively homosexual
<i>N</i> of 46 who responded on the continuum*	1	6	37	2	0
(%) of total sample, <i>N</i> =50	(2%)	(12%)	(74%)	(4%)	(0%)

*Four participants did not provide information

Additionally, there was the option to define as “uncertain or questioning.” Two of the 50 participants did not provide answers, and two more individuals described themselves as “uncertain, questioning.” Of the 46 participants who rated themselves along the continuum, the vast majority ($n = 37$, or 74% of the total sample) defined themselves as bisexual. Of those who did not label themselves as bisexual, most labeled themselves as more heterosexual than bisexual: ($n = 6$ “mostly heterosexual”; $n = 1$ “exclusively heterosexual”). Only two individuals labeled themselves as “mostly homosexual.”

One half of the sample reported being single at the time of the interviews. Of the remaining 24 participants who answered this item, five (10% of the total sample) reported having a girlfriend, ten (20% of the total sample) reported having a boyfriend, four (8% of the total sample) reported being involved in more than one romantic relationship, and five (10%) reported being in committed partnerships, marriages, or civil unions with men.

Part I: Support for the construct of the Capacity to Tolerate Paradox (CTP)

CTP Clinical Score

The bisexual experience of women implies the coexistence of disparate attractions, behaviors, identities, constructions of gender and/or fantasies that may be experienced as being in opposition with one another. I reasoned that individuals who see the disparate aspects of their sexuality as mutually exclusive and/or in conflict are at risk of greater levels of psychological distress. In contrast, I reasoned that individuals who conceptualize their disparate affections, behaviors, gender and sexual-orientation identities as paradoxes to be tolerated instead of conflicts to be resolved are likely to have lower levels of psychological distress. It was hypothesized that the capacity to tolerate the paradoxical aspects of the bisexual self would be inversely related to psychological distress.

As described previously in the methods section, the capacity to tolerate paradoxical aspects of the bisexual self was evaluated clinically by two doctoral level clinicians who examined transcripts of the qualitative Focused Interview (Merton et al., 1990) and rated participants along a five-point scale insofar as the degree to which disparate aspects of their bisexuality were seen as incompatible (and needing to be split off, denied, or dissociated from one another), in conflict (and needing to be changed, fixed, resolved or figured out) or compatible (and able to coexist as seemingly contradictory aspects of each woman's complex bisexual-identity) (see also the coding protocol, Appendix C).

Scores on the CTP fell in a normal distribution, as shown in the Figure 2, with a mean of 3.10, mode of 3.0, and median of 3.0 ($SD = 1.06$). A CTP score of 3 refers to disparate aspects of bisexual identity being seen as in conflict; they are acknowledged as having occurred over time, and there are repeated efforts to “resolve” the conflicts.

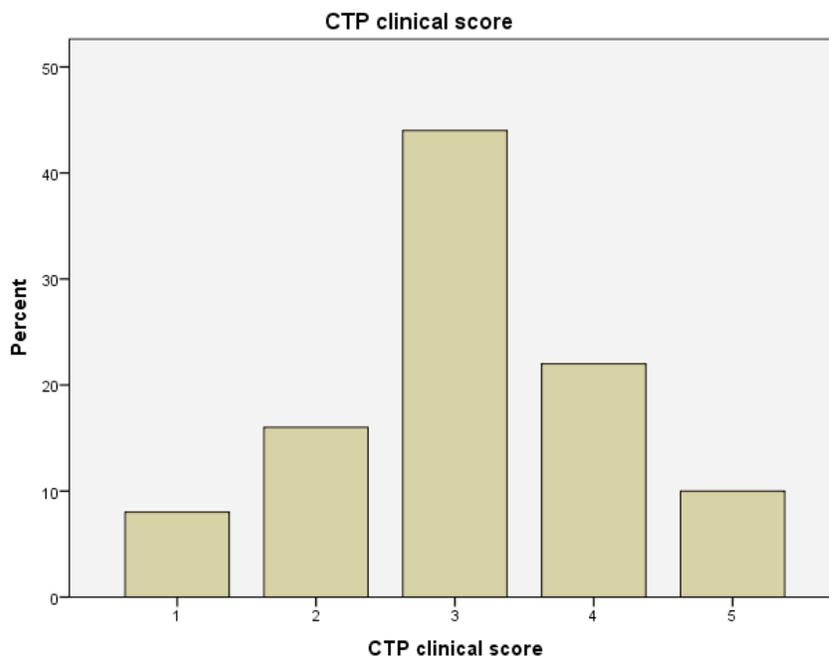


Figure 2. Percentile distribution of CTP scores.

Covariates. It was important to assess whether demographic variables including age, race, education, and history of sexual abuse varied with scores on the CTP and all other model variables. No significant relationship was found between age and CTP scores ($r = 0.22, n = 50, p = 0.13$). One-way Analyses of Variance revealed no relationship between race (3-category) and CTP scores ($F(2, 47) = 2.69, p = 0.08$). A one-way Analyses of Variance test assessing the effects of 4-category education on CTP scores was not significant ($F(3, 46) = 2.302, p = 0.09$). However, when the sample was divided into those with a high school diploma or less and those with education beyond a high school

diploma, there was a significant difference between mean CTP scores ($F(1,48) = 6.75, p = 0.01$). History of sexual abuse was not found to be related significantly to mean scores on the CTP ($F(1, 48) = 0.006, p = 0.94$). Thus of all the demographic and abuse variables that were examined, only education was significantly related to CTP.

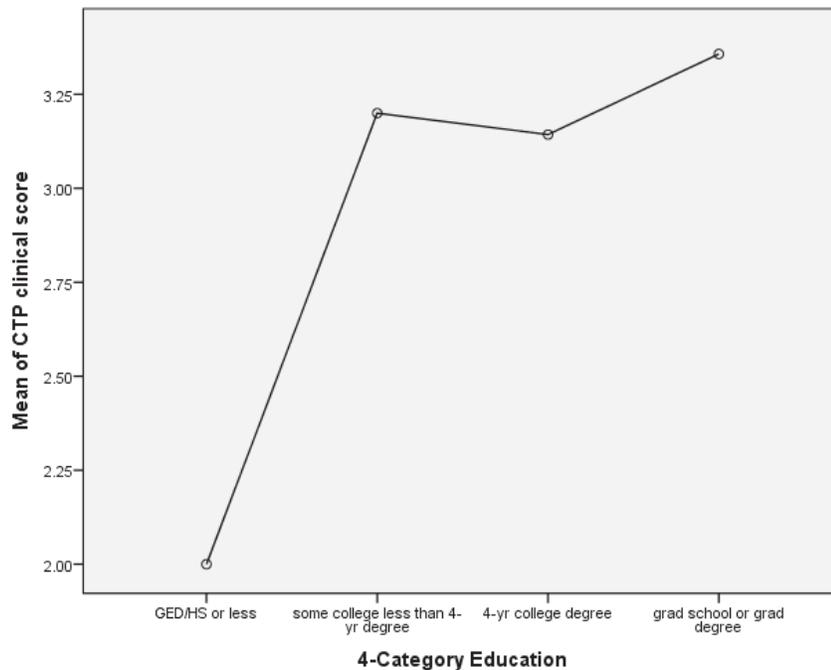


Figure 3. Mean CTP scores across 4-category highest education obtained.

Exploration of constructs underlying the Capacity to Tolerate Paradox

Blind to the clinical CTP scores, the investigators used grounded theory to examine the Focused Interviews. Over 50 codes were identified, and these were grouped into categories, and categories were grouped into superordinate themes. Three categories of codes were identified as being related to the superordinate theme of the capacity to tolerate paradoxical aspects of the bisexual self. These categories are described below, along with the codes that each comprised (Table 2).

Table 2

The Operationalization of The Capacity to Tolerate Paradox: variables, categories and codes associated with different levels of CTP

Category	Variable	Tolerance of Paradox	Code	Examples
Identity Cohesion	Identity Cohesion	Low	Identity Disconnect	"I was with a woman, but now I'm with a man so I'm straight."
		Med	Identity Conflict	"I don't know what to do because I'm attracted to both men and women but I can't have that in my life. I don't have a group of friends, I can't have a family that way."
		High	Identity Integration	"I think I always knew I was attracted to men and women. My whole life. It isn't a problem for me."
	Approach Towards Identity Processing	Low	Avoiding Processing	I: How do you generally feel about your bi-sexuality? S: I feel fine. I: And any kind of conflict about it at all? S: No. I: Has that changed over time? S: No
		Med	Discrepant	At least one "avoiding" code and at least one "identity processing" code.
		High	Identity Processing	"I'm now becoming familiar with this feeling and trying to understand myself like this, cause it's for thirty-three years I've been with guys, I mean in love with guys... and for me now, all of the sudden to be feeling like this, aware of how I feel and aware of the attraction I have to women is new, and I'm getting accustomed to it. It's just a new thing right now."
Emotional vs. Sexual Aspects of Attachment	Low	Split Attachment and Sexuality	"I'm married to a man because it gives me comfort and security but I really only want to fuck women."	
	Med	Discrepant	At least one "split" code and at least one "integrated" code.	
	High	Integrated Attachment and Sexuality	"I feel very connected to women because there's something very safe, very emotionally intimate with my relationships. And then sexual component feels even more satisfying."	
Ambiguity and Tolerance	Orientation Towards Closure	Low	Pressure for lack of closure	"I have to make a decision to be with a man or a woman. It's not ok for my parents, it's not ok for my community."
		Med	Discrepant	At least one "pressure" code and at least one "accepting" code.
		High	Accepting lack of closure	"I don't think it's a conflict to be attracted to both men and women. Some day I might choose, or not. I don't know."
	Orientation Towards Loss	Low	Stuck in Loss	"I feel good that I'm married to a man now. I mean I miss being with a woman. I really miss it. I don't know. I guess I'm just straight now. It's just hard."
		Med	Discrepant	At least one "stuck" code and at least one "reflective" code.
		High	Reflective of loss	"Now I have mostly bi and gay friends. My straight friends kind of got the short end of the stick because now I just mostly hang with GLBT community. They understand it though, I think. I mean we all make choices and we deal with them. I still love my straight friends."

Category 1: Identity Cohesion

Identity cohesion involves participants' ability to think about disparate aspects of their identities without relying on defensive dissociation. Three codes were identified, representing different degrees of identity cohesion, from lowest to highest:

A1. Identity Disconnect: Statements that reflected active efforts to cut off or dissociate certain aspects of the self. Individuals who made these statements tended to disown prior attractions and behaviors as they described their current sexual self-concepts.

A2. Identity Conflict: Statements that reflected acknowledgement of disparate aspects of one's self-identity, but the presence of some continued degree of conflict.

A3. Identity Integration: Statements that reflected acknowledgment and acceptance of contradictory aspects of one's sexual identity. The individual demonstrated an ability to reflect coherently on her own experience of her bisexuality (dual attractions) and to hold multiple self states in mind. Another aspect of Identity Cohesion was the individual's approach towards processing her sexual identity. Two codes were identified in this area:

B1. Avoiding Processing: Statements that demonstrated an active aversion to reflecting on one's sexual identity.

B2. Identity Processing: Statements that demonstrated a capacity and inclination to process and reflect upon one's sexual identity.

Category 2: Emotional and Sexual Aspects of Attachment

This category of codes involved the degree to which participants felt the need to separate the emotional aspects of their romantic attachments from the sexual and physical aspects of their romantic attachments. This category was derived from two codes.

A1. Split emotional-sexual aspects of attachment: Statements that reflected the participant's need to separate the emotional function of the romantic relationship from its sexual function.

A2. Integrated emotional-sexual aspects of attachment: Statements that reflected the participant's capacity to integrate the relationship's physical/sexual functions with its emotional functions.

Category 3: Ambiguity Tolerance

Ambiguity Tolerance involves participants' abilities to cope with pressures to choose between paradoxical choices (e.g. the gender of a partner, one partner vs. multiple, different ways of self-defining) as well as their emotional reactions to foreclosing on (i.e. losing) aspects of their identities when making choices. The first two codes center on participant's orientation towards closure:

A1. Pressure for closure: Statements that displayed a sense of pressure to choose between aspects of one's bisexual identity. Individuals who made these statements imparted the sense that they needed to "resolve" their bisexuality.

A2. Accepting lack of closure: Statements that displayed participants' acceptance with the fact that their bisexual identity involves not necessarily fitting into social categories and a willingness to resist the pressure to choose between aspects of their sexuality.

The second two codes focused on emotional reactions to the losses inherent in choosing certain aspects of their identity over others.

B1. Stuck in Loss: Statements that demonstrated the individual's struggle to accept that there is a loss inherent in choosing certain aspects of her bisexual identity.

B2. Reflective about loss: Statements that demonstrate the individual's capacity to accept and reflect upon the inherent losses that come with her sexual choices.

Support for construct validity of Clinical CTP Scores and qualitative assessment of CTP

Clinical CTP scores were subjected to a test of construct validity by examining whether means scores differed across quantitative codes relevant to tolerating paradox. The qualitative CTP data were quantified such that when a participant provided one or more statements that fell into a given code, she received the score of 1 for that code. Otherwise the score was 0. In this manner, the fact that an individual endorsed a given code was taken into account although the frequency with which an individual endorsed a given code was not taken into account. The score's valence (0 or 1) simply reflected the presence of a CTP characteristic: Avoiding Processing vs. Identity Processing; Split Emotional and Sexual Attachment vs. Integrated Emotional and Sexual Attachment; Pressure for Lack of Closure vs. Accepting Lack of Closure; Stuck in loss vs. Reflective about loss.

For each of these binaries, a third, level was developed that captured a middle score between the two extremes of each binary. Participants received a value of 1 for the middle level of the code if they endorsed statements that fell under both ends of the binary at hand. For example, an individual who had one statement coded under Stuck in Loss and a separate statement coded under Reflective about Loss, received a value of a 1 under the middle code, Discrepant for Loss and was given a score of 0 for each of the other two poles of the binary. By creating a third level for each of these binaries,

participants were rated as being in uniquely one of three levels for each code (see Table 2). For each of these sets of codes, a variable was created with possible scores of -1 (split), 0 (discrepant), or 1 (integrated) for each construct. Individuals who had no codes received a score of 99 for missing data.

One-way Analyses of Variance were conducted to assess whether participants' scores on the qualitative interview for Identity Cohesion, Identity Processing, Emotional-Sexual Aspects of Attachment, and Orientation Towards Closure were related to mean scores on the clinician rated Capacity to Tolerate Paradox.

Identity Cohesion. Identity Cohesion involved the ability to integrate disparate aspects of one's various identities (Identity Disconnect, Identity Conflict, Identity Integration). Of the 50 participants in the sample, 37 made statements that were rated as Identity Cohesion codes. Although One-way Analyses of Variance revealed that the relationship was not significant, ($F(2, 34) = 2.57, p = 0.09$), it is notable that mean CTP scores for each group differed in the direction that was expected (Figure 4). Among participants with Identity Disconnect codes, ($n = 10$), the mean CTP score was 2.30, ($SD = 0.82$), whereas among participants with Identity Discrepant/Conflict codes ($n = 18$), the mean CTP score was 3.0, ($SD = 1.09$), and among participants with Identity Integration codes ($n = 9$), the mean CTP was 3.33, ($SD = 1.12$).

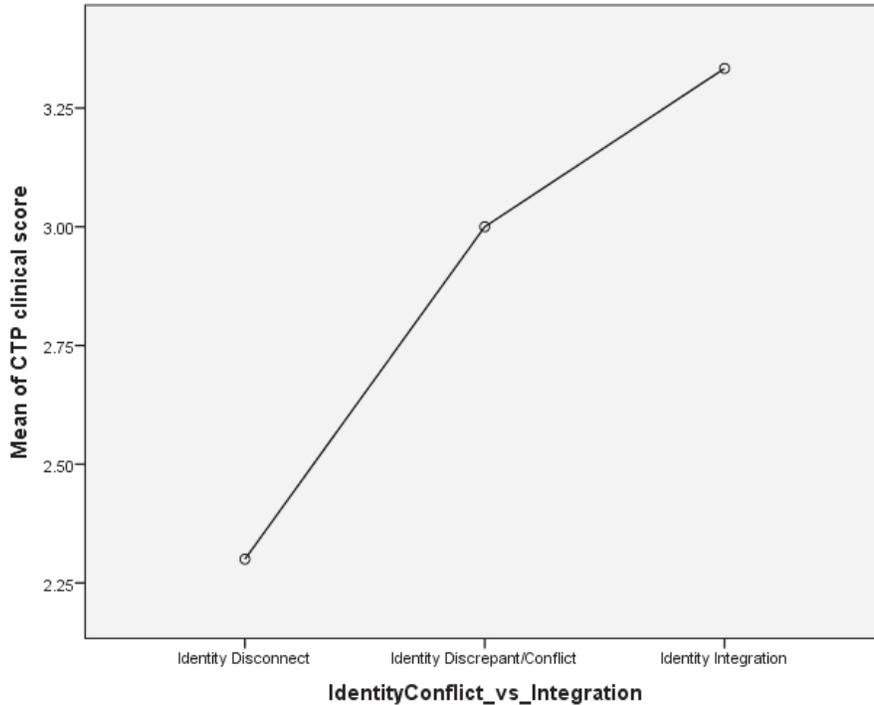


Figure 4. Mean CTP scores across Identity Conflict/ Identity Integration codes.

In order to increase power, t-tests were conducted to compare mean scores on the Capacity to Tolerate Paradox across extreme groups-- individuals whose qualitative codes revealed they were disconnected from aspects of their sexual identities (n=10) and individuals whose codes revealed integration of disparate aspects of their sexual identities (n=9). Individuals who were coded for both identity disconnect and identity integration (i.e. discrepant for identity cohesion) were left out of this analysis. There was a significant effect for identity cohesion, $t(18) = 4.03$, $p < .001$, with participants who disconnected aspects of their identities having lower mean scores on the CTP than participants who integrated disparate aspects of their identities.

Identity Processing. Of the 50 participants in the sample, 31 made statements that were rated as identity processing codes. Again, although One-way Analyses of Variance

revealed that the relationship was not significant ($F(2, 28) = 2.41, p = 0.11$), the mean CTP scores differed across groups in the direction that was expected (Figure 5). Among participants with Avoiding Processing codes, ($n = 4$), the mean CTP score was 2.25, ($SD = 0.96$), whereas among participants who were discrepant for processing ($n = 3$), the mean CTP score was 3.33, ($SD = 1.53$), and among participants with Identity Processing codes ($n = 24$), the mean CTP was 3.42, ($SD = 1.03$).

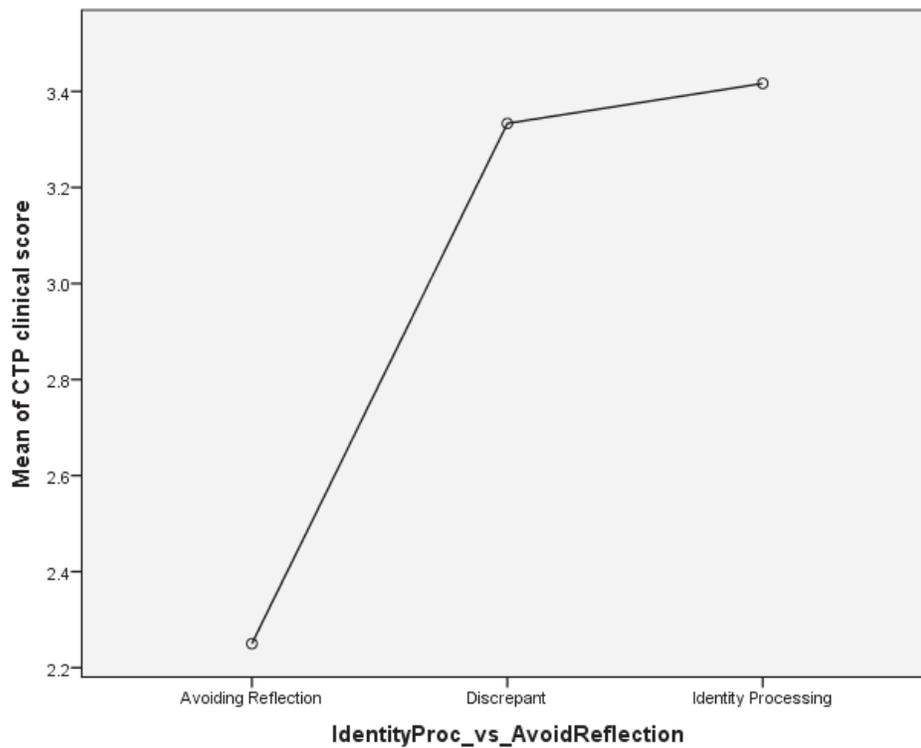


Figure 5. Mean CTP scores across Avoiding Reflection/ Identity Processing codes.

In order to increase power, t-tests were conducted to compare mean scores on the Capacity to Tolerate Paradox across extreme groups-- individuals whose qualitative codes revealed they were avoiding reflection on their sexual identities ($n=4$) and individuals whose codes revealed they were processing their sexual identities ($n=24$). Individuals who were coded for both avoidance and processing (i.e. discrepant for

processing) were left out of this analysis. There was a significant effect for identity processing, $t(27) = 17.12, p < .001$, with participants who were avoiding reflection about their identities having lower mean scores on the CTP than participants who were actively processing their identities.

Emotional and Sexual Aspects of Attachment. One-way Analyses of Variance revealed that individuals' capacity to integrate emotional and sexual aspects of their romantic attachments (Split Emotional-Sexual Attachments, Discrepant Emotional-Sexual Attachments, Integrated Emotional-Sexual Attachments) was significantly related to clinician ratings of Capacity to Tolerate Paradox ($F(2, 22) = 6.895, p = 0.01$). Of the 50 participants in the sample, 25 made statements that were rated as Emotional-Sexual Attachment codes. Among participants with Split Emotional-Sexual Attachment codes, ($n = 11$), the mean CTP score was 2.64, ($SD = 0.51$), whereas among participants who were Discrepant for Emotional-Sexual Attachment ($n = 10$), the mean CTP score was 3.10, ($SD = 0.88$), and among participants with Integrated Emotional-Sexual Attachment codes ($n = 4$), the mean CTP was 4.25, ($SD = 0.96$). Post-hoc Tukey HSD test revealed mean CTP scores for individuals with both split and discrepant Emotional-Sexual Attachment codes were significantly different from mean scores for individuals with Integrated Emotional-Sexual Attachment Codes. However, mean CTP scores for those in the split and discrepant groups were not significantly different from one another.

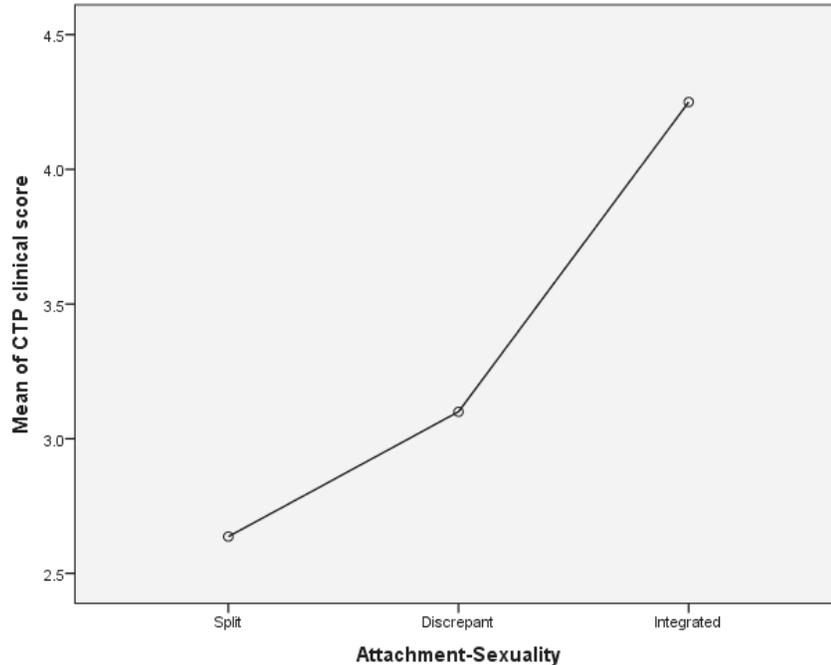


Figure 6. Mean CTP scores across Attachment-Sexuality codes.

Ambiguity Tolerance: Orientation towards closure. One-way Analyses of Variance were conducted to examine whether mean CTP scores varied with individuals' orientation towards societal pressures to foreclose upon aspects of sexual identity (Pressure for Closure, Discrepant, Acceptance of Lack of Closure). Thirty-nine participants made statements that were rated as Orientation Towards Closure codes. The relationship was found to be significant ($F(2, 36) = 9.11, p = 0.001$). Individuals who expressed pressure to foreclose on aspects of their sexual identities ($n = 11$) had a mean CTP score of 2.45 ($SD = 0.93$), whereas those who were discrepant for orientation towards closure ($n = 20$) had a mean CTP score of 3.55 ($SD = 0.89$), and those who expressed acceptance of a lack of closure ($n = 8$) had a mean CTP score of 4.0 ($SD = 0.54$). Post-hoc Tukey HSD tests revealed that CTP scores for individuals who expressed pressure for closure were significantly different from means scores for both of the other

groups. However, mean CTP scores for those in the discrepant group and those who expressed acceptance of a lack of closure did not differ significantly.

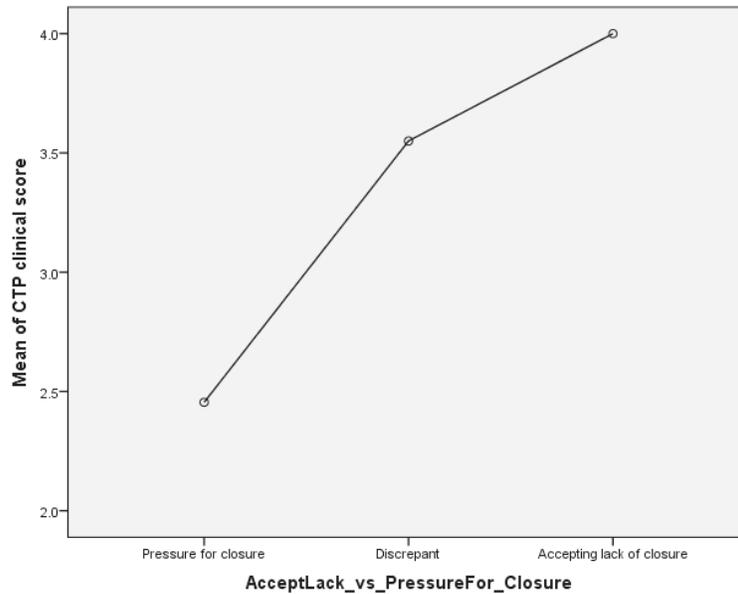


Figure 7. Mean CTP scores across codes for orientation towards closure.

Orientation towards closure proved to be the qualitative code most strongly related to CTP ratings, perhaps by virtue of the high number of participants whose articulated information about this subject.

Ambiguity Tolerance: Orientation towards loss. One-way Analyses of Variance were conducted to examine the relationship between CTP scores and individuals' orientation towards losses inherent in the bisexual identity (Stuck in Loss, Discrepant, Reflective About Loss). Only 9 participants made statements that were rated as Orientation Towards Loss codes. The relationship was not found to be significant ($F(2, 5) = 1.95, p = 0.24$). However, as Figure 8 demonstrates, mean CTP scores for each group differed in expected ways, with those who expressed statements reflecting that they were Stuck on Loss, ($n = 2$), having the lowest mean CTP score, 2.5, ($SD = 0.71$), those who were Discrepant for Loss ($n = 1$) having a mean CTP score of 3.0, (SD incalculable),

and those who were Reflective about Loss ($n = 5$) having a mean CTP score of 3.8, ($SD = 0.84$).

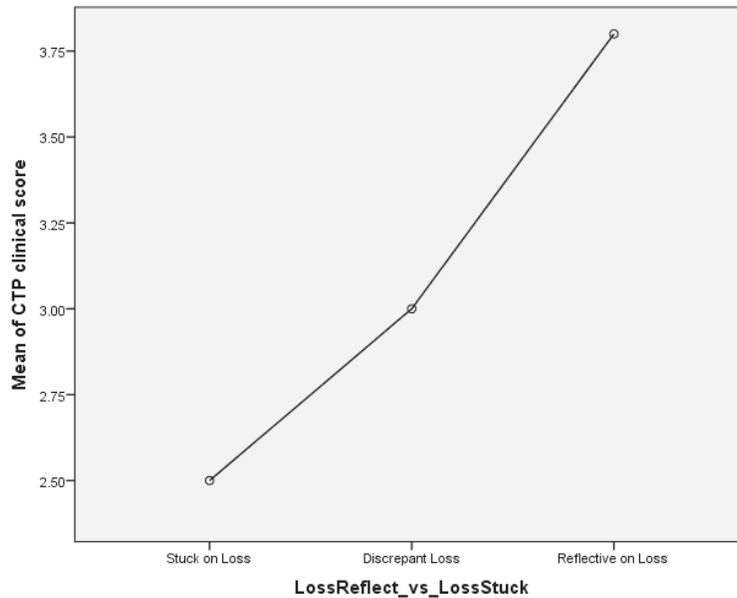


Figure 8. Mean CTP scores across codes for Orientation Towards Loss.

In order to increase power, t-tests were conducted to compare mean scores on the Capacity to Tolerate Paradox across extreme groups-- individuals whose qualitative codes revealed they were stuck on loss ($n=2$) and individuals whose codes revealed they were reflective about loss ($n=5$). Participants who were coded for both being stuck on loss and being reflective about loss (i.e. discrepant for orientation towards loss) were left out of this analysis. There was a significant effect for orientation towards loss, $t(6) = 9.23$, $p < .001$, with participants who were stuck on loss having lower mean scores on the CTP than participants who were reflective about loss.

The qualitative codes drawn from the Focused Interview, in particular the categories of Identity Cohesion, Identity Processing, Emotional-Sexual Aspects of Attachment, and Orientation towards Closure, provide evidence for the construct validity of the clinical score for the Capacity to Tolerate Paradox. For the remaining hypotheses

the clinical score will be used to assess the relationship between tolerating paradox and psychological outcomes.

Part II: Testing the model: Is the Capacity to Tolerate Paradox related to distress after controlling for Demographic Variables?

The central question of this dissertation is whether the capacity to tolerate paradoxical aspects of one’s bisexual identity is related to psychological distress. As stated above, the only demographic variable examined that was found to be related to CTP scores was the achievement of education beyond a high school diploma (Table 3).

Table 3

Relationships between personal and demographic characteristics and the theoretical factors”

	Demographic Variables											
	Age			Race			Education			Hx Sexual Abuse		
Data type	Continuous			3-Category			2-Category			2-Category		
Categories				Black vs. White vs. Other			≤HS Diploma vs. >HS Diploma			Hx vs. No hx.		
Statistical Procedure	Pearson’s product-moment correlation			ANOVA			ANOVA			ANOVA		
	<i>r</i>	<i>N</i>	<i>p</i>	<i>F</i>	<i>df</i>	<i>p</i>	<i>F</i>	<i>Df</i>	<i>p</i>	<i>F</i>	<i>Df</i>	<i>P</i>
CTP	.22	50	.13	2.69	2,47	.08	6.72	1,48	.01*	.01	1,48	.94
BSI: GSI	.20	49	.18	.11	2,46	.90	.05	1,47	.82	.02	1,47	.88
ORI	.19	50	.19	2.27	2,47	.11	.34	1,48	.56	2.76	1,48	.10
ECRanxiety	.01	50	.94	.01	2,47	.99	1.68	1,48	.20	.00	1,48	.96
ECRavoidance	.02	50	.91	.00	2,47	1.00	.00	1,48	.98	.11	1,48	.74
CommunitySupport	.10	50	.47	4.02	2,47	.03*	.42	1,48	.52	.06	1,48	.81

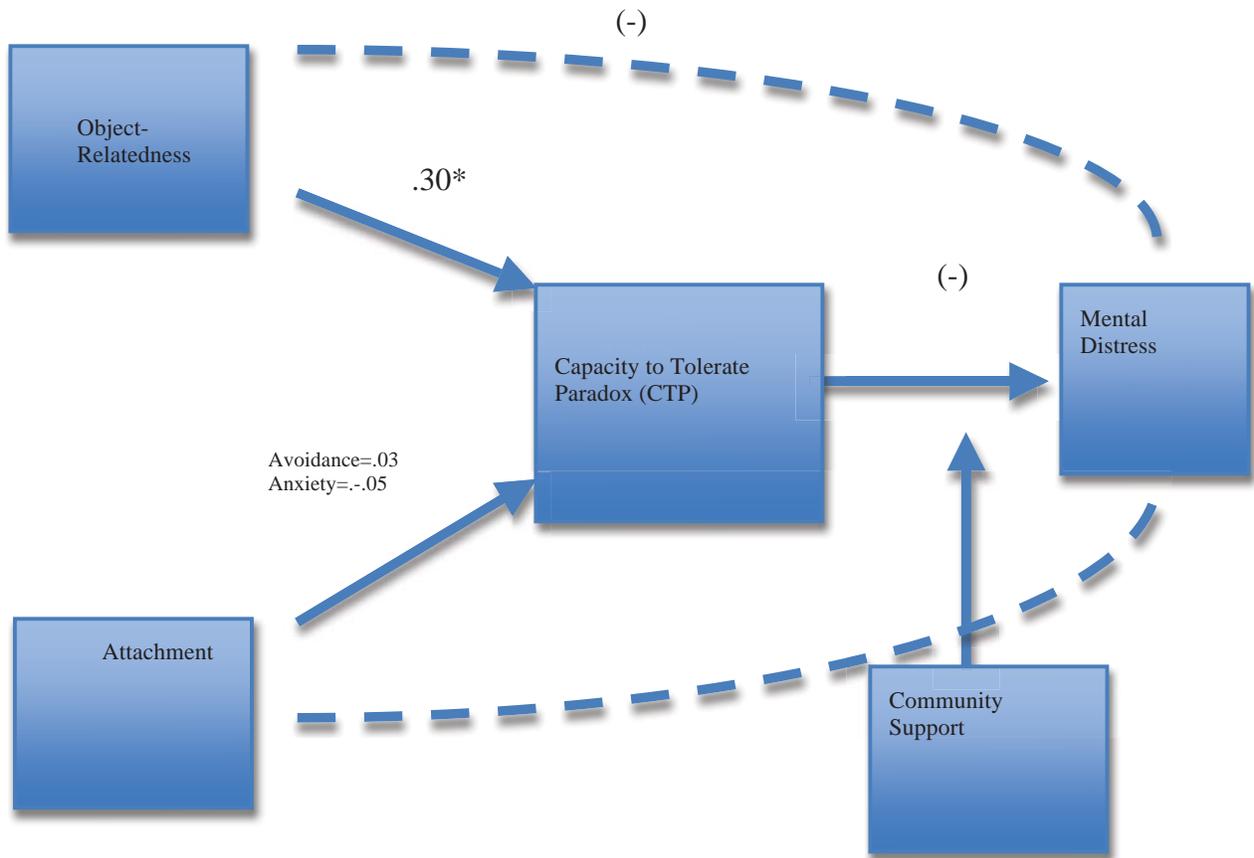
CTP=Capacity to Tolerate Paradox
 BSI:GSI= Global Severity Scale on the Brief Symptom Inventory (Distress)
 ORI=Object-Relatedness Index
 ECRanxiety= Attachment Anxiety on the Experience of Close Relationships scale
 ECRavoidance= Attachment Avoidance on the Experience of Close Relationships scale

As Table 3 indicates, neither age nor history of sexual abuse were significantly related to the theoretical factors. However, educational attainment greater than or equal to a high school diploma was associated with a greater capacity to tolerate paradox. Consequently, subsequent analyses of CTP were controlled for education. Two-category education was not related to any of the other theoretical constructs. Individuals of identified Asian, Latina or mixed race reported less community support for their bisexuality (mean = -0.48, $n = 21$, $SD = 3.91$) than did White individuals (mean = 2.68, $n = 19$, $SD = 3.11$). Subsequent analyses of community support consequently were controlled for race. History of Sexual Abuse was uniquely related to the scale on the ORI that assessed each woman's sense of herself as a sexual being. Contrary to expectations, however, history of sexual abuse was associated with higher scores on the ORI Self as Sexual Being Scale (mean = 0.96, $n = 23$, $SD = .21$) compared to those with no history of sexual abuse (mean = 0.74, $n = 27$, $SD = .45$). Given that the Self as Sexual Being Scale was developed in this study and has not been subjected to tests of construct validity, this finding was particularly concerning and led to the decision not to use it in subsequent analyses.

Results from the main hypotheses and from testing the model.

This dissertation proposed five hypotheses that described the relationships between variables (Figure 1). To test the first hypothesis, that attachment security and object-relatedness are directly related to the capacity to tolerate paradox, the capacity to tolerate paradox was regressed on object-relatedness, attachment related anxiety and attachment related avoidance. Because having at least a four-year college degree was

significantly related to the capacity to tolerate paradox, the effects of education were controlled (Figure 10). A differentiated sense of self that nevertheless relates to others was related to the capacity to tolerate paradox. However, there was no relationship between the capacity to tolerate paradox and either attachment related anxiety or attachment related avoidance.



**p is less than or equal to .05.*

Figure 9

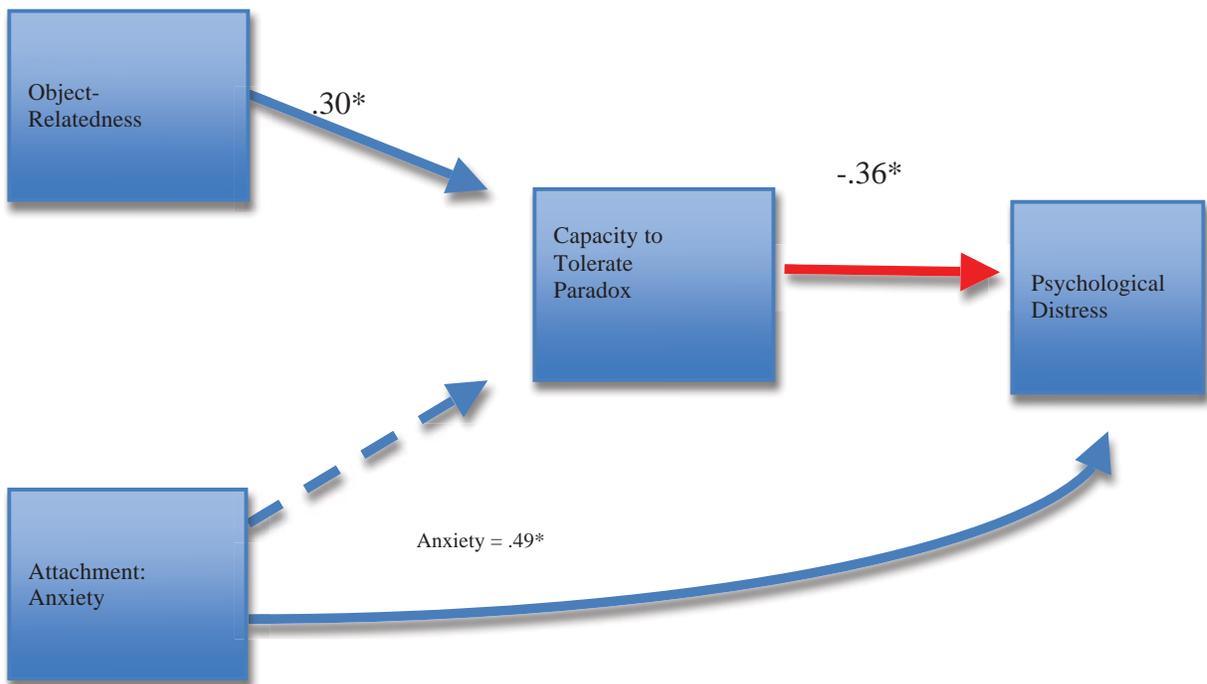
Next, our measure of psychological distress was regressed on the aforementioned predictor variables controlling for education and community support to assess if psychological distress was related to object-relatedness and attachment security without factoring in the effects of the capacity to tolerate paradox, as predicted in hypothesis

2. Distress proved to be directly related to attachment related anxiety ($\beta = 0.49, p = .001$) but not attachment related avoidance or object-relatedness.

Next, I added the capacity to tolerate paradox to the analysis such that psychological distress was regressed on all predictor variables, controlling for education and community support. This analysis served two functions. The first was to determine whether the capacity to tolerate mediated the relationship between psychological distress and attachment related anxiety, as predicted by hypothesis 3. Results disproved this hypothesis, as seen in Figure 10. Secondly, this analysis allowed us to examine whether capacity to tolerate paradox was inversely related to the psychological distress, controlling for education and community support, as posited in hypothesis 4. This finding was substantiated. As capacity to tolerate paradox increased, psychological distress significantly decreased, and vice-versa, see Figure 10.

Lastly, I examined whether the capacity to tolerate paradox interacted with community support to affect psychological distress in our model, as predicted by Hypothesis 5. The main effects of both CTP and community support were centered about their respective means before their product was computed. Next, a product term of these centered variables was generated. A hierarchical regression was conducted, with the first step being to enter the main effects and covariates, and the second step being to enter the product term. In this manner, distress was regressed on the interaction variable subsequent to being regressed on all other predictor variables. The analysis revealed the capacity to tolerate paradox did not interact with community support to effect psychological distress, and this hypothesis was disproven. Additionally, the main effect of community support on psychological distress was also found to be non-significant. In

sum, there was one main effect: the capacity to tolerate paradox was negatively related to psychological distress.



*p is less than or equal to .05.

Figure 10

PART III: Other findings from the qualitative data:

Reflecting upon the individual experiences of the subjects, as described in their own words, yields an opportunity to see the manifestation of the theoretical model. While the previous sections highlighted the relationships among the theoretical variables, the two case descriptions below offer insight into the way participants thought about themselves, their families, friends and communities. By offering samples of the interviews from women on each end of the capacity to tolerate paradox and object-relatedness spectrum there is the opportunity to get a real sense of how these variables are felt and experienced in the daily lives of these individuals.

Case Studies: An example of each end of the spectrum

“Sarah” (ORI=8/8/8; CTP = 5)

At the time of the interview Sarah was a thirty-four year old white woman living with a roommate and working part time, She had graduated from college, and was making making under 10k a year. She identified as a bisexual, and noted that despite being raised in a Muslim household she was not religious. In describing herself for the ORI Sarah noted that she was an artist and “fiercely independent,” “adventurous,” and “practical.” She saw herself as thoughtful, dependable, and trustworthy. She was also caretaking of and very close to her friends and family. There was both a lightness and intensity to her descriptions, as if she thought deeply about herself in relation to the world. She also stated directly that she knew to laugh at herself sometimes; not to take

herself too seriously.

Sarah made many seemingly contradictory statements about herself that she spoke about with comfort and ease: “I kind of contradict myself. I’m a bit of a romantic and bleeding heart kind of person, but I’m also very private... keep that to myself a lot And I also know from many, many discussions that I can come off as very withdrawn and cold and, at the same time...inside I feel very passionate and warm.” Her self-descriptions were nuanced and she easily followed them up with examples that demonstrated these varied aspects of self. Her investment in analyzing her own experiences, emotions and motivations were explicitly stated: “I am really trying to process myself right now.” Questions about her very different interests and styles were met with a genuine desire to understand herself and speak openly about the origins and complexities of her experiences and desires.

When asked about her sexual preferences she said “I don’t care, I *really* don’t, and I don’t judge anybody in that regard... it’s more about what’s going on inside, and it’s about...I am attracted, I am sexually attracted to people who are... self-sufficient, confident...And open-minded...” While Sarah felt clearly and strongly bisexual she was one of the many women who described being open to being with men or women without a real care for if they were biologically male or female. She could talk about differences in being with men and women and what appealed about each but there wasn’t a need to be with one or the other at a certain time. In conversations with her other bisexual friends,

Sarah said they spoke about alternating the sex of their partners, and while she did not follow that pattern she noted “there *is* a tendency to want one and then the other. And there’s *truth* to that. And it’s because they *are* very different. They’re, they’re very different types of relationships with a man and with a woman.” Sarah went on to describe the differences for her: “Generally I am just more physically attracted to women’s bodies...(whispering) poor guys (laughs). But there are some men, and again I think it has to do with...an air? A personality? It has to do with confidence...” For both men and women she repeated the chemistry and character as key: “Eye contact, the way they look at me, that is part of it, and if they, you know...some sort of electricity that comes off of them.”

Despite her own comfort with herself, Sarah spoke about other people’s judgment of her bisexuality numerous times during the interview. She described difficulties with many other people assuming that she was promiscuous because she identified as bisexual: “This is where I get into that people have these preconceived notions...they think I’m promiscuous, they think I need *both*, and it’s *not* that I *don’t*. And in fact, though I have *tried* that in the past, it doesn’t appeal to me. I am not like that. When I give my heart to somebody I give my *heart* to somebody, and I’m *so* not interested in being with anybody else.” While at first her response to this kind of assumption could sound defensive, her tone and body language reflected more of a sadness about other people seeing her this way, and a sense of upset about the larger social judgments about her private choices.

The judgments and assumptions about Sarah's sexual behavior clearly bothered her but she was able to speak about it articulately and display her emotion while maintaining a certain perspective and clarity about her own rejection of them.

Friends, family, partners, and her "artists' community" were very important to Sarah and she was honest with everyone about her sexuality. Sarah said she was "completely" open about her sexuality with all of her partners, stating that it is "very important to me that there are no questions about that." She reported feeling a very high level of support from those around her.

Sarah also spoke about being sexually abused by male peers once in high school. Despite the extremely difficult content, she thoughtfully articulated the experience and how it had impacted her life. She was not scared of expressing her sadness or fear and she felt she was still able to have fulfilling, enjoyable and meaningful sexual relationships. There was a sense of this having been an upsetting event from her past that would always be with her, but that it would not take her over.

In sum, Sarah was a thoughtful, warm, engaged, smart and open woman who had a high level of comfort speaking about all aspects of her self and experience in a nuanced and boundaried way. The interview was comfortable and enjoyable. Sarah understood her bisexuality as a fundamental part of her but did not rely on her current relationships or attractions to override her history or possible future.

“Rebecca” (ORI=6/6/6; CTP =2)

At the time of Rebecca’s interview she was twenty-eight years old and working full-time making between \$30k and 39k per year. An African American woman with her GED, Rebecca identified as exclusively heterosexual and was in a relationship with a man despite a few sexual experiences with women and ongoing attraction to women. In describing herself Rebecca said, “ I would say I’m outgoing. To me, I’m open minded, but at the same time, I can be short tempered, impatient, irrational at times.” She also described herself as impulsive, compassionate and adventurous. While she had a rich and complete initial description of herself - ”I like to meet new people. I love music. I sing. I write music” – she could not supply examples of many of the descriptions she provided of herself.

Rebecca seemed excited to be a part of the interview process and open with the interviewer but also self-conscious and guarded when speaking about her past experiences with women. She dismissed her sexual feelings and interactions with women as inconsequential, and made it clear that she was “straight.” In response to questions about her sexuality Rebecca said “Well, I wouldn’t consider myself bisexual, but I’ve had experiences with one or two women, on only a sexual level, and that’s it. Sometimes, like I would think about it, doing it again, but nothing more than sexual, though. That’s it.” Rebecca spoke about having some ongoing attractions but followed these statements with comments in which she distanced herself from her same sex attractions: In one case she stated that she had no need to “do that” again, and in another case she downplayed her enjoyment of the experience. She contradicted herself numerous times with regards to her sexual experiences with females. At first she reported that she was simply “high” and

did it for a man's benefit, but later she described a much more intimate, sober experience with a friend when there were no men around.

When speaking about sex more generally Rebecca said she had sex with lots of men but could not think of how many. Eventually she decided it had been close to eighty but there was little said about her feelings or experiences with these men. When asked about having sex with women she said "I thought I was a freak. But it was enjoyable. I would say it's a feeling that I've never had before, like you don't get that feeling with men." Responding to follow-up questions about her attractions, she described a fear of taking her attractions seriously and the need to completely push them away. "I think it's – it feels that good that it's scary, because you can end up getting caught up, and especially if you just focus on only that feeling, you know what I mean? ...I might like it too much.... I don't want to be like that. *Why?* Because! I want to be normal."

The wish for normalcy and the life she associated with "being normal" was revealed multiple times as she described wanting to get married and have kids and "stuff like that" but imparted the idea that these were all things one does with a man. Her current boyfriend at the time of the interview knew about her sexual experiences with women but was accusatory and upset whenever she spoke to a female friend with whom she had had sexual relations. Rebecca assuaged his fears by saying "it's not like that," but later in the interview she described how wonderful the experience had been and how she wished she could do it again.

Some of her friends knew about her same-sex experiences but she made it clear that her family could never know: "I could not tell my grandmother. I can't tell my mother. Those people, they – no. They're old fashioned. They can be very critical, like

criticizing and judgmental....” It was clear that a life with women as sexual partners would be a life without family for Rebecca. As she spoke about her family she also spoke more about her happiness with her boyfriend, when just moments before she had noted many of the troubles in their relationship. Instead of a fluid sense of the love and struggle of their relationship Rebecca seemed to feel each description completely for a moment and then move on as if the experience had not been expressed. Following up on the conflicts led to momentary reflections and then complete shut-downs of her process.

When asked about bisexuality as a concept or identity for herself or others, as well as the idea of being with just one person, Rebecca said that if she were to be bisexual, “I don’t think monogamy is something that I would be doing. Because if I’m more drawn to women, but I still like men, then I’m going to try to play on both sides. So you can’t really be monogamous, because you’re dealing with more than one person.” If Rebecca let herself be connected with a woman, emotionally or sexually, she would be choosing a life of promiscuity and rejection by her own family. With every moment of opening up there was an immediate closing down. Rebecca reported little community support for any feelings not deemed “normal” which was being married to a man and having children in her mind. She felt capable of ignoring and disregarding her attractions to women despite noting that they were “ongoing” throughout the interview.

General reflections from the interviews

Overall, the women in the sample seemed excited to speak about their experiences and many gave the impression of generally feeling unseen. There were few places that these women seemed to get to speak about their dual attractions in contrast with having

places to speak about either homosexuality or heterosexuality. For example, the women felt there were places to comfortably act heterosexual if they were partnered with men and to act homosexual if partnered with women but generally expressed a discomfort reflecting on their dual attractions in either space. Furthermore, they reported that families and friends seemed to struggle with the idea that attractions and behaviors could shift from where they currently were and, therefore, seemed to laugh at, judge or question that these women could be genuinely interested in men and women depending on the person and situation.

The lack of community support from friends and family specifically targeted at bisexuality was notable. There seemed to be support for specific relationships or partnering with a man or a woman but the sense of being understood by family and friends for a dual attraction was missing. Without explicitly stating it, the women seemed to keep their feelings about both sexes more private. When they acted on attractions by “making out with” women or men the behaviors were often kept secret from partners, family and friends. Interestingly, there was rarely guilt or concern about this. It was described as “harmless” or “just kissing” and did not seem to register as ego dystonic. When asked if partners knew about these behaviors there were mixed responses – some claiming they did not know and it did not matter and others saying as long as it wasn’t sex or emotional intimacy it was okay.

These mixed responses were consistent with the numerous comments about the differences between being with men and women sexually. The descriptions were highly gendered and stereotypical using wholly different language to describe sexual experiences with each sex. Instead of describing different partners in different terms it

was much more likely for participants to say “I just like women’s bodies – they are so soft” versus “men are great for a good fuck” or “ I miss penises when I’m with women.” The missing of and longing for different kinds of bodies as well as different kinds of intimacy came up repeatedly. Women often said they felt that they could only be “emotionally close” to women and would prefer to have sex with men. These kinds of comments led to the attachment sexuality split codes that were more common than originally expected. Women often felt one sex was for relationships and the other for hot sex. And although they could have both with a partner, it was less common.

Promiscuity was also mentioned consistently throughout the interviews as associated with bisexuality. Many women felt the need to comment that they were not promiscuous implying that bisexuality was linked to promiscuity. This link was also explicitly referenced by many of the women as an explanation of why they did not see themselves as bisexual: bisexuals are promiscuous.

This group of women seemed diverse in terms of professions, interests, communities, upbringings and cultures. However, there were a few groups in terms of sexuality that stuck out. The first were the women who were genuinely attracted to both men and women and felt they could honestly be happily partnered with either. The second was a group that while attracted to both sexes felt clear that they wanted to partner with one or the other sex. Unfortunately, some of the women who wanted to partner with women also felt that they could not or should not, which will be discussed in more detail below.

Fantasy and attractions versus behaviors, the relationships between them, and the impacts these relationships have on psychological outcomes.

Qualitative analyses of code relationships and families within Atlas revealed numerous interesting themes and patterns among the participants. The codebook itself (see Appendix E) is the best demonstration of the variety of themes found in the coding process. Patterns among the codes were established first by counting up all of the times that codes co-occurred and second by examining the patterns of co-occurrence. A few distinct patterns of code profiles emerged, meaning unique clumps of codes showing up together that also tended to show up together more than apart. One particularly interesting group of codes was repeatedly found to be related to one another and was unanticipated and prevalent.

The cluster that occurred most frequently of all the clusters contained three codes: Identity Conflict; Family Construction Traditional--Self; Pressure for Closure--Self. The code for Identity Conflict captured direct expressions of conflict around having a bisexual identity and its implications for life decisions or coping with dual attractions. Pressure for Closure--Self was used to describe the self-driven need to resolve the attraction to men and women and pick between the two. The code "Family Construction Traditional" referred to statements that imparted a sense that "family" meant a man and a woman and children. In contrast, the code "Family Construction Flexible" referred to statements that imparted a sense that different constructions of family were acceptable.

Inquiries about the way in which a person conceptualized "family" were not part of the original set of questions in this study but emerged as a prominent theme in the Focused Interviews. The Family Construction codes were used a total of 62 times over

the course of the interviews, with 35 women spontaneously discussing their notions of what made up a family. Whether or not a woman felt she could have a happy family that included children with a woman greatly impacted her sense of whether or not she could or should be permanently partnered with a woman despite overwhelming feelings of attraction to women.

Codes specifically indicated the construction of family as coming from self or other. Women who were coded as having “Family Construction Traditional” generally described this construction of family as stemming from personal feelings of what family should be as well as from the views of people around them. An additional code was created to capture whether or not participants acted according to their traditional or non-traditional beliefs vis-à-vis family. Acting upon beliefs in a traditional construction of family was found to coincide with codes that signified internal and external pressures to conform to this traditional construction.

Numerous women in relationships with other women that they described as happy felt that they needed to give up those relationships to have the “family” construct that they wanted, which was coded as Family Construct Traditional, specifying who was most influencing that feeling – family member or self. Seventeen women who were primarily attracted to women felt they should nonetheless seek male companionship in order to have the family construction that they desired. For these women, it seemed easier to give up the notion of being with women despite high levels of attraction to them, than to shift their conceptualizations of what family should be. This bind was exemplified in a quote from a one participant: “Okay, being married is more of something that is accepted, something that has to be done because you have children. You want to make a life. You

want to teach them better, because the thing is that a woman can't teach a boy to be a man. You know what I mean? Just like two men can't teach a little girl to be a woman. So marriage is more for the children's sake, not for my sake. It's for my family's sake.”

In sum, the most commonly related set of co-occurring codes implies the powerful nature of the traditional concept of family, which is likely to coexist with the need to foreclose upon other (i.e. contradictory or non-traditional) aspects of sexuality, as well as pointing to a conflict in self-identity that emerges when this family goal is prioritized. The transcripts that contained these co-occurring codes shared the theme of needing to give up being with women in order to create a family unit that mimics the traditional notion of requiring both a father and mother in order to have children, and a high level of conflict that emerged in making this decision. Regardless of the attraction to, and in some cases love for women, these subjects felt that they had to abandon any notion of being with women in the future to have what they wanted in their lives, namely children.

Chapter 4: Discussion

The primary purpose of this study was to see whether Pizer's (1998; 1992) theoretical construct, the capacity to tolerate paradox, when operationalized, could explain variability in psychological distress among bisexual women. Pizer proposed that there are certain aspects of life that cannot be reconciled: these aspects of life are invariably in a state of what looks like conflict, but is actually paradox that must be tolerated. Tolerating paradox requires acknowledging inherent conflict and attempting to reconcile the seemingly irreconcilable. This study tested whether female bisexuals' ability to tolerate paradox would distinguish between the bisexual women who were functioning well and those who were in emotional distress. Previous to this study, this theoretical construct had neither been examined nor validated in any population. This study aimed to operationalize the construct, seek preliminary support for its validity, and explore its relationship with psychological distress in a female bisexual population.

The fact that the Capacity to Tolerate Paradox clinical scores were replicable across two doctoral level clinicians, and were substantiated by qualitative codes extracted from semi-structured interview transcripts by research assistants blind to the clinicians' CTP-Clinical Scores, supports a finding of construct validity. The CTP-Clinical Score, as outlined by our coding protocol (see Appendix C) also offers preliminary support for construct validity. Most importantly, the CTP provides a lens for understanding distress among female bisexuals. The ability to tolerate the paradoxes inherent in bisexuality led to less distress than those who seemed to actively feel conflicted about those paradoxes.

The capacity to tolerate paradox was made up of important skills and processes that shed light on how these bisexual women were able to manage their sexual orientation with less distress. Central to this process were a number of factors. The first involved a participant's level of identity consolidation: their degree of disconnectedness, conflict, or integration. The second was their approach to sexual identity: how much they avoided versus made efforts to process their sexual identity. The third looked at their form of attachment: whether a participant split emotional and sexual aspects of attachment or attempted to integrate emotional and sexual aspects of attachment. Another factor was the ability to tolerate the inherent ambiguity in bisexual identity: whether there was a need to foreclose on exploration of sexual identity or an ability to remain open to an acceptance of the inherent ambiguity. Finally, participants' attitude toward the intrinsic loss incurred in making an object choice was important: whether they felt fixed in it or reflective about it.

The correlations between all of these internal processes and the CTP-Clinical Scores in the directions that would be expected theoretically, and the fact that two of these were significantly related to CTP scores, provides preliminary support for this construct and the dimensions that underlie the capacity to tolerate paradox. Most importantly, those women who were able to see their bisexuality as a part of who they were without needing to act on all attractions were those who felt the least conflict and the most capacity to tolerate paradox.

The interviews with these women showed that some were able to bridge mutually exclusive realities. For example, being partnered with a woman who knew about attractions to men and, without jealousy, tolerated her partner's flirtations and friendships

with men created support for the inherent paradox of being bisexual. This reduced levels of conflict, and therefore, distress. Despite having sexual intimacy solely with her female partner, the acknowledgment of being attracted to both sexes and fantasizing about both decreased distress. When the differences among attractions, fantasies and behavior was clear, and not seen as inherently conflictual – that is, when there was a capacity to tolerate paradox – distress was lower. Distress rose when inconsistencies were seen as wrong, and a participant felt that she had to lie to a partner or to herself about them.

The results of this study show that there were two code groups most strongly related to the capacity to tolerate paradox: one related to dealing with the pressure for, or lack of closure in sexual identity; and the other, related to the splitting or integration of emotional and sexual aspects of attachment. However, given that this study was based on a relatively small sample size, it is important for further research to recruit larger, more representative samples with which to investigate the relationships between CTP-Clinical Scores and the underlying constructs in a more systematic manner. Such research would further develop the content validity of the capacity to tolerate paradox.

There also was a significant correlation between the capacity to tolerate paradox and education: individuals with a high school diploma or less had a significantly lower capacity to tolerate paradox than those with more than a high school education. There are various ways to interpret this finding, and any interpretation must be made with caution. Cross-sectional research cannot confirm the directionality of relationships.

This finding may imply that the capacity to tolerate paradox can be developed through education. As people are increasingly educated, they develop ways to articulate and frame paradox that affect their cognitive capacities to tolerate it. Education generally

renders the individual more open to new information and ways of thinking and, thus, less defensive about any change that may arise. Another possibility is that the characteristics valued by the North American educational system—namely high levels of verbal and analytical intelligence—may overlap with characteristics that are measured by the CTP-Clinical Scores. Given that the CTP-Clinical Scores give most weight to responses that demonstrate introspective thought and the recognition and expression of feelings, the scores may be picking up on an individual's capacity to articulate in a nuanced manner the various aspects of their identities rather than an actual difference in their capacity to tolerate these disparate aspects of their identities. Still another possibility is that education level may overlap with the value that individuals place on tolerating paradox related to bisexual identity. It may be more socially acceptable to tolerate the disparate aspects of bisexual identity for women with higher levels of education as compared to women with lower levels of education.

The hypothesized model correctly demonstrated that the capacity to tolerate paradox would provide an explanation for the variability in psychological distress levels among bisexual women. The capacity to tolerate paradox was inversely related to the severity and average intensity of a subject's symptoms of distress overall. In terms of precursors to the capacity to tolerate paradox, object-relatedness was found to be significantly related to the capacity to tolerate paradox, as hypothesized. Participants with lower levels of object-relatedness were more likely to have lower capacities to tolerate paradox, and though causality cannot be assumed, it is likely that object-relatedness predicted the capacity to tolerate paradox given that, at least theoretically, object-relatedness emerges at much earlier stages of development than the capacity to

tolerate paradox (Ainsworth, 1969).

The hypothesis that object-relatedness would be inversely related to psychological distress, or that this relationship would be mediated by the Capacity to Tolerate Paradox was not supported. Object-relatedness was found to have no relationship with psychological distress as measured by current symptoms. This finding may speak more to the limitations of the kind of distress measured in this study than anything else. While object-relatedness is crucial in establishing a consolidated self and healthy relationships to others, deficiencies in object-relatedness tend to manifest in character pathology and Axis II personality disorders. Given that the BSI measures symptoms of Axis I disorders, pathological outcomes related to the ORI may not have been captured by this investigation.

The Attachment scales were not found to be significantly related to the capacity to tolerate paradox. Again, this finding may be linked to the limitations of this attachment scale in assessing attachment styles in a meaningful way. The ECR is limited in its scoring in that it only addresses whether or not an individual is high or low in avoidant or anxious attachment styles and cannot address the possibility of disorganized attachment. The ECR also fails to measure for security versus insecurity and instead looks at only anxious versus avoidant attachment styles, which may not be as relevant to CTP scores. In addition, this measure has been found to be less effective in accurately measuring those with *less* anxious or avoidant attachment styles than those who are more anxious or avoidantly attached (Fraley, Waller, & Brennan, 2000). The Adult Attachment Interview (AAI) would have more accurately assessed for the early attachment patterns likely to lead to the capacity to tolerate paradox, but the time-consuming nature of the interview

made it impossible to use. The ECR limited the findings to adult attachment patterns, which were more of a moment-in-time look at the current relationships in each individual's life.

In this study, those individuals with highly anxious attached styles were found to have higher levels of psychological distress. This is supported by previous research on attachment styles and distress. College and graduate students with anxious attachment styles, as measured by the ECR, were found to have higher levels of distress (Lopez, Mitchell; Gormley, 2002; Picardi, Caroppo, Toni, Bitetti, & Di Maria; 2005). The fact that both the ECR and BSI capture current symptoms and signifiers of attachment, combined with the well-established relationship between anxious adult attachment and psychological distress, may explain the fact that the CTP did not mediate this relationship.

Finally, the fifth hypothesis, that the relationship between the capacity to tolerate paradox and psychological distress would be moderated by community support, was not supported by this research. A number of factors may elucidate the reasons behind this finding. The first is that our measure of community support lacked data across the participants. Not all participants answered questions about each kind of family, friend and community support, which prevented a closer examination of how the different kinds of community support might have varying degrees of influence on distress levels. Close analysis of the qualitative interviews showed that whether or not subjects felt supported by their families played a more important role in their sense of well-being than other kinds of support. In other words, having a close and supportive community with

supportive friends did not mitigate the feelings of distress associated with an unsupportive family of origin.

Furthermore, as discussed earlier, participants often mentioned supportive *homosexual* communities or heterosexual friend groups but rarely spoke of a specifically supportive *bisexual* community. Distinct bisexual communities seemed difficult to find and access or were linked with other groups or behaviors that were less appealing (for example, Cuddle parties, where groups of bisexuals are allowed to be affectionate without being intimate in group settings). There also continue to be negative associations with the term bisexual and what a bisexual group might imply, which is notably different from the current lesbian and gay communities. Finally, with newer identities such as pansexual, omnisexual and queer, replacing some of the previously identified as bisexual, figuring out community identity and affiliation may have become more complicated.

Clinical Implications:

This research brings into sharp relief the importance of the capacity to tolerate paradox for bisexuals. This capacity allows them to stay at lower levels of distress than is the case for bisexuals who have difficulty tolerating paradox. This study also confirms previous work that indicates the presence of unique stressors and needs for the bisexual population that must be understood by treating clinicians.

The LGBT population in general is strengthened when brought together as a community. Within that community, however, bisexuals remain a minority – and one that can be regarded with skepticism and/or derision. They remain marginal, therefore,

whether they are in the dominant heterosexual community or in the LGBT community. Bisexuals often report feeling that they have to hide their attractions to one sex or the other, depending upon whether the social setting is in the LGBT community or a predominantly heterosexual one.

There is no clear coming out process for bisexuals. Their awareness of themselves as bisexual is more of an on-going construction that takes place over long periods of time. It often involves a sense of loss of community, given that individuals often begin identifying with the LGBT community or the heterosexual one, but then feel that they do not feel authentic as part of that world. Similarly, there may be a more acute sense of loss of a particular kind of sexual object once a partner is chosen, because the possibility of being with the other sex seems so real. This kind of loss can always be present, but it may more usually represent individuals than a whole group or community.

Once a partner is chosen, bisexuals may feel the need to adapt their identities to their current relationship and community, instead of holding on to the past while embracing the present. This, too, can lead to a sense of loss or feeling as though the foundation of their sense of Self is blurry or unstable.

Clinicians need to try to keep all of these factors in mind. Careful probing around the sense of Self and identity in different contexts, and the ability to hold onto and understand different attractions, fantasies, and behaviors over time and circumstance is crucial. These explorations can aid in helping a bisexual patient develop a greater capacity to tolerate paradox, thus decrease their distress.

Similarly, helping a patient to develop a narrative of the history of their attractions, behaviors, and fantasies contributes to the development of internalized images of themselves that represent the true complexity of their sexuality. The clinical situation needs to allow the space for a bisexual patient to acknowledge previous behaviors and attractions, encourage the awareness of fantasy, and question the idea that there may be a “right” place for that person to “end up.” This requires that the clinician have a fluid theory of sexual development: one that assumes that sexual identity can change over the course of a lifetime, and one that is not binary in its assumptions about sexual object choice.

Limitations

Based on a convenience sample, findings from this study are not representative of the larger population of bisexual women in the U.S. The sample is unique (and consequently skewed) for a number of reasons. First, it is a largely non-White population, with participants who define as White or of European ancestry making up 36% of the total sample. There is a large spread across non-White ethnic groups that made up the other 64% of the sample. Another way in which this sample is not representative of the larger population of bisexual women in the U.S. is by highest level of obtained education. Ninety four percent of this sample had graduated from high school or received a GED, 20% had obtained some college short of a 4 year college degree, 70% had obtained at

least a 4-year college degree, and 28% had taken at least some graduate courses. This was a uniquely educated sample.

Budgetary and time constraints limited the size of this sample and recruiting methods. Replicating the study with a larger number of participants that would be more representative of the general population of bisexual women in the U.S. would increase the ability to test the significance of many of the findings and would increase the generalizability of any findings. In addition, the use of the Focused Interview revealed many interesting insights into the experience of bisexual women but limited the capacity to test most relationships statistically because not every participant was asked exactly the same set of questions. This resulted in low frequencies for many of the qualitative codes that made significance testing problematic. The use of the Focused Interview to develop quantitative measures applied with more consistency across subjects would permit us to investigate many of the questions raised by this study.

A more complex, sophisticated and thorough measure of psychological distress – including Axis II character pathology and Axis I symptoms and diagnoses—both at the time of the interview and over the course of the individuals' lives would allow for a better understanding of the complexities of the difficulties in this population. Measures of substance abuse, eating disorders and other documented problems within this population would have enhanced our findings. Furthermore, more complex and thorough assessments of community support and what it means for each individual would be helpful, because our measures of community support relied upon qualitative codes extracted from the Focused Interviews and there was no quantitative measure of community support administered systematically across participants.

Future Research:

Future research should be directed towards further development of both the construct validity and the content validity of the Capacity to Tolerate Paradox. Once the construct receives further validation, its relationship with psychological distress should be assessed over time in longitudinal studies that employ more complex measures of distress (described above), perhaps Structured Clinical Interviews, and with larger, more representative samples. The implications of such research could be essential to the clinical treatment of psychological distress with bisexual women, especially if it were confirmed that CTP is related to negative outcomes, and that certain clinical interventions that focus on increasing patients' capacity to think in dialectics (e.g. Dialectical Behavior Therapy) were to increase CTP levels. Furthermore, if variations in CTP were found to be related to race/ethnicity or education in larger studies, it would be important to develop community-based interventions seeking to reduce larger social pressure to force choices and increase community-level awareness of the importance of understanding paradoxes within each individual's identities.

Many interesting themes emerged from the qualitative data that could not be examined in depth in this investigation but deserve follow-up in future research. The clear message that certain women felt the need to act upon conventional notions of family that foreclosed on their sexual attractions was an upsetting but important finding for both clinical and research purposes. Future research should closely question and examine the reasons behind this belief.

Why is it that - in a place like New York City - women believe that in order to have a happy and healthy family they have to marry a man regardless of the fluidity of

their attractions and/or relationships? It would be fascinating to look at this idea by comparing lesbians and bisexuals to see if the notion of having some sort of ‘choice’ in partner based on dual attraction changes this belief. Do more lesbians believe they will be happy partnering and having children (if this is what they want) with other women because they do not see the options bisexual women see? Examining the bisexuals’ feelings about choices and the relationship between those feelings and conflict, ambivalence and self might be an important next step in determining why bisexual women feel that they cannot have the family construction they wish for and be with women. Similarly, future research should investigate how traditional versus flexible constructions of family in bisexual women develop, and what may influence them to change, given these factors seem to be related to variability in distress levels in this population. Finally, researching the reasons behind the lack of a strong, visible and vibrant bisexual community is a crucial next step in helping to strengthen and protect this population.

Appendix A: Focused Interview Guide

This guide provides an overview of the focused interview process as well as simple themes and potential questions for the actual interview. This is a guide in that there are no strict rules to follow or questions that have to be asked. Instead, it is a starting point and a reference sheet to help stimulate exploration of the themes and areas of interest.

This interview guide lays out the major areas of inquiry and the hypotheses so that we have a sense of the relevance of the different data we are looking to obtain. We are looking for the subjective experience of each subject and to discover their definitions and understandings of themselves as dually attracted women in a variety of areas.

The criteria for effective focused interviewing are as follows:

1. *Range*: interviewees should be encouraged to give a full range of responses without feeling limited in any way
2. *Specificity*: the interview should elicit highly specific information from each question and the overall experience being described
3. *Depth*: interviewee should help the subject describe the affective, cognitive and evaluative meanings of their sexuality and attractions as well as previous experiences pertaining to it.
4. *Personal context*: the interview should evoke highly personal and distinctive aspects of the interviewees experience and allow them to elaborate on their personal associations and meanings.

We are looking for the **behaviors, affect and cognitions** of the participants both in their lives and in the interview situation. We want to understand their **attractions, behaviors and fantasies**. The order of the questions and the specific details of how you ask the questions or get to the information you need is unimportant. The key is to get at these ideas and themes and walk away with an understanding of these women that answers our core questions.

CENTRAL QUESTION – The capacity to tolerate paradox:

At its core, the interview is trying to get at each woman's capacity to tolerate paradox and her capacity to reflect coherently on her own experience of her bisexuality. This capacity can be captured through some specific questions but mostly through a general sense of the woman's ability to hold multiple self states in mind. We want to know about how each woman thinks about and understands her sexuality. Many of these questions will not be asked directly but you will be looking to find out about these different aspects of each woman as you move through the interview.

Things to look for throughout the interview:

- Use of words: "I *was* a lesbian" v. "I *am* bisexual" v. "I *was with* women"
 - Use of adjectives and tone in different moments
 - Are there times when she is shut-off/disconnected?

- How is her bisexuality understood? - as a “conflict” that must be resolved, balanced, integrated, “figured out,” “solved,” etc?
 - What role do others play in this?
- Is her bisexuality understood as a “paradox” that must be negotiated, explored, bridged, tolerated, “played with,” etc?
 - What role do others play in this perception?
- Looking at transitions and shifts in behaviors and understanding of sexuality and looking at why and how each woman comprehends these shifts.
- References to being with different people (specifically of different genders) → are there differences in descriptions, language, etc.
 - Is one more prominent?
 - Is this meaningful to her?

Specific questions (examples):

- How do you understand your sexuality?
 - Has it shifted? How has it changed over time?

Sexual Orientation:

Sexual orientation can be defined in numerous ways. Ultimately, it is the interaction between affect and cognition such that it produces attraction, erotic desire, and ultimately affection for/feelings of connection to members of the opposite gender, the gender or both. (Alderson, 2003 p. 79) It is crucial to get at each woman’s sexual identity, her fantasies, her attractions and her behaviors in the interview.

Sexual identity refers to how one thinks of oneself in terms of whom one is sexually and romantically attracted to, specifically whether one is attracted to members of the same gender as one’s own or the other gender. We are looking to understand how each woman sees her sexual identity over time including her attractions, her understanding of that identity in a social context and her internal states and feelings about these attractions and her identity.

Things to look for throughout the interview:

Sexual self-image – The coherence of this narrative

- Identification (Straight? Gay? Bisexual? Different identifications disclosed to different individuals/communities in life?) - *Over time.*
- Feelings about bisexuality/dual attractions in general (Positive feelings? Or internalized negative attitudes/stereotypes?)
- Feelings about own sexuality/attractions
 - (Look for feelings of shame? guilt? acceptance? pride?)
- Construction of narrative about dual attractions over lifetime
 - Disowned? (e.g. understands self as having always been gay/straight? - How does she explain past relationships that don’t fit into this identity)
 - Seen as a transitional “phase”?
 - Seen as persistent element of identity? (And if so, is this a “conflict” or a “paradox”? Something to be resolved, or to be lived with?)

Behaviors: Many of these will be addressed in the SERBAS, so this is a time for clarification, and expansion.

Attractions:

- Who are you currently attracted to?
- Who have you been attracted to in the past?
- Who do you imagine you will be attracted to in the future?
- When you walk down the street who do you notice? Who are you attracted to? (changes in this over time?) or “Who turns your head or catches your eye?”

Fantasies: We are hoping to gain insight into the internal world of the women being interviewed and the content of their sexual fantasies with regards to their sexual attractions. Overall, this is an opportunity to make sure we understand who and what they think about and whether or not it has changed over time.

- Content of fantasies
 - Fantasies about both sexes? Other people/things?
- Level of conflict surrounding fantasies
 - Feelings surrounding having fantasies about and/or past or current attractions to both sexes
 - Degree of openness about fantasies with romantic partner(s)
 - Attitude of partner(s) about your fantasies
- Who do you day dream about?
- Who do you think about when you masturbate?
 - Can you tell me about these fantasies
- What and who do you think about during sex?
- If in steady relationship:
 - Feelings surrounding having fantasies about and attractions to individuals of opposite sex from partner
 - Degree of openness with partner about these fantasies and attractions
 - Partner’s attitude towards these fantasies and attractions

Social context

- Demographics: SES, education level, race/ethnicity, religion
- How participant believes dual attractions are perceived within her community/communities (may perceive different attitudes from different communities)
 - Friends:
 - Has this changed? Past friendship groups versus current?
 - Is there one sex that your friends are more comfortable with you pairing with? How does this impact your behavior/desire/identity?
 - Overall, do you feel that your friends accepts your bisexuality?
 - Do you feel that they understand it?
 - Do you feel that it is celebrated?

- Family:
 - within her family (do different members perceive it differently? Are there some who you are more “out” to about your bisexuality than others? If so, why?)
 - Is there one sex that you are more comfortable talking about being attracted to with your family? If so, what makes it easier? (For example, if a woman has already come out as a lesbian to her family in earlier years, it may be easier to talk only about women she is attracted to in order to “keep things simple” or, if she has not fully come out to her family, she may only speak of men to most people.)
 - Is there one sex that you think your family is more comfortable with you pairing with? Does this impact your behavior/desire/identity?
 - Overall, do you feel that your family accepts your bisexuality?
 - Do you feel that they understand it?
 - Do you feel that it is celebrated?
- Have your friends & family changed over time in how they understand, accept and celebrate your sexuality? If yes or no, how do you think this has impacted your own capacity to understand, accept, express and celebrate your own sexuality?
- Access to GLBT communities of support
- Level of stigma perceived around involvement in GLBT activities within participant’s community/communities.
 - in workplace
 - in larger social world
 - in religious setting (if applicable)
- Community: Who do you see as your community?
 - How do they feel about your sexuality? (stereotypes?)
 - Lesbian community? (Rejection from? Access to? Loss of?)
 - Heterosexual community? (feelings about marriage, children, dealing with relatives?)
 - Does a desire (or non-desire) for children play any role in your expression of your sexuality? (e.g. your choices to pursue on sex or another)

Relationship Capacity:

We are looking for the capacity for closeness and intimacy with different people in a variety of contexts.

Specifically:

- Current and past relationship status and the way in which they are (or are not) integrated.

- Attachment security (Is there a middle ground between safety and pleasure? Sexuality and attachment?)
- Object-relatedness (two distinct people interacting with separate minds , etc)
- **Steady romantic partner?**
 - Length of relationship with romantic partner (current and most recent past)
 - Whether relationship is monogamous (we want to know about level of monogamy: steady but non-monogamous or open relationships?)
 - Sex of romantic partner
 - Degree of openness with romantic partner about dual attractions
 - Romantic partner's attitude towards dual attractions (Threatened? Disapproving? Accepting/supportive? Intrigued/aroused?)
 - Security of attachment to romantic partner

Specific Questions:

(If with a woman currently)

- Have you been with men?
- How do you understand the capacity to have been with both sexes?
- Do you miss being with men?
 - Think about being with men?
 - How do you feel about this?

(If with a man currently)

- Have you been with women?
- How do you understand the capacity to have been with both sexes?
- Do you miss being with women?
 - Think about being with women?
 - How do you feel about this?

What do you see in your future?

- **No current steady romantic partner?**

Ask all of the same questions as above but with LAST romantic partner. How long has it been since that relationship and now?

- Feelings/level of conflict surrounding choosing a romantic partner
- Relationship history
 - Last romantic partner?
 - Next romantic partner?
- Degree of openness with past partners, and/or current casual partners, about dual attractions
 - Past partners' and/or current casual partners' attitudes towards dual attractions

Both:

- What kind of relationships have you had in terms of degree of openness/monogamy?
- How does this affect your understanding of your sexuality?
- Can you be monogamous and bisexual? If yes, how?

Have you been sexually involved with people of both genders? If not, why not?

How long ago were you with men? Women?

- Primary friend(s)
 - Sex of primary friend
 - Male vs. female (different qualities to female-female vs. male-female friendships?)
 - Sexuality of primary friend
 - Whether or not primary friend is also attracted to women
 - Degree of physical affection with primary friend
 - How affectionate are you with your closest friends?
 - Do you cuddle together?
 - Do you hold hands? (in public? Private?)
 - Do you ever engaging in kissing/holding? ETC
 - Feelings about relationship with primary friend (Intimacy? Attraction? Jealousy?)
 - Romantic partner's feelings about relationship with primary friend (Threatened? Comfortable?)
 - Security of attachment to primary friend
 - How do you understand your friendships in relation to your dual attractions and relationships?

I am also wondering if you could share the most difficult or challenging moment you have experienced since your teenage years related to the material we have been talking about and how you managed it?

Is there anything else that maybe important for me to know that we have not covered today?

Appendix B: Consent Materials

Consent Form for Study: Dually Attracted Women's Experiences and Connections

We are asking you to take part in a study of sexual identity. You will be asked questions about your past and current relationships, your sexuality, your attractions, and your fantasies. If you agree to take part in this study, you will be asked to fill out a few questionnaires that will take approximately 30 minutes. You will also be asked to participate in an interview that will take approximately 45 minutes. The interview will be audio taped. The purpose of the taping is to allow the study's research staff to examine closely the experiences that are discussed. The audiotape will be transcribed by a transcription service. Your responses to all of the questions will be kept strictly confidential. You will be allowed to review any audio or video recordings and request that any data not be used if you feel uncomfortable. You may refuse to participate at any time, or may refuse to answer any question, but we hope you will answer all of them.

The researchers are planning one or more future studies. We may ask you to participate in future research, if that is okay with you. To provide you with information about those studies, we will need to contact you in the future. To do so, we request that you provide us with identifying information such as your name and address. The sheet with this information, as well as this consent form, will be separated from the questionnaire and will be kept confidential and stored in secure files. If we contact you, you may refuse to participate in future studies.

Risks and Benefits: You may experience some emotional unease or some of the study questions might make you uncomfortable. If you wish to speak to someone about this unease or discomfort, please call Anna Levy-Warren, principle investigator, at City College at 347-825-6518, and she will make a referral to a professional in the Psychological Center. Other people may appreciate being able to discuss these issues with the interviewer. Although a possible risk is breach of confidentiality, the study will safeguard your confidentiality as detailed below in the Confidentiality section. This study is not designed for your direct benefit. However, you will be compensated for your time and the study is expected to benefit science and other individuals.

Research Standards and Rights of Participants: You may refuse to participate. If you do not want to answer specific questions, you will not have to do so and you will not be penalized in any way.

Confidentiality: No identifiable information will be shared with anyone outside of the study. The information obtained from the interviews and questionnaire will be kept private and confidential to the extent permitted by law. Any identifying information that you provide will be separated from the questionnaire and will be kept in a locked file at the offices of the research staff. Your questionnaires and audio tape/digital recording of your interview will only be identified by a numeric code.

Compensation: You will receive \$30.00 for participating in this study.

If you have any questions about this study, please email or call Anna Levy-Warren, 347-825-6518, DAWNresearch@gmail.com If you have any questions about your rights as a research participant, call Ms. Lissy Wassaff, IRB Administrator at City College, at (212) 650-7902.

I have read and understood the information above. The researchers have answered my questions. I may refuse to answer any question I want. I consent to take part in this study and so indicate by signing this form below. Two copies of this form are provided. One is for me. The other form, the one I signed, is to be returned with the questionnaire in the enclosed addressed and stamped envelope

Participant's Name (print): _____

Signature: _____ *Date:* _____

Appendix C: Global Clinical Score Coding Protocol

Coding for the clinical score of the capacity to tolerate paradoxical aspects of the bisexual self.

- 1). Disparate aspects of bisexual identity are seen as incompatible and there are efforts to deny them or split them off. There is a sense of discontinuity in identity as it shifts across partners, time periods, self-definitions, and relationships. Additionally, there is a lack of recognition of the discontinuities. There are very split representations of male vs. female partners based on stereotypical representations of gender. Examples include an active decision to “eliminate” attractions to and fantasies about women, even though there is a clear identification with "being attracted to women"; expressing being in love with women but actively terminating relationships with them because of it does not fit (family/religious/ other) aspirations for the self.
- 2). Disparate aspects of bisexual identity are seen as conflicting and in opposition to one another, though they are acknowledged to have occurred over time. The narrative may contain binaries and these binaries are assumed to be mutually exclusive, often consistent with social norms. There is a sense of discontinuity in identity as it shifts across partners, time periods, self definitions, and relationships; however, there is a developing awareness of these shifts as contradictory and discomforting. There is clear identity diffusion; lack a cohesive sense of self and frequently there are chameleon-like characteristics. An example is someone who reports not being attracted to men, but who can't imagine a life with a woman because of traditional upbringing.
- 3). Disparate aspects of bisexual identity are seen as conflicting, they are acknowledged as having occurred over time, and there are repeated efforts to “resolve” the conflicts. The interviewee demonstrates a certain pressure to choose between partners, genders, relationships, ways of defining her sexuality and gender orientation. There may be awareness of social pressures to force choices insofar as these contradictory aspects of her sexuality, and she recognizes that the external pressure is the source of discomfort, but holds the goal as being to resolve her conflicting desires (rather than to renounce this pressure). There is a sense of continuity to her sexual identity, replete with open acknowledgment of contradictions. An example is a woman who is able to acknowledge being bisexual but discusses her lack of community and how this leaves her unable to manage her bisexual identity.
- 4). Disparate aspects of bisexual identity are acknowledged as co-existing in dialectics. There is awareness of social pressure to choose between paradoxical aspects of her sexuality, and a conscientious effort to reject such choices as well as to reject efforts to resolve conflict. These efforts reflect an aspiration towards acceptance of paradox. Some areas that are being worked on that are seen as conflictual but there is an overall sense that it will work out in the end.
- 5). Disparate aspects of bisexuality are seen as paradoxical parts of a complex bisexual identity. There is a healthy integration of contradicting affections, behaviors, and

constructs of gender and sexual-orientation identity and a self-compassionate acceptance of paradox that provides a sense of continuity in the identity over time. Examples include explicit statements about comfort with identity with self and others.

Appendix D: Guidelines for scoring the ORI-Self as Sexual Being Scale

Differentiation and Relatedness Scale for “Self as Sexual Being” Item

The following are guidelines for scoring the degree of differentiation and relatedness on the item on the Object Relations Inventory (Blatt, Chervron, Quinlan, Schaffer, & Wein, 1988) in which participants in the DAWN study (designed by Anna Levy-Warren and Jane Caflisch) are asked, “Describe yourself as a sexual being.” It is based on a scale of differentiation and relatedness developed by Diamond, Blatt, Stayner, & Kaslow, 1991.

The scale takes into account the following dimensions to consider when scoring the ORI for differentiation and relatedness:

- *Rigidity*
- *Complexity*
- *Time perspective*
- *Sense of agency and autonomy*
- *Relatedness and reciprocity*

To the dimensions above, this guide adds specific considerations for scoring differentiation and relatedness when women describe themselves as sexual beings. An overarching guideline when isolating these scale points for this item was the degree to which the sexual self is differentiated from and related to the rest of one’s identity, in addition to the quality of the self described.

The lack of scoring instructions for a 1-3 and a 9-10 are based on the fact that none are present in our interviews so their creation would have just been speculative and could not have been "checked" against actual data. Specific examples of responses illustrative of each level is a fundamental aspect of the scoring. For the creation of the SASB scale comparing actual responses to each other is also an important element of how the scale is constructed. Hence, there are no scoring guidelines for those scores at this time.

Score Points

Level 4:

This level shows extremes of positive or negative aspects of the self without attempts at integration. When both positive and negative qualities are present, items are scored at this level when these qualities exist as static extremes, rather than as oscillating, as is characteristic of the next level. At this level, marked difficulty or overwhelm in answering the question might be apparent, as differentiating a sexual self proves challenging, and may evoke aggression that is poorly differentiated from sexuality.

Example:

005 “Like loving, I’m very loving. Loving, caring, but to a point. Like for my wife, for instance, I love her so much. But there’s a certain point where she’ll do something I ask her not to do, and me and her we fist fight. But I feel overwhelmed. I can’t say a good person, but I’ll try to understand somebody. [And as a sexual being?] I’m a happy person. Just happy sexual being, I don’t know. I don’t understand the question, but...”

Level 5:

At this level, oscillations and splitting are apparent. This struggle over integrating disparate aspects of the self might manifest as a clear struggle over closeness and distance or internal versus external control, as well as representing gender in a split or oscillating manner. The oscillation characteristic of this level may manifest as referencing rules about or limits on sexual behavior in response to anxiety about sexuality. The split in gender might be used to stabilize a tenuous sense of sexual identity and difficulty integrating dual attractions into a relatively stable sense of self. Dual attractions at this level are represented more as causing confusion (with a possible corollary of disfluency) than as a conflict. Sexual behavior, gender, or bodies may be described in a concrete, stilted, or possibly grotesque way.

Example:

029: I am bisexual. I like guys and girls. Not the same, though. Like I probably wouldn’t have like a girlfriend. I was married to a man though for 5 years so I probably would have a boyfriend again which I did [not?] have since my divorce. But girls I like to fool around with, mess around with like you know [not?] bring home to my family, my girlfriend or hold hands or like that. So I like men more than girls, but the same really.

032: So I think, I feel like I’m pretty loose sexually, but I generally am attracted, well I think I’m, I think I’m mostly attracted in terms of wanting to be with someone, with men. But I’m probably almost equally excited about making out or having sex with both genders. Although I should say almost like, I’m not that, like I feel like I’m not that attracted to most people in both genders. But that doesn’t you know, I don’t know if that is a slight difference like a subtle difference. But I think I’m also like equally probably like excited about sex. Although I don’t know if that would be the case in the long term. I haven’t had many relationships. [...] [W]hen I’m really like serious and I want to like be with someone for good, like I guess I just think about a guy whereas that would bring me something like a partner.

021: I’m normal, I guess. As far as I know. I don’t know what normal is. I don’t know. What do you mean? I think I’m open-minded and normal. [Open-minded and normal?] Yeah, well, I’m open-minded to deal with – to try different things as far as sexual activities, but not too many different things. Different things I would be willing to try. And I always have been open-minded about that, but also want to keep it in the normal range. [Normal range?] Yeah, like – the people I knew, so open-minded, we never had sex with animals, not like that. Not that open-minded. But like willing to try – well, I did try this, actually. I did actually with two guys, or a girl and a guy, two girls – never did two girls, but I did two guys and a girl and a guy, and you know – so – open-minded, that’s why I was trying stuff like that.

Level 6:

At this level, descriptions show more integration but lack unique characteristics. The representation of oneself as a sexual being is more integrated, but movement towards this integration is more ambivalent. Descriptions of the sexual self may include elements that are conventional, banal, or clichéd, but are not as concrete as at Level 5. Sexual-identity labels and gender may be used in more concrete (rather than expressive) ways. For instance, a sexual-identity label may be adopted based on quantitatively observable behavior (rather than internal preference), such as one's degree of sexual activity with one sex over another. Or gender may be used in stereotypical role characteristic ways as a means of explaining one's sexuality. The prompt to describe oneself as a sexual being may be interpreted as asking about sexual behavior, and responses may include describing one's current sexual behaviors as a means of representing one's sexual self. Similarly, in the face of a tenuous sense of integrated identity, past behavior may be referenced as predictive of future behavior, in the face of uncertainty.

Examples:

"I don't know what it is with my wiring, but I just visually – I'm like a man, you know. Like just responding to the female body."

005: I am really sexual. I like to use humor a lot to talk about sex. Like with my man – oh I have been in a relationship with a man for 10 years. Also I can have sex a lot, I like to have sex a lot, like morning, noon and night. And my man gives me that. I am really sensual and like with women versus men I am different. Like you know how there is a top and a bottom? Like with men I tend to be more submissive and with women I am much more dominant.

39: I would say that I am queer, bisexual, polyamorous in terms of labels. I would say that while I have tried very hard to be a slut, I'm really just somewhat promiscuous. (*Laughs*) My friends seem to be a lot sluttier than I am. And I can't keep up, because I just don't have the energy. I'm really the person at the sex party that's talking about politics instead of fucking.

037: You know, I don't really see myself as a sexual being. I really don't see myself from the outside. I guess [now that my daughter is a little older I have] started noticing oh wait, what am I wearing? Look at the way I dress. It's like, come on; I haven't bought a pair of shoes in over a year. And I don't wear jewelry anymore.

Level 7:

The sexual self is represented as more coherent and integrated at this level. Context and temporality might be referenced, which modulates the response and adds more complexity. For instance, one might locate oneself developmentally in terms of "coming out," or show sensitivity to how context affects sexual identity, including degree of being "out" around sexual minority status. Responses at this level may acknowledge a sense of development and change underway or as possibilities for the future. At this level, sexuality is starting to be represented more conceptually, for instance, as being a facet of

one's sense of self, connected to the rest of identity, but sufficiently isolatable to describe as a separate component of personality.

Examples:

042: Um, yeah. I definitely, um, my sexuality's a huge part of my identity. Um, and it's also just something that, one of like my great joys in life (*laughs softly*), so. Um, I, um, I am bisexual. Um, I've been with a man for a few months now, and I'm actually kind of going through (*clucking*) changing the way I think about my bisexuality. I used to feel very much like I'm totally bisexual, like I could end up with a man, I could end up with a woman, who knows. And I'm starting to feel now more like I, um, I will end up with a man, and that's what I want for a whole bunch of reasons, but sex definitely being one of them. Um, yeah, I don't know, I'm a pretty sexual person (*laughs*), I don't know.

036: I'm, well, in most of my life I've been intensely sexual. It turns out that during pregnancy I've been somewhat sexual, but as the pregnancy goes on less so, which is disorienting. In a sort of, but to describe myself as a general matter in life, I guess I tend to be a pretty flirtatious person sort of in general, but also within kind of intimate settings generally really kind of playful as well as intense. So it's like overlap between the intimacy and the sexuality. It feels really integrated into the rest of life.

052: Yes, I'm very sexual, however it's, well my sexuality also was a huge part of my personality and who I am, and I believe women should take a hold of their sexuality and they should strive to be their own sexual being, not in relation to others, and not really like in a, I don't mean in a sense that they should be masturbating all the time or anything. I mean like they should take their pleasure into their own hands, but I do have kind of, what's the word, I am a little bit, hmm, I guess, gosh, I lost my words, but I'm not very, well I'm not promiscuous. I guess I'm the opposite of that, yeah, I feel as if I'm a sexual being and I should embrace my sexuality and so on, but I don't take that to mean promiscuity or anything like that. I just mean that you're in a relationship, in a sexual relationship with someone, that you should be your own sexual being and not always only think about pleasing the other person, but become who you are in that way.

Level 8:

At this level, responses show an interaction between a conceptual understanding of sexuality and actual sexual experiences and desires. Descriptions evince an ability to observe the sexual self and assess how it is integrated into other aspects of identity. Reciprocity may be evident between one's sexual identity and other parts of identity, with the possibility for mutual influence. Reciprocity might also be evident in the relationship between the sexual self and other people, demonstrating how sexuality can be intensely personal but also connected to others, and possibly evolving in relation to another. At this level, there can be an even more complex acknowledgement than at the previous level that the sexual self can change and evolve over time. Descriptions at this level may demonstrate the idea that sexuality is a larger concept than sexual behavior and sexual-identity label, though it can encompass them.

Examples:

026: “Well, um, I – I’ve always considered myself to be a like a really sensual person, like in my relationships and my sexuality, like my sexual self has – I feel like I – I’m starting to want to be more comfortable with it. Let me see – I – I – I enjoy sex. I like being a sexual person. But I think I’m also kind of ashamed of it. Uh, um, uh, dedede – um, it’s definitely something that I want to work on, feeling more comfortable exposing myself as a sexual person, and um, I mean, uh, when – when I – when I do – I’m in a monogamous relationship, and – and actually like my sexuality, like my sexualness is like I feel like I’m – like it’s kind of in this place where it’s starting to open up, but – but I don’t – I don’t know if I’m answering the question. [T]here’s something that I’m afraid of exposing. And I feel like this has always been something in me – in me as a sexual person – that has just always been afraid of exposing something, and – uh – yeah, that – I’m just afraid of my sexuality.”

035: How do I put this? Fluid would be the first thing that comes to mind. Not in the sense of me being like well you know complete, like it doesn’t matter or anything, it just means that who or what I’m attracted to changes a lot. I think it depends on the person more than anything fixed like gender or a particular look. My sexuality is definitely linked to my imagination; very strongly so. Let me see what else? There are many layers of ways of being sexual that I can relate to. [Fluid?] I don’t have a type in the sense of, or maybe, not in the sense of where you can say, okay, you know, 5 foot 10 to 6 foot 3, you know, this color hair, this color eyes, this build, yeah, S--- is gonna go for it. It’s not like that. It’s more like you know the type is fluid and that the externals are not going to draw me in initially. I mean it’s like, an then of course certain combinations of traits it’s like there’s no one personality for me either so it’s, you know, it changes. It depends on how I relate to a person as opposed to something fixed about the person that doesn’t, you know, that doesn’t change.

Appendix E: Code Book

DAWN BASELINE CODES

Bold Underlined = Variable (this is a conceptual category; the actual Atlas codes are listed underneath)

Bold = Sub-Variable (this is a conceptual category; the actual Atlas codes are listed underneath)

***Bold Asterisk** = Supercode (appears in Atlas with an Asterisk at the beginning)

Plain Text = Regular Code (appears in Atlas as listed here)

Identity Integration/Disconnection

Identity Integration (*This may need to be a meta-code that we go back and code for the interview as a whole; I hardly ever used this code for particular quotes.*)

Identity Processing

Identity Conflict

Identity Disconnection

Cutting off Same Sex Rships/Attractions

Internal Response to Dual Attractions

Internal BiComfort

Internal BiNegativity

Internalized Homophobia (*i.e. internalized stigma directed specifically toward gays and lesbians and/or toward one's own same-sex attractions, as opposed to toward bisexuals and/or toward one's own dual attractions*)

Sense of Loss

Sense of Loss Reflective

Sense of Loss Stuck

Pressure for Closure/Accepting Lack of Closure

***Accepting Lack of Closure**

Accepting Lack of Closure: Family, Friends, GLBT, Other Community, Partner, Self, Society

Person Not Gender (*e.g. statements that the individual is "attracted to the person not their gender"*)

Developmental Perspective (*i.e. statements demonstrating an understanding of one's sexuality and identity as unfolding over time*)

***Pressure for Closure**

Pressure for Closure: Family, Friends, GLBT, Other Community, Partner, Self, Society

Change Over Time

***Change Over Time**

Change Over Time: Attractions

Change Over Time: Behavior

Change Over Time: Identity

Change in ID Follows Relationship

Alternating Partners by Gender

Attraction Action Compulsion (*Note: not sure if this belongs here?*)

Attachment Sexuality Integration/Split

***Attachment Sexuality Integrated**

Attachment Sexuality: Integrated

Attachment Sexuality: Integrated: Men

Attachment Sexuality: Integrated: Women

Attachment Sexuality: Integrated: Partner

Attachment Sexuality: Integrated: Different Order By Gender

***Attachment Sexuality Split**

Attachment Sexuality: Split
Attachment Sexuality: Split: Men
Attachment Sexuality: Split: Women
Attachment Sexuality: Split: Partner

Family Construction Flexible/Traditional

***Family Construction Flexible**

Family Construction Flexible: Other
Family Construction Flexible: Other: Acted On
Family Construction Flexible: Self
Family Construction Flexible: Self: Acted On

***Family Construction Traditional**

Family Construction Traditional: Other
Family Construction Traditional: Other: Acted On
Family Construction Traditional: Self
Family Construction Traditional: Self: Acted On

Inner Erotic Life

Fantasies *(Note: I identified these through "grounded theory;" more can be added as we find them)*

Fantasies about Androgynous Partner
Fantasies about Body Parts
Fantasies about Both
Fantasies about Gender of Partner
Fantasies about Men & Women Together
Fantasies about Opposite Gender of Partner

Attractions *(Note: I identified these through "grounded theory;" more can be added as we find them)*

Attractions to Opposite Gender of Partner
Only Attracted to Gay Men
Only Attracted to Women

Incongruence Processing

Incongruence: Disconnection
Incongruence: Integration

Miscellaneous *(Note: I identified these through "grounded theory;" more can be added as we find them)*

Asexual
S&M
Only in Love with Women
Women: Narcissistic Object

Gender Roles *(This refers to the participant's own representations of gender roles)*

Gender Roles: Flexible
Gender Roles: Rigid
Gender Role Switch with Male vs. Female Partners *(i.e. the participant experiences herself as more "masculine" with partners of one gender and more "feminine" with partners of the other gender)*

GLBT Involvement

GLBT: Involved
GLBT: Selectively Involved
GLBT: Neutral

GLBT: Not Involved

Bi Community (*i.e. the participant describes belonging to a "bisexual community," as differentiated from the larger GLBT community*)

Degree of Outness

***Out**

Out: Family, Friends, Partner, GLBT, Work, Religious, Other Community

***Selectively Out**

Selectively Out: Family, Friends, Partner, GLBT, Work, Religious, Other Community

***Fear of Outness**

Fear of Outness: Family, Friends, Partner, GLBT, Work, Religious, Other Community

***Not Out**

Not Out: Family, Friends, Partner, GLBT, Work, Religious, Other Community

Others' Response to Dual Attractions

***Support**

Support: Family, Friends, Partner, GLBT, Work, Religious, Other Community, Society

***Acceptance**

Acceptance: Family, Friends, Partner, GLBT, Work, Religious, Other Community, Society

***Tolerance**

Tolerance: Family, Friends, Partner, GLBT, Work, Religious, Other Community, Society

***Stigma**

Stigma: Family, Friends, Partner, GLBT, Work, Religious, Other Community, Society

Fetishization

Fetishization: Partner

Not Belonging

Not Belonging

***Friends: Attraction/Sexual Activity**

Friends: Attraction

Friends: Physical Affection

Friends: Sexual Activity

Romantic/Sexual Relationship History

Current Relationship

Current Partner: Female

Current Partner: Male

Past Relationships

Most Recent Partner: Female

Most Recent Partner: Male

Divorce

Infidelity

Relationship Security

***Secure**

Secure: Family, Friends, Partner, Past Partner

***SemiSecure**

SemiSecure: Family, Friends, Partner, Past Partner

***Insecure**

Insecure: Family, Friends, Partner, Past Partner

***Abuse** (Note: currently just have Partner: Abuse code – add others? Or merge with Trauma codes?)

Abuse: Family, Friends, Partner, Past Partner

Openness/Monogamy

***Open Relationship**

Current Rship: Open: Without Partner (i.e. sexual/romantic involvement outside primary relationship)

Current Rship: Open: With Partner (i.e. threesomes, etc. with partner)

Past Rship: Open (Note: didn't differentiate this into "Without Partner" and "With Partner" – should I?)

Want: Open

Want: Open: Without Partner

Want: Open: With Partner

***Monogamous Relationship**

Current Rship: Monogamous

Past Rship: Monogamous

Want: Monogamy

Bisexuality & Monogamy

Bisexuality & Monogamy: Possible

Bisexuality & Monogamy: Conflict

Bisexuality & Monogamy: Not Possible

Pathology

***Defenses** (Note: I identified these through "grounded theory;" more can be added as we find them)

Splitting

Idealization

Avoiding Reflection

Intellectualization

***Symptoms** (Note: I identified these through "grounded theory;" more can be added as we find them)

Anxiety

Depression

Bipolar

Shame

Boundary Compromise

Circumstantial

Concrete

Perfectionism

Antisocial Behavior

Drug Abuse

Impulsivity

Violent Ideation

Paranoid

Regressed

Self Destructive Behavior

Psych Hospitalization

Potential Covariates

***Trauma**

Trauma: Dissociative Experience
Trauma: Parental DV
Trauma: Physical Abuse: Female
Trauma: Physical Abuse: Male
Trauma: Sexual Abuse/Assault: Female
Trauma: Sexual Abuse/Assault: Male
Trauma: Verbal/Emotional Abuse: Female
Trauma: Verbal/Emotional Abuse: Male

Sex Work

Sex Work

***Recent Stressors** (*Note: I identified these through "grounded theory;" more can be added as we find them*)

Stressor: Bereavement
Stressor: Homelessness
Stressor: Separation from Friends/Community

Appendix F: Participant Recruitment Advertisement

Are you a woman who has ongoing attractions to both women and men...?

Researchers are looking for women between the ages of 26 and 36 to share their feelings about their sexuality and relationship experiences. Complete confidentiality assured. You will receive \$30 for an hour and a half of your time. Call us to learn if you are eligible for participation

[347-825-6518](tel:347-825-6518).

DAWNresearch@gmail.com

Dually Attracted Women's Narratives

Study Conducted by Researchers of The City University of New York

FLYER

We are looking for volunteers to participate in a study about women who are attracted to both women and men and are willing to share their thoughts and feelings about their sexuality and intimate relationships. Knowledge gained from this study will be used to increase understanding about how women experience, and adapt to, being attracted to both sexes. Women, regardless of their own sexual identification, who have ongoing attractions to both women and men are invited to participate in this study.

Women from diverse social, geographical, racial/ethnic, age, religious/spiritual, and disability backgrounds are especially encouraged to participate in this research. Women must be willing to talk about their experiences and fill out a few questionnaires over a period of an hour and a half in a conveniently located office **at The Psychological Center at the City College of New York, 8th Floor of the North Academic Center, Convent and 138th Street, New York, NY 10031**. Interested individuals should contact Anna Levy-Warren via email or telephone at the number and email address listed below to request a screening questionnaire. The screening questionnaire will be used to determine eligibility for participation in the study.

As a small token of appreciation, eligible participants (determined after the initial screening) who are enrolled in and complete the study can expect to receive \$30 for their time.

Interested parties should either send an email to DAWNresearch@gmail.com or call Anna Levy-Warren at _____ to request a screening form.

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