University of Cincinnati

Date: 3/11/2015

I, David W Hutsell, hereby submit this original work as part of the requirements for the degree of Master of Arts in Psychology.

It is entitled:
An Investigation of the Relationship and Individual Determinants of Bisexual Women’s Commitment and Stability in Same-Sex Relationships

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An Investigation of the Relationship and Individual Determinants of Bisexual Women’s Commitment and Stability in Same-Sex Relationships

A thesis submitted to the Graduate School of the University of Cincinnati in partial fulfillment of the requirements for the degree of Master of Arts in the Department of Psychology of the College of Arts and Sciences

July 2015

by

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B.S., East Tennessee State University, 2012

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Abstract
Numerous stereotypes suggest that bisexual women lack commitment to their same-sex partners and that their relationships are inherently less stable compared to lesbians’, yet relatively little research has attempted to discern the validity of these assertions. Grounded in a minority-stress informed investment model the present study tested hypotheses that bisexual women would report poorer relationship commitment and stability than lesbians, and that such outcomes would be accounted for by bisexual women’s poorer satisfaction and better quality of alternatives. The current study also tested hypotheses that bisexual women’s greater levels of minority stress (operationalized as sexual identity distress and depression) compared to lesbians’ would account for differences in relationship satisfaction. Additionally, methodological issues associated with multiple methods of classifying sexual orientation were examined by performing all analyses twice, once with participants’ sexual orientation categorized by self-reported identities and a second time by ratings of sexual attraction. To test hypotheses, a sample of 361 women in cohabitating same-sex relationships of at least 6 months completed an online survey of same-sex relationship development. Participants completed measures of relationship characteristics and minority stress variables. Results generally supported hypotheses that bisexual women would report less commitment and more instability than lesbians, and that quality of alternatives, and to a lesser degree, satisfaction accounted for these differences. There was no support for hypotheses that sexual identity distress and depression accounted for differences by sexual orientation in satisfaction. Additionally, although the magnitude of differences was similar or larger when using self-identification to categorize participants, these differences were more often statistically significant when using attraction due to the greater number of women classified as bisexual, which provided greater power to detect effects. Taken together, these findings suggest that even in the context of highly committed relationships, bisexual women may face additional difficulties
maintaining quality relationships compared to lesbian women. Thus, when working with couples where at least one partner is bisexual, clinicians should consider tailoring the content of couple therapy to more strongly emphasize methods partners can use to build and maintain commitment. Further, given that bisexual women were observed to have greater quality of alternatives compared to lesbians, which might reflect their dual attraction to women and men, and quality of alternatives accounted for bisexual women’s poorer commitment and stability, clinicians should also consider exploring partners’ beliefs about bisexuals’ dual attraction. Couples may not have discussed the bisexual partner’s dual attraction and this ambiguity could erode their relationship quality over time, particularly if bisexuals anticipate a negative reaction from their partner. Next, although minority stress did not explain differences between bisexual and lesbian women’s satisfaction, as minority stress has previously been linked with relationship distress and depression, such factors should continue to be considered in relationship-based interventions. Finally, the present study supports discussions that suggest sexual attraction ratings may be of particular benefit for research with bisexual women rather than relying on self-identification, as it can provide greater power to detect effects if samples do not contain many self-identified bisexuals.
Acknowledgements

Without the assistance of many advisors this would not have been possible. I particularly want to thank Sarah Whitton whose patience and commitment have easily been the most important factors for my success with this project. I am eternally grateful for your continued faith in me and your willingness to nurture my professional growth. I am also thankful to have worked with Bridgette Peteet and Rachel Kallen, as they have provided extremely helpful feedback throughout this entire process. Additionally, I am appreciative of Carla Dreyer and Emily Davis for all of their sage advice and emotional support, despite having no formal association with the present project. Lastly, I would like to acknowledge my cohort for their infinite hours of support and encouragement.
# Table of Contents

Introduction ............................................................................................................ page 1

Method .................................................................................................................. page 14

Results ................................................................................................................... page 18

Discussion ............................................................................................................ page 23

References ........................................................................................................... page 35
List of Tables

Table 1. Means and Standard Deviations of Variables by Sexual Orientation Defined by Self-Identification  page 49

Table 2. Means and Standard Deviations of Variables by Sexual Orientation Defined by Ratings of Sexual Attraction  page 50

Table 3. Intercorrelations of Study Variables  page 51
List of Figures

Table 1. Theoretical Model  
Table 2. Mediation Analyses of Sexual Orientation on Commitment  
via Quality of Alternatives and Satisfaction  
Table 3. Mediation Analyses of Sexual Orientation on Instability  
via Quality of Alternatives and Satisfaction  
Table 4. Mediation Analyses of Sexual Orientation on Satisfaction  
via Sexual Identity Distress and Depression
An Investigation of the Relationship and Individual Determinants of Bisexual Women’s Commitment and Stability in Same-Sex Relationships

Numerous stereotypes suggest that bisexual women lack commitment to their same-sex partners and that their relationships are inherently more instable compared to lesbians’ (Li, Dobinson, & Ross, 2013; Weis, 2004). If these stereotypes are true, it would suggest that bisexual women may need to overcome additional hurdles, compared to lesbians, in order to have healthy, high-quality same-sex relationships. Unfortunately, existing literature is sparse and does not adequately address the legitimacy of such claims (Baslam & Szymanksi, 2005).

A clear understanding in this area is important for several reasons. First, if bisexual women’s same-sex relationships do indeed differ from those of lesbians’, it may be possible to identify factors that predict why bisexuals’ relationships are less committed and stable, which could then be addressed using culturally-sensitive adaptations of relationship interventions (Bradford, 2004). Such interventions could not only improve bisexual women’s relationships, but in doing so, may also serve as a method to improve bisexuals’ individual well-being, given the well-established association between relationship quality and mental health (Whisman, 2012). This could be of great benefit to bisexuals, given that, in comparison to heterosexual and homosexual peers, they have been noted to experience greater rates of depression, suicidality, substance abuse, and anxiety (Bostwick, Boyd, Hughes, & McCabe, 2010; Jorm, Korten, Rodgers, Jacomb, & Christensen, 2002; Meyer, Dietrich, & Schwartz, 2008). Further, in a recent population-based study, Cochran and Mays (2007) observed a similar pattern of mental health disparities when they compared four groups of women. Specifically, they noted that bisexual women reported the highest levels of psychological distress compared to self-identified heterosexuals who reported same-sex behaviors (i.e., behaviorally bisexual women), lesbians,
and heterosexuals who did not report same-sex behaviors. Thus, identifying whether bisexual women face difficulties in their same-sex relationships could serve as an important tool in aiding this group of women’s lives.

As noted, the existing literature on bisexual women’s relationships is sparse, with the bulk of material focusing on the experiences of couples where one partner is heterosexual and the other is bisexual (Buxton, 2004; Buxton, 2006; Kays, Yarhouse, & Ripley, 2014; Yarhouse, Atkinson, Doolin, & Ripley, 2005). Yet, more recent studies have begun to consider that bisexual women in same-sex relationships may differ than their peers in different-sex relationships. For instance, Dyar, Feinstein, & London (2014) compared self-identified bisexual women based on their relationship status (i.e., in a relationship with a same-sex partner or different-sex partner or single). The authors observed that bisexual women in same-sex relationships were more likely to express uncertainty about which sexual identity label best captured their identity, be “out,” and be assumed by others to be lesbian compared to those who were single or were in a different-sex relationship. Further, they reported less exposure to binegative rejection by lesbians and gay men than those who were in different-sex relationships, and lower levels of depression than those in different-sex relationships and who were single. While the authors did not compare participants’ perceptions of relationship quality, they noted that their findings “highlight the important role that partner gender plays in the experiences of bisexual women.” As such, the prior trend of primarily focusing on bisexuals women’s relationships when they are a part of a different-sex couple likely fails to capture the lives of all bisexual women, and points to the need for further research to explore the experiences of bisexual women in same-sex relationships (Dyar et al., 2014).
Presently, Li and colleagues (2013) arguably provide the most thorough investigation of bisexual women’s experiences in same-sex relationships, as they asked focus group participants to provide qualitative descriptions of the challenges they had faced due to their bisexual identity regarding relationships. Their sample consisted of 55 individuals who either self-identified as bisexual or were attracted to or sexually active with both men and women; a slight majority of the sample identified as female (51%). Several themes emerged, with many bisexual women reporting that partners could not get past long-held stereotypes about bisexuality, which negatively impacted the quality of their relationships, sometimes leading to break ups. Further, other women reported that they chose to conceal their sexual orientation while in a romantic relationship, which also led to problems and negative outcomes.

While Li and colleagues (2013) provide a thoughtful glimpse into bisexual women’s experiences in same-sex relationships, because they drew participants from a single geographic area (Ontario, Canada), their findings may not generalize to the broader community of bisexual women. Further, qualitative methodology is limited in that it does not allow for statistical tests to affirm the reported themes (Trafimow, 2014). Perhaps most important to consider for the present study, Li and colleagues’ sample did not include lesbian women, which rendered the authors unable to objectively discern whether bisexual women’s experiences were different than those of lesbians’.

Unfortunately, existing quantitative research in this area is not sufficient to address the limitations of Li and colleagues (2013) study. For example, while at least one study has quantitatively measured reported relationship quality in a sample of bisexual and lesbian women in cohabitating same-sex relationships, the authors’ focus was on the potential impact of relationship quality and other factors on reported sexual fantasies. They did not report mean
levels or comparisons of relationship quality between the two groups (Robinson & Parks, 2004). Currently, Baslam and Szymanski (2005) provide the only identified study to report comparisons between groups using quantitative measures. However, it is important to note that relationship functioning was only compared using participants’ reports of domestic violence, rather than other indices of relationship quality, such as satisfaction. The results indicated that, compared to lesbians, bisexual women were more likely to have perpetrated LGB-specific aggression, such as threatening to “out” their partner, against their female partners within the past year, yet less likely to report lifetime psychological aggression against a female partner.

Taken together, current qualitative and quantitative studies have not sufficiently addressed the validity of stereotypes about bisexual women’s ability to have healthy same-sex relationship in comparison to lesbians’ (Klesse, 2011). Each of these sources of information appear to fail in fully capturing the experiences of bisexual women in same-sex relationships, and prohibit us from concluding whether they do indeed have poorer commitment or stability in their same-sex relationships compared to lesbians. Further, neither of these sources addresses the reasons why such differences in commitment and stability might exist, thereby intensifying the need for more empirical research.

**Theoretical Framework**

Due to the current state of the current literature, research exploring bisexual women’s commitment and stability in same-sex relationships would benefit from a strong theoretical framework to guide hypotheses. Given that a growing body of literature suggests that many of the factors that predict couple outcomes among different-sex couples are generally consistent with same-sex couples (Kurdek, 2005), the present study is grounded in the investment model of romantic relationships (Rusbult, 1980; see *Figure 1*, shown in green), to help guide hypotheses.
As discussed below, additional consideration is given to factors unique to sexual minorities and same-sex relationships (Meyer, 2003).

The investment model was originally conceived from interdependence theory (Kelley & Thibaut, 1978), which posited that partners choose to maintain their relationships not solely based on partner characteristics, but also due to the interdependence between both partners. Two factors, high relationship satisfaction and low perceived quality of alternatives, were theorized to raise interdependence between two partners, thereby increasing relationship stability. Both of the interdependence theory’s determinants of stability correspond to stereotypes about bisexual women’s same-sex relationships (i.e., that they are unable to be satisfied and they perceive a large number of potential partners), which suggests that it provides a useful starting point for the present study. Rusbult (1980) expanded upon interdependence theory by incorporating the role of commitment, defined as an individual’s desire to maintain one’s romantic relationship, emotional attachment to one’s partner, and the intention to sustain the relationship into the future (Rusbult, 1980; Stanley & Markman, 1992). Rusbult believed that that feelings of commitment emerged from increasing dependence between partners, and, in turn, increased commitment predicted likelihood of the relationship persisting over time (i.e., increased stability).

Yet, while these interdependence-based theories provide a solid framework for the present study, they have been criticized for too narrowly focusing on relationship processes, such as satisfaction, rather that acknowledging other factors that can impact an relationship functioning. For example, the Vulnerability-Stress-Adaptation Model of Marriage (VSA; Karney & Bradbury, 1995) asserts that we should also incorporate individual factors (partners’ vulnerabilities or characteristics) and societal factors (cultural context in which relationships exist) that are relevant to the study’s population.
To address these considerations and to better appreciate the unique experiences of bisexual women, the present study incorporates an overarching minority stress framework to augment the investment model (Meyer, 2003; see Figure 1, shown in purple). Minority stress theory has been widely used to examine sexual minorities’ lives, and places emphasis on the role of external and internal psychosocial stressors that occur due to being a member of a minority group that is stigmatized and marginalized (Brooks, 1981; Meyer, 2003). Authors have highlighted the importance of minority stress’ role in the lives of bisexual women, given that their minority stressors originate from both heterosexuals (similar to other members of the LGBT community) and other sexual minorities (a phenomenon referred to as “double discrimination;” Weis, 2004). Indeed, recent research that suggests that bisexual women experience a greater number of stressors compared to their lesbians peers (Cochran & Mays, 2007). Bisexual women’s greater number of minority stressors has been implicated to account for differences in their mental health disparities, and likely impact their same-sex relationships as well. For the present study, we have identified two minority stress-informed factors, sexual identity distress and depression, that are hypothesized to adversely impact their relationship satisfaction (and ultimately impair their relationship commitment and stability; Rusbult, 1980).

**Relationship factors.**

**Perceived quality of alternatives.** Among the investment model’s theorized determinants of relationship persistence, quality of alternatives is arguably the most important to consider when exploring the experiences of bisexual women. Quality of alternatives has been defined as the extent that an individual’s needs, such as companionship or sexual intimacy, are able to be met outside of the relationship (Rusbult, 1980). Partners’ with poor quality of alternatives are more likely to persist in their relationships, whereas those with better quality of alternatives are
more likely to experience less commitment and to end their relationships (Le & Agnew, 2003). One of the most prevalent stereotypes about bisexual women is that they are promiscuous (Bradford, 2004), largely due to the notion that they have “double” the available partners compared to lesbian or heterosexual women who are attracted to only one gender. The larger number of available partners may reflect a greater number of high quality alternatives to the relationship, which could undermine commitment and relationship stability. However, the relevant research is limited to qualitative reports from small convenience samples, in which bisexuals refute this claim (Li et al., 2013). Consequently, it is unknown if bisexual women on average perceive more or higher quality alternatives to the relationship. According to the investment model, if the stereotypes are true, bisexual women’s better quality of alternatives to their relationships would predict lower relationship commitment, and stability (Rusbult, 1980).

**Relationship satisfaction.** In addition to perceived quality of alternatives, the investment model also considers the impact of relationship satisfaction towards commitment and stability (Rusbult, 1980). Relationship satisfaction is considered to be an individual’s broad, global evaluation of their romantic relationship (Funk & Rogge, 2007). It has become one of the most well-studied indices of relationship quality, and, as a result, is recognized as a central construct in relationship research. Satisfaction has been found to be strongest predictor of commitment within the investment model across studies (i.e., satisfaction; Le & Agnew, 2003).

Stereotypes suggest that bisexual women are less satisfied with their romantic relationships than other women, including lesbians (Li et al., 2013). These beliefs may stem from assertions that bisexual women are unable to be happy unless they have more than one partner or are otherwise non-monogamous. Further, bisexual women’s immersion in an environment with many minority stressors (Meyer, 2003) constitutes a broad risk factor for experiencing poorer
relationship satisfaction. For instance, some bisexual women may have a perceived need to conceal their sexual orientation from their same-sex partner, due to fears that their partner may harbor negative stereotypes about their bisexuality (Li et al., 2013). The act of concealing one’s sexual orientation is thought to be a burdensome process, and over time this may make a relationship less satisfying compared to the costs of maintaining secrecy (Foster & Campbell, 2005). The prevalence of stereotypes about their identity may lead some bisexual women to also internalize these beliefs, which would likely impair their overall level of relationship satisfaction. According to the investment model, these processes should then result in lower levels of relationship commitment and stability (Rusbult, 1980).

**Relationship commitment.** Commitment is considered to encompass partners’ intention to stay in their relationship, the attachment to their partner, and the desire for their relationship to persist (Le & Agnew, 2003). According to stereotypes, bisexual women are perceived to be less committed to their relationships (Bradford, 2004), yet the validity of these claims has not been addressed. According to the investment model, the possibility that bisexual women experience better quality of alternatives and poorer relationship satisfaction would suggest that they have lower levels of commitment.

**Relationship instability.** The ultimate outcome of the investment model is the prediction of whether or not a couple will persist into the future (i.e., stability vs. instability; Rusbult, 1980). Instability is often operationalized as relationship dissolution; however, it may also be thought of as the extent to which partners have thought about, talked about, or taken actions toward ending their relationship (Booth, et al., 1983), all of which are strongly predictive of relationship dissolution. Relationship instability is one of the few areas in which same-sex couples differ from different-sex couples. Research suggests that same-sex couples are less stable and more
prone to relationship dissolution, even when legally married same-sex couples are compared to their heterosexual counterparts (Anderson et al., 2006; Kurdek, 2005; Lau, 2012).

While it is commonly thought that bisexual women’s romantic relationships lack stability (Li et al., 2013), qualitative reports indicate that bisexual women can and do enjoy long-lasting same-sex relationships. As Klesse (2011) notes, the belief that bisexual women’s relationships are instable may stem from beliefs that bisexuality itself is just a phase or transitionary identity. These thoughts may then be transposed onto ideas about bisexual women’s relationships, such that those too are only a temporary state. Using the lens of the investment model, the possibility that bisexual women experience better quality of alternatives and poorer relationship satisfaction might indicate that they have less stability (Rusbult, 1980).

**Individual and societal factors.**

**Sexual identity distress.** Grounded in minority stress theory, one individual factor that may be important in couple outcomes is sexual identity distress (commonly known as ‘internalized homophobia;’ Wright & Perry, 2006). (For the present study, we chose to use the label ‘sexual identity distress’ due to its more inclusive nature, as ‘internalized homophobia’ implicitly focuses on the experiences of gay men and lesbians and may not be analogous for bisexuals). Sexual identity distress includes negative feelings that sexual minorities often hold about their own sexual identity, as a consequence of living in a heterosexist society (Herek, 2004; Szymanski & Chung, 2001). Past research focusing on sexual identity distress has been associated with increased psychological distress (Meyer, 1995) and depression (Newcomb & Mustanski, 2010), and also linked with poorer relationship quality (Baslam & Szymanski, 2005).

Given the prevalence of stereotypes about bisexual women’s sexuality that are endorsed by both heterosexuals and sexual minorities, they may be more vulnerable to experiencing sexual
identity distress than lesbians (Hoang, Holloway, & Mendoza, 2011; Weis, 2004). Their increased risk may be heightened if they choose to conceal their sexual orientation (conceptualized as an indicator of sexual identity distress; Shuster, 1991), which some bisexual women report is an adaptive behavior they employ to avoid discrimination (Li et al., 2013). Bisexual women’s heightened susceptibility might act to impair their ability to enjoy their relationships, due to feelings of shame about their same-sex attractions, their romantic partner, or being in a same-sex relationship (ultimately impacting their relationship commitment and instability; Frost & Meyer, 2009; Kurdek, 1998).

**Depression.** Despite a well-documented association between depression and relationship distress (Snyder & Halford, 2012; Kessler, Walters, & Forthofer, 1998; Whisman, 2013), the investment model does not consider depression’s effects in its predictions (Rusbult, 1980). This is an important limitation to address when exploring the same-sex relationships of bisexual women, due to their well-documented increased risk for depression when compared to gay men and lesbians and heterosexuals (Bostwick et al., 2010; Cochran and Mays, 2007; Kerr, Santurri, & Peters, 2013; Jorm et al., 2002; Udry & Chantala, 2002), which may constitute a vulnerability to experience heightened relationship distress. Although the association between depression and relationship distress is likely bidirectional (Whisman & Baucom, 2012), given the present study’s focus on examining factors important to commitment and instability, the hypothesized model focuses on the negative effects of depression on relationship satisfaction. This direction of effects has been described in the stress generation model (Hammen, 1991), which posits that experiencing depressive symptoms tends to lead individuals to think and act in ways that foster relationship distress (Davilla, Karney, & Hall, 2003). In the present study, it is hypothesized that,
compared to lesbians, bisexual women’s higher levels of depression will partially account for differences in their relationship satisfaction.

**Classification of Sexual Orientation**

Sexual orientation can be operationalized in several different ways, leading researchers to suggest that the classification method for sexual orientation should be selected based on the study’s focus (Michaels, 2013). For instance, for studies focusing on public health (e.g., HIV/AIDS) and adolescent risk behaviors (Matthews, Bonsnich, Farmer, & Adams, 2014), it is suggested to identify at-risk groups based on their reported sexual behaviors, which allows studies to attribute health risks like HIV/AIDS to specific sexual behaviors, rather than a specific identity or group. Related, it also allows opportunities to capture experiences of those who do not identify as a sexual minority, who might otherwise be overlooked if recruitment efforts focused solely on self-identified sexual minorities (Young & Meyer, 2005).

While reported sexual behaviors offer advantages in some fields, self-identification has continued to be the most widely used method to categorize participants’ sexual orientation. The key advantage to this method lies in its ability to allow participants to specify their identity preference in a plain, straightforward manner (Sell, 1997). As a result, participants are able to indicate how they conceptualize their identities, based on their own sense of what their own sexual orientation is. Thus, this method avoids invalidation of individuals’ self-concepts by researchers who use another method (e.g., a self-identified bisexual woman could be classified as lesbian if she indicated she was only attracted to other women vs. being attracted to women and men; Chung & Katayama, 1996).

However, authors such as Diamond (2000) assert that participants’ ratings of sexual attraction also has merits for classifying women’s sexual orientation, given that they have been
noted to report more fluidity in their reported sexual identities compared to men (Diamond, 2000) and that their ratings of attraction are more stable over their lives compared to self-identified labels (Marmor, 1980; Weinberg, Williams, & Pryor, 1994). Sexual attraction may be particularly important when examining bisexual women’s experiences, as many negative stereotypes toward this group do not stem from the label “bisexual” itself, but rather the attraction to more than one gender. For example, some lesbians’ hostility toward bisexual women is rooted in the notion that attraction to men as well as women betrays womanhood (Rust, 1993; Weis, 2004). Further, qualitative reports from bisexual participants indicate that some of their partners were tolerant of their identities as long as their attraction to a different gender was not mentioned or acknowledged (Li et al., 2013). Finally, self-identification may not fully capture all those who are bisexual, due to the potential for some women to be reluctant to identify as bisexual as a result of binegative attitudes (McLean, 2008). Thus, ratings of sexual attraction may serve as a useful tool in classifying participants’ sexual orientation in lieu of, or as a complimentary method, to self-identification.

In spite of the rich discussion about classification of sexual orientation, currently no identified studies have examined how different categorization methods may affect the results of studies of same-sex relationships. This is largely due to research in this area categorizing participants’ sexuality based on the gender of their partners, rather than how the individuals may identify themselves or their ratings of sexual attraction (Baslam & Szymanski, 2005). By ignoring participants’ self-reported identities, researchers may ignore some participants’ experiences, which may inadvertently impact study results (Bostwick et al., 2010). The latter possibility is emphasized by findings in other fields that indicate that such outcomes are possible, such as when participants are mis-categorized as lesbian or gay (rather than bisexual) based on
behavior vs. self-identification (Bauer & Brennan, 2013), or when different conclusions are able to be drawn about differences between sexual minority groups based on how sexual orientation was operationalized (Matthews et al., 2014).

The Present Study

The chief aim of the current study is to fill a gap in the literature by using a novel minority stress-informed investment model (see Figure 1) for understanding potential differences in relationship commitment and stability between bisexual and lesbian women in same-sex relationships. Based on this model, we tested several specific hypotheses:

**Hypothesis 1a.** Bisexual women, when compared to lesbians, will report worse outcomes on four indices of relationship functioning (i.e., relationship satisfaction, perceived quality of alternatives, relationship commitment, and relationship instability).

**Hypothesis 1b.** The association between sexual orientation and commitment will be mediated by perceived quality of alternatives and relationship satisfaction, such that bisexual women will have poorer relationship quality and better quality of alternatives, which will in turn lead to poorer relationship commitment.

**Hypothesis 1c.** The relationship between sexual orientation and stability will be mediated by perceived quality of alternatives and relationship satisfaction, such that bisexual women will have poorer relationship quality and better quality of alternatives, which will in turn lead to greater relationship instability.

The second aim includes examining the impact of minority-stress informed individual and societal factors that the original investment model does not consider on differences in relationship satisfaction between bisexual and lesbian women.
Hypothesis 2a. Compared to lesbians, bisexual women will report significantly more sexual identity distress and depressive symptoms.

Hypothesis 2b. Sexual identity distress and depressive symptoms will mediate the relationship between sexual orientation and relationship satisfaction, such that bisexual women will have more sexual identity distress and depressive symptoms, which will in turn lead to decreased relationship satisfaction.

The final aim of the study is to highlight methodological issues associated with multiple methods of classifying sexual orientation by showing how two such methods (self-identification and ratings of sexual attraction) might impact the results obtained.

Methods

Participants and Procedure

Participants included 361 women in committed, cohabitating same-sex relationships, who participated in a large online study of same-sex relationship development. Participants had to be at least 18 years old and be involved in a committed, cohabiting relationship of at least 6 months duration with a same-sex partner. Various methods were used to recruit participants, including contacting LGBT organizations from around the U.S. to disseminate information about the study through listservs and postings on their websites. Flyers for the study were also distributed at two PRIDE events in Midwestern U.S. All forms of advertisement included a brief description of the study and a hyperlink that allowed participants to access the online survey. Upon accessing the survey, participants were brought to an informed consent document before continuing to measures of relationship and individual characteristics.

For this study, 361 individuals who identified as female were selected from the larger sample of 608 participants. This excluded 247 individuals who did not self-identify as female
(219 male; 16 “other,” which included those who did not specify male or female as their gender and were allowed to indicate their preferred gender as a free response; 11 who did not specify their gender) and 1 female participant who indicated she was not attracted to women.

In the current sample (n = 361), most identified their race as White (88.1%, 0.6% Black or African American, 2.5% Native American, 1.1% Asian, 4.7% multiracial, 3.1% other) and their ethnicity as Non-Hispanic (6.0% Hispanic). On average, participants were 40.1 years old ($SD = 11.5$). The median annual personal income was in the $30,000 to $39,999 range. Participants lived in 40 different states and Puerto Rico; 17.5% lived in the Northeast, 26.2% in the Midwest, 40.9% in the South, and 15.3% in the West. Participants indicated a wide range of levels of religiosity, with the most frequent response being “Not At All” (27.9%). The median relationship length was in the 5-6 year range. Almost half of participants reported having had a ceremony to formalize their relationship (31.6% a legal ceremony, 17.6% a non-legal ceremony).

Measures

**Demographic and relationship information.** Participants provided self-reports of individual demographic characteristics, including race, ethnicity, age, income, state of residence, and number of previous cohabitating relationships. To describe their current relationships, participants self-reported reported the length of their relationship on the following scale: *Less than 1 year; 1-2 years; 3-4 years; 5-6 years; 7-8 years; 9 or more years.*

**Self-identified sexual orientation.** Participants reported their self-identified sexual orientation using a combination of provided options and a free-response text box. Participants were able to select from either: *Gay, Lesbian, Bisexual, or Other.* If selecting *Other,* participants were encouraged to use a text box to briefly describe their identity. For the purposes of this study, these identities were collapsed into two categories: lesbian (participants who identified
themselves as either “gay” or “lesbian”) and bisexual (those who identified as “bisexual”). Those who selected Other (n = 16) were excluded.

**Sexual attraction.** Participants also indicated their level of sexual attraction toward women and men using the following scale: Only attracted to females; Mostly attracted to females; Equally attracted to females and males; Mostly attracted to males; Only attracted to males; Not sure. These ratings were then collapsed into two categories: lesbian (participants who endorsed the “only attracted to other women” option) and bisexual (participants who endorsed one of the following options: Mostly attracted to females; Equally attracted to females and males; Mostly attracted to males). Those who selected Only attracted to males” (n = 1) and Not sure (n=3) were excluded.

**Perceived quality of alternatives.** Participants completed the 5-item Quality of Alternatives subscale of the Investment Model Scale (IMS; Rusbult, Martz, & Agnew, 1998). This subscale measured the degree to which the participant’s needs could be fulfilled in relationships other than that with the current partner (e.g., “If I weren’t dating my partner, I would do fine- I would find another appealing person to date.”). Scores on each subscale represent the mean rating on a 7-point scale (1 = Disagree Completely; 7 = Agree Completely) across the five items. The IMS has shown good internal consistency and validity in multiple samples (Rusbult et al., 1998). Internal consistency for this sample was good (α = .82).

**Relationship satisfaction.** The 4-item Couples Satisfaction Index (CSI-4; Funk & Rogge, 2007) was used by participants to provide four global evaluations of their romantic relationship on 6- and 7-point Likert-type scales (e.g., “I have a warm and comfortable relationship with my partner;” 0 = Not at all True, 5 = Completely True). All ratings were then summed, with higher scores indicating greater satisfaction. The CSI-4 has demonstrated good
reliability and validity, and provides more precision and power than traditional measures of relationship adjustment (Funk & Rogge, 2007). Internal consistency for this sample was good ($\alpha = .93$).

**Commitment.** Participants completed a 3-item version of the Commitment Inventory, Dedication subscale (Stanley & Markman, 1992), used previously in large survey research (Stanley, et al., 2010). Participants rated their level of agreement with three statements (e.g., “My relationship with my partner is more important to me than almost anything in my life”) on a 7-point scale (1 = Disagree Completely; 7 = Agree Completely). The full and 3-item Dedication scales have demonstrated high levels of internal consistency and validity through theoretically consistent relationships with a range of variables (Owen, Rhoades, Stanley, & Markman, 2011; Stanley, Rhoades, Amato, Markman, & Johnson, 2010). Internal consistency for this sample was acceptable ($\alpha = .78$).

**Relationship instability.** Relationship instability was measured using an adapted version of the Marital Instability Index (Booth, Johnson, & Edwards, 1983), a measure of proneness to breakup in intact couples, which was modified to be appropriate for nonmarried individuals. Respondents indicate the frequency of four thoughts and behaviors about ending the relationship (e.g., “I have thought that my relationship might be in trouble, “My partner or I have seriously suggested the idea of ending our relationship”) on a 5-point scale (0 = Never; 4 = Very Often). Higher scores represent greater instability and are highly predictive of marital dissolution (Booth, Johnson, White, & Edwards, 1985). Internal consistency for this sample was good ($\alpha = .87$).

**Sexual identity distress.** Using the 7-item Sexual Identity Distress Scale (SID; Wright & Perry, 2006), participants rated their agreement with statements describing how they think and
feel about their sexual orientation (e.g., “For the most part, I enjoy being gay/lesbian/bisexual”) on a 5-point scale (1= Strongly Agree; 5 = Strongly Disagree). After four items were reverse-scored so that higher scores represented more sexual identity distress, all items were summed to create the total score. The SID has demonstrated good internal consistency and evidence of construct validity as a measure of sexual identity distress in LGBT samples (Wright & Perry, 2006). Internal consistency for this sample was good ($\alpha = .85$).

**Depressive symptoms.** Depressive symptoms were assessed with the Center for Epidemiological Studies-Depression Scale (CES-D; Radloff, 1977), which sums participants’ ratings of how often they experienced a variety of symptoms in the past week (e.g., “I felt sad,” “I had crying spells”) on a 4-point scale (0 = Rarely or none of the time; 3 = Most or all of the time). The CESD has shown evidence of reliability and validity (e.g., Eaton & Kessler, 1981). Internal consistency for this sample was good ($\alpha = .92$).

**Results**

**Preliminary Analyses**

Descriptive analyses revealed that the majority of participants self-identified as lesbian (312; 86.4%), while 49 identified as bisexual (13.6%). According to ratings of sexual attraction, around half of the participants indicated that they were only sexually attracted to women (52.0%) compared to those that reported some level of attraction to both women and men (39.7% Mostly to females, 6.1% Equally to females and males, 1.1% Mostly to males). Once the ratings of sexual attraction were collapsed into two categories, 52.6% of participants were categorized as lesbian, and the remaining 47.4% as bisexual.

Next, demographic and basic relationship characteristics were compared between lesbian and bisexual women to determine if any differences might represent alternative explanations to
the study’s hypotheses. Associations between sexual orientation and continuous variables were assessed using independent samples t-tests and between sexual orientation and categorical variables with chi-square analyses. The two groups classified by self-identified sexual orientation did not differ in race, $\chi^2(1) = 9.85, p = .08$, or length of relationship, $t(357) = .79, p = .43$. However, there were differences in age and income. Self-identified lesbians were more likely to be older, $t(331) = 2.60, p < .05$, and had higher incomes, $t(356) = 2.30, p < .05$, than did women who identified as bisexual. Age and income were also significantly associated with relationship constructs and the indices of individual well-being: age was negatively correlated with depressive symptoms, $r = -.15, p < .01$, and sexual identity distress, $r = -.14, p < .05$; income was negatively associated with perceived quality of alternatives, $r = -.14, p < .01$, and depressive symptoms, $r = -.16, p < .01$. When categorized by sexual attraction ratings, lesbian and bisexual women did not differ in race, $\chi^2(1) = 4.64, p = .46$, length of relationship, $t(353) = -0.78, p = .44$, age, $t(327) = 1.87, p = .06$, or income, $t(352) = 1.70, p = .09$. Based on these findings, age and income were included as control variables in the primary analyses that operationalized bisexuality using self-identified sexual orientation. However, given that there were no differences found between groups defined by sexual attraction ratings, no covariates were used for those analyses.

**Primary Analyses**

**Relationship outcomes.** For Hypothesis 1a, differences in each index of relationship quality were tested using two sets of analyses, one for each method of classifying participants. The first set utilized self-identification to categorize participants as either lesbian or bisexual; the two groups were compared with tests of analysis of covariance (ANCOVA) that included age and income as covariates. Each test used a 2-level factor for self-identified sexual orientation.
To interpret the magnitude of observed group differences, Cohen’s $d$ effect sizes were used, which indicate the degree of difference between groups in standard deviation units. These were calculated as the difference between the adjusted group means divided by the square root of the Mean Square Error from an ANOVA comparing the groups without variance due to the covariate removed (Howell, 2010). The means for the ANCOVAs adjusted for age and income, $F$ values, and effect sizes are displayed in Table 1. Two relationship variables, quality of alternatives and commitment, differed significantly between the two groups. Compared to lesbians, bisexuals reported having better quality of alternatives ($d = .42$; moderate effect) and lower levels of commitment ($d = .37$; moderate effect), controlling for age and income.

The second set of analyses for Hypothesis 1a utilized ratings of sexual attraction to compare lesbians and bisexuals. Tests of one-way analysis of variance (ANOVA) were used to compare these two groups. The effect size $d$’s for the ANOVAs were calculated as the difference between the two groups’ means divided by the average of their standard deviations. Table 2 shows means, standard deviations, $F$ values, and effect sizes for the ANOVAs. Similar to the results from the ANCOVAs, bisexuals reported having better quality of alternatives ($d = .25$; moderate effect) and lower levels of commitment ($d = .37$; moderate effect) than did lesbian women. Additionally, bisexuals also indicated having lower levels of satisfaction ($d = .24$; moderate effect) and higher levels of relationship instability ($d = .32$; moderate effect).

**Relationship commitment.** To test Hypotheses 1b and 1c, the direct and indirect (i.e., mediated) effects were estimated with the PROCESS software (Hayes, 2013), which uses the product of coefficients method and bootstrapping techniques. Perceived quality of alternatives and relationship satisfaction were simultaneously entered as mediators of the association between sexual orientation and the dependent variable (either relationship commitment or
relationship instability), with age and income included as covariates for analyses using groups defined by self-identified sexual orientation.

Figure 2 displays the mediation analyses for Hypothesis 1b for both methods of categorizing participants. Using groups defined by self-identification. Consistent with the ANCOVA results, there was a total effect of sexual orientation on commitment prior to entering the mediators into the model (-0.36, SE = 0.15; 95% confidence interval = -0.66 to -0.07, p < .05). There was an indirect effect of sexual orientation on commitment via quality of alternatives (-0.07, SE = 0.04; 95% CI = -0.16 to -.01). However, the indirect effect of sexual orientation on commitment via satisfaction was not significant (-0.12, SE = 0.08; 95% CI= -0.31 to 0.02), likely due to the lack of association between self-identified sexual orientation and satisfaction. Further, the direct effect of sexual orientation on commitment did not remain significant (-0.17, SE = 0.12; 95% CI= -0.41 to 0.06, p = .15), which suggests that quality of alternatives fully accounted for the association between sexual orientation and commitment.

When using ratings of sexual attraction to categorize participants, there was a total effect of sexual orientation on commitment (-0.32, SE = 0.10; 95% CI = -0.52 to -0.12, p < .01), consistent with the ANOVA results. There was an indirect effect of sexual orientation on commitment via quality of alternatives (-0.06, SE = 0.03; 95% 95% CI = -0.14 to -0.01), as well as via satisfaction (-0.11, SE = 0.06; 95% CI= -0.24 to -0.02). The direct effect of sexual orientation on commitment did not remain significant (-0.14, SE = 0.08; 95% CI= -0.30 to 0.01, p = .07), suggesting that quality of alternatives and satisfaction together fully mediated the association between sexual orientation and commitment.

**Relationship instability.** Figure 3 displays the mediation analyses for Hypothesis 1c for both methods of categorizing participants There was not a total effect of sexual orientation on
instability when participants were categorized by self-identification (0.72, SE = 0.50; 95% CI = -0.26 to 1.71, p = .15), consistent with the ANCOVA results. While this indicates that there was no association between these two variables, given that some authors (Rucker, Preacher, Tormala, & Petty, 2011) have suggested that Baron and Kenny’s (1986) steps for assessing mediation are outdated and may not capture theoretically meaningful indirect effects, we continued testing the hypothesized model. As expected, there was an indirect effect of sexual orientation on instability via quality of alternatives (0.16, SE = 0.09; 95% CI = 0.03 to 0.40); however, there was no indirect effect via satisfaction (0.34, SE = 0.27; 95% CI = -0.18 to 0.86). In addition, the direct effect was non-significant (0.50, SE = 0.30; 95% CI = -0.07 to 1.11, p = .60). Thus, taking into consideration that there was no total effect, the significant indirect effect of quality of alternatives, suggests that bisexuality might indirectly affect instability through quality of alternatives; however, we cannot say that mediation was present in these analyses.

Consistent with results of the earlier ANOVAs, parallel analyses with groups defined by sexual attraction ratings indicated there was a total effect of sexual orientation on stability (0.91, SE = 0.33; CI = 0.27 to 1.55, p < .01). In the mediated model, there were indirect effects of sexual orientation on stability via quality of alternatives (0.13, SE = 0.07; 95% CI = 0.02 to 0.29) and via satisfaction (0.33, SE = 0.18; 95% CI = 0.01 to 0.73). The direct effect of sexual orientation on commitment did not remain significant (0.45, SE = 0.27; 95% CI = -0.08 to 1.00, p = .09), suggesting these two mediators fully accounted for the association between sexual orientation and stability.

Minority stress. For Hypothesis 2a, differences in minority stress indices were tested using the same procedure as the analyses for Hypothesis 1a. In the first set with groups classified by self-identification, ANCOVAs did not reveal any differences in sexual identity distress or
depressive symptoms between the two groups (Table 1). However, when exploring differences with ANOVAs and groups categorized by ratings of sexual attraction, bisexuals reported experiencing greater levels of sexual identity distress ($d = .28$; moderate effect) than lesbians. The two groups did not differ on reported depressive symptoms.

Similar to Hypotheses 1b and 1c, Hypothesis 2b was tested using the PROCESS software (Hayes, 2013). Due to the lack of an association between sexual orientation and depressive symptoms for either method of classifying sexual orientation, only sexual identity distress was tested as a mediator of the relationship between sexual orientation and relationship satisfaction. Moreover, given that when groups were defined by self-identification, there was no relationship between sexual orientation and sexual identity distress nor relationship satisfaction, we did not run analyses to test the hypothesized model using that method of categorization.

Mediation analyses for Hypothesis 2b using ratings of sexual attraction to categorize participants are displayed in Figure 4. There was a significant total effect of sexual orientation on relationship satisfaction ($-0.83$, SE = 0.37; 95% CI = -1.56 to -0.10), consistent with the ANOVA results. However, tests of the mediation model indicated that there was not an indirect effect between these variables via sexual identity distress ($-0.08$, SE = 0.07; CI= -0.28 to 0.02). The direct effect of sexual orientation on relationship satisfaction was significant ($-0.75$, SE = 0.38; CI= -1.49 to -0.01, $p < .05$), which further supported that sexual identity distress did not mediate the association between sexual orientation and satisfaction.

**Discussion**

**Summary of Overall Findings**

The present study sought to expand the current literature by investigating bisexual women’s experiences in same-sex relationships. Based on stereotypes and existing theory
(Rusbult, 1980) and research, we expected that, compared to lesbians, bisexual women would have poorer relationship satisfaction and higher perceived quality of alternatives, which would in turn lead to lower relationship commitment and greater relationship instability. Further, grounded in minority stress theory (Meyer, 2003), we predicted that bisexual women’s lower relationship satisfaction would be partially accounted for by higher sexual identity distress and depressive symptoms. In addition, we explored the implications of different sexual orientation classification methods comparing results when participants were categorized as either lesbian or bisexual based on their self-identification versus based on their ratings of sexual attraction. Results generally supported hypotheses that bisexual women would report less commitment and more instability than lesbians, and that perceived quality of alternatives and relationship satisfaction accounted for observed differences in these outcomes. Further, compared to relationship satisfaction, quality of alternatives appeared to be the more influential factor to consider. There was no support for hypotheses that sexual identity distress and depression mediated the relationship between sexual orientation and relationship satisfaction. Additionally, bisexual women were observed to have more negative relationship and individual well-being outcomes when they were categorized based on their ratings of sexual attraction than with self-identification, which was likely due to low power for analyses using self-identification.

**Commitment and Instability**

In regards to relationship outcomes, results supported the hypothesis that bisexual women would report less relationship commitment than lesbians; this moderate difference was observed when groups were categorized by self-identification ($d = .37$) and sexual attraction ($d = .37$). Further, as hypothesized, relationship stability was lower among bisexual women, although this small effect was only observed when using classifications based on sexual attraction ratings ($d = .37$).
.27). Although self-identified bisexual women also reported higher average instability than self-identified lesbians, with a similar effect size ($d = .32$), this difference was not statistically significant.

Grounded in the investment model (Rusbult, 1980), our hypothesis that bisexuality would indirectly affect commitment through perceived quality of alternatives and satisfaction received mixed support. Only quality of alternatives mediated the association for both methods of classification, although satisfaction also explained the association while using groups defined by ratings of sexual attraction. The lack of an indirect effect using relationship satisfaction with self-identification appears to be due to the lack of observed differences between bisexual and lesbian women’s satisfaction, suggesting that it is not the explanatory mechanism. However, given that the effect sizes for satisfaction using groups classified by self-identification ($d = .21$) and sexual attraction ($d = .24$) were similar across categorical methods, the lack of observed differences when using self-identification was likely due to lower power. Overall, our findings suggest that satisfaction plays a small role for examining differences between bisexual and lesbian women’s levels of commitment.

There was also mixed support in accounting for differences between bisexual and lesbian women’s level of instability using perceived quality of alternatives and satisfaction, although there appeared to be slightly less evidence to validate our model than earlier analyses examining commitment. As in those analyses, our most compelling evidence came from using participants classified by sexual attraction, as bisexual women’s lower stability was accounted for by their higher quality of alternatives and poorer satisfaction when compared to lesbians. This pattern of findings remained present when predictors were not entered simultaneously.
Taken together, given that we observed the investment model’s predicted associations using our sample (Rusbult, 1980), the present study contributes to the literature by providing further evidence of the model’s applicability for use with same-sex couples. Further, our inclusion of bisexual women addresses a limitation of past research with the investment model and sexual minority samples, which has historically not reported the sexual orientation of partners. Thus, our results suggest that the investment model is a useful lens to explore the lives of bisexual women in same-sex relationships. Future research should consider utilizing the investment model and other traditional theories of couple functioning when examining this group of women’s experiences.

In regards to the present study’s interest in comparing differences between lesbian and bisexual women, our findings offer a somewhat discouraging picture for bisexuals, as there is evidence to suggest that, consistent with stereotypes, they experience lower levels of commitment and stability than lesbian women. Further, given that bisexual women’s poorer outcomes were observed in a sample of cohabitating couples, it appears that even in the context of highly committed relationships, bisexual women may face additional difficulties maintaining quality relationships compared to their lesbian peers. These results are consistent with existing anecdotal and theoretical literature, which has suggested that bisexual women’s experiences in same-sex relationships are different than other sexual minorities’, and that their unique challenges can have negative implications for their relationship functioning (Bradford, 2004; Dyar et al., 2014; Li et al., 2013).

**Minority Stress**

Contrary to hypotheses, we did not observe significant differences in depressive symptoms between bisexual and lesbian women using either method of participant
categorization. In general, our participants were fairly free of depressive symptomatology, with both groups having average scores on the CES-D far below the recommended clinical cut-off score of 16 for individuals at risk for clinical depression (Tables 1 & 2). Follow-up Chi-square analyses revealed that both groups of women were also equally as likely to reach the clinical threshold of 16 (self-identification = $\chi^2(1) = 0.001, p = .997$, lesbian = 16.1%, bisexual = 16.3%; sexual attraction = $\chi^2(1) = 0.94, p = .33$, lesbian = 17.5%, bisexual = 13.6%), which further indicated that there were no differences in reported symptoms. The lack of differences in depressive symptoms is surprising, given that bisexuels have been noted to exhibit greater rates of depression compared to both heterosexuals and gay men and lesbians (Bostwick et al., 2010; Jorm et al., 2002; Udry & Chantala, 2002). However, it is important to note that our sample’s low reported symptoms may be explained by selection effects, as we utilized committed couples, who are less likely to report depression than their single peers (Lamb, Lee, & DeMaris, 2003). It may be that our sample of bisexual women were psychologically healthier than their single peers due to the numerous benefits associated with being in a committed relationship (Waite & Gallagher, 2000), including reduced risk for many psychological problems (Lamb et al., 2003; Whisman, 2013; Whitton, Weitbrecht, Kuryluk, & Bruner, 2013). As a result, it may be that being in a relationship served as a protective factor for our bisexual participants, which allowed them to overcome their group’s mental health disparities. This seems plausible, given that when past research has compared bisexual women to others, bisexual women have sometimes been noted to be more likely to be single. Yet, even when relationship status was controlled for, mental health disparities have still been reported (Bostwick et al., 2010). In light of this, while the present study and past literature suggests that being in a committed relationship can have
benefits for mental health, more research is needed to determine why relationship status may not uniformly benefit bisexual women.

As expected, bisexual women were found to have higher rates of sexual identity distress than lesbians. The effect sizes for this observed difference were small when groups were classified by both self-identification \( (d = .26) \) and sexual attraction \( (d = .28) \); it should be noted that the association was not significant when using self-identified sexual orientation. These findings are consistent with theory that sexual minorities experience sexual identity distress due to their immersion in a heterosexist society and exposure to negative attitudes about their identities, that they may subsequently internalize and believe themselves (Herek, 2004; Wright & Perry, 2006). The unfortunate reality that bisexual women are exposed to stereotypes from both heterosexuals and those within the LGBT community may account for their increased susceptibility to sexual identity distress compared to lesbians (Hoang et al., 2011; Ochs, 1996; Weis, 2004).

Thus, the present study’s hypothesis that indices of minority stress would account for differences in bisexual women’s relationship satisfaction was not supported. However, consistent with past findings, both depressive symptoms and sexual identity distress were correlated with poorer relationship quality (Table 3; Baslam & Szymanksi, 2005; Frost & Meyer, 2009). Specifically, individuals’ greater depressive symptoms were indicative of poorer satisfaction, commitment, and stability and better perceived quality of alternatives, while greater levels sexual identity distress was linked with poorer relationship stability. These findings are consistent with previous research indicating that the effects of depression (Davila et al., 2003) and internalizing negative beliefs about one’s sexual orientation (Baslam & Szymanski, 2005) are significant factors in maintaining a healthy same-sex relationship and are important to consider for the well-
being both groups of women. As such, even though minority stress factors did not predict
differences in satisfaction between bisexual and lesbian women, it is important to continue to
incorporate discussion of minority stress when exploring the lives of sexual minorities.

Method of Categorization

Consistent with past writings (Diamond, 2000; Korchmaros et al., 2013), the method in
which participants were categorized as either lesbian or bisexual is important to consider when
interpreting the present study’s findings. In general, it seems we had greater power to detect
significant differences between bisexual and lesbian women when using ratings of sexual
attraction to classify groups versus self-identification. This made it appear that bisexual women
were reporting poorer relationship outcomes and more sexual identity distress when they were
categorized by sexual attraction. Yet, when we compare the effect sizes for relationship
characteristics and minority stress indices between each method of categorization, they are
comparable and within .05 of each other (with the exception of quality of alternatives). The
relatively small number of self-identified bisexual women in the sample is likely to blame in this
situation, as it diminished our capacity to detect significant effects when using self-identification
as a method of categorization. Consequently, these findings support discussions that suggest
sexual attraction ratings may be of particular benefit for research with sexual minority women
(Diamond, 2000). Specifically, the present study highlights a key advantage of using attraction
ratings to classify bisexuality in that it yields greater numbers of participants categorized as
bisexual, thereby increasing power to detect effects. Had the present study relied solely on self-
identification, we would have not been able to adequately address our hypotheses and would
have subsequently missed important observed differences between bisexual and lesbian women.
Future studies should consider utilizing sexual attraction ratings to categorize participants if sample sizes are too small to use self-identification.

Of note, differences between the observed effect sizes of perceived quality of alternatives suggest that self-identification may have important implications for how we conceptualize bisexuality to affect this construct. Specifically, there was a larger effect size when groups were categorized by self-identification ($d = .42$) versus sexual attraction ratings ($d = .25$), which was inconsistent with otherwise equitable effect sizes across other analyses. Consistent with identity development models (Cass, 1979), this suggests that quality of alternatives may be more closely linked with how one conceptualizes their identity, rather than being attributed solely to beliefs that bisexuals have “double” the number of potential partners. It may be that identifying as bisexual indicates that a woman has progressed through a sequence of stages that signifies she has integrated her attractions to women and men into her overall identity (Brown, 2002). She may then be more comfortable in acknowledging her dual attraction than those who are at an earlier stage of identity integration (e.g., women who do not identify as bisexual yet report attraction to men and women), which may potentially raise her awareness of the greater number of potential alternative partners around her.

**Implications**

The present study has important implications for mental health providers and clinicians offering individual and couples’ therapy for bisexual women in committed same-sex relationships. First, providers should not assume that all female same-sex couples are the same, nor that both partners identify as lesbian, as this could inadvertently lead clinicians to miss features important to understanding a couple’s presentation (Bradford, 2004). Further, assuming
partners’ identities may invalidate their experiences and be seen as microaggressions (Guidry, 1999), which could negatively impact the therapeutic process.

Next, given that the present study is the first to compare bisexual and lesbian women’s relationship commitment and stability, it is important that clinicians be aware that bisexual women may experience lower levels of these indices than their lesbian peers’ and that these may be particularly relevant issues in therapy. Clinicians should consider tailoring session content to more strongly emphasize methods bisexual women and their partners can build and maintain commitment, such as making time to have fun as a couple, thinking about their relationship in terms of “we” rather than “me,” finding things that one partner can do to benefit the other and the relationship, and adopting a long-term view of the relationship (Markman, Stanley, & Blumberg, 2010).

Further, given that quality of alternatives appeared to be of particular importance to understanding bisexual women’s relationships, it would likely be pertinent to explore partners’ ideas about bisexual women’s dual attraction to women and men, with particular emphasis on how it relates to being a committed couple. As Bradford (2004) notes, partners may never have had discussions focused on bisexuality, and this ambiguity may erode relationship quality over time. For instance, bisexual women may become preoccupied with fears surrounding how their partner may react if they discover or are told of their dual sexual attraction. This could be particularly important if a bisexual woman kept her identity concealed throughout her relationship (Li et al., 2013). Anticipation of a negative reaction from their partner may lead to increased levels of distress for bisexual women, which may lead to poorer well-being (Lewis, Derlega, Griffin, & Krowinski, 2003) and may negatively impact their relationship quality (Hammen, 1991). Anecdotal reports from couples where one partner is heterosexual and the
other bisexual reinforce this suggestion, as some participants noted that having open communication was key for maintaining a healthy relationship (Buxton, 2006). Thus, the role of quality of alternatives may be a particularly important discussion that clinicians can facilitate in session, as they may have not happened and could be a source of distress for bisexual women, and ultimately their relationships.

Finally, given that indices of minority stress did not account for differences in satisfaction between bisexual and lesbian women, less emphasis can be placed on these factors when attempting to discern differences between groups. However, given minority stress’ association with relationship distress (Baslam & Szymanski, 2005; Frost & Meyer, 2009) and depression (Newcomb & Mustanski, 2010), clinicians should continue to assess for the presence of such factors regardless of couple type (or relationship status). Overlooking these factors could cause clinicians to ignore important treatment considerations, which has the potential to negatively impact the therapeutic process.

Limitations, Strengths, and Future Directions

Several limitations exist in the present study. The most notable is the small portion of women in the sample who self-identified as bisexual, which limits our capacity to detect significant results and generalize the study’s findings to the greater community of bisexual women. Future research should include a greater number of self-identified bisexual women (perhaps by oversampling bisexual-specific groups and organizations) to allow a more comprehensive picture of their lives. Further, we only used data from a single time point, which prevents us from establishing causality, and thus, further work needs to include multiple time points in order to track changes over time in bisexuals’ relationship functioning. An additional limitation is that we did not collect information about other factors that have been theorized to
affect bisexual women’s relationship quality, such as participants’ perception of their partners endorsing bi-negative stereotypes, sexual dissatisfaction, or lack of support from the LGBT community (Li et al., 2013; Weis, 2004). It is possible that, in addition to factors emphasized by the investment model, differences in bisexual women’s relationship quality could be attributed to these mechanisms. Therefore, it would be beneficial for future research to evaluate what degree each of these, or other, factors might impact bisexuals’ romantic relationships.

Despite these limitations, the current study furthered the literature in several important ways. First, we addressed a gap in the literature by examining bisexual women’s same-sex relationships using quantitative measures, thereby providing a novel avenue to describe the experiences of this group beyond qualitative reports. This revealed that, consistent with stereotypes, bisexual women reported poorer commitment and stability compared to lesbians. Moreover, given that previous research has largely neglected to differentiate the diversity within same-sex relationships, the present study serves as a reminder that viewing the LGBT community as a broad, monolithic group can ignore differences among its subgroups, particularly bisexuals. In addition, the use of two methods of classifying participants’ sexual orientation served as further validity that the operationalization of sexual orientation is crucial to consider and may have important study implications. Further, ratings of sexual attraction provided a theoretically-informed alternative to relying solely on self-identification, which facilitated testing of hypotheses despite the small subsample of self-identified bisexuals.

An additional strength is that, compared to the only identified prior quantitative study (Baslam & Szymanski, 2005) to report differences between bisexual and lesbian women’s relationship quality, the present study recruited women who were currently in a same-sex relationship for at least 6 months and cohabitating with their partner. Our more stringent
inclusion criteria permitted us to have more equitable groups. This allowed us to factor out potential alternative explanations for our findings, such as cohabitation, which has been described as having unique value and symbolizing marriage for same-sex couples (Haas & Whitton, 2015). The exclusion of non-cohabitating couples helps to rule out that observed differences could be attributed to inherent differences in commitment between non-cohabiters and those who chose to live together.

Finally, future research may benefit from oversampling those who have newly entered their relationship. By tracking couples from the beginning of their relationship, we might more easily capture a wide-range of participants’ experiences and relationship outcomes. Reliance on well-established, cohabitating couples inherently ignores those who have experienced relationship dissolution. As a result, this may inadvertently overlook factors relevant to healthy relationship functioning, given that well-established couples have likely overcome issues that led to dissolved couples breaking-up. Additionally, further research is needed to assess if current couple interventions adequately address specific areas that may be of particular importance to bisexual women’s relationships, such as perceived quality of alternatives.
References


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<th>Characteristic</th>
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<th>Sexual Identity Distress</th>
<th>Individual Well-being</th>
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Note: All means are adjusted for age and income. For OLS regression, df = 313.

Table 1: Mean and Standard Deviation of Predictors by Sexual Orientation Defined by Self-Identification.
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<td>Bisexual (n = 16)</td>
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Table 2: Means and Standard Deviations of Variables by Sexual Orientation Defined by Ratings of Sexual Attraction.
Table 3: Interpersonal Stigma Tolerance

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<th>d_{n} &gt; 0.01</th>
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<td>3. Relationship Continuance</td>
<td>6.28</td>
<td>0.96</td>
<td>2.70</td>
<td></td>
</tr>
<tr>
<td>4. Relationship Inseparability</td>
<td>3.25</td>
<td>0.16</td>
<td>0.80</td>
<td></td>
</tr>
<tr>
<td>5. Interpersonal Homophily</td>
<td>11.729</td>
<td>1.129</td>
<td>2.09</td>
<td></td>
</tr>
<tr>
<td>6. Depressive Syndromes</td>
<td>8.90</td>
<td>0.34</td>
<td>0.90</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Significant at the 0.01 level.
Figure 2. Mediation analyses of sexual orientation on commitment via quality of alternatives and satisfaction using participants’ self-identification controlling for age and income (above) and sexual attraction ratings (below). Note: Unstandardized regression coefficients are displayed. Unmediated path (total effect) of sexual orientation on commitment is displayed above the arrow; direct effect from mediated model below. The indirect effect of quality of alternatives (-0.07, SE = 0.04; 95% CI = -0.16 to -0.01) but not satisfaction (-0.12, SE = 0.08; 95% CI = -0.31 to 0.02) was significant using groups defined by self-identification. The indirect effects of quality of alternatives (-0.06, SE = 0.03; 95% CI = -0.14 to -0.01) and satisfaction (-0.11, SE = 0.06; 95% CI = -0.24 to -0.02) were significant using groups defined by sexual attraction ratings.

***p < .001, *p < .05
Figure 3. Mediation analyses of sexual orientation on instability via quality of alternatives and satisfaction using participants’ self-identification controlling for age and income (above) and sexual attraction ratings (below). Note: Unstandardized regression coefficients are displayed. Unmediated path (total effect) of sexual orientation on commitment is displayed above the arrow; direct effect from mediated model below. The indirect effect of quality of alternatives (0.16, SE = 0.09; 95% CI = 0.03 to 0.40) but not satisfaction (0.34, SE = 0.27; 95% CI = -0.18 to 0.86) was significant using groups defined by self-identification. The indirect effects of quality of alternatives (0.13, SE = 0.07; 95% CI = 0.02 to 0.29) and satisfaction (0.33, SE = 0.18; 95% CI= 0.01 to 0.73) were significant using groups defined by sexual attraction ratings. ***p < .001, **p < .01, *p <.05
Figure 4. Mediation analyses of sexual orientation on satisfaction via sexual identity distress and depression using participants’ sexual attraction ratings. Note: Unstandardized regression coefficients are displayed. The indirect effect of sexual identity distress (-0.08, SE = 0.07; 95% CI= -0.28 to 0.02) was not significant. ***p < .001, **p < .01, *p < .05