Bisexual Adults: Partnering, Minority Stress, & Mental Health

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Abstract

Romantic relationships for bisexual individuals may be a particular source of support and stress for combating minority stress. This study tested differences in minority stress and mental health for bisexual individuals by partnering. Results found same-sex partnering was associated with increased outness and acceptance with family and friends. Clinical implications for couple & family therapy are considered.

Background

Bisexual individuals experience greater health disparities than the broader population, including heterosexual, gay, and lesbian individuals (Bostwick, Boyd, Hughes, & McCabe, 2010; Brennan, et al., 2010; Feinstein & Dyar, 2017; Steele, et al., 2010). A leading contributor to negative mental health outcomes was stress associated with experiencing stigma (Eliason, 1997; Flanders, 2015; Mays & Cochran, 2001; McCabe et al., 2010; Ross, et al., 2010), which was also called, minority stress (Meyer, 2003). Bisexual individuals may experience stigma in both LGB and heterosexual communities (Balsam, & Mohr, 2007; Koh & Ross, 2006) and difficulties experienced in the forming and maintaining of intimate partnerships (Klesse, 2011; Li, Dobinson, Scheim, & Ross, 2013). Feinstein, et al. (2016) found differences between lesbian/gay and bisexual individuals as it relates to minority stress, romantic relationships, and mental health, such that being in a romantic relationship for bisexual individuals increased the odds of an anxiety disorder compared to those who were single. This study sought to add to our understanding of bisexual individuals and impact of relationships and minority stress on mental health.

Hypothesis

Differences in depression, internalized homophobia, social outness and acceptance, and connection to the LGB community will be associated with partner status and partner gender for bisexual adults.

Method

Cross-sectional survey design was used. The study was approved by the IRB at a midwestern, private university. Recruitment for the web-based survey occurred through list servs, social media groups, and snowball sampling techniques. This study only examined the bisexual subsample of a larger national survey of sexual minority adults from religious families. Participants *(N* = 99) were those who identified themselves as bisexual or pansexual. 81% female, 78.8% white, 6.1% Biracial or Multiracial, 3.0% African American, 3.0% Middle Eastern, 4.0% Asian/Asian American, 5.0% others (e.g., Native American, Jewish American). Type of partnering: single (*n* = 23), same-gender partnered (*n* = 25), and different-gender partnered (*n* = 51).

Measures

Depression. Patient Health Questionnaire (PHQ-9; Kroenke, Spitzer, & Williams, 2001). The current study good reliability (Cronbach's alpha = 0.910) and was similar to previous studies (range from 0.86 to 0.89 using Cronbach's alpha; Kroenke, et al., 2001).

Internalized homophobia. Internalized Homophobia Scale – Revised (IHP-R; Martin & Dean, 1992). Higher scores indicated greater internalized homophobia. Internal consistency reliability for this sample was acceptable (Cronbach's alpha = 0.753) and similar to previous studies (Meyer, 1995).

Acceptance and outness. The Network Sector Closeted Scale (N-SCS; Caron & Ullin, 1997). Changed language to include lesbian, gay, and bisexual identities. The original scale exhibited good internal consistency across social networks (Cronbach's alpha = 0.78 to 0.84; Caron & Ullin, 1997) and remained acceptable in this study (Cronbach's alpha = 0.78).

Results

Initial correlational and chi-square analysis of the study variables by age and other demographics were examined first. Demographically, older participants reported decreased friend acceptance (*r* = -0.27) and friend outness (*r* = -0.21). Additionally, a more feminine gender expression was significantly associated with internalized homophobia (*r* = 0.35) and higher education was associated with lower depressive symptoms (*r* = -.22). As expected, higher family religiosity is significantly associated with less parent (*r* = -0.30), increased internalized homophobia (*r* = 0.21), and being older (*r* = 0.22). Same gender partnering was associated with increased parent acceptance (*r* = 0.22) and parent (*r* = 0.31), sibling (*r* = 0.41), and friend (*r* = 0.26) outness. Being partnered at all was associated with parent (*r* = 0.27) and sibling outness (*r* =

0.24). Higher IH was associated with increased depressive symptoms (r = 0.27), less LGB community connection (r = -0.17), less parent outness (r = -0.24), less acceptance from parents (r = -0.43), siblings (r = -0.32), and friend (r = -0.29

Hypothesis Testing

Partnership was separated into three categories: single, partnered different-sex, and partnered same-sex. A one-way ANOVA was run analyzing differences related to Dep, IH, outness and acceptance, and LGB community connectedness by partnership category. Significant differences were found in outness with parents [$F(2,96) = 8.14$, $p<0.05$], siblings [$F(2,86) = 9.24$, $p<0.05$], and friends [$F(2,96) = 3.22$, $p<0.05$], and acceptance with parents [$F(2,84) = 4.05$, $p<0.05$]. Differences with acceptance with siblings [$F(2,84) = 2.50$, $p = 0.09$] approached significance. In post-hoc analysis using Tukey's tests, same-sex partnered was associated with increased parent acceptance than single individuals. Additionally, same-sex partnered were more out to parents and friends than single and different-sex partnered individuals.

Implications & Conclusions

The results suggest same-sex partnering for bisexual individuals may signal a more accepting and out social context. In friendships for bisexual individuals, relationships may change over time depending on partner gender (Galupo, et al., 2004). Parent acceptance is directly and significantly associated with lower depressive symptoms, which is consistent with previous research with LGB adults (Heiden-Rootes, et al., in press) and youth (Snapp, et al., 2015).

Limitations. Several limitations exist in this study. The sample was largely white and college educated which limits the generalizability of these outcomes to bisexual individuals across socioeconomic levels. Limitations in cross sectional data means that we cannot predict which came first or the timing of acceptance and outness.

Future Research. Few research studies on bisexuality and partnering exist. Future research could explore friendships with male and female friends, heterosexual and LGB friends, and the dynamics of partnering in mixed orientation romantic relationship.

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