THE ROLE OF MINORITY STRESS PROCESSES AND INTERSECTIONALITY IN RESILIENCE DIFFERENCES OF BISEXUAL VS LESBIAN/GAY INDIVIDUALS

A Dissertation

by

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ABSTRACT

Minority stress research has illustrated how marginalized populations, such as lesbian, gay, and bisexual individuals, are at greater risk for poorer mental health outcomes as a function of the unique stressors they face related to stigma and discrimination against their identities. Researchers have explored the construct of resilience in how protective factors allow marginalized individuals to successfully cope with this distress. While researchers tend to analyze the LGBT community as a single group, a growing consensus has suggested that bisexual individuals face a unique dual-stigma, which may place them at risk for worse outcomes than even lesbian and gay individuals. In the present study, I sought to contribute to this body of research by examining the ways that differences in minority stress factors between lesbian/gay and bisexual individuals may mediate poorer bisexual outcomes in access to common resilience factors. Additionally, I incorporated an intersectional lens through exploratory analyses on the moderating effects of gender and race. A sample of 229 LGB individuals completed a brief online survey to provide data for these analyses. Utilizing a MANOVA, I found that bisexual individuals exhibited lower levels of coping self-efficacy and perceived family support compared to gay/lesbian individuals, but not significantly different levels of community connectedness. Surprisingly, bisexual individuals reported lower levels of internalized homonegativity and discrimination. Using the PROCESS macros, I found that internalized homonegativity mediated the relationship between sexual orientation and community connectedness, and that discrimination mediated this relationship onto

perceived family support. The other mediations were not significant, and there were no significant moderating effects of either gender or race/ethnicity onto these mediations. These results align with some existing research on how bisexual individuals may be disadvantaged compared to lesbian/gay individuals, but conflict with other evidence suggesting that they experience greater levels of minority stress factors. My findings imply that discrepancies in bisexual individuals' access to common resilience factors may be better explained by other factors not explored in the present study.

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CHAPTER I

INTRODUCTION

Despite advancements in social and legal standing, particularly in recent years, the lesbian, gay, bisexual, and transgender (LGBT) community continues to experience significant inequities and unique obstacles in navigating a largely heterosexist world. The Trevor Project's 2021 national survey found that 75% of LGBT youth reported at least one lifetime instance of discrimination toward their sexual orientation or gender identity, and over 50% reported having one or more discriminatory experiences in the past year. Further, this study found that 42% of LGBT youth seriously considered suicide over the past year. Beyond investigations of outcomes across the broader LGBT community, researchers are becoming increasingly aware of how some subgroups of this community, particularly bisexual and transgender individuals, are at risk for even greater outcome discrepancies and stigma experiences (Van et al., 2019). Explanations for such discrepancies and concerns are well-organized and described through the lens of the minority stress model (Meyer, 1995; Meyer, 2003). This model describes how broad societal stigma against LGBT identities manifests in poorer outcomes across a variety of behavioral and psychological constructs as a function of the negative impact from unique and chronic stressors. Poor outcomes are, of course, not guaranteed, and research also suggests that these minoritized identities may develop and draw upon unique protective factors to form resilience against the impact of stigma (Meyer, 2015). While the LGBT community consists of many diverse identities across gender and sexual

orientation, this study seeks to build upon research that examines differences among sexual orientation identities. In the present study, I seek to apply fundamental elements of minority stress theory to investigations of how minority stress processes of lesbian, gay, and bisexual individuals (LGB) impact the protective factors that could serve as forms of resilience, particularly as these processes may differ for bisexual individuals.

Literature Review

Minority Stress

At its most basic level, minority stress is the idea that belonging to a minority group inherently exposes one to unique obstacles and stressors rooted in chronic, social constructs of stigma and discrimination (Meyer, 1995). In general, this perspective could be applied to any minoritized group in understanding ways that individuals of that group encounter stigma against their identity and form reactions to it. In the LGBT community, this model has been applied and expanded over time to understand why LGBT individuals often demonstrate poorer outcomes than their heterosexual and/or cisgender peers (Meyer, 1995; Meyer, 2003; Meyer & Dean, 1998). For example, researchers have found that LGBT individuals experienced elevated risk for depression, suicidality, risky sex behaviors, and substance abuse (Cochran & Cauce, 2006; Haas et al., 2010; Hatzenbuehler et al., 2008; Szymanski & Ikizler, 2013). Such outcomes are thought to be associated with the impact that chronic and acute stigma produce on an LGBT individual's sense of self regarding their stigmatized identity.

The minority stress model conceptualizes various forms of minority stress processes into a continuum between two primary categories: proximal stressors and

distal stressors (Meyer, 2015). Proximal stressors are considered to be internal processes or internalized attitudes that an individual forms about themselves. Meyer (2015) described proximal stressors as internalizing cognitive processes that stem from socially transmitted norms. Some examples of proximal stressors include internalized homonegativity, expectations of rejection, and concealment of identity. Distal stressors are events that occur outside of the individual, such as everyday discrimination and microaggressions. These stressors are often understood as experiences that *happen to* the individual and may contribute to proximal stressors by way of facilitating the internalization of the experienced stigma. Of particular interest to the present study are two common conceptualizations of minority stress processes in research: discriminatory experiences and internalized homonegativity.

Whereas the minority stress model describes broad trends across the LGBT community, the theoretical foundation is particularly applicable to subgroups of this community which may experience additional layers of minoritization. In particular, White lesbian and gay individuals tend to be at the forefront of social representation and academic investigation, whereas bisexual, transgender, and LGBT people of color are often overlooked (Ghabriel & Ross, 2018; Morgenroth et al., 2021). It is important to recognize that some identities may be additionally minoritized even within the larger LGBT community. Racial stigma and prejudice certainly carry over into the LGBT community, creating unsafe and stigmatizing experiences for LGBT individuals of race/ethnic minority groups (Han, 2007; Ward, 2008). Furthermore, monosexual identities - that is, sexual orientation identities defined by attraction to one sex or gender

- include both heterosexual and lesbian/gay individuals, creating a situation where bisexual individuals may be uniquely excluded from these monosexual in-groups. In accordance with the foundations of minority stress, multiply minoritized individuals might be subject to additional minority stress processes, above and beyond those they already experience in belonging to the larger minority group. Therefore, in alignment with the foundations of minority stress, these additional stressors might predict correspondingly poorer outcomes. Lastly, these patterns of additional stigmatization even from one's "in-group" may lead to more challenging and complicated processes in integrating the stigmatized component of their identity.

Bisexual Stigma

When considering the influence of minority stress in bisexual individuals, it is important to attend to the combination of shared and unique stigma associated with a bisexual identity. One of the primary unique minority stress factors that bisexual individuals experience is binegativity, which represents negative attitudes toward bisexual individuals for their deviation from monosexist norms (Eliason, 2000). That is to say, both heterosexual and lesbian/gay individuals may view bisexuality negatively for its nonadherence to these monosexist norms of committing to interest in one sex or the other. Although bisexual individuals do also face homonegative stigma as lesbian/gay individuals do, binegativity is a distinct facet of bisexual-specific minority stress. Herek (2002) investigated heterosexual attitudes toward bisexual individuals in comparison to a variety of other identifiers, such as religious, lesbian/gay, racial/ethnic, and political groups, and found that bisexual individuals were rated less favorably than

all groups except injecting-drug users. In this study, such attitudes tended to be associated with higher religiosity and greater traditional values regarding gender. These findings indicate that complicated interactions of sociocultural factors likely play into the expression of binegative stigma. Studies suggest that binegative attitudes include perceptions that bisexual individuals are promiscuous or hypersexual, that they are unsuitable dating partners, and that they should change to assimilate into a monosexual identity (Bostwick & Hequembourg, 2014). Further, these attitudes pervade both heterosexual and LGBT contexts, establishing a unique dual-stigma. Of particular importance in Bostwick and Hequembourg's (2014) findings, bisexual individuals reported experiencing attitudes in LGBT spaces that their bisexual identity was illegitimate, or that they were not "gay enough," or that their identity needed to be repeatedly proven. Further stereotypes, regarding bisexual men in particular, include beliefs that they are untrustworthy and less inclined to have monogamous relationships (Zivony & Lobel, 2014). Across other studies, researchers have suggested that bisexual individuals may even experience disproportionately greater homonegative attitudes than lesbian/gay individuals do (Stokes et al., 1997). Altogether, negative attitudes toward bisexuality appear to intertwine general homonegative attitudes with unique binegative attitudes to produce a complicated navigation of identity formation and stigma in bisexual individuals (Van et al., 2019; Israel & Mohr, 2004).

In alignment with the minority stress framework, researchers have explored the ways in which binegative stigma manifests in outcome discrepancies. Ross et al. (2018), in their meta-analysis, found a pattern of bisexual individuals reporting equivalent-or-

greater rates of anxiety and depression in comparison to lesbian/gay people. Further, the authors identified three primary contributors to bisexual outcome discrepancies: sexual orientation-based discrimination, the invisibilization/erasure of bisexuality, and a lack of bisexual-specific support. These contributing factors highlight some unique obstacles that bisexual individuals encounter through systematic invalidation and erasure of their identity, with a corresponding lack of cohesive bisexual support or visible community. Other studies have contributed similar findings, with bisexual individuals reporting greater disparity in mental health outcomes compared to both heterosexual and lesbian/gay individuals (Bostwick et al., 2010). Researchers also suggest problematic behavioral discrepancies for bisexual individuals, such as elevated substance abuse (Hughes & Eliason, 2002). As a whole, bisexual individuals must navigate both homonegative and binegative stigmas, and these experiences appear to facilitate a variety of more negative outcomes in psychological and behavioral wellbeing. Furthermore, patterns of poorer outcomes among bisexual individuals compared to lesbian/gay individuals necessarily raises questions about the degree to which bisexual individuals use or benefit from common LGBT resilience factors; this consideration is one of the primary focuses in the present study.

A major contributor to the perpetuation of binegative stigma lies in the pervasive invisibilization of bisexuality across social and research contexts. In social contexts, individuals tend to make monosexist assumptions about the identity of others (Alarie & Gaudet, 2013). For example, as illustrated in the study by Alarie and Gaudet (2013), viewing a man and a woman on a date would generally lead to assumptions that the

individuals are heterosexual, whereas viewing a man with another man would generally lead to assumptions of homosexuality. Such assumptions are not intentional decisions, but rather manifest as an example of monosexist norms. However, further research suggests that there are additional nuances in these attitudes, particularly in the role of gender. Yost and Thomas (2011) found that women reported equivalent attitudes toward bisexual men and bisexual woman, whereas men viewed bisexual men more negatively than they viewed bisexual women. Whereas these results indicate the potential for bisexual men to be especially at risk from binegative attitudes, the study also found that participants applied binegative stereotypes in their evaluations of both men and women. With bisexual women, participants reportedly rated them more highly in part due to the eroticization of their sexuality, while ultimately choosing to label them as "really heterosexual." In contrast, participants tended to label bisexual men as "really gay." This study exemplifies how bisexual women may experience binegative stigma in less antagonistic, but perhaps no less impactful, ways, and that bisexual men and women are both subject to bisexuality-erasing attitudes. As a function of these assumptions, bisexual individuals who pursue opposite-sex relationships have a unique position in that they can naturally present as heterosexual. This ability to "pass" may provide opportunities to avoid encountering homonegative stigma, but doing so may also contribute to feelings of inauthenticity or concealment in allowing others to presume one's heterosexuality. Further, these experiences may make it correspondingly more challenging to have a same-sex relationship, as it would starkly conflict with one's public presentation up until

that point. Such attitudes may contribute to how bisexual individuals internalize stigma about the validity and acceptability of their identities and attractions.

Finally, as much as LGBT-focused research intends to highlight marginalized groups, an unfortunate reality is that this same research often lumps bisexual data with lesbian/gay data due to statistical limitations or methodological concerns (Bostwick & Hequembourg, 2013). An analysis of the literature examined three different time points (1987, 1997, and 2007) and found only 10.3% to 17.9% of studies separated bisexual data from lesbian/gay data for analysis (Kaestle & Ivory, 2012). Similarly, Monro et al. (2017) found that over 25% of lesbian/gay-focused research did not even mention bisexuality. Some studies have shown that lumped groups of LGB data may appear significantly different from heterosexual data, but further parsing bisexual data into its own group can even reduce or erase the differences between lesbian/gay and heterosexual data while demonstrating significant differences from both for bisexual data (Matthews et al., 2010). Thus, in this study I aim to specifically elucidate differences between bisexual and lesbian/gay individuals.

Minority Stress Processes

Internalized Homonegativity

One commonly studied proximal minority stress process is internalized homonegativity, which constitutes the internalized negative beliefs and attitudes regarding same-sex desires and the subsequent feelings of shame or guilt when one's own sexual attractions conflict with these attitudes (Herek, 1995; Meyer, 1995; Meyer, 2003). Whereas this construct of internalized homonegativity has been called

internalized homophobia, Herek (2000; 2004) criticized the limitations of this terminology, particularly in the implication of fear, and recommended alternatives such as internalized stigma or internalized heterosexism. Such labels are intended to capture the reality of this process: heterosexist norms producing internal expectations of rightness and wrongness regarding one's sexual attraction and behavior. These attitudes are often received not just by one's immediate social environment, but through broader societal opinions on same-sex issues and even through legislative factors like the presence or absence of marriage equality (Berg et al., 2017). The broadness of these sociopolitical influences is important to keep in mind, as it demonstrates the chronic and persistent nature of minority stress processes beyond the individual experience. By experiencing same-sex attraction while holding internal beliefs that such attractions are fundamentally wrong or bad, an individual may form a more negative evaluation of themselves (Herek, 1995; Herek, 2007). Often, these self-evaluations and internal conflicts may be characterized by self-contempt and shame (Malyon, 1981; Meyer & Dean, 1998).

As a minority stress process, internalized homonegativity is often conceptualized in relation to a variety of outcome variables. In their meta-analysis, Newcomb and Mustanski (2011) highlighted trends in the literature exploring how internalized homonegativity is often associated with risky sex behaviors, though these trends were somewhat inconsistent. Another review documented patterns of internalized homonegativity being associated with greater levels of alcoholism, substance use, and self-harm as maladaptive coping strategies (Williamson, 2000). As described in the

minority stress model, proximal stressors like internalized homonegativity are often associated with a host of negative psychological and behavioral outcomes (Meyer, 1998). Although such outcomes are not in the scope of the present study, it is critical to keep in mind the important impact of internalized homonegativity on a variety of outcomes and to also consider the degree to which it may impact an individual's ability to cope with minority stress.

Importantly, exploring the role of internalized homonegativity in this context does not preclude bisexuality. Internalized homonegativity is simply the degree of attitudes and beliefs one holds regarding same-sex attraction and/or behavior, and, by definition, bisexual-identified individuals hold some degree of same-sex attraction (Meyer, 1995; Meyer & Dean, 1998). In fact, some researchers have suggested that bisexual individuals report greater levels of internalized homonegativity than lesbian/gay individuals, and that it is associated with reduced identity disclosure (Costa et al., 2013). For example, some researchers have found that bisexual participants reported greater internalized homonegativity, identity confusion, and negative identity attitudes (Sarno & Wright, 2013). In other studies, bisexual individuals reported viewing their identity less positively than did lesbian/gay individuals (Kertzner et al., 2009). These studies highlight a pattern of complicated identity navigation and integration for bisexual individuals, which appears to be distinguished by the negativity these individuals hold toward their identity and/or attractions. Although there are certainly additional binegative that bisexual individuals encounter, it is important to also highlight the influence of homonegative beliefs and explore the ways in which these are distinct

minority stress processes that bisexual individuals must manage. Binegative attitudes typically revolve around the duality of bisexual attraction and/or behavior; they are rooted in monosexist norms, in which individuals are expected to adhere to the binary of sexual attraction. Compared to lesbian/gay individuals, bisexual individuals may experience more identity confusion or uncertainty, and thus may struggle to integrate a more centralized perception of their bisexual identity (Dyar et al., 2015). Because bisexual individuals must navigate a duality of sexual attraction, it may be harder to reconcile these attractions with their identity, particularly in the face of monosexist expectations to lean one way or another. This is a challenge that is unique to the bisexual experience. Even so, both bisexual and lesbian/gay individuals face internalized homonegativity in their same-sex attractions. Thus, this shared minority stress process provides an important comparative opportunity to understand whether bisexual individuals are differently impacted by a similar stigma.

In a review of the literature on internalized homonegativity, the authors observed that much of the research in this area focuses predominantly on the experiences of gay White males (Berg et al., 2016). These authors highlighted how the limited literature on internalized homonegativity among diverse racial/ethnic groups was inconsistent, with some studies finding no differences across race/ethnicity while others found that race/ethnic minority participants reported higher levels of internalized homonegativity than White participants (Moraldi et al., 2010; O'Lear et al., 2007). As indicated by the inconsistent state of the literature, and in alignment with recommendations by Berg et al. (2016), I seek to contribute to existing literature by evaluating the level and impact of

internalized homonegativity not only among a more diverse primary group (i.e., including women and bisexual individuals) but also through an intersectional lens (i.e., gender and race/ethnicity).

Discriminatory Experiences

Although internalized homonegativity represents a proximal minority stress process, it is also important to recognize the impact of distal minority stress processes such as discriminatory experiences. These experiences of discrimination may range from smaller unintentional microaggressions, such as offhanded prejudicial remarks or assumptions, to explicit social rejection or even violence. One of the most salient examples of such anti-LGB violence was the murder of Matthew Shepard in 1998, which indirectly impacted many LGB individuals' sense of safety and security in their identity (Noelle, 2002). Indeed, within the minority stress framework it is understood that even the anticipation or fear of such experiences can produce meaningful distress in LGB individuals (Meyer, 2003). In one study, 37% of gay and bisexual men reported experiencing anti-gay, verbal harassment in the preceding 6 months, which rose to over 50% of respondents age 21 and below (Huebner et al., 2004). In this same study, the respondents age 21 and below were approximately 3 times more likely than participants over the age of 21 to report experience anti-gay physical violence in the preceding 6 months (10.3% vs 3.6%). Meyer (1995) observed that discriminatory experiences in gay men were significantly associated with higher levels of psychological distress across domains including guilt, demoralization, suicidal ideation, and AIDS-related traumatic stress response. Further, in the same paper, he identified interactions between

internalized homonegativity and discriminatory experiences, such that the impact of such experiences was elevated when individuals had higher internalized homonegativity. Additional research found that minority stress-based discriminatory experiences were associated with the onset of a physical health problem over the course of one year (Frost et al., 2015). Of note, this study also determined that the impact of these discriminatory experiences was above and beyond that of general life stressors. The authors asserted that prejudice-motivated nature of these experiences likely contributed to the greater impact on the individual; that is to say, experiencing a discriminatory event that is fueled by prejudice may be additionally deleterious to one's wellbeing. This reasoning is reflected in research by Herek et al. (1999), which compared victims of LGB hate crimes to victims of non-hate crimes. In this study, victims of the prejudice-based crimes reported significantly greater levels of psychological distress through depression, anxiety, and posttraumatic stress. Even more interestingly, these individuals also indicated a lower sense of self-mastery and a greater sense of personal setbacks due to stigma toward their LGB identity. Other studies have suggested that experiences of discrimination and stigma may motivate LGB individuals to socially isolate themselves in order to avoid further discrimination, which may impede access to important social supports and even contribute to a sense of inability to control or manage their distress (Hatzenbuehler, 2009; Link et al., 1997; Pachankis, 2007).

Although my review of the literature thus far has highlighted the unique elements of bisexual minority stress and subsequent outcome discrepancies, patterns of bisexual discriminatory experiences are less clear. In one study, bisexual individuals did not

report significantly more experiences of discrimination than gay individuals across multiple types of discrimination, although the results trended in this direction (Huebner et al., 2004). Bostwick et al. (2014) found that bisexual individuals were actually less likely to report experiencing a discriminatory event than lesbian/gay individuals. A similar pattern emerged in Herek et al.'s (1999) study, with one explanation being attributed to the reduced visibility of bisexual individuals. This visibility factor may be associated in part with the ability for bisexual individuals to pass as heterosexual if they have opposite-sex partners, or it may be due to disclosure differences. Elaborating on this last point, McCabe et al. (2009) found that bisexual behavior (as opposed to identity) was particularly associated with poor outcomes. In other words, some individuals experienced a discrepancy between their stated identity and the sexual behavior/attraction they experienced, and these individuals reported some of the poorest outcomes. Contrasting with the prior findings of discrimination rates, from a theoretical standpoint bisexual individuals may have relatively more opportunities to experience discrimination due to binegative attitudes held in the LGBT community (Bostwick, 2012; Ross et al., 2010). Because of the inconsistency in the literature, it is important to contribute additional information regarding patterns of discriminatory experiences and the subsequent effects those experiences may have on important identity factors such as resilience.

Resilience

The concept of resilience has many definitions in psychological research, but one generally accepted definition is "a class of phenomena characterized by good outcomes

in spite of serious threats to adaptation or development" (Masten, 2001, p. 228). From a broad sense, resilience can be assets that help avoid negative experiences/outcomes, or compensatory factors which buffer the impact of negative experiences (Fergus & Zimmerman, 2005). Holistically, it is viewed as a multidimensional process that operates dynamically on multiple levels (Luthar et al., 2000). In LGB-focused research, resilience is especially characterized through a role of buffering minority stress processes (Meyer, 2015). Importantly, resilience is often distinguished from coping through the framing that the former is understood to be success in the face of adversity, whereas the latter can be a strategy which either succeeds or fails (Masten, 2007; Meyer, 2015). In other words, protective factors are viewed as resilience when they are effective in buffering minority stress. Thus, in understanding the presence of resilience among LGB individuals in the present study, it is important to recognize that some general protective factors may not rise to the level of resilience in some groups. According to a review of the literature, LGB resilience can be conceptualized through three primary levels: individual, family, and community-based (de Lira & de Morais, 2018). Likewise, Kwon (2013) presented a resilience framework highlighting socially-based resilience factors alongside individual characteristics such as adaptive emotional processing. This perspective largely aligns with that of the de Lira and de Morais (2018) review, however there are a few important nuances to consider.

In the framing by de Lira and de Morais (2018), family and community levels of resilience may either be conceptualized as self-contained resilience networks or the degree to which an individual benefits from these resources. In other words, community-

level resilience might be conceptualized as the resources and strategies of the LGBT community as a whole (i.e. local LGBT organizations and dedicated community spaces), or it may be understood as the degree to which an individual connects with and benefits from the LGBT community (Meyer, 2015). Both conceptualizations are important, as community resources must exist for individuals to be able to connect with them, and individuals must develop a sense of connectedness to the community in order to benefit from its protective factors. However, because of the difficulty in the logistics of measuring or operationalizing community resilience in the broad, local resource perspective, the present study will focus on individual connection to the LGBT community.

Similarly, the concept of family resilience in the aforementioned review was defined not simply as resilience derived from an LGB individual's familial relationships, but rather the adaptive and cohesive problem-solving of families led by same-sex partners (de Lira & de Morais, 2018). This area of research is notably understudied and lacks visibility, much like the target population (same-sex couple-led families) similarly lack social visibility. Alternative conceptualizations of family resilience would describe it as the protective factors associated with forms of support provided by an LGBT individual's family members (Roberts & Christens, 2021). The differences in these views are notable, particularly as the first is effectively age-limited (by nature of heading a family) while the second is not constrained by age. Furthermore, this perspective of family-based resilience is not particularly inclusive of bisexual individuals, as some may form families with an opposite sex partner. Although there are benefits to researching

each type of family resilience, the restrictive nature of the first makes it unusually difficult to capture. Thus, the present study intends to focus on LGB individuals' perceived support from family as a resilience factor.

Aligning with the minority stress framework, this review classified primary risk factors for LGB individuals through three main areas: external experiences of discrimination, identity concealment, and internalized homonegativity. Although these risk factors are not assumed to be inherently causal for poor health or behavioral outcomes, they are important systemic predictors. In relation to risk factors, the protective factors considered to be forms of resilience are defined as such through their ability to prevent or significantly buffer the impact of minority stressors. However, an important observation is that much of the research on resilience understandably explores the roles of these factors as moderators or mediators in predicting outcomes of minority stress. There is seemingly less research that explores what may predict the development of these protective factors that become resilience. Given that the key levels of resilience observed in the aforementioned reviews rely either on an individual's ability to cope independently or on their connection to effective social support systems, it is plausible that the combined internal and socially-rooted components of minority stress interfere with the development or application of these resilience factors. In particular, bisexual individuals may especially struggle to form resilience from these protective factors if heightened minority stressors impede access to, or use of, the protective factors of interest. Thus, taking guidance from the commonly recognized sources of LGB resilience and commonly related minority stress processes, I will examine the degree to

which proximal and distal minority stress processes impact resilience factors for lesbian/gay and bisexual individuals.

Coping Self-Efficacy

The understanding of self-efficacy in the perspective of this study and as an LGB resilience factor arises from the foundational literature of self-efficacy in Bandura's Social Cognitive Theory (SCT; Bandura, 1977; Bandura, 1997). Briefly, SCT reflects how individual behavior is influenced by social processes including modeling, experience, and instruction. Importantly, the social behavior of individuals may be shaped by the reactions and attitudes they receive for certain behaviors or that they see in response to the behavior of others. Bandura (1977) described self-efficacy as an individual having belief or conviction in their ability to achieve a desired outcome through their own behavior and capabilities. A greater sense of self-efficacy may reflect one's confidence in their ability to cope with, or overcome, stressors and undesirable outcomes; in contrast, lower self-efficacy typically indicates that an individual does not believe themselves capable of overcoming difficult issues, which is associated with reduced coping efforts or behaviors (Bandura, 1992). Following from SCT, when an individual experiences, observes, or is told that they cannot overcome an obstacle or achieve a desired outcome, their sense of self-efficacy in this regard may be dampened and they may make fewer attempts to do so.

In the context of the present study, self-efficacy may reflect the degree to which an LGB individual feels capable of managing their identity or navigating the emotional impact of minority stress processes. LGB individuals who find themselves unable to

cope effectively with stigma may develop a lower sense of self-efficacy and display fewer behavioral attempts to achieve desired outcomes regarding their LGB identity. Furthermore, in accordance with SCT, observing other LGB individuals struggle with the weight of minority stress processes may facilitate a lower belief in one's own ability to handle similar issues. Indeed, Hatzenbuehler (2009) presented a mediation model explaining how stigma-related stress can produce poor outcomes through impairments in common psychological and cognitive processes, such as emotion regulation and coping. The premise of this model posits that stigma-related stressors may elevate or elicit emotional dysregulation or maladaptive coping patterns, predicting poorer outcomes. Some of the commonly mentioned psychological processes in this study include pessimism and hopelessness. Thus, self-efficacy in coping is of particular interest to the present study, as it may reflect the degree to which an LGB individual makes efforts to cope with and overcome the negative impact of their stigma.

Chesney et al. (2006) developed a measure for the construct of coping self-efficacy (CSE) in gay men, which represents an individual's belief in their ability to cope through a variety of different strategies across problem solving, emotional regulation, and accessing social support. Some research has demonstrated that CSE is effective at mediating the impact of various LGB minority stress processes onto measures of wellbeing (Denton, 2012). Denton et al. (2014) investigated coping self-efficacy not only as a resilience factor in buffering the effects of distal LGB minority stress processes like discrimination, but they also examined coping self-efficacy in relation to proximal minority stress processes such as internalized homonegativity. The

results of this study highlighted the benefits of coping self-efficacy in buffering the relationship between discrimination and physical health symptoms; however, the results also indicated that greater levels of proximal minority stressors, namely internalized homonegativity, were associated with lower levels of coping self-efficacy. This study contributes to the theory-driven argument of the present study, which asserts that some important resilience factors, such as coping self-efficacy, may be impeded by heightened minority stress processes. This logic carries over for bisexuality, wherein individuals not only experience unique bisexual-specific stigma but also may be more impacted by more general homonegative stigma. The conflict in identity and dual attractions may facilitate a sense of identity confusion or lack of control in bisexual individuals, which may reduce their belief in their ability to cope with or overcome the stigma they face. In this case, a theory-based explanation for this relationship might describe how elevated negative attitudes toward one's identity may convey the idea that one is stuck in, or must endure, an undesirable state of being, which may then negatively affect their sense of capability in resolving or working through difficult experiences. In other words, such internalized attitudes may dampen one's expression of self-efficacy.

Community Connectedness

One of the most commonly recognized forms of resilience for LGB individuals is a connection to the LGBT community. Recent studies continue to demonstrate the effectiveness of community connectedness in buffering the impact of LGB-specific stigma and improving mental health outcomes as well as identity-related outcomes (Kaniuka et al., 2019; Nesmith et al., 1999; Riggle et al., 2008). Other studies suggest

that community connectedness may be associated with adaptive behaviors, such as more frequent use of healthcare services (Anderson-Carpenter et al., 2019). From a theoretical perspective, connectedness to the LGBT community provides an individual with social support through shared characteristics in an environment where their minoritized identity is actually the norm. One recent study observed community connectedness as a significant mediator between outness and well-being in LGBT individuals (Roberts & Christens, 2021). In this respect, greater community connectedness facilitated significantly more positive reports of well-being among LGBT individuals. However, outness served to predict community connectedness, which indicates that individuals who were not able to be open about their identity did not have as strong of a connection to the community. From this perspective, individuals with a more negative or conflicted view of their identity may be less likely to form a connection to the LGBT community. Thus, beyond simply highlighting the benefits of community connectedness as a resilience factor, the study by Roberts and Christens (2021) provides additional support for the idea that the minority stress processes of interest may negatively impact some resilience processes in LGB individuals.

Among bisexual-specific populations, LGBT community connectedness in bisexual individuals can serve as a resilience factor in buffering the negative impacts of stigma (Craney et al., 2018). Interestingly, Craney et al. (2018) demonstrated that especially high levels of community connectedness served to buffer the effects of stigma, whereas mean-and-below levels of connectedness were less impactful. This dynamic regarding connectedness is an important consideration, as bisexual individuals

may tend to avoid engagement with the LGBT community, and the bisexual individuals who do participate in this community may be prone to conceal their bisexual identity in order to avoid binegative stigma (McLean, 2008). Indeed, Frost and Meyer (2012) found that bisexual individuals reported significantly lower LGBT community connectedness than lesbian/gay individuals. This finding aligns with results from other research which generally indicate lower LGBT community connectedness among bisexual individuals (Balsam & Mohr, 2007). Taken altogether, while LGBT community connectedness may offer a theoretical protective factor for bisexual individuals, a host of bisexual specific minority stress processes appear to interfere with this potential becoming a reality.

Regarding the consideration of LGB community connectedness being impacted by minority stress processes, Frost and Meyer (2009) found a significant negative correlation between internalized homophobia and community connectedness. Although this particular relationship was not the focal point of the study, the authors noted that the relationship between these two variables has been understudied and not well understood. Greater minority stress processes might indeed predict lower community connectedness by way of discouraging an individual from seeking connection to others due to a negative connotation with the identity. However, they also noted the plausibility of the opposite: that minority stress processes, especially external ones, might drive an individual to connect with the community to establish a space of security and understanding. Interestingly, one study did investigate direct effects of internalized stigma and expectations of rejection on community connectedness, and this study reported no significant direct effect (Ribeiro-Gonçalves et al., 2019). However, it should

be noted that this study used a particularly niche sample of 110 elderly gay and bisexual Portuguese men. Furthermore, the measure used for internalized stigma was reported to be a "Questionario de Identidade Homossexual [Homosexual Identity Questionnaire]", for which the original reference could not be accessed, nor were other uses of this reference found. As such, it is difficult to evaluate the nature of this measure and its relevance to the question of internalized stigma. Although these published findings are important to acknowledge, particularly as they may disagree with the hypothesized outcomes of the present study, the niche scope of participants combined with novel and/or unknown measurement tools leaves more than sufficient room for additional investigation of the same theoretical variables. Altogether, this study seeks to investigate the degree to which community connectedness is impacted by minority stress processes, but also the ways in which these proposed relationships occur for bisexual individuals in particular.

Family Support

Even outside of LGBT-specific research, family support is understood as an important protective factor. Although research often shows the significance of this construct among youth specifically, it is also understood to have consistent benefits across age and among diverse racial/ethnic groups (Roberts & Christens, 2021). Within the LGBT community, low family support or family rejection has been associated with greater levels of depression, suicidality, and risk-taking behaviors (D'Augelli et al., 1998; Eisenberg & Resnick, 2006; Ryan et al., 2009). Traditionally, parental support is considered the most fundamental source of social support in adolescent resilience

research; however, research on LGB populations has identified that peer social support may be of particular importance, especially if their parental or familial relationships are not supportive (Fergus & Zimmerman, 2005). Indeed, research among older LGB individuals has found that peer/friend social support was associated with broad positive outcomes, such as lower depressive and anxiety symptoms, reduced internalized homophobia, and higher quality of life (Massini & Barrett, 2007). In contrast, parental social support among these individuals was not related to these outcomes. This outcome lends evidence to the idea that peer social support may entirely supplant the support of parents in the event that parents are not supportive. Conversely, research has also demonstrated a wide range of benefits from family support including earlier identity disclosure, more positive identity attitudes, and greater self-esteem (Floyd & Stein, 2002; Ryan et al., 2010). Other studies have found that family support provides a buffering effect against LGB stigma and victimization (D'Augelli et al., 2005; Mustanski et al., 2011). The study by Roberts and Christens (2021), previously discussed regarding community connectedness, also examined the role of family support as a predictor of well-being in LGBT individuals. They found family support to significantly, positively predict well-being, even across all racial/ethnic identities. In this respect, the presence of a supportive family serves as a resilience factor in buffering the impact of stigma.

Although family support is generally understood to be an effective resilience factor in buffering minority stress processes among LGBT individuals, it is less understood how minority stress processes influence the development of family support.

Firstly, it is important to recognize that family support necessarily involves the actions of others beyond the LGB individual, and in that respect the link between minority stress processes and subsequent family support may appear somewhat tenuous. To explore this hypothesized relationship, it is important to consider each of the minority stress processes included in this study and the theoretical underpinnings of the model. The first minority stress process I am exploring through this study is internalized homonegativity, which is considered to be the learned and internalized attitudes regarding same-sex attraction and behavior. Given that these beliefs are understood to be socially-rooted, and likely stem from multiple sources across an individual's lifespan, the importance of family ingrained beliefs cannot be understated. If an individual develops a negative belief system regarding same-sex attraction and behavior from their family, they likewise may feel that their family cannot or does not support them in this identity. For example, in one study researchers found that LGB individuals demonstrated an association between their own internalized homonegativity and the attitudes they perceived in the family (Soler et al., 2018). For bisexual individuals, this relationship may be especially pronounced as a function of the heightened identity-related stressors they experience.

Furthermore, somewhat regardless of where an individual derived their internalized homonegative beliefs, holding a negative view of one's identity may make one less likely to expect or elicit support for that identity from their support system. The second minority stress process included in this study is experiences of sexual orientation-based discrimination. In a more straightforward link, such discrimination

may stem directly from the family and thus paint a clear picture of a lack of support. For example, D'Augelli et al. (1998) found that most LGB youth who had not disclosed to their parents anticipated a negative reaction, and most who had disclosed to their parents reported greater levels of physical and verbal abuse by family members. However, there are other potential explanations of interest. For example, experiencing such discrimination outside of the family may make an LGB individual more wary of further discriminatory experiences in their more proximal support systems, and in this respect a more cautious approach to integrating one's sexual orientation identity with one's family may elicit perceptions of reduced family support.

Purpose and Hypotheses

The research detailed in this literature review is rooted in minority stress theory as an explanation of how societal stigma toward LGB individuals manifests in negative outcomes and elicits unique coping responses. Building from a foundation of minority stress, this paper highlighted the unique elements of bisexual stigma, which incorporate both general homonegative stigma and distinct binegative stigma. Importantly, this review also examined the theoretical paths in which LGB minority stress processes may interfere with the effective use of protective factors as resilience. Lastly, this review also explored a limited review of intersectionality-related literature among LGB individuals. The present literature review sought to demonstrate the importance, and difficulty, of researchers incorporating important facets of identity, such as gender and race/ethnicity, into minority stress research. Thus, the purpose of this study is to apply a minority stress foundation to: (a) an exploration of potential bisexual discrepancies in the presence of

protective factors that may serve as resilience among LGB people; (b) the role that minority stress factors play in the presence of these protective factors; and (c) the intersectional influences of gender and race/ethnicity on the proposed relationships between sexual orientation, minority stress, and resilience factors. Note: while there are many ways to define bisexuality, such as through a self-identified label, sexual attraction or experiences, and romantic attraction or experiences, in this study I conceptualize bisexuality on the basis of a self-identified label. Although multiple identities fall under the broader bisexual+ umbrella, such as pansexual, in this study I will focus on the responses of specifically-bisexual people to avoid conflation with the potentially-unique experiences of otherwise-identified individuals.

Hypothesis 1. Bisexual individuals will report lower levels of (a) Coping Self-Efficacy, (b) Community Connectedness, and (c) Perceived Family Support than lesbian/gay individuals.

Hypothesis 2. Internalized Homonegativity will mediate the relationship between sexual orientation and resilience factors, such that bisexual individuals will report lower levels of (a) Coping Self-Efficacy, (b) Community Connectedness, and (c) Perceived Family Support than lesbian/gay individuals due to higher levels of Internalized Homonegativity (see Figure 1).

Hypothesis 3. Discriminatory experiences will mediate the relationship between sexual orientation and resilience factors, such that bisexual individuals will report lower levels of (a) Coping Self-Efficacy, (b) Community Connectedness, and (c)

Perceived Family Support than lesbian/gay individuals due to higher levels of Discrimination (see Figure 2).

Intersectionality

Throughout the field of minority stress literature, there is a continuously evolving emphasis on intersectional perspectives. In essence, intersectionality represents an integrative and holistic understanding of the influences of multiple facets of an individual's identity, particularly as they interact with systems of stigma and oppression (Weldon, 2008). Minority stress literature has attempted to incorporate intersectional perspectives, with the stated understanding that an LGBT identity is inseparable from other important identity elements such as race/ethnicity and gender (Frost et al., 2013). It is recognized that common approaches to intersectional factors are somewhat ineffective in that they may be overly categorical in treating demographic labels as distinct and independent groups (Bowleg, 2008). In particular, rather than viewing these labels as additive separate identities, it is more recommended to view them in conjunction. That is to say, rather than asking what it means to be a woman, and what it means to be gay, and what it means to be Black, a researcher might instead ask what it means to be a gay Black woman. That being said, incorporating such approaches is often challenging logistically, and thus the current body of research may tend to lack adequate incorporations of these recommendations. In the following review, I will attempt to briefly summarize the literature on gender and race/ethnicity in the LGB community, especially as it pertains to bisexual individuals and especially where it incorporates an intersectional lens.

Regarding gender, the literature suggests there is not a clear understanding of minority stress-related outcome discrepancies by gender (Conlin et al., 2019). Many studies indicate no significant differences between LGB men and women across a wide spectrum of outcomes (Lewis et al., 2003; Saewyc et al., 1998). On one hand, from a minority stress perspective, one might expect that women - belonging to a more minoritized social identity - may be additionally at risk for negative outcomes. However, some research also highlights greater levels of homophobia and internalized homophobia among LGB men (Warriner et al., 2013). Of particular interest to this study, men may tend to hold more negative attitudes toward bisexual individuals, and especially toward bisexual men (De Bruin & Arndt, 2010; Dyar & Feinstein, 2018; Yost & Thomas, 2011). For example, in one study, lesbian and bisexual women were rated more positively than gay and bisexual men, and bisexual men were rated the most negatively of all (Helms & Waters, 2016). Further studies have confirmed gender-based differences among both raters and targets, particularly with women rating LGB individuals more favorably than men did, and men rating bisexual men as less favorable than they rated bisexual women (Dodge et al., 2016). Such research emphasizes the influence of traditional gender roles and the conflict between stereotypic masculinity and same sex attraction (Szymanski & Carr, 2008; Szymanski et al., 2008b). Based on these trends, I anticipate that men – particularly bisexual men – may demonstrate higher levels of minority stress factors and lower levels of resilience factors, as a function of the stigma against men breaking traditional gender roles.

Eliason and Elia (2011) reflected on the state and progress of bisexual research and emphasized the importance of future research taking a more intersectional approach. These authors asserted that the progress of bisexual research necessarily involves integrating the complex, nuanced interactions of sexual orientation with other important facets of identity, especially race/ethnicity and gender. Muñoz-Laboy et al. (2018) examined the complex ways in which behaviorally bisexual Latino men navigated gender roles and norms across different sociocultural contexts. In this study, participants tended to view different contextual spheres in different ways, such as viewing LGBT-specific spaces as safe contexts for expressing same-sex attraction, whereas they felt hypervigilant of concealing these feelings in their neighborhoods of residence. In other words, there were spaces where it was permissible for individuals to explore and express same-sex attraction, and there were spaces where it was extremely impermissible. Further, there appeared to be gender role-based stigmatizing attitudes, particularly in the context of neighborhoods of residence, wherein overly "feminine"-presenting men were looked down upon. This study provides an interesting example into the nuanced dynamics associated with the interaction of race/ethnicity and gender among LGB individuals, and it highlights the difficulty of making specific predictions regarding outcomes related to these factors. In a comparable study, Wilson (2008) examined trends of bisexual identity and behavioral bisexuality in African American men. This study highlighted how bisexual behavior may occur in especially high rates among African American men and women, and how such behavior occurs across a variety of identities including heterosexual, bisexual, and lesbian/gay. However, the study also describes

how important cultural norms and family expectations may impact the way that these individuals form complex, dynamic, and multilayered social identities. In particular, this study cites Stokes et al. (1997) to describe how bisexual-identified men tended to report greater degrees of homophobia from family members than gay-identified men reported. Altogether, such research paints a picture of exceedingly complex and nuanced dynamics among a host of identity related variables even beyond sexual orientation, gender, and race/ethnicity.

Similarly, research on comparative race-based differences in LGB individuals is generally limited or inconsistent. According to Grov et al. (2006), people of color may be less out to their families, despite having no significant differences in levels of disclosure to self or others. LGB individuals who are out to their families face risk of rejection, and some studies have suggested that race/ethnic-minority LGB individuals also tend to experience greater parental rejection as a function of elevated homophobic attitudes (Richter et al., 2017). Another study found that race/ethnic-minority LGB individuals reported more chronic stressors and fewer coping resources compared to White LGB individuals (Meyer et al., 2008). In contrast, other studies suggest that LGB individuals of color may have equivalent or greater resilience and coping resources compared to White LGB individuals (de Lira & de Morais, 2018). Further research has also suggested no significant health, mental health, or LGB resilience differences by race/ethnicity among LGB individuals (Frost & Meyer, 2012; Kertzner et al., 2009; Dyar et al., 2019).

Alternatively, research suggests it is plausible that resilience processes may function differently by race/ethnicity. As an example, the previously-discussed study by Roberts and Christens (2021), community connectedness fully mediated the proposed relationship between outness and wellbeing for non-Hispanic Black and Latinx/Hispanic groups, and served as a partial mediator for the non-Hispanic White and other races/ethnicities groups. In other words, identity outness in isolation benefitted predominantly White LGBT individuals, but did not positively predict well-being for most race/ethnic-minority individuals; rather, outness served to predict race/ethnic-minority individuals' connection to the LGBT community, which in turn predicted well-being. Another particularly interesting study took a qualitative approach to understanding LGBT community connectedness alongside other variables like cultural community connectedness among gay Latino immigrants (Gray et al., 2015). The findings of this study highlighted the importance of intersectional perspectives in how participants reported that their sense of identity as an immigrant and a Latino person contributed to their integration of their sexual orientation identity (an additional minority label), and vice versa. Furthermore, this study challenged the status quo of viewing constructs like community connectedness as stable or inflexible, as participants in this study described how their sense of LGBT community connectedness varied across contexts, particularly when they were in contexts where their gay identity was not known or they were around un-supportive family. In summary, there is notable disagreement in the literature on the influence of race/ethnicity in LGB minority stress

processes and resilience, and it is apparent that a wide spectrum of sociocultural factors interact in determining the identity formation experiences of LGB individuals.

Exploratory aim. Through this study, I seek to examine the moderating effect of gender on the proposed mediation relationships, and to examine the moderating effect of race/ethnicity on this moderated mediation. Because of the unclear state of the literature regarding consistent influences of these variables, I intend to approach this aim from an exploratory perspective. An exploratory approach allows me to freely examine any patterns that emerge, rather than force an arbitrary prediction or forgo the investigation of these important intersectional elements.

CHAPTER II

METHOD

Participants

I recruited a total of 732 individuals to participate in an online survey. I recruited participants through email listservs, social media sites, and physical flyers. Participants did not receive any compensation, but they had the opportunity to self-select into a drawing for a chance to receive 1 of 10 digital gift cards in the amount of $100 each. I employed the use of 2 attention checks, which asked participants to select a specific numerical response for that item. Of the 732 initial responses, Qualtrics identified 149 responses as indicating bot activity, and these responses were removed prior to analysis. The remaining 583 responses were further filtered to remove empty submissions, people who identified with a sexual orientation identity other than Lesbian/Gay/Bisexual, and submissions that failed the attention checks. After cleaning the data, 229 responses remained for analysis.

The average age of participants was 29.18 years (*SD* = 6.83), with a minimum age of 18 years and a maximum of 53 years. Of these 229 responses, 99 participants identified as a Man, 97 as a Woman, 32 as Non-Binary or a similar identity, and 1 did not respond. Regarding sexual orientation, 138 participants identified as Lesbian/Gay and 91 as Bisexual. Of the 138 Lesbian/Gay-identified participants, 72 identified as Men, 55 as Women, and 11 as Non-Binary or a similar identity. Of the 91 Bisexual-identified participants, 27 identified as Men, 42 as Women, 21 as Non-Binary or a

similar identity, and 1 reported the option was not listed. 141 participants identified as Caucasian/White, 25 as African-American/Black, 13 as Asian/Asian American/Pacific Islander, and 8 as Native American/American Indian/First Nations. Regarding ethnicity, 42 participants identified their ethnicity as Latino(a), while 186 identified as Not Latino(a), and 1 did not respond.

Measures

Internalized Homonegativity

Mohr and Kendra (2011) evaluated the Lesbian, Gay, and Bisexual Identity Scale (LGBIS), which is a revised version of the Lesbian and Gay Identity Scale (Mohr & Fassinger, 2000). The LGBIS is a 27-item measure intended to elaborate upon the original scale by being more inclusive to bisexual individuals and including additional subscales. A systematic review of measures of internalized homonegativity suggested that the LGBIS may be one of the best current measures of this construct in diverse LGB samples (Berg et al., 2016). This measure captures a swath of components involved in LGB identity, as represented by the 8 subscales: Acceptance Concerns, Concealment Motivation, Identity Uncertainty, Internalized Homonegativity, Difficult Process, Identity Superiority, Identity Affirmation, and Identity Centrality. Items are scored on a 6-point Likert scale (1 = *Disagree Strongly*, 6 = *Agree Strongly*), with some items being reverse-coded as necessary and then averaged into a scale or subscale score. In the present study, I specifically used the Internalized Homonegativity subscale. In past research, this 3-item subscale demonstrated Cronbach's alpha values ranging from .87 to .93 (Good to Excellent) across exploratory analysis, confirmatory factor analysis, and a

test-retest evaluation. The test-retest reliability for this subscale was found to be .92 (Good or Excellent). In the present study, Cronbach's alpha was calculated at .85. An example item from this subscale is, "I believe it is unfair that I am attracted to people of the same sex."

Discrimination

Szymanski (2006) evaluated a measure of discriminatory experiences in lesbians, titled the Heterosexist Harassment, Rejection, and Discrimination Scale (HHRDS). This scale is intended to capture the range of discriminatory experiences that LGB people may encounter, and to conceptualize them in terms of past-year frequency. It is a 14-item scale using a 6-point Likert scale (1 = *If the event has NEVER happened to you*, 6 = *If the event happened ALMOST ALL OF THE TIME/more than 70% of the time*). Scores are averaged, with higher scores representing greater discrimination over the past year. Factor analysis indicated 3 subscales for this measure: Harassment and rejection, Workplace and school discrimination, and Other discrimination. However, other studies have found different sets of factors emerging (typically 2, rather than 3) than those depicted in the initial study (Figuero & Zoccola, 2016; Smith et al., 2020). Even so, the measure as a whole was still valid and applicable across these studies, suggesting that it may be best used as a whole. Thus, for the present study, I used the full measure without attempting to specify subscales, particularly as I am interested in experiences of discrimination across all contexts.

Because this scale was initially developed for use in a sample of lesbian individuals, an adapted version was used in the present study to ensure the prompts were

applicable to lesbian, gay, and bisexual participants. This adaptive approach has been used effectively before in translating this measure for use with gay and bisexual men (Szymanski, 2009). An example item is, “How many times have you been verbally insulted because you are lesbian/gay/bisexual?” In previous studies, the internal consistency for items across the full scale was calculated at .90, and for subscales ranged from .78 to .89 (Moderate to High). In the present study, Cronbach’s alpha was calculated at .94 for the full scale.

Community Connectedness

Frost and Meyer (2012) developed a measure of community connectedness that demonstrated good reliability (internal consistency & reliability over time) and validity evidence (convergent & discriminant) across a sample of diverse LGBT+ individuals. Importantly, they verified that the measure demonstrated good reliability and validity across race/ethnicity and gender. The questions were initially designed to capture a sense of connectedness specifically in New York City, but the authors noted that the language could be easily adapted to other specific locations or more general references to the participants’ “local” community. The survey used in the initial publication is an 8-item measure with a 4-point Likert scale (1 = *Agree strongly*, 4 = *Disagree strongly*). Following guidance of these original authors, I recoded responses such that higher average scores represented greater connectedness. For the present study, Cronbach’s alpha was calculated at .85. Items include statements like, “You feel you’re a part of the LGBT community.”

Perceived Family Support

A well-established measure of family support is the Family Support subscale of the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988). The overall scale is composed of 12 items measuring perceived support from 3 key sources: Significant Other, Family, and Friends. For this study, I used the Family Support subscale to specifically capture perceptions of support from family members, but not other interpersonal sources. The Family Support subscale is composed of 4 items with a calculated alpha of .87 and a test-retest reliability of .85, as determined in past research. Items are scored with a 7-point Likert scale (1 = *Very strongly disagree*, 7 = *Very strongly agree*), with higher average scores indicating greater perceived family support. Importantly, this scale has been used effectively among diverse samples of LGB individuals (D'Augelli et al., 2005; Mustanski et al., 2011). To highlight the function of family support as an LGB resilience factor in the present study, the language of each item was slightly adapted to include the phrase "as an LGB person." An example item is, "I get the emotional help and support I need from my family as an LGB person." The use of this subscale will provide a measure of the degree to which LGB individuals feel they are supported by their families as *an LGB individual*. In the present study, Cronbach's alpha was calculated at .92.

Coping Self-Efficacy

Coping self-efficacy (CSE) represents the beliefs one holds in their ability to achieve a desired goal through various coping strategies. The Coping Self-Efficacy Scale is a 13-item measure of one's CSE across three domains (subscales): Use problem-

focused coping, Stop unpleasant emotions and thoughts, and Get support from friends and family (Chesney et al., 2006). In order to contextualize CSE in regard to LGB minority stress, a minor language alteration was made in adding the phrase "As an LGB individual" to the instructional prompt preceding each item. This change was made in accordance with prior literature recommendations (Denton et al., 2014). Prior to the items, were participants prompted with: "When things aren't going well for you as an LGB individual, how confident or certain are you that you can do the following." A sample item from the emotion-focused coping subscale is "Stop yourself from being upset by unpleasant thoughts." These items are scored on an 11-point Likert scale (0 = *Cannot do at all*, 5 = *Moderately certain can do*, 10 = *Certain can do*). Scores from each subscale are averaged, with higher scores indicating a greater sense of CSE in that subscale domain.

For the present study, I used the emotion-focused coping subscale, which consists of four items. This decision was partly rooted in the precaution of avoiding overlap between the social-based coping subscale items and the measure of LGB community connectedness (Frost & Meyer, 2012). Additionally, the emotion-focused coping items conceptually appear most closely aligned with minority stress-based literature. In other words, the utility of this measure in the current study was to evaluate the degree to which LGB individuals feel capable of coping emotionally. In past research, the emotion-focused coping subscale demonstrated good reliability with a reported alpha of .91 (Chesney et al., 2006). In the current study, Cronbach's alpha was calculated at .88.

Procedure

I constructed a survey utilizing the preceding measures as well as demographics questions including: sexual orientation, gender identity, sex assigned at birth, race, ethnicity, age, and employment status (see Appendix B). Prior to taking the survey, participants completed three screening questions asking sexual orientation identity, US citizenship status, and age; only participants identifying as LGB, with current US citizenship, aged 18 years or older were allowed to continue. The survey was hosted online via Qualtrics and was estimated to take approximately 10-15 minutes. Participants accessed the study by following a link or scanning a QR code to the survey. I recruited participants through email listservs, social media sites, and physical flyers. During the consent process, participants were provided with mental health resources as a precaution, in case the questions generated any distress. Additionally, they were informed that there would be two attention checks during the survey and they were asked to commit to carefully reading and responding to each question accurately. If participants did not pass the attention checks, their data was removed from analyses. None of the questions in the main body of the survey required responses; thus, participants could skip any questions at will and continue the survey. Participants must have completed at least 80% of a measure to be included in the analyses. Participants did not receive any compensation, but after completion of the survey they had the opportunity to self-select into a drawing for a chance to receive 1 of 10 digital gift cards in the amount of $100 each.

CHAPTER III

ANALYSES & RESULTS

Results

To test for Hypothesis 1, I used a Multivariate Analysis of Variance (MANOVA) test to compare whether average scores for bisexual individuals on (a) Coping Self-Efficacy, (b) Community Connectedness, and (c) Perceived Family Support were significantly lower than the average scores of lesbian/gay individuals (see Table 1 for Means across variables). Additionally, I applied a Bonferroni correction for the three comparisons, such that the alpha to determine significance at the 0.05 level was set at 0.016. Results of the MANOVA showed significant differences between lesbian/gay and bisexual individuals across the protective factors, $F(3, 225) = 11.681$, $p < 0.001$, Wilk's $\Lambda = 0.865$, partial $\eta^2 = 0.135$. Specifically, between-groups comparisons on each variable demonstrated that bisexual individuals ($M = 5.514$, $SD = 1.816$) reported significantly lower Coping Self-Efficacy scores ($F(1, 227) = 32.292$, $p < .001$) than lesbian/gay individuals ($M = 6.913$, $SD = 1.821$). Similarly, bisexual individuals ($M = 3.528$, $SD = 1.549$) reported significantly lower Perceived Family Support scores ($F(1, 229) = 14.604$, $p < .001$) than lesbian/gay individuals ($M = 4.288$, $SD = 1.436$). However, bisexual scores ($M = 3.287$, $SD = 0.502$) on Community Connectedness did not significantly differ ($F(1, 228) = 0.011$, $p = 0.916$) from the scores of lesbian/gay individuals ($M = 3.289$, $SD = 0.515$). Thus, Hypotheses 1 was not fully supported, as only (a) and (c) were supported by the results, whereas (b) was not supported. While

bisexual individuals reported lower perceptions of support from their families and lower emotional coping self-efficacy compared to lesbian/gay individuals, they reported no notable difference in their sense of connectedness to the LGBT community.

To test Hypothesis 2, Hypothesis 3, and the Exploratory Aim, I used the PROCESS Macro for SPSS (Hayes, 2017; Hayes, 2018; Hayes, 2022). This tool provides templates for a variety of moderation and mediation models and conducts the analyses via a designated macro function. A benefit of this approach is the use of automated programs which test for mediation through bootstrapped 95% confidence intervals of indirect and conditional indirect effects. Preacher and Hayes (2004) identified bootstrapping as an effective approach for working with smaller sample sizes and/or sampling distribution abnormalities. This tool can also incorporate historically recommended means for testing mediation, including the Sobel test and Baron and Kenny's (1986) approach, but contemporary recommendations caution against such analyses (Hayes, 2022). Instead, current research recommends focusing analyses on the significance of the indirect effect alone, as determined by bootstrapped 95% confidence intervals. If 0 falls outside of the 95% confidence interval for the indirect effect, the mediation is considered significant (Preacher & Hayes, 2004). For Hypothesis 2 and Hypothesis 3, I used Model 4 from the PROCESS macro templates, which represents a standard mediation analysis. This model analyzed whether bisexual differences in (a) Coping Self-Efficacy, (b) Community Connectedness, and (c) Perceived Family Support are explained through Internalized Homonegativity (Hypothesis 2) and through Discriminatory Experiences (Hypothesis 3). Regarding incomplete or missing data, I

included responses of 80% completion or greater across each measure; this cutoff is based on recommendations in similar research (Chesney et al., 2006; Denton, 2012).

For Hypothesis 2, only one mediation reached significance. Using bootstrapped 95% confidence intervals, I found a significant indirect effect (*ab* = 0.081, 95% CI [0.015, 0.150]) through Internalized Homonegativity on the relationship between sexual orientation and Community Connectedness. This indirect effect indicates that, to the extent that sexual orientation is related to Community Connectedness, higher Internalized Homonegativity is associated with lower Community Connectedness. However, lesbian/gay respondents (*M* = 2.554, *SD* = 1.203) actually reported significantly greater Internalized Homonegativity (*t*(228) = 2.378, *p* = .009) than bisexual respondents (*M* = 2.169, *SD* = 1.201). Additionally, the above analyses for Hypothesis 1 showed that lesbian/gay participants reported levels of Community Connectedness that were not significantly different from bisexual participants. Therefore, this result does not fully support Hypothesis 2 (b) because it does not demonstrate or explain bisexual individuals having lower Community Connectedness through higher Internalized Homonegativity. For Hypotheses 2 (a) and (c), results showed that mediation through Internalized Homonegativity did not demonstrate a significant indirect effect for either Coping Self-Efficacy (*ab* = -0.021, 95% CI [-0.127, 0.062]) or Perceived Family Support (*ab* = -0.057, [-0.167, 0.008]). Thus, Hypothesis 2 overall was not supported.

For Hypothesis 3, only one mediation demonstrated significance. Results showed that Discrimination did significantly mediate the relationship between sexual orientation

and Perceived Family Support (*ab* = 0.087, 95% CI [0.014, 0.192]), such that higher scores on Discrimination reduced perceptions of support from family. As demonstrated in the analyses for Hypothesis 1, bisexual individuals did report lower Perceived Family Support than lesbian/gay individuals. However, in this study bisexual individuals (*M* = 2.151, *SD* = 0.764) also reported significantly less Discrimination ($t(229) = 2.626$, $p = .005$) than did lesbian/gay individuals (*M* = 2.502, *SD* = 1.111). Thus, Hypothesis 3 (c) was not entirely supported, as it did not demonstrate or explain bisexual individuals reporting lower Perceived Family Support as a function of higher Discrimination. For Hypotheses 3 (a) and (b), the indirect effects on Coping Self-Efficacy (*ab* = 0.016, 95% CI [-0.082, 0.119)] and Connectedness (*ab* = 0.025, 95% CI [-0.001, 0.062]) through Discrimination were not significant. As previously detailed, compared to lesbian/gay individuals, bisexual individuals did report significantly lower Coping Self-Efficacy but reported statistically similar levels of Connectedness. Thus, Hypotheses 3 overall was not supported. While bisexual people reported less discrimination than lesbian/gay people, they also reported lower perceptions of family support and self-efficacy in coping emotionally, even with lesbian/gay people being disadvantaged by higher reports of discrimination.

For the exploratory aims related to the intersectional influence of gender and race/ethnicity, I used Models 7 and 11 which represent moderated mediation and moderated moderated mediation analyses, respectively. Analyses via the PROCESS macro evaluated these interactions through two primary indices: the “Index of Moderated Mediation”, and the “Index of Moderated Moderated Mediation” (Hayes,

2018; Hayes, 2022). These analyses provided bootstrapped 95% confidence intervals of each index, and significance is indicated when 0 falls outside of this confidence interval. Although I did not form specific predictions for this exploratory aim, this approach allows me to explore how gender moderates the indirect effects of sexual orientation onto resilience factors through minority stress processes, and how race/ethnicity moderates the moderating effect of gender.

According to bootstrapped 95% confidence intervals, none of the Indices of Moderated Mediation were significant (see Table 4 and Table 5). Thus, gender did not significantly moderate any of the predicted indirect effects. That is to say, the indirect effects of the proposed relationships did not significantly differ by gender identity.

Similarly, my analyses on the addition of racial/ethnic identity as a moderator to gender's moderation of the proposed mediations did not reach significance. None of the results were significant as measured by the Indices of Moderated-Moderated Mediation (see Table 6 and Table 7). Thus, there was no significant differences in moderated indirect effects across combinations of race/ethnicity and gender.

However, in the spirit of the intersectionally-oriented exploratory analyses, I performed "supplemental analyses" outside of the planned conditional mediation analyses (see Tables 8, 9, and 10). As a word of caution, I wish to emphasize that these analyses are not intended to insinuate statistically-robust, generalizable findings. Many of the identity combinations had very small, or even non-existent, sample sizes, which do not allow for reliable statistical analyses. Rather, I seek to shed light on often-overlooked identity intersections for the sake of suggesting areas for future research. For

example, an independent samples *t*-test found that bisexual women (M = 1.992, SD = 1.073) reported significantly lower Internalized Homonegativity ($t(67) = 2.875$, $p < .01$) than bisexual men (M = 2.790, SD = 1.202). Non-binary bisexual people reported Internalized Homonegativity levels (M = 1.778, SD = 1.199) similar to those of bisexual women and non-binary gay people (M = 1.515, SD = 0.657), whereas bisexual men's scores were much more similar to gay men (M = 2.610, SD = 1.178) and gay women (M = 2.667, SD = 1.252). This finding illustrates an interesting dynamic between gender and sexuality, specifically differentiating Internalized Homonegativity levels as: lower among non-binary people regardless of sexuality, lower among bisexual women than men and women of either sexuality, and roughly equivalent among gay men, bisexual men, and gay women.

CHAPTER IV

CONCLUSIONS

Discussion

In this study, I sought to apply a minority stress-based approach in exploring differences between bisexual and lesbian/gay people across common minority stress factors and resilience factors. I sought to explore the ways that minority stress processes might differentially impact access to common resilience factors for bisexual people compared to lesbian/gay people. Additionally, I incorporated exploratory analyses into the moderating effects of gender and race/ethnicity in order to apply an intersectional lens to these proposed relationships.

Hypothesis 1, which predicted lower scores for bisexual individuals compared to lesbian/gay individuals across (a) Coping Self-Efficacy, (b) Community Connectedness, and (c) Perceived Family Support, was partially supported. While bisexual individuals did report significantly lower Coping Self-Efficacy and Perceived Family Support than lesbian/gay individuals, their levels of Community Connectedness were not significantly different. This finding is contrary to expectations and prior literature which has found bisexual individuals to express less connectedness with the LGBT community (Balsam & Mohr, 2007; Frost & Meyer, 2012). Even so, the findings of bisexual disadvantage for Coping Self-Efficacy and Perceived Family Support contribute to the body of literature illuminating unique obstacles for the bisexual community.

Hypotheses 2 and 3 predicted that minority stress factors - Internalized Homonegativity and Discrimination - would mediate the relationship between sexual orientation and (a) Coping Self-Efficacy, (b) LGBT Community Connectedness, and (c) Perceived Family Support, such that higher scores on minority stress factors would explain lower scores on resilience factors among bisexual individuals. Two mediations were found to be significant through bootstrapped analyses of the indirect effect. To the extent that sexual orientation relates to Community Connectedness, higher levels of Internalized Homonegativity produce lower connectedness. To the extent that sexual orientation relates to Perceived Family Support, higher levels of Discrimination produce lower levels of perceived support. However, despite these significant mediations, the hypotheses were not fully supported because bisexual individuals did not report significantly greater Discrimination or significantly lower Community Connectedness compared to lesbian/gay individuals. In all other cases, the indirect effects were not significant and failed to support the proposed mediations. While bisexual individuals reported significantly lower levels of Coping Self-Efficacy and Perceived Family Support, these differences were not explained by levels of Internalized Homonegativity or Discrimination. Ultimately, higher levels of Internalized Homonegativity and Discrimination did predict lower levels of Community Connectedness and Perceived Family Support, respectively, but not in a way that demonstrated the expected bisexual disadvantage.

The exploratory analyses evaluated gender as a moderator on the proposed mediations and evaluated race/ethnicity as a moderator of gender's moderation. None of

the Indices of Moderated Mediation, nor the Indices of Moderated Moderated Mediation, were significant. Thus, the indirect effects did not significantly differ by gender identity. Additionally, race/ethnicity did not produce significantly different effects of gender onto the indirect effects. Even so, there remain valuable gender- and race/ethnicity-based differences to explore in this study and future research.

Implications

The partial support for Hypothesis 1 poses an interesting set of considerations. First, two of the three results aligned with predictions by showing significantly lower scores for Coping Self-Efficacy and Perceived Family Support in bisexual people compared to lesbian/gay people. These findings suggest that bisexual individuals do, on average, have lower access to these important protective factors than lesbian/gay individuals do. More specifically, bisexual people may be less confident in their ability to cope emotionally and may perceive to be supported less by their families. As past research has shown that these factors can facilitate resilience to stigma and distress, these results indicate that bisexual people may be at risk of more negative outcomes from experiences of stigma and discrimination. Alternatively, it's possible that bisexual individuals utilize alternative resources for coping with distress, though the reduced access to family support and independent emotional coping may imply difficulties overcoming obstacles in other areas of life as well. In contrast, the lack of significant difference in Community Connectedness between bisexual and lesbian/gay individuals is somewhat discrepant with existing research and theory on the impact of binegativity and dual-stigma (Balsam & Mohr, 2007; Bostwick, 2012; Frost & Meyer, 2012; Ross et al.,

2010). This finding implies the relationship between sexual orientation and connectedness to the LGBT community may be less straightforward than expected. Altogether, these findings suggest that bisexual and lesbian/gay individuals may have comparable access to utilizing the LGBT community as a source of support and resilience, but that bisexual individuals may have less access to other common resilience factors like familial support or independent emotional coping.

The finding that Internalized Homonegativity mediates the relationship between sexual orientation and Community Connectedness, such that higher Internalized Homonegativity produces reduced Community Connectedness, aligns with similar findings of past research (Frost & Meyer, 2009). Interpreted from a minority stress perspective, this indicates that the internalization of negative attitudes toward one's same-sex attraction reduces one's sense of connectedness to the broader LGBT community. If one views their sexual orientation negatively, they are not likely to seek out connection with others who hold similar sexual orientations. In the present study, this dynamic is particularly interesting when integrated with the findings that lesbian/gay people reported significantly higher Internalized Homonegativity and statistically similar levels of Community Connectedness when compared to bisexual people. This result indicates that lesbian/gay and bisexual individuals show similar levels of Community Connectedness *despite* lesbian/gay individuals reporting higher Internalized Homonegativity, which predicts reduced Community Connectedness.

The finding of lower Internalized Homonegativity in bisexual individuals is notable, as other studies have suggested that bisexual individuals actually exhibit higher

levels of internalized homonegativity (Costa et al., 2013; Sarno & Wright, 2013). One potential extrapolation from this result is that bisexual individuals may have lower Community Connectedness than lesbian/gay individuals when held at the same-or-greater level of Internalized Homonegativity. According to my results, a reduction of Internalized Homonegativity in lesbian/gay individuals to the levels of that in the bisexual sample would suggest a higher degree of Community Connectedness. An additional layer to this dynamic is the fact that bisexual women reported significantly lower Internalized Homonegativity than bisexual men, gay men, and gay women; bisexual men reported levels statistically similar to those of gay men and gay women. The difference between bisexual men and women may reflect differential societal stigma toward bisexual men, such that they are viewed more similarly to gay men while bisexual women may be more readily accepted. Similarly, the difference between bisexual women and lesbian/gay women may reflect how bisexual women might internalize less negativity about their same-sex attraction related to their ability to "pass" or be more readily accepted by society.

It is possible that the finding of lower Internalized Homonegativity in bisexual participants, compared to lesbian/gay participants, influenced the overall lack of significance for the indirect effects onto the other resilience factors. One potential consideration for this finding is whether a different variable – such as internalized binegativity – is significantly different, and more impactful, than Internalized Homonegativity in bisexual individuals. Internalized Homonegativity was chosen as a variable to investigate the effects of stigma specifically against experiencing same-sex

attraction, which both lesbian/gay and bisexual individuals experience; in contrast, I would not expect lesbian/gay individuals to experience self-directed internalized binegativity in the same way. It's possible that a more apt variable for comparison would be Internalized Heteronormativity, or the internalized beliefs that being heterosexual is the norm and therefore having an identity, attraction, or relationship that is outside of heterosexual norms would be wrong.

Another finding of interest is the significant mediating effect of Discrimination predicting lower Perceived Family Support, which aligns with expectations. However, unexpectedly, lesbian/gay individuals reported significantly higher levels of *both* Discrimination and Perceived Family Support compared to bisexual individuals. In other words, lesbian and gay individuals reported significantly higher levels of Perceived Family Support than bisexual individuals *despite* also having significantly higher reports of discriminatory experiences. One interpretation of this finding is that bisexual individuals must demonstrate, on average, significantly lower Perceived Family Support than lesbian/gay individuals because of other variables which are not accounted for in this study. It may also be that bisexual individuals reported lower scores of Discrimination due to a tendency to disclose their identity less often and having the ability to "pass" as heterosexual by having an opposite-sex partner; indeed, some past research also found no significant differences in reports of discriminatory experiences for bisexual individuals, which was attributed to lower levels of identity disclosure in bisexual individuals (Bostwick et al., 2014; Herek et al., 1999). In such circumstances, bisexual individuals might experience less overt discrimination due to their identity not

being as visible, but they may experience less support from their family in their identity. In contrast, open lesbian/gay people may be more likely to experience discriminatory reactions as a function of their greater visibility. It's also possible that, at an equivalent level of Discrimination, bisexual individuals might show even more significantly diminished Perceived Family Support compared to lesbian/gay individuals than they did in this study.

The exploratory analyses were framed around moderation of the mediations and moderations of the moderated mediations. Contrary to expectations, gender and race/ethnicity did not produce significant Indices of Moderated Mediation or Moderated Moderated Mediation, respectively. Thus, there were no significant differences as a result of gender on the indirect effects sexual orientation onto the resilience factors through the minority stress factors. Additionally, this moderation did not significantly differ as a function of race/ethnicity. It's possible that the general lack of significant indirect effects in the mediational analyses, in combination with lower racial/ethnic representation in the sample, may interfere with the ability of gender and race/ethnicity to produce significant changes in indirect effects as moderators. While the proposed analyses did not include more granular comparisons of means, the spirit of the proposed exploratory analyses centered on the understanding that gender and race/ethnicity likely influence lesbian/gay and bisexual people in different ways across many different factors. Thus, there remain interesting points of analysis among various sexual orientation-gender-race/ethnicity combinations across the measured variables, though it should be noted that small sample sizes of these identity combinations makes such

comparisons inadvisable to state as generalizable results in the present study. For example, in my supplemental analyses comparing Means, lesbian/gay-identified Latino(a) individuals reported significantly higher Internalized Homonegativity than lesbian/gay individuals of all other racial/ethnic identities. This could indicate a unique cultural influence for how lesbian/gay Latino(a) individuals view their sexuality. For Bisexual participants, those who identified as Black/African-American, Asian/Asian American/Pacific Islander, and Native American/American Indian/First Nations reported higher Internalized Homonegativity than their lesbian/gay counterparts; the reverse was true for White/Caucasian and Latino(a) bisexual and lesbian/gay individuals. This trend may suggest race/ethnicity-related cultural influences on how bisexual individuals perceive their same-sex attraction, in contrast with lesbian/gay individuals of the same groups. Among Bisexual individuals, men reported greater internalized homonegativity than women for all racial/ethnic identities (except for Asian-identified participants, as there were no bisexual men for this group). The trend of these analyses suggests support for the expectation that sexuality, gender, and race/ethnicity identity combinations may produce different outcomes across minority stress and resilience factors.

Because the core of my study centers around bisexual-differentiated relationships with minority stress processes and resilience factor outcomes, I focused on moderators of this particular relationship. However, the non-significant findings in this study should not be interpreted as gender and race/ethnicity having no meaningful impact on these relationships. In contrast, I expect that gender and race/ethnicity likely moderate additional relationships included in this model, such as the relationships between sexual

orientation and resilience factor outcomes, or between minority stress factors and resilience factors. Indeed, the supplemental analyses provide some indication that this may the case.

Limitations & Future Directions

There are a number of areas of limitation for the present study. An initial, data-related, limitation is the quantity of data that was removed due to quality concerns. Of the 732 responses collected, only 229 remained after cleaning. Many responses were flagged by Qualtrics as indicative of bot activity, and many others failed the attention checks. While the final sample passed all these filters, the volume of removed responses casts some concern onto the overall dataset. It's possible that the different methods for recruitment produced different levels of data quality as well as participant characteristics. For example, physical flyers in an LGBTQ+ Pride Student Center may attract significantly different participants than a URL posted to an anonymous, research-oriented social media forum. Responses were not coded or flagged by recruitment source, and so I am unable to test whether there are significant differences to support this concern.

Another related major limitation of this study is the obstacle of self-selection bias in participant recruitment, which impacts many studies in this area of research. Research on outness has shown that LGB individuals with lower levels of disclosure may be less likely to openly affiliate with the LGBT community, which participating in an LGB-specific research study requires participants to do (Roberts & Christens, 2021). Although participation is confidential, such individuals may feel compelled to avoid risk

associating with such content or disclosing their identities explicitly. This barrier implies that individuals who self-select into participation are more likely to have more open or positive views of their identity. In particular, because bisexual individuals have been shown to disclose their identity less often, this research may not capture an accurate view of the "typical" bisexual individual. Thus, the LGB individuals who choose to respond to such recruitment efforts and participate in such a study may be skewed toward greater Community Connectedness and may not accurately reflect the range of Community Connectedness across the larger LGB population. Importantly, this limitation may also contribute to the unexpected finding of no significant difference in Community Connectedness between bisexual and lesbian/gay people. Future research should explore this dilemma of accessing the lower-disclosure end of this population in order to examine whether differences are more pronounced among sexual orientation identities at lower levels of disclosure.

Relatedly, this study did not incorporate a measure of outness or identity disclosure. As prior research has demonstrated the importance of this factor in predicting outcomes among LGB individuals, as well as differences between bisexual and lesbian/gay individuals on this construct, the incorporation of such a factor may better clarify some of the relationships that did not align with predictions. For example, a measure of outness or disclosure might better illuminate trends in Community Connectedness beyond what this study was capable of showing. If lower disclosure were to predict lower connectedness, this might allow us to make further extrapolations about community connectedness differences for bisexual individuals on the basis of lower

disclosure levels. I also anticipate that a disclosure measure would demonstrate differences across gender and race/ethnicity, which may further illuminate differences on the present variables. Thus, future research should explore avenues of incorporating outness, disclosure, or concealment as a factor in understanding relationships between sexual orientation and various minority stress and resilience factors, especially where the influence of gender and race/ethnicity are concerned.

This issue of outness and self-selection bias may be further illustrated through the gender distribution of sexual orientation identities, as bisexual-identified individuals were more represented among women than men. This finding may relate to gender-based stigma, reducing identity openness and research participation among bisexual men compared to women. Additionally, the sample of non-binary individuals (both lesbian/gay and bisexual) in this study was notably larger than anticipated. Relatedly, this study did not differentiate between cisgender and transgender-identified men and women, as the focus was on sexual orientation; it is likely that the unique gender-identity-based experiences of trans and non-binary individuals impacts the factors that this study analyzed. For example, in my supplemental analyses I found that non-binary individuals of both sexual orientations reported greater levels of community connectedness and lower levels of internalized homonegativity. Further research in this area may consider exploring alternative recruitment and data collection measures in order to work around some of these gender-differentiated identity affiliation and engagement patterns. Researchers may seek to identify unique avenues of accessing individuals with lower levels of identity disclosure or LGBT community engagement.

Alternatively, researchers may explore studies that conceptualize sexual orientation influences beyond a static label by including additional questions centered around self-described romantic attraction, sexual attraction, or sexual activity. This approach may generate more bisexual-coded responses than an approach simply asking participants to identify as bisexual.

Another measurement-related limitation of this study may be in the selection of Internalized Homonegativity as one of the mediating minority stress factors. It's possible that the measure of Internalized Homonegativity does not capture well the self-directed internalized negativity that bisexual people experience compared to lesbian/gay individuals. It may be that another construct, such as Internalized Heteronormativity, better captures a comparable experience of self-directed negativity experienced by both bisexual and lesbian/gay individuals. Future research should elaborate upon similarities and differences between these self-directed internalized negative attitudes among lesbian, gay, and bisexual individuals and how they relate to both minority stress factors and resilience factors. Furthermore, future research should explore factors that contribute positively to resilience factors for bisexual individuals.

Lastly, the representation of diversity among categories of race, ethnicity, and gender in this study was not sufficient for more formal analyses of Means. Although I sought to recruit equivalent numbers of identity combinations in order to explore intersectional dynamics, I was not successful in reaching the desired numbers. Some combinations of identities were entirely unrepresented, such as bisexual Asian men. Others had fewer than 5 participants, such as gay Asian men, lesbian/gay Native

American men and women, bisexual Black men and women, bisexual Asian women, bisexual Native American men and women, and bisexual Latino men. The underrepresentation of identity combinations across sexual orientation, gender, and race/ethnicity prevented statistically-sound comparisons of scores across the variables of interest and likely impacted the conditional mediation analyses as well. Thus, this study, like many others, is over-representative of a White experience. For logistical reasons, future studies might be better served in focusing on just one minority group to concentrate recruitment efforts and better exemplify common trends within that group, without being clouded by majority experiences.

Conclusion

This study aimed to expand the growing body of research on bisexual discrepancies in minority stress and resilience factors, as compared to lesbian and gay individuals. Such work is important in highlighting the unique marginalization experiences within the LGBTQ+ community, rather than treating this diverse population as a monolith. While this study replicated some findings of bisexual disadvantage, such as through lower levels of self-efficacy in emotional coping and lower perceived support from family, most of the findings did not produce significant results. Further explorations of differentiation by gender and race/ethnicity among lesbian, gay, and bisexual people may serve to better explain nuances in minority stress experiences and access to resilience factors. Future research should continue dedicating focus both to the bisexual experience and to the intersectional layers within these identities in order to

better serve the multiply-marginalized identities within larger marginalized communities.

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APPENDIX A

FIGURES AND TABLES

Figure 1 Model of Hypotheses with Internalized Homonegativity

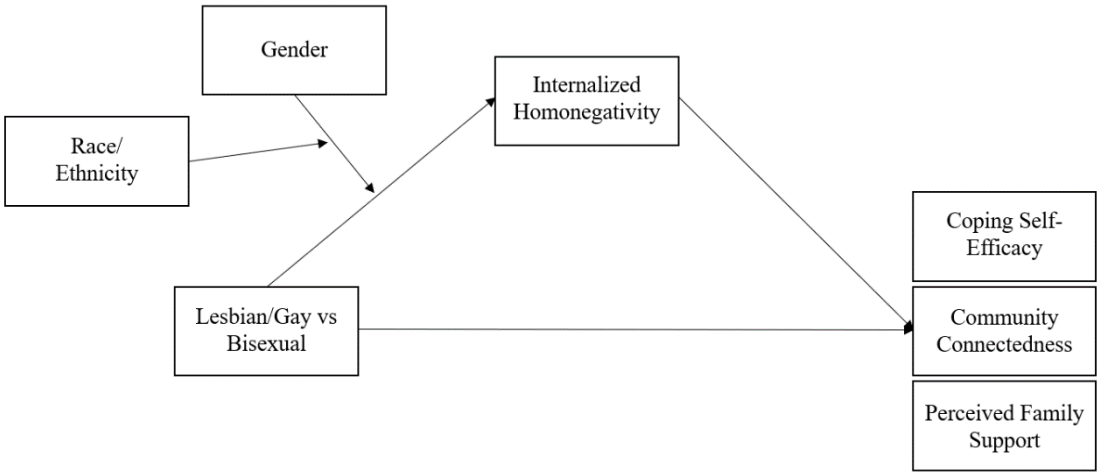

Figure 2 Model of Hypotheses with Discrimination

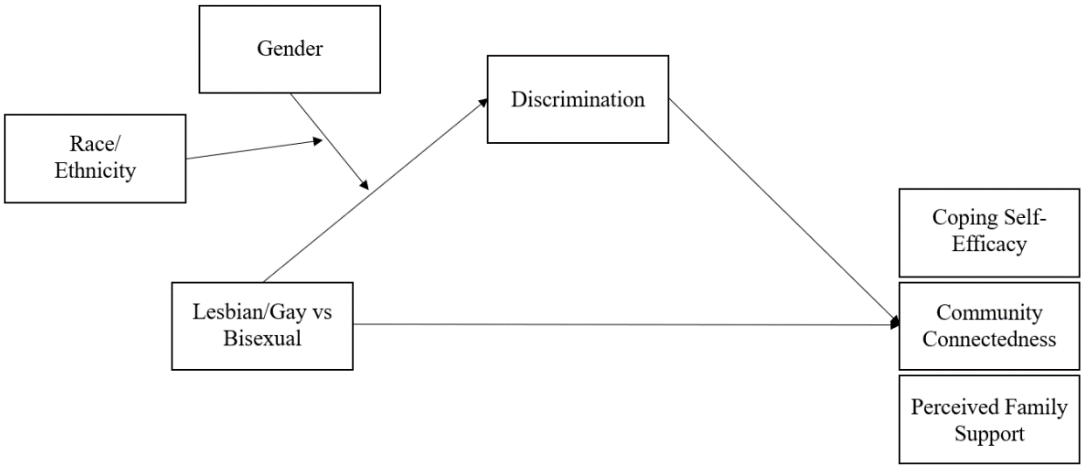

Table 1 Mean Scores Across Minority Stress and Resilience Factors by Sexual Orientation

	Lesbian/Gay	Bisexual
Community Connectedness	3.289	3.287
Perceived Family Support	4.288***	3.526***
Coping Self-Efficacy	6.913***	5.514***
Internalized Homonegativity	2.554**	2.169**
Discrimination	2.502**	2.152**

** Indicates significant difference between Means at the .01 level.

*** Indicates significant difference between Means at the .001 level.

Table 2 Bootstrapped Indirect Effects of Sexual Orientation through Internalized Homonegativity onto Resilience Factor Outcomes

	Internalized Homonegativity			
Resilience Factor	Indirect Effect	SE	BootLLCI	BootULCI
Community Connectedness	0.0808*	0.0349	0.0139	0.1521
Perceived Family Support	-0.0568	0.045	-0.1667	0.0076
Coping Self-Efficacy	-0.0213	0.0459	-0.1271	0.0618

* Indicates significance at the 0.05 level.

Table 3 Bootstrapped Indirect Effects of Sexual Orientation through Discrimination onto Resilience Factor Outcomes

Discrimination				
Resilience Factor	Indirect Effect	SE	BootLLCI	BootULCI
Community Connectedness	0.0252	0.0166	-0.0007	0.0630
Perceived Family Support	0.0865*	0.0456	0.0126	0.1896
Coping Self-Efficacy	0.0155	0.0494	-0.0797	0.1238

* Indicates significance at the 0.05 level.

Table 4 Bootstrapped Indices of Moderated Mediation for Gender Moderating the Mediation of Sexual Orientation through Internalized Homonegativity onto Resilience Factor Outcomes

Internalized Homonegativity				
Resilience Factor	Index of Moderated Mediation	SE	BootLLCI	BootULCI
Community Connectedness	0.0501	0.0466	-0.037	0.1463
Perceived Family Support	-0.0359	0.0437	-0.142	0.0284
Coping Self-Efficacy	-0.0115	0.0346	-0.1019	0.0387

* Indicates significance at the 0.05 level.

Table 5 Bootstrapped Indices of Moderated Mediation for Gender Moderating the Mediation of Sexual Orientation through Discrimination onto Resilience Factor Outcomes

Discrimination				
Resilience Factor	Index of Moderated Mediation	SE	BootLLCI	BootULCI
Community Connectedness	0.009	0.0138	-0.0139	0.0423
Perceived Family Support	0.0381	0.0483	-0.0477	0.1473
Coping Self-Efficacy	0.0049	0.0286	-0.0523	0.0732

* Indicates significance at the 0.05 level.

Table 6 Bootstrapped Indices of Moderated Moderated Mediation for Race Moderating the Effect of Gender's Moderation on the Mediation of Sexual Orientation through Internalized Homonegativity onto Resilience Factor Outcomes

Internalized Homonegativity				
Resilience Factor	Index of Moderated Moderated Mediation	SE	BootLLCI	BootULCI
Community Connectedness	0.0227	0.0509	-0.0727	0.1291
Perceived Family Support	-0.0163	0.0418	-0.107	0.0727
Coping Self-Efficacy	-0.0063	0.0295	-0.0713	0.0542

* Indicates significance at the 0.05 level.

Table 7 Bootstrapped Indices of Moderated Moderated Mediation for Race Moderating the Effect of Gender's Moderation on the Mediation of Sexual Orientation through Discrimination onto Resilience Factor Outcomes

Discrimination				
Resilience Factor	Index of Moderated Moderated Mediation	SE	BootLLCI	BootULCI
Community Connectedness	-0.001	0.0149	-0.0332	0.0314
Perceived Family Support	-0.0038	0.0536	-0.1067	0.1128
Coping Self-Efficacy	-0.0006	0.0263	-0.0558	0.0589

* Indicates significance at the 0.05 level.

Table 8 Supplemental Analyses – Means Across Variables by Sexual Orientation x Gender Identity Combinations

		Coping Self-Efficacy	Perceived Family Support	Community Connectedness	Internalized Homonegativity	Discrimination
White	M	6.17	3.94	3.33	2.10	1.99
	SD	2.06	1.55	0.48	1.08	0.79
	N	141	143	142	142	143
Black	M	6.48	4.01	3.39	2.49	3.37
	SD	1.67	1.26	0.64	1.17	1.10
	N	25	25	25	25	25
Asian/ Pacific Islander	M	5.38	2.98	3.38	2.62	2.49
	SD	1.55	1.65	0.39	1.52	0.88
	N	13	13	13	13	13
Latino(a)	M	7.07	4.53	3.16	3.23	2.93
	SD	1.69	1.49	0.49	1.20	0.97
	N	42	42	42	42	42
Native American	M	7.34	3.63	2.75	2.75	2.81
	SD	1.69	0.64	0.40	1.21	0.77
	N	8	8	8	8	8
Gay	M	6.91	4.29	3.29	2.56	2.50
	SD	1.82	1.44	0.51	1.20	1.11
	N	139	140	139	139	140
Bi	M	5.51	3.53	3.29	2.17	2.15
	SD	1.82	1.55	0.50	1.20	0.76
	N	90	91	91	91	91
Men	M	6.69	4.18	3.21	2.66	2.44
	SD	1.82	1.50	0.53	1.18	1.07
	N	97	99	97	97	99
Women	M	6.41	4.03	3.25	2.37	2.34
	SD	1.91	1.46	0.48	1.22	1.02
	N	97	97	97	97	97
Non-Binary	M	5.27	3.35	3.64	1.69	2.19
	SD	1.99	1.71	0.36	1.04	0.68
	N	32	32	32	32	32

Table 9 Supplemental Analyses – Means Across Variables by Sexual Orientation x Gender Identity Combinations

Sexual Orientation	Gender		Coping Self-Efficacy	Perceived Family Support	Community Connectedness	Internalized Homonegativity	Discrimination
Lesbian/ Gay	Men	M	6.92	4.31	3.26	2.61	2.45
		SD	1.70	1.47	0.52	1.18	1.16
		N	71	72	71	71	72
	Women	M	7.14	4.40	3.25	2.67	2.61
		SD	1.79	1.33	0.50	1.25	1.09
		N	55	55	55	55	55
	Non-Binary	M	6.18	3.71	3.73	1.52	2.20
		SD	2.44	1.77	0.32	0.66	0.85
		N	11	11	11	11	11
Bisexual	Men	M	6.06	3.82	3.08	2.79	2.40
		SD	2.04	1.56	0.53	1.20	0.76
		N	26	27	27	27	27
	Women	M	5.46	3.54	3.25	1.99	1.99
		SD	1.64	1.48	0.47	1.07	0.81
		N	42	42	42	42	42
	Non-Binary	M	4.79	3.17	3.60	1.78	2.18
		SD	1.57	1.69	0.38	1.20	0.60
		N	21	21	21	21	21

Table 10 Supplemental Analyses – Means Across Variables by Sexual Orientation x Racial/Ethnic Identity Combinations

			Coping Self-Efficacy	Perceived Family Support	Community Connectedness	Internalized Homonegativity	Discrimination
Lesbian/ Gay	White	M	6.75	4.23	3.32	2.26	2.00
		SD	1.97	1.48	0.48	1.07	0.89
		N	80	81	80	80	81
	Black	M	6.62	4.24	3.46	2.39	3.44
		SD	1.74	1.14	0.66	1.23	1.16
		N	19	19	19	19	19
	Asian/ Pacific Islander	M	6.14	3.00	3.41	2.24	2.74
		SD	1.56	1.81	0.43	1.45	1.06
		N	7	7	7	7	7
	Latino(a)	M	7.65	4.91	3.12	3.60	3.21
		SD	1.40	1.24	0.47	0.95	0.91
		N	29	29	29	29	29
	Native American	M	7.56	3.50	2.75	2.17	2.58
		SD	0.97	0.46	0.37	1.26	0.74
		N	4	4	4	4	4
Bisexual	White	M	5.40	3.56	3.34	1.89	1.96
		SD	1.94	1.58	0.49	1.07	0.64
		N	61	62	62	62	62
	Black	M	6.04	3.29	3.15	2.83	3.15
		SD	1.44	1.47	0.55	0.98	0.94
		N	6	6	6	6	6
	Asian/ Pacific Islander	M	4.50	2.96	3.33	3.06	2.20
		SD	1.56	1.62	0.38	1.61	0.56
		N	6	6	6	6	6
	Latino(a)	M	5.77	3.69	3.25	2.41	2.30
		SD	1.62	1.71	0.55	1.34	0.80
		N	13	13	13	13	13
	Native American	M	7.13	3.75	2.75	3.33	3.05
		SD	0.32	0.84	0.49	0.94	0.82
		N	4	4	4	4	4

Table 11 Correlations among all Primary Variables of Interest

	Community Connectedness	Internalized Homonegativity	Discrimination	Family Support	Coping Self-Efficacy	Sexual Orientation
Community Connectedness	1	-0.488**	-0.133*	0.041	0.048	-0.001
Internalized Homonegativity	-0.488**	1	0.380**	0.155*	0.091	-0.156*
Discrimination	-0.133*	0.380**	1	-0.116	0.043	-0.171**
Family Support	0.041	0.155*	-0.116	1	0.448**	-0.244**
Coping Self-Efficacy	0.048	0.091	0.043	0.448**	1	-0.353**
Sexual Orientation	-0.001	-0.156*	-0.171**	-0.244**	-0.353**	1

APPENDX B

SURVEY QUESTIONS

1. What is your age? (please answer with a whole number, in years. For example: 30) _____
2. What is your gender?
    1. Man
    2. Woman
    3. Non-binary / Non-Conforming / Gender Fluid / Third Gender
    4. Option not listed: _____
3. What is your biological sex (assigned at birth)?
    1. Male
    2. Female
    3. Intersex
    4. Option not listed: _____
4. What is your sexual orientation?
    1. Straight/Heterosexual
    2. Lesbian/Gay/Homosexual
    3. Bisexual
    4. Option not listed: _____
5. What is your race?
    1. African-American/Black

2. Asian, Asian American/Pacific Islander
3. Caucasian/White
4. Native American/American Indian/First Nations
5. Other (please specify):_____

6. What is your ethnicity?
    1. Latino(a)/Hispanic
    2. Not Latino(a)/Hispanic
7. What is your current income level?
    1. Under $10,000
    2. $10,000 - $24,999
    3. $25,000 - $39,999
    4. $40,000 - $59,999
    5. $60,000 - $79,999
    6. $80,000 - $99,999
    7. $100,000 - $149,999
    8. $150,000 - $199,999
    9. $200,000 or above
8. What is the highest level of education you have completed?
    1. No formal education
    2. Some Primary education
    3. Primary education
    4. Some Secondary education

5. Secondary education
6. Some college or technical school
7. College or technical school
8. Some graduate or professional school
9. Graduate or professional school

Lesbian, Gay, and Bisexual Identity Scale (LGBIS):

Internalized Homonegativity Subscale

(Mohr & Kendra, 2011)

Some of you may prefer to use labels other than 'lesbian, gay, and bisexual' to describe your sexual orientation (e.g., 'queer,' 'dyke,' 'questioning'). We use the term LGB in this survey as a convenience, and we ask for your understanding if the term does not completely capture your sexual identity. For each of the following questions, please mark the response that best indicates your current experience as an LGB person. Please be as honest as possible: Indicate how you really feel now, not how you think you should feel. There is no need to think too much about any one question. Answer each question according to your initial reaction and then move on to the next.

Disagree Strongly	Disagree	Disagree Somewhat	Agree Somewhat	Agree	Agree Strongly
1	2	3	4	5	6

1. If it were possible, I would choose to be straight.
2. I wish I were heterosexual.
3. I believe it is unfair that I am attracted to people of the same sex.

Subscale scores are computed by averaging subscale item ratings.

Heterosexist Harassment, Rejection, and Discrimination Scale (HHRDS)

(Szymanski, 2006)

Please think carefully about your life as you answer the questions below. Read each question and then select the number that best describes events in the PAST YEAR, using these rules. Select 1—If the event has NEVER happened to you; Select 2—If the event happened ONCE IN A WHILE (less than 10% of the time); Select 3—If the event happened SOMETIMES (10–25% of the time); Select 4—If the event happened A LOT (26–49% of the time); Select 5—If the event happened MOST OF THE TIME (50–70% of the time); Select 6—If the event happened ALMOST ALL OF THE TIME (more than 70% of the time).

IN THE PAST ONE YEAR . . .

1. How many times have you been treated unfairly by teachers or professors because you are LGB?
2. How many times have you been treated unfairly by your employer, boss, or supervisors because you are LGB?

3. How many times have you been treated unfairly by your co-workers, fellow students, or colleagues because you are LGB?

4. How many times have you been treated unfairly by people in service jobs (by store clerks, waiters, bartenders, waitresses, bank tellers, mechanics, and others) because you are LGB?

5. How many times have you been treated unfairly by strangers because you are LGB?

6. How many times have you been treated unfairly by people in helping jobs (by doctors, nurses, psychiatrists, caseworkers, dentists, school counselors, therapists, pediatricians, school principals, gynecologists, and others) because you are LGB?

7. How many times were you denied a raise, a promotion, tenure, a good assignment, a job, or other such thing at work that you deserved because you are LGB?

8. How many times have you been treated unfairly by your family because you are LGB?

9. How many times have you been called a HETEROSEXIST name like dyke, fag, or other names?

10. How many times have you been made fun of, picked on, pushed, shoved, hit, or threatened with harm because you are LGB?

11. How many times have you been rejected by family members because you are LGB?

12. How many times have you been rejected by friends because you are LGB?

13. How many times have you heard ANTI-LGB remarks from family members?

14. How many times have you been verbally insulted because you are LGB?

15. Please select a response of 6 for this statement* [Attention Check 1]

Subscales: Harassment and rejection (items: 8, 9, 10, 11, 12, 13, 14), Workplace and school discrimination (items: 1, 2, 3, 7), Other discrimination (items: 4, 5, 6).

Alterations: “lesbian” was changed to “LGB,” “anti-lesbian/anti-gay” was changed to “anti-LGB,” “lezzie” in item 9 was changed to “fag” to provide a heterosexist example typically directed to men.

Connectedness to the LGBT Community Scale

(Frost & Meyer, 2012)

Please indicate to what extent you agree with the following statements.

Agree strongly	Agree somewhat	Disagree somewhat	Disagree strongly
1	2	3	4

1. You feel you’re a part of the LGBT community.
2. Participating in the LGBT community is a positive thing for you.
3. You feel a bond with the LGBT community.
4. You are proud of the LGBT community.
5. It is important for you to be politically active in the LGBT community.
6. If we work together, gay, bisexual and lesbian people can solve problems in the LGBT community.
7. You really feel that any problems faced by the LGBT community are also your own problems.

8. You feel a bond with other [same gender similar others: gay men/lesbian women/bisexual men/bisexual women].

Multidimensional Scale of Perceived Social Support (MSPSS):

Family Support Subscale

(Zimet et al., 1988)

We are interested in how you feel about the following statements as an LGB individual. Read each statement carefully. Indicate how you feel about each statement

Very strongly disagree	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree	Very strongly agree
1	2	3	4	5	6	7

1. As an LGB individual, my family really tries to help me.
2. I get the emotional help and support I need from my family as an LGB individual.
3. As an LGB individual, I can talk about my problems with my family.
4. My family is willing to help me make decisions as an LGB individual.

Subscale scores are computed by averaging subscale item ratings. Alterations: the phrase "as an LGB individual" was added to the instructional prompt and to each item.

Coping Self-Efficacy Scale:

Stop unpleasant emotions and thoughts Subscale

(Chesney et al., 2006)

When things aren't going well for you as an LGB individual, or when you're having problems as an LGB individual, how confident or certain are you that you can do the following:

Cannot do at all					Moderately certain can do					Certain can do
0	1	2	3	4	5	6	7	8	9	10

1. Make unpleasant thoughts go away
2. Take your mind off unpleasant thoughts
3. Please select a response of 1 for this statement* [Attention Check 2]
4. Stop yourself from being upset by unpleasant thoughts
5. Keep from feeling sad

Subscale scores are computed by averaging subscale item ratings. Alterations: the phrase "as an LGB individual" was added to the instructional prompt.