

PREDICTIVE FACTORS OF IDENTITY DISCLOSURE AND SUBSEQUENT
NEGATIVE OUTCOME DISCREPANCIES IN LESBIAN/GAY AND BISEXUAL
INDIVIDUALS

A Thesis

by

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ABSTRACT

The bisexual community remains understudied and underrepresented even within the LGBT community. This paper seeks to build upon existing literature to explore the underlying factors that explain why bisexual individuals experience more negative outcomes across a variety of work and life domains compared to gay and lesbian individuals. Specifically, across two studies, we expected that bisexual individuals would demonstrate lower disclosure levels than gay and lesbian individuals, and that bisexual individuals would experience more negative outcomes than gay and lesbian individuals as a function of these disclosure differences. In addition, we predicted that perceived supportiveness of the workplace would moderate the extent to which bisexual individuals viewed their sexual identities as positive and as central, which would then influence their disclosure behaviors and subsequent outcomes. By explaining the process through which bisexual individuals internalize stigma and conceal their identities, future research might better equip employers and clinicians to more effectively remediate the negative outcomes faced by this group. In doing so, we can begin to address bisexual disparities and generate a more supportive, cohesive community for this underrepresented group.

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CHAPTER I

INTRODUCTION

The body of research on lesbian, gay, bisexual, and transgender (LGBT) issues has continued to grow and illuminate mental health disparities within this population; on the issue of suicide, for example, a 2016 study by the Center for Disease Control (CDC) found that 29% of LGB youth attempt suicide, compared to 6% of heterosexual youth (Kann et al., 2016). According to the National Alliance on Mental Illness (NAMI), LGBT individuals are nearly three times more likely to experience a mental health condition, such as major depression; approximately 25% of LGBT individuals struggle with alcohol abuse, compared to less than 10% of the general population (Medley et al., 2016). In the workplace, up to 68% of LGBT employees have reported experiencing some form of employment discrimination and up to 41% reported physical or verbal abuse; additionally, research suggests that gay men earn 10% to 32% less than similarly qualified heterosexual men (Badgett, Lau, Sears, et al., 2007). These outcomes are pervasive across the LGBT community, and although there is a solid body of evidence demonstrating broad trends that have led to these outcomes, there is still a notable gap in research on the specific mechanisms that explain these patterns.

Furthermore, data from LGBT participants are typically combined into a single data group for comparative purposes, but research highlighting the important mental health discrepancies within this community suggests that this practice may be problematic. For example, there is a notable dearth of literature that examines the unique experiences of the subgroups which compose this community in comparison to one

another. Specifically, research has shown that bisexual individuals demonstrate even higher rates of mood disorders and suicide attempts than lesbian and gay individuals (Haas et al., 2010). If research practices normalize the grouping of data for gay, lesbian, and bisexual individuals, researchers may fail to capture the range of unique barriers or outcomes faced by each of these groups. Given the role that social norms play in discriminatory experiences, it is likely that lesbian, gay, and bisexual individuals encounter different sets of obstacles in navigating their identities within and outside of the workplace. As such, the current paper will seek to advance existing literature by examining the explanatory mechanisms and boundary conditions of these negative workplace and nonworkplace outcomes faced by bisexual individuals as compared to gay and lesbian individuals.

Minority Stress

In understanding how the bisexual experience differs from both heterosexual and gay experience, it is necessary to understand the fundamental mechanisms that differentiate minority and majority experiences. The theory of minority stress explores the idea that belonging to one or more minority groups brings inherent, distressing experiences due to societal stigma and incidents of discrimination targeted at those groups (Meyer, 1995). Minority stress is generally understood to be a unique set of obstacles that is additive to the general stressors experienced by everyone, a chronic experience that persists in the environment, and a socially-based distress that stems from larger societal constructs and trends (Meyer, 2003). This model applies to the experiences of all minority groups, but each group may demonstrate its effects through

different outcomes. Regarding the experiences of a sexual orientation minority community, Meyer describes four processes of LGBT-specific minority stress: external stressful events/conditions, the expectation of such stressful events, internalizing the received negative societal attitudes, and the hiding of sexual orientation stemming from internal psychological distress (Meyer, 1995; Meyer, 2003). Restated, these four processes detail how discriminatory experiences and the fear of additional discrimination interact to influence LGBT individuals to view their sexual orientation identity negatively and conceal it from others. Research has demonstrated a variety of negative minority stress outcomes within the LGBT community, including increased rates of depression and suicidality (Haas et al., 2010; Szymanski & Ikizler, 2013). Further consequences of minority stress are seen in high rates of externalized, maladaptive behaviors; for example, minority stress experiences are predictive of unprotected anal intercourse, HIV risk behaviors, and substance abuse (Cochran & Cauce, 2006; Hatzenbuehler, Nolen-Hoeksema, & Erickson, 2008). This model explains the heightened level of negative outcomes within the LGBT community as a result of consistent, pervasive experiences of stigma. While these trends are traceable across the LGBT at large in comparison to the heterosexual community, research occasionally takes for granted that the LGBT community itself is composed of multiple unique subgroups; in other words, this minority community is an aggregation of individual minority groups linked through a shared deviation from the “norm” of heterosexual, cisgender society. Based on the minority stress model, each of these subgroups likely experiences additional unique stressors within this minority community based on their

representation within that community. Although these groups share a similarity in this deviation, their experiences should not be assumed to be equal or identical.

Bisexual Stigma

Although the bisexual community is a fundamental component of the larger LGBT community, bisexuality is often stigmatized and minoritized by both heterosexual and lesbian/gay communities alike (Alarie & Gaudet, 2013). This stigmatization follows a pattern described by Meyer's minority stress model: bisexuals experience more negative outcomes through both the gay and straight communities' pattern of ignoring and devaluing bisexuality as a legitimate social identity, and through bisexuals internalizing these binegative attitudes and discounting their own identity. Binegativity can be defined as the negative attitudes that are held by monosexuals (individuals, such as heterosexuals, lesbians, and gays, who are sexually attracted to a single sex) in reaction to bisexuals' refusal to adapt to a monosexual lifestyle (Eliason, 2000). As an example of the way in which bisexuality is ignored, one study found that, when asked about what portion of the population heterosexuals represent, participants would answer in dichotomizing terms that only took into consideration heterosexual and lesbian/gay identities within the population (Alarie & Gaudet, 2013). Furthermore, participants in this study perceived bisexual behaviors through the lens of monosexuality. For instance, participants reported that when a woman in an opposite-sex relationship kisses another woman, it may be viewed as a nonsexual act that does not threaten others' perceptions of her heterosexuality. Alternatively, participants also felt that when a man kisses another man, he is automatically assumed to be gay (Alarie & Gaudet, 2013). In neither instance

is bisexuality considered. By making these monosexual assumptions, bisexuality is de-legitimized, invisibilized, and dismissed.

Heterosexuals, lesbians, and gays also stigmatize bisexuality through the devaluation and negative stereotyping of the identity (Alarie & Gaudet, 2013). Bisexuality may be seen as a deviant form of sexuality, which is associated with negative behaviors such as infidelity, promiscuity, and hypersexuality. These stereotypes lead to binegative attitudes within society that can perpetuate prejudicial beliefs and discriminatory experiences (Alarie & Gaudet, 2013). Although these stereotypes are generally held by heterosexuals, research has shown that even lesbian and gay individuals can hold these same stereotypes regarding bisexual individuals (Zivony & Lobel, 2014). Lesbian and gay individuals who hold such stereotypes may view bisexual individuals as unsuitable partners or friends, and may be inclined to openly reject bisexual individuals because of those biases. As a result, bisexuals face heightened stereotypes, prejudices, and interpersonal discrimination compared to their lesbian and gay counterparts who do not typically face such prejudice from within the greater LGBT community (Brewster & Moradi, 2010; Mereish, Katz-Wise, & Woulfe, 2017). Research on such issues has demonstrated a link between prejudicial experiences and psychological distress for multiple stigmatized populations (Pascoe & Smart Richman, 2009). As reflected in Meyer's minority stress model, these unique stressors, in combination with the stressors of simply being non-heterosexual, place bisexual individuals at even greater risk of these negative outcomes.

The invisibilization of bisexuality does not just occur socially, however. In research, bisexual erasure often unfolds in the form of a data-masking effect, given that all LGBT data are typically aggregated and treated as a monolith. Across three different time points, 1987, 1997, and 2007, an analysis revealed that only 10.3% to 17.9% of studies included separated data from bisexual individuals (Kaestle & Ivory, 2012). Other reviews have found similar results, including over 25% of lesbian/gay-related studies not even mentioning bisexuality (Monro, Hines, & Osborne, 2017). While this “lumping together of groups” is fairly common in research and is often done because of practical and/or theoretical constraints, scholars have begun to recognize the flaws of this approach (Bostwick, Boyd, Hughes, & McCabe, 2010; Sandfort, Graaf, Have, Ransome, & Schnabel, 2014). One such study demonstrated a significant difference between heterosexual and non-heterosexual participants on a variety of mental health measures, but when the bisexual participants were separated from lesbian/gay participants the results changed: lesbian/gay participants were not different from heterosexual participants, whereas bisexual participants were significantly different from both (Matthews, Blosnich, Farmer, and Adams, 2014). Studies like this demonstrate the different experiences of subgroups within the LGBT community that may go unseen when these groups are collapsed. Therefore, researchers should be aware of these possible underlying differences and should seek to develop bisexual-specific research methods that account for the “double-stigma” individuals from this group experience (Bostwick & Hequembourg, 2013). Through bisexual-invisibilizing research practices,

the mental health and workplace disparities of the bisexual community will inevitably continue to go unrecognized, unexplored, and unaddressed.

Bisexual Outcome Discrepancies

In understanding the role of stigma and minority stress within the bisexual community, it is important to examine the breadth of impact across a variety of outcomes. The effects of minority stress are not typically constrained to one context or one outcome variable. While research on bisexual-specific obstacles and outcomes is limited, there are trends that have been identified in the literature. One meta-analysis demonstrated that, while most studies do not distinguish data of bisexual individuals from that of lesbian and gay individuals, bisexual individuals tend to report higher levels of depression and anxiety compared to lesbian and gay individuals across both cross-sectional and longitudinal studies (Ross, Salway, Tarasoff, MacKay, Hawkins, & Fehr, 2017). This meta-analysis also highlighted the presence of bisexual erasure and the lack of bisexual-specific support that explain these discrepancies. These factors reflect issues illustrated in the minority stress model, in which sexual-orientation minorities experience negative outcomes stemming from their self-perceptions, public presentation, and treatment from others (Meyer, 1995). By existing as a minority-within-a-minority, bisexual individuals face multiple layers of stigma, a broad lack of support, and social & research practices which invisibilize and perpetuate these obstacles. Additional studies and reviews have demonstrated that bisexual individuals tend to display especially high levels of depression, suicidality, and risk-taking behaviors, such as smoking and unprotected sex, compared to other groups (Plöderl & Tremblay, 2015; Matthews,

Blosnich, Farmer, & Adams, 2014; Bostwick, Boyd, Hughes, & McCabe, 2010; Bostwick, 2012). Across these studies the pattern is clear: bisexual individuals are at increased risk for negative mental health outcomes, such as depression and anxiety, when compared to heterosexual, lesbian, and gay individuals.

With regard to workplace outcomes, studies have found that as many as 66% of LGB employees have reported experiencing discrimination at work due to their sexual orientation, and that experiences of workplace discrimination or anticipated experiences of workplace discrimination are associated with lower job satisfaction (Croteau, 1996; Ragins & Cornwell, 2001). And despite bisexual employees and lesbian/gay employees facing similar fears regarding disclosure, some studies have shown that bisexual employees report the highest levels of workplace stress and emotional exhaustion (Juul, 1995). As described through the minority stress lens, bisexual individuals are likely to encounter heightened experiences of invisibilization and minoritization from both the heterosexual community and the lesbian/gay community. Because of this additional layer of stigma, bisexual employees may fear negative reactions to disclosing their identity even in workplaces where lesbian/gay employees have comfortably disclosed. For bisexual employees, the combination of feared consequences and actual discriminatory experiences from monosexual individuals may explain these discrepant levels of job satisfaction. Thus, assuming these additional prejudices related to bisexuality manifest in the workplace, it is logical to assume that they would lead to reduced experiences of job satisfaction.

It is also important to consider how these heightened discriminatory experiences impact bisexuals' broader self-perceptions within their daily lives. Specifically, research consistently demonstrates that LGBT individuals express lower levels of life satisfaction than heterosexual individuals (Powdthavee, Nattavudh, and Mark Wooden, 2015; Wardecker, Matsick, Graham-Engeland, and Almeida, 2019). The concerns of LGBT individuals span across nearly all contexts: acceptance among peers, familial acceptance of the individual or their partner, workplace attitudes, and more. Through these lifelong experiences and fears of discrimination, LGBT individuals may understandably experience reduced life satisfaction. The few studies examining life satisfaction that separate bisexuals from lesbian and gay participants find that bisexual individuals do report lower levels of life satisfaction compared to lesbian, gay, and heterosexual individuals (Powdthavee, Nattavudh, and Mark Wooden, 2015; Wardecker, Matsick, Graham-Engeland, and Almeida, 2019). For the same reasons that the greater LGBT community experiences negative outcomes as a function of minority stress, bisexual individuals experience additional negative outcomes due to the additional layers of minoritization that they face. While lesbian/gay individuals can typically expect to find acceptance among other LGBT individuals, thus supplementing the social connections they may have lost after disclosing their identities, bisexual individuals must worry about whether they will face additional rejection from the broader LGBT community for being bisexual. Thus, bisexual individuals may find fewer opportunities for filling the interpersonal gaps in the relationships they may have lost, and therefore may be less

satisfied with their lives on average than even lesbian and gay people. As such, we hypothesize:

Hypothesis 1: Bisexual individuals experience increased a) depressive symptoms and b) anxiety symptoms, and decreased c) life satisfaction and d) job satisfaction compared to gay and lesbian individuals.

Disclosure Differences

Importantly, research has suggested that bisexual individuals are often less likely to disclose their identities to family and friends in comparison to lesbian/gay individuals (White & Stephenson, 2014). These identity management discrepancies are also present in workplace contexts, as indicated by a study finding fifty-nine percent of bisexuals reported a willingness to disclose their identities to their human resource departments compared to seventy-nine percent of gay men and seventy-seven percent of lesbians (Human Rights Campaign, 2009). In addition to bisexual employees disclosing less often than lesbian/gay employees, such disclosures are often viewed as less appropriate (Arena & Jones, 2017). For example, research has found that bisexuality is often stereotyped as “promiscuous” more so than lesbian/gay identities (Bostwick & Hequembourg, 2014). Due to the professionalism that is oftentimes expected of employees, bisexuals may be hesitant to disclose at work so as not to be perceived in this way by other employees. Furthermore, until 2020 there was a lack of protection at the federal and many state level governments from firing and retaliation for sexual minorities who chose to come out to their colleagues (Waldo, 1999). Taken altogether, it is unsurprising that the historical lack of protections against retaliatory actions by companies and pre-existing binegative

attitudes in society have culminated in documented differences between bisexual and lesbian/gay individuals' willingness to disclose their sexual orientations to others.

Contextually, compared to lesbian/gay individuals, bisexual individuals are not always immediately recognizable by the sex of their partners, who may be of the opposite sex. In cases like these, bisexual individuals have a greater opportunity to “pass” as heterosexual compared to partnered lesbian or gay individuals. Given that a bisexual orientation can oftentimes be easily hidden from coworkers, and because bisexual people may anticipate that the decision to disclose would bring on more negative interpersonal consequences, bisexuals may be especially cautious about disclosing and decide that the perceived cost outweighs the perceived benefits of doing so. As a result, bisexuals may be less inclined to be authentic in their representation of themselves to their coworkers than gay men and lesbians.

Given that bisexuality is an invisibilized and highly stigmatized social identity, these individuals must expend a great deal of cognitive effort deciding if, when, where, why, and how to reveal their identities to others (Frable, Blackstone, & Sherbaum, 1990). Research has already documented patterns of lower disclosure among bisexual individuals compared to lesbian and gay individuals, and the theoretical and contextual underpinnings support the reproducibility of this finding. Thus, we hypothesize:

Hypothesis 2: Bisexual individuals will disclose at lower levels than lesbian/gay individuals.

CHAPTER II

Outcomes of Disclosure

Although there are a variety of fears and concerns related to disclosing one's sexual minority identity, choosing to conceal this information is not without consequence. Previous research has demonstrated that concealing one's identity often leads to negative health, work, and life outcomes such as higher rates of depression, job stress, and social isolation (Johnson & Amella, 2014; Rabelo & Cortina, 2014; Szymanski & Ikizler, 2013). Across professional and personal contexts, further research has supported and reproduced these results by illustrating that the effects of concealment often include depression, anxiety, social ostracism, and stress (Newheiser & Barreto, 2014; Pachankis, 2007; Welzer-Lang, 2008). This robust pattern across studies demonstrates the breadth of impact that identity concealment has across an individual's life, including their mental health, physical health, and interpersonal functioning. As these outcomes emerge, they risk spilling over into other areas of life and facilitating additional consequences.

In a workplace setting, specifically, these obstacles and outcomes could impact an individual's performance, their cohesiveness in teams, and their overall satisfaction with their position (Kessler et al., 1999). A study of job satisfaction in LGB teachers found that an employee's management of their identity, such as choosing to be very open or concealed with their identity, related to a number of job satisfaction variables (Juil & Repa, 1993). Teachers who reported being more open, or out, in their identity reported more satisfaction from their role, more willingness to be recognized for their

achievements, and more satisfaction from expanded social interactions. Although this study did not separate bisexual data from lesbian and gay data, it did highlight the impact of identity openness on perceptions of job satisfaction. LGB teachers who reported greater levels of openness in their sexual identity reported, overall, greater levels of satisfaction with their job and their role in the organization. In the other direction, research has also demonstrated that greater levels of concealment in the workplace are associated with increased psychological distress (Ragins, Singh, & Cornwell, 2007). Therefore, although LGB individuals face risks in disclosing their identity in the workplace, empirical evidence consistently supports the belief that individuals who disclose experience more benefits and fewer consequences than those who conceal.

Research has made it abundantly clear that the consequences of identity concealment are pervasive across a variety of different domains over the course of an individual's life. This pattern appears to hold true for all members of the LGBT community as they each struggle to navigate the unique obstacles of their identity. For most lesbian and gay individuals, the greater LGBT community is generally a source of support in the process of identity disclosure; for bisexual individuals, however, they face a unique dual-stigma through the risks of negative reactions from both heterosexual and lesbian/gay communities. Rather than finding solace in an ingroup community, bisexual individuals may well experience, or fear, rejection from lesbian/gay individuals. This type of intragroup stigma may be especially painful as it comes from what should be a valuable support network, and the value of social support in the face of discrimination

cannot be understated (Jones, 1984) Thus, the additional stressors related to biphobic attitudes in the larger LGBT community may provide additional motivation for bisexual individuals to conceal their identities, and these decisions likely explain the discrepancies in observed outcomes faced by bisexual individuals. In summary, research has thoroughly demonstrated links between identity concealment and various mental health, physical health, and work/life outcomes. As such, we hypothesize:

Hypothesis 3: Disclosure mediates the relationship between sexual orientation and a) depressive symptoms, b) anxiety symptoms, c) life satisfaction and d) job satisfaction, such that bisexual individuals disclose less often than gay individuals and therefore experience more negative outcomes of concealment.

Identity Centrality and Identity Valence

Although past research has clearly demonstrated differences in disclosure rates between bisexual and gay/lesbian individuals, research has yet to sufficiently demonstrate a reason for these differences. One explanation may be due to the possibility that that bisexual individuals view their sexual orientation as less central in relation to their overall identity than lesbian/gay individuals. In other words, they are more likely to exhibit low identity centrality (IDC) defined as “the degree to which an aspect of one’s identity is personally important” (King, Mohr, Peddie, Jones, & Kendra, 2017; Aquino, Freeman, Reed, Lim & Felps, 2009). Individuals who feel that their stigmatized identity is central to their self concept are more motivated to disclose in order to present a more genuine and complete version of their full selves (Ragins, 2008). Additional research among LGBT individuals has supported the belief that higher levels

of identity centrality are predictive of higher rates of disclosure and identity-revealing behaviors (King, Mohr, Peddie, Jones, & Kendra, 2017; Clair, Beatty, & MacLean, 2005). However, because bisexuals can “pass” as heterosexual or lesbian/gay when they are dating someone of the opposite-sex or same-sex, respectively, they may find that their bisexual identity is less significant to their overall identity. By passing as a monosexual, bisexuals may also avoid the additional dual-stigma against bisexuality. Furthermore, there is less of a bisexual-specific community to rely on for support and understanding as compared to the larger lesbian/gay-focused LGBT community (McLean, 2008). Thus, bisexuals may avoid developing a strong sense of identity centrality, causing them to suppress thinking about, discussing, and disclosing their identities to others.

Another factor that could explain the differences in the willingness to disclose may be that bisexuals have internalized the binegative attitudes that exist within society, which may cause them to view their identity as less positive in relation to their overall identity (Dyar, Feinstein, & London, 2015). One way that gay men and lesbians have counteracted the stigmatization of their sexual orientation minority status is through the creation of a positive in-group minority identity. However, bisexuals are not included in this “in-group” by both gay men and lesbians, and have yet to successfully organize their own equivalently supportive community (Kertzner, Meyer, Frost, & Stirratt, 2009). As a result, they may view their identity in less positive terms than gay men and lesbians because they do not have the same support system to make them feel secure for possessing a stigmatized identity. In other words, they are more likely to have a negative

identity valence (IDV), defined as the degree to which one perceives an identity to be a positive or negative part of their overall identity (Quinn & Earnshaw, 2011). In a minority stress framework, a highly negative valence manifests as internalized homophobia/biphobia, or, more broadly, internalized stigma. Research has shown that greater levels of internalized homophobia predict lower levels of workplace disclosure, while other studies have demonstrated that higher levels of identity valence predict higher rates of workplace disclosure (Rostosky & Riggle, 2002; Griffith & Hebl, 2002). Although such research has focused predominantly on lesbian and gay experiences, the role of stigma in these processes would suggest that the pattern holds true for bisexual-specific experiences. In support of this notion, a study showed that only seven percent of bisexual respondents believed their coworkers observe their sexual orientation in a positive way; comparatively, twenty-seven percent of gay men and thirty-one percent of lesbians believed that their sexual orientation would be received positively by their coworkers (Human Rights Campaign, 2009). If bisexual individuals do anticipate that their friends, family, and coworkers will express a negative perception of bisexual identity, they may indeed internalize this stigma and develop a negative evaluation of their bisexual identity. Consistent with research, such attitudes would likely inhibit a bisexual individual's likelihood to disclose their identity. Therefore, we hypothesize:

Hypothesis 4: Identity centrality and identity valence mediate the relationship between sexual orientation and disclosure, such that bisexual individuals report lower levels of disclosure compared to lesbian/gay individuals due to the fact that they report lower levels of a) identity centrality and b) identity valence.

Workplace Support

As explored in discussions of the minority stress model, experiences of discrimination can significantly impact the way an individual perceives their minority identity (Meyer, 2003). As detailed in this framework, those who are victims of discriminatory behaviors or prejudicial beliefs are generally at greater risk of internalizing those negative attitudes about their identity. In accordance with a minority stress perspective, research has explored the ways in which discriminatory experiences, particularly in the workplace, can generate internalized negative attitudes toward one's minority identity. For example, a conceptual paper discussed the experiences of black employees developing more negative evaluations of their racial identity in workplace climates where they felt targeted due to their race (Alleyne, 2005). If a bisexual employee experiences, perceives to experience, or anticipates experiencing discrimination as a result of a non-supportive environment, they may indeed struggle to maintain a positive or central view of their sexual orientation. In such an environment one might view their identity as a liability, a risk, or even a danger. Indeed, research supports this concern that bisexual employees in non-supportive work environments may internalize the stigma they experience, causing them to view their identity as less central and positive overall (Dyar, Feinstein, & London, 2015). In contrast, a workplace that supports minority identities may facilitate positive minority attitudes toward their identities by preventing discriminatory experiences and providing safe and affirming workplace environments. If LGBT employees feel sufficiently supported by their organizations, they may be less likely to internalize negative views of themselves. A

review of the literature found that LGBT-supportive workplaces were associated with a variety of positive personal and work-related outcomes for LGBT employees, including greater openness about their identities (Badgett, Durso, Mallory, & Kastanis, 2013). Therefore, supportive workplace environments might foster more positive internalized attitudes about one's identity due to the perception and experiences of being valued as a complete person.

This may be especially impactful for bisexual individuals, who face additional minoritization and invisibilization patterns they may require additional demonstrations or signals of support compared to lesbian/gay individuals. Therefore, work environments which are perceived as adequately supportive of bisexual employees may serve to buffer against the discrepancies in workplace and nonworkplace outcomes that they face.

Conversely, workplaces that are not supportive may exacerbate these gaps by increasing the risk for exposure to discriminatory experiences faced by bisexual individuals.

Hypothesis 5: Workplace support will moderate the indirect effects between sexual orientation and disclosure through a) identity centrality and b) identity valence, such that bisexual individuals will disclose at lower levels due to reduced identity centrality and valence, especially when they experience lower levels of workplace support.

CHAPTER III

STUDY 1

Methods

Pew Dataset

Pew Research Center is a nonpartisan fact tank that conducts surveys on various social science research topics within the U.S. using nationally representative samples. The archival data from this study was provided online and open-access to researchers interested in conducting independent analyses. The dataset of interest,, “A Survey of LGBT Americans,” focuses on attitudes, experiences, and values of sexual orientation and gender identity minorities. This dataset was published in June 2013 and included items assessing workplace disclosure, identity centrality, identity valence, and workplace acceptance of lesbian/gay and bisexual sexual orientations.

The survey was implemented by the GfK Group known as KnowledgePanel, which is a nationally representative panel of online survey participants. KnowledgePanel members are recruited through probability sampling methods, and are inclusive of these with and without internet access. Of the total members, 3,645 (or 5.2%) identified as LGBT. In total, 1,924 LGBT individuals were invited to participate in the current study examining attitudes of LGBT individuals within the United States (participants were not told of the nature or purpose of the study before participating). A modest monetary reward was offered in exchange for participation in the survey.

Participants

Data were analyzed from the 2013 Pew research center survey of self-identified lesbian, gay, or bisexual working adults ($N = 739$). The sample was demographically diverse in terms of gender (58% identified as female), sexual orientation (57.6% lesbian/gay and 42.4% bisexual), race (75% identified as White, 6.9% as Black, 9.9% as Hispanic, and 8.8% as Mixed or other), and age (59.3% of participants fell within the age category of 35-64). Participants also reported working in a variety of industries.

Measures

Workplace Disclosure

Participants were asked, “Thinking of the people you work with closely at your job, how many of these people are aware that you are [Insert sexual orientation]?”, and responded using a four-point Likert scale from 1 (None of them) to 4 (All or most of them). This measure was analyzed from an identity-concealment perspective, thus these values were reverse-coded such that lower scores represented higher levels of workplace disclosure whereas higher scores indicated greater concealment.

Workplace Acceptance

Participants were asked the question, “In general, how accepting would you say your workplace is of [Insert sexual orientation]?”, and responded on a four-point Likert scale from 1 (Not at all accepting) to 4 (Very accepting). Higher scores represented higher levels of workplace acceptance.

Identity Centrality

Participants were asked “How important, if at all, is being [Insert sexual orientation] to your overall identity? Would you say it is...”, and responded on a five-point Likert scale from 1 (Not at all important) to 5 (Extremely important). Higher scores represented higher levels of identity centrality.

Identity Valence

To measure identity valence, participants were asked, “Thinking about your [Insert sexual orientation], do you think of it as mainly something positive in your life today, mainly something negative in your life today, or doesn’t it make much of a difference either way?”, and responded on a three-point Likert scale from 1 (Mainly something negative) to 3 (Mainly something positive), higher scores representing higher levels of identity valence.

Results & Discussion

Results of an independent samples t-test demonstrated that bisexual employees disclosed less often ($M = 3.10$, $SD = 1.07$) than lesbian/gay employees ($M = 1.84$, $SD = 1.05$; $t(738) = 15.99$, $p < .001$). Thus, Hypothesis 2 was supported.

To analyze our mediation and moderated-mediation analyses, we used model 8 in the PROCESS macro for SPSS (Hayes, 2013), which provides bootstrapped confidence intervals of indirect and conditional indirect effects. Our bootstrapped mediation analyses demonstrated that bisexual employees disclosed less often than lesbian/gay employees through lower perceptions of both identity centrality ($b = -.16$, $SE = .04$; 95% CI [-.23, -.09]) as well as identity valence ($b = -.04$, $SE = .02$; 95% CI [-.07, -.01]). Thus,

Hypothesis 4 was supported, such that both identity valence and identity centrality mediated the relationship between sexual orientation and disclosure.

Lastly, our moderated mediation analysis showed that perceptions of organizational support moderated these indirect effects. Specifically, perceived organizational support for one's sexual orientation identity moderated the indirect paths from sexual orientation to disclosure through identity centrality ($b = -.04$, $SE = .02$; 95% CI [-.09, -.04]) as well as through identity valence ($b = -.02$, $SE = .01$; 95% CI [-.05, -.001]). For both mediators, the indirect effects were stronger for higher levels of perceived organizational support compared to lower levels of perceived organizational support (see Table 1). Thus, Hypothesis 5 was supported, such that perceived organizational support moderated the mediating effects of identity valence and identity centrality in the relationship between sexual orientation and disclosure.

Study 1 provides initial evidence that lesbian/gay and bisexuals face different disclosure dilemmas in the workplace. Specifically, bisexual employees disclosed their identities in workplace contexts less frequently than their lesbian/gay counterparts, and these differences were explained by lower levels of IDC and IDV for bisexual individuals. However, these indirect effects were attenuated by high levels of perceived organizational support for one's sexual orientation identity. Thus, when bisexual employees perceived that they were working in supportive organizations, they were as likely as lesbian/gay employees to have high levels of IDC and IDV, ultimately leading to similarly high levels of disclosure. This pattern is important given that prior research has shown that there are positive psychological benefits to disclosing one's stigmatized

identity to others, including reduced stress and increased job satisfaction (Griffith & Hebl, 2002; Pachankis, 2007).

A major limitation of this archival, cross-sectional study is the fact that it relied on one-item measures that were not previously validated. Single-item measures can be problematic because they often have lower content validity, sensitivity, and reliability. A single item is unlikely to adequately capture the breadth of elements in a complex construct. Furthermore, the lack of validation of these measures increases the risk that they are insufficient to accurately capture the complex constructs involved. While these measures provide preliminary support for the described model, a more elaborate examination of these relationships requires more thorough measures. Although this model demonstrates key differences between disclosure patterns of lesbian/gay and bisexual individuals as well as factors that influence these decisions, this study did not examine outcomes associated with these disclosure differences. As such, our second study addressed these limitations in two ways. First, the second study utilized more robust, research-supported measures to examine our constructs of interest. Second, our theoretical model (see Figure 1) was expanded upon to include a variety of work/life outcomes that we expected to be impacted by these disclosure discrepancies. As such, our second study built a more expansive and thorough understanding of the differing disclosure processes and consequences experienced by bisexual compared to gay and lesbian employees.

CHAPTER IV

STUDY 2

Methods

Participants

For this study, we recruited 295 LGBT-identified U.S. citizens, aged 18 or older via Amazon's Mturk website. Participants who did not match these demographic descriptions were not allowed to complete the survey; those who completed the survey were compensated \$0.50. The survey was composed of demographic questions, three measures of identity management constructs (disclosure, identity valence, and identity centrality), a measure of perceived organizational support, and various outcome measures (depression, anxiety, life satisfaction, and job satisfaction). After filtering participant responses to only include those who fully responded to all measures of interest, 243 usable responses remained. Of these 243 participants, 35% identified as gay and 65% identified as bisexual. The majority of participants identified as female (57%). By race, 66% of participants identified as White (Non-Hispanic), 10% as Black, 9% as Asian, 8% as Hispanic/Latinx, 4% as Native American, 3% as Other.

Procedure

A link to the survey was advertised on the Mturk website with special tags indicating that LGB respondents were requested. This study focused purely on the experiences of sexual orientation rather than sexual orientation and gender identity. Therefore, inclusion criteria specifically required that participants identify as a sexual orientation minority, regardless of their gender identity. Thus, transgender individuals

were included if they also responded as a sexual orientation minority. The link on Mturk directed participants to the information sheet, where participants provided their consent. All participants completed a brief screening survey to verify their age, citizenship, sexual orientation, and other demographic information. Only participants who reported being age 18 or older, U.S. citizens, and non-heterosexual were allowed to continue. The survey was presented in the same order to all participants, except the work-related measures were only given to participants who indicated current employment. The survey took approximately twenty minutes to complete; afterwards, participants were debriefed and given various mental health and LGBT related resources.

Measures

Depression

Depression was measured using the Center for Epidemiological Studies Depression Scale - Revised (CESD-R; $\alpha=0.96$). This 2004 revision of the original 1977 self-report measure is widely used across public health, psychiatry, and psychology studies involving depression (Eaton, Muntaner, Smith, Tien, & Ybarra, 2004). It is a 20-item measure composed of 9 subscales (ranging between 2 and 3 items each) that collectively capture the primary symptomatic domains of diagnosable depression as they have occurred within the past week. This measure uses a scale of symptom frequency ranging from 0 to 4, with 0 representing “Not at all, or less than one day,” and 4 representing “Nearly every day for 2 weeks.” An example item would be, “Nothing made me happy.” Traditionally, this measure screens for depression by capturing the presence and frequency of specific symptoms (anhedonia or dysphoria), along with the

presence of symptoms from at least 2 or more DSM symptom groups. Because this study did not seek to screen for depression, the responses were not examined for the endorsement of specific symptom groups, but rather viewed as an overall aggregate score.

Anxiety

Anxiety was measured using the General Anxiety Disorder 7-item Scale (GAD-7; $\alpha=0.93$). This measure of anxiety symptom severity is a commonly used 7-item screener that was validated on 2149 patients as a diagnostic tool for General Anxiety Disorder (GAD) with a sensitivity of 89%, specificity of 82%, and high test-retest reliability (Spitzer, Kroenke, Williams, and Löwe, 2006). The GAD-7 asks participants to rate how frequently they have experienced various symptoms in the past 2 weeks, with a scale ranging from “0 = Not at all” to “3 = Nearly every day.” For example, one item presents the symptom of “Not being able to stop or control worrying.” An aggregate score of 10 or greater indicates a risk for the presence of an anxiety disorder. However, this study did not seek to screen for, nor diagnose, anxiety disorders; an aggregate score was generated for each participant as a general measure of the presence of anxiety symptoms.

Disclosure

Sexual orientation disclosure was measured using an author-created measure, based on existing measures of disclosure ($\alpha=0.78$). This is a 6-item measure, with two items reverse-coded, intended to capture the range of disclosure/concealment behaviors. This range includes explicit disclosure, incidental disclosure in reaction to an external

prompt, and intentional deception in concealment of identity. For example, “To what extent are you open regarding your sexual orientation identity to others?” Each item is scored with a 5-point Likert scale, ranging from “1 = Not at all” to “5 = Extremely”; composite scores are averaged to provide an overall value of participants’ general level of disclosure across their life. Anxiety

Life Satisfaction

Life Satisfaction was measured using an adaptation of the 5-item measure called the Satisfaction With Life Scale (SWLS; $\alpha=0.92$) (Diener, Emmons, Larsen, & Griffin, 1985). This measure has high internal consistency, high temporal reliability, and can be used for all age ranges. The SWLS specifically measures the construct of global life satisfaction regarding the previous 2 years of a subject’s life; an example item would be, “[Over the past two years, I have felt...] that my life was close to my ideal.” This measure uses a 7-point Likert scale ranging from “1 = Strongly disagree” to “7 = Strongly agree.” Participant responses on this measure will be averaged across the 5 items to provide a general overall score of life satisfaction. The purpose of using this measure is to capture the participants’ broad perceptions of their lives as a whole, such that lower scores would indicate a greater impact from negative experiences. Anxiety

Job Satisfaction

Job Satisfaction was measured using an adapted 3-item measure, one of which is reverse-coded, with a 7-point likert scale ranging from “1 = Strongly disagree” to “7 = Strongly agree” ($\alpha=0.88$; Cammann, Fichman, Jenkins, & Klesh, 1979). The items asked about the participant’s experiences in the previous 2 weeks. For example, “[I have] Been

satisfied with my job.” This measure is intended to capture overall averages in how satisfied participants are with their employment, such that large trends of dissatisfaction due to sexual orientation-related experiences may become apparent.

Identity Centrality

Identity Centrality was measured using the Identity subscale of the Collective Self-Esteem Scale, a 4-item measure, two of which are reverse-coded, with a 7-point likert scale ranging from “1 = Strongly disagree” to “7 = Strongly agree” (Luhtanen & Crocker, 1992). The overall scale is composed of four subscales (Membership esteem, Public collective self-esteem, Private collective self-esteem, and Importance to Identity) intended to capture how individuals view their collective, or social, identity, as opposed to their personal identity. In order to specifically capture the degree to which an individual’s inclusion in the LGBT community was related to their identity, we used just the Importance to Identity subscale. This subscale was adapted to specify “sexual orientation” as the reference group to which participants described their connection. An example of such items is, “Being an LGB person is important reflection of who I am.” The purpose of this measure in the context of this study is to measure how central, or how important, an individual’s sexual orientation is to their identity, with the expectation that bisexual individuals are more likely to view their sexual orientation identity as less central to their overall identity.

Identity Valence

Identity Valence was measured using an adaptation of the Private Regard Subscale from the Multidimensional Inventory of Black Identity (MIBI), a 6-item

measure with a 5-point likert scale where 1 = “Completely false” and 6 = “Completely true” (Sellers, Rowley, Chavous, Shelton, & Smith, 1997). The MIBI is a measure composed of 7 subscales which represent 3 dimensions of racial identity (Centrality, Ideology, and Regard); for the present study, the Private Regard subscale was adapted to reference participants’ valence regarding their LGBT identity and inclusion in that community. One example item is, “I am happy that I am LGBT.” It is expected that bisexuals may report lower levels of valence through this measure based on existing research which shows the obstacles in bisexuals integrating into the LGBT community.

Workplace Support

Workplace support was measured with 8 items and a 7-point likert scale (1 = “Strongly disagree,” 7 = “Strongly agree”), pulled from a larger 36-item survey of Perceived Organizational Support ($\alpha=0.90$; Eisenberger, Huntington, Hutchinson, & Sowa, 1986). The overall measure’s initial study found that each item loads strongly onto the main factor, with high reliability and item-total correlations. The 8 specific items used in the present study were intended to specifically capture the degree to which a participant feels their place of work supports them as a person. For example, “My organization really cares about my well-being.” In the context of this study, it is expected that individuals who feel less supported by their organization may be influenced to conceal their sexual orientation identity at work. Study 1 used a single-item measure of perceived organizational support for one’s sexuality and found that it did moderate both identity centrality and identity valence, such that higher support led to

higher centrality, higher valence, and subsequently higher rates of identity disclosure in the workplace.

Results

To analyze the proposed hypotheses, we again used the PROCESS macro for SPSS. Hypothesis 1 predicted that bisexual individuals would experience increased depression, increased anxiety, decreased life satisfaction, and decreased job satisfaction compared to lesbian/gay participants. Results of independent samples t-tests supported this hypothesis, with bisexual individuals demonstrating significantly higher scores than gay individuals on depressive symptoms ($M = 46.389$, $SD = 18.101$ vs $M = 35.619$, $SD = 17.968$; $t(241) = -4.423$, $p < .001$) and anxiety symptoms ($M = 15.371$, $SD = 5.635$ vs $M = 12.833$, $SD = 6.066$; $t(241) = -3.251$, $p = .001$), and significantly lower scores on life satisfaction ($M = 4.050$, $SD = 1.459$ vs $M = 4.509$, $SD = 1.662$; $t(241) = 2.223$, $p = .027$) and job satisfaction ($M = 4.287$, $SD = 1.664$ vs $M = 5.008$, $SD = 1.665$; $t(241) = 3.21$, $p = .002$). Thus, Hypothesis 1 was fully supported.

Hypothesis 2 predicted that bisexual individuals would report lower levels of disclosure than gay individuals. Results of an independent samples t-test also supported this hypothesis, with bisexual individuals disclosing less ($M = 3.182$, $SD = .844$) than gay and lesbian individuals ($M = 3.427$, $SD = .789$; $t(241) = 2.199$, $p = 0.029$). Thus, Hypothesis 2 was also supported.

Hypothesis 3 predicted that disclosure would mediate the relationships between sexual orientation and depressive symptoms, anxiety symptoms, life satisfaction, and job satisfaction. Results of the bootstrapped mediation analyses found that, as predicted,

disclosure mediated the relationships between sexual orientation and depressive symptoms ($b = 0.51, SE = .47; 95\% CI [.01, 1.79]$) as well as between sexual orientation and anxiety ($b = 0.25, SE = .16; 95\% CI [.01, .61]$). Counter to our expectations, disclosure did not significantly mediate the relationship between sexual orientation and life satisfaction ($b = -0.07, SE = .05; 95\% CI [-.18, .00]$), yet it did explain the relationship between sexual orientation and job satisfaction ($b = -.08, SE = .05; 95\% CI [-.20, -.01]$). Thus, Hypothesis 3 was partially supported. Reduced disclosure behaviors explained the increases in depression, anxiety, and job dissatisfaction experienced by bisexual individuals, but it did not explain the increases in life dissatisfaction.

Hypothesis 4 predicted that IDV and IDC would mediate the relationship between sexual orientation and disclosure, such that bisexual individuals would report lower disclosure due to having lower levels of IDV and IDC. Bootstrapped mediation analyses indicated that IDV did not significantly mediate the relationship between sexual orientation and disclosure ($b = .02, SE = 0.04; 95\% CI [-.06, .11]$). However, results indicated that IDC did significantly mediate this relationship ($b = -.12, SE = .05; 95\% CI [-.22, -.04]$). Thus, Hypothesis 4 was partially supported, such that decreases in identity centrality but not identity valence explained the lower levels of disclosure behaviors exhibited by bisexual individuals.

Hypothesis 5 predicted that workplace support would moderate the indirect effects of sexual orientation onto disclosure through IDV and IDC. Results indicated that the index of moderated mediation was not significant for IDV ($b = .01, SE = .03; 95\% CI [-.06, .07]$) or IDC ($b = -.02; SE = .03, 95\% CI [-.08, .04]$). Thus, Hypothesis 5 was not

supported. In combination, results from this study suggest that bisexual employees exhibit lower level of identity centrality compared to gay and lesbian employees, followed by decreased disclosure behaviors, followed by increased depression, anxiety, and job dissatisfaction, and that these indirect effects unfold regardless of the level of support these employees experience from their organizations.

CHAPTER V

CONCLUSIONS

Discussion

This study builds off foundational literature on minority stress and identity management theories to illustrate the unique obstacles that bisexual employees experience compared to gay/lesbian employees. Study 1 found that bisexual employees engage in less workplace disclosure than lesbian/gay employees as a function of viewing their sexual orientation as less positive and less central to their overall identity. Study 1 also illustrated how bisexual employees tend to view their workplace as less accepting of their sexual orientation than lesbian/gay employees, and that this perception of acceptance impacts how positive and central they view their sexual orientation. Study 2 also found that bisexual employees reported lower disclosure than lesbian/gay employees as a function of having lower identity centrality. Further, Study 2 found that these disclosure differences led to bisexual employees reporting greater dissatisfaction with their job and more symptoms of depression and anxiety. However, Study 2 did not find that one's perceptions of workplace support affected these relationships. In combination, these results emphasize the important influence of disclosure decisions on the lived experiences of bisexual individuals and indicate important considerations for supporting bisexual individuals in both workplace and clinical contexts. Specifically, results across these two studies demonstrate that bisexual individuals disclose at lower levels than lesbian/gay individuals, which was due in part to viewing their bisexual identities as less central and important to who they are.

Theoretical Implications

The results of these studies contributed new knowledge to identity management and sexual orientation literatures. With regards to identity management, these studies demonstrated how disclosure decisions can significantly impact important mental health and life outcomes. Specifically, bisexual individuals experienced increased anxiety, depression, and job dissatisfaction because they were less comfortable disclosing their identities to others. While prior research has indicated similar outcome discrepancies for bisexual individuals, these differences have not often been investigated from a disclosure perspective. The current studies supply additional evidence to the growing understanding that heightened levels of concealment among bisexual individuals partially explains these observed discrepancies. Thus, in order to bring visibility and understanding to the issues the bisexual community faces, it is important to better understand the influence of disclosure decisions and the different ways bisexual individuals may choose to manage their identities compared to lesbian/gay individuals.

Furthermore, the discrepancies between bisexual and lesbian/gay employees in identity management and outcomes highlighted by these studies challenge the common research practice of combining subgroups of the LGBT community, as this can cause important distinctions to be overlooked. Researchers should continue to highlight the unique experiences of bisexual individuals and how they contrast with the experiences of lesbian/gay individuals, especially as they relate to factors which affect disclosure differences. Furthermore, these results suggest that researchers should apply similar, subgroup-specific considerations to other minority groups, rather than treating them as a

monolith. For example, the transgender community likely experiences significantly different obstacles from the general LGBT community, and these experiences deserve individual attention. Relatedly, biracial individuals experience additional barriers compared to monoracial individuals, and researchers examining differences between races should be mindful of these within-group differences. By parsing out these differences, researchers can better serve underrepresented minorities and generate productive strategies for change.

In terms of identity management, the results of Study 2 found that identity centrality mediated the relationship between sexual orientation and disclosure, while identity valence did not. In contrast, the results of Study 1 demonstrated a significant mediating effect for both. The fact that one of our studies demonstrated a stronger indirect effect of identity centrality compared to identity valence is not entirely surprising. Indeed, according to self-verification theory, people have an intrinsic desire for others to view them as they see themselves; thus, people are motivated to behave in ways that seek verification for their self-views, even if those views are negative (Swann, 2011). Accordingly, individuals who view their sexual orientation as a central component of their identity should be inclined toward openly sharing this identity in order to present themselves authentically to others, even if they don't necessarily view the identity positively. For identity valence, however, it may be the case that individuals can view their sexual orientation positively without also feeling motivated to disclose it at higher levels if they don't also see it as an important aspect of themselves. Future studies should seek to better understand and disentangle the roles that identity valence

and identity centrality play in these identity management decisions and subsequent outcomes, especially with regard to how these effects may differ for bisexual compared to gay and lesbian individuals.

Lastly, these studies sought to identify whether an LGB employee's workplace environment could impact their self-perceptions and subsequent disclosure decisions. While Study 1 found that perceived workplace acceptance moderated the disclosure effects of identity valence and identity centrality, the results of Study 2 did not find support for this moderated effect. Although there are many possible explanations for these differences, one explanation may be the choice of measures used. Study 2 investigated whether a broad sense of overall perceived support in the workplace could facilitate identity disclosure decisions; in comparison, Study 1 examined the perception of LGB-specific acceptance in the workplace and its impact on workplace-specific disclosure. These results suggest that a general sense of workplace support may have less of an impact on workplace disclosure decisions compared to an LGB-identity specific form of workplace acceptance. Thus, the type and breadth of support may be an important consideration in understanding these disclosure discrepancies. Alternatively, it may be the case that identity valence and identity centrality are more enduring, internalized factors that are less impacted by temporally and contextually-bound cues of supportiveness. As such, more research is needed on the malleability of identity-related perceptions of identity valence and identity centrality to determine whether and how organizations and individuals can support these and other minorities.

Practical Implications

These studies found that identity centrality was directly related to disclosure differences between lesbian/gay and bisexual employees, such that bisexual employees tended to view their bisexual identities as less central to their self-concepts and therefore disclosed at lower levels. By engaging in concealment behaviors, bisexual employees expose themselves to negative outcomes socially, internally, and professionally. Based on our results, organizations should seek strategies which foster improved identity centrality among bisexual employees in order to promote greater levels of disclosure and subsequent improved organizational outcomes. For instance, developing bisexual-specific employee resource groups may encourage bisexual employees to view their identities as more central and to more openly identify with this group. Indeed, preliminary research has suggested that, particularly among LGBT employees, employee resource groups can provide meaningful social support and ingroup identity (Githens, 2009; Welbourne, Rolf, Schlachter, 2017).

Further, Study 1 found that perceived workplace acceptance for one's LGB identity partially buffered the disclosure discrepancies between lesbian/gay and bisexual employees by influencing their identity valence and identity centrality, whereas Study 2 found that a general sense of workplace support did not have the same beneficial effects. In order to promote increased disclosure and subsequent increases in job satisfaction among bisexual employees, organizations should seek to better understand the factors that increase bisexual employees' perceptions that their identities are supported and accepted by their organizations. Such factors might involve enhanced diversity training,

emphasis on validating bisexuality, highlighting LGB-identifying employees, or other practices which primarily seek to illustrate, validate, and support bisexual identities (Köllen, 2013). Indeed, studies have shown that workplace anti-discrimination policies that include gender identity and gender expression are associated with greater perceived safety in the workplace among bisexual employees (Green, Payne, & Green, 2011). Organizations should seek to incorporate both preventative measures for discrimination and promotional measures for bisexual inclusivity. Because bisexuality is easily invisibilized, it is important that organizations make efforts to highlight this identity and remove the factors which may hinder bisexual identity disclosure. By elevating bisexual voices, consulting bisexual individuals, and educating about bisexual-specific obstacles, organizations can facilitate better outcomes for their bisexual employees (Barker et al., 2012). Based upon the results in the present studies, if these types of recommendations can effectively foster an organizational climate in which bisexual employees feel their identity will be accepted, those bisexual employees would be more likely to share their identities and reduce their risk of experiencing depression or other anxiety-related symptoms.

In terms of undesirable outcomes, Study 2 illustrated how the observed disclosure differences also bring about more negative outcomes for bisexual individuals, including more symptoms of depression and anxiety. Such discrepancies indicate that the bisexual community in particular may benefit from therapeutic interventions to address these mental health concerns. In clinical practice, clinicians will likely need training on not only the barriers and struggles of the LGBT community overall, but also

the specific stressors faced by subgroups within this community, such as the bisexual-specific stressors examined within the current study. For instance, clinicians might dedicate more attention to the way a client relates their sexual orientation identity to their overall sense of identity. According to the results of the present studies, a bisexual client would be more likely to view this part of their identity as less important or central to their overall identity, and therefore may be less likely to openly share this identity in other areas of their life. In doing so, the client may be inadvertently bringing about greater internal distress through symptoms of anxiety and depression. Research has suggested that such attitudes might be improved through a Positive Psychology approach, emphasizing the individual strengths and benefits of this identity in the client's life (Lytle, Vaughan, Rodriguez, & Shmerler, 2014). By cultivating the client's bisexual identity as a more important aspect of their overall identity and facilitating more effective disclosure decisions, clinicians might reduce a bisexual client's increased depression and anxiety symptoms. In summary, the results of this paper suggest that by developing a greater understanding of how bisexual individuals manage their attitudes toward their own bisexual identities, clinicians can better address the disproportionate negative outcomes of this underserved community.

Limitations & Future Directions

One potential limitation of this study is the method of recruitment. In order to access the participants for Study 2, we recruited through M-Turk. This method was chosen to efficiently access LGB participants, who may be more difficult to recruit in large numbers through traditional means. Indeed, Mturk is considered an effective

recruitment tool for targeting populations which may be more difficult to recruit through traditional methods (Smith, Sabat, Martinez, Weaver, & Xu, 2015). Although M-Turk is a common and useful tool to reach large numbers of participants quickly, there are often concerns regarding the authenticity of data from these online recruitment platforms.

Mturk workers are typically paid for each individual survey they complete, and so there is a risk that Mturk participants may misrepresent their information in order to participate in surveys with specific restrictions. Some studies have found that Mturk workers may be more inclined toward distraction or multitasking during a study compared to community-recruited participants, including behaviors such as leaving the survey and returning later (Necka, Cacioppo, Norman, & Cacioppo, 2016). However, other studies have found no significant differences between Mturk participants, participants recruited through social media, and in-person recruited college students (Casler, Bickel, & Hackett, 2013). In fact, some studies suggest that Mturk participants may in fact be more attentive to instructions than traditional subject pool participants (Hauser & Schwarz, 2016). Therefore, while there are certainly concerns for Mturk-based samples, there is evidence that such samples are often at least as reliable as samples recruited from other sources.

A second limitation of this study is the difficulty of capturing the experiences of sexual orientation minorities who exhibit very low levels of identity centrality and/or disclosure behaviors. Indeed, this study elucidates the significant difficulties that many LGB individuals experience in openly identifying their orientations. Minority stress factors such as internalized homonegativity may diminish a participant's willingness to

disclose an LGB identity even in an anonymous survey. Relatedly, such feelings may preclude a prospective participant from selecting to participate in the study in any capacity. Thus, the data in this paper are representative of LGB individuals who are willing to identify themselves as such in an online survey. As such, the relationships observed in our studies may have been constrained by this lack of variability in disclosure behaviors. Future research should investigate methods for recruiting individuals within these groups who disclose at lower levels without priming identity-related distress. Such recruitment methods might involve utilizing other components of sexual orientation besides identity labels, such as measuring the degree of attraction to both sexes (e.g., the Kinsey scale) and/or the amount of sexual and romantic activity one has experienced with more than one sex.

Lastly, these studies did not account for or investigate the effects of gender or race. As demonstrated in this paper, there are important intragroup differences that may go unnoticed when groups are automatically lumped together. It is entirely reasonable to expect that men, women, and nonbinary individuals face different obstacles in expressing a bisexual identity, and that lesbian and gay individuals face gendered experiences that further complicate these identity management decisions and outcomes. For instance, research has suggested gender differences among identity-questioning youth, such that boys reported more victimization and substance use while girls reported greater symptoms of depression and suicidality (Poteat, Aragon, Espelage, & Koenig, 2009). Similarly, it is likely that there are important race-based differences in how each of these identities are managed. For instance, studies have found that ethnic minority

LGB individuals disclose less often and experience more parental rejection than White LGB individuals, but that they may have greater resilience to these sources of stress (Meyer, 2010; Richter, Lindahl, & Malik, 2017). While the purpose of the present study is to emphasize the broad sexuality-based differences in identity management, it is recommended that future research integrate intersectional identities of gender, race, and other minority groups in trying to better understand the experiences between and within all LGBT employees.

Conclusion

This paper sought to remedy the systematic invisibilization of the bisexual experience across social and research contexts by utilizing a framework of minority stress and identity management to explain discrepancies between bisexual and lesbian/gay outcomes. Ideally, future LGBT research will give adequate consideration to the unique obstacles of bisexual individuals, and future practical implementations will take into account the importance of emphasizing support and affirmation for all minority identity experiences. It is an inherent responsibility of diversity-focused research and practice to devote adequate consideration to the unique barriers that each intersectional minority group experiences, as opposed to relying on assumptions of similarity within groups. In highlighting these bisexual experiences, we can better recommend avenues of support across social, workplace, and clinical settings. In the long-run, such recommendations could lead to widespread improvements in social attitudes toward as well more positive internal perceptions about all sexual orientation identities.

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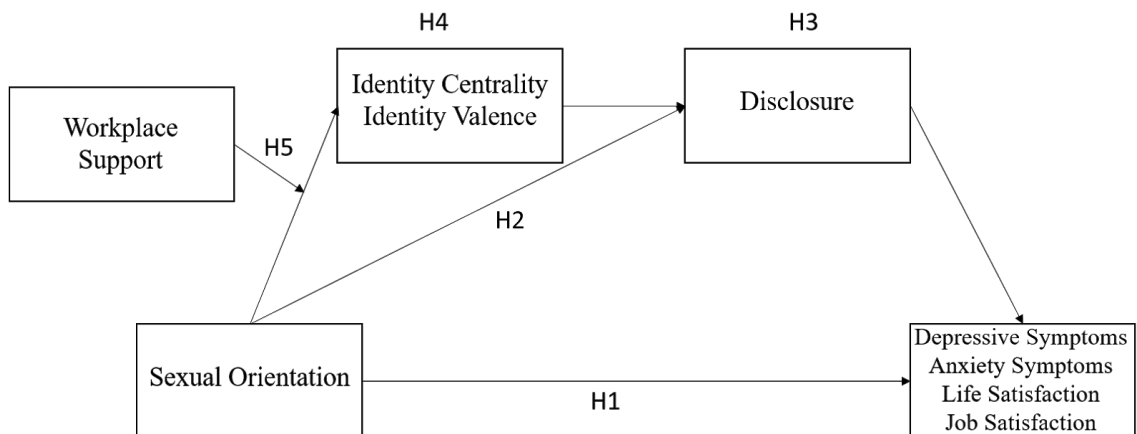
APPENDIX A

Table 1 Indirect effects of sexual orientation on disclosure behaviors at different values of perceived organizational support.

<u>Mediator</u>	<u>Workplace Support</u>	<u>Indirect Effect</u>	<u>Boot SE</u>	<u>BootLLCI</u>	<u>BootULCI</u>
Identity Centrality	2.54 (-1 SD)	-0.12	0.03	-0.20	-0.07
	3.34 (0 SD)	-0.16	0.04	-0.23	-0.09
	4.00 (+1 SD)	-0.18	0.04	-0.28	-0.10
Identity Valence	2.54 (-1 SD)	-0.02	0.13	-0.05	0.00
	3.34 (0 SD)	-0.03	0.02	-0.07	-0.01
	4.00 (+1 SD)	-0.04	0.02	-0.09	-0.01

Note. Sexual orientation was coded as 1 (Homosexual) and 2 (Bisexual)

Figure 1 Theoretical Model



APPENDIX B

Demographics

1. Age
 - a. What is your age? _____
2. Gender
 - . What is your gender?
 - i. Male
 - ii. Female
 - iii. Other (please specify) _____
3. Sexual Orientation
 - . Which of the following *best* describes your sexual orientation?
 - . Straight or Heterosexual
 - i. Bisexual
 - ii. Lesbian/Gay or Homosexual
 - iii. Other (please specify) _____
4. Year in school
 - . What is your current year in school?
 - . Freshman
 - i. Sophomore
 - ii. Junior
 - iii. Senior
 - iv. Graduate Student
 - v. Not Applicable
5. Ethnicity
 - . Please indicate your ethnicity. Check all that apply.
 - . African-American/Black
 - i. Asian, Asian American/Pacific Islander
 - ii. Caucasian/ White American, European, not Hispanic
 - iii. Chicano(a)/ Mexican American
 - iv. Latino(a)/ Hispanic American
 - v. Native American/American Indian
 - vi. Mixed; parents are from two different groups
 - vii. Other (please specify): _____
6. Work Status
 - . Have you ever worked?
 - . Yes
 1. *If Yes:* What is your current work status?
 - a. Unemployed
 - b. Work Part-Time
 - c. Work Full-Time
 - d. Other _____

i.No

a. Are you currently working?

.Yes

1. *If Yes:* How long have you held this position? _____

. Have you ever worked in a supervisory role?

i.Yes

ii.No

a. How many hours a week do you work? _____

i.No

Disclosure

Created by authors

1. To what extent are you open regarding your sexual orientation identity to others?
2. To what extent do you tell people about your sexual orientation identity?
3. To what extent do you behave in ways to let others know about your sexual orientation identity?
4. To what extent do you disclose your sexual orientation identity when it comes up in conversation?
5. To what extent do you behave in ways to prevent others from knowing about your sexual orientation identity? (R)
6. To what extent do you try to hide your sexual orientation identity from others? (R)

1 = Not at all

2 = Slightly

3 = Moderately

4 = Very

5 = Extremely

Depressive Symptoms - Center for Epidemiological Studies Depression Scale-Revised (CESD-R)

Eaton, Muntaner, Smith, Tien, & Ybarra (2004)

Instructions: Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way in the past week or so.

1. My appetite was poor.
2. I could not shake off the blues.

3. I had trouble keeping my mind on what I was doing.
4. I felt depressed.
5. My sleep was restless.
6. I felt sad.
7. I could not get going.
8. Nothing made me happy.
9. I felt like a bad person.
10. I lost interest in my usual activities.
11. I slept much more than usual.
12. I felt like I was moving too slowly.
13. I felt fidgety.
14. I wished I were dead.
15. I wanted to hurt myself.
16. I was tired all of the time.
17. I did not like myself.
18. I lost a lot of weight without trying to.
19. I had a lot of trouble getting to sleep.
20. I could not focus on the important things.

Scale

Not at all or less than one day = 0

1-2 days = 1

3-4 days = 2

5-7 days = 3

Nearly every day for 2 weeks = 4

General Anxiety Disorder 7-item Scale (GAD7)

Spitzer, Kroenke, Williams, & Löwe (2006)

Over the last 2 weeks, how often have you been bothered by the following problems?

1. Feeling nervous, anxious, or on-edge.
2. Not being able to stop or control worrying.
3. Worrying too much about different things.
4. Trouble relaxing.
5. Being so restless that it's hard to sit still.
6. Becoming easily annoyed or irritable.
7. Feeling afraid as if something awful might happen.

Scale

0 = Not at all

1 = Several days

2 = Over half the days

3 = Nearly every day

Workplace Satisfaction

Adapted from Cammann, Fichman, Jenkins, & Klesh (1979)

Over the past two weeks, I have:

1. Been satisfied with my job
2. Not liked my job
3. Not liked working here.

Scale

1 = Strongly disagree

2 = Disagree

3 = Slightly disagree

4 = Neither agree nor disagree

5 = Slightly agree

6 = Agree

7 = Strongly agree

Life satisfaction

Adapted from Diener, Emmons, Larson, & Griffin (1985)

Over the past two weeks, I have...

1. felt that my life is close to my ideal
2. felt that the conditions of my life are excellent
3. been satisfied with my life
4. felt that I have gotten the important things I wanted in life
5. felt that if I could live my life over, I would change almost nothing

Scale

1 = Strongly disagree

2 = Disagree

3 = Slightly disagree

4 = Neither agree nor disagree

5 = Slightly agree

6 = Agree
7 = Strongly agree

Perceived Organizational Support

Eisenberger, Huntington, Hutchison, & Sowa (1986)

1. My organization cares about my opinions.
2. My organization really cares about my well-being.
3. My organization strongly considers my goals and values.
4. Help is available from my organization when I have a problem.
5. My organization would forgive an honest mistake on my part.
6. If given the opportunity, my organization would take advantage of me. (R)
7. My organization shows very little concern for me. (R)
8. My organization is willing to help me when I need a special favor.

Scale

- 1 = Strongly Disagree
2 = Disagree
3 = Somewhat disagree
4 = Neither agree nor disagree
5 = Somewhat agree
6 = Agree
7 = Strongly Agree

Identity-Centrality - Collective Self-Esteem Scale

Luhtanen & Crocker (1992)

1. Overall, being part of the LGB community has very little to do with how I feel about myself. (R)
2. Being an LGB person is important reflection of who I am.
3. Being an LGB person is unimportant to my sense of what kind of person I am. (R)
4. In general, being LGB is an important part of my self-image.

Scale

- 1 = Strongly disagree
2 = Disagree
3 = Slightly disagree
4 = Neither agree nor disagree
5 = Slightly agree

6 = Agree
7 = Strongly agree

Identity Valence - Private Regard Subscale

Adapted from Sellers, Rowley, Chavous, Shelton, & Smith (1997)

1. I feel good about LGBT people.
2. I am happy that I am LGBT.
3. I feel that LGBT people have made major accomplishments and advancements.
4. I often regret that I am LGBT. (R)
5. I am proud to be LGBT.
6. I feel that the LGBT community has made valuable contributions to this society

Scale

- 1 = Completely false
2 = Somewhat false
3 = Neither true nor false
4 = Somewhat true
5 = Completely true