

INSIDE AND OUTSIDE: HETERONORMATIVITY, GENDER, AND HEALTH IN THE
LIVES OF BISEXUAL YOUTH

by

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ABSTRACT

In this two-manuscript dissertation, framed through queer and minority stress theories, I focus on heteronormative pressures and their impact on sexual identity fluidity and health of lesbian, gay, and bisexual youth and young adults. Heteronormativity, or the expectation to meet heterosexual norms in relationships, may be stressful for lesbian, gay, and bisexual (LGB) youth and be linked to poorer health. In particular, I focus on bisexual young people because bisexual people can enter into either same- or different-gender relationships; these young people could experience pressure from family members and religious communities to conform to heterosexual norms, resulting in sexual identity transitions that could explain health differences between sexual minority groups. In the first manuscript, I conducted life history narratives interviews with 14 racially and ethnically diverse youth and young adults between the ages of 18-24 on how LGB youth make sense of expectations to conform to heterosexual norms and how their experiences vary based on youths' characteristics. In the second manuscript, I used structural equation modeling analysis of one of the largest community samples of LGB youth and young adults between the ages of 15-21 in the U.S. to examine youths' current and future relationship desires in a broader system of heteronormative expectations and how these expectations operate as mechanisms to influence the mental health of sexual minority youth.

Qualitative results from the first manuscript show that for many youth and young adults, gender and sexuality intersect to influence their experiences of heteronormativity: Gender and sexuality were conflated for gay men who stated that their gender nonconformity meant that family members already knew their sexuality before they came out as gay. Many bisexual women described their experiences being gender conforming in which they struggled to legitimize their sexuality to others because they were feminine. Though gay and lesbian

identities were present in discussions of gender, an expression of gender that signaled and was named as bisexuality was fundamentally missing in the interviews. That is, participants did not describe a gender presentation that would indicate someone attracted to more than one gender. Participants consistently considered childbearing, but not marriage, to be highly desirable. Latino participants discussed heteronormativity through the racialized lens of machismo. However, religion was a greater source of pressure to conform to heterosexuality for Latino participants than were racial communities.

My quantitative results from the second manuscript showed that gay men, lesbian women, and bisexual men are more likely to desire same-gender marriages later in life compared to bisexual women, who are more likely to desire different-gender marriages. Participants who desired different-gender marriage were more likely to identify as a different sexual identity over time. However, neither relationship desires nor sexual identity transitions related to depressive symptoms. The findings of this manuscript suggest that initial transition to a sexual minority identity may be the most vulnerable time for youth. After this initial transition, lesbian, gay, and bisexual youth may be inoculated to stress related to identity transitions, even in the context of heteronormativity. This research informs queer and minority stress theories: Gender, sexuality, and family norms intersect to structure how youth understand heteronormativity and predicts whether youth maintain their sexual identity, but such norms might not be stressors that influence health after youth first identify as LGB.

CHAPTER I. INTRODUCTION

Lesbian, gay, and bisexual (LGB) people often experience worse health across multiple domains, including mental and physical health, in comparison to heterosexual people (e.g., Boehmer et al., 2014; Case et al., 2004). Further, bisexual people—people who experience romantic and/or sexual attractions to multiple genders—as a population have even greater disparities than lesbian and gay men (e.g., Marshal et al., 2011; Institute of Medicine, 2011). Despite a decade of research on the health of bisexual people, there remain significant gaps in knowledge about the mechanisms behind such disparities. Filling the gap in knowledge about these mechanisms is critical because bisexual people continue to be understudied despite consistent health disparity findings and the understanding that this group experiences distinct stigma.

Bisexual health disparities may in part occur because of minority stressors related to heteronormativity, or the pervasive structural belief that heterosexuality is expected, natural, and preferred (Oswald, Blume, & Marks, 2005). Minority stressors are stressors that result from social oppression stress, above and beyond the everyday stress experienced by the general population, that cause health disparities among minority populations (Meyer, 2013). When sexual minority people do not conform to heteronormative expectations—such as that they should identify as heterosexual, enter relationships with people of the “opposite” gender, and conform to gender norms (Warner, 1999)—they face discrimination, victimization, and other forms of violence. In addition, more subtle forms of heteronormativity mean that heterosexuality is ubiquitous, everywhere, everyday (Kitzinger, 2005); family members, religious communities, media, etc., assume that all people are heterosexual which puts pressure on youth to identify as such. These stressors are particularly salient when people initially transition between a

heterosexual and sexual minority identities and are associated with poor mental health (Everett, 2015; Everett, Talley, Hughes, Wilsnack, & Johnson, 2016). However, these studies have not examined heteronormative pressures and sexual identity transitions in adolescence, when youth face greater social scrutiny and peer monitoring (Russell & Fish, 2016). Heteronormativity, and sexual identity transitions related to heterosexual norms, may have different meanings in youth (such as during the high school years) than in later adulthood.

Though I include lesbians and gay men in this project, I focus on the unique experiences of bisexual men and women because of their position as sexual minority people whose identity is defined by attraction to multiple genders, and whose experiences are both inside and outside normativities compared to their lesbian and gay peers. Bisexual people can, and often are, in relationships with people of another gender (Herek, Norton, Allen, & Sims, 2002) and are more likely to transition to a heterosexual identity over time (Everett, 2015; Everett et al., 2016; Rosario et al., 2006; Savin-Williams & Ream, 2007). Transitions from sexual minority to heterosexual identities are not always associated with poorer mental health (Everett, 2015; Everett et al., 2016). However, if heterosexual relationships and heterosexual identities were protective for people who experience attraction to multiple genders, then bisexual health disparities would not be as elevated, particularly in comparison to their lesbian/gay peers. Thus, heteronormativity may serve as a context in which sexual identity transitions among bisexual youth are most influential on health. The objective of this dissertation is to understand heteronormativity among bisexual youth and young adults compared to lesbian/gay youth and young adults and how it operates as a distinct minority stressor related to sexual identity transitions and health.

In this dissertation, I use a mixed methods approach, including analysis with one-on-one

interviews and advanced latent variable analysis, to examine the influence of pressures to conform to heteronormativity on the mental health of lesbian, gay, and bisexual youth. In Manuscript I, I examine the life history narratives of a subset of 14 youth ages 18-24 from a longitudinal panel study of the risk and protective factors for suicide among 834 lesbian, gay, and bisexual youth in three cities in the northeast, southwest, and west coast of the United States to understand how heteronormativity shapes, constrains, and constructs the lives of LGB youth. In Manuscript II, I examine the full longitudinal dataset to explore how youths' future partnering desires, in the form of expected future relationships (i.e., whether youth desire to be with a same-gender or different-gender partner; whether they would like to be married, partnered, or single; and whether they would like this relationship to be monogamous or open), influences sexual identity stability and depressive symptoms to understand how heteronormative desires and pressures impact the health of sexual minority youth between the ages of 15-21. This project builds theory to fill a critical gap in knowledge about the health of bisexual youth by bringing together established theoretical frameworks to generate particular explanatory processes for bisexual youth.

Manuscript I: “You're Supposed to be with the Opposite Sex when You're Married and Have Kids”: Heteronormativity in the Lives of Lesbian, Gay, and Bisexual Young People

Queer theorists describe heteronormativity as the presumption and privileging of heterosexuality (Oswald et al., 2009). Research on how people reproduce heteronormativity shows that both heterosexual and sexual minority people subvert and perpetuate heteronormativity in their actions and everyday lives, such as through gender expression (Kimport, 2012), relationships (Duggan, 2002), and speech (Kitzinger, 2005). However, less is known about how youth make sense of and narrate heteronormativity in their own lives. In this

paper, I use queer and intersectional frameworks to analyze the life history narratives of 14 sexual and gender minority youth and young adults for instances of when participants subvert, produce, and reproduce heteronormativity and areas of their lives in which participants report pressure to conform to heteronormativity and heterosexuality. I also explore how these descriptions and pressures differ by sexual identity and gender. I analyze the in-depth interviews to shed light on several questions (I do not offer statistical hypotheses because a hypothesis is “a scientific prediction that is suspected to occur in a study based on previous research findings” [Picardi & Masick, 2014, p. 3] and this is an exploratory study): (1) How do LGBTQ youth and young adults make sense of societal expectations around sexual orientation, partnership, and gender? (2) In what ways do youth describe the contexts of those societal expectations? (3) How do descriptions of societal expectations of heterosexuality and their contexts differ by race/ethnicity, gender, and sexual identity?

Manuscript II: A Quantitative Exploration of the Relations between Heteronormative Pressures, Expected Future Relationships, and Health

Heteronormativity presumes that all people are heterosexual; to maintain heteronormativity, people are pressured to identify as heterosexual (Oswald, Blume, & Marks, 2005; Oswald et al., Warner, 1999). Though bisexuality is defined as attraction to same and other genders (Eisner, 2013), bisexual people are more likely to be in mixed-gender relationships that appear heterosexual. Bisexual people experience pressure to identify as heterosexual, even from these partners, and actually are more likely to transition to a heterosexual identity than gay/lesbian people. These sexual identity transitions are associated with poorer mental health over time (Everett, 2015; Everett et al., 2016). Thus, bisexual people’s sexual identity transitions as a result of these pressures could be a minority stressor that partly explains bisexual health

disparities. The purpose of the current study is to understand sexual identity transitions among a large, racially and ethnically diverse community sample of lesbian, gay, and bisexual youth and young adults; how these transitions are associated with mental health; and how heteronormative desires, in the form of expected future relationships, predict sexual identity mobility over time.

Hypotheses for this study include:

(H1) Bisexual participants will report more mobility in sexual identity than gay and lesbian youth. (H2) Bisexual participants will report more desire for different-sex marriage and partnering than gay and lesbian participants. (H3) Participants who desire different-sex marriage and partnering will report higher depressive symptoms over time than participants who desire other relationships. (H4) Participants who desire different-sex marriage and partnering will report more mobility in sexual identity over time than participants who desire other relationships. (H5) Mobility in sexual identity will predict depressive symptoms over time.

Summary

I have written two papers for this dissertation on heteronormativity, heteronormative pressures, and health among LGB youth. I use thematic analysis to examine the life history narratives of LGB youth and young adults for how they discuss heteronormativity and heteronormative pressures and how these discussions differ by gender, sexual identity, and race/ethnicity. I also examine, in a large community sample of LGB youth and young adults between the ages of 15-24, how desires for heteronormative relationships influences both sexual identity transitions and health.

CHAPTER II. MANUSCRIPT I. “YOU’RE SUPPOSED TO BE WITH THE OPPOSITE SEX
WHEN YOU GET MARRIED AND HAVE KIDS”: HETERONORMATIVITY IN THE
LIVES OF LESBIAN, GAY, AND BISEXUAL YOUTH

Introduction

There has been growing research on how heteronormativity is produced, enforced, reinforced, and rejected by both heterosexual and sexual minority people through gender conformity or nonconformity (e.g., Elder, Morrow, & Brooks, 2015; Hequembourg & Brallier, 2009; Kimport, 2012; Nielsen, Walden, & Kunkel, 2000), parenthood (e.g., Goldberg, 2012), and navigation of sexual identity (e.g., Lynch & Maree, 2013). Heteronormativity is defined as the presumption and privileging of heterosexuality over all other “deviant” forms of sexuality (Oswald, Kuvalanka, Blume, & Berkowitz, 2009). Heteronormative institutions are “unobtrusively rewoven, thread by thread, persistently, without fuss or fanfare, without oppressive intent or conscious design” (Kitzinger, 2005, p. 478), and as a result are internalized by all people within a heteronormative society. However, there is a gap in the literature on how sexual minority youth make sense of and narrate heteronormativity in their own lives, particularly among youth at the margins of gender, sexuality, and race/ethnicity. In the current study, I use the guiding frameworks of queer and intersectional theory to examine discussions of heteronormativity in the life history narratives of lesbian, gay, bisexual, and queer youth and young adults to better understand how these young people describe, undermine, and/or reinforce heterosexual norms.

Queer Theory

The current study is framed through queer theory which focuses on deconstructing how binaries of gender (i.e., gender conformity/gender nonconformity), sexuality (i.e.,

heterosexual/homosexual), and family (i.e., natural families/pseudo families) are given privilege, power, and status and replicated through social pressures and processes (Oswald et al., 2009). Heteronormativity is both a process by which specific groups are privileged and a product of this privileging process. Heteronormativity represents not only sexual attraction and desires toward the other sex, but also gender conformity and attraction to people of the other sex who are also gender conforming (Warner, 1999). Heteronormative processes privilege specific genders and gender expressions: Under heteronormativity, “true” women and men are heterosexual and ascribe to exaggerated feminized and masculinized gender presentations, respectively (Oswald, Blume, & Marks, 2005). Those who occupy space outside gender norms considered appropriate for the sex and gender assigned to them at birth are considered deviant; i.e., nonconformity in gender expression is stigmatized. Gender expression serves as a proxy for whether or not someone is heterosexual because gender conformity is tightly linked to heterosexuality. That is, women and men who are gender nonconforming are perceived as gay or lesbian because normative gender expression is tied directly to heterosexuality (Nielsen, Walden, & Kunkel, 2000; Tolman, Davis, & Bowman, 2015). The tie between gender nonconformity and sexuality results in homophobic sexual harassment of gender nonconforming youth, regardless of whether or not these youth actually identify as gay (Hequembourg & Brallier, 2009), to maintain social positions of masculinity and heterosexuality (Martino, 2000; Way, 2011).

In the field of family studies, queer theorists examine and critique family structures (Oswald, Blume, & Marks, 2005) and how families that are considered “natural”—typically the nuclear, intact family—are privileged in society over more diverse families. Heteronormative-structured discourse normalizes heterosexuality through marriage, gender roles, and sexuality that guides people into specific relationship and family types (i.e., heterosexual, monogamous,

nuclear families with biological children) while deeming all others deviant. For example, in a qualitative study by Hequembourg and Brallier (2009), one lesbian reported feeling marginalized by a co-worker who would ask about the families of heterosexual co-workers, but would never ask about her children. This woman states, “And it makes me feel like my life, my relationship, my family is less valid because it doesn’t have the endorsed marriage license or whatever” (p. 283). Similarly, gay men are faced with heteronormativity during the adoption process where pamphlets and paperwork assume adoptive families are different-sex couples unable to conceive (Goldberg, 2012). Queer theorists critique the privilege assigned to heteronormative families and question what constitutes a “natural” family (Oswald, Blume & Marks, 2005).

Heteronormative structures put pressure on all people to conform to heterosexuality, but sexual minority people are more likely to queer multiple aspects of their lives, not just their sexuality: Gay men and lesbians are more likely to be gender nonconforming than heterosexuals (Li, Pollitt, & Russell, 2016), reject biological parenthood (Goldberg, 2012), and endorse adoption as a first choice for parenthood (Tyebjee, 2003). Yet people considered deviant under heteronormativity are not immune to heteronormative processes. Queer embodiment of heteronormativity has created a politics of “homonormativity” that pushes for civil rights in ways that privilege same-gender attracted people who appear mainstream and conventional under heteronormativity (Duggan, 2002). Proponents of marriage equality argued that same-gender couples are no different from mixed-gender couples: gender conforming, monogamous, and family-oriented. Studies show that young people, including sexual minority adolescents, expect to follow heteronormative pathways in adulthood that include marriage and parenthood (McDonald, Pini, Bailey, & Price, 2011; Patterson, Forbes, & Peace, 2009; Thomson & Holland, 2002). However, it is unclear how sexual minority youth describe and understand how

heteronormativity operates in their own lives because there is little research on heteronormativity that has centered on sexual minority youth and young adults.

Intersectionality

I also take an intersectional approach in the current analysis (Collins, 1998) and focus on youth and young adults with marginalized identities and experiences often not centered on in the majority of literature. Queer theory “has been criticized for primarily describing a White, middle-class gay experience” (Oswald et al., 2009, p. 47). People do not have one single identity; instead, people have multiple identities through which they perceive and are perceived by broader society (Choo & Ferree, 2010). Because every person has intersecting identities, by using an intersectional framework I am able to bring the experiences of understudied groups from margin to center and add nuance to research and theory on how heteronormativity manifests in the lives of sexual minority youth. Combining samples of lesbian, gay, and bisexual youth without interrogating distinctions between these groups ignores the important role compulsory heterosexuality plays in the lives of people at the margins, namely people of color, women, and transgender and bisexual people (Collins, 1998). Thus, I explore the ramifications of race, gender, and sexuality on participants’ understandings of heteronormativity.

Further, I focus explicitly on bisexuality in the current analysis. Bisexuality is the largest and fastest growing sexual identity group, especially among young women, transgender people, and people of color (Copen, Chandra, Febo-Vazquez, 2016). Many lesbian and gay people enter into different-gender relationships in response to the heteronormative pressures they feel (Diaz, 1998), or enter into same-gender relationships that are subsequently stigmatized. Though all people could potentially fall in love with someone of any gender, bisexual people maintain a minority sexual identity that specifically signifies the potential to move in and out of

heteronormative-appearing (i.e., mixed-gender) and nonnormative (i.e., same-gender) relationships. Bisexuality then becomes an important site for deconstructing heteronormativity: Callis (2009) writes, “As bisexuality troubles the binaries of sexuality and gender and lacks the potential for performance, an analysis of it highlights the importance of cultural binaries and gender/sexuality performance” (p. 229). In this study, I extend theoretical knowledge on binaries of gender, sexuality, and family and their interplay among youth and young adults at the margins of race, gender, and sexual identity.

Research Questions

The current study is guided by the following research questions: (1) How do lesbian, gay, bisexual, and queer youth and young adults make sense of societal expectations around sexual identity, family, and gender? (2) How do descriptions of societal expectations of heterosexuality differ by race/ethnicity, gender, and sexual identity? In addressing these questions, I provide insight into the ways in which sexual minority youth narrate, understand, reinforce, and subvert norms surrounding heterosexuality.

Method

Participants

The current study is an analysis of secondary data originally collected to investigate perceived feelings of burden among sexual and gender minority youth and young adults. Participants come from a quantitative longitudinal panel study of the risk and protective factors for suicide among 1,061 sexual and gender minority youth between the ages of 15-21 in three urban cities in the northeast, southwest, and west coast of the United States. The majority of the youth in the full sample were recruited from community-based agencies or college groups for sexual minority youth, and other participants were referred by earlier participants. I followed a

mixed-methods approach of stratified purposive sampling (Patton, 2002, p. 240) to recruit a subsample of participants for the qualitative portion of the study. To be eligible for the subsample, participants had to be located in the Southwestern site, responded in the top quartile on the perceived burdensomeness subscale (5 items) of the Interpersonal Needs Questionnaire (see Van Orden, Witte, Gordon, Bender, & Joiner, 2008 for more information on this measure) in wave 1, and completed all four waves of the quantitative study. Of 21 eligible participants, 14 participated in the interviews for a response rate of 66%; the other seven identified participants either could not be contacted or declined to participate.

All participants identified as cisgender (their gender identity matched their sex assigned at birth) on the initial quantitative survey two years prior. At interview, a few participants identified as genderqueer or queer on the preliminary survey; however, in the interview these participants were clear that they did not identify as transgender. Of the women and those assigned female at birth in the sample, five identified as bisexual or pansexual, two identified as gay/lesbian. All men and youth assigned male at birth identified as gay. The majority of the sample ($n = 9$) identified as Latino, Latino white, or Latino multiracial; three participants identified as non-Latino white; and one participant identified as black. Participant information, including gender, sexual identity, and race/ethnicity as described by participants, is in Table 1. I indicate the sex assigned at birth for genderqueer and queer participants because this information provides a critical context for their experiences growing up as sexual and gender minorities in their families, described in detail below. I have given participants pseudonyms but their sexual, gender, and racial identities are described in participants' own words.

Procedure

At the time of interview, participants went through the informed consent process and took

a short survey that asked for current racial, sexual identity, gender identity, age, and socioeconomic status. Participants received \$50 in cash for compensation for their time. Interviews took approximately 2-3 hours to complete and were conducted as semi-structured, in-depth life history interviews with additional probes about whether they perceived they are a burden on family, friends, and people in their neighborhood, school, and work. I and two other interviewers employed a conversational style of interviewing to build rapport and facilitate comfort of the participants. This conversational style included self-disclosure of shared experiences when appropriate and allowing participants to choose the direction of the interviews based on salient experiences. I conducted the majority of interviews. We did not include a priori questions about heteronormativity; instead, discussions of heteronormativity arose naturally in the interviews due to the everyday, implicit nature of heteronormativity and its salience during discussions of sexuality and gender: "Heteronormativity is embodied in what people do rather than in their beliefs, values, ideologies, or faiths ... [H]eteronormativity—like other social norms—is embodied and displayed endogenously, in the details of conduct, and may be studied empirically as such" (Kitzinger, 2005, p. 478).

Data Analysis

Undergraduate research assistants transcribed all audio with fidelity checks by the lead interviewer. For the current study, I analyzed the data using a thematic analysis approach, establishing validity through investigator triangulation (Braun & Clarke, 2006). During data collection, we created a research team consisting of project interviewers and analyzers. We coded data, developed themes, and built validity of the data analytic process through investigator triangulation in which the research team independently read transcripts and then met to discuss domains and topic areas emerging from the data (Suter, 2009). We determined initial themes

through this consensus-building process and analyzed the data for these themes using iterative, open-ended coding using Dedoose version 6.2.21. When half of the transcripts were coded with this coding scheme, the research team again met to discuss whether codes were accurate to the data. Through additional discussion we developed a new coding scheme for the current study which formed the final codebook.

We then recoded the first half of the interviews and coded the second half with this new coding scheme. We then developed final themes from the coded data. We grouped excerpts by code, grouping similar ideas and discussing potential themes. We revised previous code categories as final themes were developed until no additional themes emerged. We did not calculate interrater reliability because this collaborative development of themes meant that each coder did not blindly apply the second round of codes; instead, this consensus builds validity by reducing bias that may occur if only one researcher were to analyze the data (Braithwaite, Moore, & Abetz, 2014; Patton, 2002; Suter, 2009).

Findings and Discussion

“I’m a Very Feminine Guy”: Subversion of Gender Norms

Gender was a salient part of participants’ narratives. All participants, even those who identified as nonbinary, spoke about gender in binary ways, contrasting female/male, woman/man, and feminine/masculine. A majority ($n = 11$) of women, men, and nonbinary youth described subverting gender roles to some degree. However, there were differences based on gender and sexuality in how participants subverted gender roles.

The majority of men and youth assigned male at birth in the sample reported gender nonconforming behavior as young children, which included interest in feminine toys, activities, and clothing in early ages. Participants described this gender nonconformity as present nearly

from birth; for example, Leonardo, who identified as Mexican, gay, and genderqueer, understood his gender nonconformity from an early age: “I know that I’ve known that I wasn’t like boys. I wasn’t masculine like boys, I wouldn’t like the same things boys would. I was very into dolls, into horses, into all the other things that boys weren’t.” These youth also described how this gender nonconforming behavior continued into their young adulthood. Daniel, a Latino white multiracial gay man, said, “These days I present as an effeminate person. I also, I still paint my nails, I do technically effeminate things.”

Five of the cisgender women had previously and continued to challenge gender norms. For example, Estrella, a Multiracial Latina bisexual woman, struggled with gender: “I don’t necessarily always adhere to identifying as female. I don’t know where I stand with that, so I’m trying to troubleshoot ... my understanding of how I want to present [my gender].” Thus, rather than understand gender nonconformity as an inevitable part of their gender expression, a majority of the women experimented with gender. However, I am unable to interpret how youth discussed their gender nonconformity without subsequently discussing sexuality because sex, gender, and sexuality cannot be understood separately (Callis, 2009).

“I Think She Knew that I Was Gay”: Gender Informs Sexuality

Interviewer: Were you gender nonconforming as a child?

Mateo: No, I was just very hyper and very flamboyant. And like, I don’t know, if I saw myself growing up I would be like, “that’s a little gay boy.”

Though Oswald and colleagues (2009) describe separate binaries of gender, sexuality, and family, they also described how these binaries intersect to inform each other. Indeed, participants did not discuss sexuality without also discussing gender. Participants described how people are considered heterosexual until proven otherwise (through same-gender relationships

and sexual behavior), unless someone is gender nonconforming. For example, men and youth assigned male at birth in the study often directly connected gender nonconforming behavior to their gay or queer identity. The connection between gender nonconformity and sexuality was salient such that male participants described how they did not disclose their sexual identity to family members because their gender nonconforming behaviors made their sexual identity clear. Graham, who identified as Native American, gay, and queer, had a similar situation with his family members:

Oh, I never really had to come out. ... From a young age, my mom said she knew when I was little. I just wanted to be a ballerina and all this stuff and she just knew. I never really had to say 'I'm gay!' or anything like that.

However, men and participants assigned male at birth sometimes distinguished between gender and sexuality only to subsequently reinforce the connection between the two, as Mateo (who identified as a Latino white homosexual male) does when he denies that he was gender conforming. Though the majority of young gender nonconforming children in other studies later identify as cisgender and heterosexual in adulthood (e.g., Steensma, van der Ende, Verhulst, & Cohen-Kettenis, 2013), gender nonconformity, especially for men, is considered a signal for nonheterosexuality under hegemonic masculinity (i.e., the culturally ideal form of masculinity) and heteronormativity (Robinson, 2016).

Many of the men then described how they feared expressing their femininity because of hegemonic masculinity and homophobia in their communities. For example, Daniel told us, "Growing up I guess I never felt safe expressing my sexuality, safe exploring gender identity, or anything like that simply because my dad, in particular, is very rooted in the whole Mexican machismo thing." However, their descriptions of machismo (i.e., a term used to describe

hegemonic masculinity in Latino, specifically Mexican, cultures) bear resemblance to general (i.e., white) hegemonic masculinity and homophobia. Daniel explained that machismo meant, “I was always taught that I could not be emotional, I could not ever show any sort of femininity.” Similarly, Mateo specifically said machismo is “...the way of demasculinizing men—you call them gay or all the other terms.” This common belief that hegemonic masculinity and homophobia is more prevalent in communities of color than white communities is not supported by empirical evidence (Lewis, 2003), especially after accounting for religiosity, church attendance, and socioeconomic status (Negy & Eisenman, 2005). This stereotype that communities of color are more homophobic and are more likely to enforce hegemonic masculinity, combined with the invisibility of white colonialism’s direct role in enforcing these norms in these communities, may lead youth and young adults of color to describe their racial and ethnic communities as sources of heteronormative expectations in ways that white young people do not. At the same time, the naming of hegemonic masculinity and homophobia as machismo provides Latino communities with language to talk about heterosexual norms that do not exist in the same way for non-Latinos. So, although Latino participants internalize the idea that their communities are more homophobic and more likely to enforce hegemonic masculinity norms, they are positioned to discuss and confront these norms in ways other young people are not.

In contrast, many women discussed their difficulty convincing others about their sexuality due to their gender conformity. Sofia, a Latina white lesbian woman, said, “Gender roles are such a part of my life and so ingrained in me. I think it led to some confusion in me eventually having to realize and differentiate between gender expression and sexuality.” However, family members told her that she was not gay because she did not look gay:

It was so difficult because they couldn't understand it. I was like, okay, do you want me to chop my hair off and start dressing like a dyke? ... I did kind of become a little bit less feminine for a while, partly, I think, so that they could understand this is for real.

These experiences of gender signaling sexual identity for both women and men are consistent with what would be expected from a queer and intersectional theoretical perspective (Oswald et al., 2009). The connection between gender nonconformity and nonheterosexuality reinforces heteronormative expectations that a person who is heterosexual is also someone who is gender conforming, which maintains gender and sexuality binaries. That is, societal norms feminize gay men and masculinize lesbian women to ensure consistency in the dimensions of sex, gender, and sexuality (Eisner, 2013). However, the current study adds to the literature in that gender differences in participants' stories shows how femininity, in particular, is the indicator of someone's sexuality, consistent with research that shows that men who violate gender norms by behaving in feminine ways are seen as and stigmatized for being gay; women who engage in traditionally masculine behaviors are instead considered *more* heterosexual, to the point where men hypersexualize them (Nielsen, Walden, & Kunkel, 2000). Though gender nonconformity as a proxy for sexuality applies to all genders, small deviations from masculinity among men indicates nonheterosexuality whereas women must demonstrate much more dramatic gender nonconformity to not be seen as heterosexual.

Though gay and lesbian identities and orientation toward same-gender partners were present in discussions of gender, bisexuality related to gender was missing. Though bisexual women explicitly discussed feeling comfortable exploring both masculine and feminine gender expressions, these explorations were connected only to their attraction to women. That is, participants did not explicitly name and connect their gender presentations to bisexuality or as

indicative of attraction to more than one gender. Virginia, a Black bisexual woman, avoided coming out to people outside her family after her junior high school friends ostracized her because she told them she was attracted to women. But, she says, “They could tell because one day I would dress up like a femme, other days I would dress up like a stud.” This subversion of gender, of both masculinity and femininity, particularly undermines gender binaries (Eisner, 2013). Under heteronormative discourses, gender nonconformity specifically signals same-gender attractions, which then signals a gay or lesbian identity; thus, in terms of signaling sexual identity through gender expression, bisexuality is unidentifiable and invisible.

Consistent with Virginia’s story, recent research shows how bisexual people attempt to signal bisexuality through gender expression: Bisexual women reported expressing more masculinity when in mixed-gender relationships and more femininity in same-gender relationships to challenge sexual identity assumptions that they are either heterosexual or lesbian (Daly, 2016; Hayfield, Clarke, Halliwell, & Malson, 2013). The intersection between gender and sexuality, i.e., relationship status and gender expression, may be where bisexual people can signal their bisexuality (Callis, 2009). It is unclear how successful this signaling could be given the strong pull of heteronormative discourses that encourage binaries of natural versus deviant, i.e., heterosexual versus gay (Oswald et al., 2009).

“It’s Not like You Want a Nelly-Boy Latino”: Attraction to Normative Gender Expression

Participants described how gender expression informed their attractions to others. Many gay men, even when they described themselves as feminine and gender nonconforming, explicitly acknowledged a desire to date masculine men because they could not themselves embody more societally acceptable masculine ideals:

Interviewer: In terms of ideal boyfriends and husbands, would that be like you’re with a

man that identifies as masculine?

Leonardo: Yeah, I like men, so I like the whole masculinity of men.

Interviewer: And how do you feel like that relates to your masculinity?

Leonardo: I don't know, maybe it can be something I want me to be, but it's not me.

'Cause I can be friends with like all these femme boys, femme queers, but it's not something I want to be with. Like there's nothing I have against someone like me but it's not something I want.

Interviewer: Would you want to be a really masculine man?

Leonardo: I sometimes say I do, but then I don't. I like me, I like the way I am, so I have no problem with me.

Interviewer: So why then would you sometimes want to be more masculine?

Leonardo: I guess the whole acceptance factor in society.

Heteronormative expectations structure not only people's own gender expression and sexuality, but also their attractions to specific gender expressions of others; that is, people ought to be attracted to gender conforming partners (Warner, 1999). When these people are also unable or unwilling to conform to gender norms, normative gender expression of potential partners could become more attractive, particularly as a way to access or reinforce heteronormativity (Robinson, 2015, p. 327).

Male participants were also aware of the racialized nature of attraction to masculine men. Many Latino men and participants assigned male at birth desired hegemonic masculinity at the same time that they rejected machismo. Leonardo discussed how gay men privilege not just masculinity, but white masculinity:

I see guys want white guys, white or Latino. [Latino] means the masculine, the macho. ...

It's the hierarchy in the gay community. It's the white people, then the Latinos—'cause the Latinos are honorary whites—so it's how it's structured. It's what people want, how people are conditioned to want, and what they see, what is presented to them, and this is what you're supposed to want. This is how you want someone to look, as a gay man.

Gay men on dating sites explicitly list their “personal preference” for white and Latino white men because these men embody not only ideal beauty but also ideal masculinity (Robinson, 2015). Black and Asian men are undesirable to these men because they are seen as hypersexual (hypermasculine) and asexual (hypomasculine, i.e., feminine), respectively. Gay men then use race preferences as a proxy for masculinity to reinforce both gender conformity and heterosexuality (Robinson, 2015).

“I’m Just Attracted to People in General”: Attraction Outside of Gender Expression

Unlike participants assigned male at birth and men, participants assigned female at birth and women discussed fluidity in their attraction to genders as well as gender expression. Many bisexual women emphasized personality and relationship qualities rather than physical appearance or gender identity. Sofia identified as lesbian and did not have interest in sexual relationships with men; however, she said,

I can see [that] men are attractive and I don't want to be like I will never, ever, ever date a man again because I feel like I identify as a lesbian now. But I don't know what's going to happen ten years from now. I feel like sexuality's very fluid... But I don't see that happening any time soon.

Aspen, who identified as white, Mexican, gay and queer, described gender differences in their¹ romantic and physical attractions:

¹ Though Aspen did not identify as transgender, they specified that their pronouns were singular they/them.

I love women and I only want to be in relationships with women, but ... the only time I'm ever sexually satisfied is with a man. ... People think I'm kidding and they'll call me a lesbian and stuff and I'm like, dude, you don't even know. If I wanted that dick, I could go get it.

These gender differences in gender attraction are consistent with the literature: Women are more likely than men to report incongruent sexual orientation, attraction, and behaviors (Korchmaros, Powell, & Stevens, 2013) as well as more likely to identify as bisexual (Copen et al., 2016). The current study shows that sexual minority women and men are aware and able to articulate these in/congruencies. Stereotypes that bisexuality does not exist, especially among cisgender men, are prevalent (Israel & Mohr, 2004). Queer theorists have argued that bisexuality is more common and tolerated in women than men because bisexuality coincides with instability and confusion, traits associated with femininity (Eisner, 2013). When women and men experience sexual fluidity, heteronormative discourse describes them as heterosexual and gay, respectively, to reinforce heterosexuality and gender conformity (specifically masculinity; Callis, 2009; Eisner, 2013). That is, sexuality should always be centered on cisgender men. Interestingly, transgender and nonbinary people are also more likely to identify as bisexual or another nonmonosexual identity (Galupo, Henise, & Mercer, 2016; Grant et al., 2011). Additional research on sexual identity and fluidity among transgender people is needed, especially as the visibility of transgender people in society and research increases.

“I Still Want to be a Good Mother”: Priority of Biological Legacies

Laughing, Leonardo told us his happiest memory was when his niece was born. “I love that child. That’s my blood, that’s my niece. It’s a continuation of me through my brother, through this child,” he said. Gay men and participants assigned male at birth discussed the

tension between the importance of extending biological families into the next generation and their sexual identities. Lucas, a queer/gay Latino Native American man and an only child quite close to his supportive mother and grandmother, said, “The only thing that I was afraid of once I started realizing my sexuality was that [my mother] would be disappointed that I wouldn’t have kids. That she wouldn’t have grandkids.” Mateo attributed the existence of his heterosexual brothers as the reason why his Mexican family was supportive in response to his sexual identity disclosure: “I always figured, eh, there’s two other boys that can have kids if that was the issue of carrying on the family name.” Previous studies show that gay men believe that part of the coming out process is acknowledging that they will never be fathers (Berkowitz & Marsiglio, 2007) even though they are aware of “revolutions in kinship arrangements” (Berkowitz, 2007, p. 173; Cherlin & Seltzer, 2014). That is, many gay men remain daunted by legal, social, and financial barriers in the path to parenthood despite changing norms and availability to create families (Berkowitz, 2007; Goldberg, 2012). These aforementioned studies have consisted of samples of older gay men prior to the legalization of marriage equality (in June 2015) and subsequent challenges to discrimination in adoption processes. The current study shows that, even as society becomes more accepting of LGBT people and queer families (Russell & Fish, 2016), younger gay men and youth assigned male at birth still perceive substantial obstacles to family-making.

Women espoused similar desires; however, rather than carrying on their family’s name they discussed the importance of giving birth to biological children and motherhood as important characteristics of their gender identity. Virginia expressed her sadness when she experienced two miscarriages due to ovarian polycystic fibrosis while attempting to conceive with her male partner before her adoptive mother passed away: “She wanted me to be the one [of my siblings]

to have the babies.” When asked whether she would consider adopting rather than conceive, especially if she were partnered with a woman, she told us, “I’d probably do both because I’m adopted so I wouldn’t mind adopting. . . . I mean, I would be sad [about adopting] because I want to physically have my own.” Thus, even for a woman who explicitly acknowledged the importance of her adoption, she considered adoption to be a secondary, less favorable choice compared to biological motherhood, reinforcing hegemonic understandings of family as blood related (Dorrow & Swiffen, 2009; Goldberg, 2012). Under heteronormativity, “true” families are considered those that are tied by blood relations; specifically, children born from two biological parents (Oswald et al., 2009). Other types of families are then deviant and thus less desirable.

The growing literature on same-gender parenthood shows complexity in decision-making regarding adoption and biological parenthood, reflected in these participants’ narratives. Adoption agencies typically frame adoption as a second option for mixed-gender couples after biological conception has failed (Farr & Patterson, 2013; Goldberg, 2012) which excludes same-gender couples who have decided to adopt. Same-gender couples are more likely to endorse adoption than mixed-gender couples (Tyebjee, 2003); however, same-gender couples, regardless of gender and ability to conceive, also often consider adoption to be a second choice (Berkowitz, 2007; Jennings et al., 2014). In addition, the current sample predominantly consisted of participants of color, and specifically Latino participants. Only one white participant discussed children: Autumn, a young genderqueer person assigned female at birth, was clear that she did not want to have children in the future. Though “...the socially pervasive genetic ideology of the family, where biological ties are favored over social relatedness” (Jennings et al., 2014, p. 206) applies to people of all races, strong attachments and loyalty to families of origin are particularly important in Latino families (Diaz, 1998). In fact, Latino and African American adults are less

likely to favor adoption than white adults (Tyebjee, 2003). Sexual minority youth of color, particularly bisexual youth of color, are one of the fastest growing populations in the United States (Copen, Chandra, Febo-Vazquez, 2016). These findings contribute to the literature because they provide deeper understandings of marriage desires among this growing group and bring their experiences from margin to center.

Second, bisexuality played a role in some of the participants' narratives of childbearing, though not explicitly named as such. When asked what being gay means to him, Mateo described his occasional attraction to women but still constructed a binary of gay and straight, based on the potential to conceive:

I like other male-identified people. Except for the occasional questioning. Sometimes I'll see girls that are just really pretty or just, there's something about them that is really attractive. And I always think, "If I was straight, I would," you know. Maybe it's me wanting to have kids or something, but I just think we would make pretty babies.

Bisexual women and participants assigned female at birth in the sample were currently partnered with someone of a different gender or had histories predominantly dating men. Bisexual people are more likely to have children than lesbians and gay men (Ross & Dobinson, 2013); moreover, bisexual women are more likely to consider sexual intercourse with men for conception compared to lesbian women, who were more likely to favor artificial insemination. The relative ease of conception when in mixed-gender relationships, a pathway to family creation considered most natural under heteronormative discourse (Oswald et al., 2009), could influence bisexual opinions on adoption. The majority of research on parenthood and families among sexual minority people has been with samples of higher-income, White gay men and lesbians (Moore & Brainer, 2010). This study, which highlights the experiences of sexual

minority youth of color, is important in that it shows differences between genders and white young people and young people of color on perceptions and preferences for family making.

“You're Supposed to Have this Big Wedding”: Marriage Narratives

Finally, participants rarely discussed marriage despite frequent discussions about children, supporting the ongoing discussion in heterosexual couples (and especially those who are lower-income) about the delinking of partnering and parenting (Cherlin & Seltzer, 2014).

Only Sofia described part of her ideal wedding:

There's one part in a Mexican Catholic [wedding] mass were the bride goes to the Virgin Mary's altar and gives flowers. It's like she's asking to be a good wife and be a good mother and to bless her womb and all this stuff. So part of me is like, oh, that's kind of super old school and I don't know how I feel about that. But honestly, I mean, no matter what, even though I'm gonna marry a woman, I still want that stuff. I still want to be a good wife, I still want to be a good mother. And so that kind of thing, you know, I'll probably incorporate in my [wedding] ceremony.

Even here, Sofia's description of a wedding says more about her desire to reconcile her Mexican heritage and Catholic upbringing with her sexual identity, then she still discusses marriage in the context of her desire to be a mother. Participants' focus on childbearing may be a reflection of how marriage, but not family making, may be seen as unnecessary, unattainable, or simply unwanted. Interviews were conducted in a conservative state in the Southwest of the U.S. prior to the passage of marriage equality laws; participants may not have expected to have the opportunity to marry in the near future. Yet, results may indicate a broader disinterest in marriage nationally: Though divorce rates have remained relatively stable since the 1970s, the rate of marriage has halved (Cherlin & Seltzer, 2014). In addition, many of the participants

reported experiencing poverty in childhood and at the time of interview were struggling to find or maintain work and accomplish financial stability. Marriage and parenthood discourses are raced and classed in addition to being heteronormative (Budnick, 2016). The number of children born to married parents has decreased while the number born to cohabiting or unmarried parents has increased, especially among people of color and adults without a college education (Cherlin & Seltzer, 2014). People with less education and low income are less likely to get married, even when they are partnered and have children, due to financial constraints and expectations of financial stability (Cherlin & Seltzer, 2014). Despite increases in the marriage rate among same-gender couples following the *Obergefell v Hodges* Supreme Court decision (Jones, 2016) marriage may remain inaccessible to young sexual minority people struggling with poverty.

Strengths, Limitations, and Future Directions

Like all studies, the current one has limitations. First, the sample size is drawn from a purposeful sample of youth and young adults based on a mixed-methods, stratified purposive sampling approach; it would be unrealistic to expect large sample sizes and saturation from this sampling strategy (Patton, 2002, p. 240). The purpose of qualitative research is rarely to generalize results to larger populations; instead, its purpose as a research method is to allow researchers to describe, explore, and examine specific phenomenon in depth (Patton, 2005). To this end, this exploratory study should be used to inform additional qualitative studies with larger samples of sexual and gender minority participants. Second, and relatedly, participants were chosen for the study based on their responses to a measure about perceived burden which is associated with suicide and suicidal ideation (Baams, Grossman, & Russell, 2015; Joiner, 2005; Joiner et al., 2009; Van Orden et al., 2008). Participants' responses and life history narratives may differ from youth who do not report high levels of perceived burden. Finally, I acknowledge

that the majority of the literature, including that cited in this study, are from the perspective of cisgender people. Research on transgender and nonbinary gender identified people would provide significant depth to the theoretical and empirical study of gender, particularly for youth and young adults at intersections of transgender identities with other identities.

Conclusion

This quote from Daniel, who grew up feeling pressure from his father to play sports and wear masculine clothing, touches on each theme in the current study:

I remember I was going through puberty at the time. My voice was changing and I would stay up crying in the middle of the night praying to god to make me more butch or more masculine, to make me more stronger, to make me the things that my dad wanted. ... I just felt like I was letting him down, that I wasn't going to carry on- I wasn't going to have kids or something. Which today I recognize I was probably worried like, oh, I'm not going to carry on the family name or something. ... I guess it's just- I always just wished that I could be what my dad wanted me to be. But then I saw a lot of those traits in the boys in school who I changed with [in the locker room]. I don't know why, but it kind of like made me like them even more. I was like, "You're so butch." ... They were just- they're very rough, they're very loud. They were into football and basketball and I don't know why it turned me on.

Though heteronormativity has been theorized extensively, there exists less empirical research on how youth and young adults navigate and describe heteronormative expectations in their own lives. In the current study, I found that gender expression was salient for these sexual and gender minority participants; that gender could not be separated from sexuality; and that when gender conformity was not attainable, attraction to normative gender was preferred. I also found that

childbearing, but not marriage, was considered highly desirable. Findings from this study have important implications for theory. Queer theory from a family studies perspective focuses on three primary binaries: gender, sexuality, and family (Oswald et al., 2009). It is clear from the current findings that “Although it is analytically desirable to see each binary as distinct from the others ... doing sexuality and doing family properly are inseparable from doing gender properly” (Oswald, Blume, & Marks, 2005, p. 144). The narratives of these participants provide empirical evidence for queer theorists’ arguments that these binaries interact with one another to structure how youth and young adults understand heteronormativity and highlight the nuanced ways these binaries interact. Gender informed sexuality, and vice versa; both then informed (sometimes thwarted) desires for particular family constructions.

I also found that gender, sexuality, and race all contributed important contexts for how participants made sense of and were influenced by heteronormativity. Research framed through feminist or queer theories has becoming increasingly intersectional (Cole, 2009); many scholars understand the importance of approaching topics such as heteronormativity and gender with nuance and recognition of the multifaceted lived experiences of people. However, many studies, even those with an intersectional lens, continue to combine samples of lesbian, gay, and bisexual people. In the current study, I focused on the unique experiences of bisexual youth and young adults to show how bisexuality is often invisible, even among youth who identify as such. Bisexual participants contextualized heteronormativity through same- and other-gender attraction and relationships in ways that often did not create space in their narratives for the existence of bisexuality. Future research on heteronormativity should incorporate intersectional perspectives that focus on not only race/ethnicity and gender, but also bisexual and transgender experiences.

Table 1. *Demographic Information of Interview Participants*

Participant	Age	Sex Assigned at Birth	Gender	Sexual Identity	Race/Ethnicity
Virginia	24	Female	Woman	Bisexual	Black
Leonardo	21	Male	Genderqueer	Gay	Mexican
Sierra	21	Female	Woman	Bisexual	Chicana
Estrella	20	Female	Woman	Bisexual	Multiracial Latina
Kayla	18	Female	Woman	Pansexual	White
Daniel	23	Male	Man	Gay	Latino White Multiracial
Lucas	23	Male	Man	Queer/Gay	Latino Native American
Autumn	18	Female	Genderqueer	Pansexual	White
Pablo	22	Male	Man	Gay	Latino Multiracial
Graham	22	Male	Queer	Gay	Native American
Sofia	22	Female	Woman	Lesbian	Latina White
Bobby	21	Male	Man	Gay	White
Aspen	19	Female	Queer	Gay	White Mexican
Mateo	23	Male	Male	Homosexual	Latino White

Note. Gender, sexual identity, and race/ethnicity labels are reported verbatim from participant responses to the survey.

CHAPTER III. MANUSCRIPT II. A QUANTITATIVE ANALYSIS OF THE RELATIONS
BETWEEN HETERONORMATIVE PRESSURES, EXPECTED FUTURE RELATIONSHIPS,
AND HEALTH

Introduction

Depression is a serious concern for sexual minority youth, especially bisexual youth. Lesbian, gay, and bisexual (LGB) populations have mental health disparities in comparison to heterosexual populations, including depression and suicide (Marshall et al., 2011). The minority stress model (Meyer, 2003) suggests that health disparities among sexual minority people stem from unique stressors related to their sexuality. These stress related experiences include discrimination, victimization, and internalized homophobia, which cause elevated rates of poor mental and physical health in sexual minority people (Meyer, 2003). However, minority stressors may affect people with different sexual identities differently: Years of empirical research and meta-analyses have shown that bisexual youth are at greater risk for compromised health compared to both their heterosexual and lesbian/gay peers (Marshall et al., 2011). Less is known about the specific and unique stressors faced by bisexual youth that contribute to these health disparities.

Queer theory suggests that minority stress related stigma is systemically used to maintain heterosexuality as the gold standard by which all people should strive (Oswald, Kuvalanka, Blume, & Berkowitz, 2009). This is referred to in queer theory as heteronormativity, or the expectation that all people are and should be heterosexual. For example, sexual minority people must either conceal or disclose their sexual identity because all people are assumed to be heterosexual; concealment and disclosure are both stressful because people expect to be rejected or victimized by others for their sexual identity. Heteronormativity includes presumptions

regarding gender and family in addition to sexuality: people must be heterosexual, but they must also conform to the gender roles expected of their sex assigned at birth, be attracted to people who are of the other gender who conform to their sex assigned at birth, be or expect to be married, and must procreate through vaginal-penile intercourse (Oswald, Blume, & Marks, 2005; Warner, 1999). Thus, to be heterosexual is also to abide by these norms. Any deviation is stigmatized (Warner, 1999) and minority stressors, such as discrimination and victimization, are used to pressure people to conform to heterosexuality.

Bisexual people “face a unique stigma, which is qualitatively different than the stigma experienced by lesbian and gay persons” (Bostwick, Boyd, Hughes, & McCabe, 2010, p. 473) because they identify with a sexual identity defined by attraction to multiple genders and can enter into relationships with people of any gender. However, bisexual people experience pressure to identify as heterosexual to meet heteronormative expectations, including from their partners (Dyar, Feinstein, & London, 2014; McClelland, Rubin, & Bauermeister, 2016). Bisexual people who are misidentified as heterosexual or gay/lesbian experience sexual identity uncertainty (Dyar et al., 2014). Though most bisexual people report a stable bisexual identity over time, they are also more likely to transition to a different sexual identity than lesbian/gay or heterosexual people (Savin-Williams & Ream, 2007; Rosario et al., 2006). These sexual identity transitions are associated with negative mental health (Everett, 2015; Everett et al., 2016). Thus, bisexual people’s sexual identity transitions as a result of these pressures could be a minority stressor that partly explains bisexual health disparities.

Research on sexual identity mobility across time has mainly focused on samples of adults and has examined predictors of sexual identity mobility or outcomes related to sexual identity (Goldbach & Gibbs, 2017); rarely have both been studied longitudinally in tandem as was done

in the current study. In addition, these studies have relied on relatively smaller samples of sexual minority people in nationally representative studies. Though critical to our understanding of sexual identity mobility and related outcomes, these studies are unable to explore potential predictors of sexual identity mobility related to heteronormativity. Finally, studies on sexual identity mobility among sexual minority people have used predominantly White/European American samples which ignores potential intersections between race/ethnicity and other identities including gender and sexuality (Shapiro, 2010). Understanding the intersection of sexual minority status with other potentially stigmatized identities that a person may have provides deeper understanding of those who may be particularly vulnerable to health disparities. The purpose of the current study is to understand sexual identity transitions among a large, racially and ethnically diverse community sample of lesbian, gay, and bisexual youth and young adults; how these transitions are associated with mental health outcomes; and how heteronormative desires, in the form of expected future relationships, predict sexual identity mobility over time.

Sexual Identity Development and Mobility

Researchers have theorized and studied sexual identity development for decades (e.g., Cass, 1979; Minton & McDonald, 1984; Troiden, 1988). For example, Cass (1979) theorized a six-stage model of sexual identity development from identity confusion to synthesis in which sexual minority people move from questioning their identity to incorporating it so that “Individuals come to see themselves as people having many sides to their character, only one part of which is related to homosexuality” (Cass, 1984, p. 152). However, other researchers critiqued this model for relying heavily on retrospective self-reported data from gay men (Diamond, 2000, 2008; Rosario et al., 2006; Savin-Williams et al. 2012; Savin-Williams &

Ream 2006). In addition, these stage models specify that once someone acknowledges their same-gender attraction and adopts a sexual minority identity, they maintain that sexual identity across the lifespan.

Subsequent models have either incorporated or specifically designated stages of lesbian identity development (e.g., Levine, 1997; McCarn & Fassinger, 1996; Shapiro, Rios, & Stewart, 2010), bisexual identity development (Brown, 2002; Weinberg, Williams, & Pryor, 1994), and dynamic systems models of identity development (Diamond, 2007). Unlike less recent, linear identity development models, these models have often suggested more flexible, multidimensional identity development trajectories for sexual minority people that include movement not only from heterosexual to nonheterosexual, but from nonheterosexual identities to other nonheterosexual identities. These types of models of identity development have focused on women and bisexual people (for an exception, see Rosario et al, 2006). For example, theorized models of bisexual identity development closely follow linear models but specify that the final stages of these models are continued uncertainty (Weinberg, Williams, & Pryor, 1994) and identity maintenance (Brown, 2002).

There is some evidence to suggest that women and bisexual people are more likely to identify as a different sexual identity over the life span. Diamond (2000; 2008) conducted a qualitative study in which she followed sexual minority women over 10 years and found that although 70% of the women maintained the same sexual identity, many also shifted to other sexual identities, including not having a label at all, regardless of their sexual identity when first interviewed. Though nationally representative studies show there is extensive mobility in sexual identity among all youth, 29.2 to 78.6% of sexual minority youth (depending on sexual identity) transition to a different sexual identity over time compared to 2.9 to 17.8% of heterosexual youth

(Rosario et al., 2006; Savin-Williams et al., 2012; Savin-Williams & Ream, 2007; Udry & Chantala, 2005). Prevalence rates of exclusive (e.g., heterosexual or gay/lesbian) and nonexclusive (e.g., mostly heterosexual/gay, bisexual) sexual identity in the general population suggest gender differences in sexual fluidity in which men are less likely to be sexually fluid than women (Diamond, 2007). However, gender interacts with sexual identity: Sexual fluidity is more common among heterosexual women than heterosexual men but sexual minority women and men do not differ (Ott, Corliss, Wypij, Rosario, & Austin, 2011). That sexual minority youth are less likely to maintain one sexual identity over time compared to heterosexual youth is important because these transitions are associated with negative mental health (Everett, 2015; Everett, Talley, Hughes, Wilsnack, & Johnson, 2016) and could partly explain sexual minority health disparities.

Sexual Identity Mobility and Mental Health

Sexual minority identity models posit that there are positive mental health outcomes associated with synthesizing sexual identity with other identities (Cass, 1979; Cass, 1984). Though research has not been able to study prospectively the mental health of young children as they begin to acknowledge same- and multiple-sex attraction, behavior, and identities, research on self-disclosure of sexual identity shows elevated negative mental health outcomes initially after disclosure (D'Augelli & Grossman, 2001; D'Augelli et al., 1998; Rosario et al., 2001; Rosario, Schrimshaw, & Hunter, 2006). These findings suggest that initial movement to non-heterosexual is stressful and thus negatively impacts mental health. Though this decrease in mental health associated with self-disclosure diminishes over time (Jordan & Deluty, 2000; Legate, Ryan, & Weinstein, 2011) it suggests poor mental health associated with sexual identity transitions.

Research specifically on health related to sexual identity transitions has been limited but suggests mobility in sexual identity is associated with negative mental health outcomes over time (Everett, 2015; Everett et al., 2016): Even when controlling for previous sexual attraction, people who move towards more same-gender oriented identities (e.g., from heterosexual to bisexual) over time report worse depression than those whose sexual identity is stable or moves toward a more other-sex oriented identity (e.g., gay/lesbian to bisexual; Everett, 2015). Though this would suggest that poor mental health is associated with transitions from heterosexual to nonheterosexual, depressive symptoms associated with transitions to more same gender attracted identities were concentrated among those who did not report same-gender attraction or relationships earlier in the lifespan (Everett et al., 2016), as well as among exclusively heterosexual and bisexual people (Everett, 2015). This research demonstrates there are nuanced associations between sexual identity transitions and mental health within sexual minority populations that warrant additional exploration.

These prospective studies have utilized samples of adults; currently there are no longitudinal prospective studies of adolescents that have consistently assessed sexual identity over time. Adolescence, particularly during the teenage years from 13 to 18, is a period of time associated with exploring one's sexuality, including sexual identity (Russell, Clarke, & Clary, 2009), and depression and suicide also increase over time during this developmental period (Twenge & Nolen-Hoeksema, 2002). In addition, increasing social acceptance of sexual minority people has led sexual minority youth to come out at earlier ages than in prior generations (Russell & Fish, 2016), that is, sexual minority youth are likely to come out early in adolescence when social factors such as peer acceptance and social monitoring increases (Russell & Fish, 2016). Thus, sexual minority people are particularly vulnerable for depression and suicide during

the teenage years (Russell et al., 2014). Understanding how sexual minority youth and young adults navigate sexual identity and how sexual identity mobility predicts outcomes over time has important implications for health disparities within lesbian, gay, and bisexual populations considering sexual minority people are more likely to transition to a different sexual identity over time than heterosexual people (Everett, 2015).

Predictors of Sexual Identity Transitions

Bisexuality. Bisexual people, despite attraction to multiple genders, are in general more likely to be partnered with someone of a different gender (Herek, Norton, Allen, & Sims, 2002), more likely to face uncertainty about their sexual identity in relationships (Dyar et al., 2014), and more likely to shift in their sexual identity over time (Savin-Williams & Ream, 2007). Bisexual people face a stereotype that bisexuality is not real and is instead a phase to eventual identification as either gay or straight (Israel & Mohr, 2004). These stereotypes are rooted in heteronormative bias: Bisexuality implies that people can choose to enter heterosexual relationships or not and this choice undermines the assumption that heterosexuality is natural (Eisner, 2013, p. 45; Oswald et al., 2005). Thus, these stereotypes are used to pressure bisexual people to be in mixed-gender relationships to resolve heteronormative pressures.

Heteronormativity can be ironically protective for bisexual people in that conformity to heterosexual norms is adaptive under heteronormative ideologies because conforming to heterosexual norms is associated with less discrimination and victimization and thus subsequently better mental health (Eisner, 2013; Meyer, 2003; Ross, Dobinson, & Eady, 2010). Bisexual women and men believe that heteronormative pathways to marriage and family through relationships with men are familiar and supported (Elder, Morrow, & Brooks, 2015; Lynch & Marree, 2013) and that same-gender relationships involve letting go of romanticized, normative

images of family and family making (Lynch & Marree, 2013). Though heteronormative relationships offer a number of protections, especially from externalized discrimination and violence (their effects on health are more complicated). A majority of bisexual people are in mixed-gender, married relationships (Herek et al., 2002); if these relationships were protective, bisexual people would not report elevated risk for mental and physical health problems compared to both heterosexual and lesbian/gay people. Recent literature provides evidence that these relationships are not protective. Indeed, bisexual women in mixed-gender relationships report discrimination and microaggressions from their male partners (McClelland et al., 2016) and greater bi-negativity and depression and lower outness when in mixed-gender relationships than when in same-gender relationships (Molina et al., 2015). Pressure from their partners to identify as heterosexual (Scherrer et al., 2015), may lead to sexual identity mobility among bisexual people.

Finally, most studies on sexual identity transitions have examined *mostly heterosexual* and *mostly gay/lesbian* sexual identities as separate identity categories and considered movement between these categories as mobility (Everett, 2015; Everett et al., 2016; Savin-Williams & Ream, 2007; Savin-Williams et al., 2012). However, this analysis may inflate estimates of mobility among bisexual people because these categories are also technically categories indicating non-exclusive gender attractions, i.e., attraction to more than one gender. Indeed, Savin-Williams et al. (2012) show that the majority of transitions between sexual identities is in one-step increments in either direction to more same- or other-gender oriented identities. In addition, people who identify as mostly heterosexual are at elevated risk for negative mental health, nearly comparable to bisexual people (Savin-Williams & Vrangalova, 2013). Examining these categories both combined with and separately from “exclusively” bisexual may illuminate

whether transitions between identities that are “mostly” have influences on mental health.

Expected future relationships. Mobility in sexual identity may also be predicted by the future relationships that youth desire. Marriage and family continue to be institutions structured by heteronormativity. Marriage to someone of a different gender is the gold standard for relationships (Oswald, Blume, & Marks, 2005) despite decreases in marriage rates (Cherlin & Seltzer, 2014) and the recent legalization of marriage equality in the United States in 2015. These patterns likely occur because heterosexual marriage is legally, financially, and socially the easiest way to add children to a family (Goldberg, 2012). In addition, low income couples and unmarried couples without children often state that the reason they have not married is because they believe marriage to be a sacred institution and do not want to enter it if there is the possibility for divorce (Edin & Kefalas, 2011). Then, arguments in support of marriage equality have focused on how same-gender couples are no different than heterosexual couples, reifying heteronormative ideals that heterosexuality is the standard by which relationships should be compared (Duggan, 2003; Ghaziani, 2011).

Many youth, including sexual minority youth, desire relationship pathways that result in marriage and family (Jones, 2011; Patterson, Forbes, & Peace, 2009; Thomson & Holland, 2002). However, sexual minority youth may not be able to meet, may not want to meet, or may feel forced to meet heteronormative relationship expectations placed on them by proximal sources, such as parents or religious communities, thereby adding an additional source of stress. For example, bisexual people may conceal their sexual identity from their family members if they believe these family members hold heteronormative ideals about different-gender marriage and family (Scherrer et al., 2015). Sexual minority youth who desire marriage for personal, familial, and/or societal reasons may shift in their sexual identity over time to accommodate

potential different-gender partners to access marriage. A careful examination of expected future relationships among sexual minority youth will help to understand how these youth do or do not endorse heteronormative scripts to various degrees and whether this endorsement influences health.

Religiosity. Organized religion often operates as a political institution that structures societal beliefs around heteronormativity (Mahoney, 2010). Religious tenets can inform political policies and laws. For example, the majority of arguments against same-gender marriage policies came from religious doctrines that describe the purpose of marriage as that of procreation and family creation (Liu & Macedo, 2005). Religious communities can structure heteronormative expectations for the lives of their members through religious tenets; members then internalize these teachings and use them as guides to structure their beliefs, attitudes and behaviors (Meanley, Pingel, & Bauermeister, 2016). In a review of the literature on religion and the family, Mahoney (2010) found that religious attendance and the importance of religion predict increased likelihood of marriage and wanting and having children: “traditional religious doctrines often idealize and reinforce [white] American, middle-class, and mid-20th century views of the ‘good’ family, which consists of heterosexual married couples with children” (p. 810). Thus, religiosity may predict sexual identity mobility over time if youth desire marriage. Though LGB people are often rejected from religious communities and struggle to integrate their sexuality and spiritual beliefs (Buchanan, Dzelme, Harris, & Hecker, 2001; Page, Lindahl, & Malik, 2013), many LGB people are religious or spiritual (Henrickson, 2007; Rodriguez, 2010; Tan, 2005). Religion can serve as a source of social support and positivity in the lives of sexual minority people (Henrickson, 2007) particularly when youth are able to reconcile their religious beliefs with their sexual identity (Rodriguez & Vaughan, 2013; Kubicek et al., 2009). However, continued

involvement in religious communities is associated with lower wellbeing among sexual minority youth (Meanly, Pingel, & Bauermeister, 2016). Thus, religion and religious communities can then be both protective as sources of support and harmful through heteronormative pressure.

The Current Study

In the current study, I examine differences between lesbian, gay, and bisexual youth and young adults on sexual identity mobility over time and its relation to depressive symptoms. In addition, I examine whether particular constructs related to heteronormativity—expected future relationships, religiosity, and sexual identity—are associated with both sexual identity mobility and depressive symptoms. Figure 1 shows the final hypothesized model. I hypothesize that:

(H1) Bisexual participants will report more mobility in sexual identity than gay and lesbian participants.

(H2) Bisexual participants will report more desire for different-sex marriage and partnering than gay and lesbian participants.

(H3) Participants who desire different-sex marriage and partnering will report higher depressive symptoms over time than participants who have other expected future relationships, such as singlehood or partnering without marriage.

(H4) Participants who desire different-sex marriage and partnering will report more mobility in sexual identity over time than participants who desire other relationships.

(H5) Participants who report higher religiosity will report more mobility in sexual identity over time than participants who report lower religiosity.

(H6) Mobility in sexual identity and religiosity will predict subsequent depressive symptoms levels over time.

(RQ) How do the associations between sexual identity mobility, expected future

relationships, religiosity, and depressive symptoms as hypothesized in H1-6 differ based on how sexual identity transitions between bisexual identity categories?

Method

Participants

Data come from a four wave longitudinal panel study of the risk and protective factors of suicide among 1061 sexual minority youth in three cities in the northeast, southwest, and west coast of the United States. The majority of the youth were recruited from community-based agencies or college groups for sexual minority youth, and other participants were referred by earlier participants. The current study includes only gay, lesbian, and bisexual youth and young adults based on their Wave 1 reports ($n = 834$, ages 15-21 at time of recruitment, $M = 18.3$, $SD = 1.8$); 31.9% identified as gay men, 22.2% as lesbian or gay-identified women, 13.7% as bisexual men, 30.6% as bisexual women. Youth who identified as transgender, questioning, or heterosexual with same-sex attractions or behaviors at Wave 1 were not included in the current analysis. Youth were sampled for each subsequent wave between nine months to one year after the prior wave.

Using current federal reporting guidelines (Guidance on Collecting, Maintaining, and Reporting Data by Race or Ethnicity, 2007), 39.2% were of Hispanic or Latino background. Regarding race, the majority of participants were Black or African American (25.7%), Multiracial (22.2%), and White (20.5%), followed by Asian American (2.8%), American Indian or Alaskan Native (2.8%), and Native Hawaii or Other Pacific Islander (0.8%). A number of participants did not report their race (23.5%) but many of these participants ($n = 179$, 89.8%) identified their ethnicity as Hispanic and Latino and were coded as such for the analysis.

As is typical in longitudinal research, there was attrition across the waves of the data. In

wave 2, 389 (46.6%) of the 835 participants did not return to take the survey. In wave 3, an additional 120 did not return, resulting in an overall loss of 509 of 835 (61.0%), followed by a loss of 40 more participants in wave 4. The sample size of participants who completed all four waves was 286, 34.3% of the original sample. The majority of this attrition involved the west coast site: of 277 participants from the west coast site, only 74 returned for Wave 2 and 12 returned for Wave 3. The site was subsequently dropped from further data collection. However, this monotonic missingness (i.e., if data are missing on measures in Wave 3 then they are also missing in Wave 4) is much less computationally difficult for full information maximum likelihood (FIML) and multiple imputation than other types of missingness (Enders, 2010, p. 4). In addition, though the loss of the west coast site resulted in significant attrition, this missingness could potentially be missing at random (MAR); that is, it is known why these data are missing and the variable that predicts this missingness is an observed variable in the dataset (i.e., site location; Enders, 2013; Little & Rhemtulla, 2013). Multiple imputation and FIML are the most robust methods for handling missingness under the MAR condition; in contrast, listwise deletion introduces bias in parameter estimates and standard errors when data are missing at random (Biering, Hjollund, & Frydenberg, 2015; Eekhout et al., 2015; Enders, 2013; Newman, 2003; Schlomer, Bauman, & Card, 2010; Twisk & Vente, 2002; Young & Johnson, 2015). However, I am unable to confirm whether data are not missing at random or not because attrition may also be related to scores on depressive symptoms. Multiple imputation and FIML perform better than listwise deletion regardless whether data are missing at random or not (e.g., Enders, 2013); thus, I retained the full sample through FIML and multiple imputation, described in the analysis plan.

Measures

Depressive symptoms. Depressive symptoms were measured in all four waves with the

Beck Depression Inventory for Youth (Beck, 1996). (A list of variables at each wave is in Table 1.) This measure consisted of 20 items scaled from 0 (*never*) to 3 (*always*). Sample items included “I think that my life is bad” and “I have trouble doing things.” Within each wave, I averaged depression items to create three parcels by pairing high reliability items with low reliability items (Little, Cunningham, Shahar, & Widaman, 2002). Given the high number of estimated parameters due to the longitudinal design of the study combined with relatively small sample sizes, parcels ease computation demands and stabilize parameter estimates (Little. et al., 2002; Little, 2013). I examined the Cronbach’s alpha estimates of the Wave 1 depressive symptoms items to systematically choose items with high, moderate, and low reliability to average for parcels. Two parcels contained seven items each and the final parcel contained six items. I show the reliability estimates of the items that formed each parcel in Table 2. I then created parcels in subsequent waves that contained the same depressive symptom items as parcels in Wave 1. I correlated the residual errors of matching parcels over time. I used the fixed factor method of identification, where the latent variance of the depressive symptoms factor was held to 1 and the factor loadings were freely estimated, to set the latent depressive symptoms factors on a standardized scale across waves (Little, 2013, p. 147). Subsequent waves were identified using the marker method, where the first factor loading estimate was constrained to 1 and the latent variances were freely estimated. Factor loadings and latent correlations of the depressive symptoms factors are in Table 3.

The longitudinal confirmatory factor analysis for depressive symptoms over time had excellent fit, $\chi^2 = 37.32$, $df = 30$, $p = .17$, CFI = .998, TLI = .996, RMSEA = .017 [.000, .033]. Using the Satorra-Bentler scaled chi-square difference test for maximum likelihood estimator with robust standard errors (Satorra & Bentler, 2001), the longitudinal CFA also passed both

metric ($\chi^2 = 51.62$, $df = 36$, $p = .04$, $\Delta\chi^2 = 13.58$, $\Delta df = 6$, $p = .03$, $\Delta CFI = .002$, $\Delta TLI = .003$, $RMSEA = .023$ [.004, .036]) and scalar ($\chi^2 = 57.75$, $df = 42$, $p = .05$, $\Delta\chi^2 = 5.50$, $\Delta df = 6$, $p = .48$, $\Delta CFI = .00$, $\Delta TLI = .001$, $RMSEA = .021$ [.000, .034]) tests of invariance, indicating that differences in depressive symptoms over time reflect changes in the true score of depressive symptoms rather than measurement error (Milfont & Fischer, 2010).

Sexual identity and identity mobility. At each of the four waves, participants were asked their sexual identity. At wave 1, response options included *gay/lesbian*, *bisexual but mostly gay or lesbian*, *bisexual but equally gay/lesbian and heterosexual/straight*, *bisexual but mostly heterosexual/straight*, *heterosexual/straight* and *questioning/uncertain*. Based on participant responses, I created mobility items for change in sexual identity between waves 1 and 2, waves 2 and 3, and waves 3 and 4 treating changes in bisexual identity two different ways. First, to analyze H1-5, I combined all the bisexual categories into a single bisexual category such that I considered participants who moved between bisexual categories to be not mobile. For example, participants who identified as bisexual but mostly gay/lesbian in Wave 1 and bisexual but mostly heterosexual/straight in Wave 2 were considered stable. Then, to analyze RQ1, I created another mobility variable such that movement between bisexual categories was considered mobile.

For both mobility variables, “queer” and “pansexual” categories (added in subsequent waves) were combined with bisexual categories because both queer (“attraction to people of more than one, or of many, gender(s)”; Eisner, 2013, p. 28) and pansexual (attraction to all/any genders) identities are defined by potential attraction to more than one gender (Eisner, 2013, p. 28). In addition, there is significant overlap in sociodemographic characteristics among those who identify with either category (Mereish, Katz-Wise, & Woulfe, 2016).

Expected future relationships. In wave 2, participants were asked, “Later in your life, what kind of relationship, if any, do you see yourself in?” Response options included: (1) single, seeing many different people; (2) single, seeing only a few people; (3) single, seeing one person at a time; (4) partnered, in an open relationship where you see other people; (5) partnered, in a monogamous relationship; (6) legally married to someone of the same sex; (6) legally married to someone of a different sex. Participants were able to choose more than one response.

Of those in Wave 2, a majority of participants ($n = 372$; 84.7%) chose one response option; of these youth, 54% ($n = 201$) chose one of the marriage options. To create a nominal variable with mutually exclusive categories, I examined the response patterns (see Appendix D) of those participants who chose more than one answer to determine overlap in categories. In examining these response patterns, I developed six categories that captured the overlapping of responses (I use “same- and different-gender” in the category names, despite the use of “same-sex” and “different-sex” in the original item to reduce confusion between relationship types and sexual behavior). (1) *Same-gender married/partnered* ($n = 186$, 42.8%) included those who chose married same-gender (single response) or chose any partnering response in addition to the married same-gender item. (2) *Same- or different-gender married/partnered* ($n = 26$, 6.0%) included those who chose both marriage options, including those who chose additional partnering items. (3) *Different-gender married/partnered* ($n = 41$, 9.4%) included those who chose married different-gender as a single response or in addition to other partnering items. (4) *Partnered, no marriage* ($n = 95$, 21.8%) included those who chose the monogamous partnering option but did not choose a marriage option. (5) *Open partnering* ($n = 26$, 6.0%) included youth who chose the open partnering item as a single response or in addition to other singlehood items. (6) Finally, *singlehood* ($n = 61$, 14.0%) included participants who chose only and any of the

singlehood items. This category scheme also allowed me to categorize participants' singular responses such that, for participants who chose a single response option, there was no overlap between categories. Participants who chose 5 or more options were recoded to missing ($n = 3$). Married or partnered in a different-gender relationship was the reference group, considering its status as the standard for marriage.

Importance of marriage. At Wave 2, participants were asked, "How important is marriage to you?" on a scale from 1 (*not at all*) to 4 (*very*).

Religiosity. I created latent religiosity variables with items at Waves 1 and 2. Participants were asked three questions on religiosity in Wave 1. First, participants were asked, "How often do you attend religious and spiritual services?" which was scaled from 1 (*never*) to 5 (*more than once a week*). Two subsequent items had a scale from 1 (*never*) to 4 (*often*): "When you have decisions to make in your daily life, how often do you rely on your religious beliefs to help you decide what to do?" and "When you have problems with your family, school, friends or life in general, how often do you seek comfort through religion or faith?"

The Wave 2 latent religiosity variables was comprised of four indicator items: (1) religious service attendance; (2) youth service attendance; (3) importance of religion; and (4) prayer frequency. Each of these items was on a scale from 1 (*once a week or more; very important; at least once a day; respectively*) to 4 (*never; not at all important; less than once a month; respectively*).

I recoded all items to be on the same five-point scale by reverse coding Wave 2 items and transforming all four-point items with the formula $((\text{Item}-1)/3)*4 + 1$ to preserve item distributions and aid in interpretation of the latent models (Little, 2013, p. 19). Initial confirmatory factor analysis of the religiosity factors at Waves 1 and 2 showed good model fit χ^2

= 12.73, $df = 10$, $p = .24$, CFI = .997, TLI = .994, RMSEA = .018 [.000, .045]. In addition to correlating residual error of identical items over time I correlated residual errors of indicators on attendance due to their question and content similarity to control for measurement error (Little, 2013, p. 141). I did not test for measurement invariance of these constructs over time because only one indicator (attendance) was identical in both waves.

Covariates. I included several controls associated with depressive symptoms in the models, including race, ethnicity, and site location. Race and ethnicity were measured at Wave 1. I created a series of dichotomous variables for *race* included Black/African American, Multiracial, Other (Asian American, Pacific Islander, and Native American), and no race reported, with White/European American as the reference group. *Ethnicity* was a binary Hispanic/Latino or non-Hispanic/non-Latino variable. Finally, *site location* was included as a control, with the Northeast site compared to the Southwest and West Coast sites. I also created a continuous *time since first disclosure of sexual identity* variable by subtracting age of first disclosure from current age. These time invariant controls were included on depressive symptoms at Wave 1 to account for potential confounds rather than oversaturating the model by including these covariates at each time point (Little, 2013); time since first disclosure and sexual identity were also controls on sexual mobility between Waves 1-2.

Statistical Analysis

I conducted data management and descriptive analyses in SPSS 24. All latent variable modeling, including confirmatory factor analysis and path modeling, was conducted in Mplus 7.4. This modeling proceeded in steps; first, I conducted confirmatory factor analyses and longitudinal measurement invariance of the depressive symptoms and religiosity latent factors, described above. Then, I used multiple imputation with 50 datasets to handle missing data on

observed predictors and covariates to correct parameter estimates and standardized errors due to missingness on observed independent, dependent, and control variables (but not latent variable indicators) at the same time as model estimation. Conducting multiple imputation at the same time as model estimation accounts for the longitudinal, nested nature of the data because autocorrelations among study variables are included in the model (Gottfredson, Sterba, & Jackson, 2017). Most simulation studies on multiple imputation suggest that 5-10 datasets are adequate for estimating relatively unbiased parameter estimates and standard errors (Kenward & Carpenter, 2007; Schafer, 1999); however, applied studies on missingness in longitudinal studies show that high levels of attrition can require additional imputed datasets for accurate estimates (Twisk, de Boer, de Vente, & Heymans, 2013). Though it is impossible to test if data are not missing at random (NMAR; Enders, 2010), it is likely that participant missingness on depressive symptoms is related to participants' would-be scores on this measure. Therefore, I included auxiliary variables in the multiple imputation procedure to provide information, increase power, and reduce bias in parameter estimates (Enders, 2010; Schlomer, Bauman, & Card, 2010). Auxiliary variables in the current study included sexual behavior (Waves 1-4), internalized homophobia (Wave 3), shame (Wave 3), gender nonconformity (Waves 1-3), general (Waves 1-4) and LGBTQ-specific (Wave 3) perceived burden and thwarted belongingness, and LGBTQ community involvement (Wave 3). Then, I estimated the full longitudinal model with covariates included; this model is shown in Figure 2. Finally, I trimmed nonsignificant covariates (at $p < .10$) from the final model, per recommendations by Little (2013, p. 197), to ensure effects were not attenuated by spurious associations between controls and constructs of interest.

Results

Personal and descriptive characteristics. Descriptive statistic summaries of continuous

variables are in Table 4. Bisexual women reported higher depressive symptoms than gay/lesbian women and men at Wave 1, gay and bisexual men at Waves 3 and 4, and all other groups in Wave 2. No other groups differed from one another on depressive symptoms. There were no differences on Wave 1 religiosity; however, bisexual men reported significantly higher Wave 2 religiosity than gay men. Both gay/lesbian men first disclosed their sexual identity more years ago than both bisexual women and men. Bisexual women were significantly younger than all other sexual identity groups. Finally, there were no differences between groups on marriage importance. Table 5 shows correlations among observed study variables.

Table 6 shows sexual identity patterns over time by gender. Overall, a majority of the sample with data at all four waves ($n = 167$, 68.2%) reported mobility in sexual identity across all four waves. Among participants with data for at least two of the four waves ($n = 468$), 75.0% ($n = 351$) reported consistent sexual identity. Within sexual identity and among those participants with data for at least two of the four waves, 74.6% gay men, 61.2% bisexual men, 64.6% lesbian women, and 85.8% bisexual women reported the same sexual identity in each wave.

For *H1*, I hypothesized that bisexual participants will report more mobility in sexual identity than gay and lesbian participants. There was partial evidence for hypothesis H1: When all three bisexual categories were combined, bisexual men, but not bisexual women, reported more mobility in sexual identity than lesbian or gay youth, shown in Table 7. However, when bisexual categories were examined separately, bisexual youth reported more mobility between Waves 1 and 2 but less mobility between later waves, shown in Table 8. Overall, lesbian and gay participants were relatively stable with 85-91% of youth consistently identifying as lesbian/gay. Nearly all sexual identity changes were between gay/lesbian and bisexual identities; only 8 youth identified as heterosexual at any wave.

Figure 2 shows observed frequencies of expected future relationship categories by Wave 1 sexual identity. Findings on differences between lesbian, gay, and bisexual participants on expected future relationships supported *H2* that bisexual participants would prefer different-gender marriage and partnering compared to lesbian and gay participants. Expected future relationships differed by sexual identity, $\chi^2 (15, n = 439) = 112.76, p < .001$. I adjusted *p*-values using the Bonferroni method for Type I error for post-hoc 2x2 comparisons between sexual identity categories. Bisexual men and women ($p = .001; p < .001$; respectively) were less likely to prefer same-gender married/partnered than gay men ($p = .002; p = .001$; respectively) and lesbian women ($p < .001; p < .001$; respectively) and more likely to prefer different-gender married/partnered than gay men ($p = .014; p < .001$) and lesbian women ($p = .010; p < .001$). Bisexual women were more likely to prefer both same- and different-gender married/partnering than both gay men ($p = .001$) and lesbians ($p = .006$). In addition, bisexual men were more likely to prefer open partnering than bisexual women ($p = .010$) but neither group differed from gay men or lesbians. There were no differences between sexual identity groups on preference for partnering, no marriage or singlehood. In the final estimated model, estimated percentages for each category of expected future relationships, collapsed across sexual identities, were married or partnered same-gender (40.5%), married or partnered same- and different-gender (7.8%), married or partnered different-gender (5.5%), partnered, not married (20.7%), open partnering (8.1%), and singlehood (17.4%).

Longitudinal model. Covariates trimmed from the final model included ethnicity on depressive symptoms at Wave 1 and race on sexual identity mobility between Waves 1-2. Model results are in Tables 9-10. At Wave 1, more time since first disclosure and Black/African American compared to White participants predicted less depressive symptoms. Participants at the

Southwest and West Coast sites reported more depressive symptoms than participants at the Northeast site.

For *H3*, I hypothesized that participants who desire different-gender marriage and partnering will report higher depressive symptoms over time than participants who desire other relationships. I found no support for *H3*. No expected future relationships category predicted Wave 3 depressive symptoms.

For *H4*, I hypothesized that participants who desire different-gender marriage and partnering will report more mobility in sexual identity over time than participants who desire other relationships. I found partial support for *H4*. Participants who reported desire to be married or partnered in a different-gender relationship were not less likely to report sexual identity mobility compared to participants who chose other marriage categories. However, participants who reported desire for partnering, but not marriage, and participants who reported desire to be single, had 0.45 and 0.32 times the odds to report mobility in sexual identity. Marriage importance did not predict sexual identity mobility between Waves 2-3.

For *H5*, I hypothesized that participants who report higher religiosity will report more mobility in sexual identity over time than participants who report lower religiosity. I found partial support for this hypothesis: Wave 1 religiosity did not predict Waves 1-2 mobility. Wave 2 religiosity, however, predicted Waves 2-3 mobility such that participants who reported higher religiosity had 0.59 times the odds to report mobility in sexual identity.

For *H6*, I hypothesized that mobility in sexual identity will predict depressive symptoms over time. I did not find support for *H6*. No future expected relationships category, compared to those with a preference to be married/partnered in a different-gender relationship, predicted Wave 3 depressive symptoms. Sexual identity mobility did not predict depressive symptoms at

any wave. Then, religiosity at Waves 1 and 2 did not predict Waves 2 and 3 depressive symptoms, respectively.

Finally, for RQ1, I asked: How do the associations between sexual identity mobility, expected future relationships, religiosity, and depressive symptoms differ based on how sexual identity transitions between bisexual identity categories are examined? I reanalyzed the longitudinal model with the sexual identity mobility item that did not combine bisexual identity categories. The Model 2 column in Table 10 shows associations between study variables and sexual identity mobility when transitions between the three bisexual identity categories (bisexual but mostly gay/lesbian; bisexual but equally gay/lesbian and heterosexual/straight, and bisexual but mostly heterosexual/straight) were treated as sexual identity mobility.

Overall, there were no differences between models on the associations between study variables and depressive symptoms, including sexual identity mobility. Gay men had 4.82 the odds and lesbian women had 5.04 the odds of reporting the same sexual identity between Waves 1-2 than bisexual women. Bisexual women and men did not differ on sexual identity mobility. Expected future relationships predicted sexual identity mobility between Waves 2-3. Those who reported a preference to be married/partnered in a same-gender relationship had 2.10 the odds to be stable compared to those who reported a preference to be married/partnered in a different-gender relationship. Wave 1 religiosity predicted mobility between Waves 1-2 such that participants who reported more religiosity had 70% lower odds of reporting the same sexual identity than participants who reported less religiosity. Wave 2 did not predict sexual identity mobility between Waves 2-3.

Discussion

In the current study, I examined four years of data from a diverse sample of lesbian, gay,

and bisexual youth and young adults to understand predictors of sexual identity transitions and their associations with health. My results show nuanced contexts for sexual identity transitions that are, in general, not associated with poorer mental health: Bisexual men reported more mobility in sexual identity than other sexual identity groups; an increase in religiosity predicted more mobility in sexual identity; and partnering desires predicted both mobility and stability.

Sexual Identity Mobility and Bisexuality

Nationally representative studies show that bisexual people, particularly women, are more likely to report mobility in sexual identity than heterosexual or lesbian/gay people (Everett, 2015; Everett et al., 2016; Rosario et al., 2006; Savin-Williams et al., 2012; Savin-Williams & Ream, 2007; Udry & Chantala, 2005). In contrast to these studies, in the current study, I found that bisexual women did not differ from lesbian/gay participants, and that bisexual men were more likely to report sexual identity mobility. However, bisexual participants were more likely to transition to a different sexual identity compared to lesbian/gay participants when bisexual identity categories were separated. These differences in sexual identity mobility depending on how bisexual categories were treated suggests that perhaps a substantial portion of mobility among bisexual people is from bisexual to mostly gay or mostly heterosexual (Savin-Williams et al., 2012). That is, the bisexual categories of the current study closely mirrored scales used in other studies on sexual identity mobility (i.e., exclusively heterosexual, mostly heterosexual, bisexual, mostly gay, exclusively gay) but identified “mostly” categories specifically as bisexual identities. Rather than bisexuality being a phase to heterosexuality or identifying as lesbian/gay—a common stereotype that bisexual people face (Israel & Mohr, 2009)—this finding suggests that bisexual identification is relatively stable, but movement between bisexual identity categories is common.

There is the possibility that mobility between bisexual categories reflects sexual identity transitions to other identities under the bisexual umbrella such as queer or pansexual. If so, these transitions would be consistent with research that shows over time sexual minority people (though research in this area has focused specifically on women) are more likely to identify as unlabeled rather than heterosexual, lesbian, or bisexual (Diamond, 2005; 2008) because queer and pansexual labels are defined by attraction to any/all genders. However, in the current sample, rather than choosing no label at all, these participants are still labeling their sexual identity but in ways that open up the possibility to relationships to people of many different genders. These identities may have developed in response to stigma that bisexuality is a transphobic identity because it is a binary one; that is, despite activist and community arguments against the contrary (Eisner, 2013), people argue that “bi” means attraction to two genders, i.e., cisgender women and men. Youth attracted to multiple genders may prefer pansexual or queer to avoid this stigma, support transgender rights and visibility, and acknowledge the complexity and social construction of gender (Eisner, 2013).

Overall, the majority of the sample identified as either lesbian, gay, or bisexual at every wave. Thus, the current study is inconsistent with other work suggesting that youth are “post-gay” (Savin-Williams, 2005; 2008), i.e., that youth have moved beyond sexual identity labels because tolerance has made labels irrelevant. Instead, perhaps youth who no longer use labels of lesbian, gay, or bisexual may use labels such as queer or pansexual to promote transgender, rather than sexual identity, rights and visibility. This is the first longitudinal study on sexual identity transitions to include queer and pansexual sexual identities. However, I am unable to explore transitions to queer and pansexual identities in the current study because these identities were not measured in the first wave, a fact that could potentially inflate the number of

participants who report mobility in sexual identity.

Sexual Identity Mobility and Expected Future Relationships

This study was also one of the first to show the expected future relationships of lesbian, gay, and bisexual youth and young adults by sexual identity. Overall endorsement of marriage and partnering was high for all groups, though there were interesting differences by sexual identity. Lesbians and gay men preferred same-gender marriage and partnering and, though not significantly different, gay men appeared more open to partnering with women than lesbians seemed open to partnering with men. Bisexual women acknowledged gender flexibility in their preferences for relationships: They were more likely to endorse any marriage/partnering category, regardless of whether this marriage/partnership would be with someone of the same or other gender than other sexual identity groups.

Though I expected a similar pattern among bisexual men, these men instead were more likely to choose either same- or different-gender marriage and partnering, rather than both. Though both bisexual women and men describe attraction to and desire to be with same-gender partners (Elder, Morrow, & Brooks, 2015; Lynch & Maree, 2013), bisexual men appear to more specifically articulate disproportionate attraction to one gender over another (Elder, Morrow, & Brooks, 2015) than do bisexual women. Men are expected to adhere to stricter gender and sexuality expectations under heteronormativity in order to maintain privilege and power of heterosexuality and masculinity (Eisner, 2013; Tolman, Davis, & Bowman, 2016). Stereotypes about bisexual women and men typically state that bisexual men are actually gay and bisexual women are actually heterosexual (Callis, 2009; Israel & Mohr, 2009); this stereotype places men at the center of all attraction to maintain heterosexuality (Eisner, 2013; Rich, 1980). Bisexuality is more tolerated in women because it can be sexualized to reinforce heterosexuality (Callis,

2009; Diamond, 2005; Eisner, 2013), the consequences of which is that bisexual women may feel more open to the possibility of relationships with people of the same- or other-genders. In contrast, bisexual men may be unable to imagine multiple possibilities for their future relationships.

Also, bisexual men were more likely to endorse open partnering than were bisexual women; research shows that while bisexual women often explicitly state that they are not polyamorous or promiscuous (Lynch & Maree, 2013), bisexual men have described anxiety about their ability to maintain monogamous, long-term relationships (Elder, Morrow, & Brooks, 2015; Pallotta-Chiarolli, 2016). Bisexual women and men may have internalized stereotypes that bisexuality as inherently promiscuous (Israel & Mohr, 2009)—however, perhaps women reject and men embrace these stereotypes. Regardless, expected future relationships were not associated with depressive symptoms; the rising visibility of polyamory may have perhaps removed some of the stressful stigma related to nonmonogamy (Warner, 1999) and its relation to health.

Participants who desired partnering, but not marriage, and participants who desired to be single, reported less mobility in their sexual identity compared to participants who desired different-gender marriage and partnering. This finding is interesting considering that these relationship types did not differ by sexual identity groups. In addition, though bisexual participants were more likely to endorse different-gender marriage and partnering than gay/lesbian participants, these relationship types predicted less mobility, not more. However, when bisexual identity categories were treated as separate identities, participants who desire to be married or partnered in a same-gender relationship—compared to participants who desire to be married or partnered in a different-gender relationship—were less likely to be mobile in their

sexual identity. In general, different-gender marriage, partnering without marriage, and singlehood could be associated with bisexual stereotypes that bisexual people are truly just heterosexual or are promiscuous and unable to commit to one partner, respectively (Israel & Mohr, 2009). Research shows that the gender of one's partner(s) has influence on sexual identity: Sexual minority women in same-gender relationships are more likely to identify as lesbian rather than bisexual the longer time has passed since these women have been in a mixed-gender relationship (Rust, 1992; Diamond, 2008). In addition, lesbian women who date men often later identify as bisexual or unlabeled (Diamond, 2000; Diamond, 2008). Though few youth in the study identified as heterosexual at any point, bisexual youth could move to more other-gender oriented bisexual identities to accommodate mixed-gender long-term relationships.

In contrast, when movement between bisexual categories is accounting for by treating this movement as stable, youth who prefer less heteronormative relationships are more likely to change in their sexual identity over time. These participants may feel less attached to their sexual identity in the context of their relationships whether because these relationships are not legally validated through marriage or, in the case of singlehood, because they do not have a committed relationship at all. It is interesting, however, that open partnering did not predict mobility in sexual identity similar to these other categories; perhaps these youth are in or desire committed, polyamorous relationships. I did not have gender of partner at Wave 2 to explore whether partner gender predicted sexual identity change in tandem with expected future relationships. Much more research is needed on how partner gender, relationship desires, and other potential predictors of sexual identity transitions, such as pressure from partners to identify as certain sexual identities, is needed, particularly across the lifespan.

Sexual Identity Stability and Religiosity

Religiosity predicted less mobility in sexual identity in both models. This finding could reflect tension between religious and LGB communities for lesbian, gay, and bisexual youth (Hamlin & Gross, 2013; Page, Lindahl, & Malik, 2013). But the timing of when religiosity predicted mobility in sexual identity differed depending on which mobility item was used in the model. In the first model, sexual minority participants who became more religious over time were less likely to maintain a stable sexual identity in young adulthood. This result may be driven by participants who identified as heterosexual in Wave 2, likely bisexual men who reported more religiosity than other groups, but returned to a sexual minority identity in Wave 3. These participants may have felt pressured by religious communities and increasing religiousness to identify as heterosexual (Page, Lindahl, & Malik, 2013) but returned to their sexual minority identities over time. Research on bisexual men is quite limited; I am unable to speculate why bisexual men, in particular, are more religious and more likely to transition to heterosexual or another sexual identity than other sexual minority youth.

When bisexual categories were treated as separate identities, religiosity predicted less mobility earlier in adolescence but not later in young adulthood. Considering that in this model bisexual participants were more likely to transition between the first two waves, but not more likely to identify as heterosexual, these results could imply that bisexual youth who feel rejected from their religious communities turn to gay/lesbian communities for support, in which they experience stigma and pressure to identify as gay/lesbian (Israel & Mohr, 2009; McClelland et al., 2016; Hequembourg & Brallier, 2009). In addition, youth who endorse high religiosity identify initially as bisexual to avoid rejection from their religious communities and family members (Diaz, 1998; Herdt & Koff, 2000), though they may want to identify as gay or lesbian (Scherrer et al., 2015). I dropped nonsignificant race and ethnicity controls from sexual identity

mobility when religiosity was in the model; this provides some evidence for this explanation. There are common beliefs and stereotypes that Latino and Black communities are more homophobic than White communities despite little evidence (Lewis, 2003); instead, race and ethnicity do not predict homophobia after controlling for religiosity and education (Negy & Eisenman, 2005). Latino and Black youth may realize that it is their religious communities that are homophobic, stop attending services or otherwise be involved in these communities, and then feel free to identify how they wish. This is also potentially why neither religiosity nor mobility predicted depressive symptoms: Youths' wellbeing is promoted when youth are able to affirm their sexual identity because they no longer experience heteronormative pressures related to religiosity (Page, Lindahl, & Malik, 2013).

Sexual Identity Mobility and Mental Health

Finally, inconsistent with recent research (Everett, 2015; Everett et al., 2016; Rosario et al., 2006), I did not find that sexual identity fluidity among sexual minority participants was associated with mental health outcomes. Adolescence is a period of time of exploration, especially for sexuality and identity. With increasing tolerance of sexual minority people, youth have come out at increasingly younger ages, developmental periods known for peer social regulation (Russell & Fish, 2016). Rates of poor mental health and suicidal behavior continue to be high among this population compared to heterosexual youth, despite growing tolerance. That is true in this sample as well: Depressive symptoms were relatively high, but sexual identity transitions were not associated with depressive symptoms at any wave of the study, including Waves 1 and 2 when youth are adolescents and transitioning into young adulthood. Potentially, youth may experience an inoculation or incremental effect to stress related to sexual identity. Youth had to identify as lesbian, gay, or bisexual to qualify for inclusion in the current study; we

may not have captured the developmental periods in which participants experienced increased depressive symptoms, such as when participants initially identified as LGB. Once youth identify with a sexual minority identity, additional transitions do not add further stress. Other minority stressors associated with sexual minority identities may be more critical for health than sexual identity transitions (Meyer, 2003).

That these data come from a sample of youth from community-based organizations or referred by youth who do attend these organizations also suggests that perhaps these youth may feel more supported and comfortable moving between sexual identities without stress. In community-based organizations such as Gender and Sexuality Alliances (formerly known as Gay-Straight Alliances; GSAs) youth are given resources, information, and space to explore sexual and gender identities (Russell, Muraco, Subramaniam, & Laub, 2009). In addition, over time participants may be transitioning out of difficult home or other environments (such as foster care), in which they were unable to freely identify as sexual minorities, into independent living situations. This freedom to explore sexual identity, without stigma, during adolescence and young adulthood could mitigate potential negative mental health effects of sexual identity transitions among youth.

Strengths, Limitations, and Future Directions

Strengths of the current study include the use of longitudinal data with a large sample of LGB youth with specific sexual minority measures. I was able to explore, in depth, the expected future relationships of sexual minority youth by sexual identity and gender because of the large sample size of the study. In particular, because the sample consisted of a majority of bisexual participants I was able to understand bisexual youth in detail. Moreover, the use of SEM allows for longitudinal mediation models that provide better, though still preliminary, evidence of

causality given control for measurement error and ability to model multiple dependent variables.

Though I used a large dataset of sexual minority youth for the current study, there are some limitations regarding the sample. Longitudinal attrition, though expected, meant that I was unable to explore how sexual attraction and behavior coincide and contribute to sexual identity transitions. I am also unable to consider transitions to and from identities under the bisexual umbrella, such as pansexual and queer, because these identities were not measured in the first wave of the data. Data come from a community sample of youth; results may not be generalizable to broad populations of sexual minority youth. Finally, there may be additional mechanisms and moderating factors between sexual identity mobility and depressive symptoms, such as gender of partner (Everett, 2015; Everett et al., 2016). However, despite these limitations, the current study contributes important new understandings to the literature on sexual minority youth.

Conclusion

Heteronormative pressures to identify as heterosexual are an everyday occurrence for all people (Kitzinger, 2005; Oswald, Blume, & Marks, 2005) but can be particularly salient for sexual minority youth (Goldbach & Gibbs, 2017). Desire to both meet and subvert these heteronormative pressures, through different-gender marriage, partnering without marriage, and singlehood, predicted mobility in sexual identity. Conceptually and in the broader culture, these relationship types are associated with bisexuality such that bisexual people are assumed to be heterosexual and/or promiscuous (Israel & Mohr, 2009) and could explain relative mobility in bisexual identities over time. However, how studies treat non-exclusive categories such as mostly heterosexual, bisexual, and mostly gay/lesbian could have implications for findings on sexual identity mobility, as shown in the current study. Yet, unlike other studies that show

negative mental health associated with sexual identity transitions (Everett, 2015; Everett et al., 2016), youth in the current study were not more likely to report poor mental health when their sexual identities shifted over time. The findings of the current study suggest that youth should be given the space to explore their sexuality—and that sexual fluidity, associated with bisexuality (Diamond et al., 2016) and subversive to heteronormativity (Eisner, 2013), should be encouraged rather than denied.

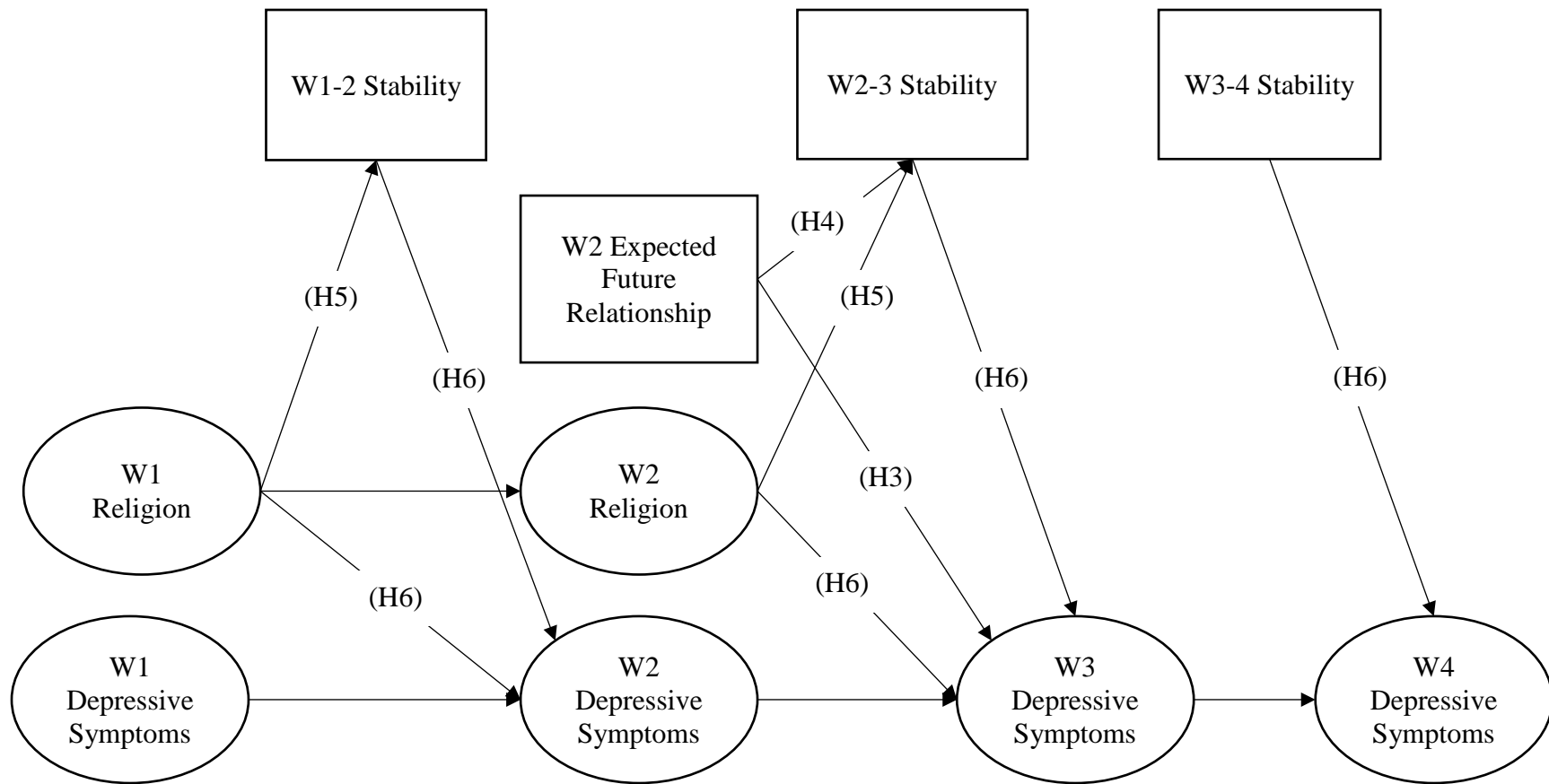


Figure 1. Hypothesized longitudinal model.

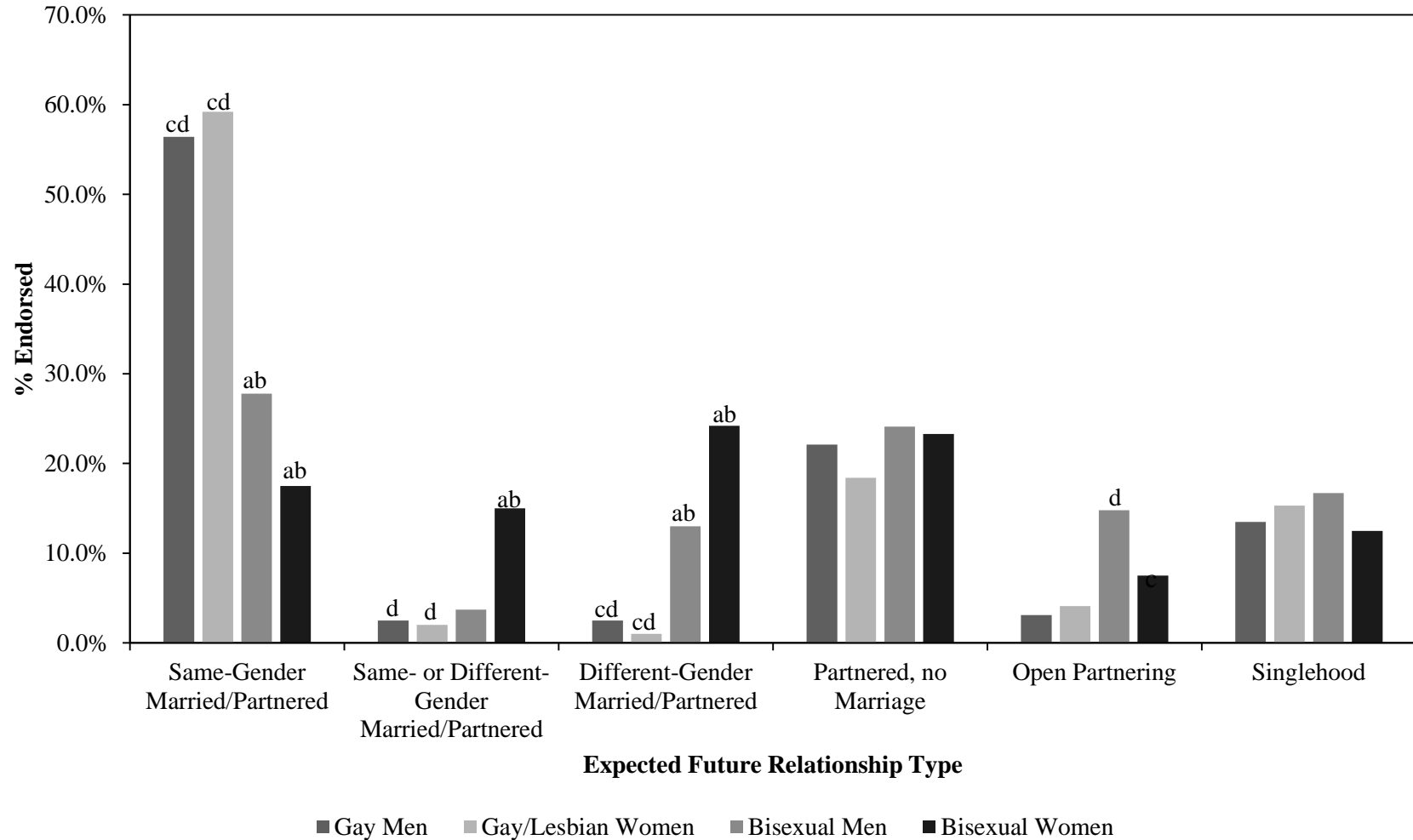


Figure 2. Percentage proportions of the sexual identities of participants who endorse expected future relationship categories. Letters indicate significant column proportion differences and are redundant for ease of interpretability. For example, participants who chose the open partnering option were more likely to identify as a bisexual woman than as a bisexual man. Note. This table connects to Hypothesis 2.

Table 1.

Variables at Each Wave

Wave 1 Variables	Wave 2 Variables	Wave 3 Variables	Wave 4 Variables
Time since first disclosure			
Race			
Ethnicity			
Site Location			
Sexual Identity			
	Marriage Importance		
	Expected Future Relationship		
W1 Religiosity	W2 Religiosity		
W1-2 Mobility	W2-3 Mobility	W3-4 Mobility	
W1 Depression	W2 Depression	W3 Depression	W4 Depression

Table 2.

Cronbach's Alpha if Item Deleted of Beck Depression Inventory – Youth Parcels

Item	Parcel 1	Parcel 2	Parcel 3
5. I have trouble sleeping.	0.951		
9. My stomach hurts.	0.950		
15. I hate myself.	0.946		
16. I want to be alone.	0.948		
18. I feel sad.	0.946		
19. I feel empty inside.	0.946		
20. I think my life will be bad.	0.946		
1. I think that my life is bad.		0.947	
2. I have trouble doing things.		0.949	
8. I feel lonely.		0.946	
10. I feel like bad things happen to me.		0.946	
13. I think I do things badly.		0.946	
14. I feel bad about what I do.		0.946	
3. I feel that I am a bad person.			0.947
4. I wish I were dead.			0.947
6. I feel no one loves me.			0.947
7. I think that bad things happen because of me.			0.947
11. I feel like I am stupid.			0.947
12. I feel sorry for myself.			0.947

Note. Higher Cronbach's alpha values if item were deleted indicate lower scale reliability.

Table 3.

Factor Loadings and Latent Covariances of Depressive Symptoms Factors over Time

	Wave 1	Wave 2	Wave 3	Wave 4
Parcel 1	0.61	1.00	1.00	1.00
Parcel 2	0.64	1.10	1.09	1.13
Parcel 3	0.60	0.93	0.98	0.93
Wave 1	--			
Wave 2	0.38	--		
Wave 3	0.35	0.19	--	
Wave 4	0.28	0.21	0.21	--

Note. The fixed factor method, where factor loadings are freely estimated and the latent variance is constrained to equal 1, was used in Wave 1 to set the scale of the latent variable of depressive symptoms across time. In subsequent waves, the marker variable was used in which the first parceled items of depressive symptoms were constrained to equal 1 and latent variances were freely estimated. Each parcel is the average of a number of depressive symptoms scale items paired by reliability. Latent covariances were all significant at $p < .001$.

Table 4.

Observed Descriptive Statistics by Sexual Identity and Gender

	Gay Men ^a				Gay/Lesbian Women ^b				Bisexual Men ^c				Bisexual Women ^d			
	<i>M</i>	<i>SD</i>	95% LL	95% UL	<i>M</i>	<i>SD</i>	95% LL	95% UL	<i>M</i>	<i>SD</i>	95% LL	95% UL	<i>M</i>	<i>SD</i>	95% LL	95% UL
W1 Depressive Symptoms	0.68 ^d	0.63	0.61	0.76	0.75 ^d	0.61	0.66	0.83	0.85	0.58	0.75	0.95	0.94 ^d	0.66	0.85	1.02
W2 Depressive Symptoms	0.63 ^d	0.55	0.54	0.71	0.72	0.56	0.61	0.83	0.60 ^d	0.50	0.46	0.73	0.84 ^d	0.53	0.75	0.93
W3 Depressive Symptoms	0.59 ^d	0.53	0.49	0.68	0.60 ^d	0.49	0.49	0.70	0.52 ^d	0.33	0.41	0.63	0.86 ^d	0.57	0.73	0.98
W4 Depressive Symptoms	0.60 ^d	0.60	0.49	0.71	0.68	0.60	0.54	0.83	0.43 ^d	0.44	0.26	0.61	0.84 ^d	0.64	0.70	0.99
W1 Religion	1.99	1.10	1.86	2.13	2.00	1.06	1.84	2.16	2.07	0.95	1.89	2.24	2.12	1.18	1.96	2.27
W2 Religion	1.89 ^c	0.93	1.74	2.03	2.06	0.98	1.86	2.26	2.37 ^c	1.18	2.05	2.69	2.02	1.08	1.83	2.21
Time since First Disclosure	4.22 ^{cd}	2.63	3.89	4.54	3.97 ^{cd}	2.23	3.64	4.30	3.02 ^{ab}	2.79	2.51	3.52	2.92 ^{ab}	2.26	2.64	3.21
Age	18.82 ^d	1.67	18.62	19.02	18.45 ^d	1.70	18.21	18.70	18.37 ^d	1.80	18.05	18.68	17.69 ^d	1.89	17.46	17.93
Marriage Importance	2.95	1.00	2.80	3.11	2.97	1.01	2.77	3.17	2.80	1.03	2.53	3.08	2.87	1.07	2.68	3.06

Note. Superscripts indicate significant differences between groups at $p < .05$ with Bonferroni correction.

Table 5.

Correlations between Study Variables

	1	2	3	4	5	6	7	8	9
1. W1 Depressive Symptoms	--								
2. W2 Depressive Symptoms	.63**	--							
3. W3 Depressive Symptoms	.60**	.61**	--						
4. W4 Depressive Symptoms	.43**	.62**	.66**	--					
5. W1 Religion	-.06	-.11*	-.14*	-.10	--				
6. W2 Religion	-.11*	-.16**	-.14*	-.03	.51**	--			
7. Age	-.14**	-.14**	-.11*	-.04	.08*	.06	--		
8. Time since First Disclosure	-.13**	-.01	-.02	.01	.09*	-.04	.36**	--	
9. Marriage Importance	-.02	-.03	-.03	-.13*	.06	.13**	-.05	-.01	--

Note. Shown are correlations between observed means on study variables rather than latent correlations. * $p < .05$, ** $p < .01$.

Table 6.

Sexual Identity Response Patterns Across all Four Waves

Men			Women		
Sexual Identity Pattern	<i>n</i>	%	Sexual Identity Pattern	<i>n</i>	%
GGGG	70	17.8	LLLL	38	8.6
GGGB	3	0.8	LLLB	5	1.1
GGGH	1	0.3	LLLH	0	0
GGG*	17	4.3	LLL*	9	2.0
GGBG	2	0.5	LLBL	4	0.9
GGBB	3	0.8	LLBB	6	1.4
GGB*	2	0.5	LLB*	1	0.2
GGHH	1	0.3	LLHH	0	0.0
GG*G	4	1.0	LL*L	1	0.2
GG**	34	8.6	LL**	15	3.4
GBGG	8	2.0	LBLL	2	0.5
GBGB	1	0.3	LBLB	2	0.5
GBG*	0	0.0	LBL*	1	0.2
GBBB	6	1.5	LBBB	6	1.4
GBBH	0	0.0	LBBH	1	0.2
GBHG	1	0.3	LBLL	0	0.0
GBB*	0	0	LBB*	2	0.5
GB**	9	2.3	LB**	3	0.7
GHHH	1	0.3	LHHH	0	0.0
GH*B	1	0.3	LH*B	0	0.0
G*GG	6	1.5	L*LL	1	0.2
G*GB	1	0.3	L*LB	0	0.0
G*G*	3	0.8	L*L*	0	0.0
G*B*	1	0.3	L*B*	0	0.0
G**G	2	0.5	L**L	0	0.0
G**B	1	0.3	L**B	0	0.0
G*BB	0	0.0	L*BB	2	0.5
G***	88	22.3	L***	86	19.5
BGGG	5	1.3	BLLL	2	0.5
BGGB	1	0.3	BLLB	1	0.2
BGG*	1	0.3	BLL*	0	0.0
BGBG	2	0.5	BLBL	3	0.7
BGBB	0	0.0	BLBB	1	0.2
BG*G	0	0.0	BL*L	1	0.2
BG**	4	1.0	BL**	2	0.5
BBGG	3	0.8	BBLL	2	0.5

BBGB	2	0.5	BBLB	1	0.2
BBBG	1	0.3	BBBL	0	0.0
BBBB	11	2.8	BBBB	48	10.9
BBB*	6	1.5	BBB*	15	3.4
BB*B	2	0.5	BB*B	5	1.1
BB**	15	3.8	BB**	34	7.7
BHB*	0	0.0	BHB*	1	0.2
BHBH	1	0.3	BHBH	0	0.0
BH**	1	0.3	BH**	4	0.9
B*BB	0	0.0	B*BB	2	0.5
B*B*	2	0.5	B*B*	6	1.4
B**G	0	0.0	B**L	1	0.2
B**B	0	0.0	B**B	5	1.1
B***	71	18.0	B***	121	27.5

Note. G = gay, B = bisexual, L = lesbian, * = missing. Response patterns indicate sexual identity at each of the four waves. For example, “BHH*” indicates someone who identified as bisexual at Wave 1, heterosexual in Waves 2-3, and was missing at Wave 4.

Table 7.

Sexual Identity Mobility and Change between Lesbian/Gay, Bisexual, and Heterosexual Identities Over Time

	Wave 1		Wave 2		No Change between Wave 1 and 2		Wave 3		No Change between Wave 2 and 3		Wave 4		No Change between Wave 3 and 4	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Men														
Gay	266	67.51	150	68.49	137	91.33	122	81.88	98	80.33	104	80.00	92	88.46
Bisexual	128	32.49	65	29.68	40	61.54	37	24.83	24	64.86	32	24.62	20	62.50
Heterosexual	0	0.00	4	1.83	0	0.00	3	2.01	1	33.33	4	3.08	2	50.00
Women														
Lesbian/Gay	185	42.05	89	41.20	79	88.76	64	42.38	55	85.94	55	43.31	45	81.82
Bisexual	255	57.95	122	56.48	105	86.07	98	64.90	72	73.47	84	66.14	65	77.38
Heterosexual	0	0.00	5	2.31	0	0.00	0	0.00	0	--	1	0.79	0	0.00
Total Mobility					361	82.99			250	83.33			224	87.16

Note. This table connects to Hypothesis 1.

Table 8.

Sexual Identity Mobility and Change between Lesbian/Gay, Multiple Bisexual Categories, and Heterosexual Identities Over Time

	Wave 1		Wave 2		No Change between Wave 1 and 2		Wave 3		No Change between Wave 2 and 3		Wave 4		No Change between Wave 3 and 4	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Men														
Gay	266	67.51	150	68.49	137	91.33	122	81.88	98	80.33	104	80.00	92	88.46
Bisexual MG	61	15.48	26	11.87	16	61.54	12	8.05	4	33.33	10	7.69	2	20.00
Bisexual GH	32	8.12	33	15.07	3	9.09	20	13.42	12	60.00	18	13.85	8	44.44
Bisexual MH	35	8.88	6	2.74	5	83.33	5	3.36	3	60.00	4	3.08	2	50.00
Heterosexual	0	0.00	4	1.83	0	0.00	3	2.01	1	33.33	4	3.08	2	50.00
Women														
Lesbian/Gay	185	42.05	89	41.20	79	88.76	64	42.38	55	85.94	55	43.31	45	81.82
Bisexual MG	79	17.95	29	13.43	12	41.38	21	13.91	10	47.62	8	6.30	4	50.00
Bisexual GH	105	23.86	72	33.33	35	48.61	60	39.74	37	61.67	63	49.61	41	65.08
Bisexual MH	71	16.14	21	9.72	10	47.62	17	11.26	6	35.29	13	10.24	6	46.15
Heterosexual	0	0.00	5	2.31	0	0.00	0	0.00	0	--	1	0.79	0	0.00
Total Mobility					297	68.28			226	75.33			202	78.60

Note. This table connects to Hypothesis 1.

Table 9.

Unstandardized Betas and Confidence Intervals of Predictors of Depressive Symptoms across Four Waves

Dependent variable	Predictor	95%		
		LL	UL	
W1 Depressive symptoms	Time since first disclosure	-0.07	-0.05	-0.02
	Black/African American	-0.63	-0.42	-0.21
	Multiracial	-0.42	-0.21	0.00
	Other race	-0.41	-0.08	0.24
	No race reported	-0.35	-0.14	0.08
	Southwest site	0.09	0.31	0.52
	West coast site	0.13	0.29	0.46
W2 Depressive symptoms	W1 depression	0.32	0.37	0.42
	W1 religiosity	-0.08	-0.04	0.01
	W1-2 mobility	0.11	0.01	-0.09
W3 Depressive symptoms	W2 depression	0.48	0.60	0.71
	W2 religiosity	-0.13	-0.05	0.03
	Married/partnered same-gender	-0.28	-0.11	0.06
	Married/partnered different- or same-gender	-0.32	-0.06	0.21
	Partnered, no married	-0.20	-0.01	0.17
	Open partnering	-0.22	0.04	0.31
	Singlehood	-0.29	-0.07	0.15
W4 Depressive symptoms	W2-3 mobility	0.02	-0.09	-0.20
	W3 depression	0.67	0.80	0.93
	W3-4 mobility	0.13	-0.02	-0.18

Note. Reference: ^aWhite; ^bNortheast site; ^cMarried/partnered different-gender. W1 = Wave 1; W2 = Wave 2; W3 = Wave 3; W4 = Wave 4. Bold unstandardized betas are significant at $p < .05$. This table connects to Hypothesis 3 and 6.

Table 10.

Unstandardized Betas and Confidence Intervals of Predictors of Sexual Identity Mobility across Four Waves

Dependent variable	Predictor	Model 1			Model 2		
		95% LL	AOR	95% UL	95% LL	AOR	95% UL
W1-2 mobility	W1 religiosity	1.63	1.25	0.96	1.59	1.30	1.05
	Time since first disclosure	1.09	0.97	0.86	1.03	0.93	0.84
	Gay man ^a	3.62	1.68	0.78	0.39	0.21	0.11
	Lesbian ^a	3.61	1.58	0.69	0.38	0.20	0.10
	Bisexual man ^a	5.56	2.67	1.29	2.33	1.11	0.53
W2-3 mobility	W2 religiosity	2.8	1.7	1.03	2.38	1.41	0.85
	Married/partnered same-gender ^b	2.43	1.09	0.49	0.93	0.48	0.24
	Married/partnered different- or same-gender ^b	2.22	0.21	0.02	3.70	0.95	0.24
	Partnered, no marriage ^b	4.37	2.23	1.13	2.63	1.20	0.56
	Open partnering ^b	2.69	0.99	0.36	1.96	0.72	0.27
	Singlehood ^b	7.52	3.15	1.32	3.45	1.79	0.93
	Marriage importance	1.40	0.96	0.66	1.39	1.03	0.76

Note. In Model 1, youth who transitioned between three bisexual categories (bisexual, but mostly gay/lesbian; bisexual, but equally heterosexual/straight and lesbian/gay; and bisexual, but mostly heterosexual/straight) were coded as stable. In Model 2, youth who transitioned between three bisexual categories were coded as mobile. Reference: ^aBisexual woman; ^bMarried/partnered different-gender. W1 = Wave 1; W2 = Wave 2; W3 = Wave 3; W4 = Wave 4. Bold odds ratios are significant at $p < .05$. This table connects to Hypotheses 4-5.

CHAPTER IV. CONCLUSIONS

Overview of the Two Papers

In Manuscript I, I used queer and intersectional frameworks to explore how youth and young adults navigate heteronormativity, or the presumption that heterosexuality is natural (Oswald et al., 2009), in semi-structured interviews with 14 sexual and gender minority youth and young adults ages 19-24. I found that, overall, sexual minority participants subverted gender norms. Men and participants assigned male at birth contrasted their feminine gender expression to masculinity expected of them by family members and religious communities. Women and participants assigned female at birth described experimenting with gender norms to determine whether and how feminine and/or masculine they wanted to present. I also found that participants discussed how gender expression informed both sexuality and sexual attraction. That is, gay men and participants assigned male at birth stated that their gender nonconformity in childhood was indicative of their eventual gay identity to the point that they often did not need to disclose their sexual identities to family members. Though women and participants assigned female at birth described subverting gender norms, they did not describe gender expression that would indicate their bisexuality; instead, gender nonconformity was considered part of their same-gender attractions. Participants prioritized biological parenthood, particularly continuing their bloodlines, over other family constructions such as adoption. However, participants rarely discussed marriage, perhaps because of their age and socioeconomic status (Edin & Kerfalas, 2011). Gender, sexuality, and race contributed important contexts for how participants described the influences of heterosexual norms on their lives and should be the focus of future research. Finally, results consisted with queer theory: binaries of gender, sexuality, and family intersected in participants' lives and their narrative constructions of heteronormativity.

In Manuscript II, using four waves of longitudinal data from 834 lesbian, gay, and bisexual youth and young adults in the northeast, southwest, and west coast of the United States, I examined how heteronormative pressures, in the form of expected future relationships and religiosity, predicted sexual identity mobility. In turn, I examined how these pressures, as well as sexual identity mobility, predicted depressive symptoms. Sexual identity, gender, religiosity, and expected future relationships predicted mobility and stability in sexual identity; however, sexual identity mobility did not predict mental health outcomes over time. Specifically, when bisexual categories of *bisexual but mostly heterosexual*, *bisexual but equally heterosexual and gay/lesbian*, and *bisexual but mostly gay/lesbian* were treated separately, similarly to past studies on sexual identity transitions (Everett, 2015; Everett et al., 2016; Savin-Williams & Ream, 2012), bisexual participants were more likely to transition to a different sexual identity than lesbian and gay participants. In this model, participants who reported desire for same-gender marriage and partnering were likely to report mobile sexual identities than participants who reported desire for different-gender marriage. Then, religiosity in earlier waves predicted later mobility in sexual identity. In contrast, when bisexual categories were combined, bisexual men, but not bisexual women, were more likely to report mobility in sexual identity than lesbians and gay men. Participants who desired partnering, but not marriage, and singlehood were more likely to report mobility in sexual identity than youth who desired different-gender marriage and partnering. Change in religiosity predicted sexual identity mobility. However, in both models, expected future relationships, religiosity, and sexual identity mobility did not predict depressive symptoms. Findings suggest that though heteronormative pressure and desire have implications for sexual identity mobility, there is limited influence on mental health.

Overall Implications

The results of the current study show that heteronormativity manifests in the lives of sexual minority youth and young adults in multiple ways, both proximal, such as one's own gender expression, sexual identity, or sexual attraction, and distal, such as partner's gender and gender expression, or desire to bear children. Heteronormative desires, pressures, and influences differ by gender, sexual identity, and race/ethnicity but that these differences do not operate in isolation. Gender informs sexual identity, which then informs gender; race and ethnicity further add context to youths' experiences of heteronormativity.

The main differences between young people of color and white young people in terms of heteronormativity appear to center on the hypervisibility of heteronormativity/homophobia in communities of color and their invisibility in white communities. Homophobia was often less salient in the narratives of white participants; even then, participants attributed homophobia directly to family members or other people. In contrast, participants of color not only attributed homophobia to their families but also their racial, ethnic, and religious communities. There is little evidence that communities of color are more homophobic than white communities (Lewis, 2003; Negy & Eisenman, 2005). Instead, religiosity and religious attendance explain any differences in homophobia between people of color and white people (Negy & Eisenman, 2005). In addition, the naming of homophobia as machismo may serve as a focal point for understanding and talking about heterosexual norms in Latino communities in ways that are not available in non-Latino communities.

Indeed, in the second manuscript race/ethnicity did not predict either depressive symptoms or sexual identity mobility; instead, religiosity was related to sexual identity mobility. Sexual minority people acknowledge tension between their religious communities and their sexual identity (Hamlin & Gross, 2013) and often face rejection and intolerance from religious

institutions (Page, Lindahl, & Malik, 2013). In the face of this rejection and intolerance, it may be difficult for sexual minority youth to rectify conflicting messages about their same-gender attractions and their religion's unacceptability of their attractions and identities. However, not all religious affiliations are unaccepting and the broad literature on religion and health shows that spirituality, religiosity, and religious attendance confer numerous mental health benefits, such as lower risk for depression, anxiety, and suicide (Miller & Thoresen, 2003). Affirming churches may also contribute to why religiosity, and sexual identity mobility, were not associated with depressive symptoms.

There were gender differences in both studies that involved fluidity, whether fluidity in gender expression, sexuality, or sexual identity. Men were less likely to acknowledge fluidity in most regards; that is, men in both studies were less likely to be bisexual, more likely to discuss gender nonconformity in binary ways, and less likely to seek fluid or complicated relationship pathways than women. At the same time, bisexual men were more likely to report sexual identity mobility than both gay/lesbian participants and bisexual women. Though these sexual identity transitions suggest more sexual identity fluidity among bisexual men, this finding provides additional evidence that fluidity among men in each of these areas (gender, sexuality, and sexual identity) is discouraged (Eisner, 2013). Gender nonconformity, bisexuality, and sexual fluidity are threatening to heteronormativity because they undermine essentialist norms that heterosexuality is unnatural and inborn (Eisner, 2013; Oswald, Blume, & Marks, 2005). However, they are more tolerated in women because these forms of fluidity are normalized in multiple ways. Women's same-gender desires are centered on men and men's gaze (Diamond, 2005), considered less legitimate (Eisner, 2013), and hypersexualized (Nielson, Walden, & Kunkel, 2000). In comparison, fluidity in men is typically policed more overtly through violence

and victimization (Martino; Nielson, Walden, & Kunkel, 2000). There is little evidence that bisexual women are more fluid in sexual identity than men (Savin-Williams & Ream, 2012; Rosario et al., 2006) despite past research that shows women are more fluid in sexual identity than men (Ott et al., 2011; Rosario, 2006; Everett, 2015; Savin-Williams & Ream, 2012). Bisexual men may appear more sexually fluid than gay men because they are moving between monosexual identities to rectify the difficult place their sexual identity exists between masculinity and fluidity and conceal their sexual identities for fear of rejection and victimization (Meyer, 2003). However, this concealment is also associated with negative mental health (Meyer, 2003; Rosario, Schrimshaw, & Hunter, 2006) which could explain why past studies show that transitions to more same-gender oriented sexual identities is associated with negative mental health (Everett, 2015; Everett et al., 2016).

However, in the second manuscript, I did not find associations between heteronormative desires and pressures, sexual identity mobility, and depressive symptoms. Heteronormativity may not be salient in comparison to minority stressors such as internalized homophobia; perhaps more direct measures of minority stress predicted by heteronormative pressures would better illuminate connections between heteronormativity and health. Sexual minorities may experience minority stressors such as internalized homophobia, expectations of rejection, victimization, and concealment when confronted with heteronormative pressures, even if—or especially if—these pressures are subtle. Heteronormativity is pervasive and ubiquitous (Kitzinger, 2005) and sexual minority people are inundated with heteronormative messages on an everyday basis (Eisner, 2013). Participants in the first manuscript described experiences that exemplified the pervasive nature of heteronormative messages: Many concealed their sexual identity for years given messages they received from family members and religious communities about

nonheterosexuality. Even when participants described how their gender nonconformity signaled their sexual identity so that they never had to conceal their sexual identity, they still not discuss their sexual identity with their family members for fear of rejection. Thus, the fundamental thesis of this study may be more nuanced than previously thought: Heteronormative pressures are not minority stressors that influence health. Instead, heteronormative ideology and associated pressures could be the impetus for minority stressors that result in negative health outcomes for sexual minority people. That is, the heteronormative ideologies, messages, and pressures with which youth come in contact instead inform and direct minority stressors that undermine health. For example, heteronormative messages that men should be heterosexual and masculine results in social regulation in the form of victimization of gender nonconforming men to reinforce these norms (Martino, 2000; Way, 2011). Another example would be the experiences of bisexual women and men: Norms and expectations that all people should be heterosexual (Oswald, Blume, & Marks, 2005) and monosexual (Eisner, 2013; Yoshimo, 2000; Bostwick & Hequembourg, 2013) encourage bisexual men and women to conceal their sexual identities in both heterosexual and gay/lesbian communities (Roberts, Horne, & Hoyt, 2015). These minority stressors (victimization, concealment of sexual identity) then directly impact health (Meyer, 2003).

At the same time, though a growing literature shows mental health concerns associated with discrimination-based stigma among bisexual people (e.g., Bostwick, 2012; Bostwick & Hequembourg, 2013; Roberts, Horne, & Hoyt, 2015), this literature has drawn heavily from nonrandom samples of highly educated people. Other research shows bisexual people are less likely to describe their marginalization as marginalization (McClelland, Rubin, & Bauermeister, 2016) which may be why research shows lower rates of minority stressors among bisexual

people (Bostwick & Hequembourg, 2013). There may be many reasons why this occurs including the invisibility of bisexuality and associated stigma (Eisner, 2013; Yoshino, 2010). In addition, bisexual people are more likely to be poor, young, and people of color than gay, lesbian, and heterosexual people (Agénor, Krieger, Austin, Haneuse, & Gottlieb, 2014; Cochran & Mays, 2007; Dilley, Simmons, Boysun, Pizacani, & Stark, 2010; Fredriksen-Goldsen et al., 2010); bisexual peoples' experiences of discrimination may be less salient or attributed to other marginalized aspects of their identities. For instance, bisexual youth may misattribute sexual harassment related to their sexual identity to their gender. In general, these stigma experiences do not occur in isolation and this example highlights the need for intersectionality in research on stigma.

Summary

Heteronormativity continues to be a significant factor in the lives of sexual minority youth. In this two manuscript dissertation, I examined heteronormativity in the life history narratives of lesbian, gay, and bisexual youth and young adults to show that standards of appropriate and privileged gender, sexuality, and family are informed by heterosexual norms even when youth undermine these norms. Then, I examined how heteronormative desires, in the form of expected future relationships, predicts sexual identity transitions and depressive symptoms in a longitudinal sample of sexual minority youth and young adults. I found that though relationship desires predict sexual identity mobility, these transitions are not associated with negative mental health. I found that bisexual participants are more likely to endorse relationships that appear heteronormative, transition to another sexual identity, and be religious in comparison to lesbian and gay participants. However, these differences compared to lesbian/gay participants do not appear to explain mental health disparities among bisexual

participants. The results of this dissertation showcase the nuance and complexities of sexual minority youth, particularly bisexual youth, who navigate a marginalized space between heteronormativity and sexual minority status. Future research should continue to highlight people at the margins—sexual minority, youth, bisexual, people of color—to more deeply understand how heteronormativity operates in people’s lives. Doing so will allow us to better combat heteronormativity, support freedom of expression and living for all people.

APPENDICES

APPENDIX A – INTERPERSONAL NEEDS QUESTIONNAIRE

INQ

INQ

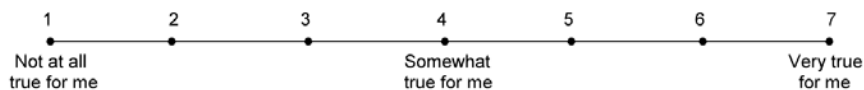
Introduction

Respond to each question by using your own current beliefs and experiences, NOT what you think is true in general, or what might be true for other people.

Base your responses on how you've been feeling recently.

Instructions

Use the rating scale to find the number that best matches how you feel and write in that number on the space provided.



- _____ A. These days, the people in my life would be better off if I were gone.
- _____ B. These days, the people in my life would be happier without me.
- _____ C. These days, I think I have failed the people in my life.
- _____ D. These days, I think I contribute to the well-being of the people in my life.
- _____ E. These days, I feel like a burden on the people in my life.
- _____ F. These days, I think the people in my life wish they could be rid of me.
- _____ G. These days, I think I make things worse for the people in my life.
- _____ H. These days, other people care about me.
- _____ I. These days, I feel disconnected from other people.
- _____ J. These days, I feel that there are people I can turn to in times of need.
- _____ K. These days, I am close to other people.
- _____ L. These days, I have least one satisfying interaction every day.

APPENDIX B – DEMOGRAPHICS QUESTIONNAIRE

**Health, Wellbeing and Social Support among a Diverse Sample of LGB Young Adults
Supplemental Questionnaire**

Age _____

What year were you born? _____

Where were you born? _____

What is your sexual identity? (e.g. gay, lesbian, bisexual)
_____What is your gender identity?
(e.g. man, woman, trans man, trans woman, queer)

Are you Hispanic or Latino? Yes / No

What is your race? (e.g. Asian, Black, White, Multiracial)
_____Where do you currently live?

Who do you currently live with? (Check all that apply)

- Alone
- Partner
- Parents
- Sibling(s)
- Heterosexual Friends/acquaintance
- LGBT Friends/acquaintance
- Other family _____

Are you currently a student? Yes / No

- Full-time
- Part-time

Which best describes your level of education?

- 1 Some high school
- 2 High school graduate
- 3 GED
- 4 Some college
- 5 College graduate
- 6 Some graduate school
- 7 Master's degree

Are you employed?

- Yes
 - Part-time
 - Full-time
- No

How difficult is it for you to pay your monthly bills?

- | | |
|------------------------|------------------------------|
| 1 No difficulty at all | 3 Some difficulty |
| 2 A little difficulty | 4 A great deal of difficulty |

How much money is left over at the end of each month after paying your monthly bills?

- 1 More than enough money left over
- 2 Some money left over
- 3 Not enough left over to make ends meet

APPENDIX C – INTERVIEW PROTOCOL

We are doing this study because we are interested in what is important for LGBTQ youth health and happiness from the perspective of LGBTQ youth and young adults. We believe that the information we are gathering from many other interviews like this one will help us understand LGBTQ youth and young adults, and ultimately help design strategies to support the LGBTQ community. We have a brief information sheet for you to fill out, along with some questions about your life growing up that we want to ask you to hear your story.

Family Background

1. Tell me what it was like to grow up as a child and adolescent in your family.
2. What were your parents or primary caregivers like? Describe them as people. What did they do for a living?
 - a. What were your relationships with your parents like?
3. Do you have siblings? What were your siblings like?
 - a. What number child are you, and what was the mix and order of girls/boys?
Describe your relationships with your siblings while growing up.
4. Describe a typical day growing up: Tell us about things like how your family spent time together, or what your parents / caregivers and siblings did for you or for the family.
5. Researchers believe that people who feel that they are a burden to others, or who feel a lack of belonging, may suffer with respect to their well-being. Did you ever have these feelings in relation to your family?
 - a. Did you feel close to your family growing up? Did you feel disconnected?
 - b. Did you feel like you were a burden on your family growing up? In what ways?
 - c. Did you feel like you were letting your family down?
 - d. Did you feel like your family would be better off without you?
6. (How) Did your sexuality and or gender expression impact your family experiences and relationships with family members while growing up?

Neighborhood

1. Where did you grow up? Describe the neighborhood(s) you grew up in.
 - a. Did you grow up in an apartment or house? Did your parents/caregivers own the home you lived in?
2. If there were other youth in your neighborhood, did you play or hang out with them? What kind of things did you do for fun? Describe your relationships with the youth in your neighborhood.
 - a. (Where) Did you hang out with your friends?
 - b. Did you have good friends? A best friend? Did you go to the same schools?
 - c. Did you bring your friends to your house to hang out?
3. Researchers believe that people who feel that they are a burden to others, or who feel a lack of belonging, may suffer with respect to their well-being. Did you ever have these feelings in relation to your neighborhood or peers?
 - a. Did you feel like you belonged to the group when you were young?
 - b. Did you feel like a burden to peers or others when you were young?
 - c. Did you feel that your peers/friends would be better off without you?
 - d. Did you ever feel like you let your peers/ friends down?

4. (How) Did your sexuality and or gender expression impact your neighborhood experiences and relationships with the other youth?

School

1. Describe your experiences in primary, middle and high school(s).
 - a. Did you enjoy going to school?
2. What kind of student were you?
 - a. How did you do in your classes?
 - b. Did your parents encourage you in school?
 - c. Were you involved in any extracurricular activities?
 - i. Sports?
 - ii. Clubs?
 - iii. Leadership roles?
 - d. Were you a part of your school community?
3. What were your relationships like with the other students?
 - a. Who did you hang out with?
 - b. What were they like?
 - c. What did you do for fun?
 - d. Did you hang out outside of school?
4. What were your relationships like with teachers, administrators, counselors?
5. Did your school have a GSA (Gay-Straight Alliance) or some other sort of LGBTQ support club?
6. Were there any open LGBTQ teachers or school personnel or allies?
7. Were there any open LGBTQ students?
8. We are also interested in feelings of being a burden to others, or lack of belonging, with respect to school – did you ever feel that way?
 - a. Were you a burden at school?
 - b. Did you ever feel that your schoolmates would be better off without you?
 - c. Did you ever feel like you let your school peers/ friends down?
9. (How) Did your sexuality and/or gender expression impact your educational experiences?

Sexuality

1. Describe your sexuality identity. What does this identity mean to you?
2. When did you realize you had sexual feelings for men, women, or both?
 - a. How did you feel about your identity?
 - b. Describe the process of coming to terms with your sexual identity.
3. Do you feel part of a larger LGBTQ community?
 - a. What does it mean to you to belong to the larger LGBTQ community?
 - b. Do you have LGBTQ friends?
 - c. Describe your relationships with other LGBTQ people.
 - d. What kinds of “LGBTQ activities” do you participate in?
 - i. Clubs
 - ii. Organizations
 - iii. Political organizing
 - iv. Clubs

v. Festivals

4. Are you out or open about your sexuality with your family members?
 - a. Describe your family members' reaction to your sexual identity.
5. Do you feel like you contribute to the LGBTQ community or to your LGBTQ friends?
 - a. Do you feel that you make a positive contribution to the community? In what ways?
 - b. Did you ever feel that your LGBTQ friends or community would be better off without you?
 - c. Did you ever feel like you let your LGBTQ friends or community members down?

Relationships

1. Discuss your past/present romantic or sexual relationships?
2. Where did/do you meet your partner(s)?
 - a. Internet?
 - b. Bars?
 - c. Friends?
 - d. School?
3. What types of things do you and your partner do together?
4. What would your ideal partner be like? What would your relationship be like?
5. Did you ever feel that you were a burden in your relationships, or feel a lack of belonging?
 - a. Has there ever been a time when you felt like your partner would be better off without you?
 - b. Did you ever feel like you let your partner down or failed them?

Race

1. How do you identify with respect to race/ethnicity? What does this identity mean to you?
2. Do you feel connected to your racial/ethnic community(ies)?
 - a. Did you ever feel that you let down members of your racial/ethnic community?
3. Do you feel like you contribute to the wellbeing of your racial/ethnic community(ies)?
4. How does race/ethnicity impact your relationships with LGBTQ communities?
 - a. Does it impact your status in the LGBTQ mainstream community?
5. Do you see racism in the mainstream LGBTQ community? How have you felt as a racial/ethnic and sexuality minority in the mainstream LGBTQ community?
6. How does being LGBTQ impact your relationship with your race/ethnic community(ies)?

Physical and Mental Health

1. What is your health like currently?
 - a. Do you have any physical or mental health issues?
2. What causes you stress?
3. Describe a time when you felt happy (peaceful/content/satisfied).
 - a. How did you feel physically?
4. Describe a time when you felt sad (hurt/angry/depressed).
 - a. How did you feel physically?
5. What were or are your sources of social support during these stressful or difficult times in

- your life?
6. Do you feel like your sexuality or gender identity have impacted your physical and mental health?

Work

1. Briefly describe your employment history.
 - a. What was your first job?
 - b. What types of jobs have you had?
2. (How) Has your sexuality or gender identity impacted your work experience?
3. Have you ever experienced harassment or discrimination in your work experiences, including not getting hired for a job, or getting fired, due to your sexuality or gender expression?
4. Finally, like the other areas, we are interested in whether you ever felt that they are a burden at work, or feel a lack of belonging at work.
 - a. Did you ever feel that your co-workers would be better off without you?
 - b. Did you ever feel like you let your co-workers down or failed them?

APPENDIX D – IDEAL FUTURE RELATIONSHIP RESPONSE CODING

Categories:

1. Married or partnered, same-gender
2. Married or partnered, any-gender
3. Married or partnered, different-gender
4. Partnering, no marriage
5. Open partnering
6. Singlehood

Coded as missing:

1 person chose all 7 options.

1 person who chose 6 options did not chose partnered in open relationship.

1 person who chose 5 options did not chose single seeing many participants and married in a different-gender relationship.

Participants who chose 4 options:

	Single, many	Single, few	Single, one	Partnered, open	Partnered, mono	Married, same	Married, different	Final Category
2175	0	0	0	1	1	1	1	2
2488	0	0	1	0	1	1	1	2
2531	0	0	1	0	1	1	1	2
4102	0	1	1	0	1	1	0	1
2325	1	1	1	1	0	0	0	6

Response Types:

0001111: Open or monogamous partnering or marriage regardless of gender, $n = 1$

0010111: Monogamy regardless of marital status, $n = 2$

0110110: Single, partnered, or married, no different sex, $n = 1$

1111000: Single only no marriage, $n = 1$

Participants who chose 3 options:

	Single, many	Single, few	Single, one	Partnered, open	Partnered, mono	Married, same	Married, different	Final Category
2117	0	0	0	0	1	1	1	2
2217	0	0	0	0	1	1	1	2
2274	0	0	0	0	1	1	1	2
2339	0	0	0	0	1	1	1	2
2407	0	0	0	0	1	1	1	2
3151	0	0	0	0	1	1	1	2
4041	0	0	0	0	1	1	1	2
3045	0	0	0	0	1	1	1	2
3108	0	0	1	0	1	1	0	1
3120	0	0	1	0	1	1	0	1
2076	0	0	1	0	1	1	0	1
3007	0	0	1	0	1	1	0	1
2007	0	0	0	1	0	1	1	2

2522	0	0	0	1	1	1	0	1
2379	0	0	0	1	1	1	0	1
2401	0	0	0	1	1	1	0	1
2386	0	0	0	1	1	0	1	3

Response types:

0000111: Monogamous partnering, $n = 8$

0010110: Monogamous same-sex, $n = 4$

0001110: Partnered or married same-gender open, $n = 3$

0001011: Open partnership or marriage no gender preference, $n = 1$

0001101: Open or monogamous partnering only different gender marriage, $n = 1$

Participants who chose 2 options:

	Single, many	Single, few	Single, one	Partnered, open	Partnered, mono	Married, same	Married, different	Final Category
2030	0	0	0	0	0	1	1	2
2033	0	0	0	0	0	1	1	2
2103	0	0	0	0	0	1	1	2
2154	0	0	0	0	0	1	1	2
2212	0	0	0	0	0	1	1	2
2350	0	0	0	0	0	1	1	2
2504	0	0	0	0	0	1	1	2
3022	0	0	0	0	0	1	1	2
3024	0	0	0	0	0	1	1	2
3129	0	0	0	0	0	1	1	2
4065	0	0	0	0	0	1	1	2
4073	0	0	0	0	0	1	1	2
4149	0	0	0	0	0	1	1	2
4177	0	0	0	0	0	1	1	2
2011	0	0	0	0	1	1	0	1
2275	0	0	0	0	1	1	0	1
2336	0	0	0	0	1	1	0	1
2403	0	0	0	0	1	1	0	1
2410	0	0	0	0	1	1	0	1
2421	0	0	0	0	1	1	0	1
2507	0	0	0	0	1	1	0	1
2540	0	0	0	0	1	1	0	1
3002	0	0	0	0	1	1	0	1
3047	0	0	0	0	1	1	0	1
4028	0	0	0	0	1	1	0	1
2317	0	0	0	1	1	0	0	4
2499	0	0	0	1	1	0	0	4
3089	0	0	0	1	1	0	0	4
4129	0	0	0	1	1	0	0	4
2215	0	0	1	1	0	0	0	5

4101	0	0	1	1	0	0	0	5
4081	0	1	1	0	0	0	0	6
4432	0	1	1	0	0	0	0	6
3118	0	0	0	0	1	0	1	3
4076	0	0	0	0	1	0	1	3
2538	0	0	0	1	0	1	0	1
2439	0	0	0	1	0	1	0	1
4095	0	0	0	1	0	1	0	1
2314	0	0	0	1	0	0	1	3
3016	0	0	1	0	0	1	0	1
2380	0	0	1	0	1	0	0	4
2334	0	1	0	0	1	0	0	4

0000011: Marriage regardless of gender, $n = 14$

0000110: Same-gender marriage or partnering, $n = 11$

0001100: Partnered, no married, $n = 4$

0011000: Open relationships, $n = 2$

0110000: Singlehood, $n = 2$

0000101: Partnered, different sex, $n = 2$

0001010: Open partnered married same sex, $n = 3$

0001001: Open partnered or different gender married, $n = 1$

0010010: Monogamous single or same gender married, $n = 1$

0010100: Monogamous partnering, no married, $n = 1$

0100100: Dating but monogamous partnering, $n = 1$

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