

Sexual Satisfaction and Mental Health in Mixed-Orientation Relationships:

A Mormon Sample of Sexual Minority Partners

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### Abstract

This study explored predictors of sexual satisfaction for sexual minorities within mixed-orientation relationships (MOR) currently affiliated with the Church of Jesus Christ of Latter-day Saints (LDS or Mormon). This sample of 272 sexual minorities in mixed-orientation relationships was taken from the larger *Four-Options* data set (Lefevor, Beckstead et al., 2019). Results indicated that more other-sex sexual attraction and behavior significantly predicted sexual satisfaction indirectly through sexual attraction and sexual aversion to a current partner. Bisexual identified partners reported higher sexual satisfaction than LGB label rejecters, lesbian and gay counterparts, but scored highest on depression and anxiety. Clinicians working with Mormon clients in mixed-orientation relationships can help clients consider the role sexual attraction and aversion may play in their ability to flourish in a mixed-orientation relationship. Family members, non-familial support systems, and church leaders are encouraged to move towards creating a safer space for greater visibility of bisexual-identifying partners within mixed-orientation relationships.

*Keywords:* bisexuality, LGB, mixed-orientation couples, Mormon, sexual satisfaction, mental health

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How do sexual minorities in conservative religious settings fare in other-sex relationships? The literature suggests that it depends on a number of factors (Benack & Swan, 2016). We define a relationship where partners have different sexual orientations as a mixed-orientation relationship (MOR). The phenomenon of mixed-orientation relationships has been discussed in polarizing ways within the literature since the 1970s (Benack, & Swan, 2016) in part due to stigma from multiple communities. People in MORs often experience stigma for being a sexual minority in religiously conservative communities, and stigma from the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community for being in a relationship with a heterosexual partner. More nuanced understandings of mixed-orientation relationships help to reduce this stigma and illuminate the factors that may determine satisfaction and health in these relationships (Hernandez, Schwenke, & Wilson, 2011; MASKED FOR; Legerski, & Harker, 2017; Legerski, et al., 2017).

It is likely that strong cultural and religious narratives around heterosexuality may encourage mixed-orientation relationships, specifically when the sexual minority partner identifies as gay or lesbian rather than bisexual. Because of this, religious affiliation, activity, and orthodoxy may be important determinants of satisfaction and health (Legerski, et al., 2017). This study explores the role of factors thought to predict the sexual satisfaction and mental health of sexual minority partners in mixed-orientation relationships who are or were affiliated with the Church of Jesus Christ of Latter-day Saints (LDS or Mormon). This study explores group differences between Mormons who identify with their sexual minority status in different ways

and uses a mediated path analysis to explore correlations between variables known in literature to associate with sexual satisfaction.

### **Theoretical Framework**

When considering the unique relational challenges of sexual minorities in mixed-orientation relationships, it is important to not only catalog risks but to discuss needed changes on individual, community, and organizational levels. Empowerment theory provides a structure for these discussions (Perkins & Zimmerman, 1995) by identifying four steps to creating change: (a) understanding where disempowerment occurs; (b) disseminating this information to communities; (c) establishing support structures; and (d) effecting change on larger levels in society so barriers to resources are removed (Garnets & D'Augelli, 1994).

Given the historically oppressed role of sexual minorities within the LDS church, we focus this current study on the first step of understanding where disempowerment occurs and how resources are withheld from these individuals. The term, *resources*, refers to anything that aids in individual or community development for marginalized people and are represented as our main outcomes. Specifically, for the present study we examine relational well-being (sexual satisfaction) and mental health outcomes (depression and anxiety) as resources. Though not measured, we consider in our discussion bisexual visibility (or lack thereof) within a conservative religious organization like the LDS church as a resource. Greater access to these resources are considered the byproducts of empowerment. Empowerment theory helps to organize the analysis and interpretation by considering how factors on (a) individual (i.e. sexual orientation, gender, religious orientation and age) or relational (relationship communication); (b) community (i.e., church activity); and (c) organizational (i.e., religious affiliation) levels are involved in empowering sexual minority partners within Mormon mixed-orientation

relationships. Collectively, these variables are termed *empowerment factors*, reflecting that the presence of a particular condition of a variable (e.g., having stronger relationship communication skills) may facilitate empowerment. In short, empowerment factors that we measure with variables like relationship communication are expected to be related to resources like higher sexual satisfaction.

Additionally, minority stress theory also guides our research questions, analyses and implications (Meyer, 2003). This theory explains how distal stressors (i.e., discrimination and prejudice in society) result in proximal stressors (i.e., internalized negative beliefs) to produce negative mental health outcomes. To better understand the experiences of sexual minorities affiliated with conservative religious groups, it is important to consider likely proximal stressors that are perpetuated within religious organizations like the LDS church. Because of this, our current study only looks at sexual minorities still affiliated with the LDS church as well as their religious orientation on a continuum of religious orthodoxy and their church attendance frequency. Together, minority stress theory and empowerment theory consider the relationship between community and personal and relational well-being.

### **Mixed-Orientation Relationships**

Historically, the literature on mixed-orientation relationships has focused on gay, lesbian, or bisexual identifying partners in a relationship with a heterosexual identifying partner. Though obtaining exact figures is difficult, it has been estimated that as many as 2,000,000 bisexual, gay, and lesbian people have at one point been in a cross-sex marriage (Buxton, 2004a) and that historically, 20-40 percent of gay or bisexual identifying men were in a mixed-orientation relationship in their lifetime (Harry, 1990; Janus & Janus, 1993). When these relationships begin, heterosexual partners are not always aware of their partner's same-sex attractions. Sexual

minority partners are more likely to disclose their orientation to their partner now than they have been historically; however, disclosure remains a disorientating experience for the couple even when such disclosures are anticipated by heterosexual partners (Buxton, 2004a; Hernandez, Schwenke, & Wilson, 2011).

Literature on mixed-orientation relationships has considered the disclosure process, coping after disclosure (Buxton, 2004a; Buxton, 2004b; Buxton, 2012), as well as resiliency factors in these relationships (Kays & Yarhouse, 2010; Kays, Yarhouse, & Ripley, 2014). A portion of this literature has considered the unique role that religion plays in the formation of these relationships, finding that religion was a significant motivation for maintaining the relationship and that religion played a key role in coping with relationship issues (Yarhouse, Poma, Ripley, Kays, & Atkinson, 2011). It also appears that religion may be an important factor in relationship maintenance post-disclosure (Kays & Yarhouse, 2010; Yarhouse, et al. 2011). Because there are both overarching patterns between religious groups and important cultural nuances from one religious community to another, research is needed that examines the experiences of sexual minority partners in mixed-orientation relationships from both broad (e.g., Judeo-Christian) and narrow (e.g., Catholic) spectrums of religious tradition.

### **The LDS Church and Mixed-Orientation Relationships**

Heteronormative societal narratives are institutionalized through doctrine in the LDS church (Mormon), which may lead many to pursue mixed-orientation relationships. According to Mormon doctrine, cross-sex marriage and family life is the only way to obtain the highest levels of salvation in the afterlife (Church of Jesus Christ of Latter-day Saints, 2016). Although doctrinal caveats are made for those who may be “unable to attain” these ideals and although the Mormon church no longer officially encourages mixed-orientation relationships, substantial

cultural pressure exists for sexual minority Mormons to enter other-sex marriages in order to demonstrate their devotion (Church of Jesus Christ of Latter-day Saints, 2016).

Heteronormative discourse from LDS church leaders also encourages members to avoid identifying as a sexual minority, encouraging members instead to view same-sex attractions as a trial of faith and sexual minority identity labels as adjectives that describe thoughts and feelings (Oaks, 1995). Although no formal church discipline exists for adopting a sexual minority identity label, sexual minority Mormons who identify as LGBQ and engage with the LDS church tend to evidence more symptoms of depression (Dahl & Galliher, 2012), anxiety and suicidality (CITATION MASKED), and PTSD (Simmons, 2017) than those who do not.

Heteronormative and sexually restrictive doctrine may also perpetuate mixed-orientation relationships in the Mormon Church by precluding sexual self-discovery. LDS doctrine discourages sexual contact of any kind prior to marriage, particularly discouraging same-sex sexual activity (Church of Jesus Christ of Latter-day Saints, 2018b). As a result, religiously devout members are less likely to engage in the sexual exploration with self and others that is common among children and adolescents and may be less aware of their own sexuality. As such, devout Mormons may enter a mixed-orientation relationship with diminished understanding of their own sexuality and sexuality more generally. It may thus not be uncommon for Mormons in mixed orientation relationships to recognize and disclose significant or predominant same-sex attractions only after marriage (Buxton, 2004b), which may make these relationships more challenging (Legerski & Harker, 2017). Further, sexual minority partners in mixed-orientation relationships—regardless of the degree to which they experience same-sex attractions and whether they ultimately remain coupled—may have difficulty navigating coming out within an LDS context, which can adversely affect their mental health (MASKED FOR REVIEW).

### **Relationship Outcomes in Mixed Orientation Relationships**

As many sexual minority Mormons enter mixed orientation relationships, it is important to understand the implications that being in a mixed orientation relationship may have on sexual and relational satisfaction. In couples generally, sexual satisfaction is positively associated with relationship satisfaction (Byers, 2005; Røsand, Slinning, Eberhard-Gran, Røysamb, & Tambs, 2012), life satisfaction (Schmiedeberg, Huyer-May, Castiglioni, & Johnson, 2017), intracouple communication (Yoo, Bartle-Haring, Day & Gangamma, 2014), and mental health outcomes (Peleg-Sagy & Shahar, 2012; Stapinska-Syniec, Grabowska, Szpotanska-Sikorska, & Pietrzak, 2018). Although sexual satisfaction appears to be experienced at equal rates across genders (Purdon & Holdaway, 2006), male-centric views of sexual satisfaction inherent in the measurement of sexual satisfaction may obscure sexual satisfaction of women (McClelland, 2010). Generally, both partners in mixed-orientation relationships report mild-to-moderate levels of distress; however, a number of factors may buffer this distress including positive communication, commitment, and forgiveness (Kays, Yarhouse, & Ripley, 2014; Kays & Yarhouse, 2010).

**Mormon mixed-orientation relationships.** The limited literature on Mormon mixed-orientation relationships consistently indicates that these relationships fare better when the sexual minority is bisexual, rather than exclusively gay or lesbian (Dehlin, Galliher, Bradshaw, & Crowell, 2014; Legerski et al., 2017). Indeed, sexual minority partners who leave mixed orientation relationships report having had less sexual attraction—and may potentially evidence sexual aversion—to their partner than those who remain committed (Legerski et al., 2017). In this study, sexual aversion refers to negative physical reactions (for example, being sexual with women would be unpleasant or the thought of being sexual with men causes repulsion or

dislike). This is different from social aversion/disgust, which is having negative beliefs about same-sex sexuality. Further, although it appears that sexual minority Mormons who identify as lesbian, gay, bisexual, or queer (LGBQ) have similar mental health outcomes to those who do not (often identifying as “same-sex attracted” or declining identity labels; MASKED FOR REVIEW), those rejecting LGBQ identity labels evidence more internalized homonegativity, which may adversely affect satisfaction in a mixed-orientation relationship. Taken together, these findings may reflect that individuals generally want to be partnered within a relationship where sexual, emotional, and romantic connection feels natural and innate and that sexual orientation, sexual attraction, aversion, and labelling may play a substantial role in satisfaction in that relationship.

### **The Present Study**

There is a growing body of literature on Mormon mixed-orientation relationships, yet we are unaware of studies exploring sexual satisfaction in this context. The current study addresses this gap by exploring predictors of sexual satisfaction as well as mental health outcomes for sexual minorities in mixed-orientation relationships. Specifically, this study asks the following questions:

RQ1: How do sexual minorities in mixed-orientation relationships affiliated with the LDS church differ in sexual attraction and sexual behavior, sexual satisfaction, relationship communication, depression and anxiety based on how they self-identify as sexual minorities (i.e., LGB or label rejecter/SSA)?

H1: Those who reject LGB labels and identify as SSA will be significantly more likely to report being religiously conservative and attend church activities more frequently.

H2: Those who report more bisexual patterns of attraction will report higher sexual satisfaction than their lesbian and gay counterparts.

RQ2: How do sexual minorities in mixed-orientation relationships differ on sexual satisfaction and mental health outcomes based on gender identity?

H3: Men in mixed-orientation relationships will report higher sexual satisfaction compared to women.

RQ3: How are factors of empowerment associated with sexual satisfaction, depression and anxiety, directly and indirectly through sexual attraction to partner and sexual aversion to partner while controlling for other factors?

H4: Higher scores on sexual attraction and sexual behavior scores (indicating a predominantly same-sex orientation) will be associated with lower sexual satisfaction for LDS affiliated sexual minorities in mixed-orientation relationships while controlling for other variables.

## **Method**

### **Procedure**

The present study uses cross-sectional data collected between 2016 and 2017 from the Four-Option Survey presented by MASKED FOR REVEIW and colleagues (2019). The survey was designed to understand the experiences of adults who reported experiencing same-sex attraction (SSA) or identifying as lesbian, gay, bisexual (LGB), as well as those who identify as heterosexual but reported at one point experiencing same-sex attraction. The survey examined individuals in the following single/relationship options: (a) single and celibate, (b) single and not celibate, (c) in a heterosexual/mixed-orientation relationship; or (d) in a same-sex relationship.

The Four Options Survey was accessed online by participants through Survey Monkey software. Recruitment announcements outlined survey procedures, purposes of study, and possible harm and benefit to participants. For advertising, outlets that agreed to advertise the survey included the Salt Lake Tribune, Online Religion News Source, and the LDS Living Magazine. Other recruitment strategies included announcements in various forums for sexual minorities from conservative religions such as the Alliance for Therapeutic Choice and Scientific Integrity, Affirmation, and North Star. Announcements and access to the survey was also posted in similar online organizations and support groups like Mormons Building Bridges. The creators and distributors of the 4-option survey obtained approval through their respective review boards and the authors declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

### **Participants**

Sexual minority participants from the Four-Option Survey who 1) raised in and currently affiliated with the LDS church and 2) were currently in a mixed-orientation relationship were eligible for inclusion in the present study. A total of 272 individuals met inclusion criteria. The average age of participants was 41 years old, 69% identified as men, and 58.5% identified as same-sex attracted or rejected a sexual identity label. Sexual identity was asked with the following question: “How do you currently describe or label your sexuality to others? (please mark the primary way you refer to yourself to others).” There were a total of 27 forced choice options and an open ended option for participants to self-identify if they felt none of the options listed accurately represented how they choose to identify. For example, to arrive at our grouping for lesbian and gay, the following forced choice options were used: *lesbian or gay*, *homosexual*, and *mostly gay or lesbian*. This sample was drawn from a larger sample of 522 who reported

being in a mixed-orientation couple. A percentage of them were raised Mormon but were no longer affiliated with the LDS church and a percentage never were affiliated with the LDS church. The decision was made to exclude transgender ( $n = 7$ ) and gender-non conforming ( $n = 12$ ) identifying participants. This decision was made with the assumption that the experiences of transgender and gender non-conforming Mormons and cisgender Mormons are not equal and deserve to be considered separately (see Table 1 for demographics).

### Measures

Demographic information included age, gender, sexual orientation label, degree of other- and same-sex attraction, degree of other- and same-sex sexual behavior, race/ethnicity, number of children, church attendance, and education.

**Sexual satisfaction.** For this variable, three items were used to measure participants' reports of sexual satisfaction. Items included the following statements: (1) sex with this person feels physically wrong for me (reversed coded), (2) sex with this person is pleasurable to me, and (3) sex with this person enhances our emotional bond. The items were rated by participants on a 7-point scale that ranged from 1 (*strongly disagree*) to 7 (*strongly agree*). The variable was created by computing the mean of these items. Internal consistency for this variable was .79 for women, and .75 for men.

**Depression.** Depressive symptoms were assessed using the Patient Health Questionnaire depression scale (PHQ-9; Kroenke, Spitzer, Williams, 2001). The PHQ-9 asked participants to rate their frequency of experiencing nine common depressive symptoms within the past 2 weeks. Sample statements were "Little interest or pleasure in doing things" and "Feeling bad about yourself or that you are a failure or have let yourself or your family down." Items were assessed on a 4-point scale ranging from 0 (*not at all*) to 3 (*nearly every day*). Items were coded so a

higher score indicated greater depressive symptoms. The mean of these nine items was computed for participants. Internal reliability for this variable was .86 for women, and .88 for men.

**Anxiety.** Anxiety symptoms were assessed using the Generalized Anxiety Disorder Scale (GAD-7; Spitzer, Kroenke, Williams, & Lowe, 2006). The GAD-7 asked participants to rate their level of anxiety with 7 items within the past 2 weeks of reporting. Sample statements were “Feeling nervous, anxious, or on edge” and “Becoming easily annoyed or irritable.” Items were assessed on a 4-point scale ranging from 0 (*not at all*) to 3 (*nearly every day*) with a higher score indicated greater anxiety symptoms. The mean of these seven items was computed for participants. Internal reliability for this variable was .88 for women, and .91 for men.

**Sexual attraction and behavior.** Sexual attraction and behavior were measured each using a single-item question which asked “Please check one that combines a single overall rating for all your sexual attractions and fantasies, romantic desires and crushes, and nocturnal dreams in the last year” and “Please check one that combines a single overall rating for all your sexual behaviors in the last year” (Kinsey, Pomeroy & Martin, 1948). Sexual attraction and behavior were measured on a 9-point scale, with each point representing the following options; 0 (*exclusively heterosexual with no homosexual*), 1 (*predominantly heterosexual, only incidentally homosexual*), 2 (*predominantly heterosexual, but more than incidentally homosexual*), 3 (*equally heterosexual and homosexual*), 4 (*predominantly homosexual, but more than incidentally heterosexual*), 5 (*predominantly homosexual, only incidentally heterosexual*), 6 (*exclusively homosexual with no heterosexual*), 7 (*asexual*), and 8 (*you don't have an option that applies to me. Please specify*). Those who selected options 7 or 8 were recoded as missing.

**Partner sexual attraction.** Participants were asked to rate their sexual attraction to their partner in the mixed orientation relationship, separately from their overall sexual attraction. This

variable was measured on a 7-point scale ranging from around 0% (*none*) to around 100% (*very strong*).

**Partner sexual aversion.** Participants were asked to rate their sexual aversion to their partner in the mixed orientation relationship. The item was measured on a 7-point scale ranging from around 0% (*none*) to around 100% (*very strong*).

**Relationship communication.** For this variable, two items were used to measure participants' reports of relationship communication. The items were rated by participants on a 7-point Likert scale that ranged from 1 (*strongly disagree*) to 7 (*strongly agree*). Items included the following statements; "We are good at negotiating conflicts over decisions", and "I feel comfortable sharing my private thoughts and feelings with this person." Higher scores on this scale indicated more positive relationship communication. The mean of these two items was computed for participants. Internal reliability for this variable was .80 for women, and .76 for men.

**Religious activity.** Participants were also asked to report how often they attended religious activities. On a 5-point scale ranging from 0 (*stopped attending*) to 4 (*Engage in my religion's activities/attend at my place of worship more than once a week*) they answered "What is your current church/religious activity?"

**Religious conservatism.** Participants were asked "How do you consider your religious viewpoint?" To identify which of the following best represented their religious orientation they could choose from the following: (1) Theologically conservative, traditional, or orthodox, (2) Theologically moderate, (3) Theologically liberal or progressive, (4) Theologically heterodox (a mix of beliefs that range from traditional to progressive), (5) Agnostic (believes it is impossible to know whether there is a God/Deity, and does not profess atheism), (6) Anti-religious (opposed

to organized religion), (7) Atheist (denies or disbelieves the existence of a God or Deity), (8) Non-religious, disinterested, (9) Spiritual but not religious (relationship with God/Deity/the Divine/Universe is personal and not connected to an institution), (10) I am confused and uncertain about religion and spirituality, and (11) Other (please specify) which was recoded as missing. (1) Theologically conservative, traditional, or orthodox and (2) Theologically moderate were combined and coded as 1. This decision was based on group similarities (i.e., in sexual identity labeling, relational outcomes, mental health, religious activity) to indicate religiously conservative. Answers three to ten were combined to indicate not religiously conservative and were coded as 0.

### **Analytic Plan**

Chi-square tests, ANOVAs and correlations were conducted in *SPSS* to answer research question 1 and 2 as well as hypotheses 1, 2, and 3. Variables that evidenced significant associations in these analyses were then considered for inclusion in a mediated path analysis to answer research question 3 and hypothesis 4. Path analyses were conducted in *Mplus* using full maximum likelihood estimation to address missing data. Because of the model's mediation effect, a bootstrap estimation approach with 2,000 resamples was used. Data met assumptions of normality, falling between 3 and -3 for skewness and 10 and -10 for kurtosis.

## **Results**

### **RQ1**

Chi-squared tests for independence indicated that there was a significant relationship between sexual minority identification and religious conservatism,  $\chi^2(2) = 21.88, p < .001$  with participants who did not use LGB labels being significantly more likely to be religiously conservative than those who did. Independent samples *t*-tests indicated that those identifying as

religiously conservative reported significantly less depression and anxiety than their religiously non-conservative counterparts. There was no significant difference between these groups for sexual satisfaction (see Table 2).

An ANOVA test was completed to test for mean differences between sexual minority identification with empowerment factors (i.e., sexual orientation, relationship communication, and church activity) and outcome variables (i.e., sexual satisfaction, depression, and anxiety) (see Table 3). Results indicated that non-labeling ( $M = 5.11$ ) and bisexual participants ( $M = 5.25$ ) reported significantly higher sexual satisfaction than those identifying as gay or lesbian ( $M = 4.13$ ) on average. Bisexual participants reported significantly higher scores for anxiety ( $M = 8.73$ ) and depression ( $M = 9.41$ ) than their LGB label rejecter counterparts ( $M_s = 5.26$  and  $5.77$ ). There were no significant differences between those identifying as bisexual and not adopting a sexual identity for sexual behavior scores. As expected, those identifying as gay and lesbian reported significantly higher scores of sexual attraction which indicated a predominantly same-sex orientation (behavior  $M = 2.58$ , attraction  $M = 5.92$ ) on average than their bisexual (behavior  $M = 1.74$ ; attraction  $M = 4.46$ ) and LGB label rejecter (behavior  $M = 1.68$ ; attraction  $M = 4.86$ ) counterparts. As expected, those rejecting a sexual identity label reported significantly higher frequency of church related activities than gay and lesbian participants on average. No significant differences between groups was reported for relationship communication.

## **RQ2**

Independent samples  $t$ -tests were conducted to examine mean differences between men and women on sexual satisfaction and mental health outcome variables. On average, women in mixed-orientation relationships reported significantly more anxiety (Women:  $M = 6.95$ ,  $SD =$

5.25; Men:  $M = 5.43$ ,  $SD = 4.83$ ;  $t(270) = 2.27$ ,  $p = .024$ ) and depression (Women:  $M = 7.80$ ,  $SD = 5.89$ , Men:  $M = 6.03$ ,  $SD = 5.37$ ;  $t(270) = 2.38$ ,  $p = .018$ ) than men.

### RQ3

**Preliminary correlation analyses.** Bivariate correlation analyses indicated that sexual satisfaction was significantly associated with sexual attraction to partner ( $r = .66$ ,  $p < .01$ ), sexual aversion to partner ( $r = -.73$ ,  $p < .01$ ), sexual behavior ( $r = -.44$ ,  $p < .01$ ), sexual attraction ( $r = -.32$ ,  $p < .01$ ), relationship communication ( $r = .46$ ,  $p < .001$ ), church activity ( $r = .21$ ,  $p < .01$ ) and age ( $r = -.19$ ,  $p < .01$ ). Depression was significantly associated with sexual aversion to partner ( $r = .25$ ,  $p < .01$ ), sexual behavior ( $r = .19$ ,  $p < .01$ ), sexual attraction ( $r = .12$ ,  $p < .05$ ), relationship communication ( $r = -.22$ ,  $p < .01$ ), and church activity ( $r = -.17$ ,  $p < .01$ ). Depression was not significantly associated with sexual attraction to partner ( $r = -.11$ ,  $p = .083$ ) or age ( $r = -.09$ ,  $p = .155$ ). Anxiety was significantly associated with relationship communication ( $r = -.17$ ,  $p < .01$ ), church activity ( $r = -.21$ ,  $p < .01$ ) and age ( $r = -.17$ ,  $p < .01$ ). Anxiety was not significantly associated with sexual attraction to partner ( $r = .00$ ,  $p = .972$ ), sexual aversion to partner ( $r = .08$ ,  $p = .173$ ), sexual behavior ( $r = .07$ ,  $p = .265$ ), or sexual attraction ( $r = .04$ ,  $p = .468$ ).

**Mediated path analysis.** Sexual attraction and sexual behavior scores were temporally ordered as predictors of relational (i.e., sexual satisfaction) and individual outcomes (i.e., depression and anxiety). We made this decision under the assumption that it is the degree of same- and other-sex attraction that, at least in part, determines the level of satisfaction within a mixed-orientation relationship. We also felt that the literature identifying relationship communication as a strong predictor of sexual satisfaction within relationships necessitated the inclusion of this variable as a predictor as well. We know that sexual minorities make a variety

of decisions with church activity and religious affiliation on an individual level. Because of this we were interested to see if religious conservativeness was associated with individual and relational outcomes. A correlation table has been added to show variable relationships among continuous variables used (see Table 4). All of these main predictors, along with control variables (i.e. age and gender) were mediated through sexual attraction to partner and sexual aversion to partner (see Figure 1). We felt that this mediating affect added an extra layer in observing how sexual minorities view their other-sex partner, and thus, how this associated with sexual satisfaction and individual well-being. Using *Mplus*, the model terminated normally, and good model fit was determined prior to mediation and bootstrapping based on established cut offs within the field (Kline, 2016; Model fit:  $\chi^2(2) = .05, p = .98$ ; RMSEA < .00; CFI = 1.00; SRMR = .001).

***Direct effects.*** We found several direct effects between empowerment factors and outcome variables (sexual satisfaction, depression, anxiety). Results indicated that higher sexual attraction to partner, lower sexual aversion to partner, more overall other-sex sexual behavior, positive relationship communication, and being a man significantly predicted higher scores for sexual satisfaction, while controlling for other variables. More overall other-sex attraction, positive relationship communication, and being a man significantly predicted lower depression scores. More positive relationship communication, being a man, and older in age significantly predicted lower scores of anxiety. About 68% of the variance in sexual satisfaction was accounted for by predictors included in the path analysis model ( $R^2 = .682$ ). Betas and their significance levels are viewable in Table 5.

***Indirect effects.*** Results indicated several significant indirect effects that primarily highlight (a) the way that sexual attraction/aversion to a partner mediates the relationship

between overall sexual attraction/behavior and sexual satisfaction and (b) the way that sexual attraction/aversion to a partner mediates the relationship between relationship communication and sexual satisfaction. More specifically, there was an indirect effect from sexual behavior to sexual attraction to partner to sexual satisfaction ( $b = -.04, p < .01, 95\% \text{ CI } -.06 \text{ to } -.01$ ) such that a one-unit increase in sexual behavior was associated with a .04 unit increase in sexual satisfaction, via its previous effect through sexual attraction to partner. Other indirect effects included sexual behavior to sexual aversion to partner to sexual satisfaction ( $b = -.09, p < .01, 95\% \text{ CI } -.16, -.04, p < .01$ ), sexual attraction to sexual attraction to partner to sexual satisfaction ( $b = -.11, p < .001, 95\% \text{ CI } -.16, -.06$ ), sexual attraction to sexual aversion to partner to sexual satisfaction ( $b = -.09, p < .001, 95\% \text{ CI } -.14, -.05$ ), relationship communication to sexual attraction to sexual satisfaction ( $b = .04, p < .01, 95\% \text{ CI } .01, .07$ ), and relationship communication to sexual aversion to sexual satisfaction ( $b = .13, p < .001, 95\% \text{ CI } .07, .18$ ).

### **Discussion**

This study examined factors related to sexual satisfaction and mental health outcomes among LDS affiliated sexual minorities within mixed-orientation relationships. Confirming hypothesis 1, those reporting same-sex attraction but not identifying as gay, lesbian, or bisexual were significantly more likely to be religiously conservative and attend church services more frequently than gay and lesbian participants, as found in other research (MASKED FOR REVIEW). These individuals most closely matched bisexual individuals in their patterns of sexual attraction, behavior, and satisfaction as well as relationship communication.

Nonetheless, and contrary to hypothesis 2, we found that bisexual individuals reported more depression and anxiety than those who did not adopt an LGB identity. This finding is somewhat surprising given the similarities in sexual attraction between these two groups. We

consider several possibilities. First, there is some evidence to support that LGBTQ identified individuals tend to be more connected to the larger LGBTQ community and less religious than their counterparts who experience similar degrees of same-sex attraction but who reject sexual identity labels (MASKED FOR REVIEW). In the present sample, the bisexual (and gay/lesbian) group was less religiously conservative than the group that did not adopt a sexual identity label. It is thus possible that individuals who identify as bisexual may do so out of a desire to convey affiliation with the larger LGBTQ sociopolitical movement, which may be perceived as a rejection of religious expectations not to adopt sexual identity labels (Oaks, 1995). Given that our sample was comprised of sexual minority partners of mixed orientation relationships who currently affiliate with the Mormon church, this perceived rejection of religious expectations may lead to increased conflict in religious spaces, with partners, or internally, which can lead to poor outcomes (Grigoriou, 2014; MASKED FOR REVIEW). In contrast, rejecting an LGB identity might act as a protective factor within the LDS church community as it may connote an increased sense of belonging in a heteronormative organization (MASKED FOR REVIEW).

Alternatively, the increased psychological distress experienced by individuals who identify as bisexual may represent the additive stress of biphobia and bierasure both broadly and specifically within the LDS church. Bisexual individuals are subject to a host of additional stressors beyond those experienced by gay/lesbian individuals including increased victimization, decreased positive outcomes for disclosing sexual identity, and discrimination by both heterosexual and gay/lesbian individuals (Feinstein & Dyar, 2017). Further, bisexual Mormons may experience both erasure from heteronormative doctrine (Oaks, 1995) as well as erasure within sexual minority Mormon communities similar to what bisexual individuals experience within the larger LGBTQ and heterosexual communities (Barker & Langdrige, 2008; Erickson-

Schroth & Mitchell, 2009; Hackl, Boyer & Galupo, 2013; Mulick & Wright, 2002; Yost & Thomas, 2012). This erasure may lead bisexual partners in Mormon mixed orientation relationships to fear and face rejection by both bisexual and sexual minority Mormon communities, problematizing support seeking.

Though bisexual individuals and those rejecting an LGB label did not differ in relationship dynamics, we found—as expected in hypothesis 2—that those identifying as gay or lesbian reported less sexual satisfaction than these two groups. Gay and lesbian participants also reported more same-sex attraction and behavior than any other group. These findings may be best understood in light of findings from our path analysis that confirm hypothesis 4 and indicate that, when controlling for all other variables, the empowerment factors that best predicted sexual satisfaction were sexual attraction to partner, sexual aversion to partner, being a man, and relationship communication. Sexual behavior and attraction scores were also significant predictors of sexual satisfaction indirectly through sexual attraction to partner and sexual aversion to partner. While controlling for other variables, reporting more overall other-sex sexual attraction and behavior was significantly associated with reporting higher sexual satisfaction.

Taken all together, these findings confirm previous literature that suggests that sexual attraction and aversion play an important role in sexual satisfaction, particularly for sexual minorities in mixed orientation relationships (MASKED FOR REVIEW; Legerski, & Harker, 2017; Legerski, et al., 2017). They further nuance the literature by clarifying that sexual attraction or aversion exerts its effect on sexual satisfaction primarily through sexual attraction or aversion *to a particular person* rather than to people in general. We also found that women consistently experienced worse mental health and sexual satisfaction in mixed orientation relationships than did men. Women experienced more anxiety and depression, and, once other

variables were controlled for (i.e. age, relationship communication, religious conservativeness, sexual attraction, sexual behavior, and sexual attraction and aversion to partner), were found to experience less sexual satisfaction than men, confirming our third hypothesis. Though literature seems to suggest no difference in reports of sexual satisfaction between men and women, McClelland (2010) voices concern that these findings often ignore contextual factors.

It is possible that within conservative religious subcultures, like the LDS church, women may find little encouragement to be sexual initiators, both before long-term committed relationships and after marriage. This may be partly explained by traditional gendered norms that place men in the role as sexual initiator or experts in sexual activity (Rosenthal, Levy, & Earnshaw, 2012). Along with a sexually restrictive church doctrine (Church of Jesus Christ of Latter-day Saints, 2018b), these narratives likely prevent sexual exploration from occurring prior to marriage, possibly leading to lower reports of sexual satisfaction in marriage. This, compounded with a church culture that gives few opportunities for women to meaningfully contribute to organizational policy and structure, may partially explain why mental health is lowest for sexual minority women in Mormon mixed-orientation relationships.

Finally, our path analysis indicated that those who reported engaging in same-sex sexual behavior to some degree reported lower sexual satisfaction compared with those reporting only other-sex behavior. Though not included in our initial hypotheses, this finding helps provide additional information about sexual satisfaction in mixed orientation relationships and may reflect that engaging in same-sex behavior may make it more difficult for sexual minority partners in mixed-orientation relationships to feel satisfied engaging in other-sex sexual behavior. Though it is unclear from our measures whether this same-sex behavior was considered infidelity, Yarhouse et al., (2011) found that a main motivation that caused significant

strain and led to ending a mixed-orientation relationship was infidelity from the sexual minority partner. Further, given the conservative nature of the Mormon church, it is likely that any same-sex sexual behavior on the part of the sexual minority partner was undertaken in violation of the norms of the relationship as well as those of the Mormon church. The strict doctrinal parameters around chastity within marriage not only refer to other-sex relational fidelity, but also refer to the prohibition of any same-sex sexuality or intimacy (Church of Jesus Christ of Latter-day Saints, 2018a). It may thus be that violation of chastity as defined by the LDS church would cause a great deal of distress for partners in LDS affiliated mixed-orientation relationships, leading to poorer outcomes (Grigoriou, 2014; MASKED FOR REVIEW). This may also speak to the impact of sexual satisfaction when sexual exploration is not allowed before marriage.

### **Implications**

Empowerment theory (Perkins & Zimmerman, 1995) provides a strong framework to consider ways that empirical findings may be applied within families, communities, and organizations. Theorizing about issues of marginalization have considered how systemic influences maintain the oppression of certain groups. We draw attention to ways that our results may be applied in both clinical and community settings.

**Clinical.** Clinicians working with mixed-orientation Mormon couples can consider the important role that religion plays within the relationship if they are religiously active or have been religiously active at one point. It is also important for clinicians to be informed about sexual identity, as this study seems to suggest that sexual minority identification plays a significant role for sexual minority partners. This is especially important for sexual minorities who may feel more marginalized in both religious and LGBTQ communities (i.e., bisexual individuals). Clinicians may also consider the role advocacy has on increasing one's sense of purpose in the

world. Bigner and Wetchler (2012) identify a clinical process for families with gender or sexual minority members, involving the stage of *encouraging transformation*. This can mean political activism but may simply invite a larger conversation of how more room is made for sexual and gender minorities in different spaces of society (i.e., school, work, church, etc.). Kort (2018) has recommended that clinicians help clients understand their experience of same-sex attraction as this is likely to affect their relational well-being. We encourage clinicians to help clients engage in this self-discovery, and when appropriate push them further to consider their attraction/aversion to their partner rather than to people generally, as this was found to be more impactful for outcomes in mixed-orientation relationships. Our findings also indicate that behaviorally-oriented clinicians who are working with clients seeking to preserve a MOR and are religiously conservative may help their clients develop more positive communication and engage in less same-sex activity.

**Community.** Local, regional, and organizational leaders within the LDS church can help couples in mixed-orientation relationships navigate their unique challenges by educating themselves on sexual identity and sexual minority stigma. This may be particularly important in helping to address the mental health disparities noted for gay and bisexual individuals (Feinstein & Dyar, 2012). Teachings and policies that are explicitly heteronormative can further marginalize and push mixed-orientation relationships into church inactivity. This is especially apparent when LGB partners decide to affirm their sexual minority identities if and only by choosing to use and be out with LGB labels in religious circles. Sexual minority partners in mixed-orientation relationships who choose to remain exclusively monogamous may still desire some level of outness about their sexual identities. As religious leaders seek reputable and empirically validated sources they can become more informed in the religious services they

provide to sexual minority congregants, and thus find unique ways to support sexual minority partners in mixed-orientation relationships who choose to be open about their sexual identity. Leaders can affirm and celebrate this diversity by allowing for such disclosures to circulate through endorsed church material, such as church endorsed literature, and allowing for these individuals to share their stories in church settings. With greater visibility it is likely that the church community can be seen and utilized more as a resource for relationship support and stability.

### **Limitations and Future Directions**

Despite our findings, there are several limitations inherent in our study. First, several of our measures were underdeveloped or may have failed to capture important variation in the constructs they measured. Due to the novelty of our study and its unique population, several measures were developed for this study. We assessed sexual attraction to partner and sexual aversion to partner with a single item each, and assessed sexual satisfaction with only three items, where each construct may be more multidimensional than was presently assessed (McLelland, 2010). Relating to our variable of sexual satisfaction, as with any scale, high reliability does not also assume high validity. Thus, caution should be used within the interpretation of these results. The Kinsey scale has been previously critiqued. The language of “homosexuality” is stigmatizing and the scale may not accurately capture the nuance for those who do not identify as gay, lesbian, or heterosexual. Its univariate nature and simplification leading to imprecisely categorizing sexual orientation raises valid concerns for use of the scale (Galupo, Mitchell, Gryniewicz & Davis, 2014). Additionally, our sample was primarily comprised of White, well-educated men. As such, it is unclear how well findings generalize outside of these demographics. Finally, although efforts were made to collect participants from

mixed-orientation relationships in a variety of settings, it is likely that our sample overrepresented a particular type of mixed-orientation relationship. Namely, the couples in this sample have a current affiliation with the LDS Church while a nearly equal group from the original sample no longer are affiliated or never were.

As an example of other factors that could produce different results, supplemental analyses indicated that few of our participants engaged in consensual non-monogamy to address orientation mismatch, a practice used by many to sustain mixed-orientation relationships (Taormino, 2008). In future research and for clinical settings, non-monogamy may be a potential consideration that might result in higher overall relationship satisfaction and reduced mental health outcomes. However, this may be more feasible for those who have distanced themselves from the church. Further research with more comprehensive populations and accurate measures is needed to address this gap. Such research may examine emotional and romantic attraction/aversion in addition to sexual attraction, dyadic perspectives and outcomes for both partners, Mormon mixed-orientation relationships outside of the United States, relationship and religious/spiritual trajectories, a consideration of heteronormativity and perception of stigma/discrimination, a closer look at gender differences, and the qualitative experience of both partners in mixed orientation relationships.

### **Conclusion**

The central aim of this study explored main predictors associated with sexual satisfaction for sexual minorities within mixed-orientation relationships affiliated with the LDS church. Participants with more other-sex attraction overall and less sexual aversion to their partner reported more sexual satisfaction than other participants. Participants identifying as bisexual reported simultaneously more sexual satisfaction and more anxiety and depression than

gay/lesbian participants or those who reject a sexual identity label. Clinicians who work with Mormon mixed-orientation relationships need to consider the influence of religious affiliation and church activity, as well as how sexual minorities self-identify. Church leaders can help mixed-orientation relationships by allowing for bisexual identifying Mormons in mixed-orientation relationships to have more visibility in LDS endorsed settings.

### References

- Barker, M., & Langdridge, D. (2008). Bisexuality: Working with a silenced sexuality. *Feminism & Psychology, 18*(3), 389-394. doi:10.1177/0959353508092093.
- Benack, S., & Swan, T. (2016). Queer people who enter “straight” marriages: The academic community’s struggle to understand an anomalous choice. *Journal of Bisexuality, 16*(3), 312–338. doi: 10.1080/15299716.2016.1167152
- Bigner, J. J., & Wetchler, J. L. (Eds.). (2012). *Handbook of LGBT-affirmative couple and family therapy*. New York: Routledge.
- Byers, E. S. (2005). Relationship satisfaction and sexual satisfaction: A longitudinal study of individuals in long-term relationships. *Journal of Sex Research, 42*(2), 113-118. doi: 10.1080/00224490509552264.
- Buxton, A. P. (2004a). Paths and Pitfalls. *Journal of Couple & Relationship Therapy, 3*(2-3), 95-109. doi: 10.1300/J398v03n02\_10.
- Buxton, A. P. (2004b). Works in progress: How mixed-orientation couples maintain their marriages after the wives come out. *Journal of Bisexuality, 4*(1–2), 59–82. doi:10.1300/J159v04n01\_06.
- Buxton, A. P. (2012). Straight husbands whose wives come out as lesbian or bisexual: Men's voices challenge the “masculinity myth.” *Journal of GLBT Family Studies, 8*, 23-45. doi: 10.1080/1550428X.2012.641369.
- Church of Jesus Christ of Latter-day Saints. (2018a). *Chastity*. Retrieved from <https://www.lds.org/study/manual/gospel-topics/chastity?lang=eng>.
- Church of Jesus Christ of Latter-day Saints. (2018b). *For the strength of youth*. Retrieved from <https://www.lds.org/youth/for-the-strength-of-youth?lang=eng>.

Church of Jesus Christ of Latter-day Saints. (2016). *The Family: A proclamation to the world*.

Retrieved from <https://www.lds.org/topics/family-proclamation?lang=eng&old=true>.

Dahl, A. L., & Galliher, R. V. (2012). LGBTQ adolescents and young adults raised within a Christian religious context: Positive and negative outcomes. *Journal of Adolescence, 35*, 1611–1618. doi:10.1016/j.adolescence.2012.07.003.

Dehlin, J. P., Galliher, R. V., Bradshaw, W. S., & Crowell, K. A. (2015). Navigating sexual and religious identity conflict: A Mormon perspective. *Identity: An International Journal of Theory and Research, 15*, 1-22. doi:10.1080/15283488.2014.989440.

Dehlin, J. P., Galliher, R. V., Bradshaw, W. S., & Crowell, K. A. (2014). Psychosocial correlates of religious approaches to same-sex attraction: A Mormon perspective. *Journal of Gay & Lesbian Mental Health, 18*(3), 284–311. Doi:10.1080/19359705.2014.912970.

Erickson-Schroth, L., & Mitchell, J. (2009). Queering queer theory, or why bisexuality matters. *Journal of Bisexuality, 9*(3-4), 297-315.

Feinstein, B. A. & Dyar, C. (2017). Bisexuality, minority stress, and health. *Current Sexual Health Reports, 9*, 42-49. doi:10.1007/s11930-017-0096-3.

Galupo, M. P., Mitchell, R. C., Gryniewicz, A. L., & Davis, K. S. (2014). Sexual minority reflections on the Kinsey scale and the Klein sexual orientation grid: Conceptualization and measurement. *Journal of Bisexuality, 14*(3-4), 404-432. doi: 10.1080/15299716.2014.929553.

Grigoriou, J. A. (2014). Minority stress factors for same-sex attracted Mormon adults. *Psychology of Sexual Orientation and Gender Diversity, 1*, 471–479. doi:10.1037/sgd0000078.

- Hackl, A. M., Boyer, C. R., & Galupo, M. P. (2013). From “gay marriage controversy” (2004) to “endorsement of same-sex marriage” (2012): Framing bisexuality in the marriage equality discourse. *Sexuality & Culture, 17*, 512-524. doi:10.1007/s12119-012-9159-9.
- Harry, J. (1990). A probability sample of gay males. *Journal of Homosexuality, 19*, 89–104. doi: 10.1300/J082v19n01\_05.
- Hernandez, B. C., Schwenke, N. J., & Wilson, C. M. (2011). Spouses in mixed-orientation marriage: A 20-year review of empirical studies. *Journal of Marital and Family Therapy, 37*(3), 307-318. doi: 10.1111/j.1752-0606.2010.00202.x.
- Janus, S. S., & Janus, C. L. (1993). *The Janus report on sexual behavior*. New York: Wiley.
- Kays, J. L., & Yarhouse, M. A. (2010). Resilient factors in mixed orientation couples: Current state of the research. *The American Journal of Family Therapy, 38*(4), 334-343. doi: 10.1080/01926187.2010.493464.
- Kays, J. L., Yarhouse, M. A., & Ripley, J. S. (2014). Relationship factors and quality among mixed-orientation couples. *Journal of Sex & Marital Therapy, 40*(6), 512-528. doi: 10.1080/0092623X.2013.788107.
- Kinsey, A., Pomeroy, W., & Martin, C. (1948). *Sexual behavior in the human male*. Philadelphia: W.B. Saunders.
- Kline, R. B. (2016). *Principles and practice of structural equation modeling*. (4<sup>th</sup> ed.). New York: The Guilford Press.
- Kort, J. (2018). *LGBTQ clients in therapy: Clinical issues and treatment strategies*. New York: W. W. Norton & Company.

- Kroenke, K., Spitzer, R. L., Williams, J. B. W. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, *16*(9), 606-613.  
doi:10.1046/j.1525-1497.2001.016009606.x.
- Legerski, E., & Harker, A. (2017). The intersection of gender, sexuality, and religion in Mormon mixed-sexuality marriages. *Sex Roles* *78*, 482-500. doi:10.1007/s11199-017-0817-0
- Legerski, E., Harker, A., Jeppsen, C., Armstrong, A., Dehlin, J. P., Troutman, K., & Galliher, R. V. (2017). Mormon mixed-orientation marriages: Variations in attitudes and experiences by sexual orientation and current relationship status. *Journal of GLBT Family Studies*, *13*(2), 186-209. doi: 10.1080/1550428X.2016.1159163.
- McClelland A. I. (2010). Intimate Justice: A critical analysis of sexual satisfaction. *Social and Personality Psychology Compass*, *4*(9), 663-680. doi:10.1111/j.1751-9004.2010.00293.x.
- Mulick, P. S., & Wright, L. W. (2002). Examining the existence of biphobia in the heterosexual and homosexual populations. *Journal of Bisexuality*, *2*, 47–64.  
doi:10.1300/J159v02n04\_03.
- Oaks, D. H. (1995, October). Same-gender attraction. *Ensign*. Retrieved from <https://www.lds.org/ensign/1995/10/same-gender-attraction?lang=eng>.
- Peleg-Sagy T., & Shahar, G. (2012). Depression and sexual satisfaction among female medical students: surprising findings from a pilot study. *Psychiatry*, *75*(2), 167-75. doi: 10.1521/psyc.2012.75.2.167
- Perkins, D. D., & Zimmerman, M. A. (1995). Empowerment theory, research, and application. *American Journal of Community Psychology*, *23*(5), 569-579. doi:10.1007/BF02506982.

- Purdon, C., & Holdaway, L. (2006). Non-erotic thoughts: Content and relation to sexual functioning and sexual satisfaction. *Journal of Sex Research, 43*(2), 154–162. doi: 10.1080/00224490609552310.
- Røsand, G.-M. B., Slinning, K., Eberhard-Gran, M., Røysamb, E., & Tambs, K. (2012). The buffering effect of relationship satisfaction on emotional distress in couples. *BMC Public Health, 12*:66, 1-13. doi:10.1186/1471-2458-12-66.
- Rosenthal, L., Levy, S. R., & Earnshaw, V. A. (2012). Social dominance orientation relates to believing men should dominate sexually, sexual self-efficacy, and taking free female condoms among undergraduate women and men. *Sex Roles, 67*(11-12), 659–669. doi: 10.1007/s11199-012-0207-6.
- Schmiedeberg, C., Huyer-May, B., Castiglioni, L., & Johnson, M. D. (2017). The more or the better? How sex contributes to life satisfaction. *Archives of Sexual Behavior, 46*:465-473. Doi:10.1007/s10508-016-0843-y.
- Simmons, B. W. (2017). *Coming out Mormon: An examination of religious orientation, spiritual trauma, and PTSD among Mormons and ex-Mormon LGBTQQA adults* (Doctoral dissertation). Retrieved from [https://getd.libs.uga.edu/pdfs/simmons\\_brian\\_w\\_201712\\_phd.pdf](https://getd.libs.uga.edu/pdfs/simmons_brian_w_201712_phd.pdf).
- Spitzer R. L., Kroenke, K., Williams, J. B. W., & Lowe, B. (2006). A brief measure for assessing generalized anxiety disorder. *Archives of Internal Medicine, 166*, 1092-1097. doi:10.1001/archinte.166.10.1092.
- Stapinska-Syniec, A., Grabowska, K., Szpotanska-Sikorska, M., & Pietrzak, B. (2018). Depression, sexual satisfaction, and other psychological issues in women with polycystic

ovary syndrome. *Gynecological Endocrinology*, 34:7, 597-600.

doi:10.1080/09513590.2018.1427713.

Taormino, T. (2008). *Opening up: A guide to creating and sustaining open relationships*. Kleiss Press: San Francisco, CA.

Yarhouse, M. A., Poma, H., Ripley, J. S., Kays, J. L., & Atkinson, A. N. (2011). Characteristics of mixed orientation couples: An empirical study. *Edification: The Transdisciplinary Journal of Christian Psychology*, 4(2), 41–56.

Yoo, H., Bartle-Haring, S., Day, R. D., & Gangamma, R. (2014). Couple communication, emotional and sexual intimacy, and relationship satisfaction. *Journal of Sex & Marital Therapy*, 40:4, 275-293. doi:10.1080/0092623X.2012.751072.

Yost, M., & Thomas, G. (2012). Gender and binegativity: Men's and women's attitudes toward male and female bisexuals. *Archives of Sexual Behavior*, 41(3), 691–702.  
doi:10.1007/s10508-011-9767-8.