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Tova Emma Feldmanstern
Bi The Way: A Quantitative,
Exploratory Study of Social
Workers' Attitudes
Regarding Bisexuality

ABSTRACT

Attitudes towards bisexuality among mental health professionals in the United States have been vastly understudied. The existing research has been done primarily on and by psychologists and suggests that there is considerable bias against bisexuality found in the psychology field, and in the general population of the United States. There has been no systematic inquiry into social work attitudes towards bisexuality. This quantitative study was designed to make its contribution to filling this gap by surveying social workers' attitudes towards bisexuality, using an existing scale, the Attitudes Regarding Bisexuality Scale (Mohr, 1999), combined with a demographic questionnaire. The complete instrument was posted online using Survey Monkey software and was emailed to participants using a snowball technique. Eligibility criteria were that participants hold at least one social work degree and be currently practicing social work. The final sample was a non-randomized sample of 522 respondents.

Findings from this study suggest that social workers, as a group, are less biased against bisexuality than psychologists and than the general population. Findings also suggest that there is a positive correlation between participants' amount of contact with lesbian, gay and bisexual clients and their attitudes regarding bisexuality. These findings have important implications for professional training. They indicate that bias against bisexuality can be reduced by increasing social workers' exposure to lesbian, gay and bisexual clients during

the course of their schooling and/or post-graduate training, and that additional research is necessary to investigate the culture(s) of bisexuality, and to develop culturally competent practices for treatment providers.

BI THE WAY: A QUANTITATIVE, EXPLORATORY STUDY
OF SOCIAL WORKERS' ATTITUDES REGARDING BISEXUALITY

A project based upon independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

Tova Emma Feldmanstern

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2007

*This thesis is dedicated to my sister, Clara,
who gets it, got it, and will always get it. I love you.*

ACKNOWLEDGEMENTS

I wish to thank my thesis advisor, Mary Hall, for her diligent and thorough supervision of this project. I also wish to thank Marjorie Postal for her indispensable and speedy data analysis. Thank you to my parents for giving me the incredible gift of the Smith Experience, not to mention the groovy Gift of Life. Finally, thank you to my amazing, inspiring and beloved Smithies for teaching me more than I ever knew I could learn.

TABLE OF CONTENTS

DEDICATION & ACKNOWLEDGEMENTS.....	ii
TABLE OF CONTENTS.....	iii
LIST OF FIGURES.....	iv
CHAPTER	
I. INTRODUCTION.....	1
II. LITERATURE REVIEW.....	7
III. METHODOLOGY.....	23
IV. FINDINGS.....	26
V. DISCUSSION.....	42
REFERENCES.....	50
APPENDICES	
Appendix A: Recruitment Letter to Professional Colleagues and Friends	57
Appendix B: Recruitment Letter to Smith Alumni	58
Appendix C: Recruitment Letter to Current Smith Students	59
Appendix D: Sample Letter for Friends and Colleagues to Forward	60
Appendix E: Electronic Informed Consent Letter	61
Appendix F: Instrument Part One: Demographic Questionnaire	63
Appendix G: Instrument Part Two: Survey	66
Appendix H: Correspondence with Survey Creator, Jonathan Mohr, Ph.D.	67
Appendix I: Human Subjects Review Committee Approval Letter.....	69

LIST OF FIGURES

Figure.....	Page
1. Graph of Age Distribution of Participants.....	27
2. Graph of Racial/Ethnic Distribution of Participants.....	27
3. Graph of Participants' Sexual Orientations.....	29
4. Graph of Participants' Regions of the United States.....	29
5. Graph of Participants' Social Work Degrees Held.....	30
6. Graph of Practice Areas of Participants.....	30
7. Graph of Participants' Years of Social Work Experience.....	32
8. Graph of Number of Lesbian, Gay and Bisexual Clients that Participants Had Worked with During Their Careers.....	32
9. Graph of Attitudes Regarding Tolerance of Bisexuality.....	36
10. Graph of Attitudes Regarding the Stability of Bisexuality.....	36
11. Graph of Stability and Tolerance Scores by Age.....	38
12. Graph of Stability and Tolerance Scores by Years of Social Work Experience.....	38
13. Graph of Stability and Tolerance Scores by Race/Ethnicity.....	41
14. Graph of Stability and Tolerance Scores by Number of Lesbian, Gay and Bisexual Clients.....	41

CHAPTER I

INTRODUCTION

While there is a growing body of social work literature that addresses the topics of attitudes towards homophobia and heterosexism among social workers (Berkman & Zinberg, 1997; Hylton, 2005; Messinger, 2002; Winiewski & Toomey, 1987; Van Voorhis & Wagner, 2002), to date, there has been no systematic inquiry into attitudes towards bisexuality within the field of social work. Although the National Association of Social Work (NASW), the nation's largest and most representative social work organization, has had an on-going, bylaws-mandated Committee on Lesbian, Gay and Bisexual issues since 1996, social work attitudes towards bisexuality, and their implications for service delivery, remain vastly understudied. This gap in research is replicated throughout the health and mental health professions. Existing research about attitudes towards bisexuality in the mental health fields is paltry and has been conducted primarily on and by psychologists (Bowers & Bieschke, 2005; Mohr et al., 2001). This research suggests that bias against bisexuality is prevalent among psychologists, echoing the trends found in the attitudes held by the general population. It also suggests that such bias can have deleterious effects on the therapeutic relationship (Bowers & Bieschke, 2005; Mohr et al., 2001; Eliason & Hughes, 2004; Page, 2004).

The most prevalent biases about bisexuality are that it is not a valid sexual orientation, i.e. bisexuals are "confused"; or that bisexuality is pathological, i.e.,

“bisexuals need help” (Eliason, 1997). These biases are thought to have many sources including disgust for the homosexual aspect of bisexuality, the invisibility of bisexuality in the dominant discourse, and resentment of bisexual people’s perceived ability to join mainstream, heterosexual culture at will (Rust, 2000). Bias against bisexuality among clinicians has been correlated with inaccurate client assessments and inappropriate treatment plans (Bowers & Bieschke, 2005; Mohr et al., 2001). There is evidence to suggest that clinicians’ biases and prejudices negatively affect practice by inhibiting collaborative work between workers and clients, which results in increased attrition rates among clients who are the victims of prejudice (Eliason & Hughes, 2004; Snowden, 2003). It has also been shown that biased beliefs about client groups make it difficult if not impossible for workers to establish trust, mutual respect and understanding with clients who belong to stigmatized groups (Eliason, 2004; Phillips & Fischer, 1998).

Estimates of the prevalence of bisexuality within the American population range between five and twenty-five percent (Rust, 2000). These estimates vary because there is no consensus about the definition of bisexuality. In general, the estimates in the lower range tend to define bisexuality as sexual experiences with both men and women within the last three to five years. Estimates in the higher range tend to define bisexuality as sexual experiences with both men and women over the course of a lifetime (Rust, 2000). As a rule, these estimates do not include people with experiences of dual-gender attraction which are not acted upon, nor do they include unreported experiences.

The first quantitative studies to examine the prevalence of adult bisexuality were conducted by Alfred Kinsey in the early 1950s. Kinsey’s work was largely descriptive and theoretical. His surveys of men and women across the United States estimated that nearly

forty-six percent of the male population had engaged in both heterosexual and homosexual activities or had sexually reacted to persons of both sexes during their adult lives. Kinsey found that between six and fourteen percent of females, ages twenty to thirty-five had more than incidental homosexual experiences in their histories (Kinsey, Pomeroy & Martin, 1948; Kinsey et al., 1953). Kinsey's findings posed questions about whether adult bisexuality was as abnormal as people previously believed. His findings also demonstrated the inadequacy of defining sexual orientation as a binary trait. Instead, Kinsey postulated that human sexual orientation fell on a scale between zero and six, from completely heterosexual (represented by zero) to completely homosexual (represented by six), and that most people's sexual orientation fell somewhere between zero and six.

In 1985, Fritz Klein advanced a more concrete and empirically complex procedure for discovering a person's sexual orientation with his introduction of the Klein Sexual Orientation Grid (KSOG). The KSOG is a standardized scale which measures sexual orientation along seven different axes: attraction, behavior, fantasy, emotional preference, socializing, lifestyle, and self-identification (Klein, 1985). Subsequent quantitative research, using the Klein scale and other measures, has demonstrated that bisexuality is a prevalent sexual orientation and is distinct from either homosexuality or heterosexuality (Weinrich & Klein, 2002). Since the 1980's, several other instruments have been created to measure sexual orientation, but the KSOG is the most well-known and widely-used (Rust, 2000).

Psychological theories regarding bisexuality predate any quantitative research on the subject. One of the earliest theoretical treatments of bisexuality appears in Freud's

Drive Theory. Freud was the first theorist to argue that children are born with the ability to have sexual feelings and that childhood is rife with sexuality. According to Freud, bisexuality was a normative trait in the oral and anal stages of development, which were the first two psychosexual stages found in his Drive Theory. Freud postulated that all people were bisexual during early childhood, however, he concluded that bisexuality in adulthood was a “perversion” of normal sexual development (Freud, 1905). He believed that adult bisexuality was the result of fixations at, or regression to, these earlier stages and modes of pleasure seeking. Regression and fixation at early stages were the explanations Freud offered for many different pathologies or “perversions,” in addition to bisexuality.

Freud’s influence on the psychological understanding of bisexuality has been profound because of the seminal role of the sexual drive in his work. Freud believed the libido to be the dominant drive of the human psyche (aggression was the subliminal drive). Later theorists built upon Freud’s theories of sexual development and gave them new interpretations, but Freud’s work continued to dominate the discourse on human sexuality for several decades. Peter Blos, a prominent ego psychologist who wrote in the mid-late 20th century, translated Freud’s Drive Theory into the language of ego psychology and focused his work on the psychosexual stage of adolescence. Blos conceived of adolescence as the period of the “second separation-individuation,” during which the processes of separating from the family and terminating infantile dependencies cause young people to revisit early childhood struggles and resolve them once and for all. Blos agreed with Freud that bisexuality was a normative state during early-childhood, and postulated that bisexuality resurfaced during adolescence. Blos argued that the

“isogender,” or same-sex, part of bisexual attraction had to be eliminated during adolescence in order for a stable and non-conflicted identity to be formed (Blos, 1965, 1972). According to Blos, adolescents who did not resolve their bisexuality would suffer in adulthood (Blos, 1985). Because there have not been any other widely-recognized psychological theories advanced about the nature of bisexuality, the work of Freud and Blos remain influential in the health and mental health fields.

As stated previously, most of the research on attitudes towards bisexuality within the health and mental health professions has been conducted on and by psychologists, thus we know little about the attitudes of the other helping professionals, including social workers. Furthermore, most of the existing body of work has been quantitative. This means we know very little about the how practitioners, including social workers, make meaning of bisexuality in their own voice; or how their beliefs influence their clinical practice. This gap in the literature is considered serious given the evidence that suggests that practitioners in the helping professions hold biases towards bisexuals that are consistent with those found among the general population; and that such biases can have deleterious effects on the worker-client relationship and on service delivery.

This exploratory study was designed to make a contribution to filling this gap by surveying a sample of social workers from across the United States about their attitudes regarding bisexuality. This study will be conducted online and will use a preexisting scale that was developed in 1999 to explore the explicit phenomenon of attitudes regarding bisexuality. This instrument is an 18 question, Likert-scale based instrument called the Attitudes Regarding Bisexuality Scale (ARBS), which has been tested for reliability and validity. It is the only existing scale that tests exclusively for attitudes

regarding bisexuality. The ARBS measures for attitudes towards bisexual men and women separately. It also provides a combined score in order to evaluate attitudes towards bisexuality in general.

CHAPTER II

REVIEW OF LITERATURE

Bisexuality: Evolution of the Term

The origin of the word *bisexuality* comes from medical science and was first used to describe species requiring the interaction of two distinct sexes for reproduction (Storr, 1999). In the late nineteenth century, German sexologist Richard von Krafft-Ebing broadened the usage of *bisexuality* to refer to “psychosexual hermaphroditism,” or the coincidence of male and female sex traits within a single body (Storr, 1999). In 1915, the definition of *bisexuality* was further extended by British sexologist Henry Havelock Ellis. Ellis was the first to use *bisexuality* to refer to people who were attracted to people of the same sex, as well as to people of the opposite sex (Storr, 1999). In the early twentieth century, sexual attraction was believed to be scientifically linked to one’s physical sex. For this reason, intersex characteristics and dual-gendered attraction were naturally linked in Ellis’ mind (Ellis, 1915).

Today, these two concepts - sexual orientation and physical sex characteristics - are recognized as distinct, and the term *bisexuality* is used solely to refer to the objects of one’s sexual desire, also known as one’s *sexual orientation*.¹ Although *bisexuality* is primarily used to refer to sexual orientation, there is still much room for interpretation by

¹ Today, *bisexuality* and *transgenderism* are sometimes confused, although they are completely different subjects. *Bisexuality* refers to a sexual orientation, while *transgenderism* refers to a gender identity (Denny & Green, 1996).

researchers. Current definitions of bisexuality include recent sexual relations with both men and women; post-pubescent sexual relations with both men and women; any incidence of sexual relations with both men and women; and sexual attraction to both men and women, regardless of sexual activity (Rust, 2000).

Prevalence of Bisexuality

The population of bisexual people in the United States has been estimated to fall somewhere between five and twenty-five percent of the total population (Rust, 2000; Smiley, 1997). There is a discrepancy in these figures for several reasons. First, bisexuality is defined by different researchers in different ways. Lower estimates of the percentage of bisexual people within the population come from studies that define bisexuality as sexual experiences with both men and women within the last three to five years. Estimates in the higher range tend to define bisexuality as sexual experiences with both men and women over the course of a lifetime (MacDonald, 1983; Rust, 2000).

The Work of Alfred Kinsey

Human sexuality was not the subject of a broad, scientific inquiry until the 1940's and 50's, when Alfred Kinsey and his colleagues published the Kinsey Reports about the sexual behaviors of men and women across the United States (Rust, 2000). First, Kinsey and his colleagues surveyed and reported on the sexual behaviors of men and published "Sexual Behavior in the Human Male" in 1948. This was followed by a separate study of the behaviors of women, titled "Sexual Behavior in the Human Female," which was published in 1953.

The first study found that forty-six percent of the male population had engaged in both heterosexual and homosexual activities or had sexually reacted to persons of both

sexes during their adult lives. The second study found that between six and fourteen percent of females, ages twenty to thirty-five had more than incidental homosexual experiences in their histories (Kinsey, Pomeroy & Martin, 1948; Kinsey, Pomeroy, Martin & Gebhard, 1953). To quantify his findings, Kinsey created the Kinsey Scale, which allowed users to rate their sexual orientation on a scale from zero to six, with zero representing exclusively heterosexual attractions and behaviors and six representing exclusively homosexual attractions and behaviors (Kinsey et al., 1948, 1953). Everyone who fell between one and five was somewhere in between homosexual and heterosexual.

The Kinsey Reports expanded American's knowledge of human sexuality, and were part of the burgeoning revolution in American's attitudes towards sex and gender. Prior to the 1950's, there had been no academic discussion of non-heterosexual sexual orientations (Rust, 2000). Although Kinsey's studies helped to begin this discussion, it would be several decades until homosexuality and bisexuality would be addressed widely in scientific research and academia.

Sexual Orientation-Based Prejudice in Research and Academia

A primary reason for the lack of scientific research regarding sexual orientation is that homosexuality and bisexuality were not considered healthy sexual orientations until the late twentieth century (Angelides, 2001; Firestein, 1996; Rust, 2000). Homosexuality was categorized as a mental disorder in the American Psychological Association's (APA) Diagnostic and Statistical Manual of Mental Disorders until 1973 (Berkman & Zinberg, 1997). Although it was removed in 1973, "ego-dystonic homosexuality," or dissatisfaction with one's homosexuality, continued to be listed as a mental illness in the Manual until 1988 (Berkman & Zinberg, 1997). Thus most studies regarding

homosexuality prior to the 1980's sought to understand it through a pathological lens (Angelides, 2001; Firestein, 1996; Rust, 2000)

Because bisexuality was not mentioned in the Diagnostic and Statistical Manual of Mental Disorders, the stigmatization of bisexuality was somewhat less visible. Invisibility is one of the primary forms stigmatization that bisexuals face (Ochs, 1996). Following the Kinsey Reports, further studies documenting the prevalence of bisexuality were not conducted until the 1980s (Rust, 2000). Although there has been increased study of bisexuality in recent decades, there remains a widespread lack of knowledge and understanding of bisexuality among the general public (Rust, 2000).

Attitudes Regarding Bisexuality in the General Population

Empirical literature documenting bias against bisexuality is fairly recent, written from the 1990s into the present (Rust, 2000). Prior to this, studies of negative stereotypes of homosexuality (homophobia) dominated the research regarding sexual orientation-based prejudice. Bisexuality was virtually ignored (Eliason, 1997). Studies of American's attitudes towards bisexuality suggest that bias against bisexuality is prevalent in many segments of the American population, including the heterosexual, gay and lesbian populations (Eliason, 1997; Herek, 2002; Hylton, 2005; Mohr & Rochlen, 1999).

For example, Eliason (1997) found that among heterosexual undergraduate students, 50% of respondents rated female bisexuality as unacceptable, and 61% of respondents rated male bisexuality unacceptable. Forty percent of respondents rated bisexuality as less acceptable than homosexuality. Herek (2002) found that, on average, American adults rated their feelings towards bisexuals as lower than their feelings towards all other groups mentioned on the survey, including "homosexual men,"

“homosexual women,” and “people with AIDS” (Herek, 2002). Several studies indicated that *biphobia*, or “prejudicial attitudes towards bisexual people and negative misconceptions regarding bisexuality” (Mohr, Israel & Sedlacek, 2001), is more prevalent and more insidious than homophobia because it exists within the gay and lesbian population and among more liberal heterosexuals, as well as within the mainstream (Eliason, 1997; Herek, 2002; Mohr & Rochlen, 1999). Several studies also indicated that homophobia is a predictor of biphobia, and that biases against bisexual men are stronger and more prevalent than those against bisexual women (Eliason, 1997; Herek, 2002).

Each of these studies used a different instrument to survey respondents about their attitudes. Samples for these studies did not reflect the demographic composition of the United States. For example, 82% of the sample in one study was white (Herek, 2002) and 100% of the sample of another study was heterosexual and college-educated- this study also did not mention the race or ethnicity of participants (Eliason, 1997). None of these studies were representative of the United States population, thus it is impossible to generalize the attitudes of all Americans from these studies, but they shed some light upon trends within specific segments of the population.

Common Biases about Bisexuality

Some common biases about bisexuality are that bisexual people are unable to sustain committed, monogamous relationships; that bisexual people are more promiscuous than heterosexual and homosexual people; that bisexual people are responsible for the spread of HIV; and that bisexual people do not exist-- that they are truly either homosexual or heterosexual but are confused (Eliason, 1997; Herek, 2002;

Mohr & Rochlen, 1999). In addition, among the gay and lesbian population, bisexuality is often viewed as a “cop-out” (Rust, 2000b). As a result of these biases, bisexual people are often regarded as instable and their sexual orientation is regarded as invalid (Mohr & Rochlen, 1999).

Negative beliefs about bisexual people are widespread and deep-rooted (Ochs, 1996; Rust, 2000). Theories to explain the prevalence of these biases state that bisexuality is more threatening to heterosexuality than is homosexuality because bisexuality threatens the supposed dichotomy between same-sex and opposite-sex attraction (Ochs, 1996; Gamson, 1995). Bisexuality therefore brings homosexuality closer to heterosexuality and vice versa (Eliason, 1997). This means that neither homosexuality nor heterosexuality is “safe” from an invasion of the other – on a personal, theoretical or political level (Ochs, 1996). One reason for the prevalence of these biases within the American population is the fact that these beliefs are rooted in the psychological literature regarding bisexuality (Rust, 2000).

Freud on Bisexuality

Freud’s Drive Theory has dominated psychological theories on bisexuality because of the primary role of the libido in his understanding of the human psyche. In his Drive Theory, Freud described human development as a differentiation process between the aggressive and libidinal drives, which, he believed, govern the species (Freud, 1898). According to Freud, ideal psychological development represents a gradual resolution of the conflict between the libidinal and aggressive drives, in which the libidinal drive eventually dominates over the aggressive drive (Freud, 1898). The libidinal drive, or sexuality, was thus viewed by Freud as one of the core elements of human psychology.

Freud's beliefs about human sexuality were both groundbreaking and controversial because he postulated that children were sexual beings at birth, able to both be stimulated and to stimulate themselves (Freud, 1905). In keeping with this concept, Freud suggested that bisexuality was a normative state during the early (oral and anal) stages of human development, before children begin to differentiate between male and female or choose a love object (Freud, 1905). Freud originally defined *bisexuality* as having a mixture of masculine and feminine traits, but later changed his definition to refer to attraction exclusively, concluding that gender presentation and *sexual inversion* - Freud's term for homosexuality - were not scientifically correlated (Freud, 1905).

Freud believed that children did not categorize their libidinal feelings by gender until the Oedipal phase, during which time children began to identify with the parent of their own sex and to take the parent of the opposite sex as their love object (Freud, 1905). Freud suggested that normal children abandoned their bisexuality at this point. He argued that people who remained bisexual in adulthood were "fixated" at this point in their psychosexual development (Freud, 1905). Freud thus did not allow for the existence of adult bisexuality as a non-fixated, non-pathologized state (Paul, 1985).

Ego Psychologist Peter Blos on Bisexuality

Freud's influence upon later psychological theory is difficult to exaggerate. His conceptualization of bisexuality as a "fixation" was reflected in the work of modern ego psychologists, writing as recently as the 1970s. One prominent example is the work of Peter Blos, an ego psychology theorist who wrote about adolescence as a "second individuation process," during which separation from the family and termination of infantile dependencies occur (Blos, 1965, 1972, 1985).

Echoing Freud, Blois believed that puberty elicited a resurrection of previous conflicts from childhood, including the Oedipal conflict (Blois, 1965, 1972, 1985). Blois suggested that bisexuality became normative again during adolescence, as a revisitation of the early-childhood bisexuality postulated by Freud. In order to resolve the Oedipal conflict and create a secure identity, Blois believed that adolescents had to desexualize their affection for the same-sex love object and replace these with feelings of identification (Blois, 1965, 1972, 1985). As adolescents matured, Blois believed, their identification with (rather than overwhelming love for) the parent of the same sex, would enable them to form their own, independent, identity. Blois postulated that the “isogender,” or same-sex, part of bisexual attraction had to be eliminated during adolescence in order for a stable and non-conflicted identity to be formed (Blois, 1965, 1972, 1985).

Blois believed that one of the central tasks of identity consolidation was to develop one’s heterosexual or homosexual sexual orientation. For Blois, bisexuality was not a viable, permanent sexual orientation because it represented an unfinished phase of identity development (Blois, 1978). Blois believed that having sexual feelings for people of both sexes during adolescence was overwhelming and would lead to disintegration of the self if left unresolved (Blois, 1965, 1972). Along with Freud, Blois is considered one of the most important theorists of adolescent psychoanalysis (Jaffe, 2000; Richard, 1999). Like Sigmund Freud, Blois did not base his work on quantitative research, but rather grounded his theories in his own casework and clinical experience with clients. This psychological theory regarding bisexuality was not seriously challenged until the mid 1980’s (Rust, 2000).

Contemporary Theory Regarding Bisexuality

The 1980s marked the beginning of the era in which bisexuality was regarded as its own, unique sexual orientation. At this time, prominent scholars in the field of sexology began to recognize bisexuality as a real and enduring form of sexual orientation (De Cecco & Shively, 1984; MacDonald, 1983; Paul, 1985; Rust, 2000). Prior to this, bisexuality had been recognized as a behavior pattern, but had been categorized either as a form of homosexuality or as a midpoint on the journey between homosexuality and heterosexuality (Rust, 2000).

In the 1980s, scholars began to argue that the homosexual/heterosexual dichotomy was inadequate to define sexual orientation (DeCecco & Shively, 1984; Klein, 1978; McConaghy, 1987; Rust, 1993). Theorist McConaghy (1987) wrote, “defining sexual orientation by counting the number of liaisons with people of each sex is equivalent to arguing that for a person to like herrings and caviar equally, they must eat equal quantities of both” (p. 419). Scholars such as Klein, McConaghy, De Cecco, Shively, and Rust recognized the need for an additional sexual orientation category to describe people who were attracted to both men and women. Fritz Klein brought increased attention to the terminology of *bisexuality* with his classic work, *The Bisexual Option*; published in 1978 (Rust, 2000). More recently, some scholars have opposed the use of the term *bisexual* because of its reference to a duality of gender (Drechler, 2003; Green; 2003; Kailey, 2003). Kailey (2003) argues that the dichotomy of gender is largely a social construction, and that the idea that a person’s sexual orientation is based on such a dichotomy is equally socially constructed. In response, Rust and others have argued that the *bi* in the term *bisexual* counteracts the idea that gender defines sexual orientation, and

thus opens the door for new definitions of sexual orientation and gender (Rust, 2000). The debate about how to define sexual orientation and gender, and whether to use the terms *bisexual*, *heterosexual* and *homosexual* continues today.

The Klein Sexual Orientation Grid

The 1980's thus brought on the quest for a new way to empirically describe sexual orientation, which was not exclusively based on enumerating sexual liaisons and/or attractions, but instead incorporated many areas of self-expression such as thoughts, feelings, relationships, gender-presentation and arousability (Rust, 2000). The most famous of these scales is the Klein Sexual Orientation Grid (KSOG) (Klein, Sepekoff & Wolf, 1985), which asks users to rate themselves according to their attractions, behaviors, fantasies, emotional preferences, social circles, activities, and self-identification. Users rate themselves three times, for the present, the past and their "ideal." Thus Klein defines sexual orientation through present, past and desired experiences. A final "score" is found using a formula of Klein's invention.

The KSOG certainly deconstructs the terms "homosexual," "heterosexual" and "bisexual." Klein writes, "the grid eliminates the confusion of defining the three categories [of] heterosexual, bisexual and homosexual...Whatever categories we may wish can be explicitly spelled out...and [thus] the studies [can] easily be replicated" (1990, p. 281). This scale, and other variations, make defining sexual orientation more complicated, but not necessarily more difficult. As Klein writes, "the grid is quite simple to administer and rate" (1990, p. 282). Current research and theory about bisexuality suggest that sexual orientation is more complex than was previously recognized and is certainly in need of further study and scholarship.

Attitudes Regarding Bisexuality among Mental Health Practitioners

The research documenting attitudes towards bisexuality in the mental health fields is paltry. As indicated, existing studies have been conducted primarily on and by psychologists and have found that bias against bisexuality is common in the mental health fields, reflecting the trends found in the studies of the general population (Bowers & Bieschke, 2005; Eliason & Hughes, 2004; Mohr et al., 2001; Murphy Rawlings and Howe, 2002).

Eliason and Hughes' (2004) study of substance abuse treatment counselors in the mid-western United States found that 45% of respondents believed that bisexuality was not a normal variant of human sexuality and 11% of respondents thought that bisexuality was immoral. This study also found a significantly higher incidence of negative attitudes towards bisexuality than towards lesbianism or male homosexuality.

Other studies focused on the influence of bisexuality-related bias in the treatment relationship (Bowers & Bieschke, 2005; Mohr et al., 2001; Mohr & Weiner, 2006; Murphy et al., 2005). Three of these studies gave fictional vignettes about bisexual clients and non-bisexual clients to psychologists and asked them to do a structured assessment of the client and to reflect on their personal attitudes about treating the client. Results of all three studies indicated that psychologists' clinical responses were affected by the client's sexual orientation. These studies found that the respondents were more likely to give bisexual clients a lower Global Assessment of Functioning (GAF) score (American Psychological Association, 1994), were more likely to attribute their problems to their sexuality (even when clearly unrelated), were more likely to rate the person's problems as

more serious, and were more likely to have negative feelings towards treating the client (Bowers & Bieschke, 2005; Mohr et al., 2001; Mohr & Weiner, 2006).

Murphy et al. (2005) surveyed therapists about their treatment experiences with lesbian, gay and bisexual clients and found that 28% of respondents received no training on how to deal with these populations whatsoever, although they were working with clients who identified as gay, lesbian or bisexual. Thirty-two percent of respondents said that they were not currently differentiating between gay, lesbian and bisexual clients and needed more specific training about working with bisexuality.

The existing studies on this subject were experimental and had non-representative samples. Respondents in these studies were mostly white (75%, 80%, 92%, 96% and 96% respectively) and were mostly studying or practicing in the psychology field. To date, there have been no randomized, quantitative studies that can be generalized to assess mental health practitioners' attitudes regarding bisexuality in the United States. Further research is necessary in order determine the pervasiveness of bias against bisexuality within the mental health fields and to determine how it can best be addressed.

The Affects of Mental Health Practitioners' Attitudes upon Treatment Outcomes

There has been a significant amount of theory put forth to suggest that bias amongst mental health professionals negatively affects mental health assessment and intervention with clients who are members of the targeted group (Coleman, 1990; Fiske, 2002; Snowden, 2003). In her theory about the effects of bias on mental health assessment and treatment, Snowden (2003) writes, "Bias occurs in the beliefs and actions of individual clinicians...when unfounded assumptions become normative beliefs...and when authorities become intolerant of minority individuals, and differentially enforce

conformity [or] norms of acceptable behavior” (p. 241). In the case of bisexuality, it is important that mental health practitioners who are biased learn to recognize their biases so that they do not try to enforce their “unfounded assumptions” upon their clients, by overtly or covertly counseling the client to conform (Dworkin, 2001; Smiley, 1997; Weasel, 1996). Snowden further states that, “biases about the mental health status or treatment expectations for minorities... can express themselves in neglect” (p. 241). According to this theory, if biases against bisexuality are prevalent among mental health practitioners and agencies, bisexual clients may choose not to present their true selves in treatment, or may choose not to seek treatment at all, thereby neglecting their mental health (Dworkin, 2001).

In his theory about the effects of bias in groups, Fiske (2002) writes that biases need not be overt, but can be “automatic, indirect, cool, ambiguous, [or] ambivalent” (p. 123). For example, Coleman (1990) suggests that when a client discloses their sexual orientation, mental health practitioners tend to overly focus on sexuality and lose a holistic perspective of the client’s problems.

Attitudes towards Homosexuality among Social Workers

Existing studies have shown that there exists homophobia within the field of social work, among professionals, social work students and within the social work literature. *Homophobia* is defined as “any of the varieties of negative attitudes which arise from fear or dislike of homosexuality” (Hudson and Ricketts, 1980). Some of these beliefs include the ideas that homosexuality is pathological, immoral or nonexistent.

The first studies of social workers attitudes towards homosexuality took place in the 1980’s (Wisniewski & Toomey, 1987; De Crescenzo, 1984). Both studies found that

approximately one third of the social workers sampled held homophobic attitudes. De Crescenzo (1984) found that the sample of social workers held more homophobic attitudes than comparable samples of other mental health professionals. A more recent study found that only ten percent of the social workers sampled were explicitly homophobic, but that a majority of respondents held heterosexist attitudes (Berkman & Zinberg, 1997). For the purpose of this study, *heterosexism* was defined as, “a belief system that values heterosexuality as superior to and/or more ‘natural’ than homosexuality.” Heterosexism is a more subtle form of prejudice than homophobia because it is possible for people to think that homosexuality is valid, while still believing that it is less desirable or more deviant than heterosexuality (Berkman & Zinberg, 1997).

Other studies related to homophobia within the field of social work have included Van Voorhis and Wagner’s 2002 study of social work literature published between 1988 and 1997. This study examined four prominent social work journals for their content on lesbians and gay men over a ten year period. Van Voorhis and Wagner found only 77 articles over the ten year period which treated the subject of homosexuality, and found that two thirds of these articles were related to HIV/AIDS. They found that most of the remaining articles focused on problems related to gay men and lesbians and that very few articles were related to social justice issues facing lesbians and gay men.

Although there is not a large body of literature documenting homophobia and heterosexism within the field of social work, the existing studies make a good case for the fact that systematic prejudice against homosexuality does exist within the profession. Such studies have been used to promote increased education about the lives of gay men

and lesbians in social work schools, professional trainings and in further research (Jones & Sullivan, 2002; Messinger, 2002; Van Voorhis & Wagner, 2002).

The Attitudes Regarding Bisexuality Scale (ARBS)

This study will employ the Attitudes Regarding Bisexuality Scale (ARBS), developed by Mohr and Rochlen in 1999. It has been used in several studies of attitudes regarding bisexuality among the general population, among graduate students of counseling psychology and among professional psychologists (Mohr & Rochlen, 1999; Mohr et al., 2001; Mohr & Weiner, 2006). Mohr and Rochlen developed the ARBS in order to analyze people's attitudes about the tolerability and validity of bisexuality. The ARBS has been tested for reliability and was found to be reliable (Mohr et al., 2001).

The ARBS asks respondents to rate their level of agreement with a series of 18 statements on a Likert Scale of 1-5, with 1 representing strong agreement with the statement and 5 representing strong disagreement with the statement. As stated, the ARBS evaluates for two different genres of attitudes regarding bisexuality. The first is *tolerance* for bisexuality as an acceptable sexual orientation. Some of the statements on the instrument intended to evaluate tolerance are "bisexual men are sick," "I would not be upset if my sister were bisexual," "female bisexuality is unnatural" and "bisexual men should not be allowed to teach in public schools." Negative items such as "I would not be upset if my sister were bisexual" are reverse-scored. The second genre of attitudes measured by the ARBS pertains to the legitimacy or "stability" of bisexuality. Some of the statements on the instrument intended to evaluate belief in the *stability* of bisexuality are "male bisexuals are afraid to commit to one lifestyle," "most women who claim to be

bisexual are experimenting with their sexuality” and “male bisexuals have a fear of committed, intimate relationships.”

Half of the statements on the ARBS are about male bisexuality and half are about female bisexuality, thus the instrument is also designed to evaluate differences in respondents’ attitudes towards female and male bisexuality along both the *stability* and *tolerance* sub-scales.

The ARBS is the only scale that specifically tests for attitudes regarding the validity and acceptability of bisexuality independently, and that differentiates between attitudes regarding male and female bisexuality. Other instruments that have been used to evaluate attitudes towards bisexuality include the 0-100 Feeling Thermometer, the Beliefs about Sexual Minorities Scale, and the Attitudes towards Lesbians and Gays Scale (ATLG-S). Other than the ARBS, there is no instrument that has been specifically designed to measure attitudes regarding bisexuality, nor is there any other instrument that measures particular genres of attitudes regarding bisexuality (Eliason, 1997; Herek, 2002; Mohr & Rochlen, 1999).

CHAPTER III

METHODOLOGY

This is an exploratory study designed with the purpose of learning more about social workers' attitudes regarding bisexuality. Within the field of mental health, attitudes regarding bisexuality have been vastly understudied. The existing research in this area has shown that there is significant bias against bisexuality among clinicians and that such bias can have deleterious effects on the worker-client relationship and upon the success of therapy. While there is a growing body of social work literature that addresses the topics of homophobia and heterosexism among social workers, there has been no systematic inquiry into social work attitudes towards bisexuality. This quantitative study is designed to make its contribution to filling this gap by surveying social workers about their attitudes towards bisexuality, using a pre-existing scale.

Sample

To participate in this study, participants had to hold a formal social work degree (BSW, MSW, PhD/DSW) and currently be practicing in the field of social work in the United States. Because a snowball sampling technique was used, the sample in this study does not reflect the field of social work as a whole, and the study is therefore exploratory and non-generalizable.

Recruitment Process

Participants were recruited using a snowball sampling technique. Preliminary emails were sent to friends and colleagues of the researcher, to the current Smith College School for Social Work student body, and to the Smith College School for Social Work Alumni Association (See Appendices A, B & C). These emails requested the participation of eligible recipients and requested that all recipients forward the study to their friends and colleagues in the field. Recruitment emails included a direct link to the online survey and a sample cover letter to forward to colleagues (See Appendix D).

Data Collection

Data for this study was collected using a two-part research schedule, which was posted on the internet using the Survey Monkey program. Survey Monkey is an online program that collects data confidentially, over the internet, for a small fee (\$29.90 per month for up to 1,000 responses). Data was collected online between January 15th, 2007 and March 1st, 2007. In order to participate in the study, respondents were required to electronically sign an informed consent form (See Appendix E), before entering the research schedule. The first part of the research schedule consisted of a demographic questionnaire with thirteen multiple-choice questions (See Appendix F). The second part of the research schedule consisted of a pre-existing instrument called the Attitudes Regarding Bisexuality Scale (ARBS), which was developed in 1999 to explore the explicit phenomenon of attitudes regarding bisexuality (See Appendix G). The ARBS is an 18 question, Likert-scale based instrument, which has been tested for reliability and validity. Prior to implementation of this project, approval from the Smith College School for Social Work Human Subjects Review Committee was obtained (See Appendix I).

Data Analysis

This study used a quantitative, fixed-method research design. The data was analyzed by the researcher, with the assistance of the Smith College School for Social Work's professional data analyst, using descriptive and multivariate statistical techniques.

Confidentiality

Confidentiality was ensured for participants in this study for ethical reasons. In order to minimize risk, all participants were volunteers above the age of 18. In addition, the researcher purchased "encryption services" from the Survey Monkey program, which make all identifying information about respondents, such as email addresses and internet protocol (IP) addresses completely inaccessible. The potential risks of participation in this study were considered by the Smith College School for Social Work's Human Subjects Review Committee to be minimal, and were explained to participants in the informed consent form. Respondents were able to exit the research schedule at any time, and incomplete research schedules were not included in the data analysis.

CHAPTER IV

FINDINGS

Demographic Background of Sample

There were 606 respondents who filled out research schedules for this study. Forty-eight of these schedules were not used for data analysis because the respondents did not meet the inclusion criteria, i.e. did not hold social work degrees or were not currently practicing social work. The final sample included 538 respondents for the demographic questions and 522 respondents for both the demographic and survey questions. Sixteen respondents only filled out the demographic portion of the study.

The sample was primarily comprised of female respondents (87% N=468). Thirteen percent (N=69) of the sample identified as male and one respondent identified as transgender. The sample was relatively young. Over half of the sample (55% N=295) were in their 20's (23% N=122) and 30's (32%, N=173). The majority of remaining respondents were in their 40's (17%, N=91) and 50's (20%, N=110). Only 8% of respondents (N=43) were above the age of 60 (see Figure 1).

Respondents could check as many racial/ethnic categories as they chose. The racial/ethnic composition of the sample was primarily white/Caucasian (87% N=469). Five percent (N=29) of respondents identified as African-American. Another 5% (N=26) identified as Latino/Latina. Only 1.5% (N=8) of respondents identified as Asian or

Pacific Islander and only 0.4 % (N=2) identified as Native American. Four and a half percent (N=24) of the sample identified as “other” (see Figure 2).

Figure 1.

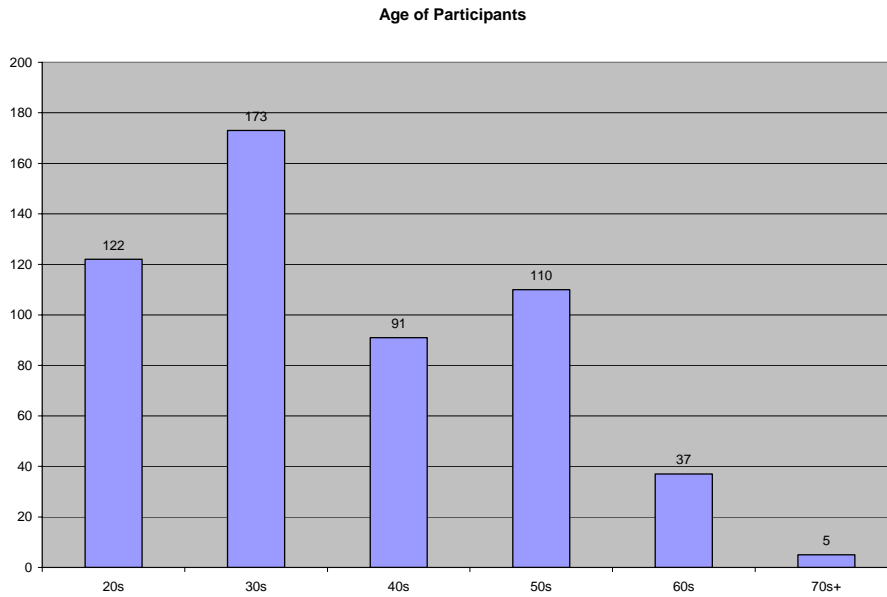
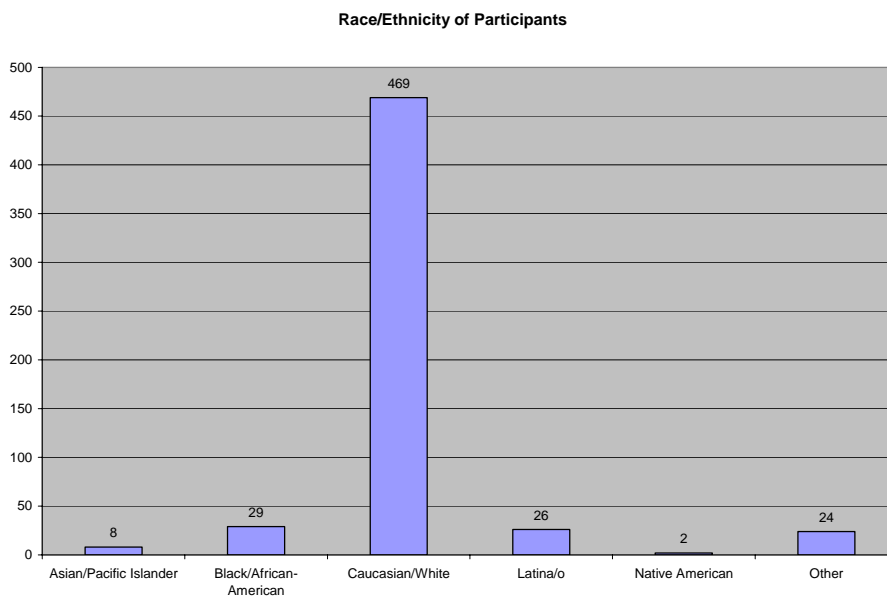


Figure 2.



The makeup of the sample with regards to sexual orientation was fairly diverse. Again, respondents could check multiple categories. Almost three-quarters of the sample (72.5%, N=390) identified as heterosexual. Twelve percent (N=62) of the sample identified as bisexual; 11% (N=58) identified as lesbian, and 5% (N=28) identified as gay. Three percent of the sample (N=18) identified as “Other” (see Figure 3).

Respondents came from all over the United States. Twenty-nine states were represented in the sample (see Figure 4). The majority of respondents came from the Eastern United States. Fifty-six percent of the sample (N=303) came from the Northeast (CT, DE, MA, ME, ML, NH, NJ, NY, PA, RI, VT and D.C.). Another 20% of the sample (N=110) came from the West Coast (CA, NM and OR). Twelve percent of the sample came from the Midwest (N=65) (CO, IL, IN, KA, MI, MO and OH) and the remaining 11% (N=59) came from the Southern United States (FL, GA, KY, LA, NC, SC, TX and VA). Two thirds of the sample reported to work in an urban area (66%, N=353), while one third reported to work in a rural or suburban area (34%, N=185).

Ninety-one percent of the sample (N=490) reported to have an M.S.W. degree. Only 9.5% of the sample (N=51) held a B.S.W. degree and 4% (N=23) held D.S.W./Ph.D. degrees (see Figure 5). Respondents also identified their area(s) of social work practice. Ninety percent of the sample were currently employed in “direct practice with clients” (N=485). Sixteen percent (N=85) of the sample worked in “social work education;” 14% (N=75) were in “policy and program development;” 8% (N=43) worked in “community organizing;” and 7% (N=40) were engaged in “research.” Thirteen percent of the sample said they were practicing in other areas including medical social work, administration and clinical supervision (See Figure 6).

Figure 3.

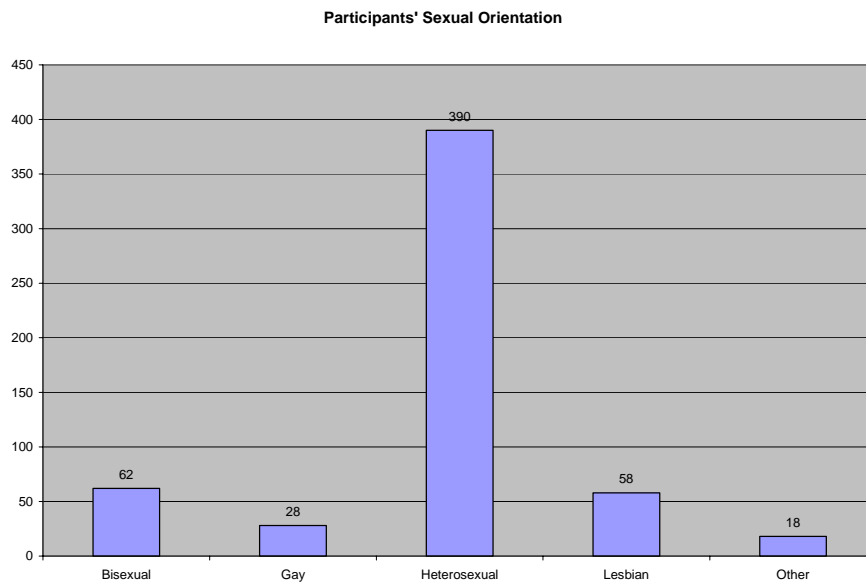


Figure 4.

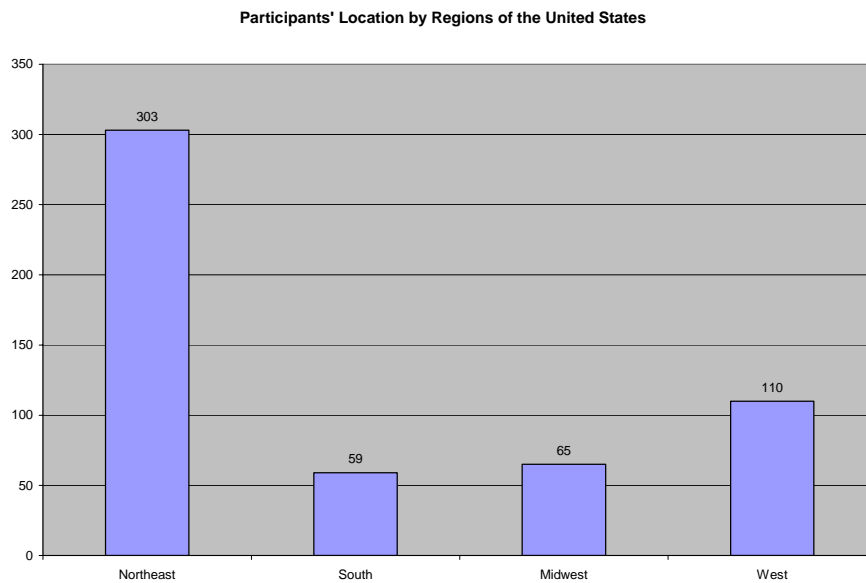


Figure 5.

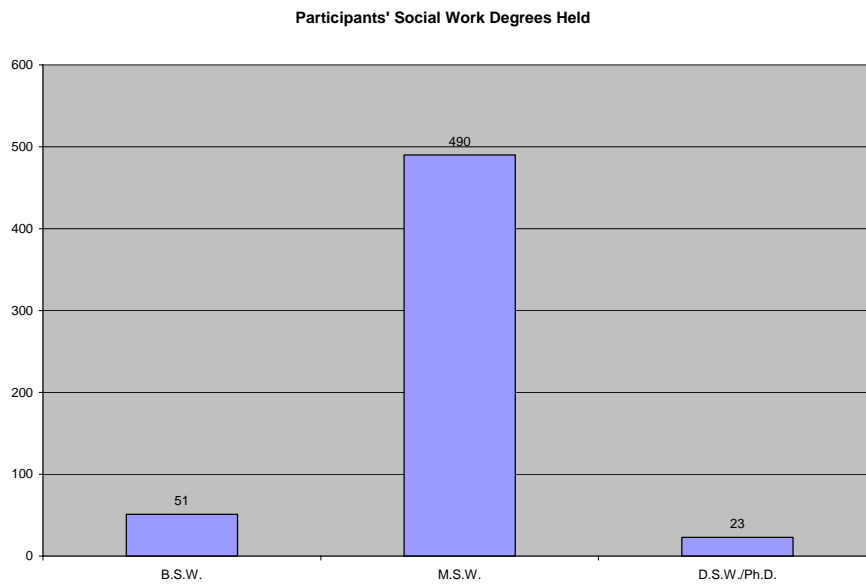
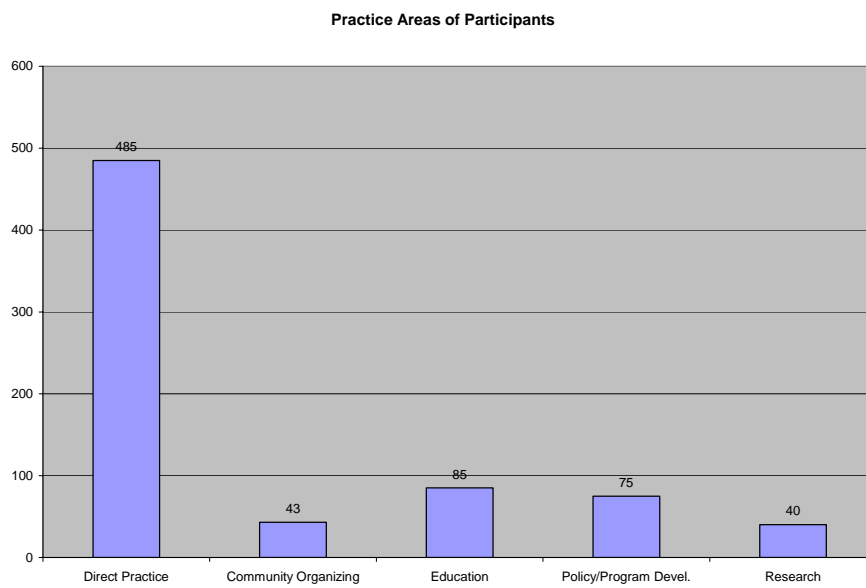


Figure 6.



The sample was fairly evenly distributed in terms of years of social work experience. Thirty-one percent of the sample had between one and five years of experience. Twenty-two percent of the sample (N=168) had between five and ten years of experience. A quarter of the sample (25%, N=127) had between 10 and 20 years of social work experience and another quarter (22%, N=117) had more than 20 years of experience in the field (see Figure 7).

The vast majority of respondents (92%) had worked with at least one each of lesbian, gay and bisexual clients over the course of their careers. Only 8% of the sample had never worked with a lesbian, gay or bisexual client. Of those who had worked with at least one lesbian, gay or bisexual client, 35% had worked with between one and five clients; 22% percent had worked with between six and sixteen clients, and 18% had worked with more than sixteen lesbian, gay or bisexual clients. Seventeen percent of the sample said they could not calculate these figures (see Figure 8).

In summary, the sample was skewed towards white, heterosexual females in their thirties, who live in urban areas, hold Masters of Social Work degrees, and have been doing direct social work practice for more than five years.

Figure 7.

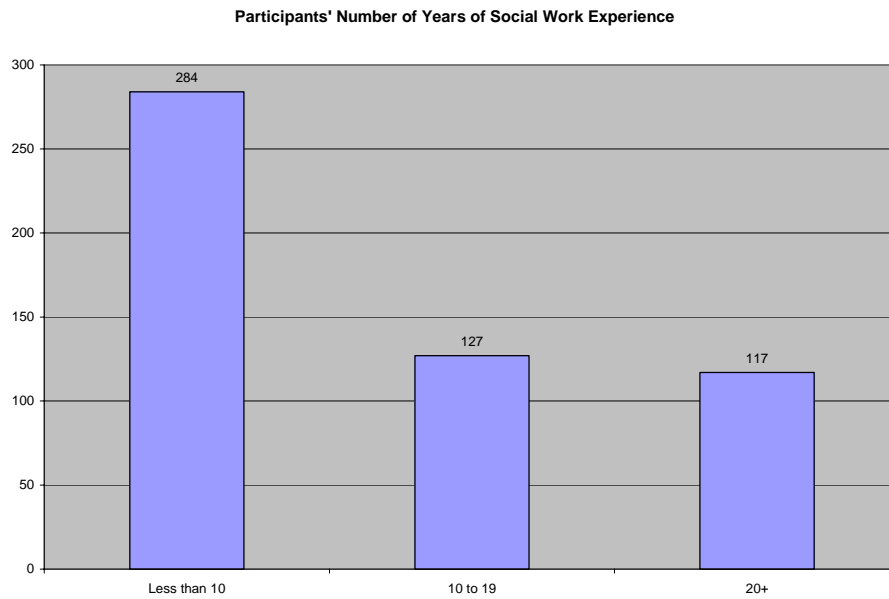
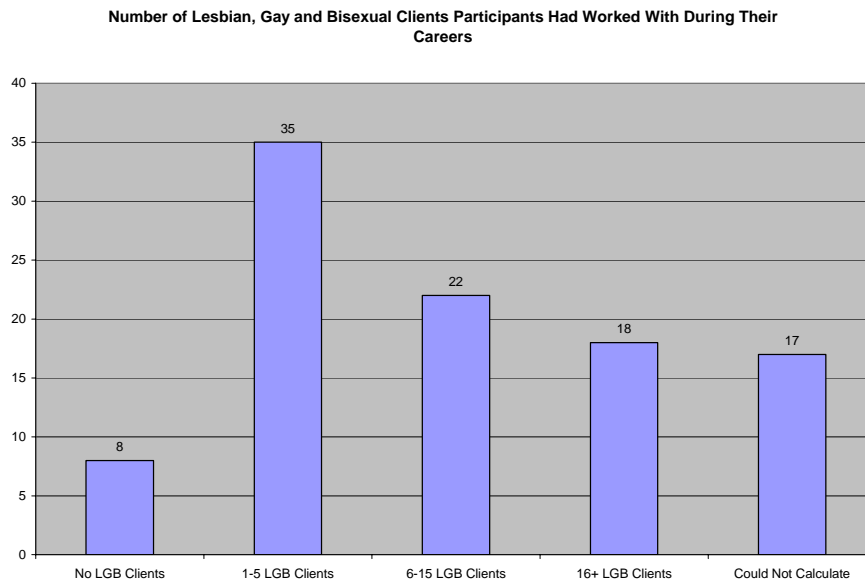


Figure 8.



Findings

Of the total sample of 538 respondents, only 522 respondents completed the ARBS questionnaire, in addition to the demographic survey. Because of this, there were sixteen fewer respondents for the second portion of the data analysis. This means that the total percentages for this portion of the data analysis add up to 97%, rather than 100%.

The data was analyzed using the two subscales for the ARBS instrument, one for attitudes regarding the *tolerability* of bisexuality, and one for attitudes regarding the *stability* of bisexuality. The term *tolerance* is used in the ARBS to refer to the idea that bisexuality is an acceptable and healthy sexual orientation, rather than an immoral or pathological orientation. The term *stability* is used in the ARBS to refer to the idea that bisexuality is a legitimate and life-long sexual orientation, rather than a phase or a false orientation. One can be tolerant of bisexuality, while still disbelieving that bisexuality is a stable- meaning real and life-long- sexual orientation. One may also believe that bisexuality is a stable sexual orientation, but be intolerant of bisexuality because of a belief that it is immoral or pathological.

The ARBS has a second subscale, which is used to compare attitudes regarding male bisexuality versus those regarding female bisexuality. For this study, the male-female subscale was used for the general sample, but was not used for comparisons between demographic groups.

Attitudes Regarding the Stability of Bisexuality

On average, the responses from the sample for this study indicated that participants “agreed somewhat” that bisexuality is a stable sexual orientation, meaning that it is not a phase or a false orientation. The mean overall score for stability (*S* score)

was 2.1. A score of 1 meant that respondents “strongly agreed” with positive statements about the stability of bisexuality, such as, “Just like homosexuality and heterosexuality, bisexuality is a stable sexual orientation for men.” A score of 2 meant that respondents “agreed somewhat” with such statements and a score of 5 meant that respondents “strongly disagreed” with such statements. Thus an overall mean *S* score of 2.1 for the sample means that respondents “agreed somewhat” that bisexuality is a stable sexual orientation.

Attitudes Regarding the Tolerability of Bisexuality

On average, the responses from the sample for this study indicated that participants “agreed strongly” that bisexuality is a tolerable sexual orientation, indicating a belief that bisexuality is not immoral or pathological. The mean overall score for tolerance (*T* score) was 1.3. A score of “1” meant that respondents “agreed strongly” with positive statements about the tolerability of bisexuality, such as “male bisexuality is not a perversion.” This indicates that the sample was, on average, tolerant of bisexuality.

Attitudes Regarding Tolerability vs. Stability

Participants agreed more strongly with positive statements reflecting the tolerability of bisexuality than they did with positive statements about the stability of bisexuality. This suggests that, on average, participants believed that bisexuality is an acceptable (moral and non-pathological) sexual orientation, but were less certain that bisexuality is a permanent, normative sexual orientation. Ninety-three percent of the sample (N=501) agreed with positive statements about the tolerability of bisexuality overall, whereas only 71% (N=381) of the sample agreed with positive statements about the stability of bisexuality. Only 3% (N=18) of the sample was neutral about the

tolerability of bisexuality, compared to 24% (N=129) of the sample which was neutral about the stability of bisexuality. Only 1% (N=6) of the sample had overall scores indicating a belief that bisexuality is intolerable. Only 2% (N=12) of the sample had overall scores indicating a belief that bisexuality is not a stable sexual orientation (see Figures 9 and 10).

Attitudes Regarding Male Bisexuality vs. Female Bisexuality

There was no difference between this sample's attitudes towards female bisexuality and male bisexuality on either the stability or tolerance sub-scales. The mean scores for stability and tolerance for both genders were the same as those for the total sample. Thus, on average, the sample strongly agreed (mean *T* score = 1.3) with positive statements about the tolerability of both female and male bisexuality and, on average, agreed somewhat with positive statements about the stability of both female and male bisexuality (mean *S* score = 2.1). This means that the sample held similar attitudes towards bisexual men and bisexual women and did not believe male bisexuality to be a more or less acceptable, stable or legitimate sexual orientation than female bisexuality.

Figure 9.

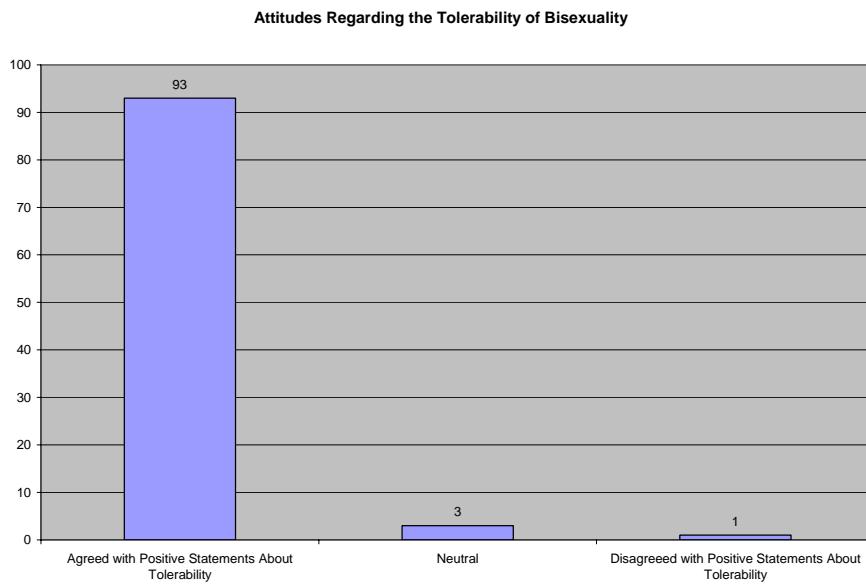
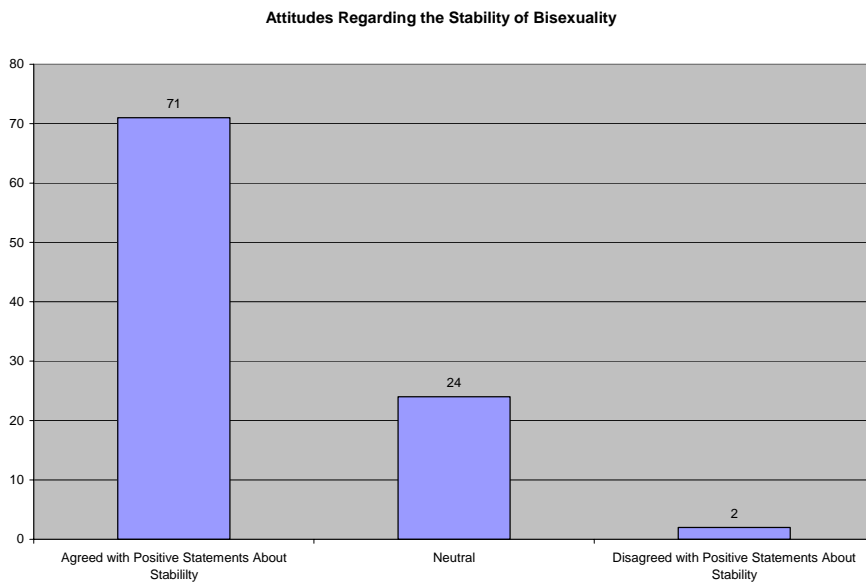


Figure 10.



Comparisons within Demographic Groups

Differences by Age and Years of Social Work Experience

There were significant differences in attitudes towards bisexuality reported by younger and older respondents to this study on both the tolerance and stability scales. Respondents in their 50's, 60's and 70's tended to see bisexuality as less stable and were less tolerant of bisexuality than respondents in their 20's, 30's and 40's. There were no significant differences within the younger (20-49) or older (50+) age-brackets, however. While respondents in their 20's, 30's and 40's, on average, "agreed somewhat" with positive statements about the stability of bisexuality (mean *S* score = 1.9), respondents in their 50's, 60's and 70's were, on average, "neutral" about the stability of bisexuality (mean *S* score = 2.6). The differences in attitudes regarding tolerance-levels were less pronounced than those regarding stability. Among people in their 20's, 30's 40's and 50's, the mean *T* score was 1.3, meaning that respondents under the age of 60 tended to "agree strongly" with positive statements about the tolerability of bisexuality. Respondents in their 60's and 70's had a mean *T* score of 1.7, reflecting slightly less tolerant attitudes towards bisexuality. This group, on average, "agreed somewhat" with positive statements about the tolerability of bisexuality (see Figure 11).

There was a parallel trend among those respondents who had worked in the field for longer and those who were in the older age-brackets. It is likely that this similarity is due to the fact that respondents with more years of experience were also older. Overall, respondents with more years of social work experience had less favorable attitudes regarding the stability of bisexuality than those with fewer years of experience.

Respondents' attitudes regarding the tolerability of bisexuality did not vary by amount of experience, however (see Figure 12 for details).

Figure 11.

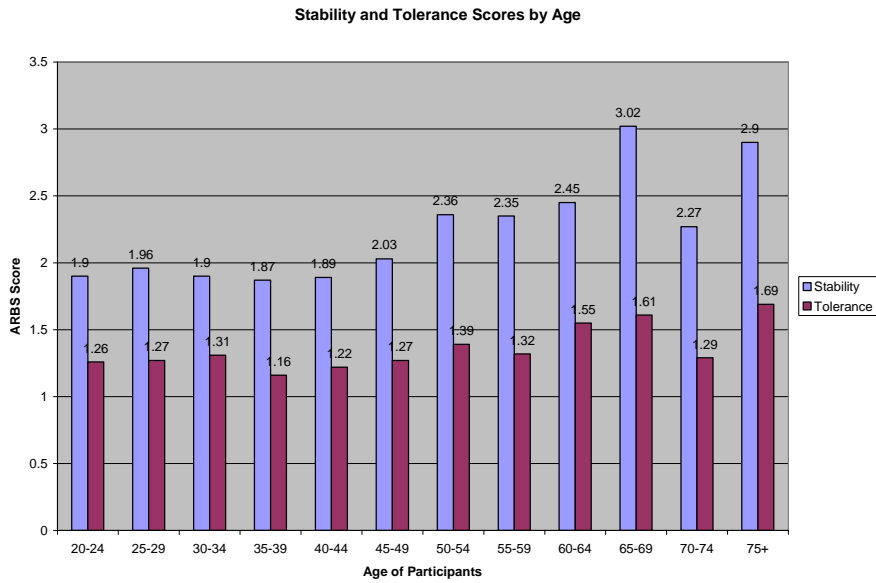
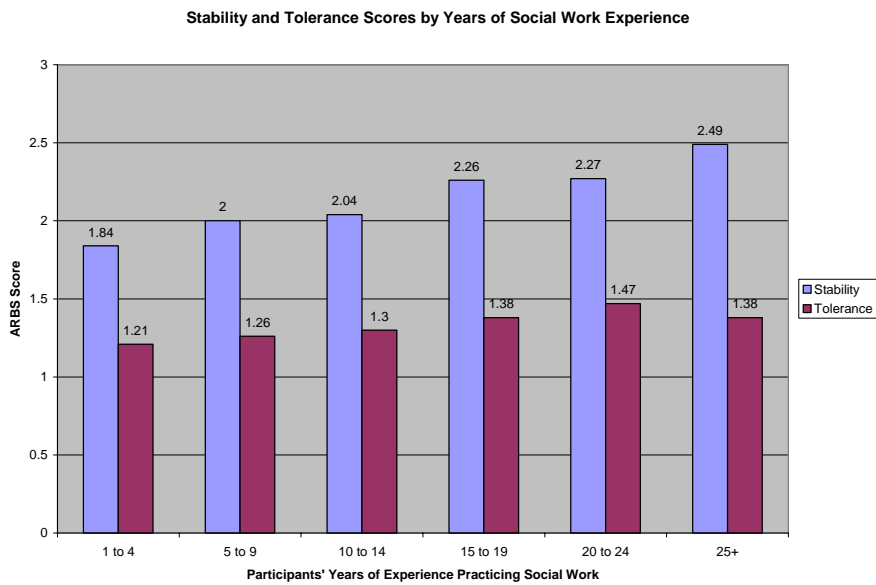


Figure 12.



Differences by Racial/Ethnic Groupings

Data was only analyzed for groups with more than 10 respondents in them. These were the Caucasian/white group (87%, N=452), the African American/Black group (5%, N=25), and the Latina/o group (5%, N=23). There was no significant difference between these groups in their attitudes regarding the stability of bisexuality (mean *S* score = 2.0 for all groups). There was a slight difference between the African-American/Black and Latina/o groups regarding the tolerability of bisexuality, with the African-American/Black group having a higher mean (mean *T* score = 1.7) than the Latina/o group (mean *T* score = 1.2). This indicates that there were somewhat less positive attitudes regarding the tolerability of bisexuality found among the African-American/Black respondents in this sample than among the Latina/o respondents. There was no significant difference between either of these groups and the Caucasian group (mean *T* score = 1.3). Thus, in this sample, the Latina/o racial/ethnic respondent group held the most positive attitudes regarding the tolerability of bisexuality (see Figure 13).

Differences by Sexual Orientation Groupings

There was no significant difference found between the heterosexual and non-heterosexual groups for the tolerability subscale (mean *T* score = 1.3), meaning that both groups were, on average, equally tolerant of bisexuality. There were, however, significant differences found between the lesbian, gay and bisexual groups and the heterosexual group on the stability subscale. Respondents in the lesbian, gay and bisexual groups had a mean *S* score of 1.9, while those in the heterosexual group had a mean *S* score of 2.1. This indicates that respondents who identified as heterosexual were slightly less

likely to agree that bisexuality is a permanent, normative sexual orientation than respondents who identified as lesbian, gay or bisexual.

Differences by Amount of Experience Working with Lesbian, Gay and Bisexual Clients

Respondents who reported to have worked with the largest number (16+) of lesbian, gay or bisexual clients were found to have more positive attitudes regarding both the stability and tolerability of bisexuality than respondents who reported to have never worked with a lesbian, gay or bisexual client. This trend also held true for those respondents who had worked with fewer than sixteen lesbian, gay or bisexual clients, and those who said that they could not calculate the number of lesbian, gay or bisexual clients they had worked with during their careers (see Figure 14).

Differences by Geographic Location, Urbanity and Gender

There were no regional differences found between participants from the Northeastern, Southern, Midwestern and Western United States in terms of their attitudes regarding the stability or tolerability of bisexuality. Similarly, there were no differences in attitudes found between respondents who reported to live in urban versus suburban or rural environments. Finally, there were no differences found between male and female respondents in their attitudes regarding the stability or tolerability of bisexuality.

Figure 13.

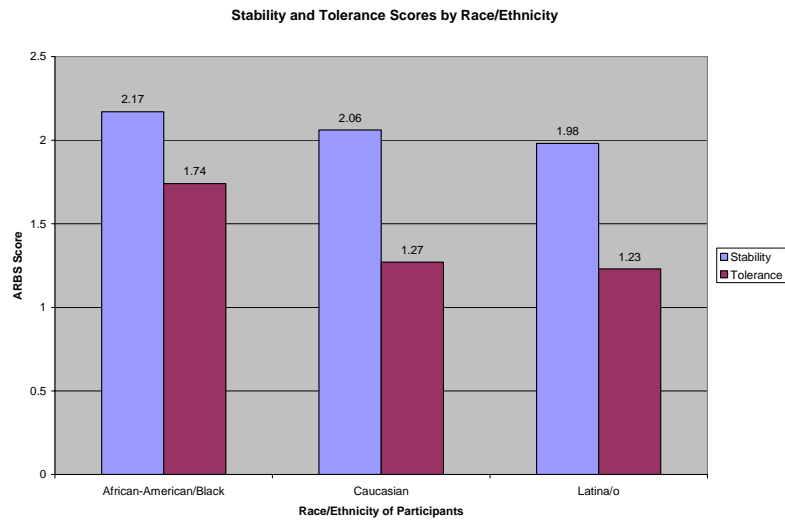
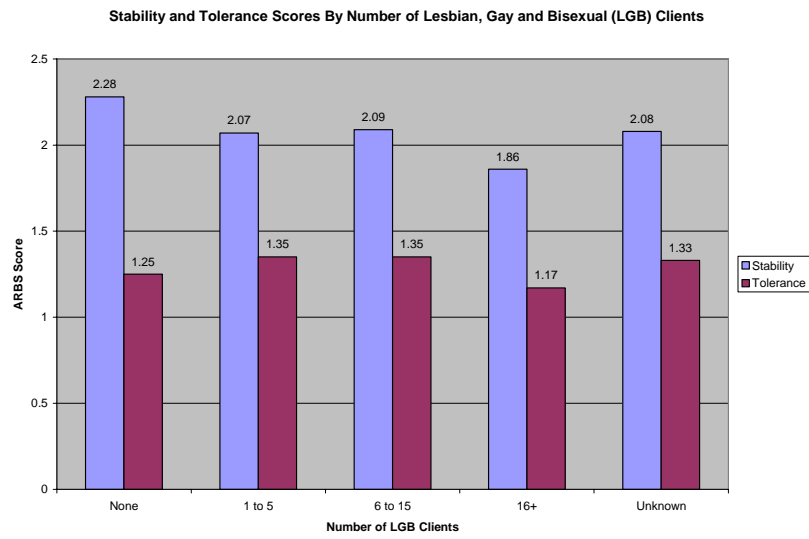


Figure 14.



CHAPTER V

DISCUSSION

Although the National Association of Social Workers (NASW), the nation's largest and most representative social work organization, has had an on-going, bylaws-mandated Committee on Lesbian, Gay and Bisexual issues since 1996, social work attitudes towards bisexuality and their implications for service-delivery remain vastly understudied. This gap in the literature is problematic, given that there is evidence to suggest that practitioners in the helping professions hold significant biases towards bisexuals, similar to those found in the general population; and that such biases can have deleterious effects on the worker-client relationship and on service-delivery. This exploratory, quantitative study was designed to make a contribution to filling this gap by surveying a sample of social workers from across the United States about their attitudes regarding bisexuality.

This study employed an existing instrument, the Attitudes Regarding Bisexuality Scale (ARBS), which asked respondents to rate their level of agreement with a series of 18 statements on a Likert Scale of 1-5, with 1 representing strong agreement with the statement and 5 representing strong disagreement with the statement. The ARBS generates two subscales for attitudes, the first pertains to *tolerance* of bisexuality and the second pertains to the *stability* of bisexuality. The term *tolerance* is used to refer to the idea that bisexuality is an acceptable sexual orientation. The term *stability* is used to refer

to the idea that bisexuality is a permanent and normative sexual orientation. In addition, the ARBS distinguishes between male bisexuality and female bisexuality, and can be used to evaluate differences in attitudes towards bisexuality by gender.

Generalizability

The sample for this study was a non-randomized sample of convenience and thus the findings cannot be generalized to the population of social workers as a whole. It should be noted, however, that the demographic characteristics of this sample mirrored what we know about the demographic characteristics of the population of licensed social workers in the United States in terms of gender, race/ethnicity, social work degrees held and distribution across regions of the United States (CHWS & NASW, 2006). It should also be noted that although participation in this study did not require a social work license, the only national data that was available about the field was for licensed social workers. The only major exceptions to the similarities between this sample and the population of licensed social workers were the average age and the average amount of experience in the field. This sample was considerably younger and less experienced than the current population of licensed social workers in the United States (CHWS & NASW, 2006). There was no demographic information available concerning sexual orientation among social workers.

Major Findings

1. Participants' overall tolerance scores (*T* scores) reflected strong agreement with the moral acceptability of bisexuality.

2. Participants' overall stability scores (*S* scores) also reflected agreement with the idea that bisexuality is a stable sexual orientation, although agreement was not as strong on the stability subscale as it was on the tolerance subscale.
3. There were no discernible differences found in participants' attitudes towards bisexuality by gender on either the tolerance or stability subscales.
4. There were significant subgroup differences found for the demographic factor of age. Age was negatively correlated with positive attitudes on both the tolerance and stability subscales. Specifically, older participants were less likely than younger participants to think that bisexuality is an acceptable or permanent and normative sexual orientation.
5. There were significant subgroup differences found for the demographic factor of years of social work experience on the stability subscale. Specifically, years of experience was negatively correlated with positive attitudes, thus people with more experience were less likely to think that bisexuality is a normative and permanent sexual orientation than those with less experience. At the same time, there were no significant subgroup differences found for this demographic factor on the tolerance subscale.
6. There were significant subgroup differences found for the demographic factor of race/ethnicity on the tolerance subscale. Specifically, Latina/o participants were the most accepting of bisexuality, followed by Caucasian participants, and then by African-American/Black participants. There were no significant

subgroup differences found for this demographic factor on the stability subscale.²

7. There were significant subgroup differences found for the demographic factor of sexual orientation on the stability subscale. Specifically, participants who were lesbian, gay or bisexual were more likely to see bisexuality as a normative and permanent sexual orientation than heterosexual participants. There were no significant subgroup differences found for this demographic factor on the tolerance subscale.
8. Finally, there were significant subgroup differences found for the demographic factor of amount of contact with lesbian, gay and bisexual clients. Specifically, the number of lesbian, gay and bisexual clients whom participants had worked with was positively correlated with attitudes on both the tolerance and stability subscales. Specifically, participants who had worked with a greater number of lesbian, gay and bisexual clients were more likely to think that bisexuality is an acceptable, permanent and normative sexual orientation than participants who had worked with fewer lesbian, gay and bisexual clients.

Discussion

The findings for this study suggest that social workers hold more positive attitudes regarding bisexuality than psychologists, and than the general population of United States. For example, in 2002, Eliason and Hughes found that 45% of a sample of

² . Data was not analyzed for the Native American or Asian/Pacific Islander participant groups because of the small size of these groups.

psychologists indicated a belief that bisexuality is not a normal variant of human sexuality. Similarly, Eliason (1997) found that slightly over 50% of a sample of the general United States population indicated a belief that bisexuality is unacceptable. These figures are much higher than those from the current study, which found that only 29% of social workers do not believe bisexuality to be a stable sexual orientation, and found that only 7% of social workers believe bisexuality to be unacceptable.

Possible reasons for these differences may have to do with the social work field's emphasis on training its members to work with specific at-risk populations, such as the lesbian, gay, bisexual and transgender communities. It is also possible that the field of social work attracts people who have had experience with people from oppressed groups, due to social work's focus on social justice. Finally, it is possible that people with more positive attitudes regarding bisexuality may have been more interested in participating in this study than people with more negative attitudes.

Another possible explanation for the difference between social workers and psychologists may have to do with the average age of the sample in this study. The sample for this study was approximately fifteen years younger than the average age of licensed social workers, and thus may have generated more positive attitudes than might have a study with an older and more representative sample of social workers.

There may be several explanations for the subgroup differences by age found for this sample. One of the most likely explanations is that, as the Lesbian, Gay and Bisexual Rights Movement has gained momentum in the last twenty to thirty years, popular attitudes regarding homosexuality and bisexuality have improved. Thus it is likely that

younger participants were born into a culture with more positive attitudes regarding bisexuality and were more likely to adopt such values as their own.

The subgroup differences found for the demographic factor of race/ethnicity were puzzling. The finding that Latina/o participants were more accepting of bisexuality than Caucasian participants, who were in turn more accepting than African American/Black participants was unexpected. Further studies with more racially and ethnically diverse and randomized samples are necessary to evaluate the validity of these subgroup differences and to examine possible reasons for them.

Although the finding that lesbian, gay and bisexual participants held more positive attitudes regarding the stability of bisexuality than those who were heterosexual makes intuitive sense, further studies are necessary to understand the possible reasons for this difference. It is noteworthy that there were no subgroup differences found for this demographic factor on the tolerance subscale.

Perhaps one of the two most important findings from this study was that participants were four times more likely to think that bisexuality is an acceptable sexual orientation than they were to think that bisexuality is stable sexual orientation. This finding suggests that social workers are more tolerant of bisexuality than they are willing to view it as a real orientation that is equal to homosexuality and/or heterosexuality.

The second important finding was that there was a positive correlation between amount of contact with lesbian, gay and bisexual clients and positive attitudes regarding bisexuality. This finding suggests that an effective way to reduce social workers' biases against bisexuality is to increase their professional contact with lesbian, gay and bisexual clients.

Recommendations

Existing scholarship on the subject of bias-reduction has tended to focus on the importance of academic education about oppressed populations, rather than on professional contact with the populations themselves. For example, Phillips & Fischer (1998) describe the factors necessary to provide adequate training about lesbian, gay and bisexual issues to students of the treatment professions. These factors include integration of pertinent information into coursework, separate courses about lesbian, gay and bisexual issues, encouraging students to explore their biases, exposing students to professors and colleagues who are lesbian, gay and bisexual, and including specific training regarding bisexuality. Although the factors mentioned on this list are essential, the findings from the current study suggest that this list is not comprehensive.

Based on the findings from this study, this researcher recommends that graduate schools of social work (and all treatment professions), make substantial efforts to expose their students to clients who are lesbian, gay and bisexual during the course of their studies. This researcher further recommends that post-graduate training institutions offer opportunities to gain additional experience working with lesbian, gay and bisexual clients to those already working in the field, under supervision.

In order to provide optimal treatment for clients who are different from the therapist, several theorists have argued that the therapist must be educated about the client's particular culture, and that incorrect beliefs must be corrected (Dworkin, 2001; Smiley, 1997). The term for this process is "learning cultural competency." Cultural competency is defined as the ability of treatment providers to respond to the unique needs of populations whose cultures are different from the mainstream or dominant culture

(USDHHS, 1992). Culture has been broadly defined to include differences in sexual orientation, although there is no one culture for all lesbian, gay and bisexual people (Phillips & Fischer, 1998).

Several studies have shown that the curricula concerning lesbian, gay and bisexual issues in social work literature is inadequate. In a review of the social work literature from 1988 to 1997, Van Voorhis & Wagner (2002) found no mention of bisexuality whatsoever. Murphy, Rawlings & Howe (2002) found that research about the treatment of lesbian, gay and bisexual people in social work often focuses on lesbians and gay men, and does not examine issues specific to the bisexual population. This contributes to a paucity of knowledge about bisexuality in the field and promotes heterosexism within the profession (Murphy, Rawlings & Howe, 2002). There is great a need for research that addresses the question of whether there are one or more culture(s) of bisexuality, and if so, in what ways social workers can learn cultural competency skills to aid them in their work with bisexual clients.

In 1996, the National Association of Social Workers (NASW) created a bylaws-mandated Committee on Lesbian, Gay and Bisexual issues. Several studies have documented social workers attitudes towards homosexuality, but no studies have yet addressed the topic of social work attitudes towards bisexuality. This study was an attempt to contribute to filling this gap in social work literature. The researcher hopes that this study will provide a basis for further research on this topic, and for the beginning of a conversation about how to increase the visibility of the needs of bisexual clients in social work schools and training programs.

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Appendix A
Recruitment Letter to Professional Colleagues and Friends

Dear Friends,

As you may know, I am currently a candidate for a Masters of Social Work degree from the Smith College School for Social Work. I am writing to request your assistance in completing my master's degree thesis research; it will take only fifteen minutes of your time. The purpose of my study is to examine social workers' attitudes about bisexuality. While there is a growing body of social work literature that addresses the topics of homophobia and heterosexism among social workers, there has been no systematic inquiry into social work attitudes towards bisexuality. My study is designed to make a contribution towards filling this gap, but I need your help in order to complete it! Participants in this study must hold at least one professional social work degree (BSW, MSW, PhD/DSW) and must currently be practicing in the field of social work.

Since you meet the criteria, I am writing to invite your participation and solicit your help in identifying other eligible persons you know who might be willing to participate. The study is conducted online and takes approximately 15 minutes to complete. The software program utilized is designed in such a way that participation is completely anonymous and a specific response cannot be traced back to any individual. The link to the survey does not retain email addresses or require participant's name and/or address, thus the risks of participation in this study are minimal.

To begin your participation in this study, click on this link below. To help me recruit others, I am asking that you forward this link to any practicing social workers you know—coworkers, colleagues, friends, family, etc.—who might be willing to participate. I have attached an electronic sample letter introducing my study so that all you need to do is fill in your name and contact information and forward it to others.

Survey Link: (www.)

Thanking you in advance for your help. Feel free to contact me with any questions or concerns.

Sincerely,
Tova Feldmanstern
tfeldman@email.smith.edu
(510) 428-3885, ext. 5467

Appendix B
Recruitment Letter to Smith Alumni

Dear Esteemed Smith Alumni,

I am currently a second-year candidate for a Masters of Social Work degree from Smith. I am writing to request your assistance in completing my thesis research and hope you will take fifteen minutes of your time to help me, since I know you remember how the thesis process is!

The purpose of my study is to examine social workers' attitudes about bisexuality. While there is a growing body of social work literature that addresses the topics of homophobia and heterosexism among social workers, there has been no systematic inquiry into social work attitudes towards bisexuality. My study is designed to make a contribution towards filling this gap, but I need your help in order to complete it! Participants in this study must hold at least one professional social work degree (BSW, MSW, PhD/DSW) and must currently be practicing in the field of social work.

I am writing to invite your participation and solicit your help in identifying other eligible persons you know who might be willing to participate. The study is conducted online and takes approximately 15 minutes to complete. The software program utilized is designed in such a way that participation is completely anonymous and a specific response cannot be traced back to any individual. The link to the survey does not retain email addresses or require participant's name and/or address, thus the risks of participation in this study are minimal.

To begin your participation in this study, click on this link below. To help me recruit others, I am asking that you forward this link to any practicing social workers you know—coworkers, colleagues, friends, family, etc.—who might be willing to participate. I have attached an electronic sample letter introducing my study, so all you need to do is fill in your name and contact information and forward it along.

Survey Link: (www.)

Thanking you in advance for helping your fellow Smithie to join the ranks of the alumni! Feel free to contact me anytime with questions or concerns.

Sincerely,
Tova Feldmanstern, A07
tfeldman@email.smith.edu
(510) 428-3885, ext. 5467

Appendix C
Recruitment Letter to Current Smith Students

Dear Fellow Smithies,

I hope your year of internships and craziness are going well! I am a second year student and one of the Vice Presidents of Student Org. I am writing to implore you to take fifteen minutes of your time to help me complete my thesis research. I am conducting an online survey to examine professional social workers' attitudes about bisexuality. Previous research in our field has examined the prevalence of homophobia and heterosexism among social workers, but there has been no research done yet about our field's attitudes towards bisexuality. My study will attempt to fill this gap, but I need your help in order to conduct it.

Participants in my study must currently hold a professional social work degree (BSW, MSW or DSW), so I AM NOT ASKING THAT YOU PARTICIPATE IN MY SURVEY, BUT RATHER THAT YOU FORWARD MY SURVEY TO COWORKERS, FRIENDS, FAMILY MEMBERS, OR ANY PRACTICING SOCIAL WORKERS WHOM YOU KNOW. I am enclosing a sample email for you to forward so all you need to do is fill in your name and contact information. If you are willing, PLEASE also forward my survey to the head of your agency and ask him/her if you can send it to the entire social work staff at your agency. The computer program used to conduct the survey (www.surveymonkey.com) is designed in such a way that participation is completely anonymous, and participants may exit the survey any time if they do not wish to continue.

Thank you in advance for helping me to complete my thesis! (I promise to do the same for you any time.) Please contact me with any questions or concerns you may have.

Sincerely,
Tova Feldmanstern, A07
tfeldman@email.smith.edu
ph. (510) 428-3885, ext. 5467

Appendix D
Sample Letter for Friends and Colleagues to Forward

Dear Social Worker Friends,

I am writing to ask you a quick, professional favor. My colleague, Tova Feldmanstern, is conducting research for her thesis in partial fulfillment of her Masters of Social Work degree from the Smith College School for Social Work. The purpose of her research is to examine social workers' attitudes about bisexuality. In order to do her research, she needs as many professional social workers as possible to take her survey. The survey takes approximately fifteen minutes to complete. I hope you will take the time to contribute to the knowledge-base of our profession, and to help a new recruit to our field!

You can participate now by clicking on this link ([www.](#)) The computer program used to conduct the survey is designed in such a way that participation is completely anonymous and can not be traced back to individual participants. The computer program provides the researcher only aggregate data (no individual responses), and provides no way for the researcher to have direct contact with participants. Participants may withdraw from study at any time during the survey by exiting the survey. Please feel free to contact myself or the researcher (tfeldman@email.smith.edu, ph. 510-428-3885, ext. 5467) at any time.

Sincerely,
(Your Name)
(Your contact information)

Appendix E
Electronic Informed Consent Letter

Dear Respondent,

My name is Tova Feldmanstern. I am a candidate for a Master of Social Work degree from the Smith College School for Social Work. In partial fulfillment of the requirements for this degree, I am conducting a research study to examine social workers' attitudes about bisexuality. Existing research in this area has been done primarily on and by psychologists. While there is a growing body of social work literature that addresses the topics of homophobia and heterosexism among social workers, there has been no systematic inquiry into social work attitudes towards bisexuality. My study is designed to make a contribution towards filling this gap. The data collected will be used for my thesis and for other scientific publications and presentations on this topic.

In order to participate in this study, you must hold at least one professional social work degree (BSW, MSW, PhD/DSW) and currently be practicing social work. The survey takes approximately fifteen minutes to complete and includes questions about your demographic background, in addition to questions about your attitudes towards bisexuality. You must read and electronically sign this informed consent form by clicking on the "I consent" option below before proceeding to the survey. If you choose to consent, please print out this page and keep it for your records. If you click on the "I do not consent" option below, you will immediately exit the survey.

My survey will be conducted completely online and the software program utilized is designed in such a way that participation is completely anonymous and a specific response cannot be traced back to any individual. The link to the survey does not retain email addresses or ask that you give your name. The software program collects and initially compiles the data for further research and the researcher is given this data in aggregate form. Only my research advisor, the Smith College School for Social Work's statistical research analyst and this researcher will have access to these materials. All research data will be kept secure in a locked location for a minimum of three years, as mandated by federal law; and they will be destroyed when they are no longer needed. You have the right to exit this study at anytime prior to pressing the "I submit" option at the end of the survey.

Thus the risks of participation in this study are considered minimal. In terms of benefits, there will be no monetary or material compensation provided to you in exchange for your participation in this study. It is possible, however, that you may benefit from having this opportunity to reflect upon your attitudes towards bisexuality. It is also possible that you may benefit from the knowledge that you are helping to expand our professional knowledge base about social workers attitudes concerning bisexuality.

Your participation in this study is voluntary and you may decline to be involved in this study without repercussion. Please feel free to contact me with questions or concerns. I

am best reached by email at tfeldman@email.smith.edu or by phone at (510)-428-3885, extension 5467. I hope that you will decide to participate in this study.

CLICKING “I CONSENT” BELOW INDICATES THAT YOU HAVE READ AND UNDERSTOOD THE ABOVE INFORMATION; THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY. (ELECTRONIC SIGNATURE.)

(I Consent)

(I Do Not Consent)

PLEASE PRINT THIS PAGE FOR YOUR RECORDS.

Appendix F
Instrument Part One - Demographic Questionnaire

Please read and complete the following demographic questions:

Gender (check all that apply):

- Female
- Male
- Transgender
- Other (please note) _____

Age (check one):

- 20 and under
- 20-24
- 25-29
- 30-34
- 35-39
- 40-44
- 45-49
- 50-54
- 55-59
- 60-64
- 65-69
- 70-74
- 75 or older

State of Residence: _____

Race/Ethnicity - Primary Identification(s) (check all that apply):

- Asian/Pacific Islander
- Black/African-American
- Caucasian
- Latino/Latina
- Native American
- Other (please note) _____

Sexual Orientation (check all that apply):

- Bisexual
- Gay
- Heterosexual
- Lesbian

Other

Professional Social Work Degree Held (check all that apply):

B.S.W.

M.S.W.

Ph.D./D.S.W.

No Social Work Degree Currently Held

Years of Professional Social Work Experience (check one):

1-4

5-9

10-14

15-19

20-24

25+

Are You Currently Practicing Social Work?

Yes

No

Current Area of Social Work Practice:

Direct Practice with Clients

Community Organizing

Social Work Education

Policy and Program Development

Research and Writing

Other (please specify): _____

Approximate number of bisexual clients you have worked with in your career:

None

1-5

6-15

16+

Approximate number of gay male clients you have worked with in your career:

None

1-5

6-15

16+

Approximate number of lesbian clients you have worked with in your career:

- None
- 1-5
- 6-15
- 16+

Appendix G
Instrument Part Two - Survey

Attitudes Regarding Bisexuality Scale - Male/Female Form (Mohr & Rochlen, 1999)

Please read each of the following statements and rate them according to how accurately they describe your current attitudes and beliefs. Please respond honestly (as you actually feel –not as you think you should feel) and answer every question according to the rating scale below.

1-----2-----3-----4-----5
Agree Strongly **Disagree Strongly**

- ___ 1. Most men who claim to be bisexual are in denial about their true sexual orientation.
- ___ 2. The growing acceptance of female bisexuality indicates a decline in American values.
- ___ 3. Most women who call themselves bisexual are temporarily experimenting with their sexuality.
- ___ 4. Bisexual men are sick.
- ___ 5. Male bisexuals are afraid to commit to one lifestyle.
- ___ 6. Bisexual women have a clear sense of their true sexual orientation.
- ___ 7. I would *not* be upset if my sister were bisexual.
- ___ 8. Lesbians are less confused about their sexuality than bisexual women.
- ___ 9. Bisexual men should *not* be allowed to teach children in public schools.
- ___ 10. Female bisexuality is harmful to society because it breaks down the natural divisions between the sexes.
- ___ 11. Male bisexuality is *not* usually a phase, but rather a stable sexual orientation.
- ___ 12. Male bisexuals have a fear of committed intimate relationships.
- ___ 13. Bisexuality in men is immoral.
- ___ 14. The only true sexual orientations for women are homosexuality and heterosexuality.
- ___ 15. As far as I'm concerned, female bisexuality is unnatural.
- ___ 16. Just like homosexuality and heterosexuality, bisexuality is a stable sexual orientation for men.
- ___ 17. Male bisexuality is *not* a perversion.
- ___ 18. Most women who identify as bisexual have *not* yet discovered their actual sexual orientation.

Appendix H
Correspondence with Survey Creator, Jonathan Mohr, Ph. D. (1)

Tova Feldmanstern Tuesday - September 5, 2006 3:52 PM
To: jmohr@gmu.edu Subject: ARBS
Subject: ARBS

Dear Professor Mohr,

I am an MSW student at the Smith College School for Social work and am just beginning to write my Masters' Thesis for partial completion of my degree. The aim of my thesis will be to assess the nature and prevalence of bias against bisexuality among practicing social workers in the United States. I discovered the Attitudes Regarding Bisexuality Scale while doing preliminary research for topic, and am considering using it for my study, with your approval. I would be using it purely for academic purposes, not for any commercial purposes. I have read the articles you wrote about the development and use of the scale among psychologists and found them very interesting and useful.

One question I have about using the scale is, do most respondents answer the ARBS honestly, or do you think that a significant number of people answer in the way that they think they ought to (i.e. being politically correct)? If this was a concern, I was wondering if you had any ideas about how to elicit peoples' honest opinions? I was also wondering how you came up with the specific statements used on the 18 questions dual gender version off the ARBS?

Thank you very much for your help, and for your work in this important area.

Sincerely,
Tova Feldmanstern
tfeldman@email.smith.edu

Correspondence with Survey Creator, Jonathan Mohr, Ph. D. (2)

From: Jonathan Mohr <jmohr@gmu.edu> Tuesday - September 5, 2006 6:46 PM
To: Tova Feldmanstern <tfeldman@email.smith.edu>
Subject: Re: ARBS Attachments: Mime.822 (9440 bytes) [\[View\]](#) [\[Save As\]](#)

Dear Tova,

Thanks for your message. I'm always pleased to hear about others who are interested in doing research in this area. Your question about honesty in responses to ARBS items is one that holds for all explicit attitude measures. Essentially, it is a question about whether "social desirability" (perhaps in the form of political correctness) influences individuals' responses. Although the ARBS certainly could benefit from more scrutiny on this issue, our preliminary results from the instrument development paper suggest that ARBS scores are not associated with scores on measures of social desirability (see Study 3 and Study 4 from Mohr & Rochlen, 1999). I do recommend including a statement about the importance of honest responses in the instructions to participants. Because social workers tend to be a fairly "politically correct" group of people, it might be good to emphasize the importance of responding as they actually feel rather than how they think they should feel.

You also asked how I came up with the specific 18 items in the dual gender version. I'm not quite sure what you mean by this question. We developed the content of the items through inspection of the literature and feedback from grad students with expertise in sexual orientation issues (for more detail, see the beginning of Study 1 in Mohr & Rochlen, 1999). The items that made it into the final version of the ARBS were chosen on the basis of statistical considerations after conducting a factor analysis of the items (for more detail, see the second paragraph of the Results section in Study 1).

I hope this is helpful. Good luck with your thesis!

Best,
Jon Mohr

P.S. You can access a typed copy of the ARBS at my website:
<http://mason.gmu.edu/~jmohr/measures.html>

-- Jonathan Mohr, Ph.D. Assistant Professor Clinical Psychology Program Department of Psychology MSN 3F5 George Mason University Fairfax, VA 22030

Appendix I
Human Subjects Review Committee Approval Letter

January 2, 2007

Tova Feldmanstern
648 Clarendon Avenue
San Francisco, CA 94131

Dear Tova,

The Human Subjects Review Committee has reviewed your revised documents and finds that all is now in order. We are, therefore, now happy to give final approval to your study.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain signed consent documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Mary Hall, Research Advisor