

## Research Article

# LESBIANS AND THEIR SISTERS AS A CONTROL GROUP: Demographic and Mental Health Factors

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*Abstract—Lesbians and their heterosexual sisters were compared on demographic variables and mental health subscales, so that the feasibility of using heterosexual sisters as a control group for lesbians could be investigated. Lesbians were significantly more educated, more likely to live in urban areas, and more geographically mobile than their heterosexual sisters. Heterosexual sisters were more likely than lesbians to be married and homemakers, to have children, and to identify with a formal religion. There was no difference in mental health, but lesbians had higher self-esteem. When all respondents were included, bisexual women had significantly poorer mental health than did lesbians and heterosexual women. This is the first study to use sisters as a control group in lesbian research.*

A limitation of lesbian mental health studies to date is that they do not include a control group with which to compare results. Instead, researchers have compared results for lesbian mental health with published norms about women in general (Bradford, Ryan, & Rothblum, 1994; Jordan & Deluty, 1998; Oetjen & Rothblum, 2000). In addition, surveys of lesbians based on convenience samples (e.g., subscribers to lesbian-gay magazines, members of lesbian organizations) have usually found their samples to be more highly educated but to have lower income relative to their education than women in the general population (Bradford et al., 1994; Oetjen & Rothblum, 2000). Furthermore, lesbians tend to live in urban areas and be unaffiliated with religious organizations. Often, researchers apologize for their sample, which is considered to be nonrepresentative precisely because the lesbian respondents are different from census data of the general U.S. female population (Bradford & Ryan, 1988). The possibility that lesbians may have had more educational opportunities because of not being married or not having children has not been explored. Similarly, lesbians may move to urban areas to escape traditional roles at home, and may be more geographically mobile than women in general because of their lack of children or husbands.

One way to obtain demographic controls for lesbians is to conduct national probability studies and compare lesbians with heterosexual women. Despite the many strengths of such research, a major limitation is that very large sample sizes are necessary to find even small numbers of lesbians. For example, Laumann, Gagnon, Michael, and Michaels (1994) interviewed 1,749 women and found only 24 women (1.4%) to identify as nonheterosexual. In contrast, researchers who focus on lesbian community groups can find hundreds of participants.

In the present study, we examined the feasibility of using their own heterosexual sisters as a control group for lesbians. Lesbians (and gay men) differ from other minority groups (e.g., African Americans, Jews, immigrants) in one important respect: Their siblings are generally members of the dominant group (heterosexuals). This method

controls for race and ethnicity, age cohort, parental socioeconomic status, and parental education. This method also allows researchers to focus on nonrandom, convenience samples. Regardless of the nonrepresentativeness of the lesbians in a sample, inclusion of their heterosexual sisters ensures a comparable demographic control group.

## METHOD

### Procedure

The resource book *Gayellow Pages* (1997) includes addresses of national, state, and local periodicals aimed at lesbians or at lesbians and gay men. In each available periodical, we placed ads asking for volunteers for a "study of how lesbians and their sisters are similar or different." The contact address was changed in each ad to include a fictional post office box number (e.g., Box 144 for the *San Francisco Bay Times*; Box 251 for the *Gaily Oklahoman*) so that we could ascertain exactly where each respondent had seen the ad. The *Gayellow Pages* also lists gay-lesbian churches, synagogues, and other religious organizations; lesbian bars; women's bookstores; lesbian and gay campus student groups; and organizations listed as "ethnic/multicultural." All organizations listed were sent a letter asking them to post an announcement of the study on a bulletin board, e-mail list, or newsletter. Again, the fictional post office box number in the contact address was changed each time so we could keep track of where respondents had seen the announcement.

When respondents requested to participate in the study, they were sent two copies of a questionnaire. Each copy included a respondent number (e.g., 249A for the original respondent and 249B for her sister), along with a stamped return envelope. Respondents who indicated that they had more than one sister were sent additional questionnaires (e.g., 249C, 249D).

### Participants

A total of 1,264 questionnaires were requested by telephone, mail, or e-mail. Of these, 762 questionnaires were returned, for a response rate of 60%. Eighty percent of the returned questionnaires were from sister pairs (see Table 1). In some cases, more than 2 sisters from the same family returned questionnaires; for these families, the sister pair consisted of respondent A and the sister closest to her in age. In the remaining cases, only 1 sister from a family returned a questionnaire. Most of the respondents were in their 20s (23.1%), 30s (32.9%), or 40s (29.8%), with 2.8% under age 20, 8.8% in their 50s, and 1.4% in their 60s. The majority (91.2%) was of European descent.

### Measures

The questionnaire was titled "Sisters Project" and did not indicate anywhere that this study focused on lesbians. The instructions stated,

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**Table 1.** Types of sisters who returned questionnaires

Type of sisters	Number
Lesbian-heterosexual pair	184 pairs
Bisexual-heterosexual pair	44 pairs
Lesbian-bisexual pair	29 pairs
Lesbian-lesbian pair	18 pairs
Bisexual-bisexual pair	17 pairs
Heterosexual-heterosexual pair	11 pairs
Total pairs	303 pairs (606 respondents)
Additional sisters from families with more than 2 sisters <sup>1</sup>	70
Respondents who did not have a sister who returned a questionnaire	86
Total respondents	762

<sup>1</sup>In cases with more than 2 sisters, respondent A and the sister closest to her in age were selected as the sister pair.

"This survey is to learn how the lives of adult sisters are similar or different. There is little information about sisters and how their lives change in adulthood." In this way, lesbians who had not told their sisters about their sexual orientation could still involve them in this study.

The first section of the questionnaire included items about demographic information: age, race-ethnicity, population density of current city or town, years lived in current location, reason for moving to current location, miles from prior location to current location, religion while growing up, religion now, frequency of attending religious services now, current employment status, occupation, education, annual individual income, annual household income, other members of household, children in household, marital status, years in current relationship, and ages of all sisters and brothers. Participants were also asked about mother's and father's occupation, current annual income, and education, and how far each parent lived from them. There were only two items about sexual orientation so that the questionnaire did not appear to be focused on lesbians. One item asked respondents to indicate their sexual orientation on a scale from 0 (*exclusively heterosexual*) through 3-4 (*bisexual*) to 7 (*exclusively lesbian-gay*). This scale was first used in the surveys by Kinsey (Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953) and is still used to assess sexual orientation in the overwhelming majority of research on lesbians. So that the length of time at the current sexual orientation could be determined, the second item was worded: "Looking back at the rating you gave for [the previous item], how many years have you considered yourself to fall at that rating?" Participants were also asked for their height and weight, whether they had health and dental insurance, whether they had ever sought counseling or therapy, and whether they had a disability.

Self-esteem was measured with the 10-item Rosenberg Self-Esteem Scale (Rosenberg, 1965), on which a higher score reflects greater self-esteem. Overall severity and prevalence of mental disorders were measured with the Brief Symptom Inventory (BSI; Derogates, 1975). The BSI is a 53-item scale designed to measure nine dimensions of mental health disorders: Somatization, Obsessive-Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Hostility,

Phobic Anxiety, Paranoid Ideation, and Psychoticism. There are also three overall scales: Global Severity Index, Positive Symptom Distress Index, and Positive Symptom Total. Higher scores indicate increased mental health problems.

## RESULTS

Respondents were considered heterosexual if they circled a score of 0 or 1 in response to the item on sexual orientation, bisexual if they indicated a score from 2 to 5, and lesbian if their score was 6 or 7. Of the 762 respondents, 315 (41.3%) were considered heterosexual, 314 (41.2%) were lesbian, and 133 (17.5%) were bisexual.

### Lesbian and Heterosexual Sister Pairs: Demographic Information

The first analyses focused on those pairs in which I sister was heterosexual and I was lesbian, and both returned questionnaires. There were 184 such sister pairs. For the lesbians in this sample, the mean length of time of self-identifying as lesbian was 17.36 years. Table 2 presents data on these sister pairs. Given the number of *t* tests (for continuous variables) and chi-square analyses (for categorical data) performed, a Bonferroni adjustment with a significance level of  $p < .001$  was used as the cutoff. The *t* tests were for matched (non-independent) data.

Lesbians were slightly older than their heterosexual sisters (by about 1 year on average), but this difference was not significant. Lesbians had significantly higher levels of education than did their heterosexual sisters,  $t(182) = 6.11, p < .0005$ . Lesbians on average scored between completing college and having some graduate school or professional school education. Heterosexual women had just less than a college degree.

Heterosexual women were more likely to be homemakers than were their lesbian sisters,  $X^2(1, N = 368) = 46.38, p < .0005$ . There were no other differences in full-time or part-time employment status, student status, or retirement status. Respondents wrote in their occupation on the survey, and this was coded according to the Hollingshead (Achenbach, 1998) index of social status. There was no significant difference in occupational level between sisters. There was also no significant difference between lesbian and heterosexual sisters on individual or household income.

More than three quarters of lesbians and their heterosexual sisters had belonged to a formal religion while growing up. Currently, heterosexual women were more likely to identify with a formal religion (Catholic, Jewish, or Protestant), whereas lesbians indicated that their spiritual beliefs did not fit a formal religion,  $X^2(2, N = 337) = 29.51, p < .0005$ . There was no significant difference in how often lesbians and their heterosexual sisters attended religious services.

There was a significant difference in marital status,  $X^2(2, N = 368) = 149.74, p < .0005$ , with heterosexual women more likely to be married. Lesbians were more likely to be living with a female partner,  $X^2(1, N = 368) = 124.45, p < .0005$ , and heterosexual women with a male partner,  $X^2(1, N = 368) = 183.29, p < .0005$ . Lesbians were more likely to be living alone than were their heterosexual sisters,  $X^2(1, N = 368) = 15.22, p < .0005$ . Heterosexual women were more likely to be living with children,  $X^2(1, N = 368) = 46.58, p < .0005$ . There was no difference between sisters in the percentage living *with*

Table 2. *Demographic information and mental health of lesbian-heterosexual sister pairs*

Variable	Lesbians (n = 184)	Heterosexual women (n = 184)
Demographic information		
Age	39.0	38.0
Educational level <sup>a</sup> **	4.7	3.9
Employment status <sup>b</sup>		
Currently student	24.5%	15.8%
Employed full-time	70.7%	59.2%
Employed part-time	13.0%	18.5%
Unemployed	1.1%	0%
Homemaker**	1.1%	25.0%
Retired	2.7%	2.7%
Occupational level <sup>c</sup>	66.8	64.4
Income		
Individual income <sup>d</sup>	3.6	3.2
Household income <sup>e</sup>	4.7	5.0
Formal religion in childhood	84.0%	76.0%
Religion now		
Formal religion now**	28.0%	52.0%
Alternative religion now**	42.0%	22.0%
Attend religious services at least several times a year	30.0%	37.0%
Marital status		
Currently married**	1.6%	59.8%
Married in the past	23.4%	14.7%
Living situation <sup>b</sup>		
Live with male partner**	0.5%	67.4%
Live with female partner**	50.5%	0%
Live alone**	25.3%	12.0%
Live with roommate	12.5%	4.9%
Live with parents	3.8%	6.0%
Live with children**	7.1%	36.4%
Live with other relatives	5.4%	5.4%
Live with other	3.8%	3.3%
Years in current relationship**	6.9	11.4
Years in current location	7.7	9.3
Population density of current location**		
Large city	30.0%	15.3%
Medium-sized city	25.1%	19.1%
Small city or town	20.0%	29.0%
Suburb	13.9%	26.8%
Rural	11.2%	9.8%
Miles from prior locations <sup>f</sup>	3.0	2.5
Reason for move		
Own job	23.4%	14.1%
Own education <sup>g</sup>	19.0%	7.6%
Partner's job**	6.5%	23.9%
Child's education	0.5%	8.2%
Distance from mother**	3.6	2.8
Distance from fathers**	3.8	2.8
Parental demographic factors		
Mother's education <sup>h</sup>	2.9	3.0
Father's education	3.3	3.3
Mother's occupations	59.4	61.9
Father's occupation <sup>i</sup>	63.2	63.2
Mother's income <sup>j</sup>	3.6	3.6
Father's income <sup>k</sup>	4.9	5.0

Table 2. Continued

Variable	Lesbians (n = 184)	Heterosexual women (n = 184)
Health and mental health factors		
Height (in.)	65.2	65.1
Weight (lbs)**	161.1	148.6
Insurance		
Have health insurance	87.8%	93.3%
Have health insurance through partner**	3.3%	29.9%
Have dental insurance	56.8%	72.3%
Physical disability	7.6%	4.9%
Psychotherapy		
Ever been in therapy**	72.3%	54.9%
Currently in therapy	19.6%	8.7%
Brief Symptom Inventory		
Global Severity Index	0.41	0.45
Positive Symptom Distress Index	1.32	1.30
Positive Symptom Total	15.05	16.63
Somatization	.31	.31
Obsessive-Compulsive	.68	.73
Interpersonal Sensitivity	.50	.62
Depression	.48	.50
Anxiety	.43	.44
Hostility	.41	.54
Phobic Anxiety	.14	.16
Paranoid Ideation	.38	.49
Psychoticism	.29	.32
Rosenberg Self-Esteem Scale**	33.9	32.0

*Note.* Variables with significant differences between groups are marked with asterisks (\* $p < .001$ , \*\* $p < .0005$ ).  
*a2* = high school diploma; 3 = some college; 4 = college degree; 5 = some graduate or professional school; 6 = graduate degree.  
 Respondents could check more than one box, so chi-square analyses were conducted separately for each variable.  
 Range is from 10 (lowest-status occupation) to 90 (highest-status occupation).  
 2 = \$20,000-\$29,000; 3 = \$30,000-\$39,000; 4 = \$40,000-\$49,000; 5 = \$50,000 or more.  
 e1 = less than 20 miles; 2 = 21-50 miles; 3 = 51-100 miles; 4 = 101-500 miles; 5 = more than 500 miles.

parents, living with other family members, or living in other types of arrangements.

For those women who were currently in a relationship with a partner (121 lesbians and 149 heterosexual women), there was a significant difference in length of relationship,  $t(101) = 5.80, p < .0005$ . Heterosexual women had been in their current relationship for a longer time period (11.40 years on average) than had lesbian sisters (6.87 years on average).

There was a significant difference in the population density of the location in which lesbians and their heterosexual sisters lived,  $\chi^2(4, N = 362) = 20.06, p < .0005$ , with lesbians living in larger cities and heterosexual women in smaller cities, towns, or suburbs. There was no significant difference between lesbian and heterosexual sisters in how long they had lived in their current location. However, lesbians lived further from their previous location than did heterosexual women,  $t(172) = 3.43, p < .001$ .

Lesbians were significantly more likely to have moved to their current location because of their own education than were heterosex-

ual sisters,  $\chi^2(1, N = 368) = 10.38, p < .001$ . In contrast, heterosexual women were more likely to have moved to their current location for their partner's job than were lesbian sisters,  $\chi^2(1, N = 368) = 21.56, p < .0005$ . Lesbians lived significantly further away from their mother,  $t(140) = 4.74, p < .0005$ , and their father,  $t(111) = 6.09, p < .0005$ , than did their sisters.

Lesbian and heterosexual women did not differ in their reports of their mother's or father's educational level, income, or occupational level. Ratings of parental education, income, and occupation, as reported by lesbians and heterosexual sisters, respectively, were moderately to highly correlated, with Pearson  $r$ s ranging from .65 to .91.

**Lesbian and Heterosexual Sister Pairs: Health and Mental Health Factors**

Lesbians and their sisters were almost the same mean height, but lesbians weighed more than heterosexual sisters,  $t(168) = 4.13, p < .0005$ .

Lesbian and heterosexual sisters did not differ significantly on the availability of health insurance or dental insurance. However, only 6 lesbians had health insurance through a spouse or partner, compared with 55 heterosexual women, and this difference was significant,  $X^2(1, N = 327) = 45.16, p < .0005$ .

Respondents were asked if they had a disability, and few indicated that they did. There was no significant difference in disability status between lesbians and their heterosexual sisters.

More lesbians than heterosexual sisters had ever been in psychotherapy,  $X^2(1, N = 368) = 30.145, p < .0005$ , although there was no significant difference in current use of psychotherapy.

There was no significant difference between sisters on any of the three overall scales of the BSI, nor on any of the mental health subscales of the BSI.

Finally, lesbians had higher self-esteem on the Rosenberg Self-Esteem Scale than did their heterosexual sisters,  $t(172) = 3.57, p < .0005$ .

### Health and Mental Health Factors by Sexual Orientation

In the second set of analyses, all 762 participants were included (this whole sample included all bisexual respondents, all sisters if more than 2 sisters responded, and all cases in which only 1 sister returned a survey). Demographic results were analyzed using analysis of variance and chi-square tests, with sexual orientation (lesbian vs. bisexual vs. heterosexual) as an independent variable. The results are portrayed in Table 3.

Bisexual respondents were 2 to 3 years younger on average than lesbian or heterosexual respondents, and this age difference was significant,  $F(2, 750) = 3.98, p < .05$ . Women of color represented 5.1% of heterosexual, 11.3% of bisexual, and 8% of lesbian respondents; this difference was not significant. Heterosexual women had less education than did bisexual or lesbian respondents,  $F(2, 757) = 19.73, p < .0005$ . There was no significant difference between groups on individual income, but heterosexual women had higher family incomes than did bisexual or lesbian women,  $F(2, 718) = 4.77, p < .01$ .

In order to examine health and mental health factors between groups, we conducted analyses of covariance with age, education, and household income as covariates. A Bonferroni adjustment with a significance level of  $p < .005$  was used because of the number of comparisons, and the results are shown in Table 3.

Bisexual women had significantly poorer mental health than did heterosexual or lesbian women on two of the overall scales of the BSI: Global Severity Index,  $F(2, 699) = 8.89, p < .0005$ ; and Positive Symptom Total,  $F(2, 699) = 10.09, p < .0005$ .

Examination of the nine subscales of the BSI indicated that bisexual women scored higher (indicating more mental health problems) than did lesbian or heterosexual women on four subscales: Depression,  $F(2, 696) = 5.67, p < .005$ ; Anxiety,  $F(2, 691) = 12.83, p < .0005$ ; Phobic Anxiety,  $F(2, 694) = 6.11, p < .005$ ; and Psychoticism,  $F(2, 696) = 6.25, p < .005$ . There were no differences among groups on Hostility, Paranoid Ideation, Interpersonal Sensitivity, Obsessive-Compulsive, and Somatization. There was no significant difference between groups on the Rosenberg Self-Esteem Scale.

### DISCUSSION

The results indicate that, in many ways, heterosexual sisters are closer to census data of women in the general population than are

lesbians. The heterosexual sisters were college educated, whereas the lesbians had some graduate education. Heterosexual sisters were more likely to be homemakers and were more likely to identify with a formal religion. Heterosexual sisters were more likely to be married, be living with a male partner, and have children, and less likely to be living in large cities.

This study implies that convenience studies of lesbians that find their samples to be highly educated, not religious, living in urban areas, and employed full-time may not be skewed or unrepresentative of the general lesbian population. In the present study, sisters that grew up in the same age cohort, with the same race-ethnicity, and with parents of the same education, occupation, and income nevertheless in adulthood were quite dissimilar on demographic factors. What is it about being a lesbian that contributes to these differences?

Education has been considered a prime factor for exposing women to the concept of lesbianism (Faderman, 1991; Rothblum, 2000). Women without husbands and children may have the opportunity to increase their education. The results also indicate ways in which lesbians are more geographically mobile than their sisters, and this flexibility may allow lesbians to improve their education and life choices. The fact that lesbians have moved for their own education, whereas heterosexual sisters have moved for their partner's job, points to a major difference in prioritizing career opportunities. Longitudinal research is needed to show how education, income, relationships, and geographic moves interact for lesbians and heterosexual women, respectively, as well as to clarify the relative importance and sequencing of these demographic events.

The results on health and mental health also point to some intriguing areas for future research. Lesbians may need to remain employed full-time in order to have health insurance, whereas heterosexual women can obtain this through their husbands, and thus leave the workforce. Why do lesbians weigh more than their sisters? Is this just a reporting bias (we could not actually weigh the respondents), or are heterosexual women more influenced by cultural standards about thinness and dieting than lesbians are? Is it possible that weighing more in adolescence, which has been shown by other researchers (Gortmaker, Must, Perrin, Sobol, & Deitz, 1993) to decrease the likelihood of women to marry, may increase the chances of lesbians going to college or needing to find ways to make a living (Dunne, 1997), leading to some of the observed differences between lesbians and their heterosexual sisters? Finally, why do lesbians have higher self-esteem in a culture that still largely views lesbianism as a stigmatized condition? Have lesbians moved from rural areas to liberal cities or further away from their parents in order to be openly lesbian, find supportive communities, and thus bolster their own self-worth? Other research (Morgan, 1992; Morgan & Eliason, 1992) has found that lesbian communities place a high value on psychotherapy; could this account for lesbians (a stigmatized group) and their heterosexual sisters having similar levels of mental health? In sum, it is possible that health and mental health factors are caused by and cause changes in demographic factors that differ for lesbians and their heterosexual sisters; further research is needed to examine this possibility in greater depth.

The results for the entire sample indicate that bisexual women are at greatest risk for mental health problems, even when the demographic factors of age, education, and income are controlled. There has been almost no research on the mental health of bisexual women and men; it has been only about 15 years since sexual orientation was

**Table 3.** Demographic information and mental health of all respondents

Variable	Lesbians ( <i>n</i> = 314)	Bisexuals ( <i>n</i> = 133)	Heterosexuals ( <i>n</i> = 315)
Demographic information			
Age	38.4	35.6	38.1
Race-ethnicity			
White	90.8%	87.2%	94.3%
African American	2.9%	4.5%	2.2%
Asian American	1.0%	3.0%	1.0%
Latina	1.6%	0.8%	0.6%
Native American	1.0%	0.0%	1.0%
Other <sup>a**</sup>	1.6%	3.0%	0.3%
Educational level	4.6	4.6	4.0
Individual income <sup>b</sup>	3.6	3.3	3.3
Household income <sup>b</sup>	4.7	4.6	5.0
Mental health factors			
Brief Symptom Inventory			
Global Severity Index**	0.44	0.61	0.44
Positive Symptom Distress Index	1.31	1.41	1.29
Positive Symptom Total**	16.34	20.51	16.64
Somatization	.31	.42	.28
Obsessive-Compulsive	.73	.91	.72
Interpersonal Sensitivity	.55	.79	.63
Depression*	.52	.72	.49
Anxiety**	.44	.72	.46
Hostility	.49	.52	.50
Phobic Anxiety*	.18	.29	.15
Paranoid Ideation	.45	.50	.40
Psychoticism*	.32	.48	.31
Rosenberg Self-Esteem Scale	33.9	32.2	32.4
<p><i>Note.</i> Variables with significant differences between groups are marked with asterisks (*<i>p</i> &lt; .005, **<i>p</i> &lt; .0005).</p> <p><sup>a</sup>2 = high school diploma; 3 = some college; 4 = college degree; 5 = some graduate or professional school; 6 = graduate degree.</p> <p><sup>b</sup>2 = \$20,000-\$29,000; 3 = \$30,000-\$39,000; 4 = \$40,000-\$49,000; 5 = \$50,000 or more.</p>			

not routinely conceptualized as dichotomous (Rust, 1993, 1996, in press). Recent research (Laumann et al., 1994; Moms & Rothblum, 1999) has indicated that sexual identity, behavior, and desire are not as homogeneous as was once believed, and so women who identify themselves as bisexual may not have as easy a time integrating all aspects of their lives as do lesbians and heterosexual women. Moreover, negative attitudes about bisexuality are common in both the dominant society and the lesbian communities, so that bisexuals are "doubly oppressed" (Morris & Rothblum, 1999). As a result, bisexual women may be more closeted about their sexual orientation, and research has found a relationship between being closeted and poorer mental health (Morris, 1995). The present study did not set out to recruit bisexual women, but the methodology of recruiting sisters via lesbian and gay sources did in fact include bisexual women for research; future research could also focus more specifically on bisexual community sources.

It may be impossible to conduct a random or representative study of lesbians or bisexual women in the general U.S. population until no one needs to hide sexual orientation. In the meantime, heterosexual sisters are a useful control group for lesbians, no matter how small or

nonrepresentative the sample. The demographic differences routinely found in studies of lesbians using convenience samples may be real, rather than methodological artifacts.

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