

D. Joye Swan · Shani Habibi *Editors*

Bisexuality

Theories, Research, and
Recommendations for the Invisible
Sexuality

 Springer

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Editors

D. Joye Swan, PhD
Department of Psychology and Social
Sciences
Woodbury University
Burbank, CA, USA

Shani Habibi, PhD
Department of Psychology
Mount Saint Mary's University
Los Angeles, CA, USA

ISBN 978-3-319-71534-6 ISBN 978-3-319-71535-3 (eBook)
<https://doi.org/10.1007/978-3-319-71535-3>

Library of Congress Control Number: 2017963642

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Printed on acid-free paper

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The registered company is Springer International Publishing AG
The registered company address is: Gewerbestrasse 11, 6330 Cham, Switzerland

To Isfly for making me believe. To my children who make me proud by their compassion and their ability to think in a world of belligerence. To all those who fight to be visible, I see you. -DJS

To my son-shine, Richmond Carlton McMurray II. You are my heart in human form - you have shown me a love I never knew existed. To Roya, I would be nothing without you. You are my backbone - you give me strength and set a resounding example of unconditional love. I hope I make both of you proud. -SH

Acknowledgments

Our gratitude and appreciation go to Sean Brandle and Richmond Carlton McMurray for their comments and suggestions on the numerous iterations of this text.

Introduction

Emily E. Prior

What is bisexuality? What does it mean to be identified as bisexual? What behaviors or attitudes are connected to bisexuality, and are they different or distinct from other sexual orientations? The fact is we really don't know. Due to a long history of negative attitudes toward sexuality, marginalized groups have gone understudied and/or unrecognized. Negative social attitudes toward sexuality, or "sex negativity," have pervaded our sex education programs, healthcare services and training, and research. Thus, very little research has been conducted on the topic of bisexuality specifically. Often, research on bisexuality has been a by-product of researching heterosexuality and/or homosexuality, with bisexual behaviors and identities being collapsed in with lesbian and gay behaviors and identities. As we will find, it is not likely that bisexuality is the same as homosexuality, although often people in each of these groups have some similar experiences of exclusion and oppression.

This collapsing of data renders bisexuality invisible within research which, in turn, contributes to its continued invisibility in the social world. For example, self-identified heterosexual individuals who exhibit same-sex attractions or behaviors may not be identified as bisexual or be appropriately labeled by others, including researchers. In gay and lesbian communities, bisexual individuals are often shunned until or unless they "realize" they are truly solely attracted to the same sex and give up their interest in cross-sex relationships or behaviors, or, in contrast, realize that their interest in the same-sex was "just a phase" and return to engaging in heterosexual relationships.

Whether from a hetero- or homo-sexual perspective, bisexuality is often seen as a transitional phase, where one tries out "the other side" for a variety of reasons, but is expected to eventually choose between one or the other monosexual identity (i.e., heterosexuality *or* homosexuality). Bisexuality ends up invisible as a distinct identity, making access to resources and support extremely difficult to find. Another way in which bisexuality is made invisible is through monogamy. If a person has one partner, then the bisexual individual is seen as homosexual or heterosexual, depending on the partner's sex and/or gender. As this book discusses, there are many ways in which bisexuality is erased.

The evidence of negative mental and physical health outcomes demonstrates the need for further discourse about bisexuality. Using a positive sexuality approach, where people and identities are valued and humanized, we may be able to facilitate this discussion further. This approach creates a framework in which research, policy reform, clinical practice, and individual relationships can be open to a variety of identities and epistemologies, through ethics, open communication, and peacemaking (Williams, Thomas, Prior, & Walters, 2015). Although a difficult topic to approach due to a lack of useful or clear research, bisexuality pervades popular culture. This book hopes to address what questions need to be asked about bisexuality and how we might find the answers to those questions.

Chapter 1 covers the history of the term *bisexuality* and early research related to the topic. As in much early research of sexual behavior, most information on bisexuality was based on individual case studies and the presumption that the condition, in this case bisexuality, was something abnormal and to be pathologized. Although famed sex researcher, Alfred Kinsey, would later suggest that bisexuality is normal, the debate about what bisexuality is and how we can measure it continues today.

As discussed in Chap. 1 and several subsequent chapters, Kinsey developed the first scale that differentiated between exclusively heterosexual and exclusively homosexual behaviors (Kinsey, Pomeroy, & Martin, 1948). This was the first time research acknowledged bisexual behavior, even though the term *bisexual* was never used. Unfortunately, his methods allowed for great subjectivity on behalf of the researcher to define what behaviors constituted a bisexual orientation. Although Kinsey's research was a landmark beginning in this field, showing that many people were not completely heterosexual or homosexual, bisexuality itself was not clearly defined or studied.

In more current research, bisexual identities are either collapsed in with homosexual identities, to then be compared to heterosexual individuals, or are compared with those of other orientations with a focus on health disparities or differences. Little to no research focuses on bisexuality as its own group, with its own possible physical, mental, emotional, and social issues.

Another area addressed by this chapter is how bisexuality is erased or overlooked in academia, even within LGBTQ studies programs. Although these programs often include clear curricula around lesbian and gay individuals, there has been no evidence of a focus on bisexuality within these programs. This furthers the invisibility and marginalization of this identity. This chapter offers ideas about how bisexuality can be brought into the spotlight within academia.

Due to criticisms regarding Kinsey's research, other scales have been created in an attempt to measure bisexuality. Chapter 2 details the various scales and methods used to measure bisexuality. The strengths and weaknesses of each scale are discussed along with recommendations for improving them.

The debate over defining bisexuality is explored in detail in Chap. 3. The little research that does exist beyond researcher-driven definitions of bisexual identities and behaviors tends to rely solely on participant self-identification. Although this can be a perfectly valid method of gaining participants for a study, if we don't have an operational definition of bisexuality, it is difficult to know if researchers and

participants are using concordant definitions. Also, by using self-identity, might we be leaving out groups of people who do not self-identify themselves as bisexual yet who engage in same-sex and cross-sex behaviors over the course of their life span? Is someone being labeled bisexual based on one or multiple experiences? What if someone has fantasies or an interest in bisexual interactions, but never acts on them? How do we “qualify” this compared to someone who might have a life history of same-sex and cross-sex relationships? Assuming we can operationalize what it means to be bisexual, do all bisexual individuals fit within this definition? Is the bisexual identity an umbrella term, like pansexual, that might encompass a myriad of identities and behaviors? Again, the empirical evidence is not just there. There is no clear consensus among academics, and certainly no clear consensus among those who may or may not fit the varying definitions.

Another definitional impediment is that an individual’s sexual orientation often becomes dependent on the gender or sexual identity of the partner. This becomes problematic when we include people who do not fit the gender binary or whose sexual and/or romantic attractions are nonbinary. An exploration of plurisexual identity labels, as discussed in Chap. 4, such as pansexual, queer, and fluid, creates a new space in which bisexuality can be imagined. These labels have been created and used as a means of challenging heteronormativity and often are used interchangeably within research and in various communities. Although bisexual people may be included, or collapsed, into these plurisexual identities, often the definitions of these terms are in direct opposition to the concept of a male-female binary, thus, again, potentially erasing the existence of bisexuality.

Not only is bisexuality often rendered invisible in research, but also in the social world. Chapter 5 discusses how compulsory heterosexuality also erases bisexuality by marking anyone who does not behave according to preferred heterosexual norms, the opposite default and nonpreferred orientation—homosexual. Binary thinking has changed the landscape from expecting everyone to be heterosexual to expecting everyone to be monosexual. This not only continues to privilege heterosexuality but also privileges attractions to and relationships with only one gender or sex. This furthers not only invisibility but also hostility toward bisexually identified people.

This hostility, also known as binegativity, comes from heterosexual, gay, and lesbian individuals. Chapter 6 discusses the various ways in which heterosexual, gay, and lesbian individuals oppress and stigmatize bisexual individuals. It seems clear from the research that although each of these groups is hostile toward bisexual individuals, they enact this in different ways. Chapter 6 also discusses how binegativity may create unique mental and physical health issues that affect bisexual individuals.

Acknowledging that male and female experiences of their sexual orientation differ, Chaps. 7 and 8 look at female bisexuality and male bisexuality, respectively. Although male bisexuality has a long-recorded history, it is difficult to find any mention of female bisexuality in historical or academic accounts. Female bisexuality is often not viewed as legitimate or real. While it is sometimes defined by activities, partner choice, or political frameworks, female bisexuality is mostly viewed as something heterosexual women do (perform) to please heterosexual men

(Fahs, 2009, 2011), or a transitional phase between heterosexuality and homosexuality that may lead to the reaffirming of a heterosexual identity (Zinoy & Lobel, 2014). This chapter also looks at some disparities between self-identified bisexual women and women who may not identify as bisexual, but still engage in same-sex relationships, behaviors, and fantasies. There is also literature supporting the idea that female sexuality is more fluid than male sexuality (Katz-Wise & Hyde, 2015), which, on the one hand, opens a space for bisexual women while also supporting the thesis that this is not a concrete identity of its own – bisexuality in women is just a phase. The lack of clarity and support around female bisexuality makes it difficult to study on its own, and even more difficult to ascertain if there are problems specific to bisexual women.

In contrast, the study of male bisexuality has existed for quite some time. Currently, there seems to be an increase in men who identify themselves as bisexual (Copen, Chandra, & Febo-Vazquez, 2016). Although previous chapters cover some ways in which bisexual individuals are stigmatized, Chap. 8 also includes the stigma of coming out as bisexual for men. Although bisexual individuals are often evaluated more negatively than all other minority categories, including race, religion, and political groups, bisexual men face the most negative reactions (Herek, 2002). The smallest nonheteronormative behavior, even something that is not directly sexual in nature such as clothing choice, places men into the “gay” category. It is rare that even overt bisexual tendencies will provoke others to label a man bisexual. Any same-sex behavior or perception automatically labels him gay, which further obscures the existence of a male bisexual identity. This also creates a paradox in which the bisexual male’s identity both does not exist and invokes negative attitudes from others. This erasure has serious implications for health and well-being, not only of bisexual men but also of their male and female partners.

Moving from looking at the bisexual individual, Chap. 9 looks at bisexual romantic and sexual relationship experiences. Due to stigma from heterosexual, gay, and lesbian individuals, bisexual individuals often are considered unsuitable as romantic or sexual partners and therefore may not “out” themselves as bisexual. The stigma makes it difficult for identified bisexuals to engage in romantic or sexual relationships with anyone not identifying as bisexual, which may considerably lessen the number of eligible partners. This chapter also discusses the problems and worries monosexual individuals have regarding their bisexual partners, including fears of cheating, unfulfilled sexual needs or desires, and monogamy. Monogamy also serves as a means of erasing bisexual identities. If a bisexual person has one partner, the person’s orientation is then viewed in relation to that partner (e.g., a gay man and bisexual man would be seen as a gay male couple).

The book’s final chapter explores the mental and physical health issues that bisexual individuals face and offers considerations for the mental practitioners who treat them. Although nonheterosexuals are much more likely to seek mental health services, many health practitioners do not feel adequately trained to treat this population. Even fewer feel trained to treat bisexual individuals. This can lead to a lack of services, or, worse, negative experiences, which can further complicate mental and physical well-being. Issues like binegativity, monosexism, and bi-invisibility

create mental health issues specific to the bisexual individual. Bisexuality rarely receives acknowledgment much less support from gay, lesbian, or heterosexual communities and is further marginalized by an inadequately prepared mental health system.

Physical well-being is also a concern, as bisexual individuals experience discrimination, prejudice, and violence based on their actual or perceived sexual identities. Bisexual men and women experience more lifetime sexual violence and intimate partner violence compared to lesbian, gay, and heterosexual individuals (Hequembourg, Livingston, & Parks, 2013). In addition, sexual health is also a concern for bisexual individuals. Often stigmatized as being disease transmitters or bridges, bisexual individuals are often perceived as having more sexually transmitted infections (STIs) than heterosexual or homosexual individuals. There is not current quantifiable research to support this idea; however, the prejudice and discrimination that follows this concept often leads physicians and partners to treat bisexual individuals as if it were true.

Science is about looking for answers, an attempt to find understanding in the chaos. It is a realization that when we find the answer to one question, we often are faced with multiple additional questions waiting to be resolved. This book is just that: an attempt to answer what may seem to be some very basic questions about bisexuality. How do we define it? How do we measure it? What qualities or variables put someone into, or out of, this category? Are bisexual individuals unique from lesbian, gay, and heterosexual individuals? Are they similar to plurisexual individuals? And, if bisexuality is an identity in and of itself, what social, psychological, or physical issues may be correlated with this identity that are different, or similar, to other marginalized identities?

But we also recognize that, as a book written for researchers, academicians, clinicians, and students, the presentation of bisexuality may take on a sterile form, one that reduces it to numbers, data, and output. We understand that bisexuality is also part of real human experiences. It can impact a person's life on a daily basis from the cognitive thoughts and feelings associated with one's sexuality to one's physical daily life. Acknowledging this, we conclude this book with some remarks to bisexual individuals from a bisexual activist and researcher.

We hope that this text will begin a much needed, and well overdue, conversation about the subject of bisexuality. A body of research is needed on the topic, and not all of the answers are here. For example, the study of gender identity and sexual orientation, specifically the number of transgender individuals who identify themselves as bisexual, is a burgeoning area of research that is just in its infancy. As such, it is not included here as a separate chapter, but, in the future, this area, and others as yet unidentified, will be imperative to include in our examination of bisexuality. As incomplete as it necessarily is, we hope this book will help us start to ask the right questions, in the right way, to the right people.

Executive Director, Center for Positive Sexuality,
Burbank, CA, USA

Emily E. Prior, MA

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Contributors

Genny Beemyn, Ph.D. University of Massachusetts, Amherst, Amherst, MA, USA

Christina Dyar, Ph.D. University of Cincinnati, Cincinnati, OH, USA

John P. Elia, Ph.D. San Francisco State University, San Francisco, CA, USA

Mickey Eliason, Ph.D. San Francisco State University, San Francisco, CA, USA

Breanne Fahs, Ph.D. Arizona State University, Tempe, AZ, USA

Brian A. Feinstein, Ph.D. Northwestern University, Feinberg School of Medicine, Chicago, IL, USA

Institute for Sexual and Gender Minority Health and Wellbeing, Northwestern University, Chicago, IL, USA

Corey E. Flanders, Ph.D. Mount Holyoke College, South Hadley, MA, USA

M. Paz Galupo, Ph.D. Department of Psychology, Towson University, Towson, MD, USA

Shani Habibi, Ph.D. Department of Psychology, Mount Saint Mary's University, Los Angeles, CA, USA

Tania Israel, Ph.D. Department of Counseling, Clinical, and School Psychology, University of California, Santa Barbara, Santa Barbara, CA, USA

Kimberly M. Koerth, Ph.D. Arizona State University, Tempe, AZ, USA

Kirsten McLean, Ph.D. Monash University, Clayton, VIC, Australia

Emily E. Prior, M.A. Executive Director, Center for Positive Sexuality, Burbank, CA, USA

Florence Stueck, B.A. Department of Psychology, Mount Saint Mary's University, Los Angeles, CA, USA

D. Joye Swan, Ph.D. Department of Psychology and Social Sciences, Woodbury University, Burbank, CA, USA

1 Mapping Bisexual Studies: Past and Present, and Implications for the Future



John P. Elia, Mickey Eliason, and Genny Beemyn

Over the past several decades, researchers studying sexual orientation have found that many individuals report variability over time in their same-sex and other-sex attractions, raising questions about the nature and expression of sexual orientation over the life course.

L. M. Diamond, J. Dickenson, & K. Blair (2017, p. 193).

Bisexuality is a concept with the potential to revolutionize Western culture's understanding of sex, gender, and sexual orientation.

Beth Firestein, (1996, p. xix).

Abstract This chapter begins with an examination of bisexuality studies from the perspective of some prominent sex researchers from the late nineteenth century through the mid-twentieth century with a focus on how bisexuality was conceptualized by Richard von Krafft-Ebing, Havelock Ellis, Sigmund Freud, and Alfred Kinsey. Next, the chapter turns to a discussion and analysis of current research on bisexuality, identifying some recurring themes in the body of research such as bisexual identity development, life course changes in identity, attitudes about bisexuality, and debates about definitions and terms related to bisexuality in addition to what research into health and social disparities reveals about how bisexuality is framed and studied. This chapter then turns to an analysis of how bisexuality is taught within the academy, particularly in comparison to lesbian, gay, and queer studies. Finally, this chapter concludes with mapping the future of bisexuality studies with

J.P. Elia, Ph.D. (✉) • M. Eliason, Ph.D.
San Francisco State University, San Francisco, CA, USA
e-mail: jpelia@sfsu.edu; meliason@sfsu.edu

G. Beemyn, Ph.D.
University of Massachusetts, Amherst, Amherst, MA, USA
e-mail: genny@umass.edu

emphases on not only making bisexuality more visible but also focusing on physical and mental health aspects in addition to social and sexual justice issues.

Keywords Bisexuality · Bisexuality studies · Bisexuality in the academy · History of bisexuality · Research on bisexuality · Future of bisexuality studies

Introduction

Bisexuality studies, as a subfield of LGBTQ+ studies and sexuality studies, has had its share of difficulties over the past several decades. This chapter traces bisexuality studies from the late nineteenth century to the present and identifies topics and themes that have constituted the scholarly literature on bisexualities and bisexual individuals and communities, including the way bisexuality has been taught in higher education. The following questions are addressed in this chapter: What initially prompted sex researchers and theoreticians to begin the subfield of bisexuality studies? What questions, topics, and concerns have been addressed from the early days of bisexuality studies to the present? What themes about bisexualities have emerged after several decades of scholarship in the area? What aspects of research have provided accurate understandings of bisexualities and have served to legitimize various types of bisexualities as healthy and viable sexual identities and lifestyles? What challenges have emerged in bisexuality studies? What topics have been neglected in bisexuality studies? And finally, with an eye toward interventions, what are some important areas on which education, research, and political action should focus to liberate bisexuality from the stranglehold of sexual prejudice and the constant push toward normative (and monosexual) sexual practices? Besides providing a critical analysis, this chapter urges readers to consider where bisexuality studies ought to focus to maximize social and sexual justice for the betterment of individuals and communities, and to give bisexualities and bisexuality studies a prominent “place at the table” along with other forms of sexuality studies.

To respond to the preceding questions and offer some insights about bisexuality studies, we first turn to a broad historical sketch of research and commentary that started in the late nineteenth century and has continued throughout the twentieth century in Western Europe and the USA.

Nineteenth and Twentieth Centuries: Conceptions and Research about Bisexuality

Sex researchers in the late nineteenth and early twentieth centuries theorized about bisexuality in ways that set the stage for how bisexuality was both conceptualized and researched for decades into the twentieth century. Specifically, we focus on

Richard von Krafft-Ebing, Havelock Ellis, Sigmund Freud, and Alfred Kinsey to show some general themes of how bisexual individuals have been characterized in early research. In 1886, Richard von Krafft-Ebing, an Austrian psychiatrist and sex researcher, noted in his authoritative and well-known text on sexuality, entitled *Psychopathia Sexualis*, that individuals who were sexually attracted to and/or had sexual contact with members of both sexes experienced a condition known as *psychosexual hermaphroditism*. This was characterized as a condition in which an individual experiences the psychological equivalent of physical possession of both male and female sex organs. The prominent British sexologist Havelock Ellis (1897) also subscribed to the theory of psychosexual hermaphroditism to characterize bisexual people in his multivolume work, *Studies in the Psychology of Sex*. Both sexologists also believed that bisexual people were “inverts.” Marjorie Garber (1995), a cultural studies scholar, summarizes what Krafft-Ebing and Ellis meant by *invert*:

[t]he “invert” was part male, part female, or rather part “masculine” and part “feminine.” The male invert’s feminine side desired men; the female invert’s masculine side desired women. Thus, human sexuality could still be imagined according to a heterosexual model. (p. 239)

The term *bisexuality* was not used to describe attraction to and/or sexual contact with members of both sexes until about 1915, when Ellis abandoned the term psychosexual hermaphroditism in favor of bisexuality (Storr, 1999). Before that time, *bisexual* and *bisexuality* were terms used to describe sexual dimorphism. In other words, *bisexuality* referred to “the existence of two biological sexes within a species, or the coincidence of male and female characteristics within a single body” (Storr, 1999, p. 15).

The eminent psychoanalyst Sigmund Freud initially agreed with Krafft-Ebing and Ellis by supporting the idea that bisexuality was both the female and male qualities within an individual. However, Freud would soon depart from this notion and proclaim that all individuals had bisexual predispositions but that at some point they would become heterosexual or homosexual through a psychological developmental process (Storr, 1999). The idea was that eventually people would become either heterosexual or homosexual, with bisexuality as a latent phenomenon. Freud, along with many other sexologists of his time, pathologized any form of sexuality other than heterosexuality. For example, he considered “the theory of bisexuality helpful in accounting for homosexuality, which he [Freud] saw as an indication of arrested psychosexual development” (Fox, 1996, p. 4). Bisexuality was not viewed as a stable, enduring sexual identity. These sexologists were steeped in a monosexual paradigm (i.e., the idea that there are only two sexual identities: the heterosexual–homosexual paradigm) as evidenced by their writings. Put in a different way, “[t]heories about bisexuality were, at the time, above all, theories for explaining the so-called puzzle of homosexuality, whereas manifest bisexuality was either not discussed, was mentioned in passing, or was attributed to homosexuality” (Goob, 2008, p. 10).

In the Western world, attitudes were based on Judeo-Christian beliefs that made sexual transgressions a sin; later, during the rise of science and medicine in the eighteenth and nineteenth centuries, those sexual sins were also seen as medical

conditions (Paul, 1985). It is fairly transparent that inversions and psychosexual hermaphroditism were viewed as pathologies and departures from “normal” development. The other interesting aspect beyond pathologizing bisexuality is that there was an erasure of bisexuality in the sense that it was characterized as nonpermanent, fleeting, transitory, and latent.

Alfred Kinsey, a prominent American sex researcher in the mid-twentieth century, and his colleagues published *Sexual Behavior in the Human Male* (Kinsey, Pomeroy, & Martin, 1948) in 1948 and *Sexual Behavior in the Human Female* (Kinsey, Pomeroy, Martin, & Gebhard, 1953) in 1953. Kinsey departed from the early sex researchers who were biomedically oriented. Although a biological scientist, Kinsey railed against the pathologization and the monosexual view of sexuality and believed that all individuals are capable of a range of sexual interests and behaviors. Regarding bisexuality, his often described and cited Heterosexual/Homosexual Rating Scale is said to be very inclusive of bisexuality. In fact, the scale ranges from 0 to 6, with the following designations based primarily on sexual behavior:

- 0 = Exclusively Heterosexual Behavior.
- 1 = Incidental Homosexual Behavior.
- 2 = More than Incidental Homosexual Behavior.
- 3 = Equal Heterosexual and Homosexual Behavior.
- 4 = More than Incidental Heterosexual Behavior.
- 5 = Incidental Heterosexual Behavior.
- 6 = Exclusively Homosexual Behavior.

It has been argued that 1–5 on Kinsey’s scale constitute a range of bisexuality (MacDonald, 2000). While some believe that individuals identifying as 1–5 on Kinsey’s scale are bisexuals, the most fascinating point is that bisexuality per se is never marked on the rating scale. The term *bisexual* or *bisexuality* never appears; it is everywhere (1–5) yet nowhere. Despite Kinsey’s acknowledgment of bisexuality, his scale is yet another way bisexuality is erased—as ironic as this might seem given Kinsey’s inclusive and nonjudgmental approach with people who exhibited varied sexual behaviors.

While there were many more nineteenth - and twentieth-century sex researchers who studied bisexuality than have been represented here, one can nonetheless detect a general theme of pathologization on the one hand and erasure of bisexuality on the other. There has been an uneasiness with the fact that bisexuality defies the neat categories of *heterosexuality* and *homosexuality*; it often blurs the lines and is “messy” for society. Such negative characterizations of bisexuality have been difficult to break. However, to some degree more recent theorizations of bisexuality, such as the work of Fritz Klein, in psychology and the bisexual movement that has emerged in the United States and internationally, have worked to undo the negative effects of bisexuality’s Darwinian heritage through its establishment as a healthy social identity and sexual practice.... (MacDowall, 2009, p. 13)

Although some advances have been made regarding research on bisexuality, there continue to be challenges that need to be addressed. Next, we turn to an overview of more recent research on bisexuality.

Bisexuality and Research

Even when conducting a literature review, it is challenging to identify a distinct role for bisexuality studies within the larger bodies of research on LGBTQ+ issues. We did a search of the LGBT Life database, using *bisexual* and *bisexuality* as search terms specifically within the titles of articles, hoping to narrow the search to articles focused on bisexuality. Of the first 50 articles identified using these search terms, 70% did not focus on bisexuality, but rather lumped groups together (LGBT, or gay and bisexual men, for example). Of the remaining 30%, approximately half of the articles were comparisons of bisexual respondents to gay, lesbian, and/or heterosexual respondents on some variable, with the focus on identifying a health disparity or difference, and about half were focused more directly on issues related to people who identified as bisexual. Across these studies, different response options were used on surveys or to form groups in the case of qualitative studies.

The contemporary research on concepts related to bisexuality will be further discussed in two overlapping categories: (a) studies that specifically examine the concept of bisexuality, such as bisexual identity development, life-course changes in identity (questions of stability versus fluidity), attitudes about bisexuality, and debates about definitions and terms that make up the concept; and (b) health and social disparities research that examines outcomes for differences between bisexual and other respondents. Research over the past 10 years has identified a number of critical themes in both arenas, summarized in the following sections. This is not exhaustive; rather, it is meant to highlight some of the ongoing debates and tensions within the field of LGBTQ+ research, some of which are explored in other chapters in this book.

Studies of Bisexual Identity Development/Management

This research is mostly found in the social sciences and comprises nonrepresentative samples of individuals who self-identify their sexual identities on surveys, in interviews, or in focus groups. These studies are designed to better understand the life experiences of people who identify as bisexual and may or may not compare them to people with other sexual identities. Four of the common questions/themes raised in this research are briefly discussed in the following.

Do bisexual people differ from those with other sexual identities on developmental milestones and/or daily experiences? This line of research focuses on developmental differences between lesbian, gay, and bisexual populations in terms of sexual milestones, sexual behaviors (Savin-Williams, Cash, McCormack, & Rieger, 2017), attitudes about bisexuality (for example, findings that there are more negative attitudes about bisexual men than about bisexual women; e.g., Helms & Waters, 2016), and relationship factors (e.g., Nematy & Oloomi, 2016). This body of literature is probably the most aligned with bisexuality studies as the focus is on

the experience of people who identify as bisexual. For example, Gonzalez, Ramirez, and Galupo (2017) examined videos made for a social media site called #StillBisexual. The themes that arose from the videos were that most thought their identities were not malleable, that they existed as bisexual people despite widespread stigma, and that they often defined themselves beyond binary concepts of sexuality and gender. This online platform, among others, offers a sense of community and place where people can assert and affirm their bisexual identities against the bi-erasure in monosexual communities.

What umbrella terms are needed and in what circumstances? Is *bisexual* the best umbrella term? Flanders (2017) noted that “one challenge of uniting nonmonosexual communities is the balancing act of being inclusive enough to avoid unintentionally excluding others while remaining cohesive enough to move together in collective action” (p. 2). How do people identify for the sake of social and political organizing? Umbrella terms suggested in the literature include nonmonosexual, bisexual, pansexual (Flanders, 2017), queer (Barker, Richards, & Bowes-Catton, 2009), plurisexual (Mitchell, Davis, & Galupo, 2015), polysexual (Hutchins & Williams, 2012), and pomosexual (Queen & Schimel, 1997). These authors, and others, debate whether *bisexual* is the umbrella or is one of the entities seeking cover under the umbrella. Use of other umbrella terms serves to increase bisexual invisibility.

Is bisexuality a fluid process or a stable identity? There appears to be tension between work that proposes that bisexuality is a stable identity and that which proposes a more dynamic, fluid sexuality. Some of this research focuses on changes in the ways people think of or label their sexuality outside of the categories of bisexual, gay, lesbian, and heterosexual. Younger individuals less frequently self-identify as lesbian, gay, or bisexual, more often choosing more varied and fluid categories/labels (Russell, Clarke, & Clary, 2009). Mereish, Katz-Wise, and Woulfe (2017) compared women who identified as bisexual to those who identified as queer, finding that queer women reported more fluidity in terms of identities, behaviors, and attractions (see also Diamond, 2008; Diamond et al., 2017; Farr, Diamond, & Boker, 2014). Friedman et al. (2016) found that bisexual identity among men was stable over time, although some studies find a subset of men who experience a transitional phase of calling themselves bisexual before adopting a stable identity as gay (Semon, Hsu, Rosenthal, & Bailey, 2016). When study respondents use terms such as fluid, it is difficult to determine whether they are referring to their identities, behaviors, or attraction patterns.

Is bisexuality a binary identity? Some authors argue that the term bisexual itself implies a binary position on sex/gender of partners (that to claim an attraction to “both sexes,” male and female, reinforces binary thinking), whereas others argue for a broader interpretation. In most research, how people define themselves as bisexual is quite varied. Flanders, LeBreton, Robinson, Bian, and Caravaca-Morera (2017) found that 58% of individuals who identified as bisexual provided a binary definition (attracted to men and women), but many provided nonbinary, more inclusive and expansive definitions. On the other hand, Galupo, Ramirez, and Pulice-Farrow (2017) found that only 20% of respondents who identified as bisexual provided a

nonbinary definition, about the same percentage as those who identified as pansexual or queer (see Chap. 4 for more detail).

Health/Disparities Research: Bisexual as Risk?

As Bostwick and Hequembourg (2013) noted, “scientific attempts to study and describe things that are dynamic and complex usually result in, well, a mess” (p. 655) and might be treated as “noise in the data” (Diamond, 2008, p. 2). Many health surveillance instruments and social science surveys now include at least one question about sexual identities and thus are able, potentially, to compare outcomes by these groups. In these studies, people who identify as bisexual are compared to heterosexual or to gay and lesbian groups on some type of risk behavior or health outcome, and many studies find that bisexual people have higher risk factors related to substance use, suicide risk, or other negative mental health outcomes (Friedman & Dodge, 2016; Simoni, Smith, Oost, Lehavot, & Fredriksen-Goldsen, 2017; Ward, Dahlhamer, Galinsky, & Joestl, 2014). Most of the research on bisexuality within the health literature fits this category now, with or without explanation for why there might be differences in groups by sexual identity and/or by sexual behavior and sex/gender. On the one hand, having sexual identity questions on population surveys, even if flawed, have provided much needed information on the number of people who use these categories. For example, some studies find that bisexual women far outnumber lesbian women (Copen, Chandra, & Febo-Vazquez, 2016; Gates, 2011) and others have started to identify where health disparities are present. On the other hand, these epidemiological studies cannot provide answers as to why health disparities are present or how to address them; nor can they typically study smaller, unique subsets of the population very well. The studies are also limited by our lack of understanding of how individuals define themselves as sexual beings in terms of their identities, behaviors, and attractions.

How should sexual orientation be measured? Studies vary as to whether they assess identity (and how many categories/terms are provided), behavior, attraction (Ridolfo, Miller, & Maitland, 2012), or any combination of the three. In large population studies, there is typically a need for the most succinct and clear categories possible, thereby, likely leaving out some individuals who actually belong in a category. The challenge for these large-scale studies is to include as many people as possible, without having to delete data because the respondent chose “other” or did not answer the question. A good example of the complexity and difficulty with identifying the appropriate sexual identity categories is the development and testing of questions for the National Health Interview Study (NHIS). Developed and pilot tested over 11 years, costing millions of dollars, the 2013 NHIS survey included a sexual identity question for the first time. The question asks, “Which of the following best represents how you think of yourself?” The options are *lesbian or gay; straight, that is, not lesbian or gay; bisexual; something else; or I don’t know the answer*. If the respondent indicates “something else,” there is a follow-up question

that reads, “If you answered *something else*, what do you mean by *something else*?” The response options are the following: *You are not straight, but identify with another label such as queer, trisexual, omnisexual, or pansexual*; *You are transgender, transsexual, or gender variant*; *You have not figured out or are in the process of figuring out your sexuality*; *You do not think of yourself as having sexuality*; *You do not use labels to identify yourself*; and *You mean something else*. The inclusion of transgender, transsexual, and gender variant in the response options for a question about sexual identity is concerning as it blurs the distinctions between sex, gender, and sexuality.

In the 2013 population data (Ward et al., 2014), the responses were *straight* (96.6%), *gay or lesbian* (1.6%), *bisexual* (0.7%), *something else* (0.2%), and *don't know the answer* (0.4%); an additional 0.6% refused to answer the question. However, when the same item was used in studies of LGBTQ+ populations, the distribution of responses was quite different. In a study of 376 sexual-minority women over 40 years old, sexual identifications were *lesbian or gay* (80%), *bisexual* (13%), and *something else* (7%; Eliason, Radix, McElroy, Garbers, & Haynes, 2016). In a study of 277 LGBTQ+ health-care providers ages 18–74 (Eliason & Streed, 2017), the distribution was as follows: *lesbian or gay* (63%), *bisexual* (10%), *heterosexual* (10%), and *something else* (18%). Half of the *something else* respondents also selected *something else* on the follow-up question, defying any classification by sexual identity. Those who indicated they were bisexual were predominantly women and gender queer participants, and only 4% of men indicated they were bisexual. The *something else* category was used predominantly by respondents who indicated they were transgender or gender queer.

It is possible that surveys using more categories than lesbian, gay, and bisexual are splitting the group that would have been previously in the bisexual category. For example, in the NHIS question, options for queer and pansexual are in the *something else* category. Questions that include *mostly heterosexual* or other similar terms may also be highlighting the diversity of the people who used to be categorized as bisexual. Bostwick and Hequembourg (2013) suggested that separate questions about sexual behaviors, identities, and attractions need to be asked in order to sort out meaningful categories for analysis.

We have given an example of the challenges of measuring sexual identity, but there are similar difficulties in measuring sexual behavior and sexual or romantic attraction, and studies find much variability when more than one aspect of sexuality is studied. For example, incongruence in answers was reported when both sexual identity and sexual behavior were measured in many studies (Drabble, Trocki, Hughes, Korcha, & Lown, 2013; Everett, 2013; Garofalo, Wolf, Wissow, Woods, & Goodman, 1999; Matthews, Blosnich, Farmer, & Adams, 2014; Pathela et al., 2006). This incongruence in attraction and identities was also identified by Vrangalova and Savin-Williams (2010), who found no difference in level of sexual attraction to men between men who identified as exclusively gay or mostly gay. Gates (2011) found that more people reported having same-sex attractions (11%) than experiencing same-sex behaviors (8.2%) or labeling themselves as gay, lesbian, or bisexual (3.5%).

How should sexual orientation categories be analyzed? How should decisions about lumping or splitting data into categories be made? Studies variously lump together all LGB respondents, potentially missing out on sex/gender differences as well as differences by sexual identifications. If a study lumps gay and bisexual men into a group, and lesbian and bisexual women into another group, then potential differences in binary gender can be identified, but sexual identity differences (the differences between lesbian, gay, and bisexual) are obscured and no exploration of nonbinary gender can be made. Bostwick and Hequembourg (2013) strongly advise against combining gay, lesbian, and bisexual categories. The studies where questions include “other” sexual identity categories often must delete those “other” respondents because of very small sample sizes, thus losing potentially interesting data about subsets of the population. In many cases, this may include participants who are behaviorally bisexual but use an identity term not listed in the study or do not use identity terms at all.

How do sex, gender, and sexual orientation categories interact and inform each other? When studies measure both sexual identity and gender identity and expression, the picture is more complicated. As noted in the preceding (Eliason & Streed, 2017), individuals who identify as transgender, genderqueer, or gender nonbinary are more likely to identify as bisexual, pansexual, queer, or other sexual identities rather than lesbian, gay, or heterosexual. Some of the creativity in sexual identity labels in recent years may stem from the explosion of a more politically active gender nonbinary movement that is forcing consideration of greater variation in human experiences in both gender and sexuality (Gonzalez et al., 2017).

How are myths about bisexuality dispelled? In the literature on human immunodeficiency virus (HIV) or sexually transmitted infections (STI), there are still debates about whether behaviorally bisexual men are “viral bridges” between gay men and heterosexual women (Friedman et al., 2016 provided one of the more recent studies to debunk this myth). One of the only areas where there has been extensive research on bisexuality is the literature on HIV/AIDS among men who have sex with men and women (e.g., Friedman et al., 2016; Maulsby, Sifakis, German, Flynn, & Holtgrave, 2013). In the absence of much literature on other bisexuality-related topics, these studies serve to perpetuate three common stereotypes about bisexual men: (a) They hide their sexuality from their female partners; (b) they cannot be monogamous; and (c) they spread HIV to unsuspecting heterosexual women. Moreover, the focus of much of this research is on Black men who have sex with men, who are commonly described as being “on the down low” (e.g., Harawa, Obregon, & McCuller, 2014; Maulsby et al., 2014), demonstrating how scholarship is affected by both racism and prejudice against bisexual people. In those studies, the focus is on men who have sex with men, with little or no attention paid to the actual identities of those men, thus obscuring bisexual identities.

Given how little has been written about bisexuality, wide gaps exist in our knowledge about the experiences of individuals who identify as bisexual and those who are behaviorally bisexual but who identify as lesbian, gay, or heterosexual or who choose not to label their sexuality. While there has been a focus on behaviorally bisexual men and HIV/AIDS, other health issues affecting bisexual people are relatively

unexplored. For example, studies have shown that bisexual women report experiencing higher rates of rape, physical violence, and stalking (Walters, Chen, & Breiding, 2013) and are more likely to indicate experiencing depression, stress, and binge drinking (Lindley, Walsemann, & Carter, 2012) than both heterosexual and lesbian women. Such health disparities and their causes need to be studied in greater depth (see Chap. 10 for further discussion).

Research has also shown that people of color are more likely to identify as LGBT than are Caucasian individuals (Gates & Newport, 2012), but relatively little has been written about bisexual people of color beyond HIV prevalence and risk among Black bisexual men. In addition, the studies that have been conducted rarely take an intersectional approach. Studies of people of color often do not consider possible disparities based on sexuality or, if they do, fail to have *bisexual* as a category separate from lesbian or gay. At the same time, studies of bisexuality frequently neither examine potential racial differences in much detail, if at all, nor address the implications of these differences.

In conclusion, our review of the current research literature on how bisexuality figures in health and social science research revealed two overlapping categories, bisexuality studies and health disparities research, where *bisexual* is one of the categories for comparison. A major concern that arises from this literature is related to the intersections of the two areas. In the field of bisexuality studies and in the health disparities literatures, there is concern about the terms used to define sexual identity groups, and there is currently a wide variety of ways to create questions about sexual identity that make it difficult to compare across studies (Eliason, 2014). Therefore, the research on health disparities is made much more challenging because studies define the sexual identity categories so differently. This makes drawing any conclusions about the ways that people with different sexual identities differ on health or social variables extremely difficult.

The next section addresses how bisexuality is viewed and taught within the academy because, ultimately, how we define sexual identities and study them comes from the academic training we have received.

Bisexuality within Academia

Combining information from five population-based surveys, the Williams Institute estimated that more individuals in the USA identify as bisexual than as lesbian and gay combined (Gates, 2011). Millennials are especially likely to identify as bisexual or pansexual. For example, a 2016 Harris poll found that 6% of the 18- to 34-year-olds whom they surveyed self-identified as bisexual; 2% identified as pansexual; and 3% identified as “strictly gay/lesbian” (GLAAD, 2017).

Yet, one would never know the frequency of bisexuality, especially in comparison to exclusive same-sex sexuality, from considering the courses taught in LGBT or queer studies programs. None of the three colleges that offer a major in LGBT studies—City College of San Francisco, Hobart and William Smith Colleges, and

San Diego State University—have a bisexuality themed course as part of their curricula. Neither do the colleges that offer a minor or certificate in LGBT or queer studies. In examining the websites of 40 colleges that list the course requirements for their LGBT or queer studies minor or certificate online, we found that none include a course that focuses specifically on bisexuality, while most have courses that focus on lesbian or gay individuals. In fact, only a handful of courses on bisexuality have ever been taught at US colleges, mostly by Robyn Ochs in the early 1990s (Ochs, 1992; R. Ochs, personal communication, March 17, Ochs, 2017).

The absence of bi-themed courses demonstrates the invisibility and marginalization of bisexuality within academia, even within the scholarly discipline that is seemingly supposed to address these identities. The erasure of bisexuality is also demonstrated by the content of many Introduction to LGBT/Queer Studies courses. Among more than a dozen such intro courses that have their syllabi posted online, only one, an Introduction to Queer Studies class taught by Don Romesburg at Sonoma State University in Fall 2015, required a text that focused on nonmonosexualities (Romesburg, 2015). Romesburg's class was also unique among these courses for requiring an assignment related to bisexuality; students had to give a presentation related to a document in bisexuality studies.

The failure to include a bi-themed text in an introductory LGBT/queer studies course is indefensible today, when there are several widely acclaimed book-length works about bisexuality. In addition to this book, there are Shiri Eisner's *Bi: Notes for a Bisexual Revolution* and Lisa Diamond's *Sexual Fluidity: Understanding Women's Love and Desire*. There are also a number of contemporary anthologies and memoirs by bisexual people, such as Robyn Ochs and Sarah Rowley's *Getting Bi: Voices of Bisexuals around the World*, Robyn Ochs and H. Sharif Williams' *Recognize: The Voices of Bisexual Men*, Charles M. Blow's *Fire Shut Up in My Bones*, and Jennifer Baumgardner's *Look Both Ways: Bisexual Politics*, that could be adopted for courses.

Some introductory LGBT/queer studies courses use textbooks designed for such classes, but these works largely ignore bisexuality as well. For example, one of the most recent of these books, *Finding Out: An Introduction to LGBT Studies* (Gibson, Alexander, & Meem, 2014), devotes only three pages to a discussion of bisexuality, ironically, in a section entitled "bisexual erasure in the LGBT community." Moreover, like many introductory LGBT books, *Finding Out* also fails to mention that historical literary figures such as Walt Whitman, Virginia Woolf, James Baldwin, and Claude McKay were behaviorally bisexual or misidentifies them as lesbian or gay—contributing to the bisexuality erasure that the text describes.

Claiming that individuals who would more accurately be described as bisexual were lesbian or gay is indicative of an underlying structural problem within LGBT/queer studies. While creating bi-themed courses and adding books on bisexuality to introductory LGBT/queer studies courses would be important steps forward, these moves would not address how the field operates from a sexual binary and also, often, a gender binary. The concept of *queer* was developed to challenge and destabilize the categories of *lesbian* and *gay* and, to an extent, this has happened. Many youth, even those who are mostly or exclusively romantically and sexually attracted

to others of the same sex, identify as queer because they see the term as an indication of their political beliefs as well as their sexuality or do not want to be placed into a narrow, readily defined “box” (Cho, 2016; Morandini, Blaszczyński, & Dar-Nimrod, 2016). But with the assumption remaining that anyone who engages in same-sex sexual relationships is “really” lesbian or gay and denying or hiding their “true” sexuality, there continues to be no opportunity for bisexuality to legitimately exist within the field. As long as lesbian and gay are treated as the only alternatives to heterosexual, any consideration of a historical figure within a nonmonosexual framework can be dismissed as downplaying the significance of the person’s same-sex attractions and sexual experiences.

Mapping the Future of Bisexuality Studies

Bisexuality has had a long history of being theorized and studied. It could also be said that bisexuality has had challenges as evidenced from the early sexologists’ characterizations of bisexuality and the issue of erasure, which has been an enduring theme. The current research also has challenges as we outlined. Bisexuality and the lives of bisexual people remain comparatively understudied, and beyond the *Journal of Bisexuality*, relatively few articles in bisexuality studies are published by LGBTQ+ –focused journals. And finally, while the academy has for years offered LGBT studies courses, bisexuality has only been covered superficially. As Elia and Eliason (2012) note, “Although bisexuality studies has grown in prominence as an academic sub-field within sexuality studies over the past several years, it has mostly existed in the shadows of gay and lesbian studies and more recently it has been in the shadow of transgender studies as well” (p. 4). We believe that bisexuality studies needs to be as prominently featured as gay, lesbian, and transgender studies. To achieve this status, several actions need to be taken, and a multipronged effort needs to be put in place and executed.

Bisexuality studies is necessarily a multidisciplinary and an interdisciplinary subfield. It is critically important that it be studied from a variety of perspectives. In terms of publishing efforts, it is especially important that sexuality studies journals publish articles on bisexuality from a range of disciplinary/interdisciplinary perspectives and topics. Of particular importance—given the challenging history of bisexuality studies—a major focus should involve interventional research on bisexuality specifically regarding increasing bi-visibility with special attention to physical and mental health issues and social and sexual justice. Journal editors in sexuality studies should be doing more to encourage articles and special issues of journals on various aspects of bisexuality. Some specific ideas about topics that need attention in bisexuality studies research are as follows:

- Interrogate how and why bisexuality often gets lumped into the broader “alphabet soup” of LGBTQ+ research studies. Discussions about the disservice this does to bisexuality studies is critically important to the field and would begin to

disentangle the “B” from the L, G, T, Q, ... Beyond marking and interrogating that this “lumping together” has occurred, it is vital that bisexuality be studied in its own right and that research studies be designed to disaggregate bisexuality from the rest of the sexual- and gender-minority groups.

- Operationalize *bisexuality*. It is important for sexuality studies researchers to put forth and/or embrace a standard definition to enhance cross-study comparisons and replicability and drive the public discourse. The issue of whether bisexual status in individuals comes down to sexual attraction (e.g., to whom one is attracted in terms of other individuals’ sex), self-identity (e.g., one’s sexual self-definition), sexual behavior, and/or other multivariable factors such as sexual fantasies (e.g., sexual thoughts that involve members of the same-sex and/or different/other sexes), social preference (e.g., with whom one associates in terms of same-sex or different/other sexes), emotional preference (e.g., with whom—of the same sex or different/other sexes—one loves or gains a sense of attachment), and lifestyle (e.g., the social location, such as the “gay/lesbian world” and/or “straight world,” in which one primarily lives and socializes; “where and with whom does one spend time”; see, for example, Klein, Sepekoff, & Wolf, 1985, pp. 40–42). In addition, terminology is important, and rather than engaging in a struggle about whether any one term such as bisexual, plurisexual, nonmono-sexual, or pansexual ought to be used, it is important for the research community to use a term consistently, operationalize what is meant by the term, and offer a rationalization for why this term ought to be used over others.
- Embrace the idea that bisexuality can be fluid, stable, or even transitional. Arguing that there should be only one version of bisexuality is in many ways contrary to reality. Bisexuality can take a number of forms. It is critical that researchers and theoreticians take this into account when engaging in scholarship in bisexuality studies.
- Engage in research focused on social and sexual justice of bisexual people and communities. From the earliest days of the conceptualizations of bisexuality, it has been marginalized, and therefore bisexuals have endured prejudice and discrimination. Myths abound about bisexuals and bisexuality. We believe it is important to do intersectional work in bisexuality studies to gain a better and more grounded understanding of bi-negativity and sexual prejudice against bisexual people. Examining bi-oppression through the analytical lenses of race, class, sexuality, gender, nation, ability, and so on is very important to ascertain a thorough understanding of how various individuals experience bi-oppression differently. With that nuanced of an understanding, academics can do the kind of interventional research that results in greater social and sexual justice for bisexual people and their communities.

Some specific ideas about topics in the area of teaching that need attention in bisexuality studies are the following:

- Critically review bisexuality studies with students to mark and illustrate the gaps, invisibility, and problematic aspects of the ways in which bisexuality has been conceptualized and studied in the past as well as in the present.

- Create themed courses that specifically address bisexuality instead of having bisexuality get lost in, for example, LGBTQ+ studies. As stated earlier, in the few US programs broadly conceived of as LGBTQ+ focused, bisexuality, at best, gets a passing mention without any substantive treatment. This further perpetuates the invisibility from which bisexuality has suffered.
- Assign readings that deal exclusively with bisexuality (see, for example, the list of books mentioned earlier).
- Create assignments that require students to critically examine aspects of bisexuality appropriate for the particular course.
- Create courses on bisexuality that destabilize monosexualities. Preferably, there would be more than one course on bisexuality. Such courses can and should be offered both within LGBTQ+ programs and in departments throughout the college or university (e.g., history department offering a course on the History of Bisexuality in the USA, or a psychology department offering The Psychology of Bisexuality, and so on).
- Infuse the bisexuality studies curriculum with community involvement (broadly conceived).

In sum, bisexuality studies has had a problematic history, from the early days of nineteenth-century sexologists characterizing bisexual individuals as “psychosexual hermaphrodites” and “inverts” to the prejudice and invisibility that still plague bisexuality to this day. The theme of pathologization of bisexuality ran throughout the works of Krafft-Ebing, Ellis, and Freud. Krafft-Ebing’s and Ellis’s conceptions of bisexuality rested on the notion of inversion and psychosexual hermaphroditism. As an influential figure of the early twentieth century, Freud believed that bisexuality was inherent in everyone and that as individuals developed psychologically they would become either heterosexual or homosexual. In Freud’s view, bisexuality was a path to heterosexuality or homosexuality. Freud’s notion did not support the idea that bisexuality was a stable and enduring sexual way of being. This had the effect of erasing bisexuality and rendering it mostly invisible. Moving to the mid-twentieth century, while Kinsey liberated sexuality from the shackles of its medicalized past, he and his colleagues created their often discussed and cited Heterosexual–Homosexual Rating Scale, which as we learned earlier, served to perpetuate bisexuality’s invisibility.

Much of the research on bisexuality reveals a continuation of erasure and invisibility. The bulk of research articles appear, from their titles, to be ostensibly about bisexuality, but often end up focusing on issues of other sexual identities; many of these studies compare bisexual people with those of other sexual identities, and therefore bisexuality gets either “watered down” or lost entirely. In addition, there are challenging aspects of researching bisexuality in terms of the way it is characterized and defined, and most of the research on bisexuality has been done in the social sciences and has not had much of a presence, for example, in the arts and humanities. Due to the relative paucity of academic work on bisexuality, there still exist many holes in our understanding of this complex and dynamic sexual identity and those who inhabit it. Much as with research on bisexuality, there are a number

of entrenched issues regarding teaching about bisexuality in the academy. The theme of invisibility emerges again. As we noted earlier, bisexuality studies has been collapsed in the larger umbrella of LGBTQ+ studies and has not enjoyed the same kind of depth, specificity, and coverage that lesbian and gay studies have received, for example.

There are nevertheless exciting possibilities ahead for bisexuality studies. Mapping the future of bisexuality studies is critically important. It is time for bisexuality studies to be on par with gay and lesbian studies, transgender studies, and queer studies. It will take a holistic approach in terms of pushing beyond the limitations—in the arenas of conceptualizing and researching bisexuality and including bisexuality studies in the academy—that have ended up being severe challenges for bisexuality studies. It will take rethinking and refashioning research contributions along with thoughtful teaching to stem the tide of all that has plagued bisexuality studies both in the past and currently.

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2 Models and Measures of Sexual Orientation



D. Joye Swan

Abstract This chapter provides an in-depth examination of the varied models and measures most commonly used to determine sexual orientation, in general, or bisexuality, in particular. The chapter identifies the components of and the strengths and weaknesses of each. The chapter presents each chronologically starting with the Kinsey Heterosexuality–Homosexuality Rating Scale, followed by the Klein Sexual Orientation Grid, Storms Erotic Response and Orientation Scale, the Sexual Identity Model, the Multidimensional Scale of Sexuality, Savin-Williams Assessment of Sexual Orientation, and, finally, Sexual Configurations Theory. Following the individual assessment of each model, the chapter concludes with general critiques of all existing models and offers some recommendations for the establishment of future models and measures with the goal of better capturing the complexity of bisexual orientation and the goal of creating greater synergy in research assessment and more accuracy in estimating the number of bisexual individuals.

Keywords Bisexuality · Sexual orientation · Kinsey · Klein · Measurement · Assessment

Introduction

The history of bisexuality would be incomplete without an in-depth presentation and discussion of the models and measures that have attempted to assess sexual orientation and bisexuality. At latest count there are over 200 measures of sexual orientation (Fisher, Davis, Yarber, & Davis, 2013). While a review and discussion of all of them are beyond the scope of this chapter, we outline below several of the ones which attempt to subsume sexual orientation, including bisexuality, into overarching identity measures. We begin with the Kinsey Homosexual–Heterosexual Rating Scale of the 1940s and conclude with the most recent model, Sexual Configurations Theory (van Anders, 2015). Within the discussion of each, we highlight its strengths

D. Joye Swan, Ph.D. (✉)

Department of Psychology and Social Sciences, Woodbury University, Burbank, CA, USA

e-mail: Joye.Swan@woodbury.edu

and weaknesses and conclude the chapter with some general critiques of the existing models presented and offer some suggestions on future directions for measuring bisexuality.

The Kinsey Homosexual–Heterosexual Rating Scale

The Kinsey Homosexual–Heterosexual Rating Scale, most commonly referred to as the Kinsey Scale, is the most widely recognized measure of sexual orientation. It was the product of Zoologist, Alfred Kinsey's, observations in the animal kingdom that nothing in nature is black/white, either/or, but, rather, that nature operates on a continuum. Just as there are gradations of intelligence, speed, coloring, etc., so too, he argued, we should find sexual orientation to be on a continuum rather than a strict dichotomy between heterosexual and gay or lesbian. Kinsey and his colleagues developed the scale for their landmark qualitative studies in the 1940s and 1950s on sex and the human male and human female (Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953). The scale is a seven-point measure (0–6) that places an individual on a point between Exclusively Heterosexual and Exclusively Homosexual (see Fig. 2.1). Each point on the continuum corresponds to a person's determined (as opposed to self-identified) sexual orientation (see Fig. 2.2).

In Kinsey's view, most people were bisexual to some degree, and he actually felt that bisexuality was the most natural orientation (Kinsey et al., 1948). Therefore, he can be credited with being the first to attempt to bring bisexuality to the public conscious. However, as it relates to defining someone as bisexual, the Kinsey Scale is

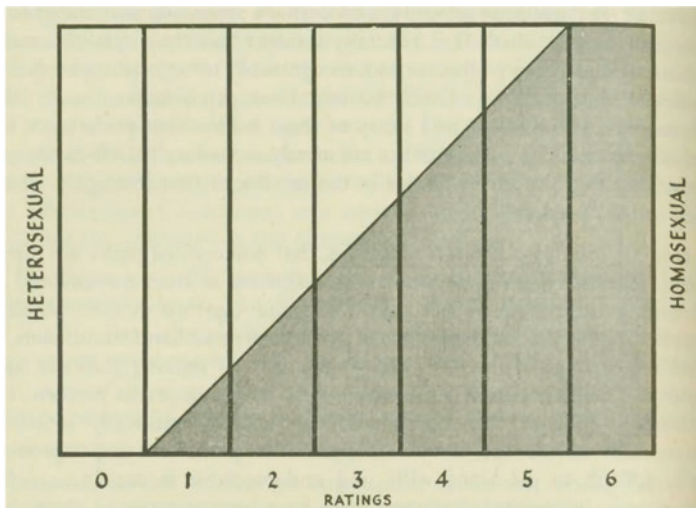


Fig. 2.1 The Kinsey heterosexual–homosexual rating scale

0	Exclusively heterosexual. Individuals making no physical contacts which result in erotic arousal or orgasm, and make no psychic responses to individuals of their own sex.
1	Predominantly heterosexual, only incidentally homosexual. Individuals which have only incidental homosexual contacts which have involved physical or psychic response or incidental psychic response without physical contact.
2	Predominantly heterosexual, but more than incidentally homosexual. Individuals who have more than incidental homosexual experience, and/or if they respond rather definitely to homosexual stimuli.
3	Equally heterosexual and homosexual. Individuals who are about equally homosexual and heterosexual in their overt experience and/or their psychic reactions.
4	Predominantly homosexual, but more than incidentally heterosexual. Individuals who have more overt activity and/or psychic reactions in the homosexual, while still maintaining a fair amount of heterosexual activity and/or responding rather definitely to heterosexual contact.
5	Predominantly homosexual, only incidentally heterosexual. Individuals who are almost entirely homosexual in their overt activities or reactions.
6	Exclusively homosexual. Individuals who are exclusively homosexual, both in regards to their overt experience and in regard to their psychic reactions.

Fig. 2.2 Elaboration of Kinsey scale values

quite problematic. First, rather than being a self-identity measure, it involved participants filling out questionnaires and then having a researcher conduct interviews, whereafter the researcher would decide where an individual was to be placed on the continuum. This method allows for great subjectivity as to number and extent of behaviors that would cause different individuals to be placed on the same point on the scale (Whalen, Geary, & Johnson, 1990). For example, where would someone be placed who had kissed many people of the same-sex yet not engaged in any other physical acts with them versus where one would place someone who had engaged in intercourse one time with one person of the same sex? Although the first behavior may be “incidental” in intimacy, it occurred not infrequently. Alternately, intercourse is an intimate behavior that is much more than incidental, yet, in our example, it only happened one time. Even Masters and Johnson (1979) expressed frustration over how difficult it was to objectively assign individuals to anything other than categories 0 and 6. If someone is a 2 or a 3, what does this mean exactly? Are all 2’s alike? One of the issues from a research design perspective is that what should be parallel corresponding numbers on the continuum are not operationalized the same. For example, (1) Predominantly heterosexual, incidentally homosexual and (5) Predominantly homosexual, incidentally heterosexual are not operationalized the same (See the definitions of category descriptions 1 and 5 in Fig. 2.2). Without a standardization of these categories, there is no quantifiable way to classify respondents, and, therefore, no way to use the measure except to make broad conclusions.

Although Kinsey asserted that sexuality was not categorical, he felt there was still value in classifying people according to their behavior. Therefore, despite Kinsey’s assertions about nature being on a continuum, the Kinsey Scale is, in fact, not a true continuum in that people can only be orientated on one of seven, finite, possible points. However, given the difficulty with placing people on the scale, it is

perhaps a blessing; infinite points would make classifying people and the utility of the scale infinitely more difficult (Sell, 1997).

Further, of particular concern in our attempt to define bisexuality, is that the Kinsey Scale posits sexual orientation as a bipolar, unidimensional battle of behavioral frequency between heterosexuality and homosexuality. Accordingly, it is assumed that more cross-sex behavior will correspond to less same-sex behavior and vice versa. But is bisexuality about trading one sexual attraction for another; would it be possible for bisexual people to be high on both same- and cross-sexual behavior, or any combination thereof acknowledging that behaviors may change over time as a product of opportunity and relationship status?

Epstein and Robertson (2014) recently proposed a way to remedy the limitation of using a unidimensional model. They suggest measuring same-sex and cross-sex attractions separately (using a 0–13 score) and then calculating the mean of the two resulting scores, after reverse coding one of them. This gives a mean sexual orientation score (MSO) that will still have the problem mentioned above so Epstein and Robertson then create a sexual orientation range (SOR), or confidence interval if you will, bracketing the MSO which identifies a range of scores on the unidimensional continuum that could identify the individuals “true” sexual orientation. This partially remedies the problem of both asexual and bisexual individuals being located in the middle. While the initial MSO will have them both as 6.5, an asexual person’s SOR would be 0 while a bisexual person’s range could be as large as 6.5—so the asexual does not get any closer to either the heterosexual or homosexual poles and a bisexual person’s score would branch out toward both poles. However, this conception, while interesting, still defines bisexuality as “the thing” in between heterosexuality and homosexuality (Weinrich, 2014).

Finally, although Kinsey says that during the interviews he took affective and emotional attraction into account when he classified people, the Kinsey Scale only vaguely speaks of “psychic response” which is taken to mean desires and fantasies rather than to imply feelings of love and emotional attraction (Klein, 1993). For all intents and purposes, the Kinsey Scale is a behavior-based measure of sexual orientation that, in its original format, ignored how an individual self-identified and his or her affective motivations. However, affect is considered of paramount importance to individuals’ self-identified definitions of their sexual orientation (Baldwin et al., 2016). In the end, Hanson and Evans (1985) saw the behavior focused Kinsey Scale as appropriate if one is measuring the 0’s and 6’s of the world but as a barrier to enlightening us on bisexuality.

Klein Sexual Orientation Grid (KSOG)

The second most widely known measure of sexual orientation is the Klein Sexual Orientation Grid (KSOG, Klein, 1993). Although it provided several improvements over The Kinsey Scale, it has less commonly been used in actual research (Sell, 1997). Fritz Klein was a psychiatrist and founder of the American Institute of

	Past	Present	Ideal Future
A. Sexual Attraction (To whom are you attracted sexually?)			
B. Sexual Behavior (With whom have you actually had sex?)			
C. Sexual Fantasies (Whom are your sexual fantasies about?)(They may occur during masturbation, daydreaming, as part of real life, or purely in your imagination.)			
D. Emotional Preference (Do you love and like only members of the same sex, both sexes or other sex?)			
E. Social Preference (Do you like to socialize with members of same sex, both sexes or other sex?)			
F. Lifestyle Preference (Do you basically live a straight lifestyle, mixed lifestyle or gay lifestyle?)			
G. Self-Identity (How do you think of yourself?)*			
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For variables A to E:

- 1 = Other sex only
- 2 = Other sex mostly
- 3 = Other sex somewhat more
- 4 = Both sexes
- 5 = Same sex somewhat more
- 6 = Same sex mostly
- 7 = Same sex only

For variables F and G:

- 1 = Heterosexual only
- 2 = Heterosexual mostly
- 3 = Heterosexual somewhat more
- 4 = Hetero/Gay-Lesbian equally
- 5 = Gay/Lesbian somewhat more
- 6 = Gay/Lesbian mostly
- 7 = Gay/Lesbian only

Fig. 2.3 Klein sexual orientation grid

Bisexuality. In his seminal book, *The Bisexual Option* (Klein, 1993), Klein critiques the Kinsey Scale as being too obtuse to capture the complex nature of human sexuality. Instead of Kinsey’s focus on behavior, Klein identified seven variables that he believed were vital to a measure of sexual orientation (see Fig. 2.3).

These seven variables and Klein’s definition of each are:

1. *Sexual attraction*: To whom one is sexually attracted.
2. *Sexual behavior*: Whom one actually has sex with.

3. *Sexual fantasies*: Whom you fantasize about when you masturbate, daydream, etc.
4. *Emotional preference*: Whom you love or to whom you are emotionally attracted.
5. *Social Preference*: The sex of the people you hang out with socially.
6. *Heterosexual-homosexual Lifestyle*: The sexual identity of the people with whom you hang out.
7. *Self-Identification*: How you think of yourself.

In addition to these seven variables, which were measured on two separate 7-point assessments (see Fig. 2.3), Klein, who believed that sexual orientation could change over time, calling it an “ongoing, dynamic process” (p. 19), included a temporal component to his measure asking individuals to rate themselves on the seven items in their past (>1 year ago) and present (last 12 months) lives. He also included a column asking participants to rate their ideal distribution on each variable allowing that there may be psychic and social barriers to ones feelings, thoughts and behaviors. The KSOG was a self-administered measure allowing individuals to rate themselves in each area. Klein (1993) used the following example as a conclusion about the sexual orientation of an individual named Kevin;

Using the numbers of the Klein Sexual Orientation Grid, Kevin’s profile is, therefore, 6, 4, 7, 1, 4, 2, and 5. This example highlights the complexity of the concept of sexual orientation. Given this complexity, which one number would we assign to Kevin according to the Kinsey scale? How much more difficult still, then, to fit him into one of the three categories of heterosexual, bisexual, or homosexual. (p. 18)

Instead, Klein (1993) argued that by using the KSOG an individual’s score on each cell of the grid would give someone an immediate visual idea of that person’s orientation. Compared to the Kinsey Scale, it allowed for a much broader range of identities and accounted for more of the nuances of sexuality. However, this strength is also one of the barriers to its use. How does one scientifically study sexual orientation with a measure that can literally result in thousands of orientation combinations? Its complexity of assigning seven different orientation numbers to each individual makes it impractical for most research. In the original scale, Klein delineated no way to combine the variables or to assign a weight to them. For example, would behavior be a stronger indicator of sexual orientation than social preference?

In an attempt to address this criticism, Klein’s colleagues recently published a study which sought to devise a method to place individuals into discrete categories of sexual orientation based on their KSOG scores (Weinrich, Klein, McCutchan, & Grant, 2014). Male and female participants completed the 21 KSOG items and the researchers conducted a cluster analysis on the scores for each person on each variable. From this they were able to identify four sexual orientation categories for women and five for men. Both sexes had a heterosexual and a gay/lesbian category. Women had two bisexual categories, Bi-lesbian and Bi-heterosexual, whereas men had three, Bi-homosexual, Bisexual, and Bi-heterosexual. By using standard deviation analysis, they identified that sexual attraction, sexual behavior, and self-identity

were consistently important, whereas social preference (what are the sexual orientations of the people with whom you socialize?) consistently was not, and past emotional preference was mixed for males. For bisexual women, the clusters showed that, while their scores fell between those of the heterosexual and lesbian clusters on all 21 items, the standard deviations (how much the scores varied within each cluster) were very large on all of them suggesting that, although they were clustered together as either bi-lesbian or bi-heterosexual, the individuals within each category varied greatly from one another. For bisexual men, their scores on sexual attraction and sexual fantasies toward men closely resembled the scores for bi-gay and gay men, but their actual sexual behavior more closely matched heterosexual and bi-heterosexual men. Additionally, for men as a whole, emotional preference did not really predict any cluster. It might be worth noting in regard to the binegative belief that a bisexual man is “simply a gay man in a different closet” (Swan & Habibi, 2017, p. 7), that this study found bisexual men to be statistically distinct from gay men when asked to rate each variable in relation to their ideal self.

In sum, what the research showed was that the KSOG, like the Kinsey Scale, did a very good job of categorizing heterosexual, gay, and lesbian individuals, while the results for bisexual identifying individuals were less clear. While the cluster analysis identified two and three bisexual groups for women and men, respectively, the variability was such as to say that those within these clusters differed greatly from each other. In the end, Weinrich et al. (2014) concluded that “bisexuality itself is a continuum” (p. 371). This conclusion seems to be becoming clearer the more we research bisexuality and may well be the central message to those trying to define it.

Therefore, as Klein himself alludes to, the measure might be better used on an individual basis for self-examination of one’s place on the various components of sexual orientation to elicit, what he calls the “a-ha reaction” (Klein, 1993, p. 20) to seeing how one’s sexual orientation falls within the individual components of the KSOG. However, the KSOG is still useful to research in that it recognizes behavior, affect, and self-identity as key components of sexual orientation. Rather than using the entire grid, research could benefit from studying these three components and distilling the weights of each in the organization of sexual orientation measures. Further, the KSOG is a multidimensional and multitemporal measure which better accounts for the complexities of measuring sexual orientation. Further, in his use of a temporal measure Klein was acknowledging what some have called situational bisexuality where someone may behave bisexually for a given period of time (e.g., during college or a prison term) or only in specific situations (e.g., female swingers). However, rather than stemming, as Klein argued from people’s changing sexual orientation, temporal changes might reflect changes in opportunity, relationship status, or social and religious impediments to having one’s sexual behavior or identity match one’s ideals. In other words, someone may behave and self-identify as heterosexual despite having attraction, affect, and/or fantasies toward same-sex individuals due to stigma avoidance, social or religious judgments, or internalized binegativity. If any or all of these factors change, the individual’s behavior might change in a way that is more in line with the other

components of their sexual orientation. But I would argue the individual's sexual orientation did not change, rather, what changed was their ability or willingness to express that orientation.

Klein (1993) himself noted several other limitations of his model including- not addressing the impact of age, the lack of weighting of love versus friendship or of lust versus infatuation, and the quantifying of behavior (e.g., does *frequency* refer to number of sexual behaviors themselves or number of partners with whom someone is sexually behaving?). Although Klein made later attempts to demonstrate that the KSOG was reliable (Klein, Sepekoff, & Wolf, 1985), his manuscripts simply stated that he had found the variables of the KSOG to be "generally reliable" without any statistical data given to corroborate this assertion.

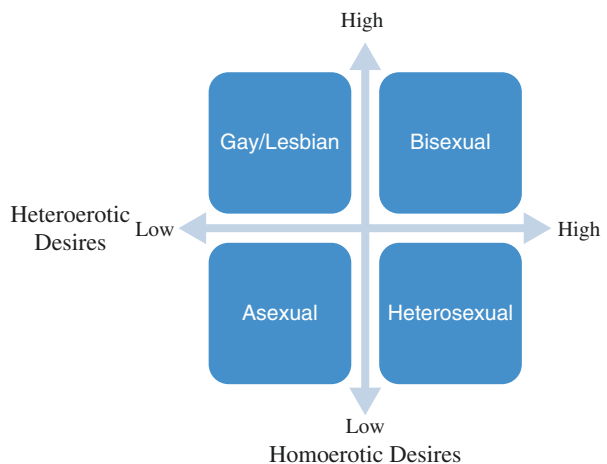
In addition, to Klein's noted limitations, there are several other limitations of the model. The most important of which is that, despite his own self-identity as bisexual, Klein failed to include bisexuality or bisexual partners as part of the KSOG. In essence, it, like the Kinsey Scale, sees bisexuality as a trade-off between the two monosexual orientations. Specifically, in looking at the assessment for items F and G the seven points show a trade-off between heterosexual and gay/lesbian. For example, item F asks the sexual identities of the people with whom you socialize. Notice that one is able to hang out with heterosexual or gay/lesbian identified individuals but not bisexual ones. Further, in item G, measuring one's own self-identity, you can only choose between degrees of identifying as heterosexual, gay, or lesbian. Even, the mid-point, rather than being able to identify as bisexual, instead imposes a monosexual label on the identity (hetero/gay-lesbian equally). It seems that as we unpack what bisexuality means to people, it is not simply a by-product of various amounts of cross-sex and same-sex attractions but, rather, an independent orientation that overlaps in some ways with, but is distinct from, monosexual orientations. Finally, subsequent researchers have found that study participants have noted that some of the KSOG variables are confusing (Galupo, Mitchell, Gryniewicz, & Davis, 2014). In sum, while the KSOG improved upon the Kinsey Scale in important ways, especially in adding affect and self-identity to its measure, and has great utility for an individual's self-examination of their sexual orientation, it is still not immune from the invalidity of using monosexual anchors as the confines to defining bisexuality. Further, its construct validity is just now being tested and early findings show that each of its variables may not have the same degree of importance in determining sexual orientation. Finally, as Klein and his colleagues found (Weinrich, et al., 2014), bisexuality itself, appears to be a continuum. If we average all bisexual people into a single category, the different degrees and shadings of bisexuality are lost (Note: Weinrich, 2014 has proposed that one could expand the KSOG to include parsing out the bisexual types [hetero-bi, bi-bi, and homo-bi] Klein had elucidated. However, this would result in empty categories on the grid and, ultimately, this was a musing on the part of the author and has not been tested empirically.).

Storms Erotic Response and Orientation Scale

A third model of sexual orientation was proposed by Michael Storms (1980). During the late 1970s as researchers were questioning the use of one-dimensional measures of masculinity and femininity, Storms, too, questioned the Kinsey Scale's single dimension to measure sexual orientation. As we have already noted, one problem identified with the Kinsey Scale is that it placed heterosexuality and homosexuality at opposite poles whereby if one was more *heterosexual* it meant that one was less *homosexual*. Therefore, while the Kinsey Scale did a good job of identifying people at the two poles, its predictive validity was greatly reduced for those in the middle. Further, strongly dissimilar people could end up in the middle points on the scale. For example, a person with high sexual desire for both men and women would score in the middle of the Kinsey scale, however, so too, would a person with low sexual desire for both men and women. In answer to this, Storms (1980) developed a two-dimensional model of sexual orientation called the Erotic Response and Orientation Scale (EROS, see Fig. 2.4).

Storms (1980) based his model on the premise that one's erotic fantasies were the sole factor necessary to measure sexual orientation; a belief partially held by Kinsey. The EROS is composed of a seven-point scale (1 = never – 7 = almost daily) and 16 questions, eight measuring an individual's male targeted erotic fantasies (androerotic) and eight measuring an individual's female targeted erotic fantasies (gynoerotic). The fantasies ranged from what he called "low intensity" (e.g., finding a man/woman sexually attractive), to "moderate intensity" (e.g., daydreaming about having sex with someone), to "high intensity" (e.g., masturbating while fantasizing about having sex with someone; p. 786). In a test of his model, Storms (1980) directly compared the efficacy of EROS to Kinsey's model in predicting the magnitude of the sexual fantasies of bisexual individuals in comparison to heterosexual,

Fig. 2.4 Storms erotic response and orientation scale



gay, and lesbian individuals. He asked individuals (70 college students and 115 participants recruited from a college's "gay" club and from gay social networks) to self-identify their sexual orientation as heterosexual, gay (for both gay men and lesbian women), or bisexual, then had them complete the EROS. Analyses, which were based on creating dichotomous categories from his 1–7 scale (0 = never, 1 = all other answers) revealed that self-identified bisexual participants (n=22) reported heteroerotic fantasies at the same level as heterosexual individuals and as many homoerotic fantasies as gay participants.

This model allows for the recognition that "bisexuality is the combination of homoerotic and heteroerotic attractions, not a compromise between the two" (Weinrich et al., 2014, p. 350). When heterosexuality and homosexuality are seen as independent constructs, hetereroticism and homoeroticism are allowed to vary independently from one another (Storms, 1980). Therefore, an individual can have high erotic desires for both same-sex and cross-sex individuals rather than forcing a trade-off between the two. The idea that bisexuality is not just a trade-off between a cross-sex and a same-sex orientation is the greatest strength of the EROS (Udis-Kessler, 2013; Weinrich, 2014) and aligns with our current conceptualizations of sexual orientation. Recently, EROS has gained some validation showing that the model has empirical promise (Weinrich, 2014).

However, there are several limitations and weaknesses with the EROS that have, perhaps, kept it from being more widely acknowledged and used by researchers. Methodological issues with the EROS include that it was only tested on a small, highly skewed sample greatly limiting its generalizability. Additionally, reducing a seven-point scale to a simple dichotomy for analyses, removes all the nuances that might have been revealed by leaving the scale intact. For example, are there differences between the measures' predictive abilities for people who answered "rarely" versus people who answered "almost daily" to an item? Also, Storms (1980) summed all responses, giving equal weight (importance) to all of the items regardless of their "intensity." Might masturbating while fantasizing about someone have a different impact on a measure of sexual orientation than fantasizing about cuddling with someone?

Additionally, the assertion that fantasies alone determine sexual orientation has never been shown to be valid. Given the correlational nature of the research, rather than fantasies driving sexual orientation, it is just as plausible that sexual orientation drives fantasies. Further, research has shown that there are at least three additional components that are important in measuring sexual orientation—self-identity, behavior, and affect (Laumann, Gagnon, Michael, & Michaels, 1994; Mustanski, Kuper, & Greene, 2014), however, Storms believed these to be inconsequential noise that was a product of "social labeling" (p. 784). In terms of self-identity, which Storms did measure in his study, it is important to note that, although Storms tested the alignment of self-identified sexual orientation to erotic fantasies, he made no differentiation in, nor further exploration of, individuals whose self-identity was in conflict with their fantasies (Udis-Kessler, 2013). Finally, Storms' further argument that erotic fantasies were a by-product of "learned scripts" (p. 784) meant that he believed that sexual orientation was a choice based on one's experiences and exposures in youth rather than innate to an individual from birth.

Sexual Identity Model

Another model is Shively and De Cecco's (1977) Sexual Identity Model. In most research on sexual orientation, sexual self-identity is understood to be a single component of sexual orientation. Instead, Shively and De Cecco see sexual orientation as a component of sexual identity. In their model, sexual orientation is composed of two factors, physical attraction and affectional attraction. Like Storms (1980), Shively and De Cecco propose that each factor is composed of attraction toward same sex and cross-sex partners measured independently from one another on a five-point scale from *not at all heterosexual* to *very heterosexual* and *not at all homosexual* to *very homosexual*, allowing for an individual to score high or low on each. In addition to sexual orientation, they posit that sexual identity is also comprised of biological sex, gender identity, and social role identity. Biological sex is how you are conscripted by the world according to your biological makeup or genitalia (i.e., male, female, and intersexed). Gender identity is your personal sense of being a man, woman, or other identity (transgender, demiboy, genderqueer, etc.). Social sex role is the degree of masculinity and femininity, as expressed through things like one's appearance, behavior, personality, speech, etc. Again, like sexual orientation, the items comprising one's social sex roles are measured independently from one another allowing for a two-dimensional construct where someone can be high or low on masculinity and high or low on femininity. According to the authors, sexual identity is a process whereby any of the elements can be congruent or incongruent from one another. As an example of incongruency between two of the model's factors, the authors use the case of a biological male who has a highly feminine social sex role. They argue that such a person might become, in their words, a transvestite (a man who dresses as a woman), as a way to reestablish congruency.

Although the argument that sexual identity is a product of sexual orientation and not the other way around is intriguing and worth further empirical exploration, several limitations have kept this model from being widely used in the 35 years since it was proposed. First, like the Storms (1980) model, Shively and De Cecco's model of sexual identity seems to be highly impacted by the time period in which it was conceived. In the zeitgeist of the late 1970s there was a large uptick in research on masculinity and femininity which resulted in several models still in use today (Bem, 1974; Spence & Helmreich, 1980) whose main contributions were to see masculinity and femininity as separate constructs. Despite the contribution of envisioning sexual orientation (or sexual identity) as two-dimensional, the manifest belief that masculinity and femininity are predictive of each is an untested assumption. When one looks at the variables that comprise social sex roles, for example, appearance, behavior, speech, etc., it may become immediately apparent that these are culturally subjective. For example, a gay male may be associated with a feminine social sex role trait in one culture (e.g., USA) but not in another (e.g., New Guinea) (Ross, 1983). Further, not only are social sex roles culturally dependent, they are also temporally tied. For example, what we would identify as masculine or feminine or its association to something like sexual orientation changes over time

(e.g., pederasty in ancient Greece, men wearing wigs in the eighteenth century, women wearing pants today). Additionally, Bullough (1976) has argued that the meanings ascribed to social sex roles is a result of how positively or negatively a society views women. Likewise, the idea of what makes two constructs congruent or incongruent is tied to culture and time.

The Multidimensional Scale of Sexuality

Although it is a model that has received very little notice in the empirical literature, The Multidimensional Scale of Sexuality (MSS; Berkey, Perelman-Hall, & Kurdek, 1990) bears at least a brief discussion as it was a model that attempted to specifically identify bisexual orientation diversity. Agreeing with Klein that unidimensional measures of sexual orientation are too limiting to properly address sexual complexity, the MSS, in addition to measuring same-sex, cross-sex, and asexual orientations, attempts to account for the variability in bisexuality by introducing six categories of bisexuality: (1) homosexual orientation prior to exclusive heterosexual orientation; (2) heterosexual orientation prior to exclusive homosexual orientation; (3) predominant homosexual orientation (frequent homosexual desires and/or sexual contacts) with infrequent heterosexual desires and/or sexual contacts; (4) predominant heterosexual orientation (frequent heterosexual desires and/or sexual contacts) with infrequent homosexual desires and/or sexual contacts; (5) equal orientation toward members of both sexes, where desires for, and/or sexual contacts with, members of both sexes occur on a fairly regular basis (concurrent bisexuality); and (6) equal orientation toward members of both sexes, where, over time, the individual alternates between homosexual attractions/desires and heterosexual attractions/desires (sequential bisexuality).

In addition to using the above as self-identity categories, the authors also created one sexual behavior item and four affect/cognitive items within each category to place respondents into orientation categories creating a 45 item scale resulting in nine orientation identities with one behavioral and four affect/cognitive items for each one. The four affect items were arousal to sexual fantasies/dreams, sexual attraction, emotional (love) factors, and arousal to erotic material. Participants also reported their self-selected number on the Kinsey Scale.

Results revealed that affect was more strongly associated with the “correct” orientation category than behavior. That is, someone whose cognitive/affect measure classified them as a *concurrent bisexual*, for example, was indeed more likely to self-identify as a concurrent bisexual. In fact, affect ratings loaded correctly on all of the self-description orientations, whereas behavior only correctly correlated with the corresponding orientation category on four of the seven orientation categories (“asexual” and “heterosexual after predominant homosexual orientation” had been eliminated from analyses as no participant identified with

either of these categories). Further, the MSS allowed for a more revealing picture of people who said they were Kinsey 3's. Fifty-six percent of these individuals self-identified as concurrent bisexuals and just over 30% as sequential bisexuals. However, note that the 2's and 5's on the MSS are not the same as Storms' (1980) bi-heterosexual and bi-homosexual bisexual types which we have previously discussed.

Despite its critique of measures that treat sexual orientation as a trade-off between heterosexuality and homosexuality, the MSS, itself, is guilty of this very thing. Notice that people can identify as currently hetero/homo-sexual with some homosexual/heterosexual attractions or behaviors (Note that allowing for an individual to be considered bisexual based on their behavior/affect even if they do not embrace the label, is a major strength of the MSS). However, these orientation categories are a forced choice between heterosexuality and homosexuality. There is no option for an individual to identify as an "unequal" bisexual, what Weinberg and his colleagues (Weinberg, Williams, & Pryor, 1994) would have called bi-heterosexuals (bisexual individuals with greater attraction to cross-sex partners) and bi-homosexuals (bisexual individuals with greater attraction to same-sex partners). Rather than bisexuality being the flash point of orientation, it is a by-product of one's degree of heterosexuality and homosexuality. A further critique of the MSS is that the six bisexual categories were created as opinions of the authors. Might there be other more important sub-categories of bisexuality (such as bi-homosexual or bi-heterosexual) which would emerge from exploratory research?

Further, Berkey et al.'s (1990) finding that affect better predicted orientation category than behavior might be an artifact of the methodology. Behavior was measured by a single item (despite the authors commenting that a measure "should never include only one item," p. 83) while affect/cognition was calculated by collapsing the four "affect" items into a single variable (the mean of the four). First, if you look at the four items, we might dispute that they all measure the same thing. Is arousal to same-sex erotic material equal to having been in love with someone of the same sex? We also believe that arousal could just as easily have been included under the behavioral category (if, for example, arousal led to masturbation). Therefore, the greater predictive ability of the affect measure might simply have been that it included the mean of four items which, themselves, might have been a mix of behavioral and affective items.

So, while the MSS is to be lauded for taking a "bisexuality first" approach to measuring sexual orientation, much of the wording of the categories reinforced the unidimensional view of bisexuality being a trade-off between heterosexuality and homosexuality. However, the MSS, has some strengths that at least warrant its place in the discussion of building a model measure of sexual orientation. It included measures of self-identity, behavior, and affect to categorize individuals and, of all the models, it is the only one that addresses the possibility of identity, behavior and affect incongruence.

Savin-Williams Assessment of Sexual Orientation

The Savin-Williams Assessment of Sexual Orientation (Savin-Williams, 2010) is a measure of sexual orientation rather than a model but warrants mentioning as it offers measurement on seven or nine points, depending on the version used, to try to tweak out the nuances of those who are not exclusively heterosexual or homosexual. The categories on the measure are:

Exclusively Heterosexual/Straight, only sexually attracted to cross-sex partners (Heterosexual/Straight, nearly always sexually attracted to cross-sex partners and rarely sexually attracted to same-sex partners)

Mostly Heterosexual/Straight, mostly sexually attracted to cross-sex partners and occasionally sexually attracted to same-sex partners

Bisexual Leaning Heterosexual/Straight, primarily sexually attracted to cross-sex partners and definitely sexually attracted to same-sex partners

Bisexual, more or less equally sexually attracted to same-sex partners and cross-sex partners

Bisexual Leaning Homosexual/Lesbian, primarily sexually attracted to same-sex partners and definitely sexually attracted to cross-sex partners

Mostly Homosexual/Lesbian, mostly sexually attracted to same-sex partners and occasionally sexually attracted to cross-sex partners

(Homosexual/Lesbian, nearly always sexually attracted to same-sex partners and rarely sexually attracted to cross-sex partners)

Exclusively Homosexual/Lesbian, only sexually attract to same-sex partners

(Note the items on the 7-point and 9-point versions are identical with the inclusion of the two items in parentheses in the latter measure.)

This scale allows for the measurement of the bisexual types that Weinberg et al. (1994) and Storms (1980) identified and sees sexuality on a “spectrum” (Savin-Williams, 2014). However, it, once again, uses a unidimensional measure pitting bisexuality as the trade-off between heterosexuality and homosexuality and measures sexual orientation using only behavior.

Sexual Configurations Theory

Finally, one of the most recent attempts to create a model of sexual orientation is van Anders’ densely packed, Sexual Configurations Theory (SCT; 2015). This theory has yet to be tested or applied to any research of which we are aware. In essence, van Anders wanted to create a theory that encompassed sexuality in all its diverse manifestations. Importantly, she criticized, as she called it, the “unitary lust conceptualization of sexual orientation” (van Anders, 2015, p. 1178). van Anders argues that sexual behavior focused theories of sexual orientation are too narrow and limited to assess all the complexities she envisioned sexual orientation involved. She was particularly interested in including conceptualizations of love. The SCT is an attempt to capture, once and for all, all the complexities and nuances of sexual orientation. The

theory assesses aspects of an individual's identity, orientation (interests, attractions, fantasies), and status (behaviors, activities). But, unlike other measures of sexual orientation, SCT also includes the assessment of gender/sex, a term van Anders uses to assess the target(s) of an individual's orientation and defines it as "whole people/identities and/or aspects of women, men, and people that relate to identity and/or cannot really be sourced specifically to sex or gender" (p. 1181). van Anders envisions this term to include social labels such as woman, man, transgender woman, transgender man, ciswoman, cisman, genderqueer, and intersex. Essentially, she argues that people can be attracted to the sex of an individual (biological), their gender (social construction of their sense of masculinity or femininity), or combinations of the two. The theory posits that unpacking gender/sex could result in questions like: "When I am intimately interested in being with women, am I interested in people who identify as women? People who have vulvas and/or vaginas? People who are recognized as female?" (p. 1181). To measure gender/sex the theory uses the terms eroticism (bodily sexual pleasure, orgasm) and nurturance (warm loving feelings and closeness). Additional constructs of SCT are *partner number* (the number of partners one has or would like to have related to sexuality, eroticism, and nurturance) and other parameters like partner age attraction (older, younger).

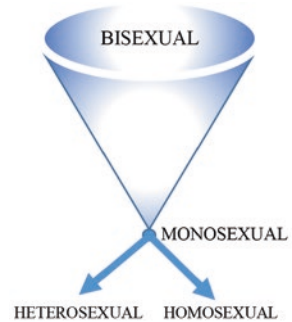
In each area of the SCT, an individual's strength of a parameter can range from 0% to 100% and each variable can be branched and coincident to account for how a specific individual configures on the three main areas of identity, orientation, and status (e.g., a bisexually identified individual who is attracted to same-sex and cross-sex individuals but only engages sexually with women, or desiring to flirt with women but only interested in penetrative sex with men) and within each branch there can be exceptions to further delineate the three areas. As it tries to incorporate all the possible configurations of sexual orientation, the theory sinks into abstruseness. Any theory which tries to be "all things to all people" winds up describing behavior rather than predicting it. If every exception receives its own branch or every combination of sex/gender attraction is a separate category, the theory loses its utility as a scientific tool. You wind up with innumerable sexual orientations, many of which have so many branches of "difference" that only a very small number of people fit into each one. For example, van Anders asks why a lesbian cannot be a woman who is also attracted to men. Other than violating the definition itself, as an exception branch, it would require its own category and new definition. As it stands now, the research utility of the SCT remains to be demonstrated. Perhaps the theory's true utility is in illuminating the diverse, unwieldy, complexity of human sexuality.

Conclusion

General Critiques of the Models and Measures

The monosexual bias in model measures. A limitation of many of the described models is the use of prescribed *monosexualcentric* labels as response options (e.g., response choices such as "not at all heterosexual" and "mostly homosexual"). Using

Fig. 2.5 The bisexual focal point conceptualization of sexuality



the terms *homosexual* and *heterosexual* as measure response categories makes an assumption that one's sexual orientation, or any like factor, can be identified by fitting one of these two categories or, by default, being identified as something "other" if one does not. This means that bisexuality is and can only be an off-shoot of the two (i.e., one is bisexual as a result of not fitting either monosexual category) rather than its own sexual orientation label (which, by the way, would allow for the inclusion of attractions to bisexual individuals as a response choice on measures). Further, this conceptualization of sexual orientation precludes the reverse, that heterosexuality and homosexuality may emerge as the extremities of a bisexual orientation, whereby bisexuality becomes the focal point in the measurement of sexuality variables rather than the by-product. This conceptualization starts with bisexuality as the "inclusive" orientation and as measure responses exclude sexual or affectional options, reduces one to a monosexual orientation and from there, one would be labeled heterosexual, gay, or lesbian (see Fig. 2.5).

Data driven versus researcher driven perspective on identifying sexual orientation categories. Finally, a critique of most of the models and measures we reviewed is that the researcher or researchers in each case imposed their own categories of sexual orientation on the participants, trying to fit individuals into their definitions of sexual orientation, rather than the other way around. In other words, in most cases sexual orientation categories were derived a priori, before participants answered a single question. Further, researchers assumed what variables made up an individual's sexual orientation in terms of behavior, affect, and self-identity. So, while we can say which of the variables included in the models are most predictive of sexual orientation, we have no way of knowing if important variables have been overlooked. We would encourage future research to gather open-ended responses from a broad swath of the populous on what factors they identify as contributing to sexual orientation and the weight they give each of these factors. From these discussions we could create data-driven models of sexual orientation.

All of the models and measures discussed have various flaws and limitations. However, as our understanding of sexual orientation expands, we should be able to better synthesize and refine the models to a point where some revised version of one of the current models or a new model rising from an old one, will be able to capture a significant amount of the variability in what it is to define someone as bisexual.

One of the problems with almost all existing models is that they see bisexuality as either a trade-off or a spin-off of either same-sex or cross-sex orientations. I suggest that if we flipped the premise, putting bisexuality as the starting point of sexual orientation, we might open ourselves to new conceptual “a-has” in our quest to measure and define, not just bisexuality, but sexual orientation in general.

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3 Defining Bisexuality: Challenges and Importance of and Toward a Unifying Definition



D. Joye Swan

Abstract This chapter seeks to demonstrate the extreme complexity of trying to define sexual orientation, in general, and bisexuality, in particular. The key issues presented in the chapter include, (1) why a standard definition of bisexuality is necessary; (2) a discussion of who should define bisexuality; (3) the factors to consider when deciding what variables are to be included in a definition of bisexuality; and (4) a proposed new definition of bisexuality built on a synthesis of the chapter materials. First the chapter discusses the pitfalls of a lack of a standard definition of bisexuality and the growing consensus that research must attempt to find a common definition of bisexuality. Second, the reader is presented with three constituencies that may all vie for the “right” to define bisexuality: society, the self, and science. Third, the pros and cons of at least seven variables which have each been considered in varying definitions of bisexuality are weighed. Finally, the chapter concludes by providing a new definition of bisexuality with a few, final caveats and thoughts.

Keywords Bisexuality · Sexual orientation · Definition of bisexual behavior · Bisexual self-identity · Affect · Desire · Fantasies

If there is one thing that sexuality researchers agree on, it is that producing a definitive definition of bisexuality is like trying to nail Jello to a wall. What on the surface seems fairly straightforward turns into layer upon layer of nuance as one works to untangle the variability of bisexual expression. This chapter is devoted to an in-depth discussion of these nuances and the examination and critique of existing definitional foci. The chapter begins with an argument regarding the need for a standardized definition of bisexuality. Following this is an examination of the constituencies who would have a say in this definition and a critique and analysis of the various constructs proposed to impact the conceptualization of bisexuality. Following this discussion is an attempt to draw reasonable conclusions and provide

D. Joye Swan, Ph.D. (✉)

Department of Psychology and Social Sciences, Woodbury University, Burbank, CA, USA

e-mail: Joye.Swan@woodbury.edu

Table 3.1 Various definitions of bisexuality

Source	Definition
American Institute of Bisexuality – Retrieved from http://bisexual.org/am-i-bi/	The capacity for romantic and/or sexual attraction to more than one gender
Robyn Ochs – Bisexual activist and author – Retrieved from https://robynochs.com/2015/10/11/the-definition-of-bisexuality-according-to-bi/	“The potential to be attracted—romantically and/or sexually—to people of more than one sex and/or gender, not necessarily at the same time, not necessarily in the same way, and not necessarily to the same degree”
Merriam-Webster – Retrieved from https://www.merriam-webster.com/dictionary/bisexual	Of, relating to, or characterized by sexual or romantic attraction to members of both sexes; <i>also</i> : engaging in sexual activity with partners of more than one gender
Dorland’s Medical Dictionary – Retrieved from http://medical-dictionary.thefreedictionary.com/bisexuality	Sexual attraction to persons of both sexes; exhibition of both homosexual and heterosexual behavior
Heterosexual college student research participant	Someone who bats for both teams

recommendations based on the synthesis of these materials. Finally, based upon this synthesis, an operational definition of bisexuality is proposed.

Although there have been many attempts to define bisexuality (see Table 3.1 for several examples, including, perhaps, the most well-known one by Robin Ochs), researchers, both past and present, have noted the extreme difficulty of defining sexual orientation in general (Mustanski, Kuper, & Greene, 2014) and bisexuality in particular (Firestein, 1996; Klein, 1993; Weinrich, Klein, McCutchan, & Grant, 2014). Mustanski and his colleagues stated that “sexual orientation is a construct that has become more difficult to define as it has become better studied” (Mustanski et al., 2014, p. 597). Others have noted that by its varied nature, bisexuality is the most complex form of sexual expression (Klein, 1993) and that it cannot be subsumed under a single definition (Shuster, 1987). Some researchers have gone so far as to say that bisexuality, given its widely varied manifestations, defies definition (Rust, 1995) and that current definitions are nonsensical (Galupo, Mitchell, Gryniewicz, & Davis, 2014). In fact, some bisexual individuals themselves reject the attempt at a single definition of bisexuality (Rust, 1995) and worry that once it is defined, society may be motivated to use that definition to impose cultural and political judgments on sexual minorities (Butler, 1990). However, it has also been argued that we cannot define sexual orientation until we define bisexuality (Berkey, Perelman-Hall, & Kurdek, 1990) and that “understanding bisexuality is the key to understanding sexual orientation” (Weinrich et al., 2014 p. 350).

Why we need a definition of bisexuality

Despite the fact that *bisexual* is believed to constitute the largest segment of the LGB umbrella (PEW, 2013; San Francisco HRC, 2011), and that bisexuality appears to be on the rise (Twenge, Sherman, & Wells, 2015), bisexual individuals are the least likely of the LGB minorities to be “out” (McLean, 2007) and bisexuality has been the least studied of the three (Paul, Smith, Mohr, & Ross, 2014). In fact, most research and the general public still divide sexual orientation into heterosexual or gay and lesbian (Berkey et al., 1990). Consequently, many past studies folded bisexual participants in with gay and lesbian respondents as if their experiences and constructs were the same (Balsam & Mohr, 2007; MacDonald, 1983; Weinberg, Williams, & Pryor, 1994). This not only hides or negates the unique experiences of bisexual individuals, it calls into question the validity of prior research on the experiences of gay men and lesbian women (Barker et al., 2012; Bauer & Jiram, 2008; Morrow, 1989; van Anders, 2015).

One potential antecedent to merging bisexual individuals in with other sexual minorities was the lack of a clear definition of, and way to measure, bisexuality in its own right. Looking at over 200 studies that assessed sexual orientation, Bauer and Jiram (2008) found that it was measured in more than 100 different ways. As apropos to the discussion of defining bisexuality, it seems we are facing the same crisis George Henry wrote about over 60 years ago regarding homosexuality: “unless the word homosexual is clearly defined, objective discussion regarding it is futile, and misunderstanding and erroneous conclusions are inevitable” (1955, p. 33). Therefore, this chapter will make the argument that a singular, shared definition of bisexuality is not only essential, its need is absolute.

As scientists, academicians, and clinicians, the operational definition of constructs is a prerequisite for our fields. In medical science, definitions provide us the ability to form an accurate picture of disease prevalence and course, affected populations, and allow for the distribution of research funding. For example, although cancer comes in a myriad of forms with widely varied trajectories and prognoses, we still have a basic qualifying (and quantifiable) definition of what cancer is. Just as there would be consequences for not being able to define who does or does not have cancer, in the case of bisexual individuals and other sexual minorities, there are real consequences to not being recognized (Baldwin et al., 2016). The lack of visibility of bisexuality in society has social consequences in the form of erasure and misinformed stereotypes such as the beliefs that bisexual individuals are “confused, dishonest, or transitioning to homosexuality” (Weinberg et al., 1994, p. 4) These negative social stereotypes can result in adverse mental health outcomes for bisexual individuals (Baldwin et al., 2016). Additionally, without a standard definition of bisexuality we cannot accurately estimate the true number of bisexual individuals (Barker et al., 2012; Gates, 2011; Horowitz & Newcomb, 2001) or compare findings across studies (Heath & Euvrard, 2008; Mustanski et al., 2014). The bisexual studies which do exist use widely divergent definitions with no common conceptualization of bisexuality driving the research (Shively, Jones, & de Cecco,

1984). This handcuffs the ability of researchers to synthesize the data into predictable models of bisexuality, and, in turn, to develop interventions to affect outcomes for bisexual individuals (e.g., address health and economic disparities). Because the lack of a definition has led to contradictory and often confusing results (Berkey et al., 1990), increasingly, there is a call for a standardized definition (Heath & Euvrard, 2008; Sell & Pertrulio, 1995; Weinrich, 2014b). But if we agree on the necessity of a standardized definition, the next question is, who should do the defining?

Who should define bisexuality? Society, the self, and science

There are three potential relevant definers of bisexuality—society, bisexual individuals, and researchers. Many times these sources have competing motives as well as goals.

Society as the definer. At the macro level, particularly in the USA, categorizing people based on their sexual orientation is widespread and triggers ingroup/outgroup social striations. For example, when heterosexual (Swan & Habibi, 2015) and even other sexual minority (Flanders, 2017) individuals are asked to define bisexuality, they define it based more exclusively on sexual behavior alone, whereas bisexual individuals define their own sexuality by both behavior and affect (Flanders, 2017; Swan & Habibi, 2015). By defining sexual minorities more exclusively by their behavior, heterosexual individuals maintain a belief in their sexual superiority because their orientation is not just about “baser” sexual needs but also about the more “pure” ideals of love and companionship (Swan & Habibi, 2015).

Additionally, at least among heterosexual individuals, different criteria are used to define female versus male bisexual individuals. A growing body of research finds that women are allowed a wider latitude of same-sex sexual behavior (Diamond, 2008; Esterline & Galupo, 2013; Rupp & Taylor, 2010). In fact for college-aged women, some degree of bisexual behavior, such as kissing, is encouraged and does not change the default heterosexual orientation status of the women involved (Esterline & Galupo, 2013; Yost & McCarthy, 2012). Indeed, Swan and Habibi (2015) showed how far a historically heterosexual woman’s behavior and emotional attachment would have to go with a female partner in order for heterosexual individuals to define her as bisexual. Their study found that a woman was not defined as bisexual until extremely intimate behavior, such as oral contact with a woman’s genitals, had occurred on more than one occasion and that being in love with another woman did not define her as bisexual to the same degree that being in love with a man defined a woman as heterosexual. The consequence, however, of this latitude in sexual behavior for women, is that many in society tend to see bisexuality as a

phase for women, one that will be grown out of in time (Diamond, 2008; Israel & Mohr, 2004). This results in bisexuality not being socially defined as a true sexual orientation for women.

On the other hand, men are allowed far less sexual latitude. In an identical study looking at male behavior, Swan and Habibi (2017a) found that a historically heterosexual man was no longer defined as heterosexual if he engaged in any intimate behavior with, or felt any emotions toward, another man. Further, heterosexual, gay, and lesbian individuals tend to erase bisexuality as a legitimate sexual orientation for men believing that they are really gay and are either trying to hold on to “heterosexual privilege” or are simply still in the closet about their “true” sexual orientation (Altshuler, 1984; Brewster & Moradi, 2010; Diamond, 2008; Freund, Scher, Chang, & Ben-Aron, 1982).

In sum, when society is allowed to define bisexuality, it uses different barometers for men and women. Further, its definition is bent toward a heterosexual bias that sees behavior, as opposed to emotions, as the superordinate definitional factor. Finally, monosexual individuals (i.e., heterosexual, gay, and lesbian individuals) often do not express a belief in the veracity of bisexuality as a legitimate orientation category.

The self as definer. The social belief that bisexuality is not a true orientation for either men or women exacerbates the problem of bisexual invisibility as well as the problem of defining a bisexual orientation. One way to negate social definitions is to allow individuals to self-define their sexual identity. In fact, some researchers have argued that, for bisexual individuals, this is the only definition that matters (Weinberg et al., 1994). Culturally, allowing people to self-define their sexual identity is very important. Self-identity empowers individuals to choose the sexual label that they believe either best fits who they are or, at least, how they want to be identified publically. Given that sexual orientation is not directly measurable, relying mostly on self-report data, it makes sense that the person’s self-identity would be a valuable variable to measure. This is especially true for research addressing prejudice and discrimination and/or emotional, relational, and health outcomes (Galupo, Ramirez, & Pulice-Farrow, 2017). For example, someone who openly identifies as bisexual will have different outcomes on these constructs than someone who does not self-identify as bisexual, even if the latter person engages in bisexual behavior. In other words, people who do not identify as bisexual will not experience the same social and relational stigmas or the same mental health consequences as those who openly identify as bisexual.

Although some bisexual individuals find imposed labels and definitions of bisexuality inadequate to fully describe their lived experience (Galupo, 2011), when we allow individuals autonomy to define their sexual orientation, we are assuming that they are self-aware, open, and objective in that definition. Unfortunately, there is a plethora of data to show that sexual behavior and sexual identity are not consistently

correlated (Baldwin et al., 2016; Chandra, Copen, & Moser, 2011; Herbenick et al., 2010; Mock & Eibach, 2010) and, sometimes, relying only on self-identity can have dire consequences from a health perspective. For example, in the early stages of the AIDS epidemic, only self-identified gay men were targeted in risk reduction interventions. As the disease spread, researchers found that relying on self-identity alone missed an entire category of men who were having sex with men (MSM) but who did not identify as gay. Using the broader MSM category allowed researchers to include self-identified gay men, bisexual men, and men who engaged in same-sex behavior but who, for whatever reason, did not self-identify as gay or bisexual. (It is worth noting here that researchers initially overlooked the risk of bisexual men entirely. They were an invisible group in the heterosexual–homosexual dichotomy view of sexual orientation. It was not until heterosexual women started developing AIDS that they looked to bisexuality, and, then, it was only included as a disease vector; [Dyar, Feinstein, & London, 2014; Hollander, 2009; Ross, Dobinson, & Eady, 2010].)

Additionally, the lack of congruence between people's sexual behavior and their orientation identity is well documented. Beginning with Kinsey, it has been recognized that many more people engage in both cross-sex and same-sex behaviors than self-identify as bisexual. In Kinsey's research, 37% of men and 13% of women had reached orgasm with a person of the same sex (Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953). Twenty years later, Hunt (2011) found that between 25% and 30% of men and 10% and 15% of women had had same-sex sexual contact. In both cases the number of people self-identifying as bisexual was much lower. More recently, researchers have found continued discrepancies between self-identity and behavior, affect, and desire (Baldwin et al., 2016; Bauer & Jairam, 2008; Chandra et al., 2011; Herbenick et al., 2010; Mock & Eibach, 2010) such that self-identity does not always correlate with behavior, affect, or desire. Baldwin and her colleagues (2016) conducted an interesting study looking at the differences in women's public self-identified sexual orientation and their internal or private self-identity. They studied 80 women who had genital contact with another woman in the past year. They found that none of the women publically self-identified as lesbian and only three did so in their private self-identity. Less than 50% publically self-identified as bisexual and nearly a quarter publically self-identified as heterosexual. In all, only 33 of the 80 women were congruent in their public and private self-identities. In another study, two-thirds of women who had ever had sex with another woman self-identified as heterosexual, while 40% of women who had had a female partner in the past year identified as heterosexual (Bauer & Jairam, 2008). These studies underscore the degree to which self-identity can lead to inaccurate data and, therefore, potentially inaccurate results, including vastly underestimating the prevalence of bisexual behavior.

The reasons why someone would be motivated to not self-identify as bisexual could include, stigma avoidance (Barker et al., 2012; Weinberg et al., 1994), lack of label knowledge (i.e., not knowing and, therefore, not applying the label, bisexual), rejection of labels altogether (Beaulieu-Prevost & Fortin, 2014), asserting an ideological stance (Baldwin et al., 2016; Mock & Eibach, 2010), desire to fit in with

heterosexual, lesbian, or gay communities (Barker et al., 2012) and denial. However, more research is needed to draw definitive conclusions (Morrow, 1989).

In sum, using self-identity as the basis for defining bisexuality allows the individual to have a say in how their sexual orientation is constructed and in its use. It also denotes an individual's autonomous preference for being identified a certain way even if a research definition would define them differently (Weinberg et al., 1994). While self-identity is absolutely important and validating of individual autonomy, its use in many types of empirical research is problematic, especially when researchers try to draw conclusions from data using only self-identified bisexual individuals. So, although there may be a place for self-identity in some areas of bisexuality research, for example, when one is studying personal experiences related to being bisexual (e.g., individual experiences of discrimination or relationship issues), there are drawbacks to solely relying on the self as the definer of one's sexual orientation. Therefore, despite some researchers advocating for self-identity as *the* definer, for most research purposes self-identity alone is too self-selected, subjective and individualistic to draw valid inferences on bisexuality as a whole (Bauer & Jairam, 2008). In fact, Hansen and Evans (1985) went so far as to say that using self-labels to define bisexuality is one of the core mistakes researchers make in bisexuality studies.

Science as the definer. As I noted previously, the lack of a standardized definition of bisexuality has important consequences for researchers and their research. Without such a definition, not only are cross-study comparisons difficult, but we also risk excluding individuals from studies who fit the category but do not self-apply it, and we are unable to make accurate estimates of the numbers of sexual minorities who may then not receive adequate resources or social acknowledgement (Barker et al., 2012). Increasingly, researchers agree that science must develop a standardized definition, operationally define sexual orientation (bisexuality) for research use (Mustanski et al., 2014; Sell & Pertrulio, 1995) and apply this definition “regardless of the self-identity label one chooses” (Firestein, 1996 p. xx).

Unfortunately, as Sell (2007) argues, many researchers are themselves not clear what they are measuring when they measure sexual orientation. And, despite overwhelming belief in the scientific community that sexual orientation is multidimensional or at least on a continuum, most research uses only a single discrete categorical measure either asking about sexual behavior or how the participant self-defines his or her sexual orientation (i.e., heterosexual, bisexual, or homosexual; van Anders, 2015). In fact, despite being informed in scientific protocols and standards, researchers rarely operationalize or provide rationales for the definitions they use (Sell, 1997; Shively et al., 1984) and, rarer still, do they ask participants to elaborate on their self-identity and what it means to them (Sell, 2007). Most use a single question with discrete categories without defining for either the participants or the research community what identifies and distinguishes each from the other (Diamond, 2014; Korchmaros, Powell, & Stevens, 2013; Sell, 1997; Vrangalova & Savin-Williams,

2012). For example, Shively et al. (1984) studied 228 articles that addressed sexual orientation. They found that almost 25% of the studies provided no definition of sexual orientation at all. For those that did, the authors classified 23 different ways it was identified including, self-report, responses to sexual behavior questions, and responses to affect, relationships, fantasies, or arousal/response patterns. Further, they concluded that, for those researchers who did operationally define sexual orientation, each seemed to promote the author's or authors' own definition. Bauer and Jairam (2008) suggest that if researchers have not also studied the cultural group they are researching, they may not have the nomenclature to ask the right questions or use the right words. It seems that many times researchers ask about sexual orientation as simply a demographic variable rather than as a variable that, in and of itself, may impact research findings. In all, it appears that research presents sexual orientation as if it is an understood, determined, unitary concept but then subject it to a myriad of definitions (e.g., behavior, fantasies, affect), prerequisites (e.g., a partner of each sex in past year), and conceptualizations (e.g., binary vs. nonbinary) (Shively et al., 1984).

In talking to Sell and Petruccio's (1995) appeal for a standard definition of sexual orientation, Sell (1997) states that "it is imperative that researchers who claim to be studying these populations begin to clarify what it is they are actually studying and recognize more explicitly the effect their research methods have upon their findings" (p 644). In basic research terms, it would appear that without a standard definition of bisexuality, much of the research that says it measures bisexuality lacks validity, and by extension, reliability. Finally, without a standard definition, research is more likely to be subject to the biases or whims of individual researchers, which may impact how their questions are framed (Barker et al., 2012).

On the other extreme, there are those who would argue that, while a standardized definition of bisexuality is beneficial in that it provides scientific validity, it begs the question of why someone's sexuality needs the buy in of science to be acceptable or defended. Therefore, for science, concrete definitions of the various sexual orientations are vital; for individuals, self-identity may have more hedonic relevance (van Anders, 2015; Weinberg et al., 1994).

What constructs should be included in a definition of bisexuality?

If, however, we assume the need for a more purposeful and informed measure of bisexuality, trying to identify the constructs that should go into such a definition reveal further still the complexity of bisexuality and perhaps the futility of trying to create a single definition that correctly classifies 100% of bisexual individuals. The problems of definition construction include: How does one get included in the category bisexual? Is the main construct based on sexual behavior? Affect? Self-identity? Fantasies? Should we impose a time frame in the definition and, if so,

would we look to current behavior? Past fantasies? Future or ideal desires? How much sexual contact or emotional involvement or how many fantasies are needed to call someone bisexual (Sell, 1997)? Can someone who has never had both cross-sex and same-sex experiences be bisexual? What does it mean to be “attracted to men and women?” Is sexual orientation grounded in the individual’s gender or his or her sex or is it in the potential partners’ gender or their sex? How would we classify someone who is only attracted to transgender people of their same sex and not cis-gender (e.g., sex and gender match) people of their same sex? Is bisexuality fixed or fluid? Each of these individual constructs has both positive and negative outcomes if they are either included or excluded and researchers continue to debate the core concepts that define a person as bisexual (Mustanski et al., 2014). Let us look at each in turn.

Using self-identity to define bisexuality. Although I have already discussed issues surrounding allowing the individual to be the definer of bisexuality, I elaborate here on the use of self-identity, itself, as the definition of bisexuality. Again, there are some studies where defining bisexuality solely by self-identity, could be appropriate. If, for example, a researcher is studying bisexual individuals’ experiences of discrimination, it might be fitting to use self-identified bisexual individuals because one could assume that people who do not identify as bisexual would not be significantly impacted by bisexual discrimination.

However, in many studies the self-identity definition of bisexuality would not be appropriate. An example that drives home the potential error of using self-identity alone to define bisexuality is a study that found that two-thirds of women who have ever had sex with a woman self-identified as heterosexual. Poignantly, the study further found that health outcomes, for example alcohol use, were very different between behaviorally heterosexual women and self-identified heterosexual women who had sex with women (HWSW) (Bauer & Jairam, 2008). The conclusion is that if you solely define bisexuality by self-identity, you cannot assume that the only people who have bisexual attractions or who are engaging in both cross-sex and same-sex behavior are the ones who label themselves bisexual.

Further, when researchers use self-identity to define sexual orientation, they measure it with a single discrete categorical question (e.g., “Do you identify as heterosexual, gay, lesbian, or bisexual?”). Using such a forced-choice measurement does not give the researcher any insight as to what definition an individual used to arrive at his or her answer, nor does it allow for people to self-identify in other or more nuanced ways (Bauer & Jairam, 2008). Further, as has already been mentioned, self-identity can be a somewhat subjective measure that says as much about an individual’s need to belong, make a statement, or fit into certain groups as it does about the person’s sexual orientation (Cass, 1990). The result is that these same needs can propel some individuals toward a bisexual identity while driving others away from it. Therefore, while self-identity can be a powerfully felt, personal expression of one’s “felt alignment” (van Anders, 2015, p. 1200), the subjectivity on which it is built makes it problematic from an empirical research perspective.

However, despite its reliance on subjective self-report and, therefore, its potential to greatly underestimate the number of people who have both same-sex and cross-sex partners, attractions or emotional attachment, it remains one of the most common ways bisexuality is defined (Beaulieu-Prevost & Fortin, 2014). In 228 studies where sexual orientation was measured, 196 of them relied on self-identity as the definition (Shively et al., 1984).

Using sexual behavior to define bisexuality. As many behavioral psychologists would argue, if you want to know about a person, measure their behavior. And, indeed, besides self-identity, sexual behavior is the most common measure used to define bisexuality. Behavioral definitions have the advantage of being measurable and quantifiable, both important qualifiers in empirical research. A behavioral definition of bisexuality almost always imposes sexual behavior as what defines a person as bisexual. For example, the researcher might ask “In the past year, how many times have you had sex with a male partner?/In the past year, how many times have you had sex with a female partner?” This allows researchers to use a person’s behavior to infer their sexual orientation so that a person who said they had had sex with both males and females in the past year would be defined as bisexual in the research study. An obvious advantage of defining bisexuality this way is that it is not subject to social or personal issues that might prevent someone from adopting a bisexual self-identity and it more accurately estimates the number of people who are engaging in cross-sex and same-sex behavior. Additionally, a behavioral definition can be better operationalized allowing for comparisons across research studies.

Despite its empirical strengths, solely using behavior as a definition has serious limitations that call into question its validity as *the* defining measure of bisexuality. First, it imposes upon people a definition with which they may or may not identify; in a sense, a counter-problem to solely using self-identity. Second, many sexual behavior measures impose a timeline as part of the definition (see the example used above). For measuring sexual orientation, this is especially problematic. In the example question used above, monosexual individuals would require only a single partner in the past year to define their orientation. To be defined as bisexual, a person would have to have had at least two different-sexed partners in the past year. Given that the median number of sexual partners in a year for single adults is one (Bauer & Brennan, 2013), the bisexual sample would be skewed as it would consist of only individuals who had had at least two partners of at least two sexes in the same time period. One could posit that people who have multiple sex partners in a year differ in significant ways from those with only a single partner. This would lead to outcomes of questionable validity resulting in “false positive” findings for the heterosexual, gay, and lesbian orientations. Specifically, if a bisexual female had only had one male partner in the past year, she would be erroneously put in the heterosexual category; if a bisexual male had had two male partners in the past year, he would be incorrectly categorized as gay. Bauer and Brennan (2013) found that past year behavior did not correctly capture over 40% of self-identified bisexual women and 18% of bisexual men. In fact, almost 13% of women and 16.5% of men were classified as lesbian or gay and over 41% of women and 51% of men were falsely

classified as heterosexual. Only 20% of women and 26% of men were correctly classified as bisexual.

Further, the inequity in requiring at least two partners to define someone as bisexual may, in fact, explain the stereotype that bisexual people are more promiscuous than monosexual people (Zivony & Lobel, 2014). This could simply be an artifact of the measurement used because you would have excluded from the category all bisexual people who had only a single sex partner in the specified time frame as a result of this unequal sample inclusion criteria.

In addition, an imposed time frame is arbitrary. Should one ask about sexual behavior in the past? Present? Ever? Ideal? Do the partners have to be concurrent? Simultaneous? Perhaps situational, where a person is in a primary relationship but engages in bisexual behavior only in certain, defined social situations (e.g., female swingers)? Each of these could, arguably, affect the results depending on which measure was used. Furthermore, because of the various ways it can be measured, it would be hard to generalize results across studies. As a whole, the inclusion of any (time x behavior) measure calls into question the validity of research that relies solely on sexual behavior to measure sexual orientation.

A fourth critique of a behavior-based definition of bisexuality is that a behavioral measure requires, well, *behavior*. Yet there are self-identified bisexual individuals who have never engaged in bisexual behavior but would if the circumstance presented itself. It also creates an age bias where younger bisexual people may not have had the opportunity to “behave” bisexually and where older participants may have settled into a monogamous relationship rendering their bisexuality invisible.

The final criticism of using behavior to define bisexuality is that it does not take into account the emotional aspects of intimate partner choice. In other words, it is a genital-focused definition whose “unitary lust conceptualization of sexual orientation” (van Anders, 2015, p. 1178) does not take into account all the nonsexual aspects of sexuality. For example, an infamous study that looked at genital arousal to watching heterosexual, bisexual, or gay pornography, found that self-identified bisexual men showed greater genital arousal to gay pornography than to bisexual pornography (Rieger, Chivers, & Bailey, 2005). This fed into the belief that bisexuality is not a sexual orientation, but rather a safer haven for gay men who do not want to identify as such. (It is worth noting that in a replication with more controlled methods and participant recruitment, the authors did find bisexual arousal in self-identified bisexual men [Rosenthal, Sylva, Safron, & Bailey, 2011]). However, just measuring sexual arousal to determine sexual orientation belies an assumption that sexual arousal and sexual orientation are equivalent. One could argue that bisexual individuals are not equally sexually aroused by both sexes and that ignoring emotional and affectional attraction makes behavior-based definitions incomplete. For example, bisexual women say that their attraction to other women is mainly emotional and their attachment to men more sexual (Baldwin et al., 2016). When heterosexual college students (Swan & Habibi, 2015) and bisexual individuals (Flanders, 2017) are asked to define their own sexual orientation, participants report both sexual behavior and emotional factors (e.g., being in love) as central to their definition of themselves.

Using affect/emotion to define bisexuality. Despite its problem of not being directly observable, affect is strongly linked to sexual orientation (Swan & Habibi, 2015) and sexual identity (Berkey et al., 1990). In an “I’ll-believe-it-when-I-see-it” world, affective and cognitive elements of sexual orientation (e.g., love, desire, and safety) often take a back seat. However, over 150 years ago Krafft-Ebing (1886) asserted that feelings, not behavior, were the key to defining sexual orientation. And, although affect is part of the current three-prong assessment of sexual orientation most recognized today (i.e., sexual behavior, self-identity, and affect), in the 25 years since Lauman and colleagues proposed this approach to define sexual orientation (Laumann, Gagnon, Michael, & Michaels, 1994), affect remains the least often included of these in measuring sexual orientation (Diamond, 2003, 2012; Mustanski et al., 2014). The omission of affect in measuring sexual orientation, belies a bias in research to think of only the *sex* in sexual orientation, where, in fact, Diamond (2003) has argued that sexual desire and love are independent constructs. Further, affect has been found to correlate more highly with self-identity than behavior. Blumstein and Schwartz (1976) found that behaviorally bisexual men only questioned their heterosexual self-identity after they developed feelings for another man. “Without taking these covert, nongenital factors into consideration, an entire aspect of human sexuality is overlooked” (Berkey et al., 1990, p. 69). But measuring affect can be tricky. Should one focus on central emotions like love or include broader elements that have an underlying emotional component (e.g., belonging and safety)?

Further, two almost completely ignored outcomes of sustained emotional attachment, as it relates to bisexuality, are marriage and raising children. I know of no studies that measure the degree to which individuals’ bisexual attractions toward each sex are associated with their desire for marriage and/or desire to have children with either or both sexes. I would call this variable “depth of commitment.” It is one thing to be attracted to someone, another to be in love with them, but yet still another, to desire or be willing to make a public, lifelong intended relationship with an individual. I posit that this is yet another measure of the variability or range of possibilities that differentiate bisexual identities. In many demographics we may find people who are willing to date or have sex outside their, say, race, religion, etc.; however, they would only want to marry or have children with someone of like demographics. By way of example, in the current context, the majority of married women who are in consensually nonmonogamous heterosexual marriages (i.e., swingers) identify as bisexual (Swan, 2017). However, most of these women are contextually bisexual—they only have same-sex sex in the context of swinging, but have never had a one-on-one ongoing romantic relationship with another woman (Dixon, 1984). Based on their history, were these women to divorce, most would shelve their bisexual behavior while seeking, or until finding, an intimate relationship with a man.

Using fantasies/pornography arousal to define bisexuality. Another somewhat commonly assessed measurement of sexual orientation, usually assessed alongside behavior, is sexual fantasies or pornography usage. Some have argued that the use of fantasies as a component of defining sexual orientation is merely a vestige of

Freudian dream analysis (Klein, 1993). In fact, Anna Freud asserted that, not only do fantasies foretell sexual orientation, they are paramount to its definition. One of the most well-known multidimensional measures of sexual orientation, The Klein Sexual Orientation Grid, includes sexual fantasies as one of its seven definitional elements (Klein, 1993). At the extreme, Storms (1980), who developed the Erotic Response and Orientation Scale (EROS), believed that fantasies were the only variable necessary for identifying someone's sexual orientation calling such variables as affect, behavior, and self-identity inconsequential noise that were products of "social labeling" (Storms, 1980, p. 784). His research found that bisexual men reported as many homoerotic fantasies as gay men and as many heteroerotic fantasies as heterosexual men.

Overall, research has found a high but not perfect correlation between sexual behavior and sexual fantasies (Diamond, 1993). But how important fantasies and pornography viewing are to an individual's sexual orientation remains to be measured. However, researchers have recently found that people whose fantasies and pornography viewing were congruent with their self-identified sexual orientation rated them as important components of their sexual identity. But individuals whose fantasies and pornography viewing were incongruent with their self-defined sexual orientation (e.g., a self-identified heterosexual woman who has erotic fantasies about other women or watches lesbian pornography) reported that these elements were of negligible importance to their definition of their sexual orientation (Swan & Habibi, 2017b).

Using sex versus gender to define bisexuality. Several researchers have noted that there is a consistent conflation of sex and gender in the definition of bisexuality (Barker, et al., 2012; Diamond, 2012; van Anders, 2015). Most definitions of bisexuality in research focus on the sexes of the target individuals one is sexually active with or affectionately attracted to (van Anders, 2015). However, some bisexual identified individuals define their attractions as nonbinary in terms of gender and sex (Galupo et al., 2017). The common saying regarding this attraction is "person not parts" (Blumstein & Schwartz, 1983; Savin-Williams, 1998) and points to the idea that bisexuality may be more about a refusal to exclude a gender rather than simply the inclusion of males and females in one's field of possible attractions (Berenson, 2002). The use of gender to orient what one is sexually oriented toward adds yet more complexity to our attempt to establish a single, unifying definition or measure of bisexuality. While sex denotes biological ascription as male or female (although, we must keep in mind that even this does not recognize all sexes [e.g., intersexed individuals]), gender is one's subjective "socialized, learned, and cultural comportments" (van Anders, 2015, p. 1181). Sex includes labels like male and female, gender would be an individual's sense of their own and their potential partners' maleness or femaleness and would include labels like transgender, butch, or femme.

In a sense, using a gender-based self-identity argues for the removal of the "bi" in bisexual making room for nonbinary definitions of bisexuality (e.g., pansexual and queer). Therefore, bisexual could include attraction to males and females, to person-not-gender, or all sex/gender iterations (Flanders, LeBreton, Robinson, Jing,

& Caravaca-Morera, 2017; van Anders, 2015). Research on the use of sex versus gender as a component of sexual orientation is negligible (van Anders, 2015), however, two recent studies found that a majority of young self-identified bisexual individuals described their own bisexuality as binary in terms of sex or gender (Flanders et al., 2017; Galupo et al., 2017) and that bisexual individuals were less likely than pansexual individuals to say that their attractions transcended gender/sex (Galupo et al., 2017). But without further study we have no way of knowing if nonbinary identified individuals are similar enough to binary identified bisexual individuals to fit together under the “bisexual umbrella” (Flanders, 2017, pg. 1) or if they represent two distinct groups (i.e., bisexual versus plurisexual) who happen to overlap in some ways, just as bisexual, as the term is most often used, is distinct from heterosexual, gay, or lesbian despite there being some sexual commonalities to each.

Finally, it seems problematic to create an overarching category to subsume a plethora of sexualities and have one of those sexualities also share the name of the category (i.e., being bisexual under a bisexual umbrella). When bisexuality is defined as one of any a myriad of sexualities (pansexual, queer, omnisexual, etc.), it seems that bisexuality is, once again, rendered invisible by being blurred with other forms of sexuality. Additionally, it makes the other sexualities invisible by having them obscured under the bisexual umbrella rather than giving them an identity of their own. It is equivalent to the problems of lumping bisexuality together with gay and lesbian samples in previous research. Since we also do not know what percentage of bisexual individuals orient their attractions to those not on the binary it is unclear how their inclusion or exclusion affects data. It could be that collapsing these multisexual individuals under the bisexual umbrella as if they are “all the same” leads to erroneous conclusions of the lived experiences for all groups. In actuality what the debate between sex and gender reveals is, once again, the complexity of reaching a single overarching definition or measure of bisexuality.

Incorporating sexual fluidity and sexual identity transitions over time. An additional issue that complicates the defining of bisexuality, is the question of whether bisexuality is even a true sexual orientation or if it is simply a temporary state or transitional phase. While the American Psychological Association sees sexual orientation as a fixed biological state (Callis, 2014), a body of research describes bisexuality, especially in women, as fluid, implying that people’s sexual preferences ebb and flow, or arguing that sexual orientation/sexual identity, especially bisexuality, can change over time (Diamond, Dickenson, & Blair, 2017; Manley, Diamond, & van Anders, 2015). Many of these conclusions are based on sex specific bisexual research. For example, female sexuality is generally found to be more fluid than male sexuality (Katz-Wise & Hyde, 2015; Manley et al., 2015; Peplau & Garnets, 2000) and is more often thought to be a phase that a woman will outgrow (Diamond, 2008; McGeorge & Carlson, 2011; Ross, Siegel, Dobinson, Epstein, & Steele, 2012). For men, a bisexual orientation is sometimes thought to be a temporary safe haven before fully coming out as gay (Diamond, 2008; Israel & Mohr, 2004). For example, a study found that over time between 30% and 40% of self-identified bisexual male youth, changed their sexual orientation to gay (Rosario, Schrimshaw,

Hunter, & Braun, 2006). However, in a 10-year longitudinal study, Diamond (2008) found that just as many women came to identify as bisexual as those women who initially identified as bisexual were to later identify as lesbian. The problem may be in how we are measuring and defining fluidity and sexual orientation transition.

Fluidity, as it is commonly conceptualized, is either the ability to bend one's sexual orientation in certain, specific, or compelling situations or a change in one's sexual identity all together (Diamond, 2008, 2014). These are two very different things. In the first instance, we are talking about something in the environment triggering a latent sexual attraction; in the latter, we are talking about a shift from one orientation to another. Although people do, in fact, show shifts in their partners and attractions, these shifts may simply represent a propensity that was always there that is brought out by maturation, time, opportunity, or an individual's willingness to embrace or admit their bisexuality (Baldwin et al., 2016). Further, the reason we see more fluidity in bisexual individuals might be due to the fact that a bisexual orientation is the last to be adopted by most people (Elder, Morrow, & Brooks, 2015; Kitzinger & Wilkinson, 1995; Weinberg et al., 1994). This may be due to the need for individuals to "discover" that such an orientation label is even an option (Baldwin et al., 2016; Weinberg et al., 1994). The first sexual orientation one usually encounters in almost every culture is heterosexuality. Given this cultural assumption, most young people will automatically identify as heterosexual. It is not until, usually, the age of puberty that a potentially bisexual individual recognizes that his or her attractions are not solely oriented toward cross-sex individuals. In this case, once they recognize their same-sex attractions, many youth will come to identify as gay or lesbian (Weinberg et al., 1994) because after we are a heterosexual culture, we are a monosexual one. It is not until later, finding both the heterosexual and gay/lesbian labels unsatisfactory, that many people are able to recognize the nuances of their attractions and desires and come to realize sexual identity is not limited to heterosexual or gay/lesbian. Because of the lack of community and visibility of bisexuality in culture, many do not know it as a sexual orientation option until much later. Weinberg and his colleagues found that heterosexual individuals adopt their sexual orientation earliest, followed by those with same-sex orientations. Bisexual individuals are the last to develop and embrace their sexual orientation (Weinberg et al., 1994). Therefore, it is possible to become behaviorally bisexual before realizing both attractions from the beginning (MacDowall, 2009) or to develop novel attractions with exposure over time (Diamond, 2003). So this would argue that bisexual identity may not be so much fluid or transitional as it is simply unknown and, therefore, not considered until later in life and that, once considered, is hard to maintain because there is little social support and validation for bisexual identity. Indeed, 25% of the self-identified bisexual individuals in Weinberg's research said that they still experience moments of confusion regarding their sexual identity due to the lack of social validation and the invisibility that adopting a bisexual orientation brings (Weinberg et al., 1994). This lack of visibility and community, coupled with the social stigma, may lead many bisexual individuals to, initially, reject this self-identity in favor of one of the monosexual identities which enjoy greater community

and social support. It is not until the individual has developed a strong, stable sense of self, that they may be willing to adopt a bisexual self-identity.

Fluidity seems to argue that sexual orientation is a choice versus just believing that bisexuality is more varied than static measures can determine. For example, relationship status makes bisexual individuals look, at times, heterosexual, gay, or lesbian. However, when their relationship status changes, we would recognize that their sexual orientation did not change, it had always included the possibility of either same-sex or cross-sex partnerings. Opportunity, stage of life, etc. may all impact what bisexual expression looks like but does not demand a change in, or fluidity of, orientation (Moser, 2016). Finally, it is plausible that bisexual individuals initially adopt other orientations because they have not had the opportunity to “live” their bisexuality. In a monogamy driven culture, a bisexual individual may not have the opportunity to experience a relationship with the noninitially chosen partner until he or she is older.

Identifying “bisexual” bisexuals. Finally, the word “bi” would seem to imply a 50/50 split or an equal desire for people of either sex (and it is worth noting that “bi” would seem to exclude “multi” sex/gender sexuality). In short, it insinuates that who a bisexual individual would engage with sexually or emotionally is a coin flip; there is no preference or leaning one way or another. However, most research finds this simply is not the reality of those we label or who identify as bisexual (Klein, 1993; Weinberg et al., 1994). The famous researcher Alfred Kinsey developed a continuum measure of sexual orientation, from 0 (completely heterosexual) to 6 (completely homosexual), where a score of three was defined to mean someone equally heterosexual and homosexual (i.e., bisexual). While he expected the study results to reveal a normal curve (many people toward the center, fewer toward the ends) very few people, in fact, expressed completely equal sexual motivations (Kinsey et al., 1948; Kinsey et al., 1953). Specifically, only 11.6% of males and from 4% to 7% of females, depending on their marital status, were rated a three on the Kinsey Scale. Even for those who scored a three on the Kinsey Scale, researchers have argued that there are a myriad of combinations of both cross-sex and same-sex attractions and behaviors that could lead to that rating (e.g., Whalen, Geary, & Johnson, 1990).

Bisexual types. To address the complexity of bisexuality as a sexual orientation, researchers have suggested subcategories of bisexuality to fine tune our understanding of the different forms bisexual expression can take. Halperin (2009), for example, believes that the struggle to define bisexuality is rooted in the fact that bisexual means different things to different people arguing that there are at least 13 types of bisexual individuals including “incongruent” bisexuals where their behavior does not match their self-identity. In their research, Weinberg et al. (1994), identified five types of bisexual individuals using three composite scores derived from the original Kinsey Scale on the dimensions (a) sexual feelings, (b) sexual behaviors, and (c) romantic feelings. Those who showed truly equal preference for both male and female partners (i.e., those scoring 3 on all three dimensions) were labeled the “pure type” (p. 46). Corroborating the above argument on the rarity of pure bisexuality, they found that only 2% of bisexual males and 17% of bisexual females fit into this

category. The second category they identified was the “mid-type” where an individual identified themselves as a 3 on at least one dimension and no more than a 4 or less than a 2 on the other dimension(s). This type was fairly common, accounting for one-third of both male and female self-identified bisexuals. The “heterosexual leaning” and “homosexual leaning” types were identified as those scoring toward the respective pole on all three dimensions. The “heterosexual leaning” type was predominantly espoused by bisexual men accounting for 45% of this group, compared with 20% of women. On the other hand, only 15% of males and females fell into the “homosexual leaning” type. The final type was labeled “varied.” This included self-identified bisexual individuals who showed none of the distinct patterns of preferences or consistency in leaning over the three dimensions. That is, one might say they were more heterosexual on sexual behavior but more homosexual on romantic feelings and sexual feelings or any other variability on the three dimensions. About 10% of self-identified bisexual men and women were classified as “varied.” So I conclude that the “bi” in bisexual is itself a myth and agree with Klein (1993) who argued, “There is no bisexual person who necessarily reflects a 50/50 degree ratio between his or her male and female preference” (p. 20).

Summary, conclusions, and, at long last, a definition

This chapter began by stating that the task of defining sexual orientation, particularly, bisexuality, is infinitely more complex than one would imagine at first blush but that such a definition is imperative to make bisexuality visible, to accurately measure the size of the bisexual population, to standardize research to allow for cross-study comparisons, and to design studies which would develop interventions to address the unique social and health issues that bisexual individuals face. Next, the chapter discussed the issue of who should do the defining (society, the self, or science), the variables that could or should be included in a definition and the various types of bisexual individuals. As we reach this point, I hope the Herculean task of defining bisexuality has become abundantly clear.

In regard to who should do the defining, depending on the definitional need, both science and the self should take precedence over society. In fact, society should take its definition from science and the self, rather than assert its own. Societies are temporal and variant and, inevitably, cultural definitions will reflect this. To date, research has failed to do its due diligence by fully investigating bisexuality before attempting to study it and, worse, draw conclusions about it. Therefore, science needs to incorporate the input of bisexual individuals in its construct development rather than creating $N = 1$ studies measuring bisexuality in whatever way the researcher conceptualizes it. To decide which variables are important in constructing a study that engages bisexual individuals, we must first discover the variables that are of importance to them. But bisexual individuals have to also understand that their self-definitions are self-selected and, not unlike the admonition to science, have to recognize the inevitable biases in self-applying an orientation label.

Science cannot assume that self-identified bisexual individuals are the only ones engaging in bisexual behavior, fantasies, desires, and emotions. The goal of the individual is to assert an identity, so his or her definition will be a social one (Beaulieu-Prevost & Fortin, 2014). However, the goal of science is to explain, predict, and intervene. Science must create standards by which research is replicable, testable, and expandable. The scientific definition of bisexuality must be specific enough to be testable and replicable, but not so specific that it misses wide swaths of people or does not allow for its expansion in order to fine tune it as our knowledge base expands.

It would follow that the variables used to measure bisexuality must be carefully and purposefully chosen. With so little background research conducted before researchers launch into studying sexuality, it is not surprising that we find so little rhyme or reason to the measures. As of right now, many researchers agree that self-identity, affect, and sexual behavior are the three “musts” in bisexuality measurement. However, there are others who disagree, using one or two of these variables, or none, or any number of other variables. Further, our research can only be as valid as the populations from which we draw our samples. Researchers often disagree about the conclusions or implications of a study, but they almost never question the validity of the groups from which the results were obtained (Weinrich, 2014a). In other words, if we are doing research on bisexuality, we may someday create the most perfect scale to measure it but the research will be useless if the samples we use are not gathered just as carefully. Self-identity is a simple way of getting a bisexual based sample. However, many people who engage in same-sex and cross-sex sexual behavior or fantasies or have bisexual feelings, do not identify as bisexual. I have argued that the utility of self-identity will depend on the nature of the research being conducted. The same holds true for behavior and affect. If we use behavior-based measures, we are perpetuating the belief that sexual orientation is genital based, which will exclude bisexual people who have not yet had sexual experiences in general or the opportunity to do so with both sexes, or who are in monogamous relationships that preclude bisexual behavior. However, behavior-based definitions are important if we are talking about sexual risk, as long as we make sure comparison samples (e.g., heterosexual, gay, or lesbian) are drawn based on identical inclusion criteria. Feelings have been deemed more or less important by the various sexual orientation models, with some going so far as to say they are completely unimportant (Storms, 1980). However, bisexual individuals say that their feelings are just as important indicators of their orientation as sexual behavior (Berkey et al., 1990; Swan & Habibi, 2015). The bottom line is that almost none of the studies discussed drew their measures from previous data or pilot research; many were based on the author’s(s’) own opinions and presumptions.

It is the contention of the author that, if we are going to create a scientific definition of bisexuality, it cannot be a catch all category. Bisexuality cannot be conflated with multisexual orientations (e.g., pansexual and queer) if those orientations include more than two gender/sex combinations (For a different perspective, see Galupo, this book.). I believe that individuals who love, are attracted to, fantasize about, or engage in sexual behavior with multiple nonbinary gender designations are

a separate orientation which shares overlap with bisexuality, in that both may be open to all these factors with both sexes, but differs in that the latter is really multi-sexual, rather than bisexual, in orientation. Including other orientations and labels, such as pansexual, in the bisexual umbrella (1) continues to keep bisexuality invisible (McLean, this book); (2) assumes that all the individuals under the pansexual (or queer or gender-not-sex) umbrella have similar lived experiences; and (3) assumes that all or at least most bisexual individuals agree with being categorized in this broader “bisexual” umbrella. In fact, as to this last point, I would posit that the reverse would actually be more likely—most multisexual people are at least bisexual, but not the other way around (i.e., most bisexual individuals are not multisexual). When we enfold bisexuality under almost any other sexual orientation umbrella, “bisexuality swiftly disappears in a multiplicity of sexed and gendered positions” (Monro, 2015, p. 47). Although there is, and I expect there will continue to be, much debate about this, I would argue that, just as heterosexual, gay, and lesbian are monosexual orientations, bisexual, as the combining prefix literally means two, refers to two sexes or the binary genders of the targets of bisexual attraction. Note that, while this belief excludes those who identify as nonbinary, it does not, necessarily exclude intersexed or transgender individuals who identify as men or women.

Given the extreme complexity of bisexuality, it is tempting to default to saying that no one definition will satisfy all people and therefore, forego the attempt to provide one. However, I still believe that a unifying definition of bisexuality is vital to the individuals to which it applies and to the researchers and agencies attempting to positively impact their lives. Without an attempt to define it, bisexuality will continue to be “unthought, made invisible, trivial, insubstantial, irrelevant” (du Plessis, 1996, p. 33). Therefore, I propose the following definition for bisexuality:

Bisexuality is a collective term for a sexual orientation that encompasses a continuum of relational possibilities including, sexual behaviors and/or feelings toward, emotional attachment to, and/or desires or fantasies for, both men and women. These attractions do not have to be acted on or equal in either their magnitude or in the ratio of men and women to whom they are targeted.

This definition is much broader than previous definitions yet is specific enough to limit the individuals to whom it applies.¹ Further, it informs the reader that bisexuality is not a single orientation point but rather is, itself, a continuum. Finally, it dispels the assumption that bisexuality implies equal attractions, desires, or fantasies for both men and women. This definition is also quantifiable and includes the ability to measure all three variables currently recognized as integral to measuring sexual orientation—self-identity, behavior, and emotional attachment.

In the end, I have at last proposed a definition for bisexuality that I hope informs and standardizes research as well as impacts our social understanding of bisexuality.

¹We must make mention of the fact that no sexual orientation definition designed to operationalize and standardize the study of bisexuality precludes an individual from adopting the label “bisexual” for themselves. Self-identity is always under the volitional control of the individual. However, with time, multisexual individuals may embrace this, separate, orientation so that their numbers can be counted and so their lived experiences can become part of the sexual landscape.

However, this definition is only a jumping-off point. We now need to study, examine, and debate this definition to determine its efficacy for building stronger research measures and cultivating social understandings of bisexuality.

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4 Plurisexual Identity Labels and the Marking of Bisexual Desire



M. Paz Galupo

Abstract The present chapter considers the research literature that frames our understanding of bisexuality. By reviewing current models for conceptualizing sexuality we gain a better understanding of the framework from which individuals identify with bisexual and other plurisexual labels. Bisexuality is often rendered invisible as it is simultaneously defined against heterosexual, monosexual, and cisgender norms. Self-identification, then, can be seen as a way of socially marking and making bisexuality visible. Acknowledging that individuals often use multiple identity labels across social contexts, the present chapter considers the way different plurisexual labels (bisexual, pansexual, queer, and fluid) are used to highlight specific aspects of bisexual desire.

Keywords Bisexuality · Mostly heterosexual · Pansexual · Plurisexual · Sexual identity · Queer

The present chapter considers the literature that frames our understanding of bisexuality in order to better understand how individuals use different identity labels. By reviewing research models for conceptualizing sexuality we gain a better understanding of the scientific and cultural framework from which individuals identify with bisexual and other plurisexual¹ labels. Bisexuality is often rendered invisible as it is simultaneously defined against heterosexual, monosexual, and cisgender norms. Self-identification, then, can be seen as a way of socially marking bisexuality, making bisexuality visible and its meaning understood. The present chapter considers the way different plurisexual identity labels (bisexual, pansexual, queer, and fluid) are used to highlight specific aspects of bisexual desire.

¹Plurisexual is used to refer to identities that are not explicitly based on attraction to one sex and leave open the potential for attraction to more than one sex/gender; e.g., bisexual, pansexual, queer, and fluid. The term plurisexual is used instead of nonmonosexual because it does not linguistically assume monosexual as the ideal conceptualization of sexuality (See Galupo, Davis, Gryniewicz & Mitchell, 2014)

M. P. Galupo, Ph.D. (✉)
Department of Psychology, Towson University, Towson, MD, USA
e-mail: PGalupo@towson.edu

Conceptualizing Sexual Orientation

Sexual orientation is understood as an internal mechanism that directs both sexual and romantic interests (Diamond, 2003; Rosario & Schrimshaw, 2014). As a multi-dimensional concept sexual orientation encompasses attraction, behavior, and identity (Laumann, Gagnon, Michael, & Michaels, 1994; Wolff, Wells, Ventura-DiPersia, Renson, & Grov, 2017), although it has been consistently noted that the three are not congruent (Bauer & Brennan, 2013; Bauer & Jairam, 2008; Sell, 1997). For example, two individuals may report the same sexual behaviors, but choose different identity labels. Likewise, two individuals may identify as bisexual yet report different patterns of sexual attraction. Pega, Gray, Veale, Binson, and Sell (2013) note that sexual attraction is conceptualized as continuous while sexual behavior and sexual identity are categorical in nature. It is likely, then, that this categorical/continuous distinction contributes to the way in which sexual attraction, behavior, and identity do not neatly align.

As a social identity, sexual orientation is unique. The way that we conceptualize sexual orientation requires a gender identity label for both self and those others to whom we are attracted, and where sexual orientation serves to characterize the relative “match” between the two. Sexual orientation is traditionally determined based on sexual attraction to members of the “opposite sex,” “same sex,” or both sexes (Bailey et al., 2016). In this way an individual’s personal sexual identity label is dependent not only upon the way that they² conceptualize their own gender and sexuality, but is equally dependent upon the gender identity of the individual(s) to whom they are attracted (Galupo, Lomash, & Mitchell, 2017; Weinrich, 2014). Thus, recent attention has been focused on the need to make visible the intersection between gender identity and sexual orientation in models and theories of sexuality (Galupo, Henise, & Mercer, 2016; Galupo, Mitchell, & Davis, 2017; Tate, 2012; van Anders, 2015). In addition, the dependence upon other people’s identity adds complexity to the way sexual identity is socially navigated. While this relational aspect of sexuality has been theoretically assumed (but unmarked) in models of sexuality, at least one recent model has used “partnered sexuality” in order to make this relational aspect of the sexual orientation explicitly understood (van Anders, 2015).

Central to understanding sexuality in general (and bisexuality in particular) is thinking about how we conceptualize sexual orientation. One way to do this is by considering various sexual orientation measures used in scientific research. Of particular interest is the way sexual attraction is viewed in these models in relation to sexual identity labels, as this has shifted historically.

Sexual identity labels and sexual orientation measurement. Our scientific and cultural conceptualizations of sexuality can be traced, in part, by considering the structure and nature of different sexual orientation measures. The following is not intended to be an exhaustive discussion of sexual orientation measures. Rather, spe-

²singular they is used as a gender neutral pronoun in order to be inclusive of all genders

cific measures are used to help illustrate the assumptions about sexuality that are embedded in larger scientific and cultural discourse.

Commonly known as the “Kinsey Scale,” the Heterosexual-Homosexual Rating Scale represents one of the first attempts to acknowledge the diversity and fluidity of human sexual behavior (Kinsey, Pomeroy, & Martin, 1948). Based on interviews regarding participants’ behavior and interests, the seven-point scale was intended to capture the notion that sexuality can be best represented on a continuum and does not fall neatly into the binary endpoints which Kinsey and colleagues labeled *exclusively heterosexual* (0) or *exclusively homosexual* (6). Kinsey focused on sexual behavior and interests and intentionally disaggregated their measurement from sociocultural identity labels (e.g., gay, lesbian) that may be associated with stigma and discrimination (Drucker, 2010, 2012). It is ironic, then, that raw scores on the Kinsey Scale are most often used in research to separate individuals into three identity-based categories (i.e., heterosexual, bisexual, lesbian and gay; Morgan, 2013; Vrangalova & Savin-Williams, 2012) where the middle five points on the seven-point scale are often grouped together under the label of bisexual (Savin-Williams, 2014).

The Klein Sexual Orientation Grid (KSOG) was developed by Fritz Klein in order to better capture the multidimensional aspect of sexual orientation in general and bisexuality in particular (Klein, Sepekoff, & Wolf, 1985). The KSOG assesses seven domains of human sexuality (sexual attraction, sexual behavior, sexual fantasies, emotional preference, social preference, heterosexual/homosexual lifestyle, and self-identification) at three different points of measurement (past, present, and ideal). Although the scale is intentionally complex and underscores an ongoing dynamic process (Klein, 1978), research using the KSOG tends to reify traditional category labels (heterosexual, bisexual, lesbian, and gay). For example, in their cluster analysis of the KSOG, Weinrich and Klein (2002) revealed five distinct categories of sexual orientation, three of which reflected “bisexual” identities, labeled *Bi-Heterosexual*, *Bi-Bisexual*, and *Bi-Lesbian*. Similarly, Thompson and Morgan (2008) suggested a possible further classification of some women’s sexual orientation as *mostly straight*. Partially based on KSOG scores, the authors concluded that *mostly straight* women were a group qualitatively distinct from *exclusively straight* and from bisexual and lesbian women (Thompson & Morgan, 2008).

Savin-Williams’s (2010) Sexual Orientation Label Scale (seven-point version) offers an adaptation of the Kinsey Scale where sexual orientation is conceptualized on a continuum but incorporates more contemporary language and labels. Composed of a single continuum with *exclusively heterosexual* and *exclusively gay/lesbian* at the extreme points, middle points are labeled *mostly heterosexual*, *bisexual leaning heterosexual*, *bisexual*, *bisexual leaning gay/lesbian* and *mostly gay/lesbian*. Arguing that the three-identity model (heterosexual, bisexual, lesbian, and gay) is not adequate for capturing the range of sexuality experienced, Savin-Williams and colleagues have embarked on a series of studies to consider whether intermediary sexual identity labels such as *mostly heterosexual* (Savin-Williams, Rieger, & Rosenthal, 2013;), *mostly gay*, and *bisexual leaning gay* (Savin-Williams, Cash, McCormack, & Rieger, 2017; Vrangalova & Savin-Williams, 2012) represent dis-

tinct orientations. This conceptualization has inspired a whole line of research aimed at understanding how experience may differ for *mostly heterosexuals* with regard to a number of outcome variables such as mental health, substance use, and sexual risk (e.g., Corliss, Austin, Roberts, & Molnar, 2010; Hughes, Wilsnack, & Kristjanson, 2015; Kuyper & Bos, 2016), where *mostly heterosexual* is considered a sexual minority identity and is distinct from both heterosexual and bisexual experience.

Because sexual attraction is typically conceptualized as continuous (Pega et al., 2013), it makes sense that sexual orientation is represented on a continuum/spectrum in each of these measures. These three models differ, however, in terms of how sexual identity is conceptualized alongside sexual attraction. Kinsey intentionally distanced measurement of sexual attraction from sociocultural identity labels (Drucker, 2010, 2012) and although the Kinsey Scale is currently used as a self-report measure for research purposes (Bailey et al., 2016) its original use was as part of an interview where ratings were most often applied by researchers and were not selected by or even known to the participants themselves (Weinrich, 2014). Although the KSOG does use self-identification in its model, it is one of seven independently rated dimensions and is therefore conceptually disaggregated from sexual behavior and attraction. More contemporary research using Kinsey-like scales (e.g., Savin-Williams, 2010) use sexual identity labels to denote scale intervals. It is important to note that in this latter model sexual identity, which is typically considered categorical and nominal (Pega et al., 2013), is explicitly labeled in a way to underscore the continuous nature of sexual attraction. Identity labels such as *mostly heterosexual* or *bisexual leaning gay* are conceptualized as intermediary identities which differ in relation to the degree of same- and other-sex attraction. The associated expansion of the three-category/identity model has largely been regarded as a positive development in sexual orientation measurement, one which better captures the range of people's experience of sexual orientation (Savin-Williams, 2014).

The conflation of identity and attraction inherent in recent identity models and the conceptual shift of identity as a continuous construct is a significant divergence worthy of further consideration. It is important to note that sexual identity labels generated from scientific measures that conceptually parallel the continuous nature of sexual attraction (e.g., *mostly heterosexual* or *bisexual leaning lesbian/gay*; Savin-Williams, 2010) are distinct from the sexual identity labels that are used in a community/social context which are discrete and nominal in conceptualization (Pega et al., 2013). Community-based labels (e.g., *bisexual*, *pansexual*, *queer*) are not easily conceptualized on a continuum and are often chosen to specifically challenge continuous and binary notions of sexuality (Callis, 2014; Flanders, 2017; Galupo et al., 2017; Mereish, Katz-Wise, & Woulfe, 2017; Rust, 2000).

Bisexuality and Bi-erasure. For each of the sexual orientation measures described above, bisexuality is conceptualized as a middle ground between two monosexual (heterosexual, lesbian/gay) poles. On the Kinsey Scale, bisexuality was conceptualized as a large range of the continuum (from 1 to 5). Ironically, with the expansion of three-identity model and the inclusion of intermediary identities (e.g., *mostly heterosexual* or *mostly gay/lesbian*), the conceptualization of bisexuality

has necessarily narrowed. Not only does bisexuality span a shorter range across the continuum within this model, the definition of bisexuality becomes more rigid. This is made explicit in Savin-Williams's Seven-Point Label Scale (Savin-Williams, 2010) where the midpoint is labeled *Bisexual* and is then operationalized as "*more or less equally sexually attracted to females and males.*" This conceptualization sits in direct contrast to community definitions of bisexuality which are more inclusive, are much less likely to place bisexuality as a midpoint on a continuum between heterosexuality and lesbian or gay experience, and do not mandate equal degrees of attraction to women and men (Gonzalez, Ramirez, & Galupo, 2017). The definition most often used in the community is best articulated by bisexual activist Robyn Ochs:

"I call myself bisexual because I acknowledge that I have in myself the potential to be attracted—romantically and/or sexually—to people of more than one sex and/or gender, not necessarily at the same time, not necessarily in the same way, and not necessarily to the same degree" (Ochs, 2009, p. 9).

Recent qualitative research supports the notion that sexual minority individuals do not necessarily conceptualize their sexual orientation in ways that resonate with traditional (i.e., Kinsey, KSOG) measures of sexual orientation. Sexual minority individuals note that these measures cannot fully capture the complexity and fluidity of their sexuality (Galupo, Mitchell, Grynkiewicz, & Davis, 2014). In addition, they question the way that these measures require individuals to rate their degree of same- and other-sex desire as opposite poles on a single continuum.

Additional critiques of these scales have been shown to vary among sexual minority participants based on identity (Galupo, Davis, Grynkiewicz, & Mitchell, 2014). For example, there are important differences in the responses between individuals who endorse monosexual (e.g., lesbian, gay, and homosexual) versus plurisexual (e.g., bisexual, pansexual, queer, and fluid) labels. There are also differences in the responses between individuals who are transgender versus cisgender. Sexual minority participants, particularly those with plurisexual and transgender identities, challenge the way sexual orientation is conceptualized by these measures based upon binary notions of gender/sex³ and sexual orientation. Participants' critiques revealed the way these measures normalize heterosexual, monosexual, and cisgender experience, while simultaneously erasing identities and experiences that fall outside this conceptualization.

Because sexual orientation is viewed from a dichotomous lens (Barker & Langdridge, 2008; Galupo et al., 2014), bisexuality conceptually threatens the way heterosexual, lesbian, and gay experiences are understood (Erickson-Schroth & Mitchell, 2009; Yoshino, 2000). Bi-erasure, then, plays a critical role in supporting monosexual identities which aim to (a) stabilize sexual orientation, (b) reinforce sex as a mechanism for understanding sexual identity differences, and (c) normalize monogamy (Yoshino, 2000). Bi-erasure has been tied to individuals' experience of

³gender/sex is used to reference a concept that cannot be understood as only biologically or socially constructed (van Anders, 2015) and where gender/sex cannot be easily separated

antibisexual prejudice both within and outside of the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community (Brewster & Moradi, 2010; McLean, 2015; Nutter-Pridgen, 2015; Yost & Thomas, 2012). Many lesbian women and gay men do not consider bisexual individuals as belonging to their communities (Rust, 1995; Weiss, 2003) and view bisexuality as a threat to their own societal acceptance (Weiss, 2003). This perceived threat further normalizes monosexual identities while rendering bisexual identities as invisible and invalid.

Sexual Identity and Sexual Marking

Conceived on opposite sides of the continuum, heterosexual, gay, and lesbian identities exist in relation to each other. Given the social and relational context for defining sexuality, recent research has focused on understanding the way individuals mark, or make known, their sexual identities (Gonzalez et al., 2017; Hartman, 2013; Hartman-Linck, 2014; Morgan & Davis-Delano, 2016). While nonheterosexual identities are understood as actively constructed and negotiated to challenge heteronormative assumptions (Tabatabai & Linders, 2011), heterosexual identities are similarly marked in relation to gay and lesbian experiences. In their study of heterosexual marking, Morgan and Davis-Delano (2016) investigated behaviors believed to convey heterosexual status, such as public statements of “No Homo.” Demonstrating the antonymous and dichotomous way sexual orientation is conceptualized, they found that heterosexuality was often marked in a way to avoid being perceived as gay or lesbian. These declarations of being “not gay” communicated a heterosexual identity without allowing for the possibility of bisexuality. By posturing against the possibility of being mistaken as lesbian or gay, heterosexual marking reinforces monosexism and obscures the existence of bisexuality and other nonbinary sexual identities (Morgan & Davis-Delano, 2016).

Given that heterosexual marking is framed against a lesbian or gay identity and contributes to bi-erasure, Morgan and Davis-Delano (2016) postulated that bisexual marking would stem from a place of combatting bisexual misrepresentation and erasure (Morgan & Davis-Delano, 2016). Gonzalez et al.’s (2017) study of bisexual marking in the recent social media campaign #StillBisexual supported this contention. Created by Nicole Kristal, a bisexual activist and author, #StillBisexual is a video confessional project which invites individuals to present homemade videos with handwritten title cards aimed at dispelling misconceptions about bisexuality and to raise visibility around the notion that bisexuals *stay* bisexual (#StillBisexual, 2016). Three major themes of bisexual demarcation were identified. First, bisexual marking served to establish the enduring nature of bisexuality where individuals asserted the ways that their bisexuality had always been, was not changeable, and persisted despite intense bisexual stigma. Second, bisexual demarcation served to define bisexuality as against monosexual identity, binary conceptualizations of sex and gender, and against bisexual stereotypes. Bisexual marking also served to define bisexual identity beyond sex and gender, and beyond relationship status and style.

Third, identity marking was used as a context for defining the self where individuals could not be reduced to their bisexuality, and took an intersectional approach in describing how their bisexuality informed their other identities. Ultimately, bisexual marking served to challenge both monosexism and cisgenderism which take root in binary notions of gender/sex and sexual orientation.

The research on identity marking illustrates the way that endorsement of sexual identities is used to communicate specific cultural meanings regarding sexual desire. Labels and language are evolving and new labels are often created to counter misconceptions about bisexuality and to more accurately define bisexual attraction and experience (Better, 2014). It is instructive, then, to analyze existing research on plurisexual identity labels with regard to the way they mark different aspects of bisexual desire.

Plurisexual identity labels. The emergence of diverse identity labels such as pansexual, queer, and fluid has been accompanied by a reconsideration of the way bisexuality is conceptualized (Diamond, 2008; Elizabeth, 2013; Galupo et al., 2014; Kuper, Nussbaum, & Mustanski, 2012; Morgan, 2013). Although these labels have been widely used by individuals in the community, only recently has research begun to incorporate distinct plurisexual identities beyond bisexual. However, there is not been a single approach to how this research has gone about including these plurisexual identities methodologically. For example, several authors have sought to understand pansexual individuals by focusing exclusively on that population (Belous & Bauman, 2017; Gonel, 2013). Other researchers have taken a comparative approach allowing a direct comparison between bisexual participants to those with pansexual (Flanders, LeBreton, Robinson, Bian, & Caravaca-Morera, 2017) or queer (Barker, Richards, & Bowes-Catton, 2009; Gray & Demarais, 2014; Mereish et al., 2017) identities. Several studies have allowed a comparison across bisexual, pansexual, and queer participants (Callis, 2014; Galupo et al., 2017; Galupo, Mitchell, & Davis, 2015; Mitchell, Davis, & Galupo, 2015; Morandini, Blaszczyński, & Dar-Nimrod, 2016) and have sometimes additionally allowed for comparisons with lesbian and gay individuals (Galupo et al., 2015; Morandini et al., 2016). Although many of these research samples acknowledge gender diversity, several studies have specifically considered plurisexual identities among transgender and gender nonconforming individuals (Galupo et al., 2016; Katz-Wise, Reisner, Hughto, & Keo-Meier, 2016). Consideration of this collective research allows an understanding of how these plurisexual identity labels work to highlight and mark different aspects of bisexual desire.

Bisexual, pansexual, and queer identities: Common markers of plurisexuality.

Although individuals do choose different identity labels to mark their bisexual desire, much of the research emphasizes that plurisexual labels are used similarly to one another. Like all nonheterosexual identities, plurisexual identities are actively constructed and negotiated to challenge heteronormative assumptions (Tabatabai & Linders, 2011). Plurisexual identities, however, are dually constructed to mark nonheterosexuality and nonmonosexuality. That is, while plurisexual labels communicate an openness to attraction to more than one gender they are also understood as

marking an individual's sexuality against the sexual norms celebrated both outside (heterosexual) and within (lesbian or gay) the LGBTQ community. These identities are often characterized by sexual fluidity (Diamond, 2008; Flanders et al., 2017; Mereish et al., 2017) and as complicating binary constructions of gender/sex and sexuality (Callis, 2014; Galupo et al., 2014). Framed as a sexual minority experience, plurisexual identities represent minorities within a minority and are understood as nonbinary sexual identities existing on the sexual borderlands (Callis, 2014; Pallotta-Chiarolli, 2006, 2010, 2011).

Many individuals with plurisexual attractions feel limited by current definitions and labels of bisexuality and therefore endorse multiple labels (Barker, Bowes-Catton, Iantaffi, Cassidy, & Brewer, 2008; Galupo et al., 2015, 2017; Gonel, 2013; Rust, 2000) or switch labels across different contexts (Belmonte & Holmes, 2016; Galupo, 2011; Rust, 2009). In addition, while bisexual, pansexual, and queer individuals will choose a primary label when pressed, many prefer no label at all (Galupo et al., 2017). When compared to individuals who endorse monosexual labels, bisexual/plurisexual individuals are less likely to feel that their sexual identity label fully captures their sexuality (Dyar, Feinstein, & London, 2015) and are more likely to provide additional explanation and context around their labels in order to fully capture their nonnormative identity (Galupo et al., 2015). These findings speak to the complexity of bisexual attraction and to the way that individuals who identify with plurisexual labels do so knowing that these labels are not entirely accurate.

Bisexual specificity and the paradox of the bisexual umbrella. The similarities among different plurisexual identity labels with regard to their meaning and use support the common practice of grouping these identities together under a larger umbrella term, as it may be appropriate for some research questions or community contexts (Flanders, 2017; Galupo et al., 2017). Because bisexuality has historically been conceptualized as the middle ground between heterosexual and gay or lesbian experiences, and, because it is included in the traditional three-identity model for sexual orientation (Morgan, 2013; Vrangalova & Savin-Williams, 2012), it makes sense that it is often the plurisexual umbrella term of choice.

Pansexual and queer identities have been more recently adopted in the LGBTQ community (Callis, 2014; Elizabeth, 2013; Gonel, 2013) and as such, are often conceptualized in relation to bisexuality. For example, Belous and Bauman (2017) found that pansexuality is often characterized as a subtype of bisexuality, and is most often defined in direct comparison with bisexuality. Likewise, pansexual and queer identities have often been defined against traditional bisexual stereotypes of promiscuity, indecisiveness, and endorsement of the gender binary (Barker et al., 2009; Belous & Bauman, 2017). Just as bisexuality is defined against heterosexual and monosexual assumptions, pansexual and queer identities, it seems, are additionally defined against bisexual assumptions. This suggests that bisexuality is the jumping off point from which other plurisexual identities are marked and supports the notion that bisexuality is a larger umbrella term that encompasses other plurisexual labels.

Although bisexuality has an established precedent from which other plurisexual identity labels are compared, conceptualizing bisexuality as an umbrella term is somewhat paradoxical given its relative specificity. Bisexual, pansexual, and queer individuals all describe their sexuality in similarly broad terms. For example, they are all just as likely to describe their sexuality using explicitly nonbinary and fluid language (Flanders et al., 2017; Galupo et al., 2017). However, bisexual when compared to pansexual and queer individuals are more likely to describe their attractions to different groups based on degree, and bisexual and queer individuals are more likely to indicate a preferred identity for their partner (Galupo et al., 2017). Because pansexual is conceptually broader than bisexual, it has been argued that pansexual could be a more appropriate umbrella term for nonmonosexuality/plurisexuality (Belous & Bauman, 2017). However, given its relative invisibility in the community (Gonel, 2013), and the fact that it is not incorporated into major scientific models of sexuality (Galupo et al., 2017), it is not likely to replace bisexuality as the superordinate category.

Pansexual identity: Sexuality as transcending gender/sex. Bisexual and pansexual individuals report similar patterns of sexual attraction, romantic attraction, sexual behavior, and partner gender (Morandini et al., 2016). However bisexuality is often stereotyped as reinforcing the gender binary (Serano, 2013; Weiss, 2003) and this has served as a source of community tension in the way bisexuality and pansexuality are often differentiated and debated (Gonel, 2013). Although bisexual individuals may incorporate binary terminology to describe their own attractions, they are just as likely to use nonbinary language as their pansexual and queer counterparts (Flanders et al., 2017; Galupo et al., 2017). While binary/nonbinary distinctions of gender/sex are not central to differentiating among plurisexual identities, the collective research literature suggests that the distinction may rest in the way that pansexual identity is more centrally defined as transcending gender/sex altogether (Galupo et al., 2017; Gonel, 2013).

Pansexual identity is conceptualized in a way that explicitly deconstructs not just the binary nature of gender/sex, but the reliance of defining sexual attraction upon gender/sex more generally. As a component of bisexuality (Belous & Bauman, 2017; Flanders, 2017), pansexual identity can be understood to highlight specific articulations of bisexual desire. When used to mark transcendence of gender/sex, plurisexuality cannot be conceptualized as an interval or even a specific range on the traditional sexual orientation continuum (Galupo et al., 2014). Pansexual identity, instead, is often used to mark sexual desire in a way that gender/sex is not central to its definition and/or where the conceptualization of sexual desire transcends gender/sex. For pansexual individuals, then, sexual attraction is primarily based upon other (individually determined) factors.

Because sexual identity nomenclature relies on gender identity labels for both self and those others to whom we are attracted, and given that pansexuality centers upon the transcendence of gender/sex, it makes sense that pansexual and queer identities are more likely to be endorsed by transgender and gender nonconforming individuals (Galupo et al., 2016; Katz-Wise et al., 2016; Morandini et al., 2016). Pansexual as a label, then, may be particularly useful for marking bisexual desire in

a way that acknowledges transgender and gender nonconforming identities (for both self and others).

Queer identity: Transcending monosexual/plurisexual dichotomies. Although some researchers have explored queer identity alongside bisexual and pansexual identities or under a bisexual umbrella (e.g., Callis, 2014; Galupo et al., 2014; Rust, 2000), this grouping has been met with mixed results (Galupo et al., 2015; Morandini et al., 2016). When describing their sexuality, individuals who endorse queer identities sometimes conceptually align with bisexual individuals (e.g., in stating preferences in their attractions) and sometimes align with pansexual individuals (e.g., in specifying inclusion criteria for their attraction; Galupo et al., 2017). However, patterns of sexual attraction for queer individuals often map onto those within the lesbian or gay range. These patterns indicate that individuals who endorse queer identities are distinct from both bisexual and pansexual individuals in important ways and may suggest ways that the queer label maps uniquely onto attraction.

Queer as a label has a unique history within the larger LGBT community and has been used by some individuals as an umbrella label for the entire community (inclusive of monosexual/plurisexual identities) and by some individuals who have monosexual attractions (Barker et al., 2009; Gray & Demarais, 2014; Morandini et al., 2016). This suggests that queer labels may not be easily incorporated into sexual orientation distinctions based on either monosexual or plurisexual conceptualizations (Galupo et al., 2015) and that queer may specifically be used by individuals to mark transcendence of monosexual/plurisexual dichotomies in a way that neither bisexual or pansexual conveys.

Marking Bisexuality across Time and Context

The present chapter reviews the literature on the conceptualization of sexual orientation in relation to plurisexual identities. By acknowledging the common practice of identifying with multiple labels across different contexts, and by employing an analytical framework of sexual marking (Gonzalez et al., 2017; Morgan & Davis-Delano, 2016), the exploration of identity labels can circumvent the trap of identity politics that often enter into the dialogue when debating definitions of sexual identity. In its place, we achieve a more nuanced understanding of the way sexual identity labels can be used to highlight different aspects of bisexual desire.

When compared to lesbians and gay men, bisexual/plurisexual individuals are less likely to feel that their sexual identity label fully captures their sexuality (Dyar et al., 2015), are more likely to provide additional explanation and context around their labels (Galupo et al., 2015), and are more likely to endorse multiple labels (Galupo et al., 2015; Rust, 2000). Individuals with plurisexual identities often switch labels across different contexts choosing how to identify based on acceptance level (Belmonte & Holmes, 2016). Sometimes the choice of which label to use is made based on parsimony (Galupo, 2011) and/or out of exhaustion in having to explain them (Flanders, Dobinson, & Logie, 2015).

Although plurisexual labels may be used interchangeably, research suggests subtle differences in the way each is understood. In comparison to other plurisexual labels, bisexual is more often used by individuals to describe attractions that hold specific preferences or exist to different degrees (Galupo et al., 2017). Using a bisexual label, then, may mark sexuality in such a way that allows for an understanding of that specificity. In contrast, a pansexual label may mark bisexual desire as it transcends gender/sex (Galupo et al., 2017; Gonen, 2013) and highlights gender diversity (Galupo et al., 2016; Katz-Wise et al., 2016; Morandini et al., 2016). The label queer may better highlight bisexual desire where distinctions between monosexual/plurisexual are less salient, and fluid labels may highlight the ways that sexuality is not fixed (Galupo et al., 2015).

Bisexuality occupies a space that is delineated by normative assumptions of heterosexual, monosexual, and cisgender experience. Plurisexual identities, then, are constructed to mark bisexual desire against those assumptions. Bisexual, pansexual, and queer identities are postured against different facets of normative sexuality and expression of one identity does not necessarily invalidate the experience of the other. Taken together, these labels, rather than being mutually exclusive, allow for a shift in emphasis when articulating the range of bisexual desire.

Acknowledgement This research was funded by a grant from the American Institute of Bisexuality.

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5 Bisexuality in Society



Kirsten McLean

Abstract Despite increased awareness and acceptance of LGBTIQ sexualities in many Western countries, and considerable theory and research on bisexuality, it is still an invisible sexual identity in many regards. Bisexual invisibility is manifested in a continued dominance of the binary of sexuality that suggests there are only two sexual identity categories—heterosexual and homosexual. Bisexual invisibility is also reinforced by monosexism, the tendency to prioritize the single-sex attractions and/or sexual behaviors of gay, lesbian, and heterosexual individuals. Both the sexuality binary and monosexism play out in everyday constructions of sexuality as well as in representations of sexuality in the media and popular culture. As a result, bisexuality is silenced on the sexual landscape and is made invisible through three mechanisms: *absence* through erasure; *appropriation* of bisexuals as another sexual identity by other people; and *assimilation*, where bisexual people hide their bisexuality in order to avoid negativity or rejection. The consequences of this silencing is that bisexual people lack a range of role models to help build positive bisexual identities, which also has a significant impact on the mental health of bisexual people overall. Campaigns using new media platforms are increasing bisexual visibility, but there is still a way to go to ensure bisexuality is recognized as a legitimate sexual identity category within Western society.

Keywords Bisexuality · Society · Invisibility · Monosexism · Binary thinking · Erasure

Introduction

Bisexuality occupies a unique space in contemporary constructions of sexualities. Despite enormous gains in the recognition and acceptance of gay men and lesbian women, and to some extent, trans people, bisexual people have yet to achieve the same level of recognition and validation. There is still a significant belief in society

K. McLean, Ph.D. (✉)
Monash University, Clayton, VIC, Australia
e-mail: kirsten.mclean@monash.edu

that if a person is not heterosexual, they are gay or lesbian. Much of this can be attributed to the enduring salience of the heterosexual–homosexual binary, contributing to a continuing invisibility of bisexuality on the sexual landscape (Callis, 2014; McLean, 2008b). As a result, bisexuality is made invisible, not only within society, but its invisibility is also reinforced by bisexual people themselves as they navigate bi-negative and unsympathetic communities. This chapter examines the dominant views of sexuality—binary thinking and monosexism (defined below)—to demonstrate the context for continued bisexual invisibility in contemporary Western societies. I then examine bisexual invisibility through three lenses: absence, appropriation, and assimilation, and analyze the implications of this invisibility on the health and well-being of bisexual people.

Dominant Views of Sexuality

Binary thinking. In most Western societies, sexuality is constructed as a simple binary—a belief that there are “two kinds of people in the world: homosexuals and heterosexuals” (McIntosh, 1996, p. 33). This binary positions sexual identities as mutually exclusive and infers that if a person does not identify as heterosexual—the normative position—then they can naturally be assumed to be the opposite—homosexual. It also reinforces the idea that there are only two sexual identity categories to choose from. This construction erases and silences bisexuality in public and academic discourses on sexuality, as well as in wider society.

Some have noted that dualistic or dichotomous thinking about sexuality has been theorized in terms of a “human tendency to understand things in terms of binaries” (Yoshino, 2000, p. 390). However this view limits a deeper exploration of the social, political, economic, and other forces that have shaped and categorized human bodies and human sexual experience. The origins of the heterosexual–homosexual binary can be traced back to the nineteenth century medicalization of sexuality, when bodies were labeled as either sexually unnatural or perverse (Callis, 2014; Foucault, 1990) or the opposite—natural or “normal.” By the late nineteenth century, sexual “perversion”—in all its forms—had made way for a specific category of same-sex desire to be specifically named—the homosexual (Foucault, 1990; Weeks, 2012). Although not used as specific sexual identity labels until the twentieth century, the words *homosexual* and *heterosexual* were then reconfigured as mutually exclusive categories, defined through the binary sex/gender system as belonging either to same-sex or other-sex desires or sexual behaviors. Callis notes that the dichotomy of heterosexual versus homosexual emerged after the binary categorization of man versus woman, with both being viewed as innate and unchangeable, so that “[b]y the 1950s the modern sexual binary was firmly in place” (2014, p. 66).

This timeline corresponds with Kinsey and colleagues’ (Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953) research on sexuality in the United States in the 1940s and 1950s, which was important for recognizing that sexuality was more variable than a simple binary could capture. It also recognized

that many people may not have exclusive heterosexual or homosexual histories, and that sexuality should be understood as a continuum rather than the mutually exclusive states of heterosexuality and homosexuality. In their book on male sexuality, Kinsey and his associates (1948) famously declared:

Males do not represent two discrete populations, heterosexual and homosexual. The world is not to be divided into sheep and goats. Not all things are black nor all things white. It is a fundamental of taxonomy that nature rarely deals with discrete categories. Only the human mind invents categories and tries to force facts into separated pigeon-holes. (p. 639)

Kinsey and his associates also developed the “Kinsey scale,” a 7-point continuum for plotting their participants’ sexual histories, which ranged from heterosexual (0) to homosexual (6) (Kinsey et al., 1948). The scale attempted to break down rigid binary thinking embedded in existing understandings of sexual identity about human sexuality. However, by implication, the Kinsey scale helped further reinforce the binary by including only the categories of heterosexual and homosexual as the two extreme points of the scale. Sexualities other than heterosexual and homosexual could then only be defined by particular patterns of sexual behavior and/or psychological reactions defined as ‘heterosexual’ or ‘homosexual.’ Furthermore, the Kinsey scale measured sexual history, looking at sexual activities and psychological reactions as judged by the researchers, rather than how respondents articulated these as a coherent sexual identity (Weinberg, Williams, & Pryor, 1994). Rust argues that scales like the Kinsey scale are problematic to some “because they construct heterosexuality and homosexuality as polar opposites” (2000, p. 208). As a result—and despite Kinsey’s intentions that the scale would be able to capture the variety of sexual experience—the scale neither defined nor conceptualized bisexuality as a distinct identity in its own right. Furthermore, Eliason (1997) argues that Kinsey et al.’s efforts to conceptualize sexuality as a continuum, and their reports showcasing the diverse sexual histories of everyday Americans, did little to change the construction of sexuality as either heterosexual or homosexual—a belief that still exists today.

As a result, sexuality is still seen as an “either/or” choice: one is either heterosexual or homosexual, or more contemporarily, straight or gay (Callis, 2014; McLean, 2008b; Yoshino, 2000). While significant research, discourse, and activism has attempted to make bisexuality more visible—either as a third sexual identity category, or an identity on a continuum alongside a range of sexual identities—popular understandings still reduce sexuality to a choice of two categories. Assuming that people can be categorized as either straight or gay silences the reality of bisexual lives and further reifies the already-powerful binary between heterosexual and homosexual. As Callis argues, while the “sexual binary of heterosexual and homosexual is shifting and becoming less hegemonic, it is still a powerful system of sexual categorization” (2014, p. 64).

The binary of sexuality is further reinforced by what Rich (1980) termed “compulsory heterosexuality” (p.632), and what is now termed heterosexism: the assumption that people are heterosexual unless they demonstrate or prove otherwise (by coming out, or by being outed by others). Put simply, if one is not (by default)

heterosexual, then one must be homosexual. Compulsory heterosexuality also implies that the preferred sexuality option in a given society is heterosexual. In her original work, Rich (1980) focused solely on women, and claimed that compulsory heterosexuality silences and invalidates lesbian identities. However, compulsory heterosexuality also silences bisexuality (across all sexes) by marking people out as either the default (and uncontested) position of heterosexual, or its opposite, homosexual. If we understand heterosexuality as natural to human beings—as many people do—then compulsory heterosexuality or heterosexism assumes people who are not heterosexual can be simply defined as the “opposite” of heterosexual because of the reliance on binary thinking.

According to Roberts, Horne, and Hoyt (2015),

[v]iewing sexuality as dichotomous discounts the plurality and complexity of sexuality, rendering individuals, such as bisexual individuals, whose self-concepts of sexuality do not neatly fit into this dichotomous framework, invisible and therefore at a social disadvantage. (p. 554)

While attempts have been made to destabilize binary or dichotomous thinking about sexuality, this has not been altogether successful. The rise of Western queer activism in the 1980s and 1990s, and its subsequent call for a unified queer identity, problematized the notion of fixed (binary) sexual and gender identity categories (Sullivan, 2003). However, as some have argued, replacing a variety of sexual and gender identities with the word “queer” erases the specificities of the various diverse categories within it—such as bisexual and trans individuals—and simply replaces the heterosexual–homosexual binary with another binary: queer versus nonqueer (Ault, 1996), or queer versus straight. Instead of creating a space for myriad nonheterosexual identities to exist under one queer umbrella, sexual identities, again, are interpreted as two (albeit different) binary categories instead.

Monosexism. Whether it is the belief that people are heterosexual or homosexual, or a reframing of this as queer versus straight, the privileging of heterosexuality and homosexuality has led to what has been termed monosexism (Dolan, 2013; Hayfield, Clarke, & Halliwell, 2014; Roberts et al., 2015). Monosexism is the “essentialist perception of sexual orientations as solely occurring between members of same or different genders ... [and] ... the belief that people are, or can truly be, only either heterosexual, lesbian, or gay” (Roberts et al., 2015, p. 555). Monosexism also privileges attractions to, as well as sexual behaviors and relationships with, only one gender. Apart from the essentialist framing of sex as either male or female inherent in this thinking, monosexism excludes the possibility of attractions to more than one sex, effectively erasing the legitimacy of bisexuality and various other sexual identities.

Monosexism also creates a new binary of sexuality, by positioning monosexual identities (gay, lesbian, and heterosexual) against “nonmonosexual” identities including bisexual, pansexual, and various other sexual identity categories. Like most dichotomies, the monosexual–nonmonosexual dichotomy relies on one category being favored over the other: in this case, monosexual identities are acceptable, while those on the other side are not (Dolan, 2013).

Another oppression that is linked to monosexism is bi-negativity—hostility towards bisexual people, often to the point of denying their existence (Dolan, 2013). This can take the form of direct accusations that bisexuality is not a real sexual identity, or commentary that bisexuality doesn't exist (Barker et al., 2014), as well as the many stereotypes about bisexuals being “really” gay, lesbian, or heterosexual (Barker, Bowes-Catton, Iantaffi, Cassidy, & Brewer, 2008; Hayfield et al., 2014; McLean, 2008b). It also manifests itself in beliefs that bisexuality is just a phase, or that bisexuality is merely a stepping stone towards a gay or lesbian identity (Barker et al., 2014; McLean, 2007; Rust, 1995). All of these reinforce monosexist ideas that support the belief that the only legitimate sexual identities are heterosexuality and homosexuality, because accordingly, all bisexual people eventually “choose a side.”

Monosexism further manifests in assumptions about sexual identities based on the sex of people's current partners. Regardless of the self-identity of the individuals involved, those in same-sex relationships are assumed to be gay or lesbian, and those in cross-sex relationships are assumed to be heterosexual (Barker et al., 2008; Dolan, 2013; McLean, 2008b). These assumptions silence bisexuality and further reinforce binary thinking about sexuality.

The Invisibility of Bisexuality: Absence, Appropriation, and Assimilation

The construction of sexuality as a binary, and the power of monosexism, mean that bisexual identities and those who identify as bisexual are missing from the sexual landscape. They are invisible in wider society as well as within LGBTIQ communities, missing from discussions about sexuality in the mainstream media and popular culture, and significantly underrepresented in popular constructions of sexuality, relationships and family (Barker et al., 2014; McLean, 2008a, 2015).

This invisibility operates through three key mechanisms: the *absence* or silencing of bisexual voices, the *appropriation* of bisexual individuals (both real and fictional) as gay, lesbian, or heterosexual, and the subsuming of bisexuals under the LGBTIQ/queer umbrella. Both of these are mechanisms that operate externally to bisexual people. Invisibility also comes from many of the internal *assimilation* strategies bisexual people use themselves—such as passing as straight or gay—to manage bi-negativity and monosexism in a binary world. The following sections outline how absence, appropriation, and assimilation play out with respect to bisexuality, and the implications of these on the visibility of bisexuality as a legitimate sexual identity.

Absence. Bisexual voices are absent in many spheres of everyday life: from common understandings of human sexuality, to conceptualizations of relationships and family, and in popular representations of individuals, families, and relationships. This is not because bisexuality does not exist, but because of specific and deliberate techniques used to erase and silence bisexuality (Yoshino, 2000). Yoshino argues

that both heterosexual and homosexual people have “shared investments” (2000, p. 362) in bisexual erasure, because bisexual visibility threatens their interests in stable sexual categories, the primacy of sex, and monogamy (Yoshino, 2000). Further, according to Yoshino (2000), gay, lesbian, and heterosexual individuals erase bisexuality either as a whole category or class, or via the denial that a particular individual is bisexual.

Bisexuality is absent in wider society in a number of ways. Bisexuality rarely features in contemporary debates about “gay rights” or marriage equality. For example, the word *gay* has reappeared recently as a catch-all phrase for LGBTIQ, used primarily in the mainstream media when referring to issues such as “gay marriage” or “gay parenting.” Indeed, the very use of the term *gay marriage* by parts of the media assumes the only individuals wishing to marry same-sex partners are gay or lesbian. However, “[u]sing *gay* as shorthand for lesbian, gay, bisexual (LGB) has a silencing effect on bisexual experience” (See & Hunt, 2011, p. 292). In this way, bisexuality is erased as a whole category or class (Yoshino, 2000), denying the very existence of bisexuality linguistically and as a legitimate sexual identity category.

In mainstream media and popular culture, there is still a considerable absence of bisexuality. The last two decades have seen a considerable shift in the representation of gay men, lesbian women, and to a lesser extent, trans people. Representations of bisexuality in mainstream popular culture have not increased to the same degree. Rather, bisexuality tends to be absent, but if a character appears to be bisexual, this is often erased via denying the character is bisexual in the first place (Yoshino, 2000). This occurs because individuals and characters are rarely, if ever, identified as specifically bisexual, and the label “bisexual” is seldom used. For example, in the film *The Kids Are All Right* (Cholodenko, 2010), a long-term relationship between two women, Jules and Nic, is threatened when Jules has sex with a man. The possibility that she might be bisexual is absent in the film. Jules’s sexual behavior “can only be understood by Nic and by the film as a shift from a lesbian to a straight identity” (Pramaggiore, 2011, p. 591). Other films have written bisexuality out of the script altogether—another denial of bisexuality. In the film *A Beautiful Mind* (Howard, 2001), the character of John Nash is presented only as heterosexual. This is despite the fact that Nash’s sexual relationships with men were documented in his biography, written by Sylvia Nasar (1998), upon which the film was based.

This erasure also occurs in popular television series. *Pretty Little Liars* (King, 2017) features a main character, Emily, who comes out as lesbian in the first season; Emily identifies herself (and others label her) as gay or lesbian on a regular basis. However another character, Alison, has relationships with both men and women over the series’ seven seasons, but her sexuality is never labeled as bisexual (or any other identity). While some may argue that not categorizing a character’s sexuality allows them to speak to a range of sexual identities, silencing the label of bisexual, even as a possibility, sends a strong message to viewers that bisexuality is not an available or legitimate identity option. Further, avoiding references to bisexuality altogether reinforces the idea that sexuality is a binary—put simply, one is either heterosexual or homosexual, because other options do not exist. The erasure of bisexuality in popular culture constructs bisexual identities as nonexistent, and

“contribute[s] to the invisibility of bisexuality as a legitimate identity and lifestyle” (Alarie & Gaudet, 2013, p. 194). This also erases important role models for bisexual people.

The absence of bisexuality also occurs outside popular culture, for example, in school-based sex education programs and educational materials that discuss sexuality. Many sex education programs around the world are heteronormative, and many specifically exclude LGBTIQ issues (Elia & Eliason, 2010). However, even if LGBTIQ materials are included, there is still a tendency to focus only on gay and lesbian issues and exclude other nonheterosexual identities (McAllum, 2014). An examination of state policies and guidelines for sexual diversity in Australian schools by Jones and Hillier (2014) found that most excluded bisexuality, or mentioned it only briefly, preferring to use more generic terms like LGBT/LGB youth or same-sex attracted youth (SSAY).¹ The authors also found that as a result, “there is not a strong message about bisexual students and their rights in many education contexts” (Jones & Hillier, 2014, p. 68). Further, participants in McAllum’s research on young bisexual women indicated that some teachers were reluctant to talk about bisexuality even in the context of discussions about gay and lesbian sexuality, which she argues worked to “relegate the status of bisexuality to nonimportance” (McAllum, 2014, p. 83).

The absence of bisexuality in education also extends to broader educational materials such as textbooks and course notes. For example, Barker’s research into first year psychology textbooks (2007) discovered that over 60% failed to mention bisexuality at all, and when bisexuality was mentioned, it was often lumped in with gay men and lesbian women, erasing any specific discussions of bisexuality.

The erasure of bisexuality from sex education programs and classroom discussions has a significant impact on bisexual people. Barker argues that the absence of bisexuality from psychology text books “risks perpetuating biphobia and models of mental health and psychotherapy which regard bisexuality as deviant or disordered” (2007, p. 113). Pallotta-Chiarolli (2014) further states that:

Bisexuality continues to fall into the gap between the binary of heterosexuality and homosexuality across all educational sectors. These absences and erasures leave bisexual students, family members, and educators feeling silenced and invisibilized within school communities. (p. 8–9)

Appropriation. Another form of bisexual invisibility is the appropriation of bisexual people, both real and fictional, as any identity other than bisexual. This happens when characters or real people with significant same- and other-sex relationships are specifically named as gay, lesbian, heterosexual, or other sexual identity labels, rather than being labeled or described as bisexual.

For example, popular culture provides us with many examples of characters who may appear to behave bisexually—they may have attractions and/or relationships with more than one sex—but they are claimed more widely as gay or lesbian. An

¹In Australia, the SSAY acronym was used for many years in promotional materials aimed at young LGBTIQ people, in sex education programs, and in government and nongovernment policy documents.

example is the film *Brokeback Mountain* (Lee, 2005); while both of the male protagonists eventually marry women, they remain committed to each other. Mainstream media and many other sources, however, described both men as gay, with the characters described as “closeted cowboys” (Setoodeh, 2015, para. 1). The film also became widely known as the “gay cowboy movie” (Clinton, 2005, para. 3; Spohrer, 2009, p. 28). In the film *Chasing Amy* (Smith, 1997), the central character, Alyssa, embarks on a relationship with a man, Holden, after a long period of identifying as gay. In an interview with Joey Lauren Adams, who played Alyssa in the film, the actor commented that Alyssa’s sexuality could be defined as bisexual (Kornits, 1997); however, the character of Alyssa does not use this word at any stage of the film to describe herself. Film reviewers commented that Alyssa was a lesbian who had gone astray for a while in a relationship with a man, with one even evoking the terminology of the “straight–gay divide” to describe the romance between Alyssa and Holden (Ebert, 1997). More than two decades ago, James (1996) noted that marking characters out as ‘gay’ in the face of evidence that they had attractions to more than one gender was inappropriate. He argued that, for example, calling an on-screen kiss between two men a “gay” kiss, rather than a “same-sex” or “male–male” kiss, “begins to do the work of (inaccurate) sexual categorization of those men” (James, 1996, pp. 228–229). The inaccurate sexual categorization of bisexuals as gay or lesbian, however, continues.

Characters who may be bisexual are also appropriated (and sometimes, describe themselves) as other identity labels such as “fluid” or “flexible.” In the television series *The Good Wife* (King & King, 2009–2016), Kalinda has relationships with men and women, all of which feature equally in the show, but the word bisexual is never mentioned. Instead, in a pivotal episode where Kalinda comes out to Alicia, she states “I’m not gay. I’m ... [long pause] ... flexible” (King, 2012).

The appropriation of bisexual people as other sexual identities also happens with real-life individuals. Many celebrities who have begun same-sex relationships after long-term other-sex relationships or a known heterosexual history are assumed to have “turned gay.” When actor Cynthia Nixon began a same-sex relationship in 2004 after a long-term relationship with a male partner, she was ultimately described as gay or lesbian in mainstream and online media (Musto, 2006; Nussbaum, 2006), and some journalists seemed to struggle with her having had relationships with men and women. Interviewed several years later, after Nixon had publicly described herself as “just a woman in love with another woman” (“Sex and the City star,” 2008), a journalist asked: “I’m a bit confused. Were you a lesbian in a heterosexual relationship? Or are you now a heterosexual in a lesbian relationship?” (Sessums, 2012, para. 26).² Further, when actor Lindsay Lohan (with a similar heterosexual history) began dating a woman in 2008, the possibility she was bisexual was never mentioned. Doubting the authenticity of Lohan’s same-sex attractions, one Australian commentator called her a “fauxmosexual,” and implied her relationship with a woman was false and misleading for “real” lesbian women (Duggan, 2008).

²Nixon later described herself as bisexual in the same interview (Sessums, 2012).

Regardless of how these women actually identify, the fact they may have been bisexual was never considered.

Further, while I have noted that the use of partner sex to signal or label particular relationships as either straight or gay reifies monosexism and the heterosexual–homosexual binary, it is also another form of appropriation. Bisexual men and women in long-term relationships report that they are often assumed to be heterosexual if they are in a cross-sex relationship, and gay or lesbian if they are in a same-sex relationship (Barker et al., 2008; George, 1993; McLean, 2008a, 2015). Hartman-Linck (2014) argues that while bisexual people “lose” their identity in relationships, this appropriation does not happen to gay, lesbian, or heterosexual individuals whose identities remains stable. Expectations of monogamy, and monosexism, also reinforce the expectation that human relationships themselves can only be defined as either straight or gay.

Appropriating bisexual characters and real-life individuals as lesbian, gay, or heterosexual based on same-sex or other-sex behavior or relationships renders bisexuality invisible on the sexual landscape. It also strengthens the power of the male–female and heterosexual–homosexual binaries, making gay and straight the only available relationship types. Appropriation also reinforces that the only “real” sexual identities are heterosexual and homosexual—and that people who are attracted to or have sexual relationships with more than one sex are merely switching between two mutually exclusive sexual options. Put simply, bisexual people are viewed and constructed as gay if they are in same-sex relationships, and straight if they are not.

Appropriation via LGBTIQ/queer. Another technique of appropriation that reinforces the invisibility of bisexuality is the subsuming of bisexuality under the acronym of LGBTIQ, or the term queer. Many organizations now use various forms of the LGBTIQ acronym, or the word queer, to promote an awareness of the diversity of group membership. However, as some have argued, acronyms like LGBTIQ have become synonymous with gay and lesbian (Hayfield et al., 2014); further, acronyms and single-word identifiers (like queer) can erase the specificities of the various groups within these organizations (McLean, 2008a, 2015). Organizations that use acronyms like LGBTIQ may include the “B” in their titles, but it is often a “silent B” (Heath, 2005). This occurs when organizations appear to be inclusive in their names, and objectives, but “the rest of their materials default to ‘lesbian and gay’ or even just ‘gay’ and refer to ‘homophobia’ rather than ‘homophobia and biphobia’” (Barker et al., 2014, pp. 14–15).

A recent example of this is the International Day against Homophobia (IDAHO), started in 2004 and held annually on May 17 in many countries around the world. Significant campaigning added *transphobia* in 2009 so that the day became widely known as IDAHOT. In 2015, the word *biphobia* was added to the campaign (IDAHOT, 2017). However not all organizations have adopted the acronym IDAHOBIT to describe this day; at the time of writing many websites still promote the day as IDAHOT. Indeed, the international webpage explains their reasoning behind keeping the acronym of IDAHOT for consistency and branding, acknowledging

it is not a perfect solution (IDAHOT, 2017).³ Using only the word “homophobia” (or in this case, an acronym referring only to homophobia and transphobia) excludes bisexual (and other queer) people from discussions about discrimination against all LGBTIQ individuals and communities (Barker et al., 2014). Leaving the “B” out of the acronym of an important international movement like the International Day Against Homophobia, Transphobia and Biphobia reinforces the invisibility of bisexuality, or at the very least, gives biphobia a lesser status than homophobia and transphobia, regardless of whether the campaign name includes it or not.

Monro (2005) argues that queer does a similar thing:

... using a queer lens, bisexuality swiftly disappears in a multiplicity of sexed and gendered positions, subsumed within ‘queer’ deconstructionism. The specificities of bisexual queer experience—indeed, the term ‘bisexual’ itself—can be lost, leaving space where the more socially intelligible gay and lesbian identities can take precedence. (p. 47)

Ault has called this the “queer cloaking mechanism” (1996, p. 457) where queer subsumes all identities within it, and elides the specific differences between each.⁴ For bisexual people, queer tends to erase any specific other-sex attractions or experiences, assuming bisexual people only share the same oppressions and discriminations as long as they are in relationships with those of the same sex. This assumes bisexuality can be simply understood as a combination of homosexuality and heterosexuality, as it is when it is considered a hybrid identity, made up of heterosexual and homosexual “parts” (Heldke, 1997; Rust, 1992), and that one part can be shut off according to context. It is then assumed that when mixing in the queer or LGBTIQ communities, bisexual men and women will only relate to that world as if they were gay or lesbian, hiding their other attractions and experiences.

Appropriating real or fictional bisexual people as gay, lesbian, and other identities—or denying any possibility that people attracted to or in sexual relationships with more than one sex or gender could be bisexual—silences bisexuality. Using acronyms that subsume bisexuality under larger umbrella terms or acronyms do the same. These practices also erase valuable role models for bisexual people. This can have significant consequences on the health and well-being of bisexuality, as I discuss below.

Assimilation. The final mechanism used to render bisexuality invisible is *assimilation*. It is different than appropriation in that rather than coming from external forces, this technique is often practiced by bisexual people themselves. Because the

³At the time of writing, the international website <http://dayagainsthomophobia.org/> still used only the word “homophobia” in its URL, and the acronym IDAHOT; its Twitter handle is @may17idahot. It does mention biphobia on the website, however. In Australia, a central website for the day (<https://idahobit.org.au>) uses the acronym IDAHOBIT and refers to biphobia throughout its materials. In the UK, the acronym IDAHOBIT is preferred by many university groups and other organizations, and the UK government uses IDAHOBIT as well. There is no central IDAHOBIT website for the UK.

⁴Of course, this also applies to other identities within the queer umbrella; some have accused queer movements as simply being another way to privilege gay male interests over others (Sullivan, 2003, p. 48).

heterosexual–homosexual binary posits that the only valid sexual identities are heterosexual and homosexual, anyone who does not fit into these categories is considered to be conflicted about their true sexual identity. As a result, bisexuality is invalidated as a legitimate, stable sexual identity. This invalidation forces many individuals with a sexual history that includes attractions to and/or sexual behaviors with more than one sex to attempt to articulate their sexuality in terms of either heterosexuality or homosexuality. For example, a person with sexual experience with and/or attractions to more than one sex, but whose other-sex attractions and experience predominate, may label themselves heterosexual instead. This both forces bisexuality out of existence and reinforces the legitimacy of the heterosexual–homosexual binary.

The power of binary thinking about sexuality, as well as monosexism, means that bisexual people face rejection from both the wider society as well as sexual minority communities (Eliason, 1997; McLean, 2008a; Welzer-Lang, 2008). Some bisexual people may feel significant pressure to “choose a side” and identify as gay, lesbian, or heterosexual instead (Barker et al., 2014; Paul, 1984; Weinberg et al., 1994). Given that rejection from supportive communities can be incredibly isolating and painful, many bisexual people may attempt to assimilate into various communities to avoid this. They may instead decide to “pass” as or label themselves with another sexual identity, or not come out at all (McLean, 2008b, 2015). Research has found that some bisexual people are reluctant to come out in LGBTIQ or queer communities. Some let assertions by others that they are gay or straight go by without comment, while some may actually tell others they are gay or lesbian instead of bisexual (Barker et al., 2014; McLean, 2007, 2008a, 2015). Some bisexual people in other-sex relationships have reported letting people assume they are heterosexual, especially among family, at work, or in other social environments (McLean, 2007, 2008b; Monro, 2005).

Leaving assumptions about sexual identities unchallenged, or actually passing or identifying as any identity other than bisexual, delegitimizes bisexuality as a valid sexual identity, and also reinforces binary thinking about sexuality. It leads to a “vicious cycle, where people hide their sexual identity [...] which then contributes to the social erasure of bisexuality” (Monro, 2005, p. 115).

This does not mean that bisexual people are comfortable with passing as other sexual identities, or letting assumptions about their relationships and identities slide. Previous research has shown that many bisexual people express frustration about doing so, but speak of the necessity to protect themselves from exclusion and discrimination (McLean, 2008b). For some, the risk of losing access to spaces that support same-sex attracted people was seen as far greater than the potential dangers associated with suppressing and hiding their bisexuality (McLean, 2008b). The consequence, of course, is that not identifying as bisexual, and not being out, further reinforces the invisibility of bisexuality, and reinforces the power of the sexuality binary.

Invisible Lives: Implications for Bisexual People

The absence of bisexuality, the appropriation of real and fictional bisexual people, and the assimilation of bisexuals into heterosexual, gay, or lesbian identities, has significant consequences for bisexual people, and implications for their health and well-being. They increase the isolation of bisexual people from supportive communities like the LGBTIQ/queer communities, and can lead many bisexual people to remain closeted for fear of discrimination or exclusion (McLean, 2007; Weinberg et al., 1994). Research shows that bisexual people in general suffer from poorer mental, physical, and sexual health than gay, lesbian, and heterosexual people (Barker et al., 2014; Gonzales, Przedworski, & Henning-Smith, 2016; Gorman, Denney, Dowdy, & Medeiros, 2015; Guasp & Taylor, 2012; Jorm, Korten, Rodgers, Jacomb, & Christensen, 2003; San Francisco Human Rights Commission, 2011). Bisexual men, in particular, appear to use recreational drugs more often than other groups (Guasp & Taylor, 2012) and bisexual individuals rate their own health more poorly as well (Gorman et al., 2015; San Francisco Human Rights Committee, 2011).

In terms of mental health, researchers have noted that bisexual people experience poorer mental health than gay, lesbian, and heterosexual individuals (Jorm et al., 2003; San Francisco Human Rights Commission, 2011) and higher rates of psychological distress (Gonzales et al., 2016). They have also been reported to have poorer life satisfaction (Gorman et al., 2015). Several recent reports have also noted that while gay men and lesbian women report higher rates of suicidality than heterosexual people (4.1 and 3.5 times more likely, respectively), bisexual people are almost six times more likely to report lifetime suicidality than heterosexual people (Barker et al., 2014; San Francisco Human Rights Commission, 2011). The poorer mental health of bisexual people overall may be a result of stigma, discrimination, social isolation, as well as a lack of support from the wider heterosexual population and LGBTIQ/queer communities (Gonzales et al., 2016; Jorm et al., 2003).

Coupled with these health statistics is the tendency for bisexual people to be less out to other people, which impacts the ability to find support and encouragement for developing a positive bisexual identity. Previous research has found that bisexual people tend to be more reluctant to come out as bisexual because of the stigma attached to being bisexual (McLean, 2007; Weinberg et al., 1994). In a more recent study of 1197 LGBT Americans in 2013, gay men and lesbian women were more likely to have come out to most of the important people in their lives than bisexual people (77% and 71% respectively). These figures were much lower for bisexual individuals: approximately 33% of bisexual women and 12% of bisexual men had revealed their sexuality to close others (Pew Research Center, 2013).

Poorer rates of health, as well as substantially lower levels of identity disclosure, are significant contributors to the isolation of bisexual people. Given these things, finding supportive sexual minority communities is vital to developing a positive bisexual identity, and connections with other bisexual people in particular provides support to those who are socially isolated (McLean, 2008a). Increased visibility and

greater legitimacy of bisexuality in society is key if bisexual people are to find supportive bisexual individuals and communities.

New Movements Towards bi-Visibility

Over the past few years, there have been attempts to find new ways to increase the visibility of bisexuality and bisexual people in the face of continued absences, silences, erasures, and ongoing resistance to including bisexuality in the LGBTIQ spectrum. These new avenues include significant use of social media to increase bi-visibility. In late March, 2017, thousands of Twitter users launched a successful campaign to get the hashtag, *#biTwitter*, to trend worldwide for several hours (Twitter Moments, 2017). Using selfies and other images, some were coming out as bisexual for the first time; others used their tweets to challenge stereotypes and invisibility. One of the most retweeted images was a picture with the phrases “Bisexuals aren’t ‘confused’/Bisexuals aren’t ‘indecisive’/Bisexuals aren’t ‘invalid’/Bisexuality is not a ‘phase’” (Lukeisapenguinl-, 2017).

Further, the video-sharing platform YouTube has provided an important space for bisexual people to advocate for visibility. Various YouTubers have become well known for their open and honest videos about bisexuality (Aguiar, 2014; Fender, 2015; Manning, 2015; Murphy, 2016). Included among videos on issues such as healthy eating and mental illness, or lifestyle videos such as makeup tutorials, these YouTubers include videos discussing coming out as bisexual, bi-negativity, and other issues relevant for bisexual people. As such, they normalize bisexuality as simply another part of the users’ lives. These videos also provide validation for bisexuality as a legitimate identity, and important resources for those coming out, and living, as bisexual.

Conclusion

The belief that sexuality is a simple binary of heterosexual–homosexual, and the monosexist privileging of attractions, sexual behaviors and relationships with only one gender or sex, has worked to significantly invisibilize bisexual identities on the sexual landscape. Despite attempts by researchers—over many decades—to document the lives of bisexual individuals across the world, bisexuality still remains an underrepresented and marginalized identity.

The silencing of bisexuality manifests through three mechanisms. The first two mechanisms are imposed externally on bisexual people. The *absence* of bisexual voices, both real and fictional, removes bisexuality from popular representations and discussions about sexual identities and erases bisexuality from sex education programs and in mainstream university textbooks. The second, *appropriation*, silences bisexuality by claiming real and fictional bisexual individuals as gay,

lesbian, or heterosexual instead. Appropriation also occurs in the subsuming of bisexuality under acronyms such as LGBTIQ, and words such as queer, which elide the specificities of being bisexual and silence the unique interests of bisexual individuals and communities. The third mechanism, *assimilation*, is an internal process that forces many bisexual people to hide their bisexuality or identify as gay, lesbian, or heterosexual instead—often for fear of discrimination or exclusion. Some bisexual people may deliberately name themselves as anything other than bisexual, and others may choose a more passive route, passing as another identity or letting incorrect assumptions about their sexuality slide.

All three mechanisms reinforce the invisibility of bisexuality in society, but also have a detrimental impact on the health and well-being of bisexual people. Poorer rates of mental and physical health, combined with the tendency for bisexuals to be much less out as bisexual than their gay and lesbian counterparts, means that many bisexual people experience significant isolation, stress and very low levels of support for being bisexual.

The bisexual community continues to face challenges to its visibility in mainstream societies. More work is needed to ensure bisexual voices are represented in wider society and in representations of sexuality in mainstream media and popular culture. More importantly, bisexual voices need to be heard within LGBTIQ/queer communities, rather than being subsumed by political and social interests that assume a universal connection to issues around same-sex attraction, and a universal experience of same-sex relationships. We also need more positive bisexual role models (both real and fictional) to increase the visibility of bisexuality. Fictional characters who may or may not be bisexual (or those who are never named as such) do little for visibility, especially if they are claimed instead as gay, lesbian, or heterosexual without comment. We need role models who can show us what it is like to live as bisexual, what issues bisexual people may encounter in everyday life, and the diversity of ways people can be bisexual. For this visibility to happen, we need to overcome the stigma attached to being bisexual in the first place, so that more people feel free to come out as bisexual.

Acknowledgements Many thanks to Ella Buczak for information about the many YouTubers uploading their videos to increase bisexual visibility.

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6 Binegativity: Attitudes Toward and Stereotypes About Bisexual Individuals



Christina Dyar and Brian A. Feinstein

Abstract Research indicates that bisexual individuals face unique stressors due to the stigmatization of bisexuality (i.e., negative attitudes toward and stereotypes about bisexual people, referred to as binegativity) and these stressors contribute to the health disparities that they experience. It is critical to understand the components of binegativity and factors that influence binegativity in order to develop effective strategies to reduce this stigma and resultant stressors that contribute to health disparities affecting bisexual people. The objective of this chapter is to review the empirical research on binegativity, including its core components and correlates, as well as promising interventions for reducing this stigma. Several conclusions can be drawn from our review. First, binegativity includes hostility toward bisexual people, stereotypes that bisexuality is an unstable and illegitimate sexual orientation, and stereotypes that bisexual individuals are sexually irresponsible (e.g., unfaithful in relationships, have sexually transmitted infections). Second, there are gender and sexual orientation differences in binegativity, such it is more strongly endorsed by a heterosexual individuals compared to gay and lesbian individuals and among heterosexual men compared to heterosexual women. Heterosexual men also report more negative attitudes toward bisexual men than toward bisexual women. Third, binegativity is associated with other factors, such as demographic characteristics (e.g., older age; and lower income and education) and conservative beliefs. Fourth, experimental studies confirm self-report findings that bisexual individuals are perceived more negatively than gay, lesbian, and heterosexual individuals. Finally, research is beginning to develop strategies to improve attitudes toward bisexual individuals (e.g., intergroup contact and multicultural education), which have the potential to reduce health disparities affecting this population.

C. Dyar, Ph.D. (✉)
University of Cincinnati, Cincinnati, OH, USA
e-mail: dyar.christina@gmail.com

B.A. Feinstein, Ph.D.
Northwestern University, Feinberg School of Medicine, Chicago, IL, USA
Institute for Sexual and Gender Minority Health and Wellbeing, Northwestern University,
Chicago, IL, USA
e-mail: brian.feinstein@northwestern.edu

Keywords Bisexuality · Binegativity · Stereotyping · Prejudice

Introduction

Although attitudes toward lesbian women and gay men have become more positive (e.g., Gallup, 2015), a recent study using a national US probability sample found that attitudes toward bisexual people remain neutral at best, with negative attitudes being explicitly endorsed by 20–43% of the sample depending on the specific belief in question (Dodge et al., 2016). Additionally, there are stereotypes about bisexual individuals (e.g., that they are uncertain about their sexual identities, unfaithful in relationships, and desire multiple concurrent sexual partners) and these stereotypes are endorsed by heterosexual, gay, and lesbian individuals (e.g., Mohr & Rochlen, 1999; Yost & Thomas, 2012). The stigmatization of bisexuality (referred to as binegativity) leads bisexual individuals to experience unique stressors compared to those experienced by lesbian women and gay men (e.g., Brewster & Moradi, 2010; Ross, Dobinson, & Eady, 2010), which, in turn, likely contribute to the health disparities affecting bisexual people (e.g., increased anxiety, depression, and substance use compared to heterosexual, lesbian, and gay populations; for review see Feinstein & Dyar, 2017). In order to develop effective interventions to reduce binegativity, it is first necessary to understand the specific negative beliefs that people have about bisexual people and factors that influence these negative beliefs. As such, the objectives of this chapter are to provide a current review of the empirical literature on binegativity, to explore factors that are associated with binegative beliefs among monosexual individuals (i.e., heterosexual, lesbian, and gay individuals), and to identify interventions that have been found to reduce binegativity.

Content of Binegativity

The stigmatization of homosexuality (referred to as homonegativity) is a one-dimensional construct reflecting negative attitudes toward homosexuality. Similar to homonegativity, binegativity reflects negative attitudes toward bisexuality (Brewster & Moradi, 2010; Mohr & Rochlen, 1999), including hostility toward and intolerance of bisexual individuals. People who are hostile toward and/or intolerant of bisexual individuals tend to believe that bisexuality is immoral and do not want to have social contact with bisexual people. There are also two additional components of binegativity: (1) stereotypes about the illegitimacy of bisexuality as a sexual orientation; and (2) stereotypes about the sexual behavior of bisexual individuals (Brewster & Moradi, 2010; Mohr & Rochlen, 1999). Many people believe that bisexual individuals are either confused about their sexual orientation, temporarily experimenting, or in denial about their true gay or lesbian identity (Brewster &

Moradi, 2010; Mohr & Rochlen, 1999). Bisexual individuals are also viewed as uncommitted to the LGBT rights movement and as attempting to retain heterosexual privilege and avoid homonegativity by identifying as bisexual rather than as lesbian or gay (Ochs, 1996; Rust, 1993). Additionally, bisexual individuals are often assumed to be promiscuous, obsessed with sex, and desiring multiple concurrent sexual partners and group sex (referred to as sexual irresponsibility stereotypes; Brewster & Moradi, 2010; Mohr & Rochlen, 1999). Swan and Habibi (2015) suggest that bisexual people are stereotyped as sexually irresponsible because individuals are often labeled as bisexual based on their sexual behavior. In light of these stereotypes, it is not surprising that many people consider bisexual individuals to be undesirable relationship partners, assuming that they do not want monogamous relationships, that they will be unfaithful, and that they are likely to have sexually transmitted infections (STIs; Brewster & Moradi, 2010; Feinstein, Dyar, Bhatia, Latack, & Davila, 2014; Feinstein, Dyar, Bhatia, Latack, & Davila, 2016; Mohr & Rochlen, 1999). Bisexual individuals are also stereotyped as having sexual expertise and as being sexually adventurous (Friedman et al., 2014), which also contributes to them being viewed as sexual objects, especially bisexual women (Friedman et al., 2014; Yost & Thomas, 2012).

While lesbian and gay individuals experience marginalization from heterosexual people, bisexual individuals experience marginalization from heterosexual, gay, and lesbian individuals (Bostwick & Hequembourg, 2014; Brewster & Moradi, 2010; Hequembourg & Brallier, 2009; Ross et al., 2010). The dual-sourced nature of binegativity means that bisexual individuals are often rejected by heterosexual individuals and excluded from gay and lesbian communities (Hayfield, Clarke, & Halliwell, 2014; Kertzner, Meyer, Frost, & Stirratt, 2009). Additionally, it can be difficult for bisexual individuals to find or access communities of other bisexual people, which are often limited to the internet (Hayfield et al., 2014; Hequembourg & Brallier, 2009). One reason why bisexual individuals may have difficulty accessing bisexual communities is that they are often less out compared to lesbian and gay individuals (Balsam & Mohr, 2007; Dyar, Feinstein, & London, 2015; Mohr, Jackson, & Sheets, 2017). As a result of this difficulty finding an accepting and supportive community, bisexual individuals may struggle to find the resources that such a community can provide, including role models for coping with stigma and access to a nonstigmatizing environment (N. Cox, Vanden Berghe, Dewaele, & Vincke, 2010; Hayfield et al., 2014; Kertzner et al., 2009).

In sum, the stigmatization of bisexuality differs from the stigmatization of homosexuality in important ways (e.g., there are unique stereotypes about bisexual individuals that are not applied to gay men and lesbian women, bisexual individuals are stigmatized by heterosexual, gay, and lesbian individuals). As a result of these experiences, bisexual individuals are disproportionately affected by negative mental health outcomes (Feinstein & Dyar, 2017). Given the effects of binegativity on the health of bisexual individuals, it is critical to understand attitudes toward bisexual individuals among different groups of people (e.g., heterosexual, gay, and lesbian individuals) and factors that relate to negative attitudes toward bisexuality. Doing so has the potential to inform the development of evidence-based interventions to reduce binegativity and to improve the health of bisexual individuals.

Attitudes toward Bisexual Individuals—Gender and Sexual Orientation Differences

Research indicates that there are gender and sexual orientation differences in attitudes toward bisexual individuals (Eliason, 1997; Mohr & Rochlen, 1999; T. G. Morrison, Harrington, & McDermott, 2010; Yost & Thomas, 2012). Additionally, people's attitudes toward bisexual men are also different from their attitudes toward bisexual women (Herek, 2002; Mohr & Rochlen, 1999; T. G. Morrison et al., 2010; Yost & Thomas, 2012). Despite general trends in findings, there are also differences across studies depending on how binegativity is measured, because different measures capture different components of binegativity. For example, the most commonly used measure of binegativity is the Attitudes Regarding Bisexuality Scale (ARBS), which includes two subscales: one that assesses stereotypes about the illegitimacy and instability of bisexuality, referred to as the stability of bisexuality, and another that measures general hostility toward bisexual individuals, referred to as intolerance of bisexuality (Mohr & Rochlen, 1999). In contrast, other measures do not distinguish between different components of binegativity. For example, the Biphobia Scale and the Gender-Specific Binegativity Scale produce a single score that reflects hostility toward bisexual individuals, stereotypes about the sexual irresponsibility of bisexual individuals, and discomfort interacting with bisexual people; of note, it does not assess stereotypes about the instability of bisexuality (Mulick & Wright, 2002). Similarly, the Bisexualities—Indiana Attitudes Scale (BIAS) combines endorsement of stereotypes about the sexual irresponsibility of bisexual people and the instability of bisexuality into a single score, while it does not measure hostility toward bisexual individuals (Friedman et al., 2014). Given these differences across measures, it is not surprising that findings often differ across studies.

Heterosexual samples. Several studies have examined gender differences in attitudes toward bisexual people in heterosexual samples. Results generally indicate that, compared to heterosexual women, heterosexual men report more negative attitudes toward bisexual individuals (Eliason, 1997; Mohr & Rochlen, 1999; T. G. Morrison et al., 2010; Yost & Thomas, 2012). Despite this general pattern of findings, there is some evidence that this gender difference depends on the specific component of binegativity being measured and whether the attitudes focus on bisexual men or women. For instance, Mohr and Rochlen (1999) found that, compared to heterosexual women, heterosexual men reported more hostility toward bisexual men, but they did not differ on hostility toward bisexual women or on perceptions of the stability of male and female bisexuality. While Eliason (1997) also found that, compared to heterosexual women, heterosexual men reported more hostility toward bisexual men, she also found that heterosexual men reported higher endorsement of sexual irresponsibility stereotypes compared to heterosexual women (Eliason, 1997). Another study in an Irish sample also found that, compared to heterosexual women, heterosexual men reported higher hostility and perceptions of the instability of bisexuality (T. G. Morrison et al., 2010), but they did not examine attitudes

toward bisexual men and women separately. Finally, Yost and Thomas (2012) found that, compared to heterosexual women, heterosexual men had more negative attitudes (hostility and sexual irresponsibility stereotypes) toward both bisexual men and women.

Together, these findings provide robust evidence that hostility toward bisexual individuals is higher among heterosexual men compared to heterosexual women. When attitudes toward bisexual men and women are examined separately, hostility toward bisexual men and stereotypes about the sexual irresponsibility of bisexual individuals remain higher among heterosexual men. In contrast, heterosexual men and women report similar levels of hostility toward bisexual women and perceived stability of male and female bisexuality.

There is also evidence of within group differences in attitudes toward bisexual men and women—differences in heterosexual men’s attitudes toward bisexual men vs. bisexual women and in heterosexual women’s attitudes toward bisexual men vs. bisexual women. In general, heterosexual women have similar attitudes toward bisexual men and women; they report similar levels of hostility toward bisexual men versus bisexual women and similar levels of perceived stability of male versus female bisexuality (Herek, 2002; Mohr & Rochlen, 1999; T. G. Morrison et al., 2010; Yost & Thomas, 2012). In contrast, most research finds that heterosexual men report more hostility toward bisexual men than toward bisexual women (Herek, 2002; Mohr & Rochlen, 1999; Yost & Thomas, 2012¹) and that heterosexual men view female bisexuality as more stable than male bisexuality (Mohr & Rochlen, 1999). In an exception, one study found that heterosexual men in Ireland reported more binegativity (a composite of hostility and perceived stability) toward bisexual women than toward bisexual men (T. G. Morrison et al., 2010). This divergence from the general pattern of findings is likely due to the measure of binegativity that was used (the male/female form of the ARBS), which was developed to assess attitudes toward bisexual people and not for comparing attitudes toward bisexual men and bisexual women individually. Therefore, the measure used does not adequately capture attitudes toward bisexual men compared to bisexual women, limiting the conclusions that can be drawn from this study regarding differences in attitudes toward bisexual men versus women. Alternatively, this different pattern of results could also arise from potential differences in attitudes toward bisexual men and women in the USA and Ireland, though the measure used in this study precludes us from drawing such conclusions.

One reason why heterosexual men have less hostility toward bisexual women than toward bisexual men is that they eroticize female bisexuality and female same-sex behavior (i.e., report being sexually aroused by female bisexuality/female same-sex behavior; Mohr & Rochlen, 1999; Yost & Thomas, 2012). It has also been suggested that heterosexual men have more hostility toward bisexual men, because they are afraid that bisexual men will hit on them or attempt to make them gay/

¹Of note, this study used the Gender-Specific Binegativity Scale, which combines hostility toward bisexual individuals and endorsement of stereotypes about the sexual irresponsibility of bisexual individuals.

bisexual and that others will perceive them to be bisexual/gay if they are not hostile toward bisexual men (Mohr & Rochlen, 1999). Additionally, the perception that male same-sex sexuality violates masculine gender norms is also indicated as a cause for heterosexual men's hostility toward bisexual men (Mohr & Rochlen, 1999). Similar theories have been proposed to explain why heterosexual men tend to have more favorable attitudes toward lesbian women than toward gay men (e.g., Barron, Struckman-Johnson, Quevillon, & Banka, 2008; Herek, 2000; Kite & Whitley, 1996; Louderback & Whitley, 1997; Whitley, Wiederman, & Wryobeck, 1999).

Only one known study has compared heterosexuals' attitudes toward bisexual individuals with their attitudes toward other marginalized groups. Herek (2002) compared heterosexual individuals' attitudes toward bisexual men, bisexual women, and a variety of other stigmatized groups, including religious groups, lesbian women and gay men, injection drug users, people with AIDS, racial and ethnic minority groups, and pro-life and pro-choice individuals. He found that bisexual men and women were rated more negatively than any other group, with the exception of intravenous drug users. Of note, heterosexual women rated bisexual men and bisexual women less favorably than lesbian women and gay men, whereas heterosexual men rated bisexual women and lesbians more favorably than bisexual and gay men (Herek, 2002). These findings suggest that heterosexual men tend to view sexual minority men more negatively than sexual minority women regardless of their specific sexual minority identity, while heterosexual women tend to view bisexual individuals more negatively than lesbian and gay individuals (Herek, 2002).

Lesbian and gay samples. We are only aware of one study that has examined gender differences in attitudes toward bisexual individuals in a sample of lesbian women and gay men. This study found that lesbian women and gay men reported similar levels of hostility toward bisexual individuals and similar perceptions of the stability of bisexuality (Mohr & Rochlen, 1999). Despite a lack of differences between lesbian women and gay men in their attitudes toward bisexuals, differences emerged in lesbian women's attitudes toward bisexual men vs. bisexual women and gay men's attitudes toward bisexual men vs. bisexual women, with lesbians viewing male bisexuality as more stable than female bisexuality and gay men viewing female bisexuality as more stable than male bisexuality. This suggests that lesbian women and gay men view the bisexuality of same-gender bisexual individuals as less stable than other-gender bisexual individuals. Further research is needed to determine what factors underlie these differences in the perceived stability of male and female bisexuality. This study also compared attitudes toward bisexual people between heterosexual, lesbian, and gay individuals and found that, compared to heterosexual individuals, lesbian women and gay men reported less hostility toward bisexual people and perceived bisexuality as more stable.

Combined heterosexual and sexual minority samples. Three studies have used samples with both heterosexual and sexual minority individuals, with varying proportions of heterosexual, bisexual, lesbian, and gay individuals. Two samples had relatively low proportions of sexual minorities, including Dodge and colleagues' (2016) nationally representative sample ($N = 2843$: 95.2% heterosexual, 3.7% les-

bian and gay, 0.0% bisexual, 1.2% other identity) and Bruin and Arndt's (2010) convenience sample ($N = 578$: 89% heterosexual, 3% lesbian and gay, 6% bisexual, 2% asexual). The third study had much higher proportions of sexual minority individuals ($N = 645$: 58.7% heterosexual, 28.7% bisexual, 8.9% lesbian and gay, and 3.7% identifying as uncertain or with another sexual identity; Friedman et al., 2014). Additionally, two of the three studies examined the participants' sexual orientation and gender as simultaneous predictors of attitudes toward bisexual individuals (Dodge et al., 2016; Friedman et al., 2014), thereby controlling for gender differences in analyses focused on sexual orientation differences and vice versa.

The two studies which examined attitudes toward bisexual individuals in mixed orientation, US samples (Dodge et al., 2016; Friedman et al., 2014) both found that, compared to men, women had more positive attitudes toward bisexual women. One also found that women report more positive attitudes toward bisexual men than did men (Friedman et al., 2014). Additionally, both studies found that, compared to heterosexual individuals, sexual minority individuals reported more positive attitudes toward bisexual individuals. Friedman et al. (2014) included bisexual participants in their analyses and further found that, compared to heterosexual, gay, and lesbian participants, bisexual participants reported more positive attitudes toward bisexual people. Across genders and sexual orientations, both studies found that bisexual men were viewed more negatively than bisexual women.

Bruin and Arndt (2010) examined binegativity among South Africans. In contrast to other studies, this study found that, compared to women, men reported more hostility toward bisexual women, but they did not differ in attitudes toward bisexual men. It is difficult to determine whether these different findings are due to cultural differences in South Africa compared to the USA or to the sample's inclusion of people of diverse sexual orientations. Comparisons by sexual orientation found that bisexual individuals had less hostility toward bisexual people and perceived bisexuality as more stable than did heterosexual, lesbian, gay, and asexual individuals (who did not differ from one another). This contradicts findings that, compared to heterosexual individuals, lesbian women and gay men report more positive attitudes toward bisexual people (Dodge et al., 2016; Friedman et al., 2014; Mohr & Rochlen, 1999). However, group sizes for nonheterosexual individuals were very small, limiting power to detect differences between heterosexual and nonheterosexual individuals (Bruin & Arndt, 2010).

Summary/Conclusion. Across studies examining gender and sexual orientation differences in binegativity, three findings are consistent. First, in heterosexual and mixed-orientation samples, men are more binegative than women. Compared to heterosexual women, heterosexual men report more hostility toward bisexual men, but heterosexual men and women do not differ on perceived stability of male and female bisexuality or hostility toward bisexual women. Second, heterosexual men report more negative attitudes toward bisexual men compared to bisexual women, whereas heterosexual women report similar attitudes toward bisexual men and women. Finally, compared to heterosexual individuals, lesbian women and gay men report more positive attitudes toward bisexual individuals.

Factors Associated with Binegativity

In addition to examining gender/sexual orientation differences in binegativity and differences in attitudes toward bisexual men versus bisexual women, several studies have examined other correlates of binegativity, including other demographic characteristics and constructs related to conservatism. The few studies that have examined demographic characteristics have found that, in heterosexual samples, older age, lower income, and lower education are associated with higher binegativity (Herek, 2002; Mohr & Rochlen, 1999). This is consistent with research on demographic differences in homonegativity, which has found the same demographic correlates (for reviews see Herek, 1994; Horn, 2012). Thus, older age, lower income, and lower education are associated with more negative attitudes toward sexual minority individuals in general, including bisexual, gay, and lesbian individuals.

Two studies using mixed orientation samples also suggest that there may be racial/ethnic differences in binegativity (Dodge et al., 2016; Friedman et al., 2014). Friedman et al. (2014) found that, compared to White individuals, racial/ethnic minority individuals (Black, Latino, and biracial/multiracial individuals) had more negative attitudes toward bisexual women (Friedman et al., 2014). Dodge and colleagues also found that Black individuals had more negative attitudes toward bisexual men and women, and Latino individuals had more negative attitudes toward bisexual women (Dodge et al., 2016). Of note, both studies used a measure of binegativity that reflected instability and sexual irresponsibility stereotypes, but did not capture hostility toward bisexual people. Thus, it is possible that racial/ethnic minority individuals are more likely to endorse stereotypes about bisexuality compared to White individuals, but they may not differ in general hostility toward bisexual individuals. Racial/ethnic differences in *homonegativity* are inconsistent across studies, with some studies finding that Black and Latino individuals tend to have more negative attitudes toward lesbian and gay individuals than Whites and others finding no racial/ethnic differences (for reviews see Herek, 1994; Horn, 2012). Additionally, religiosity is associated with higher binegativity, especially hostility toward bisexual people, and this has been demonstrated across diverse measures of religiosity (e.g., frequency of religious attendance, having a conservative religion, and self-reported religiosity; Bruin & Arndt, 2010; Eliason, 1997; Herek, 2002; Mohr & Rochlen, 1999) and is consistent with research on homonegativity (for reviews see Herek, 1994; Horn, 2012).

The associations between conservative beliefs and binegativity have also been examined in several studies. In heterosexual samples, political conservatism (endorsement of social policies that promote and maintain inequality and opposition of social policies that promote equality) is associated with more hostility toward bisexual individuals and higher perceived instability of bisexuality in heterosexual samples (Herek, 2002; Mohr & Rochlen, 1999). Similarly, among heterosexual individuals, psychological authoritarianism (the belief that others should submit to one's own authority) and the endorsement of traditional gender roles are also associated with more hostility toward bisexual individuals (Herek, 2002). Feinstein, Dyar, Bhatia, Latack, and Davila (2016) examined the associations between binegativity

and three types of conservative beliefs: political conservatism, social dominance orientation (preference for social inequality over social equality), and beliefs about the discreteness of homosexuality (belief that homosexual individuals are fundamentally distinct from heterosexual individuals and that all homosexual individuals are similar to one another). These associations were examined separately for lesbian women, gay men, heterosexual men, and heterosexual women. Results indicated that higher social dominance orientation and endorsement of the discreteness of homosexuality were associated with more hostility toward bisexual individuals in all four groups, and endorsement of the discreteness of homosexuality was also associated with lower perceived stability of bisexuality in all four groups. In contrast, political conservatism was associated with more hostility toward bisexual individuals among heterosexual and gay men as well as with lower perceived stability of bisexuality among gay men. These findings suggest that conservative beliefs are generally associated with binegativity, but the associations between specific beliefs and aspects of binegativity may depend on gender and sexual orientation. Of note, these conservative beliefs are also associated with homonegativity in heterosexual samples, suggesting that conservative beliefs are associated with more bias against sexual minority individuals in general (e.g., Case, Fishbein, & Ritchey, 2008; Haslam & Levy, 2006; Morrison, Kenny, & Harrington, 2005).

In sum, numerous correlates of binegativity have been identified (e.g., older age, lower education, lower income, and higher religiosity) and these findings are consistent with correlates of homonegativity. However, most of these studies have relied on heterosexual samples, so it is unclear if the same correlates are associated with gay and lesbian individuals' attitudes toward bisexual people. Although findings are less consistent for racial/ethnic differences in attitudes toward sexual minority individuals, two recent studies suggest that racial/ethnic minority individuals endorse more stereotypes about bisexuality than White individuals (Dodge et al., 2016; Friedman et al., 2014). Additionally, conservative beliefs are associated with negative attitudes toward bisexual, gay, and lesbian individuals, and this has been demonstrated across numerous constructs (traditional gender roles, authoritarianism, social dominance orientation, political conservatism, and essentialist beliefs about homosexuality). It is interesting to note that conservative beliefs are associated with negative attitudes toward bisexual individuals in samples of heterosexual individuals as well as gay and lesbian individuals. This further demonstrates that prejudice toward bisexual individuals and its correlates are not restricted to heterosexual individuals.

Experimental Studies Examining Binegativity

While most studies examining binegativity have been correlational, a few studies have experimentally examined stereotypes about and attitudes toward bisexual individuals (Dyar, Lytle, London, & Levy, 2017; Spalding & Peplau, 1997; Zivony & Lobel, 2014). These studies share a common experimental approach. Participants, referred to as raters, are randomly assigned to read one of a set of vignettes that

provide a short description about an individual, referred to as the target. Only a few key pieces of information differ across vignettes, including the sexual orientation of the target and, for some studies, the gender of the target. Aside from these systematic variations across conditions, the vignettes are identical. After reading the vignettes, participants are asked to answer a set of questions about their perceptions of the target. These questions include stereotypes about bisexual individuals and other filler items (e.g., questions about the target's personality) to mask the purpose of the study. Participants' endorsements of stereotypes are then compared across conditions. For example, participants may be asked to indicate how likely it is that the target will cheat on his or her partner. If participants rate bisexual targets as more likely to cheat than heterosexual, lesbian, or gay targets despite the vignettes otherwise being identical, then this indicates that bisexual individuals are considered less faithful because of their sexual identity. This design allows researchers to experimentally determine whether stereotypes are more likely to be applied to bisexual individuals compared to lesbian, gay, or heterosexual individuals and whether the application of stereotypes to bisexual targets differs based on other systematically varied characteristics (e.g., the bisexual target's gender or the gender of his or her partner).

Spalding and Peplau (1997) were the first to use this design to examine the application of stereotypes to bisexual individuals. They asked heterosexual undergraduate students to read a short description of a target whose gender (male, female) and sexual orientation (bisexual, heterosexual, lesbian, or gay) varied across conditions. Participants rated bisexual targets as more likely to infect a partner with an STI compared to heterosexual, lesbian, and gay targets and as more likely to cheat compared to heterosexual targets. Unexpectedly, the study did not find differences in perceptions of the target's trustworthiness or likelihood of being in a committed relationship in the future and also failed to find differences in perceptions of bisexual individuals in same-sex versus different-sex relationships. Although the authors expected bisexual targets to be rated as less likely to be in a committed relationship in the future, participants may have rated bisexual targets similarly to heterosexual, lesbian, and gay individuals on these constructs because all targets were described as being in high quality current relationships. Given that all of the relationships were described as high quality and monogamous, participants may have assumed that bisexual targets would change their sexual identification in the future to match the gender of their partner. Such an assumption would be consistent with stereotypes of bisexuality as a temporary identity and research indicating that people tend to make assumptions about the "true" sexual orientation of bisexual individuals based on the gender of their current partner (Dyar et al., 2017; Dyar, Feinstein, & London, 2014).

More recently, Zivony and Lobel (2014) conducted a similar study examining perceptions of bisexual men. Participants were randomly assigned to evaluate a target described as being on a first date. The target was: a bisexual man dating a heterosexual woman, a bisexual man dating a gay man, a heterosexual man dating a heterosexual woman, or a gay man dating a gay man. Participants rated bisexual men as more confused, less trustworthy, less monogamous, and less able to main-

tain a long-term relationship compared to heterosexual and gay men. Additionally, bisexual men in different-sex relationships were perceived as less likely to maintain a long-term relationship and less trustworthy than bisexual men in same-sex relationships.

Most recently, Dyar et al. (2017) used a similar procedure to examine the influence of the target's gender and sexual orientation and the gender of the target's current relationship partner on stereotypes about bisexual individuals and expectations for their future relationships. Again, despite the fact that all targets were described in identical terms, bisexual men and women were rated as less likely to be in committed monogamous relationships in the future and as being more likely to change their sexual identity in the future than heterosexual, lesbian, and gay targets.

Additionally, participants used the gender pairing (e.g., same-sex/different-sex) of bisexual targets' current relationships to make predictions about bisexual targets' future relationships (e.g., bisexual targets in current same-sex relationships expected to be in committed same-sex relationships in the future). These predicted future relationship types mapped onto bisexual targets' predicted future identity, with bisexual targets expected to be in future same-sex relationships predicted to change their identity to lesbian or gay and those predicted to be in future different-sex relationships expected to identify as heterosexual in the future. This provides experimental evidence that people do use bisexual individuals' current relationship partners' gender to make assumptions about the "true" sexual orientations of bisexual individuals, with bisexual individuals in same-sex relationships assumed to "really" be lesbian or gay and vice versa. Of note, individuals who predicted that a bisexual target would change his or her identity also endorsed stereotypes that bisexuality is not a stable or legitimate sexual orientation—indicating that these predictions are based in binegative beliefs.

Approximately one-third of participants indicated that they expected the bisexual target to be in a noncommitted or nonmonogamous relationship in the future, and bisexual individuals were two to three times more likely to be expected to be in such a relationship than heterosexual, lesbian, and gay targets. This expectation was associated with the endorsement of stereotypes that bisexual people are unfaithful and promiscuous. Finally, participants were more likely to expect bisexual women to be in a committed different-sex relationship in the future and change their identities to heterosexual than to expect bisexual men to do so. This is in line with the finding that bisexual women are stereotyped as "really" heterosexual and as performing for heterosexual male attention (Yost & Thomas, 2012).

Together, these studies demonstrate that bisexual individuals are viewed more negatively than heterosexual, lesbian, and gay individuals, even when they are described in identical terms. They are perceived as more sexually irresponsible and as more likely to change their sexual identities in the future (Dyar et al., 2017; Spalding & Peplau, 1997; Zivony & Lobel, 2014). These studies also indicate that people make assumptions about bisexual individuals' future relationships and sexual identities based on their beliefs about bisexual people and characteristics of the bisexual individual. People seem to use the gender of a bisexual individual's partner to infer his or her "true" sexual orientation, leading them to expect bisexual indi-

viduals in current same-sex relationships to be in same-sex relationships in the future and to identify as lesbian or gay, and to expect bisexual individuals in current different-sex relationships to be in different-sex relationships in the future and to identify as heterosexual. Further, beliefs about bisexual people also influence assumptions about their future relationships and identities, such that people who believe that bisexual individuals are sexually irresponsible expect them to be in a noncommitted or nonmonogamous relationship in the future, and people who do not think bisexuality is a legitimate sexual orientation expect them to change their identities in the future.

Reducing Binegativity—Interventions and Promising Directions

Bisexual people experience substantial health disparities due to the stigmatization of bisexuality and their disproportionate exposure to stigma-related stressors (for review see Feinstein & Dyar, 2017; Chap. 9 of this book). As such, it is critical to develop and implement population-level interventions to reduce binegativity. Despite this need, there has been minimal research on this topic. However, research examining interventions to reduce other types of bias, including homonegativity, can provide a framework for the development of interventions to reduce binegativity. This section briefly describes the two most promising approaches to reducing homonegativity—intergroup contact and multicultural education—and reviews the handful of studies that have examined the potential efficacy of these approaches in reducing binegativity.

Intergroup contact theory posits that bias results from a lack of positive interpersonal contact between social groups and can be reduced through positive intergroup contact (Allport, 1954; Pettigrew & Tropp, 2006). An extensive body of research has supported the efficacy of positive social contact between biased individuals and individuals from stigmatized social groups in reducing bias, including homonegativity (for meta-analyses see Bartoş, Berger, & Hegarty, 2014; Pettigrew & Tropp, 2006). While no experimental studies have examined the efficacy of intergroup contact in reducing binegativity, several correlational studies have examined the association between knowing a bisexual person and binegativity. Studies with heterosexual (Bruin & Arndt, 2010; Eliason, 1997; Feinstein et al., 2016; Lytle, Dyar, Levy, & London, *in press*; Mohr & Rochlen, 1999) and lesbian and gay samples (Feinstein et al., 2016; Lytle et al., 2017; Mohr & Rochlen, 1999) consistently demonstrate that knowing at least one bisexual individual is associated with less hostility toward bisexual individuals and higher perceptions of bisexuality as a stable and legitimate sexual orientation. Research also indicates that more positive and high quality contact (e.g., friendship) has an even stronger association with lower binegativity (Lytle et al., 2017).

However, one study using lesbian and gay participants found a different pattern of results. S. Cox, Bimbi, and Parsons (2013) examined the association between the frequency of four types of social contact (socialization, dating, friendships, and sex) and a study-specific measure of binegativity in a sample of lesbian women and gay men. They found that dating bisexual individuals and having sex with bisexual individuals were associated with higher binegativity, whereas socializing with bisexual individuals and having bisexual friends were not significantly associated with binegativity. This suggests that more sustained and intimate contact with bisexual individuals may be associated with more negative attitudes toward bisexual individuals among lesbian women and gay men. Other research indicates that having had a negative experience dating a bisexual person is associated with decreased perceptions of the stability of bisexuality (Mohr & Rochlen, 1999). While S. Cox et al. (2013) did not assess whether dating experiences were positive or negative, it is possible that the association between dating/having sex with bisexual partners and binegativity may be explained by negative experiences. Additionally, their study-specific measure of binegativity reflected negative attitudes toward bisexual individuals and perceptions that bisexual individuals are not accepted within lesbian, gay, and heterosexual communities which are two distinct constructs. Therefore, it is unclear if their findings extend to both aspects of binegativity that their measure captured and it is difficult to compare their findings to other studies.

As all existing studies of the association between intergroup contact and binegativity have been cross-sectional, future research should test the efficacy of intergroup contact in reducing binegativity using experimental or longitudinal studies. Such studies would help determine the extent to which the association between intergroup contact and lower binegativity is a result of individuals already lower in binegativity being more likely to pursue social contact with bisexual individuals or arises from decreases in binegativity following intergroup contact with bisexual individuals.

Multicultural education posits that bias results from a lack of knowledge about other groups and that learning about other groups will reduce bias (e.g., Banks & Banks, 2013). Research indicates that multicultural education is effective in reducing prejudice toward a variety of marginalized groups, including sexual minorities (e.g., Bartoş et al., 2014). A recent study used two real *The New York Times* newspaper articles regarding the existence of male bisexuality (one supporting its existence and one denying its existence) as the basis for a multicultural education intervention for reducing binegativity (K. Morrison, Gruenhage, & Pedersen, 2016). Participants were randomly assigned to read one of the two articles or to a control condition in which no article was read. Results suggest that exposure to the legitimate identity article was associated with lower binegativity compared to the no article condition among lesbian and gay participants, but not among heterosexual or bisexual participants. Of note, the difference in binegativity between the legitimate identity and no article condition did not reach statistical significance—although this may be due to the small number of lesbian and gay participants included in the study ($n = 31$). Exposure to the illegitimate identity article did not result in higher binegativity in

any sexual orientation group. Further research is needed to test the efficacy of multicultural education interventions in reducing binegativity.

General Conclusion

Bisexual individuals face a number of stressors as a result of the stigmatization of bisexuality, and these stressors contribute to the health disparities faced by bisexual people. This provides an impetus to study binegativity and factors that may be harnessed by interventions to reduce binegativity. Research indicates that binegativity is comprised of stereotypes that bisexuality is an illegitimate and unstable sexual orientation, stereotypes that portray bisexual individuals as sexually irresponsible, and hostility toward bisexual people. The endorsement of binegativity appears to differ based on the gender and sexual orientation of the rater and the gender of the bisexual target. Results overall suggest that: (1) heterosexual men are more binegative than heterosexual women; (2) heterosexual women report similar views toward bisexual men and women, whereas heterosexual men report more favorable views of bisexual women compared to bisexual men; and (3) compared to heterosexuals, lesbian women and gay men report more positive attitudes toward bisexual individuals. Several correlates of binegativity have been demonstrated, including older age; lower income and education; and conservative beliefs. Experimental studies demonstrate that bisexual individuals are viewed more negatively than heterosexual, lesbian, and gay individuals even when they are described identically. Finally, intergroup contact and multicultural education interventions show promise as the basis for future interventions to reduce binegativity in the general population.

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7 Female Bisexuality: Identity, Fluidity, and Cultural Expectations



Breanne Fahs and Kimberly M. Koerth

Abstract This chapter closely examines female bisexuality by looking at the differences between how it has worked as a self-identity (i.e., women saying or deciding that they are bisexual) compared to the behavioral components of women who do not identify as bisexual but nevertheless engage in sexual behavior with both men and women. We also contrast self-identity with the social beliefs that female bisexuality is “just a phase.” We first survey these literatures in order to unpack the tension between self-identity and social scripts about bisexuality, including historical invisibility and emerging issues in self-identity. We then focus on sexual fluidity, or the notion that many women “become” (and unbecome) bisexual over their lifetimes. This includes a detailed examination of *performative bisexuality* (Fahs. *Journal of Bisexuality*, 9(3), 431–449, 2009; Fahs. *Performing sex: The making and unmaking of women’s erotic lives*. Albany, NY, 2011), where women engage in same-sex behavior in front of men in order to please male partners or audiences. We conclude the chapter by examining cultural framings of female bisexuality, particularly how bisexuality appears in popular culture, followed by a brief examination of and possibilities for the future of female bisexuality. All in all, this chapter looks at the intersections between female bisexuality and power, agency, and (in)visibility in order to situate it within our contemporary context.

Keywords Women’s bisexuality · Performative bisexuality · Social scripts · Sexual fluidity

Introduction

While bisexuality has gained some visibility in recent decades within popular and social scientific literatures, female bisexuality continues to hide in plain sight. Called alternatively a phase, a transitory identity, a call for attention, a

B. Fahs, Ph.D. (✉) · K.M. Koerth, Ph.D.
Arizona State University, Tempe, AZ, USA
e-mail: Breanne.Fahs@asu.edu; kimberly_koerth@yahoo.com

sexual orientation, and a fluid state of being, female bisexuality troubles and upsets the dichotomies of sexuality. As Jennifer Baumgardner (2007) wrote in *Look Both Ways*,

In a sex obsessed world, it appears that no one wanted to know about bisexual sex. Why? Well, because it's not a 'real' sexual orientation somehow...Besides it's just a phase. Did I mention that bi is code for gay? And, you know, it's just a trendy way for straight girls to fit in with other radical and oppressed folks. (p. 8)

Female bisexuality has operated as a troubling/troublesome category of sexual identity, provocatively redefining “gay rights,” offering a critical view of heterosexuality, and reflecting new social scripts about the fluidities of sexuality.

Research on female bisexuality has suggested that it has ambiguous qualities that are difficult to adequately assess or study. Interpretations of what “counts” as bisexual vary widely across groups, as some researchers measure bisexuality as a partner identity choice (e.g., being interested in men and women) while others measure it based on sexual activity (e.g., ever had sex with both men and women) or attraction to different genders. Still others argue that it might constitute a political identity, one chosen as an explicit refusal of heteronormativity; in this latter framing, actual sexual behavior is less relevant than the cognitive and/or political framing around bisexuality. Bisexuality has also been evicted from parts of the gay and lesbian rights movement (Zinoy & Lobel, 2014), situated as not a “real” identity and thought about as a temporary phase. Phrases like “lesbian until graduation” and “bisexual until graduation” fit with this model (Baumgardner, 2007). Headlines like “Straight, Gay, or Lying? Bisexuality Revisited” (Carey, 2005) also suggest that the popular news media often does not view female bisexuality as a legitimate or valid identity.

Yet, bisexual identity and, to a greater degree, bisexual practices are remarkably common among women. Mosher, Chandra, and Jones (2005) found that 11% of women ages 15–44 reported having had some kind of sexual experience with other women, with women reporting that they were three times more likely than men to have had both male and female partners within the last year. Further, in a study of US college women who self-identified as heterosexual, a full 30% reported having feelings for other women (Hoburg, Konik, Williams, & Crawford, 2004), a number far greater than those reported by men in national surveys (Laumann, Gagnon, Michael, & Michaels, 1994). These numbers suggest that continued research about female bisexuality—particularly differentiating bisexuality as an identity, bisexuality as a phase, and bisexuality as a behavior—will guide not only public policy interventions and legal protections but also will help researchers “find” bisexuality in its less obvious forms.

This chapter closely examines female bisexuality by looking at the differences between how it has worked as a self-identity (i.e., women saying or deciding that they are bisexual) compared with the social beliefs that bisexuality is “just a phase,” alongside an examination of bisexuality and sexual fluidity, performative bisexuality, and the social scripts associated with bisexuality. We first survey these literatures in order to unpack the tension between self-identity and social scripts about bisexuality, including historical invisibility and emerging issues in self-identity. We then focus on sexual fluidity, or the notion that many women “become” (and unbecome) bisexual over their

lifetimes. This includes a detailed examination of *performative bisexuality* (Fahs, 2009, 2011), where women engage in same-sex behavior in front of men in order to please male partners or audiences. We conclude the chapter by examining cultural framings of female bisexuality, particularly how bisexuality appears in popular culture, followed by a brief examination of and possibilities for the future of female bisexuality. In all, this chapter looks at the intersections between female bisexuality and power, agency, and (in)visibility in order to situate it within our contemporary context.

Self-Identity

Historical invisibility. The story of failing to “find” female bisexuality has long historical roots. Historians suggest that male bisexuality was recognized, and considered normative, in periods as early as antiquity, though little mention is made of female bisexuality in these periods (Angelides, 2001; Garber, 1995). While male bisexuality often connects to coming-of-age narratives and ritual (Ryan, 2007), historians have not identified such connections for female bisexuality. Whether this is because female bisexuality did not exist (unlikely) or whether it has simply been ignored, marginalized, and trivialized (more likely) remains unclear. The poet Sappho represents one notable exception to the absence of prominent bisexual women, as she was widely celebrated and remembered for her bisexual romantic and physical connections with other women (Greene, 1999). Notably, however, the labels *bisexual*, *homosexual*, and *heterosexual* did not appear widely until the nineteenth century, before which people did not acquire labels based on sexual orientation in the way they do today (Weeks, 1990).

Still, the historical emergence of the label *bisexual* did not usher in an era of acceptance or lead to the embracing of female bisexuality. The Victorian period, which began a period of classification and evaluation of sexual practices, behaviors, and attractions, had disdain for overt expression of female sexuality, labeling sexual women as mad, unstable, and insane (Foucault, 1978). Even Sigmund Freud—who argued that bisexuality was an innate childhood predisposition—could not rescue female bisexuality from the clutches of the so-called “abnormality” (Gerhard, 2000). Later, when Alfred Kinsey famously found that 37% of men had reached orgasm with another man, leading to his sexual continuum which measured sexual orientation on a 0-6 scale, he largely ignored female bisexuality (Kinsey, Pomeroy, Martin, & Sloan, 1948). Today, female bisexuality is continually subjected to male-centered biases and lack of recognition among social scientists (Rust, 2000).

Identifying female bisexuality: Identity, attraction, and behavior. Debates continue about how to adequately measure bisexuality, in general, and the prevalence of female bisexuality, in particular. For example, researchers measure bisexuality in varying ways based on people’s self-selected identities, sexual attractions, and sexual practices. Some scales like the Bisexuality Inventory use many items—in this case 46—to indicate the certainty, centrality, and satisfaction of bisexual self-iden-

tity (Paul, Smith, Mohr, & Ross, 2014), while other data sets like the National Longitudinal Study of Adolescent Health use three items to trace the sexual behaviors, attractions, and self-selected identities of respondents (Russel & Seif, 2010). Further, studies that try to establish overlaps between bisexual identities, preferences, and behaviors find that there is little congruency between these dimensions (Korchmaros, Powell, & Stevens, 2013). Depending on which characteristic of bisexuality researchers emphasize, as well as the type of measures and sampling techniques used, the estimates of the prevalence of bisexuality vary dramatically. Researchers measure bisexuality as a behavior, an attraction, and a self-identification, all leading to different results and rates of prevalence.

Self-identity. Differences between self-identity and identified attraction yield wildly different results statistically. For example, the 2008 national sample of 124,000 young and middle-aged individuals found that 4.9% of women and 1.3% of men self-identified as a bisexual, while 15.3% of women and 4.9% of men reported attraction to both sexes, respectively (Chandra, Mosher, & Copen, 2011). In a summary of another two national samples, Gates (2014) reported that the General Social Survey and National Health Interview Study indicated that between 0.6% and 1.6% of individuals over 18 years old self-identify as bisexual. Nevertheless, even with all this variance in the proportion of individuals who self-identified as bisexual, almost all studies agree that there is a much higher percentage of bisexual individuals among women than men, and that self-identified bisexual individuals tend to be slightly younger than the lesbian, gay, or heterosexual populations. This collectively suggests that studying *female* bisexuality as a distinct entity (rather than lumping women and men together in the study of bisexuality) has definite merits for self-identified bisexuality.

Bisexual attraction. Researchers also measure bisexuality as a set of attractions, where researchers emphasized same-sex *attraction* instead of self-identified bisexuality. For example, Korchmaros et al. (2013) asked participants what label they used, who they *wanted* to have sex with, and who they were having sex with, thus giving relevance to both behavior, identity, and, in this way, attraction or desire. Similarly, Hoburg et al. (2004) identified both attraction and identity in order to separate these constructs meaningfully when looking at women's sexualities. Same-sex attractions and fantasies have comprised major components of other researchers' works (e.g., Diamond & Savin-Williams, 2000). Complicating this further, Laumann et al. (1994) found in the National Health and Social Life Survey that more women reported finding same-sex eroticism "appealing" than did those women who reported outright sexual attraction.

Bisexual behavior. Perhaps more commonly, bisexuality is measured as a set of behaviors and actions, as researchers who study bisexuality have emphasized same-sex sexual behavior between women rather than self-identification as *bisexual*. This is especially true for public health researchers who study the spread of sexually transmitted infections, as behavior takes precedence over identity or attraction (Bevier, Chiasson, Heffernan, & Castro, 1995). Paula Rust (1992, 1993) was an early proponent of diversifying thinking about bisexuality to include both behavior and identity, with an emphasis that many women may engage in same-sex behavior without the self-labeled identity of bisexual.

Looking more closely at bisexuality in women, many women expressed conflict about their bisexual identity, as they had difficulty with the lack of cultural recognition of their identity. Bisexual women spoke in more conflicted ways about their sexuality than did their heterosexual or lesbian counterparts (Moore, 2005). Many more bisexual people in Australia remain closeted compared to lesbian and gay individuals due to a fear of being rejected or discriminated against (McLean, 2008). As Marjorie Garber (1995) has famously argued, female bisexuality is not a “third” identity category, but one that destabilizes and unsettles the entirety of sexual identity, particularly monosexual identity and same-sex sexual identities. It does so by challenging the notion of sexual orientation as a dichotomy—one *or* the other. Bisexuality has an unsettling quality for the whole of sexual identity.

The labels “bisexual” and “noncategorical” were increasingly appealing options for women who resisted the descriptors of “lesbian” and “heterosexual,” in part because they described their sexual activities and in part because they represented a refusal to be dichotomized as monosexual (Savin-Williams, 2005). Bisexuality helped women to remove labels and resist the policing of sexual identity categories (Berenson, 2001). Bisexuality has also been selected as an identity for those who want to deconstruct traditional models of sexual identity, as it creates space for fluidity and malleability in ways that *lesbian* and *heterosexual* typically do not (Blumstein & Schwartz, 1990; Rust, 1992). (Notably, however, in terms of public policy this can be disastrous, as in the case of bisexual refugees and immigrants who were denied protections until 1994 based on their sexual orientation, see Sin, 2015.)

Sexual Fluidity

Questions of sexual fluidity—or changing, flexible sexualities that move and shift throughout the lifetime—have also destabilized notions of a fixed sexual identity. Sexual fluidity is not antithetical to bisexuality; often sexual fluidity is a core part of bisexual identity. Female bisexuality appears in the literature as more fluid than male bisexuality (Katz-Wise & Hyde, 2015), raising questions about the cultural, social, and psychological reasons for this difference. Lisa Diamond argued in her early work on sexual fluidity:

scientists and laypeople continue to debate whether bisexuality is (a) a temporary stage of denial, transition, or experimentation; (b) a “third type” of sexual orientation, characterized by fixed patterns of attraction to both sexes; or (c) a strong form of all individuals’ capacity for sexual fluidity. (2008, p. 5)

This premise—whether bisexuality is a phase, a temporary stage, something fixed, or something fluid—continues to perplex researchers of human sexuality. Female bisexuality is continually subjected to notions that it is something one will abandon on the way to a solely heterosexual or lesbian “permanent” identity (Eisner, 2013; Rust, 2002). For example, bisexuality is marketed to lesbian and heterosexual women as the latest fashion trend (e.g., “sport fuck,” “hot sex,” “purely temporary,” “safer sex,” and “transgressive”), with an emphasis on sexual desire over political

analysis; this works to depoliticize and erase links between female bisexuality and feminist politics (Wilkinson, 1996). Bisexual people are framed negatively by mainstream media either as engaging in a temporary phase on the path to a more fully realized lesbian existence, or as immature, confused, untrustworthy, and incapable of monogamy (Hayfield, Clarke, & Halliwell, 2014).

While questions of whether bisexuality constituted a “phase” or a permanent identity appeared earlier in the literature (Bronn, 2001), the first major longitudinal work on female bisexuality did not appear until Diamond’s (2003) groundbreaking study. Diamond researched women who identified as lesbian or bisexual during their late teens and early 20s and found that 75% of them still identified as bisexual or lesbian five years later. Of the 25% who no longer identified as lesbian or bisexual, half of them adopted the label *heterosexual* and half abandoned all labels and did not accept any particular sexual identity. Diamond’s later (2008) study found similar results; women did not conceptualize bisexuality as a phase but instead saw it as something stable. Few women had relinquished bisexual and lesbian identities; in fact, more women had adopted these labels by the end of the study. These studies collectively suggest that bisexuality is not simply a phase but a relatively stable social identity (Weinberg, Williams, & Pryor, 1994).

Families can also engage in binegative practices that invalidate bisexual women’s experiences of their sexual identities (Todd, Oravec, & Vejar, 2016). For example, bisexual people’s experiences with coming out to their families differed depending on the sex of their current partner, as some women did not come out as bisexual or deferred coming out as bisexual because of heteronormative beliefs of their families, while others felt that coming out as bisexual would be easier on family members than coming out as gay (Scherrer, Kazyak, & Schmitz, 2015). When not experiencing overly hostile contexts, bisexual women reported that their own experiences of bisexuality reflected a politics of invisibility and invalidity as a result of these negative framings (Hayfield et al., 2014).

Conceptualizing bisexuality as “selfish” has become a focal point criticism from researchers who want to nuance and expand definitions of bisexuality. Binegativity and the exclusion of bisexuality from the lesbian and gay rights movement, continues to undermine the political potential of bisexuality (Eisner, 2013). As a study on Latino/a youth demonstrated, bisexuality is a dynamic interactive process where people construct new possibilities for thinking about sexuality and identity (Yon-Leau & Munoz-Laboy, 2010). For example, many contradictions arise depending on whether researchers study female bisexuality as fixed or fluid. (This does not mean that people are either fixed or fluid in their sexual orientation but rather that researchers have different viewpoints about the malleability of sexual identity.) One study found that despite high variability in same-sex attraction and self-identity, lesbian, bisexual, and sexually fluid women had a core identity that came through in the analysis of their daily diaries (Farr, Diamond, & Boker, 2014). This suggests that, while we may expect lesbian, bisexual, and gay individuals to have a core identity, sexually fluid people also reported this.

In addition, another related study found that 63% of women reported sexual fluidity in attractions, and 48% reported fluidity in sexual orientation identities, with sexually fluid females reporting more positive attitudes toward bisexuality than non-sexually fluid females (Katz-Wise & Hyde, 2015). Beyond this, though, recent literature has suggested that “queering” female bisexuality is crucial to understanding its shifting meanings; that is, female bisexuality is not simply an identity based on attraction to both men and women, but instead is an attraction beyond categories of men/women, cis/trans, straight/queer, and so on (Mereish, Katz-Wise, & Woulfe, 2016). The notion of queering bisexuality also speaks to the difficulty of labeling, understanding, and (empirically) measuring bisexuality, as it is permanently against neat categories and working to upend traditional ways of thinking about sexual orientation. Queer-identified bisexual women had more sexual fluidity in their identities and more variability in their sexual behaviors with partners (Mereish et al., 2016). Further, links between nonbinary gender relationships and nonbinary sexual identities have also recently appeared, suggesting that sexual fluidity may also link up with gender fluidity and other nonbinary identities (Better, 2014). Polyamorous people, for example, were more likely than monoamorous people to identify their sexuality in nonbinary and nontraditional ways (Manley, Diamond, & van Anders, 2015).

Performative Bisexuality

Perhaps in part because some heterosexual men are turned on by female bisexuality (Kimmel & Plante, 2002), men’s acceptance of female bisexuality is higher than men’s acceptance for male bisexuality (Yost & Thomas, 2012). Women’s sexuality is arguably more malleable and susceptible to shifts in cultural thinking about sexuality than is men’s sexuality, in part because women have far less social and political power than do men (Baumeister, 2000). For example, in one study, participants expressed more binegativity toward bisexual men than bisexual women, labeling bisexual men as “really gay” while calling bisexual women “sexy” and “really heterosexual” (Yost & Thomas, 2012). As a related finding, women are experimenting with bisexual behavior at increasing rates (Thompson, 2007) even when they do not necessarily identify as bisexual (Fahs, 2009). Cultural critic Ariel Levy (2005) wrote extensively on women during spring break who performed in *Girls Gone Wild* videos—where women showed their naked bodies and often performed sexual actions on demand—and how female bisexuality can get appropriated by the male gaze. She wrote,

It sounds like a fantasy world dreamed up by teenage boys. A world of sun and sand where frozen daiquiris flow from faucets and any hot girl you see will peel off her bikini top, lift up her skirt ... all you have to do is ask ... what’s strange is that the women who populate this alternate reality are not strippers or paid performers, they are middle-class college kids on vacation—they are mainstream. And really, their reality is not all that unusual. (Levy, 2005, p. 17)

This form of situational bisexuality (likely one that especially embodies the accusation of bisexuality as a phase) has been documented by other researchers as well (Esterline & Galupo, 2013; Hoberg et al., 2004; Wilkinson, 1996).

Recent years have seen a surge of popularity in “performative bisexuality” (Fahs, 2009, 2011), defined by Fahs as heterosexual-identified women engaging in homoerotic behavior with other women, usually in front of men and in social settings like fraternity parties, bars, and clubs. This behavior is typically (though not always) done for the purposes of arousing a male audience. Fahs (2009, 2011) found that younger women more often reported engaging in public displays of performative bisexuality while older women reported more pressure to perform bisexuality in private (e.g., group sex). Fahs also found that experiences with performative bisexuality did not consistently predict political attitudes that supported full civil rights for the LGBT community, indicating disconnection between behavior and attitudes. Still, Esterline and Galupo (2013) found that women who engaged in performative bisexuality reported more positive attitudes about same-sex marriage than did women who did not engage in this behavior. Further, women were more likely than men to be asked to engage in same-sex behavior, while men who requested same-sex behavior from women reported more sexist and homonegative attitudes than men who did not request this behavior (Esterline & Galupo, 2013).

A related study of sexual minorities found that sexual minority women were asked more frequently to engage in performative bisexuality than sexual minority men (Boyer & Galupo, 2015). Also, sexual minorities were expected to engage in performative bisexuality to authenticate their sexual orientation label (Boyer & Galupo, 2015). This may arise from the bias that women’s bisexuality relates more to behavior while heterosexuality relates more to people’s emotions about sexuality; Swan and Habibi (2015) found that when 174 heterosexual undergraduates were asked to read a list of behaviors or emotions a woman had performed with, or felt toward, a same-sex or opposite-sex partner, they labeled people as bisexual based on what they did rather than how they felt. Notably, Swan and Habibi (*in press*) found the opposite for men, as men were labeled bisexual for almost all same-sex sexual behaviors and emotions, suggesting different versions of binegativity and bi-erasure for women and men, respectively.

Cultural Framings of Female Bisexuality

Popular culture and bisexuality. Popular culture’s relationship to bisexuality reflects many of the same pitfalls seen in the scholarly literature, with female characters engaging in performative bisexuality for heterosexual men, and bisexual female characters’ sexualities being treated as just a phase (Meyer, 2010; San Filippo, 2013). Characters are rarely depicted as bisexual unless their bisexuality is the point of the story; when bisexuality is included, it is often used to hint at other personality characteristics, from indecisiveness to recklessness to selfishness (Koerth, 2016). For example, female characters in their teens and twenties who are

presumed heterosexual will often experiment with kissing women, while characters who come out as lesbian later in life often totally disavow their heterosexual marriages or relationships, rather than adopting a bisexual identity. Bisexuality is often seen as a stepping stone en route to a different identification (Meyer, 2010).

Surveying popular culture depictions of bisexuality, it becomes evident that television is the site of the most apparent and significant LGBTQ characters, with its ability to follow characters through arcs over the course of many episodes. Though the number of lesbian and gay characters on television has skyrocketed in recent years, the number of bisexual characters has lagged behind (Raley & Lucas, 2006). GLAAD's annual media report from 2015 reported that there were 70 lesbian, gay, and bisexual characters in primetime programming on broadcast networks with only 14 of those characters depicted as bisexual. This is a stark increase from GLAAD's first media report in 2005, which noted that there were 16 lesbian, gay, and bisexual characters, only one of which was bisexual (GLAAD, 2005). The increase in programming not beholden to advertisers, such as the shows produced by Netflix, has given rise to more diverse characters than those traditionally seen on television, but these portrayals are often plagued with conservative and traditional gender roles, or hyper-stereotyped characteristics like depicting bisexuality as a phase (Koerth, 2016). Even when shows feature a character behaving in a way that could be described as bisexual (e.g., having sex with both men and women or expressing sexual interest in both men and women), they are rarely identified as such, and even more rarely self-identified as such (Koerth, 2016; San Filippo, 2013). Instead, their bisexuality is seen as a power move or a clue about their greedy personalities, which plays into negative stereotypes of bisexuality (Meyer, 2010).

The invisibility of bisexuality. Researchers overwhelmingly show that bisexuality continues to be an invisibilized and ignored identity, particularly for women. Marjorie Garber (1995) has claimed that bisexuality is made invisible because of our allegiance to dichotomies and to historical notions that sexual identities eventually represented “types” of people rather than sexual behaviors. Jennifer Baumgardner (2007) argued that women's bisexuality, like many other liminal identities, is marginalized, ignored, and sidelined in comparison to lesbian and gay identities. Tensions in social movements about whether bisexuality should count as part of lesbian and gay rights struggles only further marginalizes it (Angelides, 2001). For example, because bisexuals can escape public scrutiny when partnered with different-sex partners, some queer rights advocates argue that bisexual individuals do not face the same stigma as lesbian and gay individuals because they can pass as heterosexual (Lingel, 2009). Further, the cultural invisibility of female bisexuality outside of stereotyped depictions of women “trying out” bisexuality to please men has amplified its complicated status as at once ubiquitous and invisibilized (Fahs, 2009).

Because of the gender differences in bisexuality, where women report far more sexual fluidity than men, researchers have begun to theorize about and study why such strong gender differences exist. Some have suggested that bisexual men face more stigma than bisexual women because many cultures or societies disavow male bisexuality while being more tolerant of female bisexuality, which may explain why

fewer women suppress their bisexuality given that they face less stigma than men (Eisner, 2013). One study of Portuguese gay and lesbian individuals found that Portuguese lesbian women had the lowest levels of internalized homonegativity and were most likely to be out, while Portuguese bisexual men had the highest levels of internalized homonegativity and were less likely to be out than bisexual or lesbian women (Costa, Pereira, & Leal, 2013), suggesting that stigma and bisexual disclosure may also extend on a more global scale.

Others have suggested that, because female bisexuality can be appropriated by the male gaze (e.g., incorporated into pornography that targets heterosexual men), it may be more culturally acceptable than male bisexuality (Eisner, 2013). Regardless, these gender differences have created different levels of acceptance for bisexuality and shape the cultural contexts in which women experience their bisexual attractions and desires. Female bisexuality is uniquely positioned to both encourage and shame women for expressing their sexual identity, giving bisexuality possibilities for politics of liberation, or regressive, conservative, and neoliberal politics.

Conclusion: The Future of Female Bisexuality

The portrait of female bisexuality is ever-changing and deeply connected to broader stories embedded in feminist politics, LGBTQ rights, and neoliberalism. There is growing recognition that female bisexuality differs in notable ways from male bisexuality, both in terms of sexual fluidity, stigma, and popular culture depictions. At the same time, female bisexuality is also shaped by, and beholden to, conservative and traditional gender roles that disempower women's sexuality and appropriate female bisexuality for male pleasure. This appropriation of female bisexuality for the male/pornographic imaginary impacts women and their sexual possibilities, and limits their sense of personal expression and social, political, and collective organizing around issues of bisexual identity. The cultural appropriation of female bisexuality as a stimulus for the patriarchal erotic imagination impacts women's sense of what bisexuality means and how to express it. Measuring, studying, and assessing who is bisexual, and what that means politically, is deeply impacted by these cultural appropriations, giving performative bisexuality a salience for researchers interested in bisexual identities and social movements.

The future of female bisexuality will be one where the battlegrounds of *choice* and *neoliberalism* (e.g., "I can choose to hook up with women *and* not believe in gay rights!") will collide with the full force of feminist and LGBTQ rights politics, such that bisexuality, in its liminal, middle, tension-producing state, will continue to agitate, resist, and rebel against easy caricatures and stereotypes. Some emerging questions include: What might female bisexuality look like as it moves more into the mainstream or becomes commonly accepted in social and popular culture? How can we understand bisexuality not as a "third" sexual identity but as an identity that troubles and complicates heterosexuality and homosexuality in meaningful and impactful ways? What consequence will it have politically if women sometimes

identify with bisexuality and sometimes do not, both as their sexuality shifts and changes, and as bisexuality moves between invisibility to visibility? How can bisexuality serve as a form of political and social resistance, and how might it serve the interests of conservative and traditional gender and sexual roles? Ultimately, the current research on women's bisexuality suggests that if bisexuality can push back against negative appropriations and misrepresentations it can be an identity filled with possibilities for resistance to compulsory heterosexuality (Rich, 1980), compulsory bisexuality (Fahs, 2009), and social scripts that diminish the complexity of women's rich and fluid sexual lives.

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8 The Male Bisexual Experience



Corey E. Flanders

Abstract This chapter addresses issues related to bisexual men, including the population size of bisexual men in the USA, bisexual stigma such as stereotypes and erasure, identity development and disclosure, bisexual men’s relationships and health, and mental health resilience among bisexual men. While the reported number of bisexual men is increasing in the USA, they still face considerable levels of stigma from both heterosexual and gay and lesbian populations. In particular, large numbers of nonbisexual people in the US stereotype bisexual men as likely to be HIV-positive or have other sexually transmitted infections. Further, bisexual men are often erased in both scientific research and society at large. Bisexual stigma may have consequences for the identity development, relationships, and health of bisexual men. However, there is some research that highlights the positive experiences and resiliency of this population. Future research should include bisexual men as an independent group and, in particular, attention should be paid to be more inclusive of bisexual men who experience marginalization as a result of race, gender, and disability.

Keywords Bisexuality · Male bisexuality · Binegativity · Bisexual erasure · Bisexual relationships · Bisexual men’s health

This chapter covers issues related to male bisexuality. Bisexuality is defined in a multitude of ways, including definitions based on self-identity, as well as sexual and/or romantic attraction and behavior with more than one sex or gender (Flanders, LeBreton, Robinson, Bian, & Caravaca-Morera, 2017). This chapter addresses research pertaining to all of these definitions of bisexuality. For the purposes of this chapter, “male” is defined as encompassing all people who self-identify as men—cisgender (i.e., one who identifies as the same sex they were assigned at birth) and transgender inclusive. However, as the majority of research conducted with bisexual men is with those who are cisgender, much of the research reported within this chapter is based on the experiences of cisgender bisexual men. The topics in this chapter include the range of reported numbers of men who identify as bisexual,

C.E. Flanders, Ph.D. (✉)
Mount Holyoke College, South Hadley, MA, USA
e-mail: cflander@mtholyoke.edu

experience attraction, or engage in sexual behavior with more than one gender, attitudes and stigma toward bisexual men, levels and experiences of outness, and how negative attitudes contribute to unique challenges with relationships and experiences of health for bisexual men. The goal of this chapter is to provide a comprehensive summary of the distinctive issues associated with male bisexuality, as supported by recent research.

The Number of Bisexual Men in the USA

Measuring the size of a particular sexual orientation group is often a challenging endeavor, due both to the willingness of individuals to report their sexual identity, attraction, or behavior, as well as due to varying methods of measuring sexual orientation. For instance, sexual minority groups, including bisexuality, are largest if measured by sexual attraction, smaller if asking about history of sexual behavior, and smaller still if asking about self-identity (Copen, Chandra, & Febo-Vazquez, 2016; Gates, 2011). Even when limiting the measurement to those who self-identify as bisexual, rates vary across place and time. In a brief report for the Williams Institute, Gates (2011) synthesized findings across several population surveys conducted from 2004 to 2010 and concluded that of the men who identified as a sexual minority, substantially more men identified as gay in contrast to bisexual. This finding is consistent with much of the literature on gay and bisexual men, in that rates of men who identify as gay tend to be higher than those who identify as bisexual (e.g., Ward, Dahlhamer, Galinsky, & Joestl, 2014). More recently, data from the 2011 to 2013 National Survey of Family Growth in the USA indicate that this trend may be changing. Copen et al. (2016) reported that within the survey, 2.0% of men between the ages of 18–44 identified as bisexual, compared to 1.9% of men who identified as gay. Based on the 2010 US Census data, 112,806,642 people in the USA are between the ages 18–44, including approximately 55,500,868 men. This means that there are around 1.1 million men who identify as bisexual living in the USA, not counting those who are younger than 18 or older than 44; considerably more men experience attraction to and engage in sexual activity with people of more than one sex or gender.

Stigma toward Bisexual Men

Bisexual men experience significant levels of stigma. Bisexual stigma includes negative attitudes, stereotypes, and discriminatory behaviors targeting bisexual people. Bisexual stigma takes the form of binegativity, the prejudice and discrimination toward bisexual people, and monosexism, the privileging of monosexual orientations to the denial of bisexuality (Ross, Dobinson, & Eady, 2010).

Heterosexual attitudes toward bisexual men. Historically, heterosexual people perceive bisexual people—and bisexual men in particular—more negatively in comparison to gay and lesbian people (Eliason, 1997; Herek, 2002). In Herek's (2002) population survey of 1335 people, bisexuals were evaluated more negatively than all religious, racial, ethnic, and political groups. People who use injection drugs were the only group to be evaluated more negatively than bisexual people. More recent research supports the continued existence of negative attitudes toward bisexual people (Arndt & de Bruin, 2011; Dodge et al., 2016; Friedman et al., 2014; Yost & Thomas, 2012), and toward bisexual men specifically (Dodge et al., 2016; Yost & Thomas, 2012).

Yost and Thomas (2012) asked 164 heterosexual women and 89 heterosexual men about their attitudes toward bisexual men and women. Overall, participants rated male and female bisexual people negatively, and rated bisexual men more negatively than bisexual women. Female participants showed little difference in their negative ratings of bisexual men and women, but male participants rated bisexual men less positively than bisexual women. Participants overall were also more likely to doubt the bisexual identity of a man in contrast to a woman, and specifically were more likely to state that he was “really gay” than they were for bisexual women (Yost & Thomas, 2012, p. 698). This is similar to findings reported by Flanders and Hatfield (2014), in which a man who engaged in sexual behaviors with more than one gender was perceived to be more homosexual and less heterosexual than a woman who engaged in the identical behaviors. Though not necessarily a negative attitude, Yost and Thomas (2012) also found that bisexual men were more often evaluated by participants as gender nonconforming in contrast to bisexual women.

Dodge and colleagues (2016) reported on data from the 2015 US National Survey of Sexual Health and Behavior using the Bisexualities: Indiana Attitudes Scale for attitudes toward bisexual men (BIAS-m), as well as toward bisexual women (BIAS-f). A weighted sample of 3221 nonbisexual, cisgender adults completed the survey, the majority of whom identified as heterosexual. The authors found that participant attitudes toward bisexual men were significantly more negative than those toward bisexual women, further supporting previous findings (Eliason, 1997; Yost & Thomas, 2012).

Gay and lesbian attitudes toward bisexual men. Another unique aspect of stigma toward bisexual men is that gay and lesbian communities as well as heterosexual communities perpetuate it (Ochs, 1996). Roberts, Horne, and Hoyt (2015) conducted a survey of 745 bisexual participants on their experiences of monosexism with heterosexual, gay, and lesbian friends and families. While participants reported significantly more monosexism from heterosexual people, they still experienced substantial monosexism from gay and lesbian people.

Similar to some heterosexual attitudes, gay and lesbian people may also assume that bisexual men are actually gay and just have not come out yet (Brewster & Moradi, 2010), and that bisexual men are attention-seeking and promiscuous (where promiscuity is evaluated negatively; Flanders, Robinson, Legge, & Tarasoff, 2016). However, negative attitudes among gay and lesbian people have been found to

expand beyond this, including assuming that bisexual people are not as committed to queer rights activism (Brewster & Moradi, 2010). As negative attitudes toward bisexual people from both heterosexual and gay and lesbian groups have been identified, researchers emphasize the importance of acknowledging and assessing all nonbisexual people regarding binegativity and monosexism.

Stereotypes and erasure of bisexual men. Beyond global negative attitudes, there are specific binegative stereotypes about bisexual men, as well as bisexual erasure, or the denial of bisexuality as a legitimate, stable sexual identity (Yoshino, 2000).

Bisexual erasure. For bisexual men, bisexual erasure relates to previously mentioned findings in which their identity is more likely to be doubted and they are more likely to be seen as gay than bisexual women (Flanders & Hatfield, 2014; Yost & Thomas, 2012). Bisexual erasure exists both in general society as well as scientific communities. For example, the existence of bisexual men (or more accurately, the existence of genital arousal toward male and female sexual stimuli in a group of men) has been previously contested in scientific research. Rieger, Chivers, and Bailey (2005) conducted a study with 101 men whom the researchers classified as heterosexual ($n = 30$), bisexual ($n = 33$), and gay ($n = 38$). Participants were categorized based on their responses to a series of questions regarding attraction. Each group was exposed to male and female sexual stimuli. The researchers measured arousal by both a circumferential strain gauge (a device that measures changes in penile girth), as well as through participant self-report. The findings of the study indicated that men who were identified as bisexual (determined a self-report Kinsey Scale score greater than 1 and less than 5) in the sample reported attraction to more than one gender, but experienced genital arousal patterns more similar to the group that was identified as gay. The study was widely reported through popular media, including an article by Carey (2005) in the *New York Times* entitled, "Straight, gay or lying? Bisexuality revisited." This article framed the study findings as evidence that bisexual men may not exist.

The findings of the Rieger et al. (2005) study, and subsequent popular media, were strongly critiqued by both scientific communities as well as advocacy organizations. In 2011, follow-up research was conducted in which different inclusion criteria were instantiated to identify a sample of bisexual men (Rosenthal, Sylva, Safron, & Bailey, 2011). Rosenthal et al. (2011) recruited a sample of 35 bisexual men, 31 gay men, and 34 heterosexual men to view male and female sexual stimuli. The bisexual participants had to have had at least two male and two female sexual partners in their lifetime, as well as to have at least one romantic relationship that lasted for a minimum of 3 months with a male partner and a female partner (not necessarily concurrently). As with the previous study, sexual arousal was measured both via a circumferential strain gauge and participant self-report. The study findings in this case identified both genital and self-report arousal to the male and female sexual stimuli.

This series of studies was controversial not only due to their broad media coverage and, in the case of the former, implicated conclusions about the nonexistence of bisexual men, but also due to the implicit monosexism of why this became a question to investigate initially, and that bisexuality was only defined by physical sexual

arousal. Many people who engage in bisexual research and activism have long advocated against the stereotype that to be bisexual, one must have stable and equal attraction across multiple genders, and research continues to support the notion that bisexual men's sexual identities do not dictate their behavior (Dodge et al., 2016). Further, male heterosexual arousal patterns have never been put to the test; such arousal patterns are apparently beyond suspicion in the heteronormative culture of the USA.

Bisexual erasure has been identified outside of scientific communities as well. Qualitatively, some bisexual men have reported others perceiving their identity as illegitimate. For example, a participant in McCormack, Anderson, and Adams' (2014) study reported that while some of his friends were supportive, some explicitly told him that "Bisexuality isn't possible," (p. 1214). Similarly, Flanders et al. (2016) found that some young bisexual men encountered others who did not see their bisexual identity as valid. In such cases, participants were often told they must actually be gay. However, recent research has not supported the stereotype that bisexuality is transitory for men, in that bisexual identity and behavior has been found to be stable among men (Friedman et al., 2017).

Bisexual stereotypes. Many researchers have identified the existence of stereotypes toward bisexual men (Dodge et al., 2016; Flanders et al., 2016; Herek, 2002; McCormack et al., 2014). Common among these stereotypes are that bisexual men are simply confused, that their identity is just a phase, that they are hypersexual and prone to cheat on romantic partners, and that they are vectors for STI and HIV transmission. As mentioned above, Zivony and Lobel (2014) found that people are more likely to endorse bisexual men as confused and indecisive in contrast to gay and heterosexual men. In a nationally representative sample, approximately 34% of participants agreed with the statement, "I think bisexual men are confused about their sexuality," while 31.9% disagreed with the statement (Dodge et al., 2016). There were fewer participants who agreed with the statement, "I think bisexuality is just a phase for men," at 16%, compared to 45.7% of participants who disagreed with the statement.

Researchers have long identified infidelity on the part of bisexual men as a stereotype held by nonbisexual people (Armstrong & Reissing, 2014), as well as that bisexual men are hypersexual. Spalding and Peplau (1997) reported that bisexual individuals were perceived as being "unfaithful lovers," and Zivony and Lobel (2014) found that bisexual men were perceived as untrustworthy and unlikely to maintain a long-term romantic relationship. However, Dodge et al. (2016) found that a minority of their participants (21.5%) endorsed the statement, "Bisexual men are incapable of being faithful in a relationship," compared to the 41.3% who disagreed with it. In relation to hypersexuality, Zivony and Lobel (2014) found that people endorsed the stereotype that bisexual men are promiscuous. This stereotype has also been reported by young bisexual men in qualitative research, such as one participant who was asked by a gay friend, "basically you'll fuck anything 'cause you can't choose?" and another who was told by a gay man that bisexuals are "only attention seeking whores" (Flanders et al., 2016, p. 161). In Dodge et al.'s (2016) study, fewer participants (24.9%) endorsed the statement "Bisexual men would

have sex with just about anyone,” than those who disagreed with the statement (40.9%).

Associated with the stereotypes of hypersexuality and incapacity for sexual fidelity is the stereotype that bisexual men are vectors for HIV and other STIs. If bisexual men are believed to have more potential exposure to STIs through a high number of indiscriminately chosen sexual partners, then that might translate to some individuals as a likelihood of transmitting STIs to others. In particular, this stereotype is both monosexist and heterosexist, as it implicates bisexual men as a bridge, transmitting STIs and HIV from gay male communities to heterosexual women (Friedman et al., 2017; Jeffries, 2015; Montgomery, Mokotoff, Gentry, & Blair, 2003; Sandfort & Dodge, 2008). Black bisexual men are most frequently accused of this behavior, as they are also cast as participating in “down-low” behavior in which one secretly engages in sexual behavior with men while partnered with a woman (Pettaway, Bryant, Keane, & Craig, 2014). This was the most commonly endorsed stereotype in the Dodge et al. (2016) study; 43% of participants endorsed the statement, “People should be afraid to have sex with bisexual men because of HIV/STD risks,” compared to 26.8% who disagreed with the statement. Though the stereotype of STI and HIV risk may be one of the most robustly supported, a significant body of research has found no actual support for the transmission of HIV and STIs to heterosexual women via bisexual men (Friedman et al., 2017; Jeffries, 2015; Sekuler, Bochow, von Ruden, & Toppich, 2014). Further, Pettaway et al. (2014) did not find any support for this phenomenon in their systematic review of down-low identity.

Intersections with masculinity. One aspect of bisexual stigma that may be unique to bisexual men is the intersection of masculinity and bisexuality. As supported by Yost and Thomas (2012), engaging in sexual behavior with more than one gender may be perceived as more of a gender role violation for men than it is for women. This is potentially due to a few different social norms, including hegemonic masculinity (or gender hierarchies; Connell & Messerschmidt, 2005). Theories of hegemonic masculinities postulate there are forms of masculinity that, when embodied, afford people more power, compared to subordinate masculinities that have less power (Connell & Messerschmidt, 2005). Dominant masculinity is portrayed as the most restrictive, generally being defined as white, wealthy, able-bodied, cisgender, heterosexual men. Thus, to engage in sexual behavior with more than one gender is to deviate from dominant masculinity. Anderson (2005) has written about the one-time rule of homosexuality, in which men are cast out of dominant heterosexual masculinity based on limited same-gender sexual activity. Duran, Renfro, Waller, and Trafimow (2007) also found heterosexuality to be a restrictive trait, in that fewer behaviors inconsistent with heterosexuality were abided by participants in contrast to the number of inconsistent behaviors allowed with homosexuality. In other words, gay men could engage in more behaviors associated with heterosexuality and still be considered gay by participants compared to the number of behaviors associated with homosexuality in which heterosexual men could engage. In general, masculinity limits the availability of same-gender behavior for men (McCormack, Wignall, & Anderson, 2015).

Further, masculinity and bisexuality may also intersect with different experiences of racialization. Previous research has found that Black and Latino men who engage in sexual behavior with men and women report a larger number of female partners than do white men (Friedman et al., 2017). One potential reason as to why this may be the case is the heightened importance of engaging in sexual behavior with women as an important marker of masculinity in Latin American cultures (Muñoz-Laboy & Dodge, 2007); another is that same-gender sexual behavior may be perceived in the USA as feminine, which some Black and Latino men may identify with less (Sandfort & Dodge, 2008).

Demographic predictors of bisexual stigma. Several researchers have investigated how different demographic factors may be associated with increased endorsement of bisexual stereotypes. One of the most frequently identified demographic factors is gender, in that men on average report more negative attitudes toward bisexual people than do people of other genders (Dodge et al., 2016; Eliason, 1997; Herek, 2002; Rubenstein, Makov, & Sarel, 2013; Yost & Thomas, 2012). However, this relationship is also affected by the gender of the bisexual person, as men tend to report more positive attitudes toward bisexual women compared to bisexual men (Eliason, 1997; Yost & Thomas, 2012).

Age is another significant predictor. Dodge et al. (2016) found that individuals between the ages of 18–24 reported significantly more positive attitudes toward bisexual people in contrast to older adults. McCormack et al. (2015) also found in their qualitative study that their youngest cohort of bisexual men experienced the greatest level of support from their friends and families, further supporting a generational effect on agreement with negative bisexual stereotypes. Sexual identity also predicts attitudes toward bisexual people, as heterosexuals tend to report more negative attitudes than do gay and lesbian individuals (Dodge et al., 2016), and bisexual people themselves report more frequent discrimination from heterosexual people relative to gay and lesbian people (Roberts et al., 2015). Population density may also be associated with negative attitudes. Casazza, Ludwig, and Cohn (2015) conducted an online study with 278 college students, 50.7% of whom lived in suburban areas, 30% in rural areas, and 29.2% in urban areas. The authors found that participants from rural areas reported the most negative attitudes toward bisexual people on average, whereas those from suburban areas reported the most positive attitudes.

A comment on bisexual stereotypes and erasure. A paradox that arises between the evidence of negative attitudes toward bisexual men and the denial of the existence of bisexual men, is that it is unclear how people can have negative attitudes and specific stereotypes about a population that is thought not to exist. Zivony and Lobel (2014) investigated this paradox, specifically evaluating whether the existence of both negative attitudes toward male bisexuals and male bisexual invisibility was due to amount of knowledge about stereotypes or the implementation of stereotypes. The researchers conducted two studies; the first study asked 88 participants (58 women and 30 men) to list all of the stereotypes they could think of for bisexual men. The number of stereotypes identified by participants was very low, with a large percentage of individuals unable to report a single stereotype. The second study recruited 232 participants (150 women), and assigned them to read about a bisexual

man dating a woman, a bisexual man dating a man, a heterosexual man dating a woman, and a gay man dating a man. Participants rated the narrative characters on the Ten-Item Personality Inventory, as well as on stereotype items assessing how indecisive, trustworthy, prone to monogamy, able to maintain a relationship, and match between the character and their romantic partner in the narrative. Participants rated the bisexual characters higher on each stereotype item in contrast to the heterosexual and gay characters. Further, the gender of the bisexual character's partner affected results, as a bisexual man partnered with a man was perceived as having had more relationships than one partnered with a woman. A bisexual man partnered with a woman was rated as less trustworthy and less likely to remain in a relationship than one partnered with a man. The authors concluded based on the findings from both studies that people do harbor specific stereotypes about bisexual men, but do not always recognize these thoughts as stereotypes.

Identity Development and Disclosure

Little information about identity development of bisexual people exists relative to gay and lesbian identities, as bisexual people historically were excluded from sexual identity development research and continue to often be excluded in such research today (Diamond, 2005). Recently, Elder, Morrow, and Brooks (2015) reported in their qualitative study with 20 bisexual men that the majority of their participants indicated that they recognized their attraction to men in late adolescence or their early 20s, well after their recognition of their attraction to women. A survey of 1197 lesbian, gay, bisexual, and transgender Americans conducted by the Pew Research Center (2013) found that the median age bisexual people overall felt they might not be heterosexual was 13, compared to 10 for gay men, and that the median age for certainty in one's identity was 17 for bisexual people compared to 15 for gay men. However, McCormack et al. (2015) conducted a qualitative cohort study with 90 bisexual men, 30 of whom were 18–23 years old, 30 were 25–35 years old, and 30 were 35–42 years old. Within this sample, the two oldest cohorts reported identifying as bisexual before or during adolescence, with only 13 individuals reporting their identity developing after adolescence. Further, the authors noted that none of the individuals reported feeling confused about their identity, though some participants from the older cohort stated they first experienced denial in recognizing their attraction toward men before accepting their bisexual identity (McCormack et al., 2015).

A substantial amount of research on sexual minority identities discusses the significance of coming out as a distinct stage in the development of one's sexual identity (Cass, 1979; Troiden, 1988). Further, many researchers support the health benefits of coming out (Bosson, Weaver, & Prewitt-Freilino, 2012; Pachankis, 2007; Rosario, Hunter, Maguen, Gwadz, & Smith, 2001). Despite the dominance of coming out in identity development narratives, bisexual people overall tend to be less out than gay and lesbian people (Balsam & Mohr, 2007; Herek, Norton, Allen, & Sims, 2010; Schrimshaw, Downing, Cohn, & Siegel, 2014). The Pew Research

Center (2013) reported that only 12% of bisexual men were out to all or most of the important people in their lives, compared to 28% of bisexual people overall, and 77% of gay men. Mohr, Jackson, and Sheets (2017) studied 240 bisexual university students and found that participants were more likely to be out as a sexual minority than they were to be out as specifically bisexual. One reason why bisexual men are less out than gay men may be the increased vulnerabilities of coming out as bisexual, in that they not only face stigma related to heterosexism, i.e., the devaluing of same-sex attraction, relationships, and sexual orientations, but also stigma unique to bisexual individuals (Mohr et al., 2017). McLean (2007) reported that among bisexual people interviewed in a qualitative study, many participants chose to selectively disclose their bisexual identity due to fear of how others would react to, or misunderstand, their identity. Smalley, Warren, and Barefoot (2015) also found that bisexual men felt less comfortable coming out to health service providers than gay and lesbian people.

In the face of bisexual stigma, bisexual men may choose not to disclose their identity as a method of managing exposure to that stigma. Schrimshaw, Downing, and Cohn (2016) conducted a qualitative study with 203 men who were in a relationship with a woman and had engaged in sexual activity with a man in the past year, but had not disclosed their sexual activity with men to their recent female partners. Fifty-seven percent of the participants identified as bisexual and 35% as heterosexual. When asked why they had not disclosed their sexual identity or behavior to their female partners, many of the men's responses related to expectations of negative emotional reactions, or fears their partner would end the relationship. Participants also reported having observed or experienced negative reactions to the disclosure of bisexual identity or behavior in the past, which affected their willingness to disclose to their current or recent partners.

Similar to the possible change in the rate of men identifying as bisexual, there is some evidence that negative reactions to the disclosure of bisexual identity may be slowly changing. McCormack et al. (2014) in their investigation with 60 bisexual men aged 18–24, 25–35, and 36–42 found that participants reported different reactions to their coming out as bisexual depending upon the age group to which they belonged. Participants in the oldest cohort reported the most negative reactions from their families, whereas participants in the 25–35 age group reported fewer negative family reactions, although they demonstrated greater hesitancy to come out to their families compared to coming out to their friends. The youngest cohort reported substantially more positive experiences in coming out, both to their friends and their families. As such, it is possible that younger generations of bisexual men may encounter fewer negative reactions, and more positive reactions, to coming out as bisexual. If that is the case, we might see an increase in the number of men coming out as bisexual but more time is needed to bear this out.

Bisexual Men and Relationships

One of the major consequences of negative attitudes toward bisexual men is how such attitudes impact their relationship experiences. Further, attitudes toward bisexual men may also be communicated to them through their relationships. For instance, a qualitative study with young bisexual people found that many participants reported that both negative and positive experiences related to their bisexual identity often occurred in the context of interpersonal relationships (Flanders et al., 2016; Flanders, Tarasoff, Legge, Robinson, & Gos, 2017).

Armstrong and Reissing (2014) conducted an online study on attitudes toward casual sex, dating, and committed relationships with bisexual people. The researchers recruited a total of 373 women and 347 men, and assessed attitudes toward engaging in different types of relationships with bisexual partners. They found that female participants reported worries about engaging in relationships with bisexual men, which, in general, increased as the level of hypothetical commitment of a relationship increased. Female participants reported worries that a male bisexual partner would “become gay in the future, that they would be unable to fulfill all of their partner’s sexual needs, and that their partner would cheat on them with, or leave them for, a man” (p. 244). The researchers also reported that female participants indicated they would be more jealous of a bisexual partner’s male friends than his female friends. Female participants who indicated they perceived bisexuality as a stable sexual orientation were more likely to endorse casual sex with a bisexual man as more desirable than with a heterosexual man. Similar to Armstrong and Reissing (2014), Feinstein, Dyar, Bhatia, Latack, and Davila (2016) found that for heterosexual women, greater belief in the stability of bisexual orientation was associated with more willingness to date a bisexual man, and found similar results for gay men. As proposed by the authors, the relationship between perceived stability of identity and willingness to date a bisexual man may, in part, be due to concerns over whether a bisexual partner will remain attracted to them.

In addition to the perception of bisexuality as a stable orientation, bisexual men’s relationship may also be affected by generational differences. Anderson, Scoats, and McCormack (2015) found in their qualitative study of 90 bisexual men that their youngest cohort of participants was more likely to report that their partners were the most affirming of their bisexual identity. Many of the men in the sample overall reported positive experiences in coming out to their romantic partners, and felt supported by their partners. However, in some instances participants reported that their heterosexual female partners had a difficult time with their bisexual identity out of concern that they might leave, whereas other participants felt they more frequently had difficulties with male partners and how those partners handled their bisexual identity.

Several studies have found that few bisexual men are interested in consensually nonmonogamous relationships (Anderson et al., 2015; Elder et al., 2015). These findings are in contrast to Mark, Rosenkrantz, and Kerner’s (2014) study of 5988 adults’ attitudes toward monogamy, including 293 bisexual people. Mark and

colleagues found that bisexual people overall rated monogamy as less enhancing for a relationship and more of a sacrifice in contrast to gay, lesbian, and heterosexual people, and that bisexual men rated monogamy as more of a sacrifice compared to bisexual women.

Bisexual Men's Health

Stigmatizing attitudes not only affect the relationship experiences of bisexual men, they can also impact their health. Mental health researchers have identified heightened levels of negative mental health outcomes among bisexual men (e.g., Jorm, Korten, Rodgers, Jacomb, & Christensen, 2002; Mays & Cochran, 2001). Often, mental health and other forms of health research with bisexual men are framed from the Minority Stress Framework, which postulates that negative health outcomes observed among sexual minority communities are a result of the added stress they experience due to the stigmatization of their sexual identities (Meyer, 2003). Smalley et al. (2015) also found in a study of 2500 bisexual, gay, and lesbian people that bisexual men reported higher levels of anxiety in contrast to gay men and lesbians. In data reported from the 2013 National Health Interview Survey, bisexual men (56.3%) reported greater alcohol consumption than heterosexual men (35.1%), and bisexual people overall were more likely to report psychological distress in the past 30 days compared to heterosexual people (Ward et al., 2014). More information on bisexual men's health can be found in Chapter 10 of this book.

Bisexual Men and Resilience

While much of the research literature on bisexual men has focused on negative attitudes and health disparities, bisexual men also report resilience and positive identity experiences. In a 28-day daily diary study of young bisexual people's identity experiences and mental health, positive identity experiences were associated with lower rates of daily anxiety and stress (Flanders, 2015). These positive experiences ranged across intrapersonal, interpersonal, and institutional levels (Flanders et al., 2016). For instance, one young bisexual man reported a positive experience at the intrapersonal level, "I had a conversation with a man and a woman who I felt were both very attractive. I let myself appreciate this awareness without trying to censor it" (p. 7). At the interpersonal level another bisexual reported, "A guy confessed a crush on me. It was pretty validating. Especially because he knew me when I had a girlfriend" (p. 8). Social support in other interpersonal relationships was also reported by bisexual men as positive, such as one who wrote that he "hung out with a group of people who all knew I was bi and really accepted it. I could flirt without being misunderstood" (p. 8). Further, Rostostky, Riggle, Pascale-Hague, and McCants (2010) found among their sample of 157 bisexual adults that there were many

positive aspects of bisexuality, including freedom from social labels as well as in sexual expression and ability to explore relationships, as well as to experience honesty and authenticity. These experiences indicate that bisexual men do encounter positive, supportive environments related to their sexual identity, and that these experiences have the potential to have a positive impact on their mental health.

Conclusion

Bisexual men, as defined by self-identity, attraction, or behavior, are being identified at increasing numbers within the USA (Copen et al., 2016). Despite this, bisexual men continue to face considerable stigma in relation to their sexual identity. Bisexual men may be particularly likely, in contrast to bisexual women and men of other sexual identities, to be perceived as gay instead of bisexual, as gender nonconforming, as hypersexual, and in particular as vectors for the transmission of HIV and STIs. At the same time that bisexual men face specific stereotypes, they are also often erased from both scientific discourse and society. In particular, the framing of male bisexuality as a transitional or illegitimate identity may contribute to the erasure of bisexual men. Additionally, restrictive masculine gender role norms may reduce social space and recognition for men to exist somewhere between “completely straight” and “completely gay.”

Bisexual stigma has several consequences, including possibly discouraging men from identifying as bisexual or disclosing their bisexual identity to friends, families, and health service providers. Bisexual men are considerably less likely to disclose their sexual identity to all of these groups in contrast to gay men, lesbians, and bisexual women; some bisexual men report that in particular they avoid disclosing their bisexual identity due to fear of how others will react to their sexual identity. As disclosure of sexual identity is associated with beneficial outcomes such as greater connection to community and more positive mental health outcomes, bisexual stigma may indirectly impact the relationships, health, and well-being through affecting bisexual men’s willingness to disclose.

Despite the burden of bisexual stigma and the consequences of that stigma, some younger bisexual men report positive experiences of coming out as well as positive experiences related to their bisexual identity overall. These changes speak not only to the possible greater acceptance of male bisexuality among younger generations, but also to the resilience of bisexual men themselves. With the targeting of bignativity and monosexism, hegemonic masculinity, and the increasing visibility of bisexuality in general, hopefully these positive outcomes will continue to grow among a wider population of bisexual men.

Future Directions

Overall, there is a considerable lack of research on the lives and experiences of bisexual men in contrast to other sexual identity groups. Almost all of the research identified within this chapter that specifically addresses the experiences of bisexual men has been published within the last 10 years, and the vast majority within the last 5 years. Research with bisexual men is still in its infancy relative to other groups, and as such future directions should include greater acknowledgement and consideration of bisexual men as an important, distinct group. However, even within the existing research specific to bisexual men, there are significant gaps for men who are not white, cisgender, and able-bodied, categories that are often considered the “definition” of masculinity in our white supremacist, transphobic, and ablest society. Thus, future research should strive to be more accessible to, and inclusive of, bisexual men who are otherwise marginalized due to race, gender, and disability.

As for particular topics, there is little information currently on so much of bisexual men’s lives. For example, how is identity development similar or dissimilar for bisexual men compared to their monosexual peers, or compared to bisexual people of other genders? What role does bisexual stigma play within that identity development? How do bisexual men define and form community? What role does that community play in the health and well-being of bisexual men? Further, while some research has focused on stigma and health inequities experienced by bisexual men, there is almost no research on the positive experiences bisexual men have, or how they thrive. While it is important to pay attention to the negative health and social experiences bisexual men have, it cannot be the entire picture of their experience. In the future, bisexual men should be included independently across many domains of research.

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9 Romantic and Sexual Relationship Experiences Among Bisexual Individuals



Brian A. Feinstein and Christina Dyar

Abstract Romantic and sexual relationships can provide people with support and satisfaction, contributing to improved well-being. However, bisexual individuals face unique dating and relationship challenges, which can have negative effects on their well-being. The goal of this chapter is to review the empirical literature on bisexual individuals' experiences in romantic and sexual relationships, including the unique challenges associated with different types of relationships (e.g., same-sex and different-sex) and the specific challenges within relationships, such as facing rejection from potential partners, having their sexual identity become invisible in the context of monogamous relationships, and increased exposure to intimate partner violence. Most of this chapter focuses on self-identified bisexual individuals, but we briefly describe some of the relationship challenges facing people who report bisexual attractions and/or sexual behaviors but do not self-identify as bisexual. Finally, we discuss sexual health concerns among bisexual individuals, including increased risk for sexually transmitted infections and teen pregnancy, which are partially due to engagement in sexual risk behavior and exposure to victimization. Despite increased empirical attention to bisexual individuals, there is still a need for additional research to better understand their unique romantic and sexual relationship experiences.

Keywords Bisexuality · Bisexual relationships · IPV · Binegativity · Bisexual sexual health

B.A. Feinstein, Ph.D. (✉)

Northwestern University, Feinberg School of Medicine, Chicago, IL, USA

Institute for Sexual and Gender Minority Health and Wellbeing, Northwestern University, Chicago, IL, USA

e-mail: brian.feinstein@northwestern.edu

C. Dyar, Ph.D.

University of Cincinnati, Cincinnati, OH, USA

e-mail: dyarca@ucmail.uc.edu

Introduction

Romantic and sexual relationships have the potential to enrich people's lives by providing them with companionship, support, and satisfaction. Research has consistently demonstrated that being in a satisfying relationship is associated with improved well-being (for reviews, see Proulx, Helms, & Buehler, 2007; Robles & Kiecolt-Glaser, 2003). However, relationships can also be sources of stress and conflict, and there is a robust association between relationship dissatisfaction and poorer well-being, including psychiatric disorders (Whisman, 1999, 2007). In addition to the general stressors that all couples face, bisexual individuals experience unique challenges related to dating and relationships, such as being rejected as potential dating partners because of their sexual orientation and their identities becoming invisible in the context of monogamous relationships. In turn, these stressors can have negative effects on their well-being and put strain on their relationships. The goal of this chapter is to provide a current, evidence-based review of the empirical literature on bisexual people's experiences with romantic and sexual relationships, including the unique challenges that they experience in different types of relationships (e.g., same-sex and different-sex). Most of this chapter focuses on the relationship experiences of people who self-identify as bisexual. However, we also describe some of the relationship challenges facing people who report bisexual attractions and/or sexual behaviors but do not identify as bisexual (e.g., heterosexual-identified men who have sex with both men and women).

Stigma Related to Dating Bisexual Individuals

Bisexual individuals face unique challenges related to dating and relationships and these challenges are largely rooted in stigma. Several studies have demonstrated that heterosexual individuals report more negative attitudes toward bisexual individuals than toward gay men and lesbian women (de Bruin & Arndt, 2010; Eliason, 1997; Yost & Thomas, 2012). Negative attitudes toward bisexual individuals have also been documented among gay men and lesbian women (Mohr & Rochlen, 1999; Mulick & Wright, 2002). A common theme among these negative attitudes is the notion that bisexual people are not suitable romantic or sexual partners (for a thorough discussion of negative attitudes toward bisexual individuals, see Chap. 5 of this book). For instance, bisexual individuals are stereotyped as being confused about their sexual orientation, promiscuous, and unfaithful in relationships (Brewster & Moradi, 2010; Mohr & Rochlen, 1999). Spalding and Peplau (1997) examined heterosexual individuals' perceptions of bisexual individuals and their relationships. They found that bisexual individuals were seen as less likely to be monogamous than heterosexual individuals and more likely to give a sexually transmitted disease to a partner than heterosexual, gay, or lesbian individuals. Similarly, Zivony and Lobel (2014) found that people rated bisexual men as more confused, less

trustworthy, less inclined toward monogamous relationships, and less able to maintain a long-term relationship compared to heterosexual and gay men.

Several studies have demonstrated that these negative attitudes toward bisexual individuals influence people's willingness, or lack thereof, to date a bisexual partner. Eliason (1997) found that most heterosexual individuals reported being very unlikely (52%) or somewhat unlikely (25%) to have a sexual relationship with a bisexual partner who they were really attracted to, suggesting that the partner's bisexuality was a deterrent even in the presence of attraction. Breno and Galupo (2008) conducted a marriage-matching task and found that people tended to pair bisexual individuals with other bisexual individuals as opposed to pairing them with heterosexual, gay, or lesbian individuals. They suggested that this reflected bias against mixed-orientation relationships, such as relationships between bisexual and monosexual (heterosexual, gay, and lesbian) individuals. In two samples of gay men and lesbian women, nearly one-third of participants were not willing to date a bisexual person and more negative attitudes toward bisexual individuals were associated with less willingness to date someone who is bisexual (Mohr & Rochlen, 1999).

Armstrong and Reissing (2014) found that heterosexual women reported moderately high insecurity toward relationships with bisexual men (e.g., jealousy and worry), which increased as relationship commitment increased from purely sexual to casual dating to a committed relationship. For instance, they endorsed concerns about being able to fulfil the bisexual partner's sexual needs, that the bisexual partner would cheat on them, and that the bisexual partner was actually gay. Although heterosexual men tended to report lower insecurity toward relationships with bisexual female partners, insecurity still increased as commitment level increased. Similar to Mohr and Rochlen (1999), Armstrong and Reissing (2014) also found that more negative attitudes toward bisexual individuals were associated with more expectations of jealousy and insecurity when asked to imagine dating a bisexual partner. These findings suggest that people are able to overlook some of their concerns about being with a bisexually identified partner if the relationship is casual or has a low level of commitment. In contrast, their concerns are elevated in the context of committed relationships. This is not surprising, given that stereotypes of bisexual individuals portray them as unfaithful and unable to maintain monogamous relationships (Brewster & Moradi, 2010; Mohr & Rochlen, 1999), both of which are more relevant to long-term relationships than casual sex or dating.

Feinstein, Dyar, Bhatia, Latack, and Davila (2014) also found that monosexual individuals were less willing than bisexual individuals to engage in romantic/sexual activities with a bisexual partner. Heterosexual women were less willing than lesbian women, but there was no difference between heterosexual and gay men. Consistent with Armstrong and Reissing (2014), they also found that people were generally less willing to be in a relationship than to have sex with or to date a bisexual partner. In a follow-up study, they found that people who personally knew someone who was bisexual were more willing to date a bisexual person (Feinstein, Dyar, Bhatia, Latack, & Davila, 2016). Additionally, people who were more conservative in their beliefs (e.g., about politics or social equality) had more negative attitudes toward bisexuality and, in turn, were less willing to date them. In sum,

while some people are not willing to date a bisexual partner because of their negative attitudes toward bisexual individuals, others are willing to date them, but expect to experience jealousy and insecurity in their relationships. These findings highlight some of the challenges that bisexual individuals can experience related to finding romantic partners, especially if they are interested in long-term relationships.

Even when a self-identified bisexual individual finds a partner to date, there can be challenges in the relationship related to his or her bisexual identity. Qualitative research has revealed various ways in which bisexual individuals' partners invalidate their identities and put them down for being bisexual, including commenting that bisexuality is not a stable sexual orientation and pressuring their partner to change their identity to reflect their current relationship (e.g., to identify as heterosexual in a different-sex relationship; Bostwick & Hequembourg, 2014; Hequembourg & Brallier, 2009; Ross, Dobinson, & Eady, 2010). Further, interviews with 55 bisexual individuals highlighted several issues that they experience related to seeking and maintaining relationships (Li, Dobinson, Scheim, & Ross, 2013). While bisexual individuals described having more relationship opportunities than people of other sexual orientations due to their attractions to more than one sex, they also expressed that negative attitudes toward bisexuality limit relationship prospects. Bisexual men and women both described being rejected by potential partners because of their bisexuality, sometimes based on negative past experiences with bisexual partners and other times based on stereotypical expectations of bisexual individuals.

Relationship Involvement, Mental Health, and Stigma Experiences

There is robust evidence that being in a romantic relationship, especially a serious or committed relationship, is associated with mental health benefits among heterosexual individuals (referred to as the marriage benefit; Horn, Xu, Beam, Turkheimer, & Emery, 2013; Kamp Dush & Amato, 2005; Vanassche, Swicegood, & Matthijs, 2013; Wade & Pevalin, 2004). Similarly, relationship involvement is associated with improved well-being for gay and lesbian individuals as well (Ayala & Coleman, 2000; Bauermeister et al., 2010; Kornblith, Green, Casey, & Tiet, 2016; Oetjen & Rothblum, 2000; Russell & Consolacion, 2003; Wayment & Peplau, 1995; Wienke & Hill, 2009). However, recent research suggests that the mental health benefits associated with relationship involvement may not extend to bisexual individuals. For instance, Feinstein, Latack, Bhatia, Davila, and Eaton (2016) found that, for bisexual individuals, relationship involvement was associated with increased odds of meeting diagnostic criteria for an anxiety disorder (e.g., social anxiety disorder, generalized anxiety disorder, posttraumatic stress disorder). Whitton, Dyar, Newcomb, and Mustanski ([in press](#)) also found that relationship involvement was associated with increased psychological distress for bisexual individuals, whereas it

was associated with decreased psychological distress for gay and lesbian individuals. Thus, while relationship involvement provides mental health benefits for heterosexual, gay, and lesbian individuals, it appears to have negative effects on mental health for bisexual individuals. Feinstein, Latack, et al. (2016) suggested that being in a relationship may be a source of stress for some bisexual individuals because their identity becomes invisible in the context of a relationship and they are faced with making decisions about disclosure (e.g., whether or not to correct someone who makes an incorrect assumption about their sexual orientation based on their current partner's sex).

Although there is evidence that relationship involvement has negative effects on mental health for bisexual individuals, Meyer (2003) suggested that relationship involvement may buffer against the negative mental health consequences of sexual orientation-related stress. Consistent with this hypothesis, Feinstein, Latack, et al. (2016) found that discrimination was associated with increased odds of depressive and anxiety disorders for bisexual individuals who were single, but not for those in relationships. Similarly, Whitton et al. (in press) also found that victimization was associated with increased psychological distress for sexual minority individuals (including bisexual individuals) who were single, but not for those who were in relationships. Together, these studies suggest that being in a relationship can be a stressful experience for bisexual individuals and it may have a negative effect on their well-being. At the same time, there is also evidence that bisexual individuals in relationships may be protected from some of the negative consequences of discrimination, as relationships can be sources of support to cope with stress. However, these studies were not able to differentiate between different types of relationships (e.g., same-sex versus different-sex, committed versus casual), so it will be important for future research to examine if the effects of relationship involvement on mental health (including the stress buffering effects) are different for bisexual individuals in different types of relationships.

An accumulating body of research suggests that the sex of a bisexual individual's partner has an impact on his or her experiences. However, this research has focused exclusively on bisexual women, so it remains unclear if the sex of a bisexual man's partner has an impact on his experiences. Data from the Pew Research Center indicate that the majority of bisexual individuals who are in committed relationships have opposite-sex partners (84%) compared to only 9% who have same-sex partners and 4% who have transgender partners (Parker, 2015). Two studies have found that bisexual women with male partners are less open about their sexual orientation, experience more bisexual-specific stress (e.g., rejection and discrimination based on one's bisexual identity), and report more depression, binge drinking, and alcohol-related consequences due to this stress than bisexual women with female partners (Dyar, Feinstein, & London, 2014; Molina et al., 2015). Although it may seem counterintuitive that being in a different-sex relationship would be stressful for bisexual women, these findings highlight the unique challenges that bisexual women with male partners face. Given that the majority of bisexual individuals in committed relationships have opposite-sex partners (Parker, 2015), the increased stress and

negative health outcomes experienced by bisexual women with male partners are likely to affect a large proportion of the bisexual population.

By virtue of being in a different-sex relationship, one's sexual minority status becomes invisible and explicit disclosure is required for others to know of one's sexual minority identity. Given that bisexual individuals experience rejection and discrimination from gay, lesbian, and heterosexual individuals (Brewster & Moradi, 2010), bisexual women with male partners who disclose their bisexual identity may be met with hostility, such as the assumption that they are not truly bisexual. Dyar et al. (2014) also found that bisexual women with female partners reported more uncertainty about their sexual identity than bisexual women with male partners. This uncertainty was explained by greater exposure to people assuming that they were lesbians despite their explicit disclosure of their bisexual identity. This suggests that the assumptions that people make about bisexual individuals have the potential to lead them to question the validity of their bisexual identity. As noted, the extent to which these findings extend to bisexual men remains an empirical question and it will be important for future research to examine the influence of partner sex on bisexual men's experiences and mental health.

In addition to partner sex influencing bisexual women's experiences, there is evidence that the number of concurrent partners a bisexual women has also impacts her well-being. Women with multiple concurrent partners report more stress and negative health outcomes compared to those with a single relationship partner (i.e., those in monogamous relationships). Molina et al. (2015) found that bisexual women with multiple partners reported more bisexual-specific stress, depression, and alcohol-related consequences compared to those with a single partner, and the differences in stress explained the variability in depression and alcohol-related consequences. Bisexual women with multiple partners were also more out as bisexual compared to those with a single partner, which may explain why bisexual women with multiple partners reported more exposure to bisexual-specific stress. Again, it is also unknown whether or not these findings extend to bisexual men, because research has not examined how number of concurrent partners influences bisexual men's experiences and mental health. In general, the lack of research on bisexual men represents a critical gap in the field and there is a clear need to better understand their experiences in romantic and sexual relationships.

Maintaining a Bisexual Identity in the Context of a Relationship

Qualitative research with bisexual individuals reveals the challenges of maintaining a bisexual identity in the context of a monosexual relationship, including whether or not to disclose one's bisexuality to relationship partners. In one study (Li et al., 2013), bisexual individuals expressed that having a partner who is supportive of one's bisexual identity has a positive impact on well-being. However, having a

supportive partner requires disclosing one's bisexuality and there are obstacles to disclosure. Additionally, not all partners are supportive. For example, bisexual individuals described negative past experiences disclosing their bisexuality to partners, where their partners became hostile (e.g., made fun of them) and insecure (e.g., expressed jealousy, expected them to cheat). Bisexual women also reported feeling sexually objectified by male partners. They described experiences where male partners asked if they could watch them have sex with another woman as though their bisexuality was meant to provide sexual pleasure for their male partners.

As noted previously, a bisexual person's sexual identity becomes invisible in the context of a monogamous relationship because others assume their sexual orientation based on their partner's sex. Specifically, bisexual individuals in same-sex relationships are incorrectly assumed to be gay or lesbian, whereas those in different-sex relationships are incorrectly assumed to be heterosexual (Hequembourg & Brallier, 2009; Ross et al., 2010). Little is known about if and how bisexual individuals in relationships attempt to make their bisexuality visible to others. However, a few recent studies have begun to shed light on this topic. For example, interviews with 14 bisexual women in long-term monogamous relationships with men revealed that some bisexual women feel that it is important for them to attempt to make their bisexuality visible to others in order to be authentic or true to themselves (Hartman, 2013; Hartman-Linck, 2014). They described various ways in which they did this, such as talking about their identity, discussing past relationships with male and female partners, using visual displays (e.g., pride pins, stickers, and jewelry; androgynous clothes; a mixture of feminine and masculine displays), and displaying an attitude that they perceived to be associated with bisexuality (e.g., confidence, independence). They also described attempting to make their bisexuality visible in their homes by displaying pride symbols, art, and books as a way to affirm their bisexuality and to communicate their nonheterosexuality to others (Hartman-Linck, 2014). For some women, it was important to make their bisexuality visible even if the only person witnessing the display was themselves or their partner. These women emphasized the importance of demonstrating one's bisexuality in a society in which they are otherwise invisible.

Additionally, Davila, Jabbour, Dyar, and Feinstein (2017) examined attempts to make one's bisexuality visible to others (referred to as bi-visibility attempts) in a sample of 389 bisexual individuals. Their sample included cisgender men and women (i.e., whose sex and gender match) as well as gender-minority individuals (e.g., transgender and genderqueer). They found that 58% of their sample reported making bi-visibility attempts. Further, those in relationships were more likely to make bi-visibility attempts compared to those who were single (Davila et al., 2017), suggesting that bisexual individuals in relationships may be particularly motivated to make their bisexual identity visible to others. Although they did not find a difference in bi-visibility attempts between bisexual individuals in same-sex versus different-sex relationships, another study found that bisexual individuals with different-sex partners were less likely to publicly present themselves as bisexual than those who did not have different-sex partners (Mohr, Jackson, & Sheets, 2017). Taken together, these studies show that, while being in a relationship appears to

increase attempts to make one's bisexual identity visible to others, there is some evidence that this may depend on the sex of one's partner.

Although there are challenges to maintaining one's bisexual identity in the context of a monogamous relationship, it is worth noting that some people, regardless of sexual identity, choose relationship structures that allow for more than one romantic and/or sexual partner with the consent of all involved (referred to as consensual nonmonogamy). Although consensual nonmonogamy is not unique to bisexual individuals, some bisexual individuals describe it as important to them specifically because it allows them to have concurrent sexual and/or romantic relationships with partners of more than one sex or gender (Li et al., 2013). There can be challenges to negotiating a consensual nonmonogamous relationship (e.g., jealousy and setting boundaries) and resolving these challenges requires effective communication with one's partners. It is common for people in consensually nonmonogamous relationships to set rules about the conditions under which it is acceptable to have sex and/or a relationship with another partner. Some bisexual individuals describe setting rules related to the sex of one's partners. For instance, a bisexual individual in a different-sex relationship might agree to only have other partners who are of the same sex (McLean, 2004). Given that bisexual individuals are often stereotyped as being promiscuous and unfaithful, it is important to emphasize that many bisexual individuals prefer monogamy and people of all sexual identities can have consensually nonmonogamous relationships. That said, there appear to be some unique aspects of consensually nonmonogamous relationships specific to bisexual individuals.

Relationship Challenges Experienced by Behaviorally Bisexual Individuals Who Do Not Self-Identify as Bisexual

The majority of this chapter focuses on the relationship experiences of people who identify as bisexual. However, there is a segment of the population that is behaviorally bisexual (i.e., engages in sex with people of more than one sex), but does not self-identify as bisexual. Although sexual identity and behavior are related, population-based studies consistently find that they do not always align (Bostwick, Boyd, Hughes, & McCabe, 2010; Copen, Chandra, & Febo-Vazquez, 2016; Gates, 2011; Herbenick et al., 2010). For instance, in one population-based study, 17% of women and 6% of men reported same-sex sexual behavior, but 92% of women and 95% of men self-identified as heterosexual (Copen et al., 2016). Thus, larger percentages of people, especially women, report same-sex sexual behavior than self-identify as gay, lesbian, or bisexual. This suggests that self-identification among people who report bisexual behavior varies and can include self-identification as bisexual, gay, lesbian, heterosexual, or other sexual minority labels (e.g., queer and pansexual; Rust, 2001).

Most research on behaviorally bisexual individuals has focused on behaviorally bisexual men and their risk for human immunodeficiency virus (HIV). As a result, little is known about their relationship experiences. The limited existing research on behaviorally bisexual men's relationship experiences suggests that they experience different challenges related to condom use with male versus female partners. Specifically, there is evidence that condom use among behaviorally bisexual men depends on the sex of their partner, but some studies find that condom use is less likely with male partners (Jeffries & Dodge, 2007), while other studies find that condom use is less likely with female partners (Mustanski, Newcomb, & Clerkin, 2011). Further, behaviorally bisexual men describe different barriers to condom use with male versus female partners, such as men being less insistent about the need to use condoms and women being perceived as posing less risk for HIV (Dodge, Jeffries, & Sandfort, 2008).

Behaviorally bisexual men also report concerns about disclosing their same-sex sexual behavior to their partners. Early research on this topic found that many behaviorally bisexual men did not disclose their same-sex sexual behavior to their female partners. For instance, in a sample of 350 behaviorally bisexual men, 145 were in current relationships with women and 59% of those men did not think their partner knew of their same-sex sexual behavior (Stokes, McKirnan, Doll, & Burzette, 1996). In this study, condom use was less consistent among those who did not disclose their same-sex sexual behavior to their female partners, suggesting that nondisclosure can put women at risk for HIV and sexually transmitted infections (STIs). Still, despite the myth that bisexual men transmit HIV/STIs from their male partners to their female partners (referred to as the bisexual bridge; Mercer, Hart, Johnson, & Cassell, 2009), there is a lack of conclusive evidence to support such a belief (Malebranche, Arriola, Jenkins, Dauria, & Patel, 2010).

More recent research has shed light on why many behaviorally bisexual men do not disclose their same-sex sexual behavior to their female partners. These men describe being concerned about negative reactions from their partners, changes in their relationships (e.g., their partners breaking up with them), being viewed differently (e.g., being labeled as gay), and their partners retaliating by telling friends and family members (Schrimshaw, Downing, & Cohn, 2016). In addition to nondisclosure, many behaviorally bisexual men report using different sexual identity labels in different contexts, including with male versus female partners (Baldwin et al., 2015). For instance, some behaviorally bisexual men describe identifying as heterosexual with potential female partners and identifying as gay with potential male partners to avoid stigma or because they do not perceive a need to go into detail about their sexuality (Baldwin et al., 2015). While there are valid reasons for behaviorally bisexual men to be concerned about disclosing their bisexual behavior to their partners, doing so can be stressful and contribute to negative mental health outcomes (Schrimshaw, Siegel, Downing, & Parsons, 2013).

The studies described above focus on behaviorally bisexual men themselves, but research with their female partners (i.e., women who have had sex with behaviorally bisexual men) can also shed light on some of the unique relationship experiences that behaviorally bisexual men face. In one study, 20 Black women who reported

having sex with a behaviorally bisexual man in the prior five years were interviewed about their relationship experiences (Harawa, Obregon, & McCuller, 2014). The majority of these women described their relationships with behaviorally bisexual men as committed and supportive. However, most of the women were alarmed when they first learned of their partners' same-sex sexual behavior. While several ended their relationships, many did not. These findings suggest that some women continue their relationships after learning of their partners' same-sex sexual behavior and that initial concern does not necessarily lead to relationship dissolution.

Behaviorally bisexual women are largely absent from the empirical literature on behaviorally bisexual individuals. One recent study examined the sexual identity labels used by behaviorally bisexual women, finding that over half self-identified as bisexual, but over one-third reported different private versus public identities (Baldwin et al., 2016). The behaviorally bisexual women in that study were more likely to privately identify as nonheterosexual than to publicly identify as nonheterosexual, which could reflect attempts to avoid stigma or social pressure to identify as heterosexual. The lack of research on behaviorally bisexual women represents another critical gap in the field and there is a clear need to better understand their experiences in romantic and sexual relationships. Further, given that the limited research on behaviorally bisexual women has focused on variation in self-identification, there is a particular need for research on behaviorally bisexual women's relationship experiences.

Intimate Partner Violence

There has been limited empirical attention to bisexual people's exposure to intimate partner violence (IPV). Existing research suggests that rates of IPV are higher among bisexual individuals than among heterosexual, gay, and lesbian individuals, although findings have been mixed and depend on how sexual identity and IPV are operationalized. Walters, Chen, and Breiding (2013) found that bisexual women were at increased risk for IPV victimization (61%) compared to both heterosexual (35%) and lesbian (44%) women. Although rates were more similar across sexual identities for men, they were still higher for bisexual men (37%) compared to heterosexual men (29%) and gay men (26%). Similarly, Freedner, Freed, Yang, and Austin (2002) found that bisexual men had greater odds of reporting any type of IPV victimization and bisexual women had greater odds of reporting sexual IPV victimization than heterosexual individuals. They also found that bisexual individuals were more likely to have been threatened with outing by a date or partner compared to gay and lesbian individuals.

Although Luo, Stone, and Tharp (2014) found that self-identified bisexual youth were at increased risk for physical dating violence victimization compared to heterosexual youth, they also found that lesbian and gay-identified youth were at increased risk as well and there was not a significant difference between bisexual- and lesbian/gay-identified youth. However, they found that behaviorally bisexual

youth were at increased risk for physical dating violence victimization compared to both behaviorally heterosexual and behaviorally gay and lesbian youth. In contrast, one study found that lesbian youth were at increased risk for physical IPV (compared to gay, bisexual, and other youth), but they did not find sexual orientation differences in verbal IPV (Reuter, Newcomb, Whitton, & Mustanski, 2017). Additional research is needed to understand why bisexual individuals are at increased risk for IPV victimization, but one possibility is that jealousy, insecurity, and concerns about bisexual individuals as romantic relationship partners (e.g., concerns that bisexual individuals will be unfaithful) fuel perpetration of IPV against bisexual individuals. Identifying risk factors for IPV victimization among bisexual individuals will help to develop effective prevention and intervention programs that address their unique needs.

Sexual Health

There is also evidence that bisexual individuals are at increased risk for negative sexual health outcomes, such as STIs. However, most research on this topic has focused on behaviorally bisexual men. A review of this literature concluded that behaviorally bisexual men are at increased risk for HIV compared to behaviorally heterosexual men, but rates of HIV are typically highest for men who have sex with men only (Jeffries, 2014). However, there is some evidence that self-identified bisexual men report more sexual risk behavior than self-identified gay men (e.g., earlier sexual debut, more sex partners, more insertive condomless anal sex, and more substance use before sex; Agronick et al., 2004; Everett, Schnarrs, Rosario, Garfalo, & Mustanski, 2014) and that behaviorally bisexual men are less likely to get tested for HIV and get tested less often than behaviorally homosexual men (Jeffries, 2010; Mercer et al., 2009).

Most studies examining sexual orientation disparities in STIs focus on either sexual identity or behavior. However, a recent study examined differences in STIs based on the interaction between sexual identity and behavior. That study found that rates of self-reported STIs were higher among behaviorally bisexual men who identified as bisexual or gay compared to heterosexual men (i.e., men who identified as heterosexual and only had female partners; Everett, 2013). In contrast, the same increased risk was not found for behaviorally bisexual men who self-identified as heterosexual or for self-identified bisexual men who only had male partners. Further, they found that these sexual orientation disparities in STIs were mediated by sexual risk behaviors (i.e., the increased risk among behaviorally bisexual men who identified as bisexual or gay was no longer significant when they controlled for total number of sexual partners and whether or not participants had ever had anal sex). This suggests that the combination of identifying as a sexual minority (bisexual or gay) and having both male and female partners is associated with increased risk for STIs, because of its association with increased engagement in sexual risk behaviors.

There is also evidence that bisexual women are at increased risk for STIs compared to both heterosexual women and lesbian women. For instance, self-identified bisexual women had higher lifetime rates of STIs compared to lesbian- and queer-identified women (Logie, Navia, & Loutfy, 2015) and rates of herpes simplex virus type 2 were twice as high among behaviorally bisexual women compared to behaviorally heterosexual women (Muzny, Austin, Harbison, & Hook, 2014). Further, compared to heterosexual-identified women who only had male partners, rates of self-reported STIs were higher among self-identified bisexual women (regardless of sexual behavior) and behaviorally bisexual women who identified as heterosexual (Everett, 2013). These sexual orientation disparities in STIs were mediated by sexual risk behaviors (total number of sexual partners and whether or not participants had ever had anal sex) and victimization (i.e., the increased risk among self-identified bisexual women and behaviorally bisexual women who identified as heterosexual was no longer significant when they controlled for sexual risk behaviors and victimization). In contrast, behaviorally bisexual women who identified as lesbians were at decreased risk for STIs, suggesting that a lesbian identity is somehow protective against STIs. These findings suggest that, although bisexual women are generally at increased risk for STIs (with the exception of behaviorally bisexual women who identify as lesbians), their increased risk can be explained by their engagement in sexual risk behaviors and their exposure to victimization.

Finally, in addition to STIs, several studies have also demonstrated higher rates of teen pregnancy among bisexual women compared to lesbian and heterosexual women (Charlton et al., 2013; Goldberg, Reese, & Halpern, 2016; Riskind, Tornello, Younger, & Patterson, 2014). One of these studies found that bisexual women's increased risk for teen pregnancy was mediated by sexual risk behaviors (earlier age at first vaginal intercourse, more sexual partners, and less effective contraception use; Goldberg et al., 2016). However, the association between bisexual identity and teen pregnancy remained marginally significant, suggesting that sexual behavior alone does not fully explain this association. The authors suggested that an unmet need for comprehensive (i.e., bisexual-inclusive) sexual health education might also contribute to bisexual women's increased risk for teen pregnancy. Together, these findings highlight the unique sexual health concerns affecting bisexual individuals.

Conclusion

Although relationships can be important sources of support and contribute to improved well-being, there are also challenges to dating and being in a relationship. Bisexual individuals face unique relationship challenges, including being rejected as potential dating partners because of their sexual orientation, their identities becoming invisible in the context of monogamous relationships, and deciding whether or not to disclose their bisexual identity to others (including partners). Many stereotypes about bisexual people reflect the perception that they do not make suitable romantic partners (e.g., they are promiscuous and unfaithful) and these

negative attitudes contribute to some people's unwillingness to date a bisexual partner. The small but growing literature on bisexual individuals' experiences in romantic relationships demonstrates that their relationships can offer benefits (e.g., buffering the negative mental health consequences of discrimination) and negative consequences (e.g., contributing to psychological distress and intimate partner violence victimization). There is also evidence that exposure to stigma-related stressors and reports of mental health problems differ for bisexual individuals in same-sex versus different-sex relationships as well as for those in relationships with one partner versus multiple partners. Finally, bisexual individuals are generally at increased risk for STIs and teen pregnancy (for bisexual women) and this is due, in part, to engagement in sexual risk behaviors and exposure to victimization.

Despite increased empirical attention to bisexual individuals in recent years, there is still a need for additional research to better understand their unique relationship experiences. First, most research on bisexual people focuses on cisgender men or women, with few studies that include both and even fewer that include individuals who identify as transgender or other genders (e.g., genderqueer). Research needs to be inclusive of bisexual people of all genders in order to represent the bisexual population at large. Second, given the limited research on bisexual individuals in general, there has been a lack of attention to diversity among bisexual people. An intersectional perspective that considers the unique experiences of bisexual individuals across gender, race, ethnicity, age, and other demographic characteristics and identities is critical to advance scholarship on bisexual people. Third, there is a need for additional research focused on bisexual individuals' relationship experiences across different types of relationships. Although research has found that relationship involvement can have benefits and negative consequences for bisexual people, it remains unclear if this differs based on relationship characteristics (e.g., serious versus casual, relationship length, relationship satisfaction) and partner characteristics (e.g., gender and sexual identity). Given some evidence that bisexual women with male versus female partners have different experiences related to stress and wellbeing, it is likely that relationship experiences also depend on other relationship and partner characteristics.

Fourth, numerous questions remain about relationship experiences among behaviorally bisexual individuals who do not self-identify as bisexual. For instance, a topic of interest has been whether or not behaviorally bisexual men disclose their same-sex sexual behavior to their female partners. However, this question conflates disclosure of bisexuality with disclosure of infidelity. As such, it is unclear if disclosure-related concerns reflect concerns about how female partners will react to learning about previous same-sex sexual behavior or concerns about how female partners will react to learning about infidelity with male partners. Fifth, there is a need to move beyond the focus on disclosure-related concerns and condom use among behaviorally bisexual individuals. To move the field forward and expand our understanding of relationship experiences among behaviorally bisexual individuals, research is needed on diverse aspects of relationship functioning, such as satisfaction, commitment, trust, and conflict.

Finally, increased attention to bisexual individuals' unique relationship experiences has led to a growing need for empirically based and culturally sensitive relationship education programs and couples interventions to improve bisexual people's relationship outcomes. At present, there are no evidence-based interventions for couples including one or more bisexual partner. Research has found that clinicians describe heterosexist bias in relationship education programs (Whitton & Buzzella, 2012) and individuals in same-sex couples report barriers to participating in these programs, such as concerns about feeling comfortable and safe as well as skepticism about program relevance and facilitator competence (Scott & Rhoades, 2014). Given the stigmatization of bisexuality, it is likely that bisexual individuals will also have concerns about comfort, safety, and the relevance of these programs to their relationships. Relationship education programs have been adapted to address the unique needs of same-sex couples (Buzzella, Whitton, & Tompson, 2012; Whitton, Weitbrecht, Kuryluk, & Hutsell, 2016), but it remains unclear if these programs are efficacious for bisexual individuals in relationships, most of whom have different-sex partners (Parker, 2015). Buxton (2006) developed a theoretical model to help clinicians work with couples in which partners have different sexual identities (referred to as mixed-orientation couples; e.g., a couple composed of a bisexual man and a heterosexual woman), but it has not been translated into an intervention and its efficacy has not been demonstrated. In sum, given the unique stressors that bisexual individuals experience in the context of romantic relationships, it cannot be assumed that interventions developed for either different-sex or same-sex couples will be appropriate for bisexual individuals. As research on bisexual people continues, there is a need to better understand their experiences in romantic relationships and how to help them cope with the unique challenges they experience in order to have healthy and satisfying relationships.

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10 Well-Being: Bisexuality and Mental and Physical Health



Shani Habibi and Florence Stueck

Abstract This chapter explores the interlocking effects of bi-invisibility, monosexism, and binegativity, and how the resulting lack of social support networks contributes to the mental and physical health problems experienced by some bisexual individuals. Further, this chapter will explore practical considerations for mental health practitioners treating bisexual individuals. Because research indicates that sexual minorities, including bisexual individuals, are more likely to seek mental health services than heterosexual individuals, it is imperative that mental health practitioners educate themselves regarding the issues faced by sexual minority individuals in general and bisexual individuals in particular, and consider these issues when determining an overall treatment approach. Specifically, it is essential for mental health practitioners to understand that bisexual individuals encounter additional challenges that are unique to their identities. Aggregated research from the relatively small number of available studies expressly evaluating the mental health of bisexual individuals indicates they are more likely to experience depression, anxiety, low self-esteem, substance use issues, and higher rates of attempted suicide than monosexual (the privileging of heterosexuality and homosexuality) individuals. The objectives of this chapter are to: (i) identify the unique mental and physical health challenges faced by bisexual individuals and (ii) discuss how mental health services can be tailored to better meet the needs of bisexual individuals. This chapter examines the impact of bi-invisibility, monosexism, binegativity, the stress associated with the coming-out process, violence, and sexual health on mental health outcomes. This chapter also addresses the importance of practitioners assessing their own attitudes and unconscious biases, the factors practitioners should consider when evaluating bisexual clients, case management approaches, the status of education and training in the area of bisexuality, and the importance of advocacy.

Keywords Bisexuality · Bi-invisibility · Monosexism · Binegativity · Mental health · Physical health

S. Habibi, Ph.D. (✉) · F. Stueck, B.A.
Psychology Department, Mount Saint Mary's University, Los Angeles, CA, USA
e-mail: shabibi@msmu.edu; florstue@msmu.edu

Introduction

Fueled by bi-invisibility and monosexism, many people do not perceive bisexuality to be a legitimate sexual orientation (Alarie & Gaudet, 2013; Diamond, 2008; Firestein, 2007; Rust & Firestein, 2007). Additionally, bisexual individuals can face binegativity¹ on two fronts—heterosexual communities (Eliason, 1997; Ross, Dobinson, & Eady, 2010; Weiss, 2003; Wiseman & Moradi, 2010a, 2010b), and gay and lesbian communities (Baumgardner, 2007; Bostwick & Hequembourg, 2013; Bradford, 2004; Firestein, 2007; McGeorge & Carlson, 2011; McLean, 2008; Ross et al., 2010; Weiss, 2003; Welzer-Lang, 2008). The lack of widespread acknowledgement of bisexuality as a legitimate sexual orientation combined with the dual-sourced hostility that bisexual individuals encounter may result in a reluctance to come out (American Psychological Association [APA], 2012) and a deficiency of an identifiable community to provide connection and support (Firestein, 2007; Pakula, Shoveller, Ratner, & Carpiano, 2016). These factors, along with the possible internalization of unfavorable societal attitudes and beliefs, can contribute to negative mental health outcomes (Israel & Mohr, 2004). Further, bisexual individuals may also experience adverse physical health consequences in the form of increased exposure to physical and sexual violence.

Research indicates that sexual minorities, including bisexual individuals, are more likely to seek mental health services than heterosexual individuals (Israel, Gorcheva, Walther, Sulzner, & Cohen, 2008). Given the stressors faced by bisexual individuals and the possible mental and physical health consequences, this group is uniquely situated to benefit from mental health services. Despite this demand, many mental health practitioners do not feel adequately prepared to competently treat this population (Dillon et al., 2004). Practitioners' inexperience may lead bisexual individuals to feel judged and invalidated, causing them to experience a high level of dissatisfaction with the services rendered (Grove, 2009; O'Neill, 2002), early termination of treatment, and a hesitancy to reengage in the counseling process (Israel et al., 2008).

To improve the quality of services provided to sexual minorities in general and to bisexual individuals in particular, mental health practitioners should focus on assessment, education and training, case management, and advocacy for this population. With respect to assessment, mental health practitioners should not only consider their assessment of the client but also the evaluation of their own attitudes and unconscious biases. In assessing one's own attitudes and biases, the objective is to identify such attitudes and biases through self-exploration and self-education and take steps to neutralize such biases to improve the efficacy of care. In the assessment of the client, mental health practitioners need to be cognizant of the factors unique to the bisexual experience, including the impact of internalized binegativity, history

¹ Although many researchers use the terms homophobia and biphobia, the use of the term “phobia” has a pathologizing connotation (Logan, 1996), and thus this chapter uses the terms homonegativity and binegativity, respectively.

of victimization, the roles of age and cohort on a bisexual individual's experience, the potential impact of positive and negative social connections with friends and family, the role of religion in the life of the bisexual individual, and the challenges associated with coming out. With respect to education and training, mental health practitioners must actively seek training, experience, consultation, and/or supervision on matters relevant to bisexual individuals (APA, 2012). In terms of case management, mental health practitioners should strive to connect bisexual clients with appropriate affirming resources. Regarding advocacy, mental health practitioners should aspire to be an outspoken and active advocate on behalf of the bisexual community. This chapter explores these issues and considerations in greater detail.

Mental and Physical Health

Mental Health

Beyond the myriad of mental health issues associated with the bigotry and stigmatization that accompany conventional attitudes toward gay and lesbian individuals (Cochran, Sullivan, & Mays, 2003; Herek, Gillis, & Cogan, 1999; Rostosky, Riggle, Horne, & Miller, 2009), bisexual individuals face additional challenges unique to their identity. Compared to heterosexual, gay, or lesbian individuals, aggregated research show that bisexual individuals are more likely to experience depression (Jorm, Korten, Rodgers, Jacomb, & Christensen, 2002; Pakula et al., 2016), anxiety (Jorm et al., 2002; Pakula et al., 2016), low self-esteem (Ross et al., 2010), and substance use issues (Pakula et al., 2016). In turn, both bisexual men (34.8%) and women (45.4%) are more likely to attempt suicide than gay men (25.2%), lesbian women (29.5%), and heterosexual men (7.4%) and women (9.6%; Brennan, Ross, Dobinson, Veldhuizen, & Steele, 2010; Steele, Ross, Dobinson, Veldhuizen, & Tinmouth, 2009). The disparate mental health outcomes experienced by bisexual individuals are likely due to a lack of community that may arise from bi-invisibility, monosexism, binegativity, and the stress of the coming out process. These factors will be discussed in greater detail below along with considerations as to how each impacts the mental health outcomes of bisexual individuals.

Bi-invisibility and monosexism. Our monosexist-dominant culture has recognized heterosexual and homosexual orientations to the exclusion of all others (Roberts, Horne, & Hoyt, 2015), reducing other sexual orientations, namely bisexuality, to a state of invisibility (Firestein, 2007; Halperin, 2009). In one study, 25% of bisexual individuals said they experienced moments of confusion regarding their sexual identity due to invisibility and the lack of social validation (Weinberg, Williams, & Pryor, 1994). In another study, the majority of individuals who experienced bisexual feelings, and even those who engaged in bisexual behaviors (sexual behaviors with both same-sex and different-sex partners), were still unlikely to view bisexuality as

a legitimate sexual orientation (Alarie & Gaudet, 2013). It is, therefore, reasonable that bisexual individuals may feel conflicted about embracing an identity that many people do not consider to be valid and may knowingly or unknowingly encourage bi-invisibility by hiding their sexual orientation. Bi-invisibility deters the formation and inhibits the development of a bisexual affirming community.

The foundation of a collective identity is a community that shares common characteristics and experiences. Unlike gay men and lesbian women, bisexual individuals lack a visible or established community (Firestein, 2007; Pakula et al., 2016) and this challenge is particularly acute in rural areas (D'Augelli & Garnets, 1995). The lack of a bisexual community leaves bisexual individuals unable to locate and access bisexual-specific support services in a monosexist culture (Barker & Yockney, 2004). Although LGBT centers generally include bisexual individuals, binegativity still exists within the gay and lesbian communities (McLean, 2008). Often these binegative beliefs cause bisexual individuals to feel less supported than their gay and lesbian counterparts (Balsam & Mohr, 2007). Therefore, bisexual individuals can seldom find places where they feel connected to and welcomed by other bisexual individuals. Bisexual-specific bars, community associations, and political coalitions are nearly nonexistent (Beemyn & Steinman, 2000). As a result of the absence of an affirming community, bisexual individuals may feel isolated when seeking to develop an understanding of their sexual identity (Firestein, 2007; McLean, 2008). Consequently, bisexual individuals may experience negative mental health outcomes.

Binegativity. As discussed more fully in Chap. 6, binegativity represents the stigmatization of bisexual individuals, some of which is derived from the traditionally established monosexual belief system. Bisexual individuals are dually stigmatized because they experience social stigma from both heterosexual (Eliason, 1997; de Bruin & Arndt, 2010; Ross et al., 2010; Wiseman & Moradi, 2010a, 2010b; Weiss, 2003), and gay and lesbian individuals (Baumgardner, 2007; Bostwick & Hequembourg, 2013; Bradford, 2004; Firestein, 2007; Mulick & Wright, 2002; McGeorge & Carlson, 2011; McLean, 2008; Ross et al., 2010; Weiss, 2003; Welzer-Lang, 2008; Mohr & Rochlen, 1999). Binegative experiences may develop into internalized binegativity, which occurs when bisexual individuals unknowingly adopt negative societal attitudes and beliefs about their own identities (Frost & Meyer, 2009). Bisexual individuals may also experience homonegativity as a result of being categorized as gay or lesbian when they are in a same-sex relationship (Ross et al., 2010). Consequently, this categorization may develop into internalized homonegativity for certain individuals. Both internalized binegativity and homonegativity can result in negative mental health outcomes (Israel & Mohr, 2004; Jorm et al., 2002; Weber, 2008), especially if bisexual individuals do not have a community to turn for support.

Coming out. Coming out is the process by which nonheterosexual individuals self-recognize their sexual orientation and disclose this sexual orientation to others (Hayes & Hagedorn, 2001). The coming-out process can be a source of profound stress, especially for many bisexual individuals because of their unique experiences. Unlike the experience for most gay and lesbian individuals, in many instances, the

first step of coming-out for bisexual individuals is convincing others that bisexuality is a legitimate sexual orientation and that they are not in denial (McLean, 2008; Roberts et al., 2015), confused (Balsam & Mohr, 2007; Burleson, 2005; Dyar, Feinstein, & London, 2014; Dyar, Feinstein, Schick, & Davila, 2017; Ross et al., 2010; Weinberg et al., 1994; Zivony & Lobel, 2014), in transition (Bradford, 2004; Burleson, 2005; Diamond, 2008; Israel & Mohr, 2004), or just going through a phase (Israel & Mohr, 2004; Mohr & Rochlen, 1999; Rust, 2002; Worthen, 2013). In addition to having to legitimize their sexual identity, bisexual individuals may often avoid coming out due to feeling apprehensive that friends and family will discriminate against them based on their sexual orientation (Roberts et al., 2015). Unlike gay and lesbian individuals who have available support services for those who are in the process of coming out, bisexual individuals lack a community in which to turn to for support, especially if they are rejected by their friends and family. Therefore, when bisexual individuals do decide to come out, they are apt to selectively disclose by strategically identifying when and to whom they reveal their sexual identity (McLean, 2007).

Additionally, the coming-out process is often unique for bisexual individuals as it may have to be repeated. This is especially relevant for bisexual individuals for whom the sex of their partners change from one relationship to the next, as the sex of an individual's current partner is typically assumed to suggest the individual's sexual orientation (Ross et al., 2010). Given this, the coming-out process may be more stressful for bisexual individuals than for gay men and lesbian women and the resulting mental health outcomes may be more severe. Specifically, bisexual women who have male partners and are less revealing about their sexual orientation experience more binge drinking and depression (Dyar et al., 2014; Molina et al., 2015). Also, when compared to lesbian women and gay men, bisexual individuals are more likely to be threatened with being outed (Freedner, Freed, Yang, & Austin, 2002). Once out, bisexual men (along with gay men) are likely to experience physical violence (Huebner, Rebhook, & Kegeles, 2004), whereas bisexual women (along with lesbian women) are more likely to experience sexual victimization (Hequembourg, Livingston, & Parks, 2013). As a consequence, bisexual individuals of both sexes may be reluctant to come out (APA, 2012) because it may lead to negative mental health outcomes and physical and sexual violence.

In sum, monosexism operates to deny the very existence of a bisexual identity, indicating that a bisexual orientation is unstable and/or illegitimate. Bi-invisibility occurs as a consequence thereof and generates an environment in which it is difficult to have a bisexual affirming community. This is especially true given that binategative attitudes and beliefs can come from heterosexual, gay, and lesbian communities. Together these factors can make the coming-out process more stressful for some bisexual individuals than for gay and lesbian individuals. These connected components lead to negative mental health outcomes for bisexual individuals. In addition to these factors, physical and sexual violence and sexual health may be related to negative mental health outcomes. In the next section, the physical health of bisexual individuals will be explored.

Physical Health

In addition to the mental health issues that bisexual individuals face, there are a number of physical health issues that should be considered, including increased exposure to violence and increased sexual risk factors. Bisexual individuals report higher rates of physical and sexual violence as well as interpersonal violence (IPV) than heterosexual, gay, and lesbian individuals (Hequembourg et al., 2013; Walters, Chen, & Breiding, 2013). These increased rates of violence, and the negative factors that can accompany them, are often the result of societal stigmas associated with a bisexual identity and/or behavior (Herek, 2002; Huebner et al., 2004; Zivony & Lobel, 2014).

Physical and sexual Violence. As a result of their sexual identity, sexual minority individuals experience more discrimination, prejudice, and incidences of violent attacks than heterosexual individuals (Herek, 2002; Huebner et al., 2004). Specifically, bisexual individuals are more likely to experience sexual and physical violence than gay, lesbian, and heterosexual individuals. According to results from the Center for Disease Control and Prevention's (CDC) National Intimate Partner and Sexual Violence Survey (Walters et al., 2013), 1 in 3 bisexual women, compared to 1 in 6 heterosexual women have experienced stalking victimization at some point during their lifetime (Walters et al., 2013). Forty-six percent of bisexual women reported being raped compared to 13% of lesbian and 17% of heterosexual women. Bisexual women and men reported a higher lifetime prevalence of sexual violence other than rape (including being made to penetrate, sexual coercion, unwanted sexual contact, and noncontact unwanted sexual experiences) compared to lesbian, gay, and heterosexual individuals. Another study found that bisexual women (76%) were more likely to experience severe sexual victimization (e.g., unwanted sexual contact, sexual coercion, attempted rape, or completed rape) than lesbian women (52%; Hequembourg et al., 2013).

Additionally, the CDC's National Intimate Partner and Sexual Violence Survey found that bisexual individuals have higher rates of IPV than heterosexual, gay, and lesbian individuals (Walters et al., 2013). Bisexual women (61.1%) reported higher lifetime prevalence of rape, physical violence, and/or stalking by an intimate partner than bisexual men (37.3%) gay men (26%), lesbian women (43.8%), and heterosexual men (29%) and women (35%). Bisexual women (49.3%) also reported higher rates of severe physical violence by an intimate partner (e.g., hit with fist or something hard, slammed against something, or beaten) than lesbian (29.4%) and heterosexual (23.6%) women. More than half of the bisexual women who experienced IPV in this study reported at least one negative impact (e.g., missed at least 1 day of school or work, were fearful, were concerned for their safety, experienced at least one posttraumatic stress disorder symptom).

Sexual health. Sexual health is a "state of physical, emotional, mental and social well-being in relation to sexuality" (World Health Organization, 2006, p. 10). Bisexuality is often highly stigmatized and some bisexual individuals may be reluctant to disclose their sexual practices or identities to healthcare professionals.

As discussed in more in depth in Chap. 9, in evaluating the sexual health of bisexual individuals, overall both men and women report more STI²s and HIV (Everett, 2013; Jeffries, 2014; Muzny, Austin, Harbison, & Hook, 2014). However, complicating the findings of the studies available regarding bisexual sexual health are the inconsistent methods used to define sexual identity. Self-identification, behaviors, and attractions, and in some instances, a combination of these three constructs, are typically used to determine if participants are categorized as bisexual.

It is important to understand the distinction between bisexual behaviors and bisexual identities. A behavioral approach is recommended for research regarding the spread of STIs (Miller & Ryan, 2011) because engaging in bisexual behaviors does not necessarily correspond to a bisexual self-identification (Copen, Chandra, & Febo-Vazquez, 2016; Reback & Larkins, 2010). Individuals who engage in bisexual behaviors but do not self-identify as bisexual may not access quality healthcare for testing and prevention of STIs, education, and treatment options that are readily available in many sexual minority communities (Brennan et al., 2010; Healthy People, 2010; Steele, 2009). Therefore, it is also important to measure the participant's self-identification because it is "informative in understanding [the client's] access to health care and, subsequently, the quality of care they are provided" (Miller & Ryan, 2011, p. 4).

Further complicating many survey results is that frequently bisexuality measures are contingent upon participants reporting behaviors with two or more partners within a defined time-period where contrastingly gay, lesbian, and heterosexual behaviors may be categorized based on reporting only one sexual partner (Bauer & Brennan, 2013). Generally, studies assessing the relationship between sexual orientation and risk behaviors measure sexual orientation through behavioral measures asking questions such as, "how many female sexual partners have you had in the last year" and "how many male sexual partners have you had in the last year?" Monosexual participants are usually only required to have one sexual partner in the past year (either a same-sex or different-sex partner) to be included in the study. However, individuals who have had at least one male and one female partner in a relatively short period are assumed to be bisexual. Examples like these may result in a sample bias that is skewed against bisexual individuals by virtue of such individuals being required to have more sexual partners than other groups in the study. Health disparities may be due to higher numbers of lifetime sex partners rather than to bisexuality. Also, if studies assume sexual orientation by virtue of behavior in some arbitrary timeframe, bisexual individuals who have only had a single partner in that time may be incorrectly classified as heterosexual, gay, or lesbian. Other reported negative health outcomes, may be due to the way that some studies compare bisexual participants to gay, lesbian, or heterosexual participants and not due to a direct relationship between bisexuality and engaging in a greater number of high-

²This chapter will use "mental health practitioners" as an all-encompassing term to include counselors, psychologists, and social workers. Lastly, sexually transmitted infections (STIs) will be substituted for sexually transmitted diseases (STDs).

risk behaviors. Most studies fail to mention the possibility of a non-gender-binary sexual partner (someone who does not identify as male or female), completely erasing the ability to quantify those encounters. Resulting research regarding bisexual sexual health reporting can provide contradictory results depending on precisely how sexuality is measured.

Another way sexual orientation is measured is how participants' self-identify. For example, CDC's National Center for Health Statistics asked "Do you think of yourself as: "gay" (for men), "straight, that is, not gay" (for men), "lesbian or gay" (for women), "straight, that is, not lesbian or gay" (for women), "bisexual," "something else," and "don't know" without a specified time period (Miller & Ryan, 2011). Participants who chose the option *something else* were then able to choose other self-identifications such as queer, omnisexual, trisexual, pansexual, and transgender. However, there is a complication to this as there are many other sexual behaviors, gender identities, and sexual orientations that bisexual individuals may connect with and even primarily identify as. Another obstacle is an absence of a cohesive standardized language for researchers studying sexual health. Some individuals that researchers might categorize as bisexual may instead self-identify as fluid, queer, nonconforming, asexual, or something else. Sexual orientation and gender identity are not the same, can change over time, and the process is different for everyone. A bisexual individual might primarily identify as nonbinary, where their gender does not fall into the traditional system of a masculine or feminine identity. For example, when individuals identify as pansexual or omnisexual, which are inclusive of an emotional or sexual attraction to any gender, instead of or, in addition to, considering themselves as bisexual. Without a standardized language to describe sexual orientation, it will continue to be problematic to determine the accuracy of the research statistics available concerning the sexual health of bisexual individuals. Therefore, it is not a bisexual identification that is a risk factor of negative sexual health outcomes, but the specific high-risk behaviors. Given the stigma that accompanies these findings, further research is required that controls for or avoids these biases to determine whether bisexual individuals do, indeed, generally engage in a greater number of high risk behaviors or have higher rates of STIs.

In sum, discrimination may lead to increased experiences of sexual and physical violence for bisexual individuals. Additional research is needed to pinpoint the risk factors responsible for the increase in violence towards bisexual individuals so that effective prevention and intervention strategies can be developed. As far as sexual health, because of the ways it is measured, it is difficult to interpret any results given the variability of how sexual orientation is quantified by different studies. We recommend a behavioral approach for all future research studies using past and present behaviors (e.g., such as asking, "Have you ever had sex with a male and/or female?") as markers for defining a sexual orientation as well as using consistent language. In the following sections we discuss specific ways in which mental health practitioners can responsibly provide competent, effective services for bisexual individuals.

Considerations for Mental Health Practitioners

Despite bisexual individuals being more likely to seek mental health services than heterosexual individuals (Israel et al., 2008), many mental health practitioners continue to feel unprepared to provide services to sexual minorities (Dillon et al., 2004). In order to provide effective services, mental health practitioners must have a thorough understanding of sexual orientation and should consider a client's sexual orientation when determining his or her overall treatment approach (Horowitz, Weis, & Laffin, 2003). Though it is common to consider bisexual individuals to be part of the broader LGBT community, it is imperative that mental health practitioners understand that bisexual individuals encounter specific challenges that are unique to their identity (Scherrer, 2013). As discussed throughout this text, bi-invisibility, monosexism, binegativity, the stress of the coming out process, and physical and sexual violence may lead to many negative mental health outcomes which are further intensified due to a lack of a bisexual affirming community. In the interest of enhancing their competency, all mental health practitioners should aspire to recognize these challenges. The sections below will examine how assessment, the coming out process, education and training, case management, and advocacy can help mental health practitioners enhance the well-being of bisexual clients.

Assessment

Assessment is the “umbrella term for the evaluation method [mental health practitioners] use[d] to better understand characteristics of people, places, and things” (Hays, 2014, p. 4). Effective assessment not only involves mental health practitioners' evaluations of their clients, but also involves an evaluation of the practitioners' own attitudes and unconscious biases, as these attitudes and biases influence their evaluation of their clients and can impair their ability to deliver quality services (APA, 2012). This section will explore practitioners' assessment of both their biases and the evaluation of the client. This two-step evaluation is not intended to be sequential but should instead be iterative as mental health practitioners learn more about both the specific needs of the client and further evaluate their personal attitudes and biases.

Assessment of practitioner attitudes and unconscious biases. A mental health practitioner's explicit or implicit negative attitudes can detrimentally impact the quality of services provided to lesbian, gay, and bisexual clients (APA, 2012). Research indicates that mental health practitioners have not done an effective job of creating an inclusive environment for sexual minorities in general and bisexual individuals in particular (Troutman & Packer-Williams, 2014). Therefore, mental health practitioners must be sensitive to the matters of heterosexism and other factors that are uniquely relevant to the bisexual client, such as bi-invisibility, monosexism, and binegativity, in order to provide effective therapeutic services.

All sexual minorities experience some form of heterosexism at some point in their lives. However, heterosexism can have a more negative impact on a client during the therapeutic process, where clients should feel validated and free from judgment. Therefore, heterosexual mental health practitioners should continuously monitor and neutralize any form of heterosexism, if identified. For example, a practitioner should never assume the client is heterosexual because such an assumption could cause the client to fear coming out, undermining therapeutic trust, and having a detrimental impact on treatment efficacy. One study found that approximately 75% of sexual minorities reported that their healthcare practitioner “always” or “usually” assumed that they were heterosexual until informed otherwise (Neville & Henrickson, 2006). Making assumptions regarding a client’s sexual orientation threatens to invalidate the individual’s self-identity, thereby jeopardizing the integrity of the therapeutic relationship.

Mental health practitioners must be aware of how their own sexual orientation can lead to unconscious biases that impact the therapeutic relationship, especially if they, consciously or unconsciously, ascribe to monosexism and do not view bisexuality as a legitimate sexual orientation. For example, the practitioner may consciously or unconsciously influence a self-identified bisexual female client struggling with her sexual identity towards a heterosexual or lesbian orientation. In addition, inadvertent monosexism can occur during intake assessments. For example, intake forms with only a heterosexual, gay, or lesbian option encourage the invisibility of a bisexual identity and invalidate the bisexual client prior to the start of treatment. Thus, mental health practitioners should ensure that any assessment tools are sexually inclusive.

Mental health practitioners may hold the same societal binegative stereotypes that have been explored throughout this text (Eliason & Hughes, 2004; Mohr, Israel, & Sedlacek, 2001; Mohr, Weiner, Chopp, & Wong, 2009; Page, 2007). One study found that mental health practitioners were more negative toward bisexual individuals than they are toward lesbian women and gay men (Eliason & Hughes, 2004). Mental health practitioners who identify as highly conservative, religious, or who have previously had negative experiences with bisexual individuals (Rainey & Trusty, 2007) should be particularly focused on recognizing and preventing negative attitudes and biases from adversely influencing the therapeutic relationship (Welfel, 2006). Clients put a great deal of trust in a therapeutic relationship, and often give a substantial degree of deference to mental health practitioners. When mental health practitioners reflect and reinforce the prejudice the client is already experiencing in the world, and possibly internalizing, instead of helping to heal trauma, it could serve to intensify these internalized prejudices. To counter these negative attitudes and unconscious biases, mental health practitioners should employ the appropriate methods of self-exploration and self-education to recognize and reduce biases about bisexuality (APA, 2012) through workshops, continuing education, supervision, and consultation. If such care is not exercised, bisexual identities may be disregarded or otherwise not afforded the appropriate level of attention. As a last resort, mental health practitioners should consider referring the client out if they realize their negative attitudes and unconscious biases are harmful to the relationship.

Assessment of the client. In providing mental health services to bisexual individuals, mental health practitioners must be familiar with several considerations unique to the bisexual experience that should inform the overall treatment strategy. Among these considerations are assessing sexual orientation, internalized binegativity, history of victimization, cohort and age differences, social and familial relationships, religious identity, and the coming-out process. Each of these considerations is discussed below.

Sexual orientation. A client's sexual orientation can be assessed using intake forms or during the therapy session. If a client discusses his or her relationship and reveals the sex of the partner, it is important to keep in mind that the current relationship status of an individual is not dispositive of the client's sexual orientation. Consistently employing gender neutral language and asking open-ended questions regarding relationships, sexual behaviors and feelings will help mental health practitioners avoid communicating a message that may be interpreted by the client to convey assumptions about the client's sexual orientation. It is also important to keep in mind that there are individuals who engage in bisexual behaviors, but do not identify as bisexual (Reback & Larkins, 2010) to avoid stigmatization and discrimination or to preserve their heterosexual privilege (Roberts et al., 2015). Therefore, it may be beneficial for the practitioner to process with clients as to how they define their sexual identity.

Furthermore, conducting a thorough assessment at the outset of the counseling process will assist mental health practitioners in determining whether or not the client's presenting problem is related to his or her sexual orientation (Page, 2007). Mental health practitioners should never assume the client's presenting problem relates to his or her bisexual identity, but neither should mental health practitioners assume that the presenting problem is completely independent of the client's sexual orientation (Ross et al., 2010). Rather mental health practitioners should understand that the client's sexual orientation is one of many aspects of a client's identity that may be related to the presenting problem.

Internalized binegativity. As discussed previously, bisexual individuals may internalize negative societal messages related to their sexual orientation (Scherrer, 2013), and such internalized binegativity may have a detrimental impact on their mental health (Israel & Mohr, 2004; Ross et al., 2010). Bisexual clients who have been subjected to binegativity in their interpersonal interactions may benefit from exploring stereotypes about bisexuality (Scherrer, 2013). Processing binegative stereotypes may bring insight as to which negative messages have been unknowingly absorbed by the client and how they have impacted his or her psychological well-being. This may provide an opportunity for mental health practitioners to validate and normalize thoughts, feelings, and/or behaviors related to a bisexual orientation.

History of victimization. The mental health practitioner should assess the client's history of harassment, discrimination, and violence as well as the client's level of support and safety (APA, 2012). Because heterosexism, bi-invisibility, monosexism, and binegativity are so pervasive, a bisexual client may not recognize the psychological impacts of these phenomena. Therefore, it may be beneficial for mental health practitioners to consider how these phenomena may have manifested in the lives of their clients, even if it is not raised as a presenting issue. After gaining an understanding of these issues, a mental health practitioner is better situated to determine an overall treatment strategy.

Cohort and age. APA (2012) guidelines indicate that mental health practitioners should endeavor to identify cohort and age differences among bisexual clients as bisexual experiences may differ substantially on these bases. "Cohort influences are broad historical forces that shape the context of development" (Fassinger & Arseneau, 2007, as cited in APA, p. 21) which can result in generational effects. It is important not to confuse cohort with age as the two are distinct (APA, 2012). An example to distinguish cohort from age is as follows—if a 15-year-old and a 30-year-old both came out in 1960, the individuals, despite the difference in their age, would be a part of the same cohort today as they have shared a common experience with respect to the way in which broad societal influences have shaped their experience as an out individual. However, there would be differences in their experiences related to their age; the individuals would have had different social and family relationships at the time that each came out based on their age. Though the effects of cohort and age are distinct, the two can interact (Fassinger & Arseneau, 2007, as cited in APA). For example, older individuals are more likely to seek mental health services (age effect) and are less likely to disclose their sexual orientation (cohort effect). When two effects interact in this manner, it could result in deficient care. Increased knowledge about HIV/AIDS and greater social acceptance of sexual minorities (APA, 2012) are examples of changing factors that have produced a climate in which some sexual minorities have become more accepted and are more likely to come out (Chandra, Mosher, Copen, & Sionean, 2011; Copen et al., 2016). One study found that older bisexual men reported receiving more negative reactions to coming out (many years ago) than younger bisexual men, who came out more recently (McCormack, Anderson, & Adams, 2014). Therefore, mental health practitioners should be sensitive to the social stressors associated with the individual's unique positionality.

It is also important that mental health practitioners not discredit sexual identity based on a client's age. For example, if an adolescent or college aged cisgender female comes out as bisexual, the mental health practitioner should not assume the client is going through a phase, a transition, or is somehow less knowledgeable about her sexual identity based on her age. Mental health practitioners should be mindful of the unique issues confronted by bisexual youth dealing with matters of sexual identity. In addition to facing rejection from society more broadly, sexual

minority youth, including bisexual youth, also face rejection from peers, teachers, and parents (Wormer & McKinney, 2003). The fear of such rejection in adolescents results in higher rates of homelessness (Ray, 2006) as well as increased incidences of high-risk behaviors including drug abuse, survival sex, and attempted suicide when compared to heterosexual individuals (Van Leeuwen et al., 2006). Bisexual students often face a hostile school environment with inadequate mental health resources. A national school climate survey found that 82% of sexual minority youths experienced verbal harassment and 38% experienced physical harassment as a result of their sexual orientation (Kosciw, Greytak, Bartkiewicz, Boesen, & Palmer, 2012). Such experiences have been associated with poor performance in school, engaging in sex work, drug use, and suicide (D'Augelli, Pilkington, & Hershberger, 2002; Espelage, Aragon, Birkett, & Koenig, 2008; Savin-Williams, 1994, 1998).

Relationships and family. Identifying and appreciating social connections may be especially important when attending to bisexual clients, since bisexual individuals frequently experience unique challenges with their family, friends, acquaintances (McLean, 2007; Page, 2007) and romantic partners (see Chap. 8). Positive social connections significantly promote favorable outcomes pertaining to the health and welfare of bisexual individuals (Kertzner, Meyer, Frost, & Stirratt, 2009). In determining an overall treatment approach, it is crucial that mental health practitioners assess the client's level of supportive relationships, including familial, social, and romantic.

It is important to ascertain caregivers' degree of acceptance during adolescence and young adulthood because it can impact the mental health and physical well-being of bisexual individuals (Ryan, 2009). Specifically, young people who were rejected by their parents and caregivers are eight times more likely to attempt suicide, six times more likely to report high levels of depression, three times more likely to use illegal drugs, and three times more likely to be considered at high risk for HIV and STDs than individuals who say they experienced little or no rejection (Ryan, 2009). As a result, sexual minority youth may be inclined to conceal their emerging identities in order to escape rejection or to attempt to not hurt caregivers or family members who are not accepting of alternative sexual identities. Moreover, bisexual individuals who are in a same-sex relationship may receive pressure from their families to choose different-sex relationships (Dworkin, 2001, 2002; Firestein, 2007). The resulting identity concealment can be detrimental to an adolescent's development of a positive sense of self-worth and self-esteem (Ryan, 2009).

Romantic relationship involvement can have both positive (Meyer, 2003) and negative (Feinstein, Latack, Bhatia, Davila, & Eaton, 2016; Whisman, 2007) psychological consequences (as discussed in Chap. 9). Bisexual individuals with partners who are supportive of their bisexual identity can experience increased positive well-being (Li, Dobinson, Scheim, & Ross, 2013). Conversely, bisexual individuals who do not have supportive partners can experience the effects of insecurity and jealousy in the relationship as well as be at increased risk for anxiety disorders (Feinstein et al., 2016).

In conducting couples therapy that includes one or more bisexual individuals, mental health practitioners should consider the negative effects of societal prejudice and discrimination on bisexual relationships (APA, 2012). Couples may not recognize the role that stigma and marginalization play in relationship problems (Green & Mitchell, 2002). Bisexual couples may seek therapy for the same reasons as heterosexual couples (e.g., issues with commitment, communication, sexual dysfunction) or for reasons that are unique to bisexual or other sexual minorities (e.g., coming out to a partner or others, manner or timing of disclosing the existence of the relationship to others, issues relating to binegativity, bi-invisibility, ignorance and confusion about bisexuality). A mental health practitioner should be prepared to explore the role that stigma and marginalization play in both the common and unique issues confronting bisexual couples.

When working with bisexual individuals and their partners, mental health practitioners should also be educated regarding the impact and complexities of dual attraction (Bradford, 2004). Couples may benefit from an explicit discussion about their expectations of one another regarding sexual engagement with different-sex and same-sex partners. Clients who are interested in, or engaged in, polyamorous relationships, are best served by mental health practitioners who are knowledgeable about and affirming of such relationships (Scherrer, 2013).

Religion. Mental health practitioners should understand the role religion and spirituality play in the lives of bisexual clients (Haldeman, 1996). Religion may be a source of negative experiences for bisexual clients, especially clients who were brought up immersed in any religion that is conventionally invalidating of alternative sexual orientations (APA, 2012). It may be beneficial for mental health practitioners to assess the role of religion and any resulting internalized binegativity.

Coming out

Mental health practitioners should assist bisexual clients in gaining an understanding of the coming out process and the implications thereof, including whether clients would like to disclose their sexual orientation and how friends, family and others are likely to respond to such disclosure. In discussing the coming out process with bisexual clients, mental health practitioners should be cognizant of the nuanced differences in the coming out process for bisexual individuals compared to the coming out process for gay men and lesbian women. Unlike the coming out process for gay and lesbian individuals, which research has shown contributes favorably to the development of their identities, the coming out process for bisexual individuals may be detrimental to their mental health. It is important to consider and discuss how the client will manage the day-to-day stress that comes along with living as an out bisexual person (Scherrer, 2013).

Whereas the coming out process for gay and lesbian individuals is often linear from closeted to out, the process for a bisexual individual is typically repeated on

more than one occasion, especially when the bisexual individual alternates between same-sex and different-sex partners (Scherrer, 2013). This is true because, in the broader societal context, sexual orientation is often inferred by referencing the sex of one's current partner (Ross et al., 2010). Considering this and other potential scenarios before the situation occurs may mitigate the adverse impacts on the client's mental health and development. This continuous process of coming out may prove damaging to the mental health of the individual due to the lack of bisexual community support and organizations, and the repeated exposure to prejudice and discrimination that may accompany each disclosure. Therefore, it is often unreasonable to expect that the coming out process would help the individual define his or her bisexual identity, and this may be why bisexual individuals are less likely to come out than gay and lesbian individuals (Balsam & Mohr, 2007; Dyar, Feinstein, & London, 2015; Mohr, Jackson, & Sheets, 2016; PEW Research Center, 2013).

In assisting the client with the decision as to whether to come out or after the determination has been made to come out, the mental health practitioner should help the client determine the scope of disclosure. Disclosure can be full, as an open declaration of the client's sexual orientation to all interested parties, or partial. In the case of partial disclosure, the mental health practitioner should help the client determine whether to employ "strategies of selective disclosure" (McLean, 2007, p. 160), which involve bisexual individuals revealing their identities to certain family members and friends, but consciously choosing not to inform others. If such partial disclosure is deemed appropriate by the client, the mental health practitioner should assist the client in identifying to whom the client will disclose. Conversely, a client may choose not to disclose and that choice may be absolute, temporary, or situational in nature. An example of situational nondisclosure would be a bisexual individual who chooses to keep his or her bisexual identity concealed while in a different-sex relationship to avoid the stress and trauma associated with coming-out. This would enable the individual to experience situational nondisclosure under a veil of heterosexual privilege (Roberts et al., 2015). In contrast, if they were in a same-sex relationship, bisexual individuals might fear disclosing due to not being accepted by the gay and lesbian community (McLean, 2008). Regardless, a failure to disclose may not be without consequence; it may increase these clients' exposure to internal feelings of remorse, shame (Scherrer, 2013) and isolation. Mental health practitioners should explore the potential positive and negative impacts of both disclosure and nondisclosure on the well-being of bisexual clients.

Family therapy may be recommended to bisexual clients who are in the process of coming-out or who have already disclosed their identity but have received negative reactions. However, prior to suggesting family therapy, mental health practitioners should carefully consider whether family therapy could have a negative impact on the client. Mental health practitioners should try to ensure that the ultimate decision to involve the client's family is made by the client freely, without undue influence. Mental health practitioners should be aware that even more accepting families may experience a period of adjustment after learning that a family member identifies as bisexual (Jennings & Shapiro, 2003; Pallotta-Chiarolli, 2005). Providing psychoeducation (education and information) to both clients and their families on the prevalence of bisexuality can help normalize the individual's bisexual identity.

Once a bisexual individual comes out, a mental health practitioner should be prepared for the unique elements of this process. This may include the possibility of having to repeatedly come out if the sex of a client's relationship partner changes and attending to the distinct differences from the gay and lesbian coming out experiences. Finally, mental health practitioners should help the client develop the insight to evaluate if disclosure, nondisclosure, or partial disclosure strategies will result in positive or negative outcome potentials.

Education and Training

Research indicates that many mental health practitioners are not knowledgeable about issues affecting bisexual individuals and most treat lesbian, gay, and bisexual clients as a homogeneous group (Murphy, Rawlings, & Howe, 2002). This knowledge gap is attributable to the fact that mental health practitioners seldom receive adequate training in treating bisexual individuals (Robinson-Wood, 2009), although bisexual individuals represent the largest sexual minority (Hebernick et al., 2010; Mosher, Chandra, & Jones, 2005; PEW Research Center, 2013). Contributing to this inadequate training is a dearth of educational resources on bisexuality, including a lack of appropriate educational training and inclusion in school curricula and a lack of relevant continuing educational unit offerings, which makes becoming a well-prepared practitioner a formidable undertaking. Considering the scarcity of sexual diversity education and training, it is difficult for mental health practitioners to prepare for and anticipate all the developmental challenges, identity considerations, and unique counseling needs of the bisexual population.

Not only is the lack of available information sources detrimental to the quality of services rendered by mental health practitioners, but it perpetuates the notion of invisibility, painting bisexuality as an orientation lacking sufficient legitimacy as to warrant study. Barker (2007) examined the portrayal of sexuality in commonly used psychology textbooks finding that two thirds of textbooks failed to discuss bisexuality to any extent. Failing to provide training and to acknowledge sexual minorities in general and bisexuals in particular may result in unintentionally reinforcing systemic prejudices by further marginalizing bisexual clients (Troutman & Packer-Williams, 2014). The absence of well-trained mental health practitioners may result in dissatisfaction (Grove, 2009; O'Neill, 2002), early termination of treatment, and a hesitancy to reengage in the counseling process (Israel et al., 2008).

Despite the shortage of available educational and training materials, there are actions that mental health practitioners can take to improve the quality of services rendered to bisexual clients. Mental health practitioners who examine the meaning of their own gender using training programs, supervision, and continuing education are likely to experience lower levels of discomfort with bisexual clients and are less likely to exhibit heterosexist biases (Dillon, Worthington,

Soth-McNett, & Schwartz, 2008). Mental health practitioners should actively seek training, experience, consultation, or supervision on matters relevant to the bisexual population in order to be culturally competent (APA, 2012).

Case Management

Case management is the process by which the mental health practitioner pairs clients with relevant social and personal resources (Moore, 1990). Case management is an essential component of the overall services rendered by mental health practitioners because it provides additional support systems to improve the well-being of the client. The lack of a community for bisexual individuals and the adverse consequences thereof have been explored throughout this text. If a mental health practitioner is able to provide bisexual clients with resources that afford access to a bisexual community it may prove beneficial to the client's mental health and development (Scherrer, 2013). Oswalt (2009) found that mental health practitioners often referred bisexual individuals to LGBT resources without having adequately vetted the organizations to ensure that the individuals and organizations were actually supportive of bisexual individuals. Thus, prior to providing such references, it is critically important that the mental health practitioner adequately vet the organizations and individuals involved to ensure that such organizations and individuals are welcoming and supportive of bisexual individuals and that their policies and practices are beneficial to, and in furtherance of, the client's development. Given the prevalence of binegativity in the gay and lesbian community, referring clients to nonaffirming communities may further isolate the client and thereby increase negative mental health outcomes.

Mental health practitioners can connect bisexual individuals to several bisexual affirming resources such as support groups (online and in-person), group therapy, and health-care organizations familiar with working with sexual minority populations. Groups can provide an individual with an outlet for repressed emotion (Yalom, 1995) and a sense of shared experience that removes the sense of isolation that is often attached to these emotions (Hayes & Hagedorn, 2001). In addition, bisexual individuals can be provided psychoeducational tools including websites (e.g., American Institute of Bisexuality), books, and pamphlets.

Advocacy

Given that mental health practitioners may be perceived as objective and credible authorities on the topic of bisexuality and may have awareness of the specific issues faced by bisexual individuals, they are uniquely situated to be community

advocates. Being an outspoken and active advocate begins with the mental health practitioner actively confronting his or her own prejudices and speaking up even when it is difficult and unpopular (Troutman & Packer-Williams, 2014). Mental health practitioners can advocate for young bisexual individuals by working with school personnel to advocate for awareness of issues confronting sexual minorities such as harassment, which has been shown to lead to higher dropout rates, inferior academic performance, and suicidal ideations (APA, 2012). The critical groundwork for social justice policy and advocacy efforts is completed through the advancement and understanding of social minority issues (Moradi, Mohr, Worthington, & Fassinger, 2009). Thus, mental health practitioners should contribute to influencing public policy concerning issues related to sexual minorities through scholarship.

Advocacy, consistent with the discussion above, often infers some level of outreach or civic engagement; however, the most important form of advocacy in which a mental health practitioner may engage is perhaps the acknowledgement that bi-invisibility, monosexism, and binegativity exist and that bisexual individuals face issues unique to their sexual orientation, most notably their lack of a community. It is integral to ensure that these steps and considerations are incorporated into a mental health practitioner's practice. In doing so, the mental health practitioner has confronted and directly reduced the existence of bi-invisibility and helped increase a community.

Conclusion

Bi-invisibility, monosexism, and binegativity have pervasive impacts on the physical health and mental well-being of bisexual individuals. As a result, mental health practitioners are uniquely positioned to have a significant impact in assisting bisexual clients with their development and with managing the day-to-day stressors that accompany living as a bisexual individual that lacks a community. Unfortunately, many mental health practitioners are ill-suited for the task at hand in that they lack the necessary skills, training, and resources. Some mental health practitioners behave in a manner that bisexual clients find offensive, largely because they have not engaged in the appropriate level of reflection and confronted their own biases regarding bisexuality. With awareness of mental health practitioners' biases, actions taken to minimize such biases, and with due care and attention to the issues and experiences unique to bisexual individuals, the mental health care community can become more welcoming to bisexual clients. As a result, treatment outcomes for bisexual clients could be drastically improved, which could help bisexual individuals better manage the daily stressors they face. This pivotal approach will help chip away at the very existence of monosexism and binegativity.

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Concluding Remarks: A Perspective on Envisioning Bisexuality as Inclusive, Celebratory, and Liberatory



Tania Israel

Abstract By the time you reach the final pages of a book about bisexuality, you might notice a pattern. From every angle you study bisexuality, it is absent, marginalized, and/or erased. Whether you read about identity labels, mental health, history, and relationships, you see that bisexuality is delegitimized and stereotyped. You may have gotten a sense of how difficult it is to gain a clear picture of bisexuality due to distortions, conflicting definitions, aggregated data, and faulty measurement.

Keywords Bisexuality · Liberation · Advocacy · Inclusion

Introduction

By the time you reach the final pages of a book about bisexuality, you might notice a pattern. From every angle you study bisexuality, it is absent, marginalized, and/or erased. Whether you read about identity labels, mental health, history, and relationships, you see that bisexuality is delegitimized and stereotyped. You may have gotten a sense of how difficult it is to gain a clear picture of bisexuality due to distortions, conflicting definitions, aggregated data, and faulty measurement.

But that's not the entire story. You may also feel enlightened by the information about bisexuality you had not previously encountered. You may resonate with the descriptions of invisibility and disparities experienced by bisexual individuals. You may feel hopeful about the scholarly agendas articulated in the preceding chapters. You may feel empowered by the vision for a future that holds bisexuality equally with other sexual orientations.

T. Israel, Ph.D. (✉)

Department of Counseling, Clinical, and School Psychology,
University of California, Santa Barbara, Santa Barbara, CA, USA
e-mail: tisrael@ucsb.edu

Everything you have read contributes to our foundational knowledge of bisexuality in a monosexist society and highlights the current debates regarding theory, research, and practice. It may not, however, provide everything needed for bisexual individuals and bisexuality to thrive. These concluding remarks extend the strong foundation provided in the chapters to envision a bisexuality that is inclusive, celebratory, and liberatory. This book is intended for a broad audience of researchers, educators, and clinicians, of which I am one. I am also a member of the community that is the focus of this volume, and I wrote this chapter primarily to bisexual individuals as there are things we need to know and hear about ourselves, even as we acknowledge and advocate for societal change.

Inclusive Bisexuality

Although there are ongoing debates about terminology, when I say “bisexuality,” I draw on the definition articulated so clearly by Robyn Ochs: “the potential to be attracted—romantically and/or sexually—to people of more than one sex and/or gender, not necessarily at the same time, not necessarily in the same way, and not necessarily to the same degree” (2005, p. 8). “Sex and/or gender” might be referred to as “gender/sex” to reflect that physical and romantic attractions can be based on biological features, gender expression, or other characteristics (van Anders, 2015). Your bisexuality might take the form of love for both penises and vulvas, both butch and femme, both beards and breasts, and both lipstick and loafers. Clearly, sexual orientation is complex and multidimensional (Klein, Sepekoff, & Wolf, 1990).

The diversity of experiences of bisexuality can make it difficult to come together as a community. The monogamous bisexual individuals might not want to be associated with the polyamorous bisexual ones, whom they may perceive as reinforcing a stereotype they need to battle. The out and proud bisexual individuals may struggle with those who choose to keep their bisexuality quiet or hidden, knowing that the more of us who disclose, the more accepting society will become. The bisexual individuals who do not want to be associated with this label may chafe at the flag-waving activists who draw attention to an aspect of themselves they choose not to make prominent.

People experience their bisexuality in many ways, but ultimately, we have a commonality of attraction beyond sex/gendered limits. This is what defines us, and if we are able to embrace the full range of bisexuality, we increase our potential for visibility and community. There is power in our numbers, and there is strength in our diversity, but we must view ourselves and each other as similar even as we acknowledge our differences.

I call to my people, to those who have maintained a bisexual identity for decades, to those who came to a realization of attraction to more than one sex/gender later in life, to those who experience attractions to more than one sex/gender but do not call

themselves bisexual, to those youth who know from early on that their attractions are not restricted by sex/gender, to those in same-sex/gender relationships who stopped calling themselves bisexual in order to be in solidarity with gay and lesbian partners, to those in mixed-sex/gender relationships who are assumed to be heterosexual, to the transgender and gender non-binary bisexual individuals, to the bisexual individuals with disabilities, to the bisexual individuals of color, to the bisexuals of every faith or no faith, to the tenured bisexual individuals, and to the bisexual individuals who are just scraping by. We are stronger together, in our multitudes, in our diversity.

Our internal feelings about our own bisexuality can make it difficult to affiliate with other bisexual individuals and to celebrate our bisexuality. When we are repeatedly exposed to negative messages about bisexuality from family, friends, and media, we might start to believe these messages about ourselves and other bisexual individuals. Such internalized stigma is associated with numerous negative mental health outcomes (Lambe, Cerezo, & O'Shaughnessy, 2017; Molina et al., 2015), and it can contribute to isolation when we draw back from other bisexual individuals. It is important that we unearth this internalized stigma, challenge the negativity we feel about ourselves and other bisexuals, and help others to do so. Moreover, we will need to combat the negative messages promulgated in society and encourage positive depictions of bisexuality.

In 2015, I delivered a talk called *Bisexuality and Beyond*. As of August, 2017, nearly 40,000 people had viewed this talk, and their responses have helped me feel connected to bisexuals around the world.

- From New York: "I'm glad that you were able to put into words how a number of us feel but can't explain when asked."
- From Mexico: "I'm feeling so damn good about myself right now!! It helped me big time to clear my mind about some doubts I've been having."
- From India: "I have no words to thank and appreciate you, and that how much immensely your speech touched me. I live in the country where very few people are open minded regarding sexual diversity and acceptance. Yes, I am bisexual. My family is unaware about it. Very few close friends do know about it but doesn't understand me completely either. Well I can go on regarding the matter; but that's not what I wanted to contact you for. I wanted to express my gratitude for your contribution."

These messages reminded me how much it means for us to be visible to other bisexual individuals, to see people who are comfortable with their bisexuality, and to connect to a global community of bisexuals. Not everyone will choose to identify as bisexual or to do so openly, but for those of us who are willing to do so, being public with our bisexuality can make a difference to others. Never underestimate the power of your visibility.

Celebratory Bisexuality

If we want to engender bisexual visibility, community, and pride, we need to speak, not only of invisibility, discrimination, and health disparities, we must also shine a light on bisexual history, community, and resources. If we want to celebrate bisexuality, we need to know about the positive and powerful aspects of it.

We need to claim bisexual history (see *A Brief History of the Bisexual Movement*, n.d.). We need to claim bisexual artists, thinkers, and leaders. We claim Frida Khalo, Mexican woman and artist with a disability. We claim Freddie Mercury, lead singer of Queen. We claim Kate Brown, Governor of Oregon. We claim David Bowie, June Jordan, Elton John, Lady Gaga, and so many more (see *Famous Bisexuals*, n.d.). We claim bisexual individuals who contributed to the LGBT rights movement, including Brenda Howard, known as the Mother of Pride, and Sylvia Rivera, trans activist of color at Stonewall (White, 2015).

In order to have a visible and vibrant bisexual community, we need to celebrate Bisexual Awareness Week, Celebrate Bisexuality Day, and Bisexual Health Awareness Month. We need to highlight the education and advocacy of the Bisexual Resource Center, BiNet USA, and the Bisexual Organizing Project. We need to make pilgrimage to the Because Conference, a gathering that has been occurring since 1992.

You should know that there were several invited White House bisexual gatherings during the Obama administration. Bisexual community members, advocates, and scholars met with each other and government officials to address issues that affect bisexuals including education, mental health, immigration, employment, and violence (Israel, 2015). There are policy matters of consequence to bisexual communities, and there are people advocating for attention, inclusion, and resources.

By the way, I did not find the sources for celebratory bisexuality in peer-reviewed journals or other scholarly publications. I found my community on Twitter, Facebook, and the Internet. Within these venues, I found activists, advocates, and community-engaged scholars who were versed in bisexual politics and advocacy. I encourage academics to look beyond academic databases to develop knowledge and connection with a broad range of bisexual communities. Scholarship and activism will both be more powerful if they inform one another.

Liberatory Bisexuality

People say bisexual individuals are confused, trying to maintain heterosexual privilege, or reifying binary gender. But when I look at bisexuality, I see people who challenge limited notions of gender by their very existence. This challenge is consistent with feminism, with transgender rights, and with LGBTQ liberation. Bisexuality has the potential to be a means of liberating others, as well. I hope monosexual individuals will recognize and embrace the liberating potential of bisexuality, but we must also liberate ourselves. In order to liberate ourselves, we need ways of understanding bisexuality that are liberatory.

We need to keep in mind that love beyond sex/gender limitations is radical. We may not have chosen to be radical, but our attractions to more than one sex/gender threaten traditional societal beliefs. Our existence calls into question the assumption of “opposite” sexes. We disrupt the expectation that partners will share a common sexual orientation, and we might make them question the fantasy that one person can fulfill every need of another person. We create such a problem for society that, even though we are the largest sexual minority group, our very existence is constantly called into question (Israel & Mohr, 2004).

You might be a bisexual individual who embraces the radical nature of bisexuality, who revels in the possibility of bisexuality as a challenge to gender dichotomy. This might fit well with your activist nature, your worldview, and your vision for change. On the other hand, you might be a bisexual who does not see your attractions connected to a larger movement, to liberation beyond freedom from discrimination. You might prefer not to challenge the status quo, activism may not be in your blood. However you experience and express your bisexuality, your existence contributes to our liberation, and through that liberation, we can transform society’s restricted notions of gender, sexuality, and identity. Embrace your unique perspective—speak it quietly to yourself or amplified to a crowd. Whether or not you are connected with other bisexual people, make sure you’re connected with yourself. Recognize your truth, embrace your whole self, and celebrate the complexity and potential of bisexuality.

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