



## Bisexual Mental Health: A Call to Action

Julia Taylor

To cite this article: Julia Taylor (2018) Bisexual Mental Health: A Call to Action, Issues in Mental Health Nursing, 39:1, 83-92, DOI: [10.1080/01612840.2017.1391904](https://doi.org/10.1080/01612840.2017.1391904)

To link to this article: <https://doi.org/10.1080/01612840.2017.1391904>



Published online: 29 Dec 2017.



Submit your article to this journal [↗](#)



Article views: 449



View Crossmark data [↗](#)



## Bisexual Mental Health: A Call to Action

Julia Taylor, B.N. M.Hlth.Sc. (Sexual Health), RN

PhD Candidate, Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Victoria, Australia

### ABSTRACT

Over the past two decades research has consistently found that bisexual people experience poorer mental health than their gay, lesbian or heterosexual counterparts. The reasons behind this high prevalence of poor mental health remain under-researched and largely unknown. In order to improve these outcomes, more research is critically needed with the aim of providing new knowledge upon which health care provision and policy development can be based. This article presents an analysis of the literature to date relating to bisexuality broadly and bisexual mental health specifically, with the aim of providing direction for future research projects.

Recent research across Western countries has consistently reported that bisexual people suffer poorer mental health than other sexual orientation groups (Bostwick et al., 2007; Bostwick, Boyd, Hughes, & McCabe, 2010; Conron, Mimiaga, & Landers, 2010; Eisner, 2013; Hughes, Szalacha, & McNair, 2010; Jorm, Korten, Rodgers, Jacomb, & Christensen, 2002; Koh & Ross, 2006; Leonard et al., 2012; Li, Dobinson, Scheim, & Ross, 2013; Persson, Pfaus, & Ryder, 2015; Pompili et al., 2014; Steele, Ross, Dobinson, Veldhuizen, & Tinmouth, 2009). Though this finding is now well established, the reasons behind this high prevalence of poor mental health in the bisexual population remain largely uninvestigated. The aim of this review is to bring together the sparse and fragmented scholarly knowledge on bisexuality and bisexual mental health and present it as a cohesive whole in order to provide a foundation upon which future research can be constructed. It is intended that this paper will provide the reader with an understanding of bisexuality in a contemporary context as a scholarly topic of investigation, a socio-political concept and a lived experience.

The text has been divided into sections and organised under subheadings for ease of navigation. In the first instance the review method is briefly outlined. The question ‘what is a bisexual?’ is posed, leading to a brief discussion on the definition and prevalence of bisexuality. The mental health of bisexuals, as evidenced in the literature, is explored, with added discussions on substance use habits and service access followed by an exploration of the prominent themes drawn from the broader bisexuality literature. An examination of the small body of research linking the identified themes to the mental health of bisexual people ensues. This paper concludes by outlining the current research recommendations in this area of study and identifying where gaps in the literature exist, thus providing a clear and cohesive direction for much needed future research.

It is important to note that many of the views and opinions to follow are representative of texts under review and not

necessarily the opinion of the author. An example of this is where language that presents gender as binary is used such as ‘opposite sex’ or the presentation of gender as only ‘male’ or ‘female’, which in every case is intended to provide an accurate account of the literature being discussed and is not representative of the author’s viewpoint.

### Review method

#### Searching and reviewing

This review was not conducted under the prescription of a rigid structure or specific stylistic format, as is often the case within health disciplines. Instead it was intended from the outset to be conducted and presented in a format more consistent with the disciplines of social science, by providing a narrative discussion of all relevant literature.

The searching, reviewing and synthesising of literature for this review took several months. At the commencement of the review process, two broad topics relating to the proposed research were identified to guide the literature searching: bisexuality and bisexual mental health. At the outset of the review process, the support of a librarian was enlisted to provide assistance with a review strategy. Initial core texts were identified by academics within the author’s professional networks. Reference lists from each source were read and scanned for further relevant sources. When sources had been identified from previous articles a combination of Google, Bing, various university library websites and Australian state libraries were utilised to gain access to full texts of each source. In addition, relevant journal content lists were searched for articles and databases accessible via university library websites were used to identify relevant texts. Sources were included for review if they were: relevant to the topics bisexuality or bisexual mental health; written in English and were able to be accessed via the search engines

and libraries listed above. Aside from a small number of relevant media articles, the information presented in this review is based on scholarly literature. To ensure the reviewed sources were able to be synthesised in a meaningful way the following areas of focus were identified: history of bisexuality; theorising bisexuality; invisibility and erasure; stereotypes and biphobia; identity and labels; coming out; relationships and sexual behaviour; community belonging; positives; definition; prevalence; demographics; gender difference; health; substance use and service access. Sources were deemed to fall outside of the scope of this review if they were not relevant to these focus areas.

## Synthesising

Due to the large number of sources, and relative complexity of the information being compiled, the author undertook a somewhat unorthodox approach to the process of synthesising the literature. Multiple copies of tables containing summaries of sources were printed along with corresponding notes. Tables were sectioned to allow sources to be separated. Each section included the author's name, year of publication, a unique number that corresponded to the relevant compiled notes and a brief summary of the source which included its relevance to the research topic. Building on the areas of focus outlined above, some new areas were identified and together these were written on sheets of paper which were cut up and stuck onto a large wall. Determining these areas took significant time, and much thought and care was invested in ensuring areas were grouped in a way that was representative of their depictions in the literature, and provided context and meaning to the topic. Tabled source summaries were then stuck under headings relevant to them and colour coded to the relevant sections within the corresponding notes. The end result of this 'visual synthesis' was a large, colourful and orderly, textual montage that allowed grouping and themes to emerge organically.

## What is bisexuality ?

### Definition

The lack of a clear and consistent definition of bisexuality has been a mainstay of the academic literature on the topic since the term first emerged at the turn of the twentieth Century. While this lack of a usable definition can be seen as a perplexing obstacle for researchers, it is a very real issue for bisexual people and in many ways can impact how they perceive themselves, how they relate to others and how they are viewed by society. Some theorists have offered advice to those aiming to articulate what it means to be bisexual, warning against the creation of one all-encompassing definition that might work to oversimplify a characteristically complex and diverse population and encouraging the definition of bisexuality to remain in the hands of each individual bisexual person who may choose to define themselves and their sexuality in any way that is consistent with their individual experience (Du Plessis, 1996; Eisner, 2013).

Numerous scholars have offered definitions of bisexuality. Notable contemporary writer Shiri Eisner (2013) recently defined bisexuality under three distinct but interrelated categories; desire, community and politics. She proposes

that being bisexual can be characterised by the desire for more than one sex or gender, or desiring those that are the same sex or gender as oneself as well as those different from oneself (Eisner, 2013). Outside of desire, people may identify as bisexual due to community and/or political alignments that unite them with the bisexual movement both historically and contemporarily (Eisner, 2013). In 1994, Weinberg and colleagues (Weinberg, Williams, & Pryor, 1994) presented their 'open gender schema' theory, stating simply that bisexuals were people whose gender schemas were permanently open allowing for the eroticisation of both males and females. Following Diamond's (2008) unique longitudinal study of bisexual people she posited 'bisexuality may best be interpreted as a stable pattern of attraction to both sexes in which the specific balance of same-sex to other-sex desires necessarily varies according to interpersonal and situational factors' (Diamond, 2008, p. 12). Bradford (2004) asked participants to offer their own definition of bisexuality, finding the most consistent explanation related to what bisexuality was not rather than what it was; it was not homosexual nor was it heterosexual. For the purposes of research Yoshino (2000) perhaps offers the most concise definition that can be utilised when designing studies of this population which is simply that bisexuality can exist along three axes, identity, attraction and behaviour, and that researchers might recruit people as bisexuals who incorporate any one, any combination or all of these elements into their lives.

### Prevalence

Attempting to accurately quantify sexual orientation, and in particular bisexuality with its inconsistent definitions and broad range of expression, is particularly difficult, and an accurate numerical value to represent this prevalence may well be impossible to obtain (Rust, 2000). However, with the ever increasing availability of representative data on sexuality, the current knowledge on prevalence of bisexuality is better than it has ever been.

A number of large representative studies both in the United States and in Australia have aimed to quantify sexual orientation by asking participants how they self-identify, reporting a range of 0.9–2.6% of males and 1.4–3.6% of females identify as bisexual (Herbenick et al., 2010; Richters et al., 2014; Smith, Rissel, Richters, Grulich, & De Visser, 2003). McNair, Kavanagh, Agius, and Tong (2005) analysed data from the Australian Longitudinal Study on Women's Health finding that non-monosexuality in women was reported with greater frequency by women in their 20s than those in their 50s with 7.9% of younger women and 1.6% of older women selecting 'mainly heterosexual', 'bisexual' or 'mainly homosexual' to describe themselves, with 'mainly heterosexual' being the most commonly selected option in this group. In addition, the Australian Study of Health and Relationships found that identifying as bisexual had increased in Australia between 2002 and 2013 (Richters et al., 2014; Smith et al., 2003). The second implementation of this national study, which recruited over 20,000 participants, reported on bisexuality using the three axes approach separating identity, attraction and experience, finding that while only 1.3% of men and 2.2% of women identify as bisexual, 5.8% of males and 14.2% of females report non-monosexual attraction and 5.6% of men and 13.2%

of women have had sexual experiences with more than one gender (Richters et al., 2014).

## Mental health

The available data on the mental health of bisexual people offers one clear consensus: bisexual people have poorer mental health than other sexual orientation groups (Bostwick et al., 2007, 2010; Conron et al., 2010; Eisner, 2013; Hughes et al., 2010; Jorm et al., 2002; Koh & Ross, 2006; Leonard et al., 2012; Li et al., 2013; Persson et al., 2015; Pompili et al., 2014; Steele et al., 2009). While minor variations outside of this 'rule' exist, in general not one study was identified for this review that presented an alternative overall position despite broad variations in the design, methodology, size and scope of studies. In Conron and colleagues' (2010) secondary analysis of the Massachusetts Behavioral Risk Factor Surveillance Survey that recruited 67,359 respondents via random-digit-dialling, bisexual people were found to be more likely to report frequent tension or worry, sadness and past year suicidal ideation than their heterosexual counterparts. Another secondary analysis of a large American-based survey (Bostwick et al., 2010) examined mental health across the three axes of sexual orientation, finding higher rates of mood disorders not only for bisexually identified individuals but also for those who reported attraction to, or sexual behaviour with, more than one gender independent of their identity. Two Australian studies, one targeting LGBT participants and the other a broader community based survey, similarly found that poorer mental health was reported with greater frequency by bisexual Australians than other sexual identity groups (Jorm et al., 2002; Leonard et al., 2012). Jorm and colleagues' (2002) study reported that while the existence of poor mental health in homosexual participants was able to be accounted for by increased risk across a range of measures including socio-demographic characteristics and early-life psychosocial experiences, this was not the case for bisexual participants, a finding that led the authors to suggest that bisexuality may be a risk factor in and of itself.

Several studies have explored mental health and sexual orientation in all female populations. Two waves of data from the Australian Longitudinal Study on Women's Health have been analysed for this purpose, both reporting similar results finding that bisexual women, and women with other identities that fall outside of monosexual attraction, have significantly higher rates of depressive symptoms, stress, symptoms of anxiety and previous self-harm (Hughes et al., 2010; McNair et al., 2005). The most recent of these analyses found that bisexual women were nearly twice as likely as lesbian women and four times as likely as heterosexual women to report feeling that life was not worth living, with 16.2% of bisexual respondents reportedly feeling this way (Hughes et al., 2010). A recent Canadian study (Persson et al., 2015) similarly found higher rates of depression and anxiety in non-monosexual women. In addition, a larger Canadian population based study of 61,715 females found that mood and anxiety disorders, as well as poor or fair self-reported mental health, were much more frequently reported by bisexual women than heterosexuals or lesbians and an alarming 45.4% of bisexual participants reported suicidal ideation in their lifetime compared with 29.5% of lesbians and 9.6% of heterosexuals (Steele

et al., 2009). Smaller samples of particular sub-populations of women concur with these findings with Bostwick's and colleagues' (Bostwick et al., 2007) exploration of drinking patterns by sexual orientation reporting that bisexual females were significantly more likely to contemplate suicide after alcohol consumption than heterosexual women, and Koh's & Ross's (2006) study of mental health outpatients finding bisexual women were more likely to report frequently feeling stressed, current depression and having ever attempted suicide than lesbian or heterosexual women.

There is a persistent silence surrounding male bisexuality in scholarly literature, and in keeping with this, only one study was found when searching the literature for this review that primarily focussed on the mental health of men by sexual orientation and included bisexuality. When Brennan and his colleagues (Brennan, Ross, Dobinson, Veldhuizen, & Steele, 2010) conducted an analysis of male participants' responses to the Canadian Community Health Survey they found that, after adjusting for potential confounders, bisexual men were more likely than gay or heterosexual men to report lifetime suicidality, with 34.8% of male bisexual respondents reporting ever having seriously considered suicide compared with 25.2% of gay men and 7.4% of heterosexual men. In addition, bisexual men reported poor or fair mental health with greater frequency than gay or heterosexual men (Brennan et al., 2010).

While the aforementioned studies have focussed solely on one gender or another, there exists a small body of research that examines mental health and sexual orientation, separating male and female datasets that report differences in the experience of mental health between male and female bisexuals (Bostwick, Boyd, Hughes, West, & McCabe, 2014; Leonard et al., 2012; Leonard, Lyons, & Bariola, 2015; Page, 2004). In Page's (2004) study of bisexual Americans' experiences of mental health services, more women reported stress or difficulty as a result of their sexual orientation than men. In the second Private Lives study exploring LGBT health and wellbeing in Australia, bisexual women were found to report higher levels of psychological distress, more frequent anxiety and higher rates of diagnosis or treatment of a mental disorder than bisexual men (Leonard et al., 2012, 2015). Other studies have shown similar findings with bisexual women more likely to report mental health problems than bisexual men (Bostwick et al., 2014).

## Substance use

Limited and conflicting data exist around bisexuals' patterns of substance use. While two studies have reported similar findings related to cannabis, suggesting use is higher for bisexual females than other sexual identity groups, data on alcohol and smoking rates share less consensus (Hughes et al., 2010; Leonard et al., 2015). The Private Lives 2 study (Leonard et al., 2012) found only minor variations in alcohol consumption and smoking rates between sexual identity groups. An analysis of data collected in a large Canadian population based study (Steele et al., 2009) reported higher rates of daily smoking and risky drinking by lesbian and bisexual women than their heterosexual counterparts, while a secondary analysis of the same survey data (Brennan et al., 2010), this time focussing on gay, bisexual



and heterosexual men, found differences between drinking patterns and smoking rates became statistically insignificant after adjusting for potential confounding factors. Furthermore, two studies that compared drinking rates of bisexual and heterosexual women reported contrasting findings with one suggesting bisexual women drank significantly less alcohol than heterosexual women while the other reported the opposite (Bostwick et al., 2007; Conron et al., 2010). Similarly, Koh's & Ross's (2006) finding that bisexual women have higher illicit drug use than heterosexual or lesbian women is limited in its reliability by the study's recruitment technique which included only those visiting outpatient mental health clinics. This lack of consensus and significant differences in sampling makes determining substance use trends in this population problematic with no clear indication as to whether bisexual people are more or less at risk of drug and alcohol use than those of other sexual orientations.

### Service access

Although service access is an issue that has the potential to have an impact on the mental health of bisexuals, the relationship between service accessibility and mental wellbeing has received little academic attention. Some researchers have suggested that negative attitudes from service providers, or the perceived risk of negative attitudes, may present a barrier to help-seeking among bisexual people (Li et al., 2013). The Private Lives 2 study found that bisexual men and women were substantially less likely than gay or lesbian participants to report being 'out' to their General Practitioner (GP) (Leonard et al., 2012). In Dobinson's and colleagues' (Dobinson, Macdonnell, Hampson, Clipsham, & Chow, 2005) community consultative research exploring a range of issues faced by bisexuals in relation to their health and wellbeing, the majority of participants felt service providers were neither knowledgeable nor inclusive of bisexual clients, with participants who had disclosed their sexual orientation to service providers reporting a range of responses to their disclosure from being accepted to being subjected to inappropriate sexual comments, biphobic attitudes and inappropriate or inapplicable care (Dobinson et al., 2005). Similarly Page's study, focussing on self-identified bisexuals' experiences of mental health services, found that issues such as clinicians' lack of knowledge about bisexuality, their view that bisexual behaviour or attraction is unhealthy, the lack of validation of bisexuality as a legitimate orientation and their limited skill in working with bisexuals were the most prominent issues for bisexual people seeking mental health treatment (Page, 2004).

### Themes

Several themes emerged from the broader literature on bisexuality during the review process. These themes, briefly detailed below, represent only part of the complex tapestry that makes up the unique experiences of bisexual people in Western culture. They depict some of the most prominent aspects of the bisexual life portrayed in the literature to date and are discussed within the context of their gradual evolution over time. Each emerging theme has the potential to have an impact on the mental health of bisexuals in contemporary society.

### Invisibility and erasure

Many scholars, writers, activists and bisexual community members have described the invisibility of bisexuality, both in literature and in broader Western society. Yoshino (2000) describes this invisibility as encompassing the almost total omission of bisexuality in many areas including literature relating to sexuality. In Foucault's (1978) influential work, exploring and theorising sexuality from an historical standpoint, bisexuality is entirely neglected. This observation is not intended to point fault at Foucault himself for failing to make mention of this underrepresented sexuality, but instead serves to affirm accusations of bisexual invisibility by drawing attention to the fact that within Foucault's recount of the history of sexuality, bisexuality simply does not appear. Similarly, in Weeks' (1989) examination of the regulation of sexuality over the past 200 years, bisexuality is nowhere to be found. Klein (1993) describes this invisibility of bisexuality in scholarly endeavour as a 'profound silence' (Klein, 1993, p. 12), a silence Angelides (2001) believes has persisted into the twenty-first century. The invisibility of bisexuality is not only evident within academic writing; it is a social phenomenon within Western culture. Ochs (2011) describes this existence of social invisibility as being physical in nature, with 'bisexuality' rarely being physically visible, pointing out the rarity of seeing a person with a male lover on one arm and a female lover on the other. Participants in a study examining bisexual mental health in Canada (Ross, Dobinson, & Eady, 2010) described this very situation, with many expressing their frustration at having their sexual identity wrongly assumed based on the gender of their partner.

Some scholars have theorised that the invisibility associated with bisexuality is not simply the result of an inadvertent omission or the lack of a physically visible presence, but instead can be, at least in part, attributed to erasure. Eisner defines bisexual erasure as 'the widespread social phenomenon of erasing bisexuality from any discussion in which it is relevant or is otherwise invoked (with or without being named)' (Eisner, 2013, p. 59). Angelides (2001) postulates, and MacDowell (2009) concurs, that this erasure, evident in the writings of some of the best known theorists of sexuality including Freud and Kinsey, is undertaken in an effort to preserve the existing heterosexual/homosexual binary. This bisexual erasure, like invisibility more generally, occurs not only on the pages of academic texts, but in cultural attitudes and in the experiences of bisexual people (Ault, 1994; Eisner, 2013).

### Stereotypes and biphobia

Stereotypes relating to bisexuality are extensive in number, cover a range of differing aspects of the bisexual existence and are most commonly derogatory in nature. Over time they have been promulgated by varying influential opponents across both heterosexual and gay and lesbian communities (Eadie, 1999; McLean, 2004). Stereotypes exist that attack individual character traits of bisexuals, paint bisexuals as a danger to society, undermine the bisexual's ability to find happy and healthy relationships, deny the existence of bisexuality and portray the identity as a political cop-out (Angelides, 2001; Däumer, 1999; Dobinson et al., 2005; Du Plessis, 1996; Eadie, 1999; Esterberg, 2011; Garber, 1995; Herek, 2002; McLean, 2004, 2007).

These negative attitudes towards bisexuality can fuel a specific form of discrimination directed at bisexual people commonly termed biphobia. Biphobia, also referred to as bi-negativity, can emerge from within both the heterosexual and homosexual communities (Blumstein & Schwartz, 1999; Paul, Smith, Mohr, & Ross, 2014; Weinberg et al., 1994). In Herek's (2002) research exploring North Americans' attitudes towards bisexuality, for which participants were randomly selected, he reported respondents' attitudes to bisexuals were more negative than for all other groups including those relating to religion, race, ethnicity and politics, with the only exception being injecting drug users. Several studies have identified biphobic discrimination as a problem particularly associated with lesbian and gay communities, with research reporting both significant experiences of biphobia from bisexuals within these communities and a high incidence of negative attitudes towards bisexuality from homosexually identified individuals (Ault, 1994; Brennan & Hegarty, 2012; Dobinson et al., 2005; Feinstein, Dyar, Bhatia, Latack, & Davil, 2014; Li et al., 2013). In addition, biphobia can be internalised by bisexual people causing significant distress (Paul et al., 2014). In a recent study (Chard, Finneran, Sullivan, & Stephenson, 2015) examining men's experiences of homophobia across Western and non-Western countries, bisexual men reported significantly higher levels of internalised homophobia than gay men, regardless of their nationality. This combination of society's negative attitudes towards bisexuality and experiences of biphobia can have a significant impact on bisexual people, an issue that will be further explored in latter sections of this review (Bostwick, 2012; Dobinson et al., 2005).

Despite the plethora of negative stereotypes, some assumptions surrounding bisexuals have taken a decidedly more positive tone depicting bisexuality as a pure and natural state that has not been tainted by society's efforts to manipulate people into monosexual identities, a post-modern, chic and trendy identity that allows individuals to enjoy the best of both the heterosexual and homosexual worlds (Däumer, 1999; Esterberg, 2011).

### **Identity and labels**

Incorporating bisexuality as a core aspect of individual identity is a relatively new phenomenon not documented prior to the sexual revolution of the 1970's (Esterberg, 2011; George, 1999; Udis-Kessler, 2013). In addition, despite bisexual behaviour being observed cross-culturally, bisexuality as an identity appears largely isolated to Western societies (Carrier, 1999; Esterberg, 2011; Sittitrai, Brown, & Virulrak, 1999). A bisexual identity can be self-applied for a variety of reasons that include individual attraction and behaviour as well as political alignments and socio-cultural contexts (Bradford, 2004; Dollimore, 1996). In the twenty-first century, a broadening discourse of identity terminology for those attracted to more than one gender has emerged to include pansexual, polysexual, homoflexible, heteroflexible, biromantic, bisensual and bi-curious, among others (Eisner, 2013; Sunfrog, 2013).

There exists one resounding point of agreement in the literature on the topic of bisexual identity: developing and maintaining such an identity is a complex task. The difficulty of determining an applicable sexual identity for individuals whose attraction and/or behaviours fall outside of socially acceptable monosexual experiences has been reported by numerous

researchers (Balsam & Mohr, 2007; Bradford, 2004; Clausen, 1999; Dodge et al., 2012; Ross et al., 2010; Weinberg et al., 1994). This struggle with sexual identity has been found to be more onerous for bisexuals than for homosexuals, an issue personally reflected on by Jan Clausen in her article *My Interesting Condition* within which she expressed that her identity dilemma 'takes up a ridiculous amount of energy, both my own and other people's' (Clausen, 1999, p. 108). A bisexual identity is often referred to as an ongoing process characterised by continued uncertainty and persistent confusion (Bradford, 2004; Weinberg et al., 1994).

While the consensus is that the process of self-identifying as bisexual is complex, the act of labelling others as bisexual is immensely problematic (Angelides, 2001; Ellis, 1999). Due to the fluidity of sexual self-identification and the potential incongruence between self-identity, attraction and behaviour, relying on the reporting of identity by research participants would act to significantly narrow the categories incorporated in studies of non-monosexual sexuality. To address this issue several scales and measures have been developed for the purpose of creating objective categories of sexual orientation based on a range of factors, the most notable and broadly used of which have been the Kinsey Scale (Kinsey, Pomeroy, & Martin, 1948) and the Klein Sexual Orientation Grid (KSOG) (Klein, 1993). More recently there has been a shift to the three axes approach to sexual orientation which asks participants about their identity, attraction and behaviour (Bostwick et al., 2010; Drucker, 2010).

### **Intimate relationships and sexual behaviour**

Bisexuals' intimate relationships are characterised by complexity, diversity and often, challenges (Bradford, 2004; McLean, 2004; Ross et al., 2010; Weinberg et al., 1994). Some challenges represent internal conflicts within bisexuals themselves and can include making difficult decisions regarding disclosure of their sexuality within relationships and, as one study (Li et al., 2013) reported, the fear of entering a monogamous relationship with one gender and not being sexually satisfied (Li et al., 2013). Other difficulties can arise as a result of partners, or potential partners, holding negative attitudes towards bisexuality including the assumption that bisexual people are destined to cheat, causing jealousy and insecurity (Bradford, 2004; Dobinson et al., 2005; Li et al., 2013; McLean, 2004). The complexity of bisexuals' intimate relationships often relates to the significant diversity in relationship structures existing among this population and the intricacies of negotiating monogamy or non-monogamy within these relationships (Dobinson et al., 2005; Weinberg et al., 1994). The invisibility associated with being in a relationship, particularly a monogamous relationship, can make simply maintaining a bisexual identity in these circumstances a challenge in and of itself (Dobinson et al., 2005; Ross et al., 2010).

The literature on bisexual sexual behaviour highlights patterns of multiple partners (Badcock et al., 2014). This multiplicity can impact positively on sexual wellbeing. One study of bisexual women (Schick, Rosenberger, Herbenick, Calabrese, & Reece, 2012) found those who engaged in sexual behaviour with both men and women in the recent past reported greater arousal, less pain, higher rates of orgasm and better overall sexual wellbeing than bisexual women with only one sexual partner. Other studies have found that bisexual participants

have more sexual partners than heterosexuals over a 12 month period, bisexual women are more likely to have sexual intercourse before the age of 16 than their straight or gay peers and bisexual men are significantly more likely to have paid for sex than heterosexuals or homosexuals (Koh & Ross, 2006; Rissel et al., 2014; Rissel, Richters, Grulich, De Visser, & Smith, 2003a, 2003b). In addition, a number of large studies have reported correlations between bisexuality in women and a past history of sexual abuse, with female bisexuals substantially more likely than women of other sexual orientation groups to report ever having experienced abuse or sexual coercion (De Visser et al., 2014; McNair et al., 2005; Persson et al., 2015).

### **Coming out**

The term 'coming out' is commonly used to describe the act of a person who identifies with a minority sexual identity disclosing this identity to another. For same-sex attracted people this is often seen as a positive and necessary step towards greater self-acceptance and living fully in congruence with their sexual identity (McLean, 2007). Although bisexual people are usually same-sex attracted, the process of coming out has been described as more complicated than for other same-sex attracted people, with added layers of complexity that are unique to the bisexual's experience (Dobinson et al., 2005; McLean, 2007). The contention in defining bisexuality along with the prevalence of negative stereotypes, the continued uncertainty of those identifying as bisexual and the complexities of bisexual relationships, can impact on a bisexual person's comfort in disclosing their sexual identity to others (Dobinson et al., 2005; McLean, 2007; Ross et al., 2010).

Perhaps as a consequence of the significant complexity of the coming out process for bisexual people, bisexuals have been found to be less out than their gay and lesbian counterparts with bisexual males the least likely to have disclosed their identity (Balsam & Mohr, 2007; Dobinson et al., 2005; Eisner, 2013; Koh & Ross, 2006; Leonard et al., 2012; Persson et al., 2015; Weinberg et al., 1994). In McLean's research of Australian bisexuals she found that over half of her sample had not disclosed to at least one parent while Weinberg and colleagues reported that just one third of participants in their study had disclosed to their partner (McLean, 2007; Weinberg et al., 1994). As a way of avoiding questions related to their sexuality and allowing for greater selectivity in to whom they chose to disclose, those who identify as bisexual report presenting as heterosexual or homosexual depending on the context at the time (McLean, 2007, 2008; Weinberg et al., 1994). The act of altering their identity dependent on the company they are in has been found to be a significant issue for bisexual people with the challenge of having to present a different persona in different situations reportedly leading to anger and frustration (McLean, 2008; Weinberg et al., 1994).

### **Community and belonging**

Bisexual people have been found to have lower levels of social support than their gay and lesbian counterparts (Bradford, 2004; Hughes et al., 2010; McNair et al., 2005; Ross et al., 2010). A number of studies have reported that bisexual people often feel

unsupported and unacknowledged by their family, friends and the broader society due to their sexual identity (Bradford, 2004; Ross et al., 2010). Community groups that specifically cater for bisexuals are few and far between, and when they do exist, barriers such as geographic location and the fear of stigma from the broader community can limit membership. However, for those bisexuals who are able to access these groups, the ability to mingle with others who share their sexual identity has been described in a positive light (Dodge et al., 2012; Ross et al., 2010).

Bisexuals report varying degrees of involvement in, and experiences of, lesbian, gay and LGBT (lesbian, gay, bisexual and transgender) community groups, as well as within the heterosexual community. Several studies have reported similar results where this is concerned, finding that some bisexuals feel accepted within the homosexual community and some within the heterosexual community, while many report not feeling accepted anywhere (Bradford, 2004; Dobinson et al., 2005; Dodge et al., 2012; Ross et al., 2010). An interviewee in Bradford's (2004) study summed up this feeling of belonging nowhere by stating 'bi's are too straight for the gay community and they're too queer for the straight community' (Bradford, 2004, p. 15).

This social isolation and lack of community involvement has been found to lead to feelings of loneliness and isolation for bisexual people, with bisexual men being particularly vulnerable (Bradford, 2004; Dodge et al., 2012; Eisner, 2013; Leonard et al., 2012; McLean, 2008). Klein (1999) discusses this issue for bisexuals as early as the 1970s highlighting the need for bisexuals, as human beings, to feel they belong to a group: 'they need to sit around the communal fire not only in warmth but in dignity' (Klein, 1999, p. 40). Not only has research shown that being part of a community which views bisexuality in a positive light reduces feelings of isolation for bisexual people, this increased social connection has also been associated with a feeling of validation with regard to their identity, a significant sense of relief, decreased internalised homophobia, greater ease with managing the public aspect of a bisexual identity and a greater ability to deflect social negativity (Bradford, 2004; Chard et al., 2015; Knous, 2006; McLean, 2008; Weinberg et al., 1994).

### **Positive aspects**

Despite the vast majority of literature on bisexuality, focussing on the difficulties of being bisexual, some studies have reported briefly on the positive aspects of living as a bisexual person. Although it is recognised that there are positive aspects to all of the aforementioned themes, this section is presented separately in the review as this is a more accurate representation of its occurrence in the literature. In Rostosky et al.'s (2010) sample, respondents expressed a sense of freedom from social rules and labels, the feeling that they were able to live as their authentic and honest selves, a greater understanding of those oppressed by society and freedom within relationships to express themselves and love without gender boundaries (Rostosky, Riggle, Pascale-Hague, & McCants, 2010). Bradford's study (Bradford, 2004) of self-identified bisexuals reported similar findings with many participants feeling they had gained a sense of strength, independence and self-reliance in coming to terms with a



sexuality that is largely unaccepted in Western culture, describing their journey as an ultimately enriching experience allowing them to look beyond gender within relationships and empathise with underprivileged society members.

### Linking themes to mental health

Each identified literature 'theme', as presented in this review, has the potential to play a part in the unique mental health experiences of bisexual individuals and to date there has been only small pockets of research exploring these associations. This research field is in its infancy and is at present characterised by small studies focussed on drawing links between one or two specific aspects of bisexuality and mental health, alongside larger studies aimed at exploring mental health across sexual orientation groups which offer some preliminary findings that may begin to provide some insight into why these high rates of poor mental health exist.

A number of studies have reported that experiences of biphobia and bi-negativity as well as negative stereotyping and social attitudes towards bisexual people are associated with higher rates of depression and lowered levels of self-esteem (Bostwick, 2012; Dodge et al., 2012; Molina et al., 2015; Ross et al., 2010). Although these associations reportedly exist, studies in both the United States and Australia have found that discrimination and abuse on the basis of sexual orientation is more commonly experienced by lesbians and gay men (Bostwick et al., 2014; Leonard et al., 2015). As bisexual people have repeatedly been found to have poorer mental health than their lesbian and gay counterparts, these findings would suggest that while experiences of biphobia are likely to play a role in the mental health of bisexual people, they do not alone appear to offer an explanation for the existing mental health disparities between sexual orientation groups.

Relationships between the mental health of bisexuals and identity, labels, and coming out, are complex and research in this area has been limited and inconsistent. Dodge's and colleagues' (2012) study of bisexually behaving men in the United States found that participants' feelings of insecurity in the way they label their sexual identity as well as pressure to assume a monosexual identity had a negative impact on their mental health. In a similar vein, participants in a Canadian based study reported the positive mental health benefits associated with the self-acceptance of their bisexual identity (Ross et al., 2010). While coming out has been associated with positive mental health benefits for lesbians and gay men, for bisexual people this association appears to be less clear (Koh & Ross, 2006; McLean, 2007). McLean's (McLean, 2007) research into the lives of bisexual Australians suggests that 'being out', at least in some capacity, may have positive mental health implications. These findings are mirrored by Ross's and colleagues' (Ross et al., 2010) study reporting that bisexual participants noted the mental health benefits of their being out in the workplace. In contrast, Koh's & Ross's (2006) comparative study of the mental health of bisexual, lesbian and heterosexual women found that bisexual women reported recent suicidal ideation with greater frequency if they were out than if they were not. By comparison a recent study of 470 bisexually identified women in the United States reported no correlation between outness and mental health (Molina et al., 2015).

As previously discussed, bisexual people's relationships are often characterised by significant complexity and this complexity can have implications for sexual behaviour. Li and colleagues (Li et al., 2013) recently reported on the findings of their Canadian research relaying that bisexual participants discussed the positive mental health benefits associated with relationships where partners were supportive of their bisexual orientation. Although Koh's & Ross's (2006) research found that being in a relationship was associated with decreased stress regardless of one's sexual orientation, other studies have reported that different relationship types can have different mental health implications for bisexual people (Dyar, Feinstein, & London, 2014; Molina et al., 2015). Two studies were identified for this review that explored mental health and varying types of relationships in bisexual populations, both of which focussed solely on women (Dyar et al., 2014; Molina et al., 2015). Findings suggest that bisexual women in same-sex relationships fare best, while bisexual women with one male partner and those with concurrent multiple female and male partners have higher incidences of depressive symptoms (Dyar et al., 2014; Molina et al., 2015). In addition, sexual behaviour has been found to be associated with mental health outcomes, with one international survey finding that bisexual women who had engaged in sexual behaviour with only women or with both women and men in the preceding 30 days had had fewer mentally unhealthy days than those with only one male sexual partner (Schick et al., 2012).

Feeling part of a community and having a sense of belonging within social groups is intertwined with mental health and wellbeing. As community and belonging can be complex and at times problematic for bisexual people it is not surprising that the limited research conducted in this area has found an association with mental health (Dodge et al., 2012; Ross et al., 2010; Sheets & Mohr, 2009). Support from friends and family has been found to be closely associated with bisexuals' mental wellbeing with greater support equating to better mental health as illustrated by one study reporting that bisexually-identified friends can have an especially positive impact on mental wellbeing (Ross et al., 2010; Sheets & Mohr, 2009). Dodge and colleagues (Dodge et al., 2012) report that bisexual men are particularly vulnerable to social isolation stemming from a lack of social acceptance and unavailability of a bisexual community. Furthermore, the Private Lives 2 study reported gender differences among bisexuals in relation to community participation and bisexual mental health, with participation in mainstream community events being associated with increased resilience for both bisexual males and bisexual females, while participation in LGBT specific community events was associated with increased resilience for bisexual women but not bisexual men (Leonard et al., 2015).

### Research recommendations

Many researchers and theorists of bisexuality have included in their publications recommendations for future research. There is clear urging by the academic community to conduct research that focuses solely on bisexuals (Balsam & Mohr, 2007; Dodge & Sandfort, 2007; MacDonald, 2000). In addition there is a recurring recommendation within the literature that this future research needs to focus on the health, and specifically the mental health, of bisexual people (Dobinson et al., 2005; McNair et al.,



2005; Ochs, 2011). Many scholars take this further by calling specifically for studies that aim to offer greater understanding of why bisexual people have been found to have poorer mental health than those of other sexual orientations, an area of investigation in which current knowledge is extremely limited (McNair et al., 2005; Ochs, 2011).

Several recommendations have been put forward within the literature on *how* bisexuality should be researched and these relate to the recruitment of participants, measures of sexual orientation and the gender of participants. Some have identified the importance of recruiting from a broad range of settings, particularly when exploring health-related issues of bisexual people, to ensure inclusion of participants in both clinical and community settings (Paul et al., 2014). Others have focussed on the use of measures of sexual orientation with the general consensus within current literature being that recruiting via just one dimension of sexual orientation is inferior and that instead, for broad studies exploring issues that exist across dimensions, a three axes approach to include attraction, behaviour and identity is optimal (Bostwick et al., 2010; Laumann, Gagnon, Michael, & Michaels, 1994; Mathy, Lehmann, & Kerr, 2004; McNair et al., 2005; Yoshino, 2000). Finally, bisexual men and women have been found to have different experiences of bisexuality and different mental health outcomes and there is minimal data exploring bisexuality in the context of broader categorisations of gender that move beyond male and female binaries, thus there is a need to study gender groups in isolation from one another to gain further insights into the variations in mental health of bisexuals of different gender identities (Dobinson et al., 2005; Leonard et al., 2012).

## Review conclusion

This review was conducted for the purpose of informing the development of future research in the area of bisexuality and specifically bisexual mental health. The term bisexuality has been briefly defined and the results of scholarly endeavour to understand the mental health of bisexual people were explored. Major themes emerging from the literature have been presented that relate to the lived experiences of bisexuals in contemporary society and the small pockets of research that have examined these themes alongside mental health outcomes have been summarised. Recommendations from scholars in the field as to how best to conduct research of bisexual populations have been outlined.

Several gaps in the literature on bisexuality exist. Perhaps the most pressing of these is the currently extremely limited knowledge of why bisexual people experience poorer mental health than the lesbian, gay or heterosexual counterparts. Larger-scale studies exploring this issue with a specific focus on bisexual people are urgently needed in order to equip those in the academic, political, health and social services spheres, including and as well as bisexuals themselves, with knowledge that can better inform future research, policy development, mental health interventions, social support programs and self-care. The insights this research would provide will play an integral role in building a future where bisexuals can be happy, healthy, accepted and celebrated.

## Declaration of interest

The author reports no conflicts of interest. The author alone is responsible for the content and writing of the article.

## References

- Angelides, S. (2001). *A history of bisexuality*. Chicago, IL: The University of Chicago Press.
- Ault, A. (1994). Hegemonic discourse in an oppositional community: Lesbian feminists and bisexuality. *Critical Sociology*, 20(3), 107–122.
- Badcock, P. B., Smith, A. M. A., Richters, J., Rissel, C., De Visser, R. O., Simpson, J. M., ... Grulich, A. E. (2014). Characteristics of heterosexual regular relationships among a representative sample of adults: The second Australian study of health and relationships. *Sexual Health*, 11(5), 427–438.
- Balsam, K. F., & Mohr, J. J. (2007). Adaptation to sexual orientation stigma: A comparison of bisexual and lesbian/gay adults. *Journal of Counseling Psychology*, 54(3), 306.
- Blumstein, P. W., & Schwartz, P. (1999). Bisexuality: Some social psychological issues (1977). In M. Storr (Ed.), *Bisexuality: A critical reader*, pp. 59–74. London: Routledge.
- Bostwick, W. B. (2012). Assessing bisexual stigma and mental health status: A brief report. *Journal of Bisexuality*, 12(2), 214–222. doi: 10.1080/15299716.2012.674860
- Bostwick, W. B., Boyd, C. J., Hughes, T. L., & McCabe, S. E. (2010). Dimensions of sexual orientation and the prevalence of mood and anxiety disorders in the United States. *American Journal of Public Health*, 100(3), 468. doi: 10.2105/AJPH.2008.152942
- Bostwick, W. B., Boyd, C. J., Hughes, T. L., West, B. T., & McCabe, S. E. (2014). Discrimination and mental health among lesbian, gay, and bisexual adults in the United States. *American Journal of Orthopsychiatry*, 84(1), 35.
- Bostwick, W. B., McCabe, S. E., Horn, S., Hughes, T., Johnson, T., & Valles, J. R. (2007). Drinking patterns, problems, and motivations among collegiate bisexual women. *Journal of American College Health*, 56(3), 285–292. doi: 10.3200/JACH.56.3.285-292
- Bradford, M. (2004). The bisexual experience: Living in a dichotomous culture. In R. C. Fox (Ed.), *Current research on bisexuality*, pp. 7–23. New York, NY: Harrington Park Press.
- Brennan, D. J., Ross, L. E., Dobinson, C., Veldhuizen, S., & Steele, L. S. (2010). Men's sexual orientation and health in Canada. *Canadian Journal of Public Health / Revue Canadienne de Santé Publique*, 101(3), 255–258.
- Brennan, T., & Hegarty, P. (2012). Charlotte wolff's contribution to bisexual history and to (sexuality) theory and research: A reappraisal for queer times. *Journal of the History of Sexuality*, 21(1), 141–161.
- Carrier, J. M. (1999). Mexican male bisexuality (1985). In M. Storr (Ed.), *Bisexuality: A critical reader*, pp. 75–86. London: Routledge.
- Chard, A. N., Finneran, C., Sullivan, P. S., & Stephenson, R. (2015). Experiences of homophobia among gay and bisexual men: Results from a cross-sectional study in seven countries. *Culture, Health & Sexuality*, 17(10), 1174–1189. doi: 10.1080/13691058.2015.1042917
- Clausen, J. (1999). Extract from my interesting condition (1990). In M. Storr (Ed.), *Bisexuality: A critical reader*, pp. 107–111. London: Routledge.
- Conron, K. J., Mimiaga, M. J., & Landers, S. J. (2010). A population-based study of sexual orientation identity and gender differences in adult health. *The American Journal of Public Health*, 100(10), 1953–1960.
- Däumer, E. D. (1999). Extract from queer ethics; or, the challenge of bisexuality to lesbian ethics (1992). In M. Storr (Ed.), *Bisexuality: A critical reader*, pp. 152–161. London: Routledge.
- De Visser, R. O., Badcock, P. B., Rissel, C., Richters, J., Smith, A. M. A., Grulich, A. E., ... Simpson, J. M. (2014). Experiences of sexual coercion in a representative sample of adults: The second Australian study of health and relationships. *Sexual Health*, 11(5), 472–480.
- Diamond, L. M. (2008). Female bisexuality from adolescence to adulthood: Results from a 10-year longitudinal study. *Developmental Psychology*, 44(1), 5–14.
- Dobinson, C., Macdonnell, J., Hampson, E., Clipsham, J., & Chow, K. (2005). Improving the access and quality of public health

- services for bisexuals. *Journal of Bisexuality*, 5(1), 39–77. doi: [10.1300/J159v05n01\\_05](https://doi.org/10.1300/J159v05n01_05)
- Dodge, B., & Sandfort, T. G. M. (2007). A review of mental health research on bisexual individuals when compared to homosexual and heterosexual individuals. In B. A. Firestein (Ed.), *Becoming visible: Counseling bisexuals across the lifespan*, pp. 28–51. New York, NY: Columbia University Press.
- Dodge, B., Schnarrs, P., Reece, M., Martinez, O., Goncalves, G., Malebranche, D., ... Fortenberry, J. D. (2012). Individual and social factors related to mental health concerns among bisexual men in the midwestern United States. *Journal of Bisexuality*, 12(2), 223–245. doi: [10.1080/15299716.2012.674862](https://doi.org/10.1080/15299716.2012.674862)
- Dollimore, J. (1996). Bisexuality, heterosexuality, and wishful theory. *Textual Practice*, 10(3), 523–539. doi: [10.1080/09502369608582258](https://doi.org/10.1080/09502369608582258)
- Drucker, D. J. (2010). Male sexuality and Alfred Kinsey's 0–6 scale: Toward "a sound understanding of the realities of sex". *Journal of Homosexuality*, 57(9), 1105–1123. doi: [10.1080/00918369.2010.508314](https://doi.org/10.1080/00918369.2010.508314)
- Du Plessis, M. (1996). Blatantly bisexual; or, unthinking queer theory. In M. Pramaggiore & D. E. Hall (Eds.), *RePresenting bisexualities: Subjects and cultures of fluid desire*, pp. 19–54. London, New York, NY: New York University Press.
- Dyar, C., Feinstein, B. A., & London, B. (2014). Dimensions of sexual identity and minority stress among bisexual women: The role of partner gender. *Psychology of Sexual Orientation and Gender Diversity*, 1(4), 441–451.
- Eadie, J. (1999). Extracts from activating bisexuality: Towards a bi/sexual politics (1993). In M. Storr (Ed.), *Bisexuality: A critical reader*, pp. 119–137. London: Routledge.
- Eisner, S. (2013). *Bi: Notes for a bisexual revolution*. Berkeley, CA: Seal Press.
- Ellis, H. (1999). Extracts from studies in the psychology of sex, Volume I: Sexual inversion (1897) and from studies in the psychology of sex, Volume II: Sexual inversion (1915). In M. Storr (Ed.), *Bisexuality: A critical reader*. London: Routledge.
- Esterberg, K. G. (2011). The bisexual menace revisited: Or, shaking up social categories is hard to do. In S. Seidman, N. Fischer, & C. Meeks (Eds.), *Introducing the new sexuality studies 2nd edition*. London, New York: Routledge.
- Feinstein, B. A., Dyar, C., Bhatia, V., Latack, J. A., & Davil, J. (2014). Willingness to engage in romantic and sexual activities with bisexual partners: Gender and sexual orientation differences. *Psychology of Sexual Orientation and Gender Diversity*, 1(3), 255–262.
- Foucault, M. (1978). *The history of sexuality* (Vol. 1). New York, NY: Pantheon Books.
- Garber, M. (1995). *Vice versa: Bisexuality and the eroticism of everyday life*. London, New York: Penguin Books.
- George, S. (1999). Extracts from women and bisexuality (1993). In M. Storr (Ed.), *Bisexuality: A critical reader*. London: Routledge.
- Herbenick, D., Reece, M., Schick, V., Sanders, S. A., Dodge, B., & Fortenberry, J. D. (2010). Sexual behavior in the United States: Results from a national probability sample of men and women ages 14–94. *Journal of Sexual Medicine*, 7, 255–265.
- Herek, G. M. (2002). Heterosexuals' attitudes toward bisexual men and women in the United States. *The Journal of Sex Research*, 39(4), 264–275.
- Hughes, T., Szalacha, L. A., & McNair, R. (2010). Substance abuse and mental health disparities: Comparisons across sexual identity groups in a national sample of young Australian women. *Social Science & Medicine*, 71(4), 824–831. doi: [10.1016/j.socscimed.2010.05.009](https://doi.org/10.1016/j.socscimed.2010.05.009)
- Jorm, A. F., Korten, A. E., Rodgers, B., Jacomb, P. A., & Christensen, H. (2002). Sexual orientation and mental health: Results from a community survey of young and middle-aged adults. *The British Journal of Psychiatry: The Journal of Mental Science*, 180, 423.
- Kinsey, A. C., Pomeroy, W. B., & Martin, C. E. (1948). *Sexual behavior in the human male*. Bloomington, IN: W. B. Saunders Company.
- Klein, F. (1993). *The bisexual option: Second edition* (2nd ed.). New York & London: Routledge Ltd.
- Klein, F. (1999). Extracts from the bisexual option: A concept of one hundred percent intimacy (1978). In M. Storr (Ed.), *Bisexuality: A critical reader*, pp. 38–48. London: Routledge.
- Knous, H. M. (2006). The coming out experience for bisexuals: Identity formation and stigma management. *Journal of Bisexuality*, 5(4), 37–59. doi: [10.1300/J159v05n04\\_05](https://doi.org/10.1300/J159v05n04_05)
- Koh, A. S., & Ross, L. K. (2006). Mental health issues: A comparison of lesbian, bisexual and heterosexual women. *Journal of Homosexuality*, 51(1), 33.
- Laumann, E. O., Gagnon, J. H., Michael, R. T., & Michaels, S. (1994). *The social organization of sexuality: Sexual practices in the United States*. Chicago, IL: University of Chicago Press.
- Leonard, W., Lyons, A., & Bariola, E. (2015). *A closer look at Private Lives 2*. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University
- Leonard, W., Pitts, M., Mitchell, A., Lyons, A., Smith, A., Patel, S., ... Barrett, A. (2012). *Private Lives 2: The second national survey of the health and wellbeing of GLBT Australians*. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.
- Li, T., Dobinson, C., Scheim, A., & Ross, L. (2013). Unique issues bisexual people face in intimate relationships: A descriptive exploration of lived experience. *Journal of Gay & Lesbian Mental Health*, 17(1), 21–39. doi: [10.1080/19359705.2012.723607](https://doi.org/10.1080/19359705.2012.723607)
- MacDonald, A. P. (2000). A little bit of lavender goes a long way: A critique of research on sexual orientation. In P. Rust (Ed.), *Bisexuality in the United States: A social science reader*, pp. 24–30. New York, NY: Columbia University Press.
- MacDowell, L. (2009). Historicising contemporary bisexuality. *Journal of Bisexuality*, 9(1), 3–15.
- Mathy, R., Lehmann, B., & Kerr, D. (2004). Bisexual and transgender identities in a nonclinical sample of north Americans: Suicidal intent, behavioral difficulties, and mental health treatment. *Journal of Bisexuality*, 3(3/4), 93–109. doi: [10.1300/J159v03n03\\_07](https://doi.org/10.1300/J159v03n03_07)
- McLean, K. (2004). Negotiating (non)monogamy: Bisexuality and intimate relationships. *Journal of Bisexuality*, 4(1–2), 83–97.
- McLean, K. (2007). Hiding in the closet? Bisexuals, coming out and the disclosure imperative. *Journal of Sociology*, 43(2), 151–166.
- McLean, K. (2008). Inside, outside, nowhere: Bisexual men and women in the gay and lesbian community. *Journal of Bisexuality*, 8(1,2), 63–80. doi: [10.1080/15299710802143174](https://doi.org/10.1080/15299710802143174)
- McNair, R., Kavanagh, A., Agius, P., & Tong, B. (2005). The mental health status of young adult and midlife nonheterosexual Australian women. *Australian and New Zealand Journal of Public Health*, 29(3), 265.
- Molina, Y., Marquez, J., Logan, D., Leeson, C., Balsam, K., & Kaysen, D. (2015). Current intimate relationship status, depression, and alcohol use among bisexual women: The mediating roles of bisexual-specific minority stressors. *Sex Roles*, 73(1), 43–57. doi: [10.1007/s11199-015-0483-z](https://doi.org/10.1007/s11199-015-0483-z)
- Ochs, R. (2011). Why we need to "get bi". *Journal of Bisexuality*, 11(2,3), 171–175. doi: [10.1080/15299716.2011.571983](https://doi.org/10.1080/15299716.2011.571983)
- Page, E. H. (2004). Mental health services experiences of bisexual women and bisexual men: An empirical study. In R. C. Fox (Ed.), *Current research on bisexuality*, pp. 137–160. New York, NY: Harrington Park Press.
- Paul, R., Smith, N. G., Mohr, J. J., & Ross, L. E. (2014). Measuring dimensions of bisexual identity: Initial development of the bisexual identity inventory. *Psychology of Sexual Orientation and Gender Diversity*, 1(4), 452–460.
- Persson, T. J., Pfaus, J. G., & Ryder, A. G. (2015). Explaining mental health disparities for non-monosexual women: Abuse history and risky sex, or the burdens of non-disclosure? *Social Science & Medicine*, 128, 366–373. doi: [10.1016/j.socscimed.2014.08.038](https://doi.org/10.1016/j.socscimed.2014.08.038)
- Pompili, M., Lester, D., Forte, A., Seretti, M. E., Erbutto, D., Lamis, D. A., ... Girardi, P. (2014). Bisexuality and suicide: A systematic review of the current literature. *Journal of sexual medicine*, 11(8), 1903–1913.
- Richters, J., Altman, D., Badcock, P. B., Smith, A. M. A., De Visser, R. O., Grulich, A. E., ... Simpson, J. M. (2014). Sexual identity, sexual attraction and sexual experience: The second Australian study of health and relationships. *Sexual Health*, 11(5), 451–460.
- Rissel, C. E., Heywood, W., De Visser, R. O., Simpson, J. M., Grulich, A. E., Badcock, P. B., ... Richters, J. (2014). First vaginal intercourse and

- oral sex among a representative sample of Australian adults: The second Australian study of health and relationships. *Sexual Health*, 11(5), 406–415.
- Rissel, C. E., Richters, J., Grulich, A. E., De Visser, R. O., & Smith, A. M. A. (2003a). Experiences of commercial sex in a representative sample of adults. *Australian and New Zealand Journal of Public Health*, 27(2), 191–197.
- Rissel, C. E., Richters, J., Grulich, A. E., De Visser, R. O., & Smith, A. M. A. (2003b). First experiences of vaginal intercourse and oral sex among a representative sample of adults. *Australian and New Zealand Journal of Public Health*, 27(2), 131–137.
- Ross, L. E., Dobinson, C., & Eady, A. (2010). Perceived determinants of mental health for bisexual people: A qualitative examination. *American Journal of Public Health*, 100(3), 496. doi: [10.2105/AJPH.2008.156307](https://doi.org/10.2105/AJPH.2008.156307)
- Rostosky, S. S., Riggle, B. E., Pascale-Hague, D., & McCants, L. (2010). The positive aspects of a bisexual self-identification. *Psychology & Sexuality*, 1(2), 131–144. doi: [10.1080/19419899.2010.484595](https://doi.org/10.1080/19419899.2010.484595)
- Rust, P. (2000). Review of statistical findings about bisexual behaviour, feelings, and identities In P. Rust (Ed.), *Bisexuality in the United States: A social science reader*, pp. 129–184. New York, NY: Columbia University Press.
- Schick, V., Rosenberger, J., Herbenick, D., Calabrese, S., & Reece, M. (2012). Bidentity: Sexual behavior/identity congruence and women's sexual, physical and mental well-being. *Journal of Bisexuality*, 12(2), 178–197. doi: [10.1080/15299716.2012.674855](https://doi.org/10.1080/15299716.2012.674855)
- Sheets, R. L., & Mohr, J. J. (2009). Perceived social support from friends and family and psychosocial functioning in bisexual young adult college students. *Journal of Counseling Psychology*, 56(1), 152–163. doi: [10.1037/0022-0167.56.1.152](https://doi.org/10.1037/0022-0167.56.1.152)
- Sittitrai, W., Brown, T., & Virulrak, S. (1999). Extracts from patterns of bisexuality in Thailand (1991). In M. Storr (Ed.), *Bisexuality: A critical reader*, pp. 87–99. London: Routledge.
- Smith, A. M. A., Rissel, C. E., Richters, J., Grulich, A. E., & De Visser, R. O. (2003). Sexual identity, sexual attraction and sexual experience among a representative sample of adults. *Australian and New Zealand Journal of Public Health*, 27(2), 138–145.
- Steele, L., Ross, L., Dobinson, C., Veldhuizen, S., & Tinmouth, J. (2009). Women's sexual orientation and health: Results from a Canadian population-based survey. *Women & Health*, 49(5), 353–367. doi: [10.1080/03630240903238685](https://doi.org/10.1080/03630240903238685)
- Sunfrog. (2013). Pansies against patriarchy: Gender blur, bisexual men, and queer liberation. In Tucker N., (Ed.), *Bisexual politics: Theories, queries and visions* (pp. 319–324). New York & London: Routledge.
- Udis-Kessler, A. (2013). Identity/politics: A history of the bisexual movement. In N. Tucker (Ed.), *Bisexual politics: Theories, queries and visions* (pp. 17–30). New York & London: Routledge.
- Weeks, J. (1989). *Sex, politics, and society: The regulation of sexuality since 1800* (2nd ed.). London: Longman.
- Weinberg, M. S., Williams, C. J., & Pryor, D. W. (1994). *Dual attraction: Understanding bisexuality*. New York, NY: Oxford University Press.
- Yoshino, K. (2000). The epistemic contract of bisexual erasure. *Stanford Law Review*, 52(2), 353–461.