

Master's Thesis

Identifying bisexual-specific minority stressors and assessing implications for observed mental health and substance use disparities

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ABSTRACT

Sexual minorities including gay, lesbian, bisexual, pansexual etc. identities experience generally worse health outcomes in areas of mental health and substance use when compared to their heterosexual counterparts, likely driven by a long history of marginalization and discrimination that is, in many places, still present to this day. Meyer's minority stress theory (1995 & 2003) is a framework that is often utilized in research on sexual minorities to help explain these disparities. However, researchers have only just begun to delve into how bisexuals experience minority stress differently from their monosexual (heterosexual and gay/lesbian) counterparts. Utilizing a systematic literature search, thirty-two articles were extracted for review on this research topic. Out of the twenty-three articles that focused on theorizing bisexual-specific minority stressors, five unique stressors were identified: 1) delegitimization/erasure, 2) stereotyping, 3) twice rejection, 4) identity uncertainty/concealment, and 5) internalized monosexism/bi-negativity. Nine remaining articles were then reviewed to analyze how bisexual-specific minority stressors have been explicitly applied to mental health and/or substance use outcomes. Findings from these articles indicated that bisexual-specific minority stressors were frequently, but not always, associated with poorer mental health and/or substance use outcomes. While some studies observed no relationships, this may be a function of poor measurement of bisexual-specific minority stress and/or the bisexual label in addition to small sample sizes. More research is needed to expand the current understanding of how bisexual-specific minority stress impacts observed mental health and substance use disparities, as well as research that embraces the intersectionality of sexual orientation with additional aspects of gender, race/ethnicity, and country of origin.

INTRODUCTION

Sexual minorities including gay, lesbian, bisexual, pansexual etc. identities experience generally worse health outcomes in areas of mental health and substance use when compared to their heterosexual counterparts, likely driven by a long history of marginalization and discrimination that is, in many places, still present to this day. However, the health disparities that exist *between* these sexual minority groups, specifically between monosexual (attraction to one gender, i.e. gay and lesbian) and non-monosexual (attraction to multiple genders, i.e. bisexual, pansexual, etc.) identities, are less understood largely because all sexual minorities under the Lesbian, Gay, Bisexual, Transgender, Queer, Etc. (LGBTQ+) umbrella have been historically categorized together in research on this population (Rust, 2002). Researchers have only just begun to delve into these disparities within the past two decades and have noted that non-monosexual identities often experience worse health outcomes than their monosexual counterparts, which includes not only heterosexuals, but gay/lesbian individuals as well (Ebin, 2012).

Although there are several non-monosexual identities (bisexuality, pansexuality, fluid-sexuality, etc.), to date, most health-related research on this group has focused on bisexuality. Thus, this review article will focus solely on bisexual-specific minority stressors and the implications that these stressors have on observed mental health and substance use disparities within this specific population. It is recognized that although current research on bisexual-specific minority stress may also apply to the experiences of other non-monosexual identities, the statements made in this review article should not be broadly generalized to all non-monosexual identities, as their experiences may also *differ* from those of bisexuals in nuanced and meaningful ways.

Bisexual health disparities

Recent research on sexual minority health has consistently identified health disparities between sexual minorities under the LGBTQ+ umbrella, most of which places bisexuals as having worse health outcomes in areas of mental health and substance use when compared to their gay/lesbian counterparts in addition to heterosexuals.

Mental health

In a US-based study, for example, lifetime rates of mood and anxiety disorders were higher among bisexual women (58.7% and 57.8%, respectively) compared to lesbian women (44.4% and 40.8%, respectively) and heterosexual women (30.5% and 31.3%, respectively). Lifetime rates of mood and anxiety disorders for bisexual men (36.9% and 38.7%, respectively) were also higher compared to heterosexual men (19.8% and 18.6%, respectively). Although these rates were similar between self-identified bisexual and gay men, rates between *behaviorally* bisexual men (i.e. those who engage in sex with multiple gender identities independent of self-identified sexuality) and *behaviorally* gay men (i.e. those who engage in sex with other men independent of self-identified sexuality) differed, with behaviorally bisexual men reporting mood and anxiety disorders at rates of 46.5% and 38.9%, respectively, compared to behaviorally gay men, who reported mood and anxiety disorders at rates of 26.8% and 25.0%, respectively (Bostwick et al., 2010). In a Canadian study assessing rates of anxiety in bisexual men and women, 30.9% were found to present symptoms of an anxiety disorder, a prevalence much higher than the general national prevalence of 4.7% as well as the prevalence reported among lesbian women (8.7%) and gay men (8.5%) (MacLeod et al., 2015).

These patterns, with bisexuals reporting the highest rates of mental health disorders such as anxiety, depression, and other mood disorders followed by lesbian women and gay men, and finally heterosexuals as the dominant collective, is largely consistent with other literature assessing rates of mental health disorders among sexual orientation groups within the past two decades and across several country settings (Eisenberg et al., 2007; Gonzales, Przedworski, & Henning-Smith, 2016; Jorm et al., 2002; Loi, Lea, & Howard, 2017).

Substance use

In a study exploring tobacco use among LGB identities using nationally representative survey data, 42% of bisexuals were found to use at least one tobacco product compared to 25% of heterosexuals, 30% of gay men, and 30% of lesbian women. Bisexuals also had the highest rates of use among all products individually, including cigarettes (36.6%), e-cigarettes (11.3%), and small cigars (18.4%) compared to gay men (cigarettes = 27.4%, e-cigarettes = 7.8%) and lesbian women (cigarettes = 27.4% and e-cigarettes = 5.1%) (Emory et al., 2016). When looking at gender differences, researchers noted that the high prevalence among bisexual survey respondents were driven by bisexual women in particular (Emory et al., 2016). These findings are consistent with a recent meta-analysis on disparities in cigarette smoking among bisexuals, which reported higher lifetime and past 30-day smoking rates among bisexual women compared to all other sexual orientation and gender subgroups (Shokoohi et al., 2020).

Other substance use including past-year rates of heavy alcohol, marijuana, and other drug use were also higher among bisexual men (19.5%, 17.7%, and 5.1%, respectively) compared to heterosexual men (6.1%, 4.5%, and 0.5%, respectively). Although rates were similar between self-identified bisexual and gay men, rates were again higher among behaviorally bisexual men

compared to behaviorally gay men for alcohol consumption (13.3% versus 7%). Bisexual women also had higher rates (25%, 22.2%, and 14.1%, respectively) compared to both lesbian women (20.1%, 16.7%, and 12.6%, respectively) and heterosexual women (8.4%, 2.6%, and 3.1%, respectively) (McCabe et al., 2009). These high rates of drinking and drinking-related problems among bisexual women were also seen in a Chicago-based study in which bisexuals reported more hazardous drinking indicators than did exclusively lesbian women, with exclusively heterosexual women reporting the lowest rates overall (Wilsnack et al., 2008).

In another study assessing opioid misuse among US veterans, bisexuals were found to report more than *three-fold* greater odds of lifetime prescription opioid misuse when compared to heterosexual counterparts, a relationship that was not statistically significant when comparing gay/lesbian veterans and their heterosexual counterparts (Anderson-Carpenter, Rutledge, & Mitchell, 2020).

Explanatory framework: Minority stress theory

Given the high burden of both mental health disorders and substance use among bisexuals (as well as other sexual minority groups), it is essential to understand the bisexual experience and potential mechanisms behind these disparities. Minority stress theory (Meyer, 1995 & 2003) is the most well-known conceptual framework used to understand how sexual minorities experience stigma and discrimination within a hetero-dominant society and how associated chronic, psychological stress contributes to poor health outcomes among these groups.

Meyer's seminal research focused on gay men in New York City, and minority stress was initially conceptualized on three minority stressors: 1) *internalized homophobia*, or an individual's direction of negative societal attitudes towards oneself, 2) *stigma*, or the

expectations of rejection and discrimination, and 3) *prejudice*, or actual experiences of discrimination and violence (Meyer, 1995). The mental health effects of these stressors were then tested on a community sample, the most significant finding of which was that gay men with high minority stress scores were 2-3 times more likely to suffer high levels of distress (Meyer, 1995).

In another study published in 2003, Meyer elaborated on his minority stress theory by broadening the application of the minority stress theory to include lesbians and bisexuals. In addition to the three stressors identified in his 1995 research, Meyer also added a fourth stressor he refers to as 'concealment', or the hiding of one's sexual identity. In this work, Meyer framed these stressors on a spectrum from distal to proximal. In this context, distal stressors are defined as being more objective in nature and related to the attitudes that others hold towards the sexual minority individual. Acts of prejudice motivated by attitudes towards an individual's sexual identity would fall under this category. By contrast, proximal stressors are defined as being more subjective in nature and related to the perception of one's own identity. These proximal stressors may take the form of the sexual minority individual being vigilant of their behaviors due to expectations of discrimination or rejection, concealing their identity for fear of harm, or internalizing stigma (Meyer, 2003). Meyer additionally modeled these stressors as existing

within a broader environmental context, in which these minority stressors interact with each other and various socioeconomic factors (Meyer, 2003). This model is shown in Figure 1.

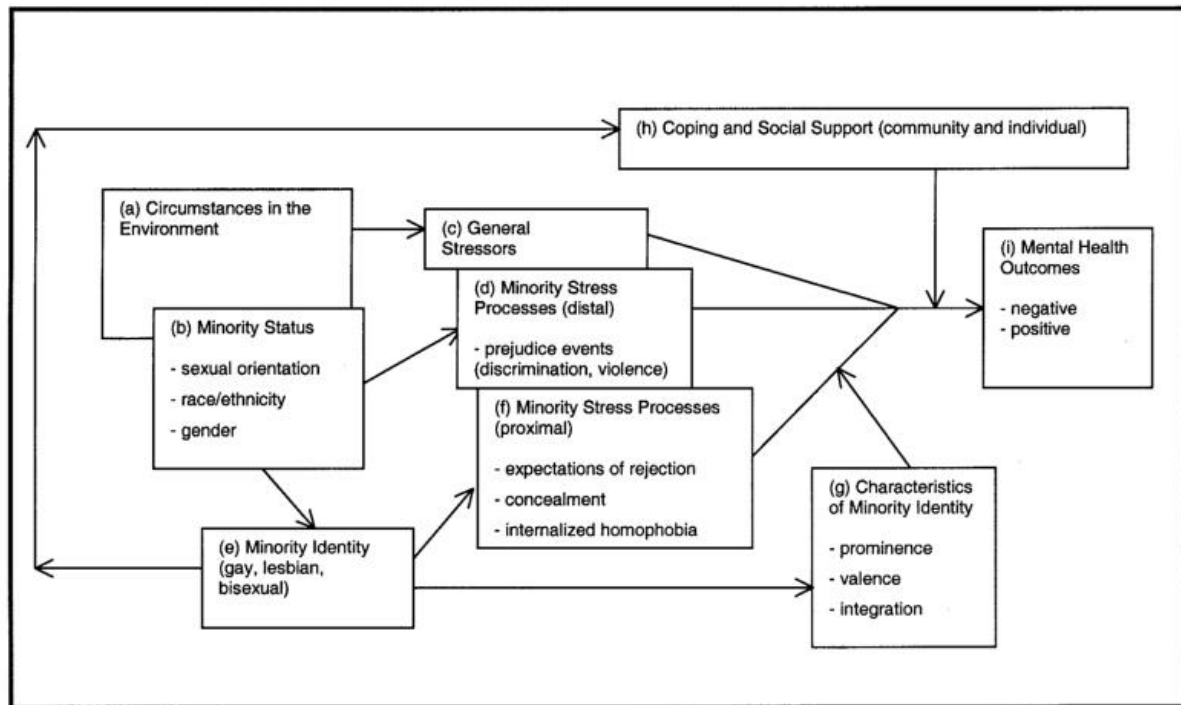


Figure 1: Minority stress theory model (Meyer, 2003)

This theory created a framework through which to understand several minority stressors experienced by sexual minorities and how these stressors have measurably impacted the health and well-being of this population. However, despite noting bisexuals in his research, a significant limitation in Meyer's work is the lack of consideration into how the bisexual experience as a non-monosexual identity differs in meaningful ways from the experiences of gay men and lesbian women. This limitation is noted by Meyer himself, who concludes his review by stating, "The review, and the studies I cite, fails to distinguish bisexual individuals from lesbian and gay individuals. Recent evidence suggests that this distinction is important and that bisexuals may be exposed to more stressors and may have greater mental health problems than lesbians or gay men" (Meyer, 2003). Understanding how uniquely bisexual experiences and corresponding

bisexual-specific minority stressors fit within the minority stress framework is essential for assessing the poor health outcomes that bisexuals experience when compared not only to their heterosexual counterparts, but gay/lesbian counterparts as well.

Early literature on bisexual-specific minority stress

As Meyer developed the minority stress theory in the mid-1990's and into the early 2000's, other academics began to explore the bisexual experience and the ways in which it differs in uniquely meaningful ways from the gay/lesbian experience.

The most significant driver of this difference is the monosexual versus non-monosexual divide. As described previously, monosexual identities are those in which one is attracted to a single gender identity, whether that is the same or 'opposite' identity as the individual in question. This includes gay/lesbian individuals as well as heterosexuals. Non-monosexual identities, by contrast, experience attraction to multiple gender identities and includes bisexuals as well as other non-monosexual identities not discussed at length in this review. In a 1995 paper, Nagle describes the way that *monosexism*, or "the perpetuation of compulsory monosexuality, i.e. sexual orientation toward one and only one of the two recognized biological sexes" (Nagle, 1995) often others bisexuals as untrustworthy, confused, fence-sitters, or otherwise illegitimate in nature. This entrenched monosexism interacts with and perpetuates what Eliason later coins as 'bi-negativity', a collective term for negative attitudes held towards bisexuality and/or bisexual people which is often used in the literature to describe the ways in which others delegitimize and erase bisexual identities (Eliason, 2000).

Perhaps the most salient and uniquely bisexual stressor is what Ochs refers to as 'double discrimination' (more often referred to in the literature as 'twice rejection'), or the way in which

bisexuals often experience bi-negative attitudes from not only heterosexuals, but gay/lesbian individuals as well (Ochs, 1996). Historically, the ‘us versus them’ framework has helped gay/lesbian individuals organize and establish community groups based on the belief that they are a cohesive minority group within dominant heterosexist society (Eliason, 2000). Given that bisexuals possess what is sometimes referred to as ‘passing privilege’, i.e. that a bisexual woman in a relationship with a man, or a bisexual man in a relationship with a woman may appear to be heterosexual on the surface and thus benefit from ‘straight privilege’, bisexuals are sometimes painted as interlopers within the LGBTQ+ community and on the receiving end of animosity from certain gay/lesbian individuals who cannot benefit from such privilege (Ochs, 1996). This divide, in addition to stemming stereotypes that bisexuals are inherently untrustworthy, non-monogamous, etc. position bisexuals as belonging to neither hetero-dominant society nor the LGBTQ+ community. This non-belonging creates challenges for bisexuals seeking safe and supportive communities and may have significant implications on the ways that bisexuals access social support and health services aimed at serving the LGBTQ+ population as a whole.

Research significance

In a 2021 survey, 5.6% of Americans self-identified as LGBTQ+, of which more than half (54.6%) identified as bisexual compared to those who identified as gay (24.5%) or lesbian (11.7%). When scaling these percentages to represent the U.S. adult population, approximately 3.1% of Americans self-identify as bisexual, 1.4% as gay, and 0.7% percent as lesbian (Jones, 2021). Considering that upwards of 10 million Americans identify as bisexual, in addition to the millions that surely exist all over the world, it is troubling that the bisexual experience and potential bisexual-specific minority stressors are not taken into greater consideration when

addressing health disparities seen within this population. Despite the mounting empirical evidence documenting these disparities, the current research on sexual minority health still lacks a meaningful and comprehensive understanding of bisexual-specific minority stressors, and how these stressors interact with each other in the broader socioeconomic context, create barriers towards access to health services, and perpetuate poor health outcomes. Although minority stress theory (Meyer, 1995 & 2003) remains the best framework through which to understand how minority stressors impact the health of sexual minority groups and related concepts of monosexism, bi-negativity, etc., and provide valuable context for the experience of bisexuals, minority stress theory has not yet been widely or consistently applied to include research on bisexual health and the stressors unique to this population.

This review will attempt to bridge this gap in knowledge by describing several bisexual-specific minority stressors as they have emerged in the literature, borrowing language from Meyer's minority stress theory to categorize these stressors as distal or proximal. This review will also discuss literature in which these stressors have been invoked to explore mental health and substance use disparities experienced by bisexuals. Results from this project have several implications for research and practice, including the development of assessment instruments that can be used to inform public health programs that better understand the unique experiences of bisexuals and appropriately address their needs.

METHODS

As previously discussed, although other non-monosexual identities (pansexuality, fluid-sexuality, etc.) may experience many of the same stressors as bisexuals, to date, most research studying sexual minorities has included bisexuals specifically. Thus, this literature review is

limited in scope to include only literature on bisexuals to avoid making sweeping inferences and conclusions on non-monosexual identities as a collective when bisexuals dominate the literature on this identity group. Articles that include individuals who both identify bisexuality as their sexual identity and/or report behavioral bisexuality (having romantic and/or sexual partners of the same or another gender identity without self-identifying as bisexual) were included for review. In addition, given the limited amount of research on this topic, this literature review was not bound exclusively to the United States, and includes studies conducted in other countries so long as the primary focus of these studies is bisexual-specific minority stress.

In order to identify the range of bisexual-specific minority stressors that have been explored and evaluated in the existing literature, this review utilized numerous literature databases including the Columbia Libraries Catalog (CLIO), Google Scholar, and PubMed. Key words used in various combinations were ‘bisexuality’, ‘bisexual(s)’, ‘non-monosexual(s)’, ‘LGBTQ+’ (and other variations of this acronym including LBG, LGBTQ, and LGBTQIA), ‘sexual identity’, ‘sexual minority’, ‘minority stress’, ‘bisexual minority stress’, ‘bi-phobia’, ‘bi-negativity’, ‘stigma’, ‘erasure’, ‘twice rejection’, ‘stereotyping’, ‘mental health’, ‘anxiety’, ‘depression’, ‘substance use’, ‘tobacco use’, ‘alcohol use’, and ‘drug use’. Following this initial search, a systematic search strategy was utilized by reviewing initial articles for relevant articles cited within their texts. Inclusion criteria for ‘relevant’ texts included any article that was cited to support claims made about the mechanisms responsible for observed bisexual health disparities, which often, but not always, included direct reference to Meyer’s minority stress theory.

All relevant articles were accumulated using Zotero, an open-source reference management software used to manage bibliographic data and related research materials (Stillman et al., 2021). Articles were then further organized using Covidence, an online systematic review

tool for title/abstract screening, full-text screening, data abstraction, and quality assessment (Covidence, 2021). All articles that were screened for full-text review were then scanned using search terms ‘bisexual’ and ‘minority stress’ to determine ultimate inclusion for review. Exclusion criteria included: 1) Non-peer reviewed literature (i.e. news articles, blog posts, theses/dissertations), 2) Publication prior to the year 2000 (excluding articles deemed to be ‘seminal works’ in the field, i.e. Meyer, Nagel, Eliason, & Ochs), 2) no mention of minority stress or minority stress-related concepts (i.e. no explicit mention of Meyer’s minority stress theory, or reference to noted stressors of stigma, prejudice, internalization, etc.), 3) mention of minority stress or minority stress-related concepts, but lack of distinction between minority stress experienced by bisexuals versus gay/lesbian individuals, and finally 4) mention of bisexual minority stress, but not as the ‘main focus’ of the article (i.e. bisexual minority stress mentioned only in the Discussion as an explanation for observed disparities). A flow chart detailing article selection and exclusion is displayed in Figure 2.

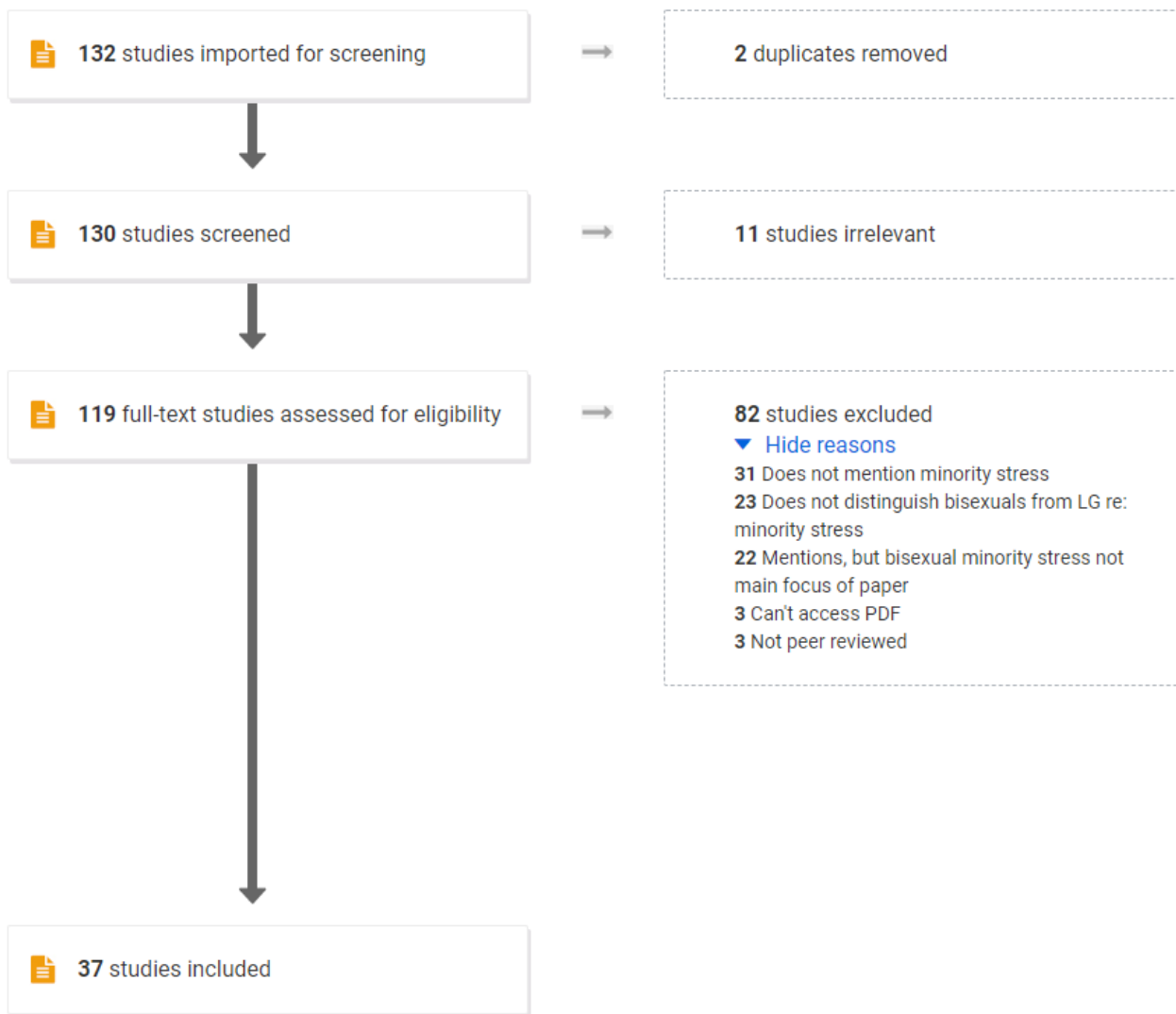


Figure 2: Covidence flow chart of literature review process

After applying this series of exclusion criteria, 32 articles were ultimately extracted for review (in addition to 5 ‘seminal works’). These articles fell broadly into two categories: 1) articles that theorize bisexual-specific minority stress/stressors (n = 23) and 2) articles that apply bisexual-specific minority stressors in the context of mental health and/or substance use research (n = 9). These two categories comprise the main findings of this review, which identifies and describes various bisexual-specific minority stressors as they emerged in the literature on this topic, as well as synthesizing how these stressors have been utilized and applied to issues of mental health and substance use. This process allowed for not only the cohesive compilation of bisexual-specific minority stressors and discussion of their utilization in the realms of mental health and substance use research, but also in identifying lingering gaps and suggesting avenues for future research.

RESULTS

Bisexual-specific minority stress as observed in the literature

Meyer’s minority stress theory (2003) proposes four minority stressors experienced by lesbian, gay, and bisexual (LGB) individuals: 1) internalized homophobia, 2) stigma, 3) prejudice, and 4) concealment. While there is some overlap between the ways that gay/lesbian individuals and bisexuals experience these stressors, there are also important distinctions to be made about how these stressors operate differently for bisexuals in addition to entirely new stressors that emerge due to the non-monosexual nature of the bisexual identity. This review will explore these bisexual-specific minority stressors by borrowing language from Meyer’s research to categorize said stressors as either distal (relating to outside perceptions) or proximal (relating to internal/self-perception) and describe how these stressors have been discussed in the current

literature on the bisexual experience. Each identified bisexual-specific minority stressor is defined in Figure 3, and all relevant literature related to bisexual-specific minority stress/stressors and their corresponding primary stressor(s) are detailed in Table 1.

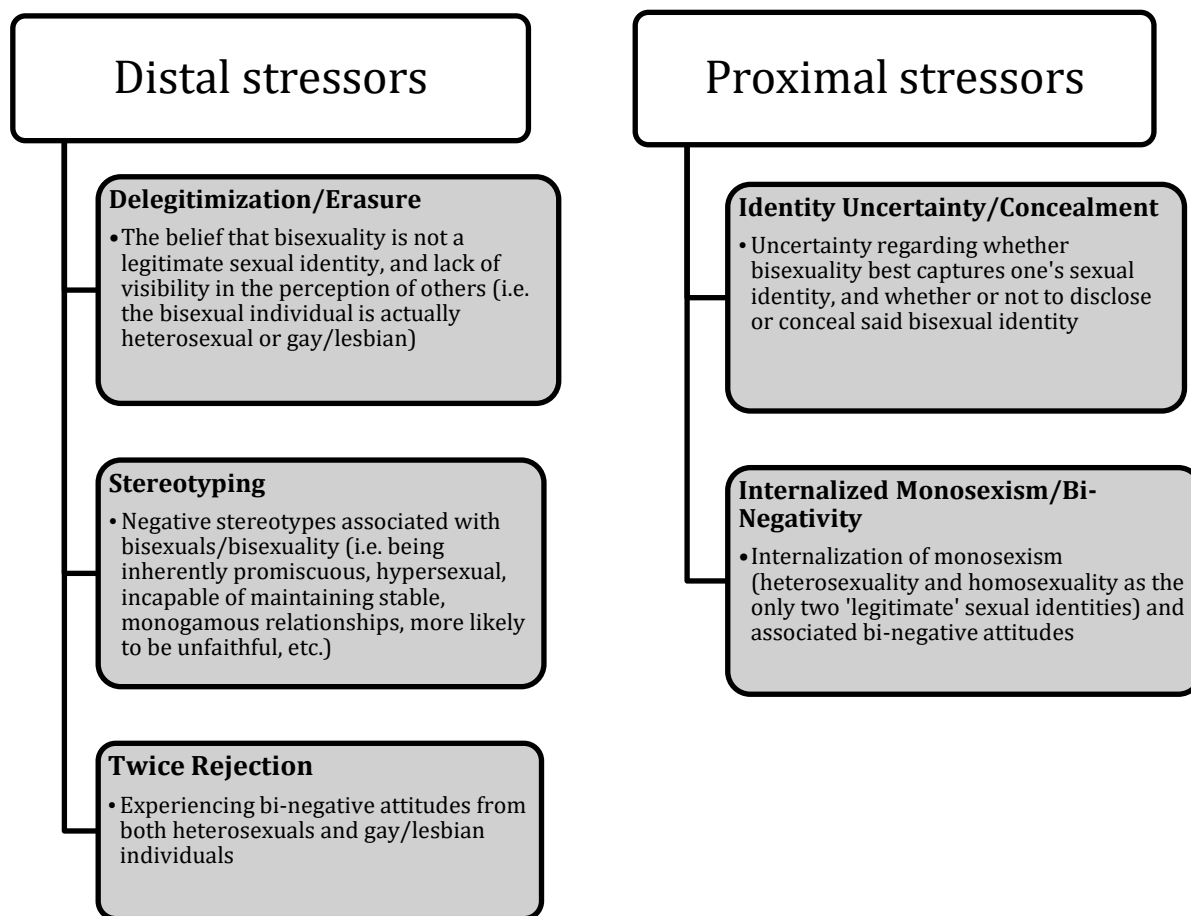


Figure 3: Breakdown of identified bisexual-minority stressors in the current literature with definitions

Authors	Title	Year of Publication	Study Setting	Journal	Primary bisexual-specific minority stressor(s) discussed
Alarie & Gaudet	"I Don't Know If She Is Bisexual or If She Just Wants to Get Attention": Analyzing the Various Mechanisms Through Which Emerging Adults Invisibilize Bisexuality	2013	Canada	<i>Journal of Bisexuality</i>	Delegitimization/Erasure
Balsam & Mohr	Adaption to Sexual Orientation Stigma: A Comparison of Bisexual and Lesbian/Gay Adults	2007	United States	<i>Journal of Counseling Psychology</i>	Twice Rejection
Bostwick & Hequembourg	Just a little hint': bisexual-specific microaggressions and their connection to epistemic injustices	2014	United States	<i>Culture, Health, and Sexuality</i>	Delegitimization/Erasure, Twice Rejection
Bower, Gurevich, & Mathieson	(Con)Tested Identities: Bisexual Women Reorient Sexuality	2002	Canada	<i>Journal of Bisexuality</i>	Delegitimization/Erasure
Bradford, M.	The Bisexual Experience: Living in a Dichotomous Culture	2004	United States	<i>Journal of Bisexuality</i>	Delegitimization/Erasure, Twice Rejection
Brewster & Moradi	Perceived Experiences of Anti-Bisexual Prejudice: Instrument Development and Evaluation	2010	United States	<i>Journal of Counseling Psychology</i>	Stereotyping, Twice Rejection
Callis, A.	The Black Sheep of the Pink Flock: Labels, Stigma, and Bisexual Identity	2013	United States	<i>Journal of Bisexuality</i>	Delegitimization/Erasure, Stereotyping, Twice Rejection
Collins, J.	The Intersection of Race and Bisexuality: A Critical Overview of the Literature and Past, Present, and Future Directions of the "Borderlands"	2004	United States	<i>Journal of Bisexuality</i>	Stereotyping
Doan Van et al.	Perceived discrimination, coping mechanisms, and effects on health in bisexual and other non-monosexual adults	2019	United States and other country settings (29% of participants located outside U.S.)	<i>Archives of Sexual Behavior</i>	Twice Rejection
Dyar, Feinstein, & London	Dimensions of Sexual Identity and Minority Stress Among Bisexual Women: The Role of Partner Gender	2014	United States, United Kingdom, Australia, and Canada	<i>Psychology of Sexual Orientation and Gender Diversity</i>	Delegitimization/Erasure, Identity Uncertainty/Concealment
Dyar, Feinstein, & London	Mediators of differences between lesbians and bisexual women in sexual identity and minority stress	2015	United States, United Kingdom, Australia, and Canada	<i>Psychology of Sexual Orientation and Gender Diversity</i>	Delegitimization/Erasure, Identity Uncertainty/Concealment

Dyar et al.	Minority Stress, Sexual Identity Uncertainty, and Partner Gender Decision Making Among Nonmonosexual Individuals	2016	United States, Canada, United Kingdom, and other country settings	<i>Psychology of Sexual Orientation and Gender Diversity</i>	Delegitimization/Erasure, Identity Uncertainty/Concealment
Ebin, J.	Why Bisexual Health?	2012	United States	<i>Journal of Bisexuality</i>	Twice Rejection
Feinstein et al.	Willingness to engage in romantic and sexual activities with bisexual partners: Gender and sexual orientation differences	2014	United States	<i>Psychology of Sexual Orientation and Gender Diversity</i>	Stereotyping, Twice Rejection
Feinstein & Dyar	Bisexuality, minority stress, and health	2017	No single identified country setting (literature review)	<i>Current Sexual Health Reports</i>	Identity Uncertainty/Concealment
Friedman et al.	From Bias to Bisexual Health Disparities: Attitudes Toward Bisexual Men and Women in the United States	2014	United States	<i>LGBT Health</i>	Twice Rejection
Hequembourg & Brallier	An exploration of sexual minority stress across the lines of gender and sexual identity	2009	United States	<i>Journal of Homosexuality</i>	Delegitimization/Erasure, Stereotyping, Identity Uncertainty/Concealment
Herek, G.M.	Heterosexuals' attitudes toward bisexual men and women in the United States	2002	United States	<i>Journal of Sex Research</i>	Stereotyping, Twice Rejection
Israel & Mohr	Attitudes Toward Bisexual Women and Men: Current Research, Future Directions	2004	No identified country setting (literature review)	<i>Journal of Bisexuality</i>	Stereotyping, Twice Rejection
Mohr, Israel, & Sedlacek	Counselors' attitudes regarding bisexuality as predictors of counselors' clinical responses: An analogue study of a female bisexual client	2001	United States	<i>Journal of Counseling Psychology</i>	Stereotyping
Mohr, Jackson, & Sheets	Sexual Orientation Self-Presentation Among Bisexual-Identified Women and Men: Patterns and Predictors	2017	United States	<i>Archives of Sexual Behavior</i>	Identity Uncertainty/Concealment
Paul et al.	Measuring Dimensions of Bisexual Identity: Initial Development of the Bisexual Identity Inventory	2014	United States	<i>Psychology of Sexual Orientation and Gender Diversity</i>	Twice Rejection, Questioning/Concealment, Internalized Monosexism/Bi-negativity
Yost & Thomas	Gender and binegativity: men's and women's attitudes toward male and female bisexuals	2012	United States	<i>Archives of Sexual Behavior</i>	Stereotyping, Twice Rejection

Table 1: Articles theorizing bisexual-specific minority stress/stressors in the current literature (n = 23)

*Distal*Delegitimization/Erasure

The most consistent stressor to emerge from this review of bisexual-specific minority stress is the combination of delegitimization of an individual's bisexual identity, and the common co-occurrence of erasure of an individual's bisexual identity. Born out of the concept of monosexism, or "compulsory monosexuality, i.e. sexual orientation toward one and only one of the two recognized biological sexes" (Nagle, 1995), delegitimization refers to the belief that bisexuality is not a legitimate sexual identity. Rather, bisexuality is often perceived by others as confusion (often referred to as a 'phase'), a bisexual individual's refusal to 'settle' into a monosexual identity (sometimes referred to as being a 'fence-sitter'), behavioral promiscuity, or conflation with the concept of polyamory (engaging in multiple romantic and/or sexual relationships at the same time). This experience of denial and dismissal has been described in numerous qualitative studies in which bisexuals recount the microaggressions they've experienced in relation to the legitimacy of their sexual identity (Alarie & Gaudet, 2013; Bostwick & Hequembourg, 2014; Bower, Gurevich, & Mathieson, 2002; Bradford, 2004; Callis, 2013; Hequembourg & Brallier, 2009). In these studies, bisexuals often recount being told that they 'do not know what they want' or that they are simply 'experimenting', sentiments that more or less imply that they will eventually 'pick a side'. This mentality positions bisexuality in a vague middle-ground between heterosexuality and homosexuality rather than acknowledges that bisexuals are neither 'half-gay' nor 'half-straight', but rather in possession of their own distinct identity that does not exist as a temporary condition of either hetero- or homosexuality.

This delegitimization of the bisexual identity is closely associated with identity erasure. Although all sexual identities are inherently concealable when viewed alongside other more

visible identities of gender, race/ethnicity, etc., bisexuals experience unique erasure due to the low visibility of bisexuality in society. Often, the only visible indicator of an individual's sexual identity is their romantic and/or sexual partner(s)'s gender. Thus, when bisexuals engage in monogamous relationships, partnership with an individual either of the same or of another gender identity positions the bisexual individual, in the perception of others, as having 'chosen a side' (i.e. heterosexual or gay/lesbian) (Bradford, 2004). Although bisexuals in heterosexual-passing relationships often benefit and are protected from discrimination by 'straight passing-privilege', there is also evidence to suggest that bisexuals in heterosexual relationships struggle with identity uncertainty and exclusion from LGBTQ+ spaces and associated social support when compared to bisexuals in perceived gay/lesbian relationships (Dyar, Feinstein, & London, 2014; Dyar, Feinstein, & London, 2015; Dyar et al., 2016). In some instances, this erasure takes a more active role in the form of pressure from partners to change one's bisexual identity to an identity that better 'aligns' with the structure of the relationship (i.e. a bisexual woman being asked to identify as a lesbian by her lesbian partner) (Bostwick & Hequembourg, 2014).

Stereotyping

Many bi-negative attitudes are fueled by stereotypes regarding the attitudes and behaviors of bisexuals. In addition to the illegitimacy discussed above, bisexuals are also perceived by some as being inherently promiscuous, hypersexual, incapable of maintaining stable, monogamous relationships, and being more likely to be unfaithful in relationships (Brewster & Moradi, 2010; Callis, 2013; Collins, 2004; Feinstein et al., 2014; Hequembourg & Brallier, 2009; Herek, 2002; Israel & Mohr, 2004; Mohr, Israel, & Sedlacek, 2001; Yost & Thomas, 2012). Generally, these negative stereotypes impact how individuals who hold these beliefs engage with

bisexuals in romantic and/or sexual relationships. For example, due to the perception that bisexuals are incapable of maintaining stable, monogamous relationships and/or are more likely to be unfaithful, some individuals may be less inclined to enter into a long-term, serious relationship with a bisexual individual than they would to simply date or have sex with one (Feinstein et al., 2014).

In a more troubling capacity, these beliefs may lead those in positions of power to undermine or dismiss the needs and concerns of bisexuals. For example, in a study assessing counselors' attitudes in regards to bisexuality as predictors of clinical responses (Mohr, Israel, & Sedlacek, 2001), researchers found that counselors with the most negative attitudes towards bisexuality were more likely to "have negative reactions to the client, anticipate responding to the client in a biased and judgmental manner, believe the client had problems in areas related to bisexual stereotypes, and rate the client as having a low level of psychosocial functioning" (Mohr, Israel, & Sedlacek, 2001). The researchers also found that these negative attitudes were significant even after controlling for negative attitudes towards gay men and lesbian women, displaying a specific prejudice held against bisexual individuals based on stereotypes perpetuating the 'amoral' nature of bisexuality.

Twice Rejection

Perhaps the most unique bisexual-specific minority stressor is the experience of 'twice-rejection' (also referred to as 'double discrimination') (Balsam & Mohr, 2007; Bostwick & Hequembourg, 2014; Bradford, 2004; Brewster & Moradi, 2010; Callis, 2013; Doan Van et al., 2019; Ebin, 2012; Feinstein et al., 2014; Friedman et al., 2014; Paul et al., 2014). Twice rejection refers to the way in which bisexuals experience all of the bi-negative attitudes described above

from both heterosexuals *and* gay/lesbian individuals, a phenomenon that creates significant challenges for bisexuals seeking safe and supportive communities.

In a study assessing perceived discrimination (Doan Van et al., 2019), bisexuals reported experiencing different forms of bi-negativity from gay/lesbian individuals than from heterosexuals. Although bisexuals often reported *more* experiences of bi-negativity from heterosexuals, experiencing these attitudes from gay/lesbian individuals often had a greater emotional toll, especially in regard to exclusion from LGBTQ+ community events, support groups, and spaces because of their bisexual identity. Bisexuals in this study also often described being rejected by their gay/lesbian partners after revealing their bisexual identity, sometimes being told they were ‘tainted’, ‘likely to cheat’, or ‘just experimenting’ (Doan Van et al., 2019). These findings are supported by other studies assessing gay/lesbian attitudes towards bisexuality (Feinstein et al., 2014; Friedman et al., 2014; Israel & Mohr, 2004). Some of these attitudes spark from previously discussed stereotypes of disloyalty, in which gay/lesbian individuals express fears that a same-sex relationship does not offer the same benefits as a ‘heterosexual’ one (Israel & Mohr, 2004), or that bisexuals are simply confused heterosexuals ‘experimenting’ with them, and thus believe that a bisexual partner will inevitably lose interest and leave them (Feinstein et al., 2014).

These bi-negative attitudes expressed by gay/lesbian individuals differ meaningfully from those that bisexuals report experiencing from heterosexuals. Bi-negative experiences with heterosexuals often co-occur with various forms of sexual harassment, including asking bisexuals to engage in sexual acts (threesomes, group sex, etc.) they are not comfortable with and/or eroticization/fetishization of the bisexual individual’s same-sex partnerships (Doan Van et al., 2019). This second finding was consistent with other studies (Herek, 2002; Yost & Thomas,

2012) that assessed heterosexuals' attitudes toward bisexuality. Although heterosexual women's bi-negative attitudes were mostly consistent for both bisexual men and women, heterosexual men expressed stronger sexual prejudice towards bisexual men compared to bisexual women. The eroticization of women's same-sex sexuality by heterosexual men was thought to shed light on this discrepancy (Yost & Thomas, 2012).

Proximal

Identity Uncertainty/Concealment

Given the frequency with which bisexuals report having their sexual identity delegitimized, dismissed, and erased by both heterosexuals and gay/lesbian individuals, it is unsurprising that bisexuals generally experience more identity uncertainty (i.e. the extent to which an individual is not sure which sexual identity label best captures their identity) than their monosexual counterparts (Dyar, Feinstein, & London, 2014; Dyar, Feinstein, & London, 2015; Dyar et al., 2016). Although it is common for all sexual minority individuals to experience a degree of sexual identity uncertainty because of prevailing heterosexism, bisexual individuals experience an additional layer of sexual identity uncertainty due to the pressures of monosexism and the corresponding notion that bisexuality is simply a transitional phase between eventual identification as either heterosexual or gay/lesbian and not an endgame identity in and of itself. These pressures are emphasized when bisexuals engage in monogamous relationships with a partner either of the same or different gender identity as themselves. Being repeatedly assumed to be heterosexual or gay/lesbian depending on one's partner's gender identity may also explain why bisexuals report more sexual identity uncertainty (Dyar, Feinstein, & London, 2015).

As bisexuality is so often invisible, even when bisexuals engage in romantic and/or sexual relationships, bisexuals must repeatedly make decisions about whether to disclose or conceal their sexual identity. Oftentimes, bisexuals chose to conceal or misrepresent their bisexual identity from others in an attempt to assimilate either into the LGBTQ+ community or hetero-dominant society (Hequembourg & Brallier, 2009; Mohr, Jackson, & Sheets, 2017). In a study assessing self-presentation among bisexual men and women, bisexuals with the highest ‘outness’ scores (the degree to which individuals have disclosed and openly discuss their sexual orientation in different spheres of their lives) were *more* likely than others to misrepresent their identity as lesbian or gay, illustrating the understanding that bisexuals must also manage stigma within the LGBTQ+ community as well as within hetero-dominant society (Mohr, Jackson, & Sheets, 2017). This finding is consistent with other studies that have found that coming out as bisexual and interacting with the broader LGBTQ+ community was associated with *increased* exposure to bi-negativity (Feinstein & Dyer, 2017), likely due to many of the negative stereotypes held by gay/lesbian members within this community as discussed previously.

Internalized Monosexism/Bi-negativity

Internalized monosexism and bi-negativity are similar in concept to the experiences that gay/lesbian individuals may experience with internalized heterosexism and homophobia. However, due to the unique nature of the bisexual experience, particularly the delegitimization, erasure, and stereotyping of their sexual identity from both heterosexuals *and* gay/lesbian individuals, bisexuals may be more likely to internalize the belief that their bisexual identity is illegitimate and/or amoral (Paul et al., 2014). These internalized beliefs of shame related to one’s bisexual identity can have negative effects on one’s mental health and well-being, especially

when isolated from social support networks and resources both within hetero-dominant society and the LGBTQ+ community.

Bisexual-specific minority stress in the context of mental health and/or substance use

Identifying bisexual-specific minority stress/stressors is only the first step towards understanding the health disparities that exist for bisexuals compared to their heterosexual and gay/lesbian counterparts. This review will also discuss how the above bisexual-specific minority stressors have been applied to research on mental health and substance use in the current public health literature. All relevant literature on bisexual-specific minority stress/stressors as applied to mental and/or substance use disparities is detailed in Table 2.

Authors	Title	Year of Publication	Study Setting	Journal	Primary public health issue	Primary bisexual-specific minority stressor(s) measured
Brewster et al.	Navigating the borderlands: the roles of minority stressors, bicultural self-efficacy, and cognitive flexibility in the mental health of bisexual individuals	2013	United States (< 1% residing in Canada or Mexico)	<i>Journal of Counseling Psychology</i>	Mental Health	Delegitimization/Erasure, Stereotyping, Twice Rejection, Identity Uncertainty/Concealment, Internalized Monosexism/Bi-negativity
Flanders, C.E.	Bisexual Health: A Daily Diary Analysis of Stress and Anxiety	2015	United States	<i>Basic and Applied Social Psychology</i>	Mental Health	Delegitimization/Erasure, Stereotyping, Identity Uncertainty/Concealment
Lambe & O'Shaughnessy	Minority Stress, Community Involvement, and Mental Health Among Bisexual Women	2017	United States	<i>Psychology of Sexual Orientation and Gender Diversity</i>	Mental Health	Delegitimization/Erasure, Stereotyping, Twice Rejection, Internalized Monosexism/Bi-negativity
Lewis et al.	Sexual Minority Stress, Depressive Symptoms, and Sexual Orientation Conflict: Focus on the Experiences of Bisexuals	2009	United States	<i>Journal of Social and Clinical Psychology</i>	Mental Health	Identity Uncertainty/Concealment, Internalized Monosexism/Bi-negativity

Ross, Dobison, & Eady	Perceived Determinants of Mental Health for Bisexual People: A Qualitative Examination	2010	Canada	<i>American Journal of Public Health</i>	Mental Health	No quantitatively measured stressors (Delegitimization/Erasure, Stereotyping, Identity Uncertainty/Concealment emerged from FGDs)
MacLeod et al.	Biphobia and Anxiety Among Bisexuals in Ontario, Canada	2015	Canada	<i>Journal of Gay & Lesbian Mental Health</i>	Mental Health	Delegitimization/Erasure, Stereotyping, Twice Rejection, Identity Uncertainty/Concealment, Internalized Monosexism/Bin negativity
Feinstein, Dyar, & London	Are Outness and Community Involvement Risk or Protective Factors for Alcohol and Drug Abuse Among Sexual Minority Women?	2017	United States and other country settings	<i>Archives of Sexual Behavior</i>	Substance Use (Alcohol)	Delegitimization/Erasure, Stereotyping, Twice Rejection, Identity Uncertainty/Concealment, Internalized Monosexism/Bin negativity
Molina, et al.	Current intimate relationship status, depression, and alcohol use among bisexual women: The mediating roles of bisexual-specific minority stressors	2015	United States	<i>Sex Roles: A Journal of Research</i>	Substance Use (Alcohol)	Delegitimization/Erasure, Stereotyping, Identity Uncertainty/Concealment, Internalized Monosexism/Bin negativity
McQuoid, et al.	Tobacco use in the sexual borderlands: The smoking contexts and practices of bisexual young adults	2019	United States	<i>Health & Place</i>	Substance Use (Tobacco)	No quantitatively measured stressors (Delegitimization/Erasure, Stereotyping, Twice Rejection, Identity Uncertainty/Concealment, Internalized Monosexism/Bin negativity emerged from IDs)

Table 2: Bisexual-specific minority stress/stressors as applied to mental health and substance use disparities (n = 9)

Mental health

Similar to how Meyer originally developed his minority stress theory to explain mental health disparities experienced by sexual minorities, research on how experiencing bisexual-specific minority stress applies to poor health outcomes has mostly been applied to the field of mental health, namely in assessing depression, anxiety, and other metrics of poor psychological well-being (Brewster et al., 2013; Flanders, 2015; Lambe & O’Shaughnessy, 2017; Lewis et al., 2009; MacLeod et al., 2015; Ross, Dobison, & Eady, 2010), though these studies are still

relatively few in number. Despite the theoretical promise of applying minority stress theory as an explanatory framework from which to better understand bisexual health disparities, only a few articles identified in this review found associations between experiences of bisexual-specific minority stress and poor health outcomes, while other studies found no associations at all.

In a quantitative assessment measuring associations between reported experiences of bisexual-specific minority stress (experiences of prejudice, expectations of stigma, internalized biphobia, outness/concealment of bisexuality) and indicators of psychological distress and well-being, most minority stress variables were positively correlated with psychological distress and negatively with well-being (with the exception of a nonsignificant link between outness and distress). In addition, the authors found notable relationships between various mediating variables and mental health outcomes, suggesting that, “expectations of stigma may be a key mechanism linking distal minority stress with mental health and internalized biphobia may be a key proximal stressor linked directly with mental health” (Brewster et al., 2013). These overarching patterns were also observed in a study assessing the relationship between experienced microaggressions and positive/negative identity events and reported stress and anxiety, which also found that “positive identity events were negatively associated with reports of stress and anxiety, whereas negative identity events were positively associated with stress and microaggressions positively associated with anxiety” (Flanders, 2015). A final quantitative study assessing the impact of perceived bi-negative discrimination and internalized bi-negativity on measures of self-esteem and depression also found that “increased levels of perceived bi-negative discrimination and internalized bi-negativity were associated with decreased levels of self-esteem and increased levels of depression...but internalized bi-negativity was the only *significant* predictor of self-esteem and depression, thereby suggesting that the conscious and

subconscious adoption of negative beliefs about bisexual persons and bisexuality affected psychosocial health more significantly than the actual or expected bi-negative attitudes and prejudicial behaviors of others” (Lambe & O’Shaughnessy, 2017). In a qualitative study exploring perceived determinants of mental health among bisexuals, topics of delegitimization/erasure derived from monosexism, stereotyping of the bisexual identity, and experiences of identity uncertainty emerged from focus group discussions, and were perceived to “affect mental health both directly (e.g. anxiety associated with fear of sexual orientation-based violence) and indirectly, through their effects on interpersonal relationships (e.g. distress associated with relationship problems) and on individuals’ senses of self-worth and self-esteem” (Ross, Dobinson, & Eady, 2010).

Although poor mental health indicators were not always associated with reported experiences of bisexual-specific minority-stress in a few studies (Lewis et al., 2009; MacLeod et al., 2015), the authors acknowledged that experiences of stigma, prejudice, and discrimination were at least *qualitatively* different for bisexuals when compared to their gay/lesbian counterparts. Lack of proper instruments with which to comprehensively measure bisexual-specific minority stress (MacLeod et al., 2015) and diversity within the bisexual identity label itself (Lewis et al., 2009) were a few explanations for why experiences of minority stress among self-identified bisexuals were not found to have significant associations with measures of depression, anxiety, and other metrics of poor psychological well-being in these studies.

Substance use

In addition to mental health, bisexual-specific minority stressors have also been applied to research on substance use disparities, including alcohol use (Feinstein, Dyar, & London, 2017;

Molina et al., 2015) and tobacco use (McQuoid et al., 2019). Similar to research on how experiencing bisexual-specific minority stressors impacts mental health outcomes, research on how these stressors impact substance use was also varied in that some studies found differing magnitudes of impact and others found no impact at all. In a study assessing minority stressors and their relationship with alcohol use, the strength of relationships varied by stressor and outcome. For example, data indicated “particularly large effects concerning experienced bi-negativity to alcohol-related consequences, moderate relationships between internalized bi-negativity to alcohol-related consequences, and relatively small effects in relation to binge-drinking” (Molina et al., 2015). In addition, data from Molina et al. suggested that ‘outness’ did not relate to any alcohol use-related outcomes, a finding that directly contradicted the primary finding of Feinstein, Dyar, and London, who found that “outness and community involvement were risk factors for alcohol/drug abuse for bisexual women but were not significantly associated for lesbians and queer women” (Feinstein, Dyar, & London, 2017). The authors of this study pointed to twice rejection as an explanation for this finding, suggesting that bisexuals may use substances to cope with stigma-related experiences and may not access support and resources from the broader LGBTQ+ community due to anticipated discrimination. This lack of connectedness to the LGBTQ+ community and utilization of substances to cope with experiences of bi-negativity also emerged from a study on tobacco use, in which several bisexual participants reported using smoking as an excuse to ‘step away from’ experiences in which they felt their bisexual identity was unwelcome or under interrogation (McQuoid et al., 2019). This study from McQuoid et al. also uncovered interesting patterns of tobacco use among bisexuals in regard to facilitating and/or signaling ‘belonging’ in LGBTQ+ spaces, implying that anticipated rejection from other members of the LGBTQ+ community motivated these behaviors. Identity

management, including concealment, were also common experiences for bisexuals, of which many reported using tobacco as a way to recover from ongoing tensions of managing and legitimizing one's identity in different settings (McQuoid et al., 2019).

DISCUSSION

This review provides a summary discussion of which bisexual-specific minority stressors have been identified and described in the literature, how these stressors are unique and meaningfully different from the minority stressors experienced by gay/lesbian individuals using Meyer's original minority stress theory (1995 & 2003) as a framework, and where these bisexual-specific minority stressors have been explicitly applied to explore observed health disparities in the fields of mental health and substance use. Through the literature review process, thirty-two articles were identified, twenty-three of which were analyzed to identify five unique bisexual-specific minority stressors and categorize them into distal (delegitimization/erasure, stereotyping, and twice rejection) and proximal (identity uncertainty/concealment and internalized monosexism/bi-negativity) stressors. Nine additional articles were reviewed to assess how bisexual-specific minority stressors have been applied to research on mental health and substance use disparities. This analysis found largely inconsistent results, with some studies finding significant relationships between experiences of bisexual-specific minority stressors and various measures of mental health and/or substance use disorders and others finding no correlation. However, it was noted by all authors that bisexuals indeed experience minority stress *qualitatively* differently from gay/lesbian individuals, and that this relationship may not be accurately represented in quantitative analyses due to the implementation of instruments that do

not capture the nuance and diversity of both bisexual-specific minority stress and of the identity label itself.

One major strength of the current literature discussed in this review is the effort made to distinguish the experiences of bisexuals from those of gay/lesbian individuals in the LGBTQ+ community. As evidenced by Table 1, there is a growing acknowledgement that bisexual-specific minority stressors are meaningfully unique and operate differently for bisexual individuals compared to the minority stressors experienced by gay/lesbian individuals as originally identified by Meyer (1995 & 2003). However, there is still very little research evaluating the relationship between these bisexual-specific minority stressors and the poor health outcomes experienced by bisexuals compared to both heterosexuals and their gay/lesbian counterparts. As evidenced in Table 2, this review could only identify a select few studies that explicitly measured bisexual-specific minority stressors in their research.

Although no single scale has been developed to assess *all* the bisexual-specific minority stressors identified in this review, the most comprehensive scale used to assess *distal* stressors (delegitimization/erasure, stereotyping, and twice rejection) is the Anti-Bisexual Experiences Scale (ABES) developed by Brewster & Moradi (2010). Unfortunately, a comprehensive, bisexual-specific scale for measuring *proximal* stressors does not currently exist. However, these stressors were most commonly captured using other scales including the 27-item Lesbian, Gay, and Bisexual Identity Scale and 5-item Internalized Homonegativity subscale revised by Sheets & Mohr (2009) to assess identity uncertainty and internalized bi-negativity in addition to the 10-item Outness Inventory developed by Mohr & Fassinger (2000) to assess identity concealment. It is important to note that the revisions made to the 5-item Internalized Homonegativity subscale only replaced the terms ‘lesbian/gay’ with ‘bisexual’, and thus likely does not capture the unique

ways that monosexism specifically impacts the perception of one's bisexual identity. Like the ABES exists to measure bisexual-specific distal stressors, a comprehensive scale to measure bisexual-specific proximal stressors should be developed in order to accurately assess the unique proximal minority stress that bisexuals experience, rather than superficially editing scales originally developed to assess these stressors in gay/lesbian populations. The utilization of such scales when assessing bisexual-specific minority stress is essential, as other instruments measuring discrimination or minority stress more broadly may not be able to capture the unique nuance of the bisexual experience and/or identity (Bostwick et al., 2014; Lewis et al., 2009; MacLeod et al., 2015). Lastly, these scales should be more widely applied to research on mental health and substance use so more definitive conclusions can be made about the impact of bisexual-specific minority stress on observed disparities.

Perhaps because of the comprehensibility of the Anti-Bisexual Experiences Scale (ABES), distal bisexual-specific minority stressors were the most well represented and measured in the literature on bisexual mental health and substance use disparities (Brewster et al., 2013; Flanders, et al., 2015; Feinstein, Dyar, & London, 2017; Lambe & O'Shaughnessy, 2017; MacLeod et al., 2015; McQuoid et al., 2019; Molina et al., 2015; Ross, Dobison, & Eady, 2010). In addition, identity uncertainty/concealment were also well represented in the studies examined in this review (Brewster et al., 2013; Flanders, et al., 2015; Feinstein, Dyar, & London, 2017; Lewis et al., 2009; MacLeod et al., 2015; McQuoid et al., 2019; Molina et al., 2015; Ross, Dobison, & Eady, 2010). The stressor that emerged the least often from this review was internalized monosexism/bi-negativity (Brewster et al., 2013; Feinstein, Dyar, & London, 2017; Lambe & O'Shaughnessy, 2017; Lewis et al., 2009; MacLeod et al., 2015, McQuoid et al., 2019;

Molina et al., 2015) perhaps in part due to the way that the Internalized Homonegativity scale was inadequately revised to 'include' bisexuals, as described previously.

Although the few studies identified in this review intentionally measured the impact of bisexual-specific minority stress on mental health and/or substance use outcomes, there remains a lack of discussion on how bisexual-specific minority stress impacts access and utilization of health services, resources, and/or support for these issues and other health outcomes. This is especially concerning considering many bisexuals have noted experiencing rejection from both hetero-dominant society and the LGBTQ+ community due to delegitimization, erasure, and negative stereotyping associated with their identity. Identity uncertainty/concealment as well as internalized monosexism/bi-negativity may additionally deter bisexuals from feeling comfortable or justified in seeking out resources and support for mental health and/or substance use issues, especially those centered or hosted within LGBTQ+ spaces. These potential barriers are noted in several studies (Balsam & Mohr, 2007; Bostwick et al., 2014; Ebin, 2012; Feinstein, Dyar, & London, 2017; Friedman et al., 2014; Loi, Howard, & Lea, 2017), but this review could not identify a study that explicitly linked experiences of bisexual-specific minority stress with measures of health care utilization either in hetero- or LGBTQ+ spaces/programs. More research into this relationship is greatly needed to ensure that mental health and substance use programs and services (particularly those directed at the LGBTQ+ community) are reaching and are welcoming to bisexuals, especially considering the health burden observed in this population.

This review has several limitations, one of which is its lack of attention to the nuance of how the bisexual identity intersects with other identities, namely race/ethnicity, gender, and country of origin. This is primarily due to the limited number of articles that explicitly examine these intersections of identity, and the domination of white, cisgender, American bisexuals as the

primary demographic ‘representing’ this population in the current research. Research on the intersectionality of sexual orientation and race/ethnicity has suggested that bisexuals of color experience a unique combination of minority stressors due to their dual marginalized status (Collins, 2004). In a study examining the relationship between multiple minority stressors and mental health disorders, “sexual orientation discrimination *alone* was not associated with higher odds of a mental health disorder, and respondents who reported both sexual orientation and racial/ethnic discrimination or sexual orientation, racial/ethnic and gender discrimination were significantly more likely to meet criteria for a mental health disorder” (Bostwick et al., 2014). Although nearly every article discussed in this review made a point to distinguish if/how bisexual men and bisexual women experienced minority stress similarly/differently, the limited scope of this review largely generalized these findings to apply to cisgender bisexuals as a whole. However, there is an important discussion to be had about how more marginalized gender identities, such as transgender or non-binary identities, intersect with bisexuality. For example, one study found that “the adverse effects of bisexual-specific minority stress on health were stronger among transgender individuals than among cisgender women” (Katz-Wise, Mereish, & Woulfe, 2017). Lastly, nearly all of the articles examined in this review conducted studies or drew data from studies conducted in the United States. For the few studies whose primary setting was not the United States, other Western countries were the primary setting and mostly included Canada, the United Kingdom, and Australia. It is essential to acknowledge that this Western view of bisexuality and sexual identity as a whole cannot necessarily be applied to other cultural settings, and further research that quantifies these relationships in socio-cultural contexts that vary in gender norms, values, and practices concerning the acceptability of bisexuality and other sexual minorities should be prioritized (Molina et al., 2015). Given that bisexual-specific

minority stress has been predominantly examined through a white, cisgender, American lens, future research must focus on intersectional identities to better illustrate the potential compounded effects of multiple sources of minority stress and if/how these stressors manifest in the form of various health outcomes.

This review is also limited in that it focuses exclusively on literature pertaining only to bisexuality with little discussion about how the minority stressors identified and described above may be similar or meaningfully different from other non-monosexual identities under the LGBTQ+ umbrella. Given the lack of research or discussion about other non-monosexual identities such as pansexuality, fluid-sexuality, etc., it is likely that these non-monosexual identities experience even more erasure than bisexuality. These identities should be the focus of future research on the non-monosexual experience in order to illustrate whether or not additional nuance on non-monosexual-specific minority stressors exists beyond what has been captured by current research and inquiry into the bisexual experience.

CONCLUSION

In summary, this review adds to the growing literature on bisexual health in that it identifies and discusses much of the recent literature on bisexual minority stress in addition to showcasing where these bisexual-specific minority stressors have been explicitly utilized to examine observed mental health and substance use disparities. Despite the progress that has been made in the field of sexual minority health to distinguish non-monosexual identities from monosexual identities under the LGBTQ+ umbrella in research on this population, this review emphasizes that *applied* research on bisexual-specific minority stress is still in its infancy. Among the few studies that explicitly apply experiences of bisexual-specific minority stress to

measures of mental health and substance use disorders, current research remains inconsistent and limited in its focus on predominantly white, cisgender, American bisexuals. Thus, future research should focus its efforts to not only expand the literature on bisexual-specific minority stressors as they apply to health outcomes, but also embrace intersectionality in regard to race/ethnicity, gender identity, and country of origin to better illustrate the diversity and nuance of the bisexual experience. Lastly, given that research on sexual minorities is primarily focused on gay, lesbian, and bisexual identities, it is essential that future research also acknowledge and study the minority stress experiences of other non-monosexual identities such as pansexuality, fluid-sexuality, etc. in order to paint a more comprehensive picture of sexual minority stress. A better understanding of how all sexual identities under the LGBTQ+ umbrella experience minority stress will help elucidate observed health disparities and inform future public health interventions aimed at ensuring the overall health and well-being of this incredibly diverse population.

For now, current research on bisexual-specific minority stress should be used to inform counseling and outreach for bisexuals seeking support for mental health and/or substance use issues. Counselors should be trained on how minority stress differs for bisexuals compared to gay/lesbian clients, and work with bisexuals to identify sources of affirmation for their bisexual identity. In addition, LGBTQ+ organizations should prioritize community-level interventions that denounce the perpetuation of negative stereotypes associated with bisexuality, encourage the visibility of bisexuals in LGBTQ+ spaces, and overall strive to increase the degree to which bisexuals feel connected to and comfortable disclosing their bisexual identity within the LGBTQ+ community.

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