

The Invisi_les: Biphobia, Bisexual Erasure and Their Impact on Mental Health

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Abstract

In the last few years, research on lesbian, gay, bisexual, and transgender (LGBT) health increased, but little scientific literature has been focused on bisexual health. This critical review aims at understanding the relationship between discrimination towards bisexual people and their mental and physical health. The first part of the article reviews different forms of bisexual discrimination, such as biphobia, bisexual invisibility, and bi-erasure, showing how biphobia is different from homophobia, especially considering how heavily it is perpetrated inside and outside the community. The second part of the paper focuses on gathering data about bisexual people's health, showing the differences with the gay and lesbian community, as well as the diverse effects that discrimination can have on physical and mental outcomes. Finally, the last part focuses on the healthcare experiences of bisexual people and what can be done to improve their health.

1. Introduction

Bisexuality generally refers to the attraction towards more than one gender. Notwithstanding the scientific increased interest in bisexual health in the last decades, bisexual people still are acknowledged to be an 'invisible' and 'excluded' population within several domains, such as media, gay and lesbian communities, and healthcare research.

Recently, the attention on bisexuality is starting to increase and more literature on the matter is being published, along with a slow but steady increase of positive representation in the media. Therefore, a paper that collects all useful resources available on bisexuality and mental health can be especially needed in setting the groundwork for future research.

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Through a critical review, this paper aims at presenting a critical reflection on biphobia and bisexual erasure, showing their relationships with mental health and healthcare experiences of bisexual people.

In the following paragraphs, we will first report the complexity of defining the term 'bisexuality'. We will then highlight the concepts of biphobia, bisexual erasure, and bisexual invisibility. Finally, we will report data about the impact that such concepts may have on bisexual physical and mental health and healthcare experiences of bisexual people.

2. Bisexuality

Bisexuality could seem like a relatively simple concept. On the contrary, the true meaning of the term is often lost in assumptions about the etymology or over-complicated in an effort to draw perfectly distinguishable lines between different communities. Before the end of the 19th century, the term 'bisexual' was mostly used in botanical and zoological literature as a synonym for 'hermaphrodite'. Only in 1892, a new definition of the term began to spread, mainly due to its appearance in the popular Krafft-Ebing's *Psychopathia Sexualis* (1966 [1892]), one of the first texts on sexual pathology. In those years, the term was used to describe people who had sexual encounters with both male and female partners and, as all non-heterosexual orientations at the time, was considered pathological and defined strictly based on the experiences of the person. The term gained even more popularity thanks to other historical authors like Kinsey (1948) and Freud (1905), but it wasn't until the 1960s that a community started to develop around this sexual orientation.

In the following decades, bisexuality became reasonably understood as an attraction to both males and females. However, around the 1990s, the concept of 'gender binary' was starting to crumble, and many authors were starting to question its very nature. It was in the 1990s that the San Francisco Bay Area Bisexual Network founded a magazine called *Anything that moves: Beyond the myths of bisexuality*, in which bisexual topics started to be addressed to a broader public. It was in this magazine that they published the so-called *Bisexual manifesto*, which stated:

Bisexuality is a whole, fluid identity. Do not assume that bisexuality is binary or duogamous in nature: that we have "two" sides or that we must be involved simultaneously with both genders to be fulfilled human beings. In fact, don't assume that there are only two genders.

This was the first time in which bisexuality was not strictly referred to as an attraction to both males and females. In 1998, the bisexual flag was created and, though it did not openly address non-binary genders, the creator of the flag also avoided using the colours to symbolise the attraction to males and females but rather the attraction to the same sex and the opposite sex, leaving it open to a more modern interpretation of attraction to genders.

The current definition of bisexuality, most commonly adopted by the community and scholars, is the one defined by the activist Robyn Ochs; more specifically, "the potential to be attracted – romantically and/or sexually – to people of more than one sex and/or gender, not necessarily at the same time, not necessarily in the same way, and not necessarily to the same degree" (Ochs, 2009: 9). By this definition, bisexuality encompasses a large section of the sexual

orientation continuum, spanning from people attracted to two genders to people attracted to all genders.

However, before the meaning of bisexuality became more inclusive towards people of non-binary genders, other communities were created in an attempt to fashion new terms and definitions that could represent the attraction to multiple genders. Thus, terms such as 'pansexual', 'omnisexual', 'polysexual', and others, spread, and by the time bisexuality was accepted as inclusive of potentially all genders, these communities were already fully formed and did not want to throw away their established terms. Today, there is a subtle but essential distinction between bisexuality and pansexuality. Indeed, while the latter is the attraction regardless of gender, the former is the attraction to two or more genders. The line between both is quite thin as they often overlap. For instance, some pansexual people often use 'bisexual' as a label to better convey their own orientation to people and consider themselves part of the 'bi+ umbrella', which groups all these orientations into one community. Other pansexual people prefer to consider pansexuality a completely separate orientation from bisexuality and use different names for the umbrella term (e.g., 'multispectrum' or 'multisexual') in order to avoid making bisexuality seem more important than the other orientations.

In this review, we will use the term 'bisexual' to refer to anyone attracted to more than one gender, thus including pansexuality, polysexuality, omnisexuality, and other sexual orientations. It is important to point out that although they may fit into the 'bisexual' definition, some pansexual people prefer not to use this particular label for themselves, and it is crucial to respect this preference when interacting with them on a personal level.

3. Biphobia, bisexual erasure, and bisexual invisibility

Regarding the percentage of bisexual people in the general population, it is urgent to debunk a misconception or, rather, that there are only a few of them or their number is irrelevant (San Francisco Human Right Commission, 2011). One of the first studies on this matter (Laumann, 1994), through the use of a desire-based scale, showed that the percentage of people attracted to more than one gender is around 4%, a percentage that was higher than those found for gay males and lesbians, who were, respectively, 2.4% and 0.3% of respondents (N = 3.081). A more recent study by Herbenick *et al.* (2010) showed that, although the rate decreased significantly when using a self-identification approach, the bisexual population maintained a percentage comparable to that of gay men, with a higher rate only in adult males (4.2% gay to 2.6% bisexual; N = 2.521) but also a strong minority in adolescents (0.2% lesbian to 8.4% bisexual; N = 405) and adult females (0.9% lesbian to 3.6% bisexual; N = 2.521).

A possible reason for this misconception is the so-called *bisexual invisibility*, which is a substantial lack of consideration and representation of bisexual people throughout all platforms and contexts (San Francisco Human Right Commission, 2011). Bisexual invisibility can be observed on a day-to-day basis because it is widespread and normalised in all social contexts: figures of speech, typical rhetoric, and media representation serve as prominent examples. Bisexual invisibility is due to a social phenomenon Kenji Yoshino called *the epistemic contract of bisexual erasure* (Yoshino, 2000). By 'epistemic contract', Yoshino means the social response from the heterosexual and gay communities to the fear of the threat that bisexuality poses on the current system in which these communities are invested. This system is

threatened by the existence of bisexuality in three main ways: (1) the importance attributed to monogamy, which is endangered by the supposed promiscuity and tendency to have open relationships that bisexual people are too often associated with; (2) the primacy of biological sex, which is endangered by the assumption that bisexual people could open the doors to the idea of being 'sex-blind', thus questioning the well-established sexual separatism that causes many other problems, such as transphobia and intersex erasure; and (3) the stabilization of sexual orientation, which is endangered by the loss of a way to prove without question one's sexual orientation, since in a world where bisexuality exists no one can prove that they are not bisexual through their actions or their dating history, because proving the contrary is not possible. The need to maintain the separation between the heterosexual and gay communities helped to establish a social agreement between 'rivals' to shape a society in which only two sexual orientations exist.

Keeping in mind that this is not an actual, conscious contract but rather a social phenomenon, the theory by Yoshino (2000) may help to explain the different forms of bisexual erasure in society. Bisexual erasure can be observed in every-day contexts, such as in figures of speech or binary ways of talking about sexual orientation. For instance, saying that someone is gay is often referred to as 'playing for the other team', 'swinging the other way', or 'on the other side of the fence', or even merely indicating their preference, such as 'you can't date that guy, he likes men', always implying that a person has to choose one side over the other. Another common way to observe erasure is through media. Indeed, even if in the last few years there has been a significant increase of bisexual presence in entertainment, it is still extremely rare to see a bisexual character rather than a gay or heterosexual one (GLAAD, 2018). Furthermore, when bisexual people are represented, they are often riddled with stereotypes and stigma, mainly about promiscuity or manipulation. Another less common way to observe erasure is within the context of actual history, referring to known bisexual people who had both male and female lovers as gay (e.g., Freddie Mercury or Eleanor Roosevelt), or misinterpreting social customs of the past; a typical example regards the interpretation of the acceptance of homosexuality in ancient Greece where, on the contrary, men were still expected to marry a woman even though it was accepted for them to have also relationships with young male students. Lastly, another common way to observe the erasure is politically-based, with lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, and other (LGBTQIA+) communities and spaces often being referred as 'gay spaces' or 'gay communities', fighting 'homophobia' or, at best, 'homo-transphobia' and organising 'gay prides'.

Finally, bisexual erasure may assume different forms depending on gender. For instance, bisexual women's representation is not as much 'erased' as it is heavily stereotyped and sexualised, with pornography playing a central role in this issue. However, the erasure of bisexual women is more evident in the avoiding of the term 'bisexual' to describe them, often using 'lesbian' instead or representing their bisexuality as just a 'regular experimentation phase' all straight women go through. Erasure in bisexual men is less related to terminology. Men are often represented as much more 'stable' than women, so when they go from a female partner to a male one, they are not 'experimenting', but rather they are finally 'coming out as gay'. When talking about men, there is no place for uncertainty or flexibility: they are either completely gay or completely straight, and thus bisexual men are seen as a myth, and the percentages of men coming out as bisexual are much lower than women.

4. Health of the bisexual population

Invisibility in media and daily life is not the only consequence of bisexual erasure. As demonstrated by previous scientific studies, the most severe consequence is related to adverse health outcomes (e.g., Friedman *et al.*, 2014). However, as suggested by Barker (2015), most of the research on sexual and gender minorities tends to consider LGBTQIA+ people as a homogenous group, underestimating the difference between specific sub-populations. As a result, a misunderstanding of the specific needs of each community prevents the possibility to understand the health status of bisexual people comprehensively. Notwithstanding that, some studies specifically addressed this topic, providing valuable information on bisexual people's health.

The first study that detected depressive symptoms within a nationally representative sample of bisexual people in the United States (Taliaferro *et al.*, 2018) found that the incidence of the signs of depression in bisexual youth reached 68% in young females and 47% in young males, while suicide attempts reached 35% in females and 22.5% in males; furthermore, the majority of such outcomes occurred in people who demonstrated risky behaviours. Similarly, Ross *et al.* (2018) contributed to the scientific literature thanks to a scrupulous and detailed meta-analysis of all available data on depression and anxiety across bisexual, gay, and heterosexual populations, finding higher levels of negative mental health outcomes in the bisexual population compared to the other ones.

Similar results had already been found by two studies through the Canadian Community Health Survey, a national population-based survey using a representative sample (Steele *et al.*, 2009; Brennan *et al.*, 2010): 45% of bisexual women and 35% of bisexual men had seriously considered (or attempted) taking their own lives, compared to 30% and 25% of lesbians and gay people, respectively, as well as 10% and 7% of female and male heterosexual counterparts, respectively. Furthermore, other studies (Institute of Medicine, 2011) have also found a high risk of sexually transmitted diseases (STDs) as a direct consequence of the more risk-taking behaviours, but the topic needs more extensive research.

Finally, most of the aforementioned studies highlighted that the main cause of negative mental health outcomes in bisexual individuals is the minority stress caused by belonging to a stigmatised minority group. Minority stress is a chronic form of stress experienced by minorities in every social context (Meyer, 2003). This kind of stress may be experienced in an even greater amount by bisexual people since they represent a minority not only in the broader social context but also in LGBTQIA+ safe spaces, which have extremely low percentages of bisexual members (San Francisco Human Right Commission, 2011). Moreover, an essential coping mechanism against social stressors is the sense of community, which is very weak among a population which does not have organised communal spaces and is often stigmatised in LGBTQIA+ dedicated spaces, as highlighted by Rankin, Morton, and Bell (2015) who found that 27% of bisexual people felt discriminated within LGBTQIA+ organisations.

5. Bisexual people within healthcare contexts

Biphobia in LGBTQIA+ organisations not only increases minority stress in bisexual populations but may also discourage them from getting the proper healthcare treatments. Indeed, LGBTQIA+ organisations are often responsible for informing and warning LGBTQIA+

people about health risk and health disparities. They often organise events and informative meetings, publish posters about health awareness, arrange free check-ups for STDs, offer psychological counselling to their members, and help people in creating contacts with inclusive and non-stigmatising healthcare professionals. Driving someone out of an LGBTQIA+ organisation by erasing their existence from names, banners, posters, flags, websites, mission statements, press conferences, speeches, and services might have a negative impact on bisexual health.

Moreover, bisexual people face stigmatisation in healthcare facilities similar to that experienced by gay and lesbian people. However, in addition, bisexual people may experience identity erasure and 'mononormativity', according to which, in asking about one's own sexual preference, a healthcare provider might assume that bisexual people are either gay or heterosexual, not considering the possibility of being bisexual, thus getting an incomplete picture of the clients' sexual history and their potential health risks.

To this end, previous studies found that bisexual people were less likely to disclose their sexual orientation to their healthcare providers than gay counterparts, with 39% of bisexual men and 33% of bisexual women not disclosing their sexuality to healthcare providers against 10% of gay men and 13% of lesbian women (Durso and Meyer, 2013). Similarly, Arbeit *et al.* (2016) found that only 18% of female bisexual teenagers disclosed their sexuality to healthcare providers.

Finally, previous studies showed that high levels of minority stress, internalised negative social attitudes and prejudice can lead to a higher rate of risk-taking behaviours (Meyer, 2003), which can cause an increase in STDs, thus exacerbating the already-existing stigma that bisexual people are responsible for the spreading of diseases like HIV (Yoshino, 2000).

6. Conclusions

While most research about the bisexual population found worse physical and mental health compared to the gay and lesbian populations, further exploration of this topic is needed to draw a clearer conclusion on the real causes. Future studies should explore in detail the minority stress experienced by bisexual people and how it affects their healthcare experiences, taking into account the experiences of invisibility and marginalisation inside and outside the community. Our hope is that critical reviews such as this one can help gather useful resources while helping others see the wider scope of the findings and how the different elements previously discussed can relate to each other, in order to facilitate research for the following studies.

Indeed, there is still a lot of work to do in order to make people aware of the issues discussed in this review; however, the stigmatised social status of bisexual people is becoming ever more visible, thanks to the establishment of bisexual-specific associations, the increase of the inclusion of bisexual people within LGBTQIA+ organisations, and a more realistic representation of bisexual characters in the media. Thus, even if the bisexual erasure is still present, bisexual people represent a resilient community, able to resist against the social stigmatisation and to make themselves visible inside and outside the LGBTQIA+ community.

Keywords

biphobia; bisexuality; erasure; invisibility; LGBTQIA+; healthcare; mental health

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