



Published in final edited form as:

*J Bisex.* 2021 ; 21(3): 357–379. doi:10.1080/15299716.2021.1984363.

## Internalized Binegativity, LGBQ+ Community Involvement, and Definitions of Bisexuality

Amanda M. Pollitt<sup>1</sup>, Tangel S. Roberts<sup>2</sup>

<sup>1</sup>Population Research Center, University of Texas at Austin

<sup>2</sup>Department of Counselor Education and Counseling Psychology, Western Michigan University

### Abstract

Bisexual people can internalize stigma from both heterosexual and gay/lesbian communities, which often occurs in the form of monosexism, the belief that people should only be attracted to one gender. Although community involvement is protective for lesbian, gay, bisexual, and queer+ (LGBQ+) people, bisexual people may benefit more from bisexual-specific communities than LGBQ+ communities because of monosexism. Further, how bisexual people define their identity may be related to internalized binegativity, especially given the historical invisibility of bisexuality in mainstream media and recent debates about the definition of bisexuality within LGBQ+ communities. We examined LGBQ+ and bisexual-specific community involvement, definitions of bisexuality, and internalized binegativity among an online sample of 816 bisexual adults. Multivariate regression analyses showed that those with spectrum definitions, which acknowledged the nuanced understanding of sex, gender, and sexuality, reported lower internalized binegativity than those with binary definitions, which described sexuality as consistent with mainstream norms. Involvement in LGBQ+ communities, but not bisexual communities, was associated with lower internalized binegativity. There was no interaction between the type of definition and type of community involvement. Our results suggest that broad community involvement may be protective for internalized binegativity, but findings should be considered in light of a lack of well-funded, local bisexual communities. The current study adds to a growing literature on sexual minority stressors among bisexual people, a population that continues to be understudied.

### Keywords

bisexuality; sexual and gender minorities; community participation; minority stress; sexual identity

---

Sexual minorities, or people who identify as lesbian, gay, bisexual, or queer (LGBQ+), report disproportionate rates of adverse physical and mental health outcomes when compared to their heterosexual counterparts, including higher rates of anxiety, depression,

---

Correspondence concerning this article should be addressed to Amanda M. Pollitt, Northern Arizona University, 1395 S. Knoles Drive, Flagstaff, AZ 86011. Amanda.Pollitt@nau.edu.  
Amanda M. Pollitt is now affiliated with the Center for Health Equity Research and the Department of Health Sciences at Northern Arizona University.

obesity, and substance abuse concerns (Dean et al., 2000; Meyer, 2003). The minority stress model (Brooks, 1981; Meyer, 2003) posits that health disparities in this population result from stigma-based stressors, such as discrimination, victimization, and internalized homophobia, experienced by sexual minority people. There are many positive aspects of identifying as bisexual, including the ability to show strong resilience in the face of adversity (Watson et al., 2018), however, research in the past few decades has consistently shown that bisexual people report worse health than both heterosexual and gay/lesbian people, especially concerning depression and anxiety (Bostwick et al., 2014), suicidality (Brennan et al., 2010; Kerr et al., 2013; Salway et al., 2019), overall distress and poor physical health (Flanders et al., 2016; Ross et al., 2014; Ross et al., 2010), as well as higher levels of intimate partner violence (Conron et al., 2010). These outcomes are likely the result of unique bisexual-specific stressors, such as experiencing exclusion from LGBTQ+ communities, denial of bisexuality as a valid sexual orientation (Bostwick & Hequembourg, 2014), and other types of discrimination from both heterosexual and lesbian/gay people (Roberts et al., 2015). However, research examining the unique minority stress experiences of bisexual people is relatively rare (Pollitt et al., 2018), and there are many gaps in this area.

Monosexism, or the societal belief that someone can only be attracted to one gender, underlies many of the unique stressors experienced by bisexual people (Hayfield et al., 2014; Mulick & Wright, 2002; Roberts et al., 2015). One crucial aspect of monosexism is bisexual invisibility, in which bisexual people and their identities, experiences, and concerns are hidden from view. Bisexual invisibility reflects the assumption that people can only be attracted to one gender; thus, the only possible valid identities belong to lesbians, gay men, and heterosexuals. This invisibility has resulted in less focus on bisexuality in many important contexts, including research, government funding, LGBTQ+ community awareness, and mainstream media. Without the visible representation of even the possibility of bisexual lives, people who experience sexual and/or romantic attraction to more than one gender (including bisexual, pansexual, and queer people) may internalize the belief that their experiences are wrong or unnatural. This internalized binegativity involves negative perceptions and biases about both one's personal bisexual identity and the concept of bisexuality in general (Callis, 2013; Hayfield et al., 2014; Knous, 2006; Mohr & Fassinger, 2000; Mulick & Wright, 2002; Roberts et al., 2015). Research on internalized binegativity has found that the internalization of binegativity is associated with higher anxiety, lower self-worth, and self-esteem (Ross et al., 2010) and increased psychological distress, including higher rates of depression (Paul et al., 2014).

Meyer (2003) proposed that involvement in sexual minority communities and spaces would be protective for health outcomes in the presence of minority stressors. Research shows that LGBTQ+ people report benefits from engaging with LGBTQ+ communities (Higa et al., 2014). Therefore, it would be expected that bisexual people in LGBTQ+ communities would report lower internalized binegativity than those who are not involved. However, bisexual-related stigma may lead bisexual individuals to experience a loss of these protective factors when engaging with sexual minority communities (Bostwick & Hequembourg, 2014; Hayfield et al., 2014; Roberts et al., 2015). For example, many bisexual people looking to find support within gay and lesbian communities often experience monosexist discrimination, often based on distrust and stereotypes of bisexuality (Balsam & Mohr, 2007; Flanders

et al., 2016; Hayfield et al., 2014; Mulick & Wright, 2002; Roberts et al., 2015). Thus, bisexual people might still experience high levels of internalized binegativity when involved in LGBTQ+ communities.

Bisexual people might see benefits when they are involved in bisexual-specific communities (Lambe et al., 2017); bisexual people often discuss how engaging in a community that is accepting of all genders and sexualities is a positive experience (Rostosky et al., 2010). However, the number and strength of bisexual communities may be overshadowed when compared to lesbian and gay-specific communities (Hartman, 2011; Hayfield et al., 2014). LGBTQ+ communities rely heavily on grant funding for support services, programming, and awareness. However, there exists a vast discrepancy in the amount of funding given to each sexual minority community group. For example, annual reports of LGBTQ+ grants by US foundations show that bisexual communities received 0% of the LGBTQ+ grant funding awarded from 2002 to 2010 (Fundors for LGBTQ Issues, 2003, 2011). From 2016 to 2018, the percentage of grant funding awarded for bisexual populations grew negligibly, accounting for less than 1% of the total funding awarded (Wallace et al., 2019). Thus, opportunities for bisexual people to engage in bisexual community, where impacts on reducing internalized binegativity might be highest, are rare.

Bisexual people's levels of internalized binegativity likely differ depending on personal definitions of bisexuality, particularly in the context of involvement in LGBTQ+ or bisexual specific communities. One definition of bisexuality, attraction restricted to cisgender women and men, has its roots in a definition of the term originating in 19<sup>th</sup> century medical knowledge (Chaddock, 1892). Over time, bisexuality remained invisible and marginalized in mainstream understandings of sexuality, and thus this definition eventually became tied to negative stereotypes about bisexual people (Taylor, 2018). Another definition of bisexuality, in comparison, acknowledges the broad spectrum of gender and sexuality—an approach to gender and sexuality that is more common in LGBTQ+ community spaces—might hold fewer negative perceptions about their sexual identities (Ochs, 2009). In the current study, we examine whether involvement in LGBTQ+ communities or bisexual specific communities is associated with lower internalized binegativity than no community involvement. Further, we explore if this association differs by participants' definitions of bisexuality.

## Mainstream Depictions and Definitions of Bisexuality

Bisexual people and bisexuality have not always been depicted in the best light. Until recently, it was quite difficult for bisexual people to see themselves represented in the media; bisexual characters were often either not shown or assumed to be monosexual (Alexander, 2007; Johnson, 2016; Raley & Lucas, 2006). Bisexual people have had to contend with representations of bisexuality as perpetuating a gender binary and with damaging stereotypes of bisexual people as confused, devious, promiscuous, unstable, and untrustworthy (David, 2019; Eliason, 2000; Zivony & Lobel, 2014). Common depictions of bisexuality in the media tend to integrate all of these representation errors and show bisexuality as “trendy”. Such was the case with the dating-based competition reality show, *A Shot at Love with Tila Tequila*, in which a bisexual Vietnamese woman dated cisgender lesbians and heterosexual men (Disanto, 2007). Ten years after *A Shot at Love* premiered,

Tila Tequila, the title character, confessed to never actually identifying as bisexual, instead claiming to be “gay for pay” for television (Nguyen, 2018).

Sexual minorities generally do not receive socialization around their sexual identity at an early age, because often their key attachment figures (e.g., parents) are not LGBTQ+. Given that the construction of whether and how to define bisexuality occurs within specific social contexts, namely within and outside sexual minority communities, it follows that bisexual people’s self-concepts would differ depending on their own definition and the communities with which they are involved. Outside of these interactions with communities, people with bisexual attractions must rely on broad discourses, such as those within mainstream media, for understanding their experiences. Thus, as the representation of sexual and gender minorities in mainstream media has increased over the years, media may be one possible source of socialization for sexual minorities.

There has been some increase in the visibility of bisexuality in research (Pollitt et al., 2018) and media/community contexts (Human Rights Campaign, 2019). While the growing visibility of bisexuality in the media could be viewed as positive, media depictions of bisexuality are often incongruent with broader spectrum understandings of gender that include nonbinary gender identities and expressions. Until recently, bisexuality was rarely named on screen; instead, mainstream media often made bisexuality “visible” by showing someone engaged in past and present romantic or sexual relationships with both women and men. Moreover, with few visible transgender and non-binary characters in mainstream media, these relationships have been typically portrayed as relationships with cisgender women and men (McInroy & Craig, 2015). Thus, even when acknowledged in mainstream media, bisexuality tends to be defined in a binary manner (i.e., only having relationships with both cisgender men and women). For example, in earlier episodes of the television show *How to Get Away with Murder*, Annalise Keating, played by Viola Davis, defined her sexuality by stating, “I’m not gay... Live your life. I live mine. Straight, gay, or whatever you want to call it” (Foley, Leonard, & Fuentes, 2016). It was not until the series finale, in 2020, when Keating identified as bisexual with the statement, “I am ambitious, Black, bisexual, angry, sad, strong, sensitive, scared, fierce, talented, exhausted, and I am at your mercy” (Norwalk et al., 2020). However, Keating is never shown having attraction to or relationships with nonbinary people.

Invisible or negative media representations of bisexuality are likely linked with how bisexual people define their identities, which may impact their experience of internalized binegativity. Depictions of bisexuality such as these lead to further dissonance within LGBTQ+ communities, while equating bisexuality with binary perceptions of gender (Antony & Thomas, 2008; Bostwick & Hequembourg, 2014; Esterline & Galupo, 2013; Richter, 2011; Singh et al., 2006). Definitions of bisexuality defined solely as “attraction to women and men” might reflect mainstream understandings of bisexual attraction as being restricted to binary gender identities. In the current study, we identify definitions of this type as *binary definitions*. Bisexual people who define their identity this way, especially when engaging primarily with mainstream media and/or heterosexual communities—both of which often have negative perceptions of bisexuality—could have high levels of internalized binegativity.

## Definitions of Bisexuality in LGBTQ+ Community Contexts

Bisexual people with greater access to bisexual-affirming communities, which may offer broader definitions of bisexuality, might not internalize these negative portrayals. Bisexual community activists have acknowledged the complexity of bisexual attraction for decades. Take the popular definition from bisexual community activist and educator, Robyn Ochs, for example:

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

Research on bisexuality has supported many aspects of this definition, finding gender attraction differences among bisexual people (Galupo et al., 2017), as well as differences in how these attractions change over time (Diamond et al., 2017). In the current study, we identify definitions of this type as *spectrum definitions*, highlighting that these definitions often place emphasis on a wider variation in sex, gender identity and sexual fluidity; thus, are less likely to define bisexuality as having equal attractions to both/only men and women (Gonzalez et al., 2017). Bisexual people with these definitions, which acknowledge a range of diverse experiences, might report less internalized binegativity than bisexual people with binary definitions, particularly when involved in LGBTQ+ communities.

However, gender and sexuality discourses within LGBTQ+ communities are just as fraught as those within heterosexual communities (Duggan, 2002). As a result of these fraught discourses, monosexism, and the liminal space that bisexuality occupies in the heterosexual/homosexual binary, bisexuality, among some non-bisexual people, has unfortunately become synonymous with “reinforcing the gender binary” (Galupo, 2018). Primarily occurring within LGBTQ+ communities, this problematic discussion argues that bisexuality, when defined as “attraction to women and men,” is transphobic because it explicitly excludes both binary and non-binary transgender people, including people whose gender identity does not fall within the binary categories of man or woman (Galupo, 2018; Gonen, 2013; Gonzalez et al., 2017; Israel, 2015). Such conceptualizations of bisexuality further the idea of bisexuality as contributing to the ongoing erasure of transgender and non-binary identities (Galupo, 2018; Gonen, 2013). With the recent and vitally necessary increase in the visibility of transgender lived experiences, as well as awareness of transgender bisexual people, it is clear that this view of the definition of bisexuality can be very distressing for many (Galupo et al., 2014). Although debates about the perceived inherent transphobia in bisexuality continue in many communities and a discussion of them is beyond the scope of this paper (see Galupo, 2018 and Gonen, 2013 for more information), these debates have resulted in negative and often antagonistic discourses of bisexuality within LGBTQ+ communities. Bisexual people may experience higher internalized binegativity when engaging in LGBTQ+ communities that view bisexuality as attraction only to cisgender men and women instead of acknowledging the broad range of bisexual attractions (Barker, 2014; Belous & Bauman, 2017; Rice, 2015). These discussions may give way to a faux justification for anti-bisexual attitudes that bisexual people may internalize, even if they define bisexuality with spectrum understandings of gender and sexuality.

## The Current Study

In the current study, we address the following questions: (1) Is involvement in LGBQ+ or bisexual communities associated with internalized binegativity? (2) Do definitions of bisexuality (binary or spectrum definitions) moderate the association between community involvement and internalized binegativity? Drawing on the minority stress model (Brooks, 1981; Meyer, 2003) which suggests that community support mitigates minority stressors, we hypothesize that bisexual people involved in an LGBQ+ community or a bisexual-specific community will report lower internalized binegativity than those not involved in these communities (H1). Definitions of bisexuality as “only having attraction to cisgender women and men” have often been linked with negative portrayals of bisexuality; thus, we hypothesize that bisexual people with binary definitions will report higher internalized binegativity than those with spectrum identities (H2). We also expect that LGBQ+ or bisexual-specific community involvement would be more beneficial to bisexual people with binary definitions and thus show lower internalized binegativity when compared to those aligned with spectrum definitions of bisexuality (H3a). However, because debates around binary definitions of bisexuality and transphobia have occurred most often in LGBQ+ communities, it is possible that those with binary definitions of bisexuality may not fully benefit from involvement in these communities, and thus have higher internalized binegativity than those with spectrum definitions (H3b).

We also include a number of control variables that, based on the literature, may influence the association between community involvement, definitions of bisexuality, and internalized binegativity. Sexual minority people of color experience racism in LGBQ+ communities (Roberts et al., 2015) and recent research shows that LGBQ+ community connectedness is associated with higher internalized binegativity among bisexual people of color (Flanders et al., 2019). Although our sample of predominantly white bisexual people (described below) precludes our ability to examine the intersectional experiences of bisexual people of color, it is nonetheless important to recognize that bisexual people of color experience LGBQ+ communities differently than white bisexual people. We also consider sex and gender: women and transgender people are more likely to identify as bisexual, pansexual, or queer (Grant et al., 2011; Jones, 2021) but are also more likely to experience invisibility and marginalization in community settings (Farmer & Byrd, 2015). We include age and number of years someone has identified as bisexual because theories of sexual identity development show that sexual minority people become more engaged with communities (e.g., Cass, 1979) and report lower internalized homonegativity (Meyer, 1995; Rowen & Malcolm, 2008; Szymanski et al., 2008) over time. Finally, we controlled for education level and income as socioeconomic indicators that are often linked to access to LGBQ+ specific services and communities (Hatch et al., 2014).

## Method

The current study utilized archival data from 2013 to analyze (1) the association between involvement in LGBQ+ communities and internalized binegativity; and (2) the moderating effect of definitions of bisexuality (binary or spectrum) on this association. In addition to introducing the concept of categorizing definitions of bisexuality as binary or spectrum,



we also explore the differential influence of involvement in LGBTQ+ vs. bisexual specific communities.

## Dataset

Data for the current study came from a project that was originally focused on anti-bisexual discrimination, sexual orientation disclosure, and social support (Roberts et al., 2015). This archival dataset ( $N=1,026$ ) was obtained using stratified sampling via LGBT and bisexual-specific organizations, social media, and snowball sampling collected via an online Qualtrics survey in 2013. Although efforts were made to recruit a sample of bisexual people of color, a vast majority of participants were recruited locally within a majority white environment. The current study followed all ethical standards for research and was approved by the Institutional Review Board at the University of Wisconsin-Madison.

The analytic sample included participants who were 18 years or older and self-identified as bisexual. The analytic sample ( $n = 816$ ) represented 79.5% of the initial dataset. In terms of sex assigned at birth, the sample was predominantly female ( $n = 510$ ; 62.50%), followed by male ( $n = 294$ ; 36.03%) and intersex ( $n = 5$ ; 0.61%). Cisgender women ( $n = 437$ ; 53.62%), transgender women ( $n = 17$ ; 2.09%), cisgender men ( $n = 271$ ; 33.25%), transgender men ( $n = 7$ ; 0.86%), and genderqueer or non-binary people ( $n = 83$ ; 10.18%) were among the gender identities reported in the sample. Participants could select multiple categories of race and ethnicity, including African American/Black ( $n = 43$ ; 5.27%), American Indian/Native American ( $n = 23$ ; 2.82%), Asian American/Pacific Islander ( $n = 10$ ; 1.23%), Biracial ( $n = 21$ ; 2.57%), Hispanic/Latinx ( $n = 69$ ; 8.46%), Middle-Eastern ( $n = 11$ ; 1.35%), Multiracial ( $n = 41$ ; 5.02%), and White/Caucasian ( $n = 660$ ; 80.88%), or could choose other/prefer not to answer ( $n = 27$ ; 3.31%).

## Measures

**Internalized binegativity.**—Internalized binegativity was measured with the internalized homonegativity/binegativity subscale of the Lesbian, Gay, and Bisexual Identity Scale (Mohr & Kendra, 2011), a mean of five items that range from 1 (*strongly disagree*) to 7 (*strongly agree*). Example items include, “*I am glad to be an LGB person*” (reverse coded), and “*I would rather be straight if I could.*” Cronbach’s alpha for this scale was acceptable ( $\alpha = .79$ ).

**Community involvement.**—To assess community involvement, participants were asked to respond yes or no to the questions, “*Are you active in the local LGBT community?*” and “*Are you active in the local bisexual community?*” To capture involvement in either community, we included two dummy variables in the models: *LGBTQ+ community involvement* ( $n = 354$ ; 45.80%) and *bisexual community involvement* ( $n = 237$ ; 31.06%).

**Bisexual definitions.**—We coded for spectrum and binary definitions based on participant responses to the item, “*How do you personally define bisexuality?*” We coded definitions as binary ( $n = 422$ ) when participants defined bisexuality using binary categories of gender and/or sex (e.g., attraction to men and women, both sexes, or either sex) without explicitly acknowledging even the possibility of a broader spectrum of gender

identities. Examples of this definition include “Being romantically involved with people who are biologically male or female” and “Being attracted to and having sex with men and women.” Spectrum definitions ( $n = 316$ ) were those that reflected common definitions used in bisexual communities or that recognized the complexity of bisexual attraction, such as “Capacity and willingness to be sexually and/or romantically attracted to same and other genders” or “Bisexual means you are sexually/romantically attracted to more than one gender.” Responses were coded as missing ( $n = 78$ ) if participants did not define bisexuality, but instead described their personal romantic and sexual experiences. For example, participants who defined bisexuality by what it is not (e.g., monosexuality) while not defining monosexuality (e.g., “A person who is not straight or gay”); participants who only mentioned same-sex attraction; or if the response was off-topic or unclear (e.g., “it is in all of us, some just refuse to accept it”). Both authors independently coded each response under this operationalization. Initial agreement was 90.12% (695 out of 770 codes in agreement) with good interrater reliability,  $k = 0.82$ ,  $SE = 0.03$ ,  $p < .001$ . We then discussed each discrepant code until we came to a consensus on its code.

**Covariates.**—Dichotomous effect coded controls were used for participant race ( $-1 =$  non-POC,  $1 =$  POC), sex assigned at birth ( $-1 =$  not female,  $1 =$  female), gender identity ( $-1 =$  cisgender,  $1 =$  transgender). Although all participants in the study identified as bisexual, 41 participants described also identifying as pansexual in their open-ended responses to how they personally define bisexuality; thus, we controlled for whether participants also identified as pansexual ( $-1 =$  not pansexual,  $1 =$  pansexual). Age, education level, income, and the number of years identifying as bisexual were asked in ordinal categories (see Table 1); however, we included these variables as grand-mean centered continuous controls. Thus, regression results are interpreted for the average person in the sample.

## Results

All data preparation and analyses were conducted with Stata 15 (descriptive statistics) and Mplus 8.4 (regression analyses). ANOVAs with Bonferroni corrected pairwise comparisons showed that participants with spectrum definitions reported lower internalized binegativity ( $F = 39.74$ ,  $p < .001$ ) than those with binary ( $p < .001$ ) and missing definitions ( $p < .001$ ). Those with spectrum definitions reported identifying as bisexual longer ( $F = 4.42$ ,  $p = .012$ ) than those with binary definitions ( $p = .013$ ). There were no significant group differences in age ( $F = 2.24$ ,  $p = .11$ ), education ( $F = 0.34$ ,  $p = .71$ ), or income ( $F = 1.74$ ,  $p = .18$ ). The significant differences in internalized binegativity between those missing and not missing on the bisexual definition variable suggest that internalized binegativity might not be missing completely at random (MCAR); thus, we used Little’s test of missing completely at random (Little, 1988) to test for MCAR that included all variables of interest. The test was significant, with a chi-square distance of 298.87,  $df = 181$ ,  $n = 816$ ,  $p < 0.01$ , suggesting that the data do not meet the MCAR assumption. We accounted for possible bias related to missing data in the regression analyses using model-based multiple imputations with 40 datasets. Table 2 shows the results of the regression analyses. Results of the main effects model (Table 2: Model 1) were somewhat consistent with H1: those involved in LGBTQ+ communities reported lower internalized binegativity compared to those not involved in



these communities; however, there were no differences in internalized binegativity whether someone was involved with a bisexual community or not. Consistent with H2, we found that having a binary definition of bisexual identity was associated with higher internalized binegativity than having a spectrum definition. Identifying as female was associated with higher internalized binegativity and years identifying as bisexual was associated with lower internalized binegativity.

We show the interactions between bisexual definition and community involvement in Table 2: Model 2. These interactions are compared to a reference category of those who have a spectrum definition and are not involved in either community. Inconsistent with H3a and H3b, we found that bisexual people with binary definitions did not experience a greater decrease in internalized binegativity when involved in LGBTQ+ or bisexual communities, respectively, than did bisexual people with spectrum definitions.

We also considered whether the results would differ if we treated community involvement as a four-category variable consisting of involvement in only LGBTQ+ communities, only bisexual communities, both communities, or no community involvement. We show the results of the models with this approach to community involvement in Table 3. We are careful in interpreting these models because the sample sizes of the categories were quite small, especially when stratified by definition (see Table 1). Overall, the models did not differ from the original results: bisexual participants with spectrum definitions, as well as those involved in LGBTQ+ communities, reported lower internalized binegativity—but the interactions between type of definition and community involvement were not statistically significant.

## Discussion

In the current study, we address the following questions: (1) Is involvement in LGBTQ+ or bisexual communities associated with internalized binegativity? (2) Do definitions of bisexuality (i.e., binary definitions vs spectrum definitions) moderate the association between community involvement and internalized binegativity? We sought to understand how internalized binegativity may be impacted by involvement in specific LGBTQ+ or bisexual-specific communities while considering how bisexual people define their personal identities. In doing so, we address important gaps in the literature about the experiences of bisexual people, a population that has been understudied in psychology, (Pollitt et al., 2018), public health and medicine (Kaestle & Ivory, 20212; Ross et al., 2018; Salway et al., 2018), and sexuality research (Munro et al., 2017) despite consistent findings about bisexual health disparities (Ross et al., 2018; Salway et al., 2018).

We highlight four key findings from the results of the current study. First, though not directly related to our hypotheses, we found that bisexual women reported higher internalized binegativity than bisexual men and transgender bisexual people reported lower internalized binegativity than cisgender bisexual people. Many people, including bisexual people, believe that bisexuality is more acceptable for women than men; however, this acceptability is often based on sexual objectification of bisexual women (Eisner, 2015). Bisexual women are more likely to be shown in mainstream media (Johnson, 2016), but

these depictions often perpetuate sexual objectification of bisexuality, as evidenced by shows like *Tila Tequila*. Bisexual women, especially those with restricted definitions or who are not involved in LGBTQ+ or bisexual communities, may especially internalize these depictions, resulting in higher internalized binegativity. Unfortunately, we were unable to directly test whether there was an interaction between sex and community involvement or bisexual definitions due to sample size. We encourage extensions of this research that examine these associations in detail.

Second, involvement in LGBTQ+ communities is protective of internalized binegativity for bisexual people, but involvement in bisexual specific communities does not seem to provide additional protection above and beyond involvement in LGBTQ+ communities. We expected to find that broad community involvement would be protective, given that we draw on the minority stress model, which emphasizes the role of community support in mitigating stigma (Meyer, 2003). However, it is surprising that bisexual specific communities, where bisexual people would find bisexual specific community support, provided no further benefits to internalized binegativity. Community involvement is critical for reducing internalized binegativity considering anti-bisexual bias in heterosexual communities (Craney et al., 2018), but because LGBTQ+ communities are larger, more common, and better funded than bisexual specific communities (Funders for LGBTQ Issues, 2003, 2011), they may be better able to offer this important baseline level of support. Previous research shows that bisexual community involvement mitigates the harmful effects of antibisexual discrimination on depression, but only at high levels of involvement (more than two to three times a week; Lambe et al., 2017), which might not be feasible for most bisexual people. The rarity of bisexual communities may explain why so few participants were involved in only these communities and how involvement did not predict lower levels of internalized binegativity. We find it encouraging that involvement in LGBTQ+ communities had benefits for internalized binegativity, despite these communities being places where bisexual people can experience monosexism (Hayfield et al., 2014; Mulick & Wright, 2002; Roberts et al., 2015). However, without stronger, better resourced bisexual communities, it will be difficult to deeply understand these communities' impact on bisexual people.

Third, definitions of bisexuality that incorporate an expanded understanding of gender and sexuality were related to lower internalized binegativity than definitions based on limited or binary understandings. Heteronormativity, like most essentialist systems that are used to stigmatize, relies on restrictions to create norms about which forms of sexuality are acceptable. Bisexual people with spectrum definitions, which acknowledge sexual fluidity in timing and type of romantic and sexual attraction/behavior, may feel less beholden to heteronormativity and thus experience less internalized stigma than bisexual people whose definitions were more limited. Similarly, a new politics of homonormativity, based in part on monosexism, is often aligned with heteronormativity (e.g., monogamy, marriage; Duggan, 2002) that might leave many bisexual people with binary definitions feeling like they are not "queer enough" to describe themselves as sexual minorities (Flanders et al., 2017). The pressure to meet the standards of monosexist norms might be particularly harmful to people who define their bisexuality this way, compared to those whose definitions explicitly create space for a wide variety of experiences.

Fourth, community involvement and definitions of bisexuality did not interact to influence internalized binegativity. We had anticipated that any interpretation of differences in internalized binegativity between those with binary and spectrum definitions would need to consider the communities in which bisexual people are involved. That is, sexual identity definitions do not arise out of a vacuum but instead are co-created and discussed within particular social contexts, namely, heterosexual and LGBTQ+ communities. Instead, we found that involvement in LGBTQ+ communities and having a spectrum definition of bisexuality independently predicted lower internalized binegativity. There could be numerous reasons for this null finding, not all of which can be speculated here. But we hypothesize a few possibilities for consideration for future research. Bisexual people are more likely than gay/lesbian people to be involved in heterosexual communities, which are associated with higher internalized binegativity (Herek et al., 2010; Lambe et al., 2017; Mulick & Wright, 2002; Ross et al., 2010), (and may be highly involved in these communities even when involved in LGBTQ+ or bisexual communities. The impact of heterosexual community involvement on internalized binegativity may have strong impacts on bisexual people no matter how they define their identity. Considering that we found that those who had identified as bisexual for more years reported lower internalized binegativity, perhaps the growing population of people who identify as bisexual (Copen et al., 2016) have not yet had the opportunity to engage in more nuanced discussions of gender and sexuality and thus are experiencing higher levels of binegativity. We encourage future research that seeks to understand how community climate, beyond involvement or connectedness, influence internalized binegativity, especially as societal understandings of gender and sexuality evolve.

### Limitations and Future Directions

Although this study adds to the literature on bisexual minority stress predictors, the results must be carefully interpreted considering several limitations. Data were cross-sectional, prohibiting us from determining the directionality of effects. For example, those with high levels of internalized binegativity may be leaving LGBTQ+ communities rather than reporting lower internalized binegativity from being involved in these communities. Additionally, the current study did not measure involvement in online or non-local communities. Given that there are many sexual orientation communities and resources available online but few geographically located bisexual communities, it is conceivable that participants may receive their support virtually as opposed to in person. The survey also did not include a measure of geographical location. Differential state policies and access to social supports like LGBTQ+ communities have strong impacts on sexual and gender minority well-being (Hatzenbuehler, 2011; Hatzenbuehler et al., 2009); rural versus urban location may also play a role in the findings of the current study (Morandini et al., 2015). Research on multiple type of communities across different modalities (i.e., in person, online) will be especially helpful for understanding the experiences of bisexual people, especially as bisexuality continues to grow among young people (Jones, 2021) who are increasingly engaging in online communities (Vogels, 2019).

Further research is needed on meaning-making and personal definitions of sexualities. We theorized that mainstream definitions of bisexuality were aligned with ideologies related

to binaries, including binaries of sex, gender, and sexuality, and spectrum definitions were aligned with broader, nonbinary ideologies. However, a single open-ended item that asks participants to provide their personal definition of bisexuality, such as the one in the current study, cannot completely capture all aspects of someone's personal ideologies. A more thorough examination of how bisexual identities are linked to bisexual people's understandings of sex, gender, and sexuality, and how this is related to internalized binegativity, is needed.

We also acknowledge that the sample consists predominately of white cisgender bisexual people, limiting our ability to generalize these results to bisexual people of color and their unique experiences at the intersection of monosexism and racism, especially considering that people of color report racial discrimination in LGBTQ+ communities (Ghabrial, 2017). Although bisexuality is increasing among young women of color, especially Latina women (Bridges & Moore, 2018), Black LGBTQ+ people tend to employ culturally-relevant terms such as same-gender-loving (SGL) to identify Black non-heterosexual orientations (see Melancon, 2008). Additional research on the impact of racial/ethnic identity on bisexual identity labels and LGBTQ+ or bisexual community involvement is needed. Moreover, it would be important to assess how definitions of bisexuality and community involvement are associated with internalized binegativity among bisexual people who also identify with non-binary gender identities.

### **Research, Clinical, and Advocacy Implications**

In the current study, we found that LGBTQ+ community involvement and identifying with a definition of bisexuality that acknowledged spectrum understandings of gender and sexuality were associated with lower internalized binegativity. The results of the study can inform future research on bisexual identities and community involvement; these studies should carefully consider the myriad ways in which bisexual people define their identities, particularly within community settings. Moreover, this information can be used to develop targeted interventions aimed at decreasing the deleterious impact that internalized binegativity has on bisexual people's mental, physical, and social well-being. Health service practitioners may benefit from engaging in dialogue about personal definitions of bisexuality to assess understandings of gender and sexuality and to address black and white thinking about bisexuality they may apply to the self. Clinicians can also help bisexual clients find affirmative communities, whether consisting of a small group of supportive loved ones or larger sexual minority organizations. Heterosexual and lesbian/gay family members, friends, and other social contacts should not engage in monosexism that could be internalized by bisexual people. The creation of supportive, affirming environments that promote positive experiences for bisexual people is critical, no matter how they may define their identities.

### **Acknowledgments:**

This research was supported, in part, by grants P2CHD042849 and T32HD007081 awarded to the Population Research Center at The University of Texas at Austin by the Eunice Kennedy Shriver National Institute of Child Health and Human Development. Amanda M. Pollitt also acknowledges support from the National Institute on Alcohol Abuse and Alcoholism (grant F32AA025814). Research reported in this publication was also supported by the National Institute on Minority Health and Health Disparities of the National Institutes of Health under Award Number U54MD012388. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

## Biography

Dr. Amanda Pollitt conducts research on lesbian, gay, bisexual, transgender, and queer mental and physical health. She aims to understand how gender, sexuality, and family provide contexts for stigma in the lives of LGBTQ people and how this stigma influences health. She received her PhD in family studies and human development from the University of Arizona before completing a postdoctoral fellowship at the Population Research Center at the University of Texas at Austin.

Dr. Tangela Roberts received her Ph.D. in Counseling Psychology from the University of Massachusetts Boston. She completed her doctoral internship at the University of Maryland's Counseling Center. She earned her undergraduate degree in Psychology and Women's Studies at St. John's University, and holds a master's degree in Community Counseling from the University of Wisconsin Madison. Dr. Roberts has clinical experience with adolescents and young adults at both college counseling centers and community mental health clinics. Dr. Roberts's primary line of research focuses on predictors of mental health outcomes for Black LGBTQ+ individuals. Specifically, she focuses on the impact of community supports and microaggressions. Additionally, she analyzes the ways in which queer people of color participate within their communities, activism, and receive other forms of social support.

## References

- Alexander J (2007) Bisexuality in the media. *Journal of Bisexuality*, 7(1–2), 113–124. 10.1300/J159v07n01\_07
- Antony MG, & Thomas RJ (2008). Tequila, straight up: Bisexuality, reality dating, and the discourse of heteronormativity. *Kaleidoscope: A Graduate Journal of Qualitative Communication Research*, 7, 49–65.
- Balsam KF, & Mohr JJ (2007). Adaptation to sexual orientation stigma: A comparison of bisexual and lesbian/gay adults. *Journal of Counseling Psychology*, 54, 306–319. 10.1037/0022-0167.54.3.306
- Barker MJ (2014). Bisexuality. In Teo T (Ed.), *Encyclopedia of critical psychology* (pp. 170–175). 10.1007/978-1-4614-5583-7\_28
- Barker MJ (2015). Depression and/or oppression? Bisexuality and mental health. *Journal of Bisexuality*, 15(3), 369–384. 10.1080/15299716.2014.995853
- Belous C & Bauman ML (2017). What's in a name? Exploring pansexuality online. *Journal of Bisexuality*, 17(1), 58–72. 10.1080/15299716.2016.1224212
- Bostwick WB, & Hequembourg A (2014). 'Just a little hint': Bisexual-specific microaggressions and their connection to epistemic injustices. *Culture, Health & Sexuality*, 16(5), 488–503. 10.1080/13691058.2014.889754
- Bostwick W, Boyd CJ, Hughes TL, West BT, & McCabe SE (2014). Discrimination and mental health among lesbian, gay, and bisexual adults in the United States. *American Journal of Orthopsychiatry*, 84(1), 35–45. 10.1037/h0098851
- Brennan DJ, Ross LE, Dobinson C, Veldhuizen S, & Steele LS (2010). Men's sexual orientation and health in Canada. *Canadian Journal of Public Health*, 101(3), 255–258. 10.1007/BF03404385 [PubMed: 20737821]
- Bridges T, & Moore MR (2018). Young women of color and shifting sexual identities. *Contexts*, 17, 86–88. 10.1177/1536504218767125
- Brooks VR (1981). *Minority stress and lesbian women*. Lexington, MA: Lexington Books.
- Cass VC (1979). Homosexual identity formation: A theoretical model. *Journal of homosexuality*, 4(3), 219–235. 10.1300/J082v04n03\_01 [PubMed: 264126]

- Conron KJ, Mimiaga MJ, & Landers SJ (2010). A population-based study of sexual orientation identity and gender differences in adult health. *American Journal of Public Health*, 100(10), 1953–1960. 10.2205/AJPH.2009.174169 [PubMed: 20516373]
- Copen CE, Chandra A, & Febo-Vazquez I (2016). Sexual behavior, sexual attraction, and sexual orientation among adults aged 18–44 in the United States: Data from the 2011–2013 National Survey of Family Growth. *National Health Statistics Reports*, 88, 1–14. Retrieved from <https://www.cdc.gov/nchs/data/nhsr/nhsr088.pdf>
- Corey S (2017) All bi myself: Analyzing television’s presentation of female bisexuality. *Journal of Bisexuality*, 17(2), 190–205. 10.1080/15299716.2017.1305940
- Craney RS, Watson LB, Brownfield J, & Flores MJ (2018). Bisexual women’s discriminatory experiences and psychological distress: Exploring the roles of coping and LGBTQ community connectedness. *Psychology of Sexual Orientation and Gender Diversity*, 5, 324–337. 10.1037/sgd0000276
- David J (2019) Bi/visibility: Marks of bisexuality in Philippine cinema. *Journal of Bisexuality*, 19(3), 440–454. 10.1080/15299716.2019.1656474
- Dean L, Meyer IH, Robinson K, Sell RL, Sember R, Silenzio VM, ... & Dunn P (2000). Lesbian, gay, bisexual, and transgender health: Findings and concerns. *Journal of the Gay and Lesbian Medical Association*, 4(3), 102–151. 10.1023/A:1009573800168
- Diamond LM, Dickenson JA, & Blair KL (2017). Stability of sexual attractions across different timescales: The roles of bisexuality and gender. *Archives of Sexual Behavior*, 46(1), 193–204. 10.1007/s10508-016-0860-x [PubMed: 27873031]
- Disanto T (2007). *A shot at love with Tila Tequila* [Television series]. Hollywood, CA: MTV.
- Duggan L (2002). The new homonormativity: The sexual politics of neoliberalism. In *Materializing democracy* (pp. 175–194). Duke University Press. 10.2307/j.ctv125jgrq.10
- Eisner S (2015). *Bi: Notes for a bisexual revolution*. Seal Press.
- Eliason M (2000). Bi negativity: The stigma facing bisexual men. *Journal of Bisexuality*, 1(2–3), 137–154. 10.1300/J159v01n02\_05
- Esterline KM & Galupo MP (2013) “Drunken curiosity” and “gay chicken”: Gender differences in same-sex performativity. *Journal of Bisexuality*, 13(1), 106–121. 10.1080/15299716.2013.755732
- Farmer LB, & Byrd R (2015). Genderism in the LGBTQQIA community: An interpretative phenomenological analysis. *Journal of LGBT Issues in Counseling*, 9(4), 288–310. 10.1080/15538605.2015.1103679
- Flanders CE, Dobinson C, & Logie C (2017). Young bisexual women’s perspectives on the relationship between bisexual stigma, mental health, and sexual health: A qualitative study. *Critical Public Health*, 27, 75–85. 10.1080/09581596.2016.1158786
- Flanders CE, Robinson M, Legge MM, & Tarasoff LA (2016). Negative identity experiences of bisexual and other non-monosexual people: A qualitative report. *Journal of Gay & Lesbian Mental Health*, 20(2), 152–172. 10.1080/19359705.2015.1108257
- Flanders CE, Shuler SA, Desnoyers SA, & VanKim NA (2019). Relationships between social support, identity, anxiety, and depression among young bisexual people of color. *Journal of Bisexuality*, 19(2), 253–275. 10.1080/15299716.2019.1617543
- Foley M, Leonard WH, (Writers) & Fuentes Z (Director), (2016). *Something bad happened* [Television series episode]. In Rhimes S (Producer), *How to get away with murder*. Burbank, CA: ABC Studios.
- Funders for LGBTQ Issues (2003). 2002 Tracking Report: LGBTQ Grantmaking by US Foundations. Funders for LGBTQ Issues. [https://lgbtfunders.org/wp-content/uploads/2018/04/LGBT\\_Funding\\_2002.pdf](https://lgbtfunders.org/wp-content/uploads/2018/04/LGBT_Funding_2002.pdf)
- Funders for LGBTQ Issues (2011). 2010 Tracking Report: LGBTQ Grantmaking by US Foundations. Funders for LGBTQ Issues. <https://lgbtfunders.org/wp-content/uploads/2018/04/2010LGBTQGrantmakingReport.pdf>
- Galupo MP (2018). Plurisexual identity labels and the marking of bisexual desire. In Swan D, Habibi S (ed.) *Bisexuality* (pp. 61–75). Cham: Springer International Publishing. 10.1007/978-3-319-71535-3\_4



- Galupo MP, Davis KS, Gryniewicz A, & Mitchell RC (2014). Conceptualization of sexual orientation identity among sexual minorities: Patterns across sexual and gender identity. *Journal of Bisexuality*, 14(3–4), 433–456. 10.1080/15299716.2014.933466
- Galupo MP, Ramirez JL, & Pulice-Farrow L (2017). “Regardless of their gender”: Descriptions of sexual identity among bisexual, pansexual, and queer-identified individuals. *Journal of Bisexuality*, 17(1), 108–124. 10.1080/15299716.2016.1228491
- Ghabrial MA (2017). “Trying to figure out where we belong”: Narratives of racialized sexual minorities on community, identity, discrimination, and health. *Sexuality Research and Social Policy*, 14(1), 42–55. 10.1007/s13178-016-0229-x
- Gomillion SC & Giuliano TA (2011). The influence of media role models on gay, lesbian, and bisexual identity. *Journal of Homosexuality*, 58(3), 330–354. 10.1080/00918369.2011.546729 [PubMed: 21360390]
- Gonell AH (2013). Pansexual identification in online communities: Employing a collaborative queer method to study pansexuality. *Graduate Journal of Social Science*, 10(1), 36–59.
- Gonzalez KA, Ramirez JL, & Galupo MP (2017). “I was and still am”: Narratives of bisexual marking in the #StillBisexual campaign. *Sexuality & Culture*, 21(2), 493–515. 10.1007/s12119-016-9401-y
- Grant JM, Mottet LA, Tanis J, Harrison J, Herman JL, & Keisling M (2011). *Injustice at every turn: A report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force.
- Hartman JE (2011) Finding a needle in a haystack: Methods for sampling in the bisexual community. *Journal of Bisexuality*, 11(1), 64–74. 10.1080/15299716.2011.545306
- Hatch T, Burwick A, Gates G, Baumgartner S, & Friend D (2014). Emerging Needs for Research on Human Services for Low-Income and At-Risk LGBT Populations. *LGBTQ Policy Journal*, 5, 3–10.
- Hatzenbuehler ML (2011). The social environment and suicide attempts in lesbian, gay, and bisexual youth. *Pediatrics*, 127(5), 896–903. 10.1542/peds.2010-3020 [PubMed: 21502225]
- Hatzenbuehler ML, Keyes KM, & Hasin DS (2009). State-level policies and psychiatric morbidity in lesbian, gay, and bisexual populations. *American Journal of Public Health*, 99(12), 2275–2281. 10.2105/AJPH.2008.153510 [PubMed: 19833997]
- Hayfield N, Clarke V, & Halliwell E (2014). Bisexual women’s understandings of social marginalization: ‘The heterosexuals don’t understand us but nor do the lesbians.’ *Feminism & Psychology*, 24(3), 352–372. 10.1177/0959353514539651
- Herek GM, Norton AT, Allen TJ, & Sims CL (2010). Demographic, psychological, and social characteristics of self-identified lesbian, gay, and bisexual adults in a US probability sample. *Sexuality Research and Social Policy*, 7, 176–200. 10.1007/s13178-010-0017-y [PubMed: 20835383]
- Higa D, Hoppe MJ, Lindhorst T, Mincer S, Beadnell B, Morrison DM, ... & Mountz S (2014). Negative and positive factors associated with the well-being of lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) youth. *Youth & Society*, 46(5), 663–687. 10.1177/0044118X12449630 [PubMed: 25722502]
- Human Rights Campaign. (2019). Saying Bi, Bi, Bi to a decade of increased Bi+ visibility. Retrieved from <https://www.hrc.org/news/saying-bi-bi-bi-to-a-decadeof-increased-bi-visibility>
- Israel T (2015, July). Bisexuality and beyond. [Video file]. Retrieved from [https://tedx.ucla.edu/talks/tania\\_israel\\_bisexuality\\_and\\_beyond/](https://tedx.ucla.edu/talks/tania_israel_bisexuality_and_beyond/)
- Johnson HJ (2016). Bisexuality, mental health, and media representation. *Journal of Bisexuality*, 16(3), 378–396. 10.1080/15299716.2016.1168335
- Jones JM (2021). LGBT Identification Rises to 5.6% in Latest U.S. Estimate. Gallup. <https://news.gallup.com/poll/329708/lgbt-identification-rises-latest-estimate.aspx>
- Kerr DL, Santurri L, & Peters P (2013). A comparison of lesbian, bisexual, and heterosexual college undergraduate women on selected mental health issues. *Journal of American College Health*, 61(4), 185–194. 10.1080/07448481.2013.787619. [PubMed: 23663122]
- Lambe J, Cerezo A, & O’Shaughnessy T (2017). Minority stress, community involvement, and mental health among bisexual women. *Psychology of Sexual Orientation and Gender Diversity*, 4(2), 218–226. 10.1037/sgd0000222

- Little RJ (1988). A test of missing completely at random for multivariate data with missing values. *Journal of the American statistical Association*, 83(404), 1198–1202. 10.1080/01621459.1988.10478722
- McInroy LB, & Craig SL (2015). Transgender representation in offline and online media: LGBTQ youth perspectives. *Journal of Human Behavior in the Social Environment*, 25(6), 606–617. 10.1080/10911359.2014.995392
- Melancon TC (2008). Towards an aesthetic of transgression: Ann Allen Shockley's "Loving Her" and the politics of same-gender-loving. *African American Review*, 42(3/4), 643–657.
- Meyer IH (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, 36, 38–56. 10.2307/2137286 [PubMed: 7738327]
- Meyer IH (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–697. 10.1037/0033-2909.129.5.674 [PubMed: 12956539]
- Morandini JS, Blaszczyński A, Dar-Nimrod I, & Ross MW (2015). Minority stress and community connectedness among gay, lesbian and bisexual Australians: a comparison of rural and metropolitan localities. *Australian and New Zealand Journal of Public Health*, 39(3), 260–266. 10.1111/1753-6405.12364 [PubMed: 25904119]
- Mulick PS, & Wright LW Jr. (2002). Examining the existence of biphobia in the heterosexual and homosexual populations. *Journal of Bisexuality*, 2, 45–64. 10.1300/J159v02n04\_03
- Nguyen T [Tornado Thien Wife of Christ]. (2018, March 19). Confession: I WAS NEVER BISEXUAL OR HOMOSEXUAL AT ALL!!! SURPRISE!!" [Video File]. Retrieved from <https://youtu.be/mWLVXWLN4-s>.
- Ochs R (2009). What is bisexuality? In Ochs R & Rowley SE (Eds.), *Getting bi: Voices of bisexuals around the world* (2nd ed., p. 9). Boston, MA: Bisexual Resource Center.
- Paul R, Smith NG, Mohr JJ, & Ross LE (2014). Measuring dimensions of bisexual identity: Initial development of the bisexual identity inventory. *Psychology of Sexual Orientation and Gender Diversity*, 1(4), 452–460. 10.1037/sgd0000069
- Pollitt AM, Brimhall AL, Brewster ME, & Ross LE (2018). Improving the field of LGBTQ psychology: Strategies for amplifying bisexuality research. *Psychology of Sexual Orientation and Gender Diversity*, 5, 129–131. 10.1037/sgd0000273 [PubMed: 30349867]
- Raley AB & Lucas JL (2006). Stereotype or success? *Journal of Homosexuality*, 51(2), 19–38. 10.1300/J082v51n02\_02 [PubMed: 16901865]
- Rice K (2015). Pansexuality. *The international encyclopedia of human sexuality*, 861–1042. 10.1002/9781118896877.wbiehs328
- Richter N (2011) Ambiguous bisexuality: The case of A Shot at Love with Tila Tequila. *Journal of Bisexuality*, 11(1), 121–141. 10.1080/15299716.2011.545316
- Roberts TS, Horne SG, & Hoyt WT (2015). Between a gay and a straight place: Bisexual individuals' experiences with monosexism. *Journal of Bisexuality*, 15(4), 554–569. 10.1080/15299716.2015.1111183
- Ross LE, Bauer GR, MacLeod MA, Robinson M, MacKay J, & Dobinson C (2014). Mental health and substance use among bisexual youth and non-youth in Ontario, Canada. *PLoS ONE*, 9(8), e101604. 10.1371/journal.pone.0101604 [PubMed: 25111292]
- Ross LE, Dobinson C, & Eady A (2010). Perceived determinants of mental health for bisexual people: A qualitative examination. *American Journal of Public Health*, 111(3), 496–502. 10.2105/AJPH.2008.156307
- Ross LE, Salway T, Tarasoff LA, MacKay JM, Hawkins BW, & Fehr CP (2018). Prevalence of depression and anxiety among bisexual people compared to gay, lesbian, and heterosexual individuals: A systematic review and meta-analysis. *The Journal of Sex Research*, 55(4–5), 435–456. 10.1080/00224499.2017.1387755 [PubMed: 29099625]
- Rostovsky SS, Riggle ED, Pascale-Hague D, & McCants LE (2010). The positive aspects of a bisexual self-identification. *Psychology & Sexuality*, 1(2), 131–144. 10.1080/19419899.2010.484595
- Rowen CJ, & Malcolm JP (2003). Correlates of internalized homophobia and homosexual identity formation in a sample of gay men. *Journal of Homosexuality*, 43(2), 77–92. 10.1300/J082v43n02\_05

- Salway T, Ross LE, Fehr CP, Burley J, Asadi S, Hawkins B, & Tarasoff LA (2019). A systematic review and meta-analysis of disparities in the prevalence of suicide ideation and attempt among bisexual populations. *Archives of Sexual Behavior*, 48(1), 89–111. 10.1007/s10508-018-1150-6 [PubMed: 29492768]
- Singh A, Dew BJ, Hays DG, & Gailis A (2007). Relationships among internalized homophobia, sexual identity development, and coping resources of lesbian and bisexual women. *Journal of LGBT Issues in Counseling*, 1(3), 15–31. 10.1300/J462v01n03\_03
- Stone AL (2018). The geography of research on LGBTQ life: Why sociologists should study the south, rural queers, and ordinary cities. *Sociology Compass*, 12(11), e12638. 10.1111/soc4.12638
- Szymanski DM, Kashubeck-West S, & Meyer J (2008). Internalized heterosexism: Measurement, psychosocial correlates, and research directions. *The Counseling Psychologist*, 36(4), 525–574. 10.1177/0011000007309489
- Taylor J (2018). Out of the darkness and into the shadows: The evolution of contemporary bisexuality. *The Canadian Journal of Human Sexuality*, 27(2), 103–109. 10.3138/cjhs.2018-0014
- Vogels EA (2019). Millennials stand out for their technology use, but older generations also embrace digital life. Pew Research Center. <https://www.pewresearch.org/fact-tank/2019/09/09/us-generations-technology-use/>
- Wallace A, Maulbeck BF, & Kan LM (2019). 2017 Tracking Report: LGBTQ Grantmaking by US Foundations. Funders for LGBTQ Issues. [https://lgbtfunders.org/wp-content/uploads/2018/02/2017TrackingReport\\_Final.pdf](https://lgbtfunders.org/wp-content/uploads/2018/02/2017TrackingReport_Final.pdf)
- Watson LB, Morgan SK, & Craney R (2018). Bisexual women’s discrimination and mental health outcomes: The roles of resilience and collective action. *Psychology of Sexual Orientation and Gender Diversity*, 5(2), 182–193. 10.1037/sgd0000272
- Zivony A, & Lobel T (2014). The invisible stereotypes of bisexual men. *Archives of Sexual Behavior*, 43(6), 1165–1176. 10.1007/s10508-014-0263-9 [PubMed: 24558124]

**Table 1.**

Study Variable Descriptives by Bisexual Definition

	Spectrum definition (n = 316)		Binary definition (n = 422)		Missing definition (n = 78)	
	M (SD)	n (%)	M (SD)	n (%)	M (SD)	n (%)
<b>Categorical variables</b>						
Involved in LGBQ+ community		180 (56.96)		145 (34.36)		29 (37.18)
Involved in bisexual community		124 (39.24)		90 (21.33)		23 (29.49)
<b>Four-category community involvement</b>						
No community involvement		118 (37.34)		226 (53.55)		33 (42.31)
Involved in LGB community		63 (19.94)		75 (17.78)		10 (12.82)
Involved in bisexual community		9 (2.84)		21 (4.98)		4 (5.12)
Involved in both communities		115 (36.39)		68 (16.11)		19 (24.36)
Person of color						
Male		58 (18.35)		177 (42.04)		36 (46.15)
Female		199 (62.97)		209 (49.64)		29 (37.18)
Transgender		59 (18.67)		35 (8.31)		13 (16.67)
Pansexual		20 (6.33)		17 (4.03)		4 (12.90)
<b>Continuous variables</b>						
Years identified as bisexual	3.95 (1.31)		3.65 (1.44)		3.64 (1.46)	
Age	2.93 (2.31)		3.27 (2.40)		3.39 (2.30)	
Education	4.43 (1.46)		4.37 (1.53)		4.50 (1.70)	
Income	5.60 (3.58)		5.95 (3.82)		6.56 (4.12)	
Internalized binegativity	1.80 (0.81)		2.48 (1.21)		2.65 (1.31)	

Note. Years identified as bisexual, age, education, and income were measured as ordinal variables but included in the analyses as continuous variables.

Regression Results of the Direct Effects and Interactions Between Community Involvement and Bisexual Definition on Internalized Binegativity

Table 2.

DV: Internalized binegativity	Model 1: Direct effects					Model 2: Interactions				
	<i>b</i>	<i>SE</i>	95% <i>CI</i>	<i>B</i>	<i>p</i>	<i>b</i>	<i>SE</i>	95% <i>CI</i>	<i>B</i>	<i>p</i>
Intercept	2.25	0.12	(1.95, 2.48)	1.98	<0.001	2.22	0.13	(1.97, 2.47)	1.96	<0.001
Person of color (ref: white)	0.01	0.04	(-0.08, 0.09)	0.00	0.91	0.01	0.04	(-0.08, 0.09)	0.00	0.90
Female (ref: male)	-0.28	0.04	(-0.36, -0.19)	-0.24	<0.001	-0.28	0.05	(-0.36, -0.19)	-0.24	<0.001
Transgender (ref: non-transgender)	-0.03	0.06	(-0.14, 0.08)	-0.02	0.60	-0.03	0.06	(-0.14, 0.08)	-0.02	0.58
Pansexual identified	-0.11	0.09	(-0.28, 0.06)	-0.04	0.22	-0.11	0.09	(-0.28, 0.06)	-0.04	0.22
Years identifying as bisexual	-0.09	0.03	(-0.16, -0.03)	-0.11	<0.001	-0.09	0.03	(-0.16, -0.03)	-0.12	<0.001
Age	0.00	0.02	(-0.05, 0.05)	0.00	0.93	0.00	0.02	(-0.05, 0.05)	0.00	0.93
Education level	0.01	0.01	(-0.02, 0.04)	0.04	0.42	0.01	0.01	(-0.02, 0.04)	0.04	0.44
Income	0.05	0.03	(0.00, 0.10)	0.07	0.06	0.05	0.03	(0.00, 0.10)	0.07	0.06
Binary definition (ref: spectrum definition)	0.41	0.08	(0.25, 0.57)	0.18	<0.001	0.46	0.11	(0.24, 0.68)	0.20	<0.001
LGBQ+ community involvement (ref: no community involvement)	-0.55	0.09	(-0.72, -0.38)	-0.24	<0.001	-0.50	0.13	(-0.76, -0.24)	-0.22	<0.001
Bisexual community involvement (ref: no community involvement)	-0.15	0.10	(-0.33, 0.04)	-0.06	0.13	-0.14	0.14	(-0.41, 0.13)	-0.06	0.30
Binary definition X LGBQ+ community involvement	--	--	--	--	--	-0.10	0.18	(-0.44, 0.25)	-0.03	0.59
Binary definition X bisexual community involvement	--	--	--	--	--	-0.02	0.18	(-0.37, 0.34)	-0.01	0.93

Note. Statistically significant ( $p < .05$ ) estimates are shown in bold.

Table 3

Regression Results of the Direct Effects and Interactions Between Community Involvement (Four Categories) and Bisexual Definition on Internalized Binegativity

	Model 1: Direct effects					Model 2: Interactions				
	<i>b</i>	<i>SE</i>	95% <i>CI</i>	<i>B</i>	<i>p</i>	<i>b</i>	<i>SE</i>	95% <i>CI</i>	<i>B</i>	<i>p</i>
<b>DV: Internalized binegativity</b>										
Intercept	<b>2.21</b>	<b>0.13</b>	<b>(1.96, 2.46)</b>	<b>1.95</b>	<b>&lt;0.001</b>	<b>2.21</b>	<b>0.13</b>	<b>(1.96, 2.45)</b>	<b>1.94</b>	<b>&lt;0.001</b>
Person of color (ref: white)	0.01	0.04	(-0.08, 0.09)	0.00	0.90	0.01	0.04	(-0.08, 0.09)	0.00	0.92
Female (ref: male)	<b>-0.28</b>	<b>0.05</b>	<b>(-0.36, -0.19)</b>	<b>-0.24</b>	<b>&lt;0.001</b>	<b>-0.28</b>	<b>0.05</b>	<b>(-0.36, -0.19)</b>	<b>-0.24</b>	<b>&lt;0.001</b>
Transgender (ref: non-transgender)	-0.03	0.06	(-0.14, 0.08)	-0.02	0.61	-0.03	0.06	(-0.14, 0.08)	-0.02	0.60
Pansexual identified	-0.11	0.09	(-0.28, 0.06)	-0.04	0.21	-0.11	0.09	(-0.28, 0.06)	-0.04	0.21
Years identifying as bisexual	<b>-0.09</b>	<b>0.03</b>	<b>(-0.16, -0.03)</b>	<b>-0.12</b>	<b>&lt;0.001</b>	<b>-0.09</b>	<b>0.03</b>	<b>(-0.16, -0.03)</b>	<b>-0.11</b>	<b>&lt;0.001</b>
Age	0.00	0.02	(-0.05, 0.05)	0.00	0.96	0.00	0.02	(-0.05, 0.05)	0.00	0.94
Education level	0.01	0.01	(-0.02, 0.04)	0.03	0.45	0.01	0.01	(-0.02, 0.04)	0.03	0.45
Income	0.05	0.03	(0.00, 0.10)	0.07	0.06	0.05	0.03	(0.00, 0.10)	0.07	0.06
Binary definition (ref: spectrum definition)	<b>0.46</b>	<b>0.11</b>	<b>(0.24, 0.67)</b>	<b>0.20</b>	<b>&lt;0.001</b>	<b>0.46</b>	<b>0.11</b>	<b>(0.24, 0.68)</b>	<b>0.20</b>	<b>&lt;0.001</b>
LGBQ+ community involvement (ref: no community involvement)	<b>-0.46</b>	<b>0.14</b>	<b>(-0.72, -0.19)</b>	<b>-0.20</b>	<b>&lt;0.001</b>	<b>-0.44</b>	<b>0.14</b>	<b>(-0.72, -0.16)</b>	<b>-0.19</b>	<b>&lt;0.001</b>
Bisexual community involvement (ref: no community involvement)	0.02	0.22	(-0.41, 0.45)	0.01	0.93	0.09	0.27	(-0.43, 0.61)	0.04	0.74
Involvement in both communities (ref: no community involvement)	-0.21	0.21	(-0.62, 0.20)	-0.08	0.32	-0.30	0.29	(-0.88, 0.27)	-0.12	0.30
Binary definition X LGBQ+ community involvement	-0.09	0.18	(-0.44, 0.26)	-0.03	0.60	-0.13	0.19	(-0.50, 0.24)	-0.05	0.50
Binary definition X bisexual community involvement	-0.04	0.18	(-0.40, 0.33)	-0.01	0.84	-0.16	0.32	(-0.79, 0.47)	-0.05	0.61
Binary definition X involvement in both communities	--	--	--	--	--	0.19	0.38	(-0.55, 0.92)	0.05	0.62

Note. Statistically significant ( $p < .05$ ) estimates are shown in bold.