Recent developments in research with bisexual women

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Keywords: Bipositivity; Bisexuality; Mental health; Pansexuality; Sexuality

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Introduction

In this review, I consider recent developments in research that includes bisexual women. Many studies include combinations of bisexual men, women, trans and non-binary people, but do not always separate results according to gender, hence research that groups all bisexual people is included, but with a focus on bisexual women where possible. This paper is organised into sections that explore three key themes. The first is overarching and cuts across the literature, where within recent bisexuality research there has been increased inclusion of those whose identities are defined by attraction to multiple identities (e.g., pansexual, queer and others). This has sometimes been in the form of an amalgamated bisexual+ category, but recent attention has also been given to definitions of bisexuality and pansexuality and how bisexual and pansexual identities might compare. The second theme explores mental health including substance use/abuse and sexual violence/victimization. The third section notes that there has, to some extent, also been an interest in bipositivity and positive aspects of bisexual identification.

Bisexuality and pansexuality

The last decade has seen an increased interest not only in bisexuality, but also in pansexuality and other plurisexual identities whose definition includes attraction to ‘multiple genders’ or ‘regardless of gender’ [1,2,3,4,5,6**]. As evidenced across this paper, it is notable that an increasing number of studies include a diverse range of sexualities (e.g., pansexual; omnisexual; queer) and so too do they more commonly recognise the existence of a range of gender identities (e.g., cisgender; genderqueer; non-binary; trans).

Definitions of bisexuality and pansexuality

A definitive definition of bisexuality has been somewhat elusive and difficult to pin down, but in recent years, as understandings of gender have developed and as pansexuality has emerged as an identity, definitions of bisexuality have been an area of much discussion [3]. When it first emerged,

pansexuality was positioned as distinct from bisexuality on the basis that it moved beyond gender binaries and was often defined as attraction to all genders / regardless of gender, or on the basis of 'hearts not parts' [1,2,3,4]. However, this proved contentious when bisexual people highlighted concern about the implication that bisexuality enforced a rigid gender binary and was therefore being considered exclusionary of trans and non-binary identities [3,4,6**,7]. Bisexual women emphasised that they did not conceive of their identities in this way and that contemporary definitions and experiences of bisexuality were inclusive of multiple genders, and not limited by binary attraction (e.g., to 'men and women') [3,4,6**,7].

Recently, qualitative researchers have concluded that how bisexuality is defined may depend on who is defining it. Some pansexual and queer women do define bisexuality as binary, while other bisexual and pansexual people consider bisexual identities to be inclusive of all genders [4,7]. Some may also use bisexuality and/or pansexuality (perhaps alongside other labels), depending on the context that they are in [4,8]. Indeed, it may be that rather than notable distinctions in terms of romantic/sexual attraction and sexual/relationship behaviours, instead whether women use bisexual and/or pansexual is a personal preference, pragmatic decision, or choice that reflects political ideologies [4,5,6**]. Perhaps unsurprisingly given this blurriness, there may be lay confusion around what the difference between bisexual and pansexual identities might be.

Similarities and differences between bisexuality and pansexuality

Given their occupation of stigmatised identities that relate to attraction to multiple genders, bisexual and pansexual people may share some characteristics, have commonalities, and be in solidarity as members of shared communities with similar or overlapping experiences. However, so too might they and their experiences differ in ways that have important implications [2,3,4,6**,9].

Researchers have noted that those who are gender diverse might be more likely to identify with pansexuality [3,4,6**,7]; indeed, those who self-identified as gender diverse in one Āotearoa/New Zealand study (with over 70% women), were nearly 10 times more likely to identify as pansexual than

bisexual [2]. Those who are pansexual are also more likely to be ciswomen than cismen [5,6**], and are sometimes younger [2,6**], and more politically liberal [2], than those who are bisexual.

However, there may be no differences between pansexual and bisexual people in other characteristics, such as whether they have a partner, are a parent, or reside in urban or rural locations [2]. Researchers have drawn different conclusions around educational levels, with some finding no differences [2], and others reporting higher levels of education among bisexual women compared to pansexual women, which could perhaps be accounted for by the older age of bisexual participants [6**]. So too, do findings differ in relation to psychological distress, with some reporting higher rates of distress among pansexual people [2], while others have found no differences [6**]. Nonetheless, higher levels of stigma consciousness in pansexual women was a pathway through which they *were* at risk of higher psychological distress and lower psychological wellbeing. However, the researchers concluded that pansexual women's higher levels of openness, and community connectedness, might offset any negative effects of greater stigma consciousness [6**].

The complexities of these findings have important implications, including for researchers who group together pansexual, bisexual, queer, and other participants within a bisexual+ category. While this is undoubtedly useful in acknowledging the range of plurisexual identities, amalgamation may risk overlooking important differences. Therefore, while researchers may initially set out to be more inclusive, the end result can often be merging a range of (gender and) sexuality labels and potentially obscuring the subtleties of them. Overall, researchers face challenges in how to navigate the complex ways in which multiple labels might be used within different contexts, be sensitively inclusive, and consider findings in terms of the nuances of different sexualities and gender identities [3,4].

Bisexual women and mental health

One area of continued focus in research with bisexual women has been mental health. In the last two years, researchers have conducted reviews of extant literature to synthesise findings in particular areas, while others have published new studies. These recent reviews are drawn on in the sections below and are largely consistent in evidencing distressing disparities between bisexual people and

those of other sexualities [10**,11]. Bisexual women, and bisexual/pansexual participants more broadly, consistently report poorer mental health, including higher incidence of depression and anxiety [10**], compared to their lesbian, gay, and heterosexual counterparts [10**,12,13]. The dominant pattern is seemingly that 'bisexual women fare the worst' compared to other sexualities. The reasons for this likely link to bisexual marginalisation in complex ways (including multiple discrimination from lesbian and gay/heterosexual communities alongside other forms of marginalisation such as racism, sexism, disablism, and so on), and the impacts that these might have at individual, social, and cultural levels across the life course [10**].

Researchers have also considered factors such as outness, belonging, and stigma. Bisexual+ people concealing their identities (e.g., due to fears of negative treatment/physical harm) [14], or making their identities visible (e.g., using particular forms of, or more, visibility strategies) [15,16], may relate to higher rates of anxiety and/or depression [14,15]. In terms of partner gender, bisexual+ women in relationships with lesbian cisgender women had lower scores of depressive symptoms than those who were single or with heterosexual cisgender men [17]. Bisexual women with a higher sense of belonging to lesbian and heterosexual communities report lower levels of depressive symptoms [18], whereas bisexual people who encounter more anti-bisexual attitudes feel less of a sense of belonging, and report higher scores of self-stigma [19]. Results have been mixed in relation to bisexual women of color, who are likely to experience racism, prejudice, and discrimination within LGBTQ+ communities, which may in turn may make them feel less connected, and has implications for their mental health and wellbeing [12,20,21]. More generally, in research with mainly cisgender bisexual women, bisexual stigma has been associated with anxiety and depression [22].

Substance use and substance disorders

Bisexual women may be at higher risk of opioid and other drug use disorders, both over the past year and across their lifetime, compared to heterosexual women [10**]. Results have been less consistent in relation to alcohol. While one review indicated that *both* bisexual and lesbian women had higher odds of alcohol use disorders compared to other groups [10**], another demonstrated that bisexual

women were *more* likely to report using alcohol and binge drinking compared to lesbians [11]. In considering the mechanisms that might explain higher rates of drug and alcohol use, researchers have suggested that drinking to cope with binegativity could be a pathway to alcohol consumption, and alcohol related problems, among bisexual women [11,23].

Suicide attempts and suicidal ideation

Recent studies have evidenced higher levels of recent suicidal ideation among bisexual and queer participants compared to gay participants [10**,24], with suicidal ideation over the previous year more common in bisexual women compared to heterosexual women, and 10 times higher than among lesbians [10**]. Higher prevalence of suicide attempts has also been found among bisexual women compared to other groups [10**]. However, recent U.S. research found that although bisexual/pansexual participants (58.9% of whom were women) reported higher rates of suicide attempts compared to gay/lesbian people, this was not significant when adjusted [25].

Sexual violence and victimization

Most recently, scholars have reviewed extant literature on sexual violence and victimization [26,27]. In a review of 15 quantitative studies published between 2004–2021, the authors concluded that sexual victimization linked to increased depression, substance use, and post-traumatic stress, and that bisexual women may receive less social support than heterosexual women [26]. In another review, of 9 mainly U.S. studies published between 2013-2021, the authors specifically focused on risk and protective factors relating to intimate partner violence (IPV) and concluded that Black bisexual women were more likely to experience IPV that other bisexual women [27]. Bisexual women were also found to have an increased risk of IPV, including stalking, and emotional, psychological, or sexual abuse, if their intimate partner was male [27,28].

Similarly, bisexual+ participants of minoritized genders who ‘felt the label of “woman”’ described their experience’ [29,30] (Flanders et al., 2021, p.3), reported significantly more sexual violence than lesbian participants (e.g., attempted coercion, sexual contact, attempted rape, and rape) [29,30]. In a U.S. national probability sample, bisexual women had experienced higher lifetime prevalence of

sexual violence compared to heterosexual women (e.g., stalking; IPV; unwanted sexual contact; contact sexual coercion; sexual violence; attempted or completed forced penetration; and rape), and of some forms compared to lesbians (e.g., stalking; some forms of IPV; sexual violence; attempted or completed forced penetration; rape; and sexual coercion) [31].

Researchers have sometimes concluded that outness [32], binegativity [27], biphobia [28,33] bisexual stigma [29,30], and discrimination [27,32] might directly or indirectly link to high rates of IPV, sexual violence, and victimization among bisexual+ women. Some researchers have noted that connecting with other LGBTQ+ survivors may be beneficial [34], while others have made recommendations for clinicians, and highlighted the need for more research on psychological distress outcomes among bisexual women [26].

A turn to the positive aspects of bisexual identities and bipositivity?

While research has long focused on biphobia/bisexual marginalisation and its outcomes [e.g., [19,35,36,37,38,39,40,41,42], studies that have specifically considered bisexual identities through a lens of positive experience are relatively sparse, with the first published just over a decade ago [43]. Since then, others have explored positive bisexual experiences in studies that have included bisexual women [44,45,46], including on positive aspects of being both bisexual and biracial [47**]. Aspects that may bring a sense of positivity include freedom from social labels or constraints of sex/gender; feeling attracted to, dating, and having sex and relationships with others; authenticity; coming out; acceptance and social support from partners, friends, and family; community belonging; discussing bisexual issues; and social media interactions [43,44,45,46,47**].

There has seemingly been renewed interest in this area and recent research has considered bisexual+ males' positive experiences [48], but no recently published studies have pursued bisexual women's positive experiences any further - perhaps because they have been found to be more likely to have an affirmative profile (e.g., be positive about their identities) than bisexual men [49]. Most recently researchers have developed the *Positive Bisexual Identity* scale [50], consisting of 16 questions arising from previous literature. These relate to thinking in more complex ways about themselves and others;

having more options in dating and being more sexually aware and open to varying sexual experiences; valuing the person over gender and exploring and enjoying diverse relationships; appreciating difference and diversity and accepting people for who they are; and being more open, empathetic, and tolerant. It may well be that focusing on positive aspects of bisexuality, pansexuality, and plurisexuality could bring mental health potential benefits [44,45], and be useful for counsellors and clinicians in supporting bisexual clients [43,50]. However, some researchers have noted that positively rated responses were arguably neutral, or represented a lack of negative rather than being positive per se [44], and some participants did not report *any* positive experiences [44,47**]. Therefore, nuanced considerations of identity experiences that do not inadvertently create a binary of positive/negative and careful consideration of what findings can tell us might also be important.

Conclusion

Recent research with bisexual women offers both confirmatory findings and fresh insights into the complexities of their identities and lived experiences, and to some extent of those who are pansexual and plurisexual. The results that arise from studies of mental health offer some consistent and concerning findings in relation to wellbeing. There have been some studies that consider bipositivity, which has enabled additional insights into positive aspects of bisexual people's lives. However, further research that explores specific aspects of mental health and wellbeing in order to understand how to support psychological distress would be beneficial. One area that researchers must carefully consider is intersectionality (e.g., age; class, disability, race and ethnicity) in order to more fully untangle some of the nuances and complexities of the range of lived experiences for those of diverse genders and sexualities.

Conflict of interest statement

No conflicts of interest to declare

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This Australian quantitative study is one of the few to focus on potential distinctions between bisexual and pansexual women, and the only study to date to consider potential disparities in relation to psychological distress and wellbeing. The authors drew on minority stress theory in a

questionnaire completed by 229 bisexual or pansexual cisgender women. There were some differences, with pansexual women more likely to be stigma conscious than bisexual women, but also more open about their sexuality and more connected to LGBTIQ+ (lesbian, gay, bisexual, trans, intersex, and queer/questioning) communities. There were no direct differences between the two groups in terms of psychological distress or wellbeing. However, there were indirect links between psychological distress among pansexual women via higher levels of stigma consciousness and between psychological wellbeing via community connectedness. The findings are important in demonstrating the differences between these two groups and highlighting that there are complex relationships between experience and psychological distress and wellbeing.

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This book chapter provides a useful synthesis of the existing literature on bisexuality and mental health. The authors highlight the most consistent findings and heavily researched areas to report

mental health inequalities. The chapter reports on mood and anxiety disorders, substance, alcohol, and drug use disorders, suicide, posttraumatic stress disorders, and other disorders relating to mental health, with the dominant picture being that bisexual women were often reported to have higher prevalence of many of these compared to other sexualities. The authors go on to consider the few studies from Global South that written in English. What is also particularly notable is their critical discussion of methodological considerations and the exploration of the main conceptual and explanatory frameworks, as well as some useful recommendations for future researchers.

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This mixed methods study set out to explore young bisexual people's experiences of sexual violence and their experiences of support with 245 mainly bisexual (and pansexual/plurisexual) participants aged between 18-25 years – most of whom were non-binary (159) or cisgender women (47) (others were trans men, trans women, and cisgender men). Their qualitative findings demonstrated that participants made links between bisexual stigma and sexual violence. While some had faced barriers in accessing support, connecting with other survivors was understood to be beneficial. The authors note the importance of addressing bisexual stigma and discuss the barriers and benefits of social support.

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Galupo and colleagues specifically explore the positive experiences of those who are bisexual/plurisexual and biracial/multiracial with 107 adults (including 72 women; 24 non-binary; and 1 unsure). The authors highlight that an intersectional approach enables a consideration of how one marginalized identity might impact on another and note the lack of studies focused on bisexual/biracial people. They draw attention to how those who are bisexual and people of color may have poorer mental health but also consider the potentially positive aspects of occupying multiple marginalized identities (based on findings from wider studies with LGBT people of color). In this study, some participants did not report any positive experiences of being bisexual and biracial while others were able to be positive about one identity but not the other. The researchers qualitatively analyzed the data and developed four themes; uniqueness of being (valuing their individuality and uniqueness as bisexual/biracial); multiplicity of experience (how their dual identities offered different and multiple experiences/perspectives); connections to community (able to meaningfully connect with wider communities through their bisexual and biracial identities); and strengths and impact (how their having multiple marginalized identities was understood to impact on their character in positive way).

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