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EXAMINING UNDERGRADUATE ATTITUDES TOWARDS BISEXUALITY AND BISEXUAL INDIVIDUALS

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ABSTRACT

Despite the great strides that the Lesbian and Gay (LG) community has made in the last four decades, bisexual individuals still “report a lack of validation, isolation and ostracism within both the heterosexual and homosexual communities” (Israel & Mohr, 2004, p. 119). This study focuses on undergraduate students’ attitudes towards bisexuality and bisexual individuals at Eastern Michigan University by testing the hypothesis that homosexual and heterosexual students will have a significant bias towards bisexual persons, and that male students will demonstrate bias towards bisexual persons, regardless of their own sexual orientation. The survey instrument was an 18-item questionnaire revised from the Biphobia Scale, which presented Likert scale response options paired with statements describing stereotypical bisexual traits. An analysis of variance (ANOVA) was conducted to see significance between groups, followed by a Tukey post hoc test. Recommendations will include counseling techniques for social workers and other supporting professionals who counsel bisexual persons.

INTRODUCTION

On May 17, 2004, Massachusetts became the first state to legalize same-sex marriage (Freedom to Marry, 2014). Since then, the perception of the LGBTQ (lesbian, gay, bisexual, transgender, queer/questioning) community has changed dramatically, both in media representation and in policy. LGBTQ issues are being

discussed on television shows, in the news, and in court cases at the state and federal levels. After the Defense of Marriage Act (DOMA) was found unconstitutional by the Supreme Court on June 26, 2013, seventeen states changed their policies, allowing same-sex couples to wed (Freedom to Marry, 2014). However, as the heterosexual world's perspective towards same-sex marriage changed, the LGBTQ community was facing internal turmoil. "Bisexual individuals have reported a lack of validation, isolation and ostracism within both the heterosexual and lesbian/gay communities" (Israel & Mohr, 2004, p. 119).

The U.S. Department of Health and Human Services (2013) defines bisexuality as "a person who is attracted to someone of another or same gender." Israel and Mohr (2004) noted, "Some individuals may question the legitimacy of bisexuality because of an understanding of bisexuality as a pure 50/50 split" (p. 121). The "50/50 split" refers to the assumption that bisexual persons are equally attracted to same sex and opposite sex people. In actuality, the ways in which a bisexual person could be attracted to another person are virtually unlimited. Bisexuality can be seen as "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 & Rowley, 2009, p. 8).

The lack of clear understanding has caused some doubt about whether bisexuality is a "valid" sexual orientation. This could be related to how heterosexuality and homosexuality dominate the manner in which sexuality is interrupted and defined (Wilde, 2014). Thus, bisexual self-identification is not sufficient to support validity. "Insufficient social validation, including lack of bisexual role models and communities, was hypothesized to contribute to [the questioning identity stage]" (Brown, 2008, p. 76). The *questioning identity* stage describes the confusion people may experience when starting to realize that they are neither heterosexual nor homosexual. Firestein (2007) also noted that "it is crucial for therapists to understand how experiences with social invalidation contribute to psychological distress" (p. 212). Validation opens the doors to social awareness, thus providing the possibility for social groups/networks to form.

Bisexuals often experience a series of challenges, including *erasure* and *invisibility*. *Bisexual erasure* refers to “invisibility, misrecognition through distortion, or condemnation through moral devaluation” (Klesse, 2011, p. 227). *Bisexual invisibility* refers to the “assumption that people are either heterosexual or homosexual, or assuming people’s sexuality on the basis of their current partner” (Barker, Richards, Jones, Bowes-Catton, & Plowman, 2012, p. 4).

Minorities often lack power in U.S. society and may conform to the social conventions of majority culture. Bisexuals, or those questioning their sexual orientation, may feel confused “as a result [of] the need to change to a lesbian or gay self-label in order to be accepted in homosexual communities” (Brown, 2002, p. 76).

The LG community has fought for visibility and social acceptance even before the 1964 Stonewall Riots. An example of this is the Mattachine Society, an advocacy group for gay men founded in Northern California during the early 1950s (Federal Bureau of Investigation: Mattachine Society, 1953). Further, due to growing visibility, social acceptance, and empirical evidence, in 1973 the American Psychiatric Association (APA) removed the diagnosis “homosexuality” from the Diagnostic and Statistical Manual of Mental Disorders (DSM; Spitzer, 1973). As Morgenstern writes:

Though many bisexuals have fought on the front lines of the gay rights movement, it appears that [they] have only token representation in the community; the word ‘bisexual’ has been added to the masthead, but [they aren’t] truly included or accepted in the community (Morgenstern, 2008, p. 72).

Theoretical Explanations of Bisexuality

During the 19th century, the term *bisexual* “was used in fields of anatomy and physiology to refer to life forms” (MacDowall, 2009, p. 4) with androgynous genitalia. During the 20th century, *Inversion Theory*, also known as *sexual inversion*, was described in Freud’s work on sexuality (Freud, 1905, 1975).

Freud listed three types of “inverts”: *Absolute Invert*, *Amphigenic Invert* and the *Contingent Invert*.

Freud proposed that *Amphigenic Inverts* (bisexuals) “[were] psychosexual hermaphrodites [whose] sexual objects may equally well be of their own or of the opposite sex. This kind of inversion thus lacks the characteristics of exclusiveness” (Freud, 1905, 1975, p. 2). Using Inversion Theory to explain bisexuality fuses biological sex (male or female) to sexual attraction. By this definition, “bisexual people were seen as *psychologically intersex*” (Eisner, 2013, p. 15). Kite and Deaux (1987), as cited by Shields and Diccio (2011), found that stereotypes of lesbians and gay men largely reflected the inversion model – lesbians were “masculine,” gay men were “feminine” (493).

After the 1981 emergence of HIV/AIDS, bisexuality was defined as both a sexual orientation and practice (MacDowall, 2009). Yoshino (2000) wrote that “HIV is often characterized as [the] ‘gay’ [male] disease” (p. 427), yet many women were also contracting the virus:

In the minds of many heterosexual Americans, bisexuality has come to be strongly identified with images of married, dishonest, closeted men sneaking out on their unsuspecting wives, contracting AIDS through unsafe sex with other men, then infecting their innocent wives and children (Gelman, 1989, as cited by Yoshino, 2000).

Yoshino also discusses the large number of magazine articles, such as Gelman’s, warning heterosexuals about the HIV/AIDS risk that bisexuals posed to the community (2000).

Previous Studies

Yost and Thomas (2013) surveyed a total of 253 undergraduate students and found that the participants holistically rejected stereotypical attitudes towards bisexual persons. However, male participants were more likely to agree with the negative statements than female students.

Friedman, Dodge, Schick, Herbenick, Hucbach, Bowling, Goncalves, Krier, and Reece (2014) surveyed 300 undergraduate students and found that bisexual persons, regardless of their gender, faced discrimination from both the lesbian/gay community as well as the heterosexual community. However, although all bisexuals faced discrimination, male bisexuals were more often the victims (Friedman et al., 2014). The same study found that although lesbian and gay men have biases towards bisexuals, it is still significantly less than the biases of heterosexuals (Friedman et al., 2014).

Further studies have also reached conflicting conclusions when surveying heterosexual undergraduate students about bisexuality. First, most “heterosexual students did not have clear-cut beliefs about bisexuals” (Eliason, 2000, p. 146). Second, heterosexual students felt “more disapproval and disgust toward bisexual men, compared to lesbians, gay men and bisexual women” (Eliason, as cited by Israel & Mohr, 2004, p. 124). Third, “male heterosexual students more likely believed stereotypes that are most commonly associated with bisexuality [than heterosexual female students]” (Eliason, 2000; Israel & Mohr, 2004).

The ambiguity felt by most heterosexual students may be a result of the strict heterosexist values of American society: “If a woman walks down the street holding hands with a man, we are likely to think of her as straight; if she does the same thing with a woman, we are likely to think of her as a lesbian” (Yoshino, 2000, p. 390). Another example would be that a gay man or lesbian would have “no problem in making himself [or herself] be seen and perceived by others as “forever” and “since ever” gay [or lesbian]” (Deschamps, 2008, p. 134). A bisexual person in a long-term relationship with someone of the opposite sex, however, may be perceived as ignoring his/her actual orientation.

Viewing sexual orientation on a “continuum offers a fluid and relatively unrestrained place to locate the self” (Berenson, 2008, p. 17). A continuum also “constructs bisexuality as a place of resistance. Resisting the powerful force of socialization can

demand “either/or” solutions to human sexual identity” (Berenson, 2008, p. 17). Understanding sexual orientation on a continuum allows for fluidity and sexual freedom; “it also accommodates those for whom bisexuality does not fit” (Berenson, 2008, p. 17). Dichotomous views leave no fluidity for those who do not fall into the binary of heterosexual and homosexual, thus creating barriers to understanding and accepting bisexuality.

Lack of validation, isolation and ostracism are all possible results of stigma placed on bisexual persons. Such stigma reinforces invisibility and erasure of bisexuality. Given the information summarized above, this study hypothesizes (1) that heterosexual and homosexual students will express negative attitudes towards bisexual individuals and (2) that male students will express greater negative attitudes towards bisexual individuals than female students. Furthermore, this study will conclude with suggested methods to better improve counseling of bisexual persons, regardless of the reason for seeking professional support.

METHOD

Participants were recruited in lower undergraduate division classes in the Eastern Michigan University departments of English, Women and Gender Studies, and Social Work. Two hundred and five (205) students made up the sample. Each student was given a consent form that stated the purpose of the study, any foreseeable risk and contact information for both the researcher and the Institutional Review Board (IRB) Committee Chairperson from the College of Health and Human Services (CHHS). The survey instrument was a revised Biphobia Scale, an 18-item questionnaire that presented Likert scale response options paired with statements describing bisexuality/bisexual persons (Table 1). A one-way analysis of variance (ANOVA) was conducted to compare between group difference of gender and sexual orientation; subsequently a Tukey post hoc test was conducted to more specifically identify significant variance between groups.

Participants

From the total of 205 participants, 53.7% percent were between the ages of 16 and 20, and 31.7% were between the ages of 21 and 24. Female respondents made up 82.4%; 16.1% identified as male, and 1.5% identified outside of the binary. Approximately 84% identified their current sexual orientation as heterosexual, 6.8% identified as bisexual, 3.4% identified as either gay or lesbian, and 5.9% identified outside of those sexual orientations. There were multiple responses for other sexual and gender orientations, but due to their statistically small size they were combined. Table 1. offers the demographic data of all participants.

Age	Frequency	Percent
16-20	110	54.2%
21-24	65	31.7%
25-28	11	5.4%
29-32	6	2.9%
33-36	3	1.5%
37-40	4	2.0%
41 and Up	5	2.4%
Gender Identification	Frequency	Percent
Male	33	16.1%
Female	169	82.4%
Other	3	1.5%
Sexual Orientation	Frequency	Percent
Bisexual	14	6.8%
Gay/Lesbian	7	3.4%
Heterosexual	172	83.9%
Other	12	5.9%

Table 1. Full demographics of all participants.

RESULTS

A one-way analysis of variance (ANOVA) was conducted to determine the presence of significance between groups. Tukey post-hoc analyses were conducted to identify significant differences between groups.

A gender group comparison showed between-group differences to be significant at the .05 level for the following questions:

- *Bisexual people carry STDs* ($p = .022$);
- *Bisexual people are not capable of monogamy* ($p = .022$);
- *I would get angry if a bisexual person made sexual advances towards me* ($p = .012$);
- *Bisexual people cannot control their sexual impulses* ($p = .048$); and,
- *I would not talk to a bisexual person* ($p = .032$).

The post hoc results found significant differences between male and female student responses (Table 2.). The significance between male and female student responses are as follows:

- *Bisexual people carry STDs* ($p = .016$);
- *Bisexual people are not capable of monogamy* ($p = .048$);
- *I would get angry if a bisexual person made sexual advances towards me* ($p = .041$);
- *I would not talk to a bisexual person* ($p = .044$).

There was no significant difference between gender orientation responses to the question *Bisexual people cannot control their sexual impulses*. There was no significance found between responses given by students that identified outside of the gender binary, in regard to responses made by male and female students.

Dependent Variable	Male and female students
Bisexual people carry STDs.	.016
Bisexual people are not capable of monogamy.	.048
I would get angry if a bisexual person made sexual advances towards me.	.041
I would not talk to a bisexual person.	.044

Table 2. Post Hoc Difference Based on Gender.

Dependent Variable	Heterosexual and bisexuals	Heterosexuals and others
Bisexuality is wrong.	.002	.011
I don't believe in bisexuality.	.003	.031
Bisexuality is acceptable to me.	.001	NA
Bisexual people are not capable of monogamy.	.026	NA
I would get angry if a bisexual person made sexual advances towards me.	.001	.002
Bisexual people want to have sexual with everybody.	NA	.50
Bisexual people cannot control their sexual impulses.	NA	.021
I would never date a bisexual person.	.000	.000

Note: Reported values are significant at $p < 0.05$ level.

Table 3. Post Hoc Differences Based on Sexual Orientation.

A one-way analysis of variance (ANOVA) was conducted to see if the data showed differences between groups and if those differences were significant. A Tukey post-hoc test was conducted for each question to identify between which groups the significance lay.

A sexual orientation group comparison showed the following questions to be significant at the .05 level:

- *You cannot trust a bisexual person* ($p = .023$);
- *Bisexual people want to have sex with everybody* ($p = .017$);
- *I would not talk to a bisexual person* ($p = .043$).

The following questions were significant at the .01 level:

- *Bisexuality is wrong* ($p = .000$);
- *I don't believe in bisexuality* ($p = .000$);
- *Bisexuality is acceptable to me* (0.00);
- *Bisexual people are not capable of monogamy* ($p = .004$);
- *I would get angry if a bisexual person made sexual advances towards me* ($p = .000$);
- *Bisexual people can not control their sexual impulses* ($p = .004$);
- *I would never date a bisexual person* ($p = .000$).

The post hoc results found that heterosexual students responded significantly differently than bisexual students in six out of ten cases. Findings also showed that heterosexual students responded significantly differently than students who identified as "other," in six of ten cases (Table 3.).

The following questions list the post hoc results:

- *Bisexuality is wrong* (sig. between bisexuals and heterosexuals $p = .002$; heterosexual and others $p = .011$);
- *I don't believe in bisexuality* (sig. between bisexuals and

heterosexual $p = .003$; heterosexuals and others $p = .031$);

- *Bisexuality is acceptable to me* (sig. between bisexuals and heterosexuals $p = .001$);
- *Bisexual people are not capable of monogamy* (sig. between bisexuals and heterosexuals $p = .026$);
- *You cannot trust a bisexual person* (there was no significance between groups);
- *I would get angry if a bisexual person made sexual advances towards me* (sig. between bisexuals and heterosexuals $p = .001$; heterosexuals and others $p = .002$);
- *Bisexual people want to have sex with everybody* (sig. difference between heterosexuals and other $p = .50$);
- *Bisexual people can not control their sexual impulses* (sig. difference between heterosexuals and others $p = .021$);
- *I would not talk to a bisexual person* (there was no significance between groups);
- *I would never date a bisexual person* (sig. difference between bisexuals and heterosexuals $p = .000$; heterosexuals and others $p = .000$).

DISCUSSION

Gender Orientation ANOVA and Tukey Post Hoc

The purpose of this research was to study the attitudes of Eastern Michigan University undergraduate students towards bisexuality and bisexual individuals. The ANOVA showed there was significant difference in attitudes between genders. In support of the hypothesis, the post hoc showed that male students were in all instances but one significantly more likely to agree with the stereotypes about bisexuals than female students. This study's findings align with previous studies that found male students more likely to believe in the stereotypical bisexual (Israel & Mohr, 2004; Eliason, 2000).

Sexual Orientation ANOVA and Tukey Post Hoc

The purpose of this study was to see how, if at all, sexual orientation played a part in Eastern Michigan University undergraduate attitudes towards bisexuality and bisexual individuals. The ANOVA showed significant differences between the different sexual orientations. In support of the hypothesis, the post hoc showed that heterosexual students in six of ten cases were significantly more likely to agree with the statements. Heterosexual students were also in six of ten cases significantly more likely to agree with the statements than students that identified outside of the gender binary. Lastly, there were two questions—*I would not want to date a bisexual person* and *You can not trust a bisexual person*—for which there was no significant difference in attitude in all respondents.

Recommendations

To ensure cultural competence, the Human Rights Campaign (HRC) and the Gay and Lesbian Medical Association (GLMA) publish an annual *Healthcare Equality Index (HEI)*. The HEI rates health organizations based on their policies toward LGBT individuals (Wilkerson, Rybicki, Barber, & Smolenski, 2011). The most highly rated health organizations implemented HEI's four core concepts: (1) Patient non-discrimination, (2) equal visitation, (3) employment non-discrimination, and (4) training in LGBT patient-centered care (Snowden, 2013). When counseling bisexuals, professionals must take into account affirming signs of acceptance such as “rainbow stickers, LGBT magazines [and] affirming posters” (Wilkerson et al., 2011, p. 381).

Guidelines for Psychotherapy with Lesbian, Gay and Bisexual Clients, published by the American Psychological Association (APA), highly recommended that therapists and others in supportive positions learn about the bisexual community and any resources that might make their counseling more effective (as cited by Fox, 2010). Learning about the bisexual community might be as simple as asking a client or even visiting the Bisexual Resource Center (BRC) website. The BRC also provides resources

such as information about bisexual support/activist groups around the world and current research on bisexuality. However, gaining the best understanding of a community requires support activities such as participating in parades, sitting in on groups and speaking with bisexual people to get a understanding of what the community is experiencing.

A bisexual person might come to counseling for reasons other than their sexuality; if he or she does seek such support, however, Bradford (2004) outlines three steps that a bisexual person might experience when struggling with their bisexual identity: “(1) questioning reality, (2) inventing identity and (3) maintaining identity” (Bradford, 2004). Bisexuals might question their reality after realizing they are attracted to people of their own gender as well as other genders. This questioning could lead to confusion and self-doubt (thinking one is lesbian or gay) due to the heterosexual norms of society.

Bradford states that a bisexual person may “continually [be] challenged with maintaining that (bisexual) identity, (which can be) a life-long stage for bisexual people” (Bradford, 2004, p. 17). Professionals may supply clients with support group locations, times and dates as well as providing a safe environment in which to discuss bisexual issues. Bisexual issues may include invisibility, validation, stigma, and confusion.

Support professionals would be most effective when “acknowledging [their] own homophobia and biphobia, making no assumptions about sexual identity, recognizing that the problems are culturally conferred, [and by] taking an affirmative approach” (Bradford, 2007, p. 23-24). The affirmative approach occurs when the professional offsets any negative emotions the bisexual person may be feeling so that the bisexual person may gather the “strength, courage and endurance necessary for the journey [into accepting and maintaining the] bisexual identity, and acknowledge the enrichment gained from a variety of experience” (Bradford, 2007, p. 24).

When assumptions are made regarding bisexuals, it can be “silencing and marginalizing and serve to further the invisibility of bisexuality and bisexual people” (Bradford, 2007,

p. 23). Instead of making assumptions, the professional should ask the bisexual person how they identify and what vocabulary they are most comfortable with. Taking into account a person's ethnicity, nationality, religious views and sexual identity may seem overwhelming, even more so when recognizing that each identification has its own culture. Thus it is important to ask questions and verify when one is confused or unsure about vocabulary that a client might use.

Limitations

This study had several limitations. One restriction was the type of classes surveyed. In general, those taking Social Work and/or Women and Gender Studies classes might be more understanding and accepting of non-heterosexual individuals. Although this study had 205 respondents, the number of lesbian/gay respondents was relatively small (14). The number of male student participants was also comparatively small (33) compared to the number of female respondents (169). This study generalized the stereotypical traits of a bisexual person, without regard to the respondents' attitudes about ethnicity, socio-economic class, and so forth.

Further Research

Further research should investigate attitudes in a wider range of students. Ensuring more lesbian/gay student participants would be beneficial for a generalized understanding of how the homosexual community views bisexual individuals. While having a broad understanding of bisexuality is beneficial, studies should also include questions about whether the gender and ethnicity of the bisexual person play a role in respondents' attitudes. Research has shown that there are significantly different levels of bias depending on the gender of the bisexual person. The demographics of the respondents, such as socioeconomic level, age and year of study could also play a significant role in their views about bisexuality and bisexual persons. Further research into bisexuality and intersectionality could lead to better counseling techniques.

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