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ARTICLE



Bisexual identity denial and health: Exploring the role of societal meta-perceptions and belonging threats among bisexual adults

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ABSTRACT

Bisexual individuals frequently experience identity denial from others due to perceptions that bisexuality is an illegitimate identity. Bisexual individuals have worse psychological health than gay, lesbian, and heterosexual people, but the reasons for these disparities are not well understood. Across a two-sample correlational study (Total $N = 445$) utilizing path analyses, we tested belonging uncertainty, bisexual meta-stereotypes, and meta-legitimacy perceptions as mediators of the relationship between identity denial and depressive symptoms. More frequent identity denial was related to greater belonging uncertainty, greater bisexual meta-stereotypes, lower meta-legitimacy, and greater reported depressive symptoms, with belonging uncertainty mediating the relationship between identity denial and depressive symptoms. These findings suggest that identity denial is related to the social and psychological health of bisexual individuals.

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Bisexual; identity denial; stereotypes; belonging; psychological health

As of 2011, bisexually identified adults made up the largest proportion of lesbian, gay, and bisexual (LGB) Americans, with approximately 1.8% of adults in the United States (over four million people) identifying as bisexual (Gates, 2011). Bisexuality is typically defined as being attracted to more than one sex or gender (Flanders, LeBreton, Robinson, Bian, & Caravaca-Morera, 2017). Research on the psychological and physical health of bisexual individuals has largely assessed the LGB population as a whole, collapsing across sexual minority groups (e.g., D'augelli, 2002; Mays & Cochran, 2001), but this has begun to change with more recent studies finding disparities between sexual minority groups. For example, bisexual people, on average, have higher rates of depression, mood disorders, and anxiety than gay, lesbian, and heterosexual people (Bostwick, Boyd, Hughes, & McCabe, 2010; Ross et al., 2014, 2017; Russell & Fish, 2016). Following the minority stress framework (Meyer, 2003), we explore whether experiences of bisexual identity denial (i.e., being told by others that one's bisexual identity is illegitimate or a phase) are a minority stressor relating to psychological health, specifically, depressive symptoms. We propose that more frequent denial experiences are associated with bisexual individuals believing that others have a negative view of their

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 Supplemental data for the article can be accessed [here](#).

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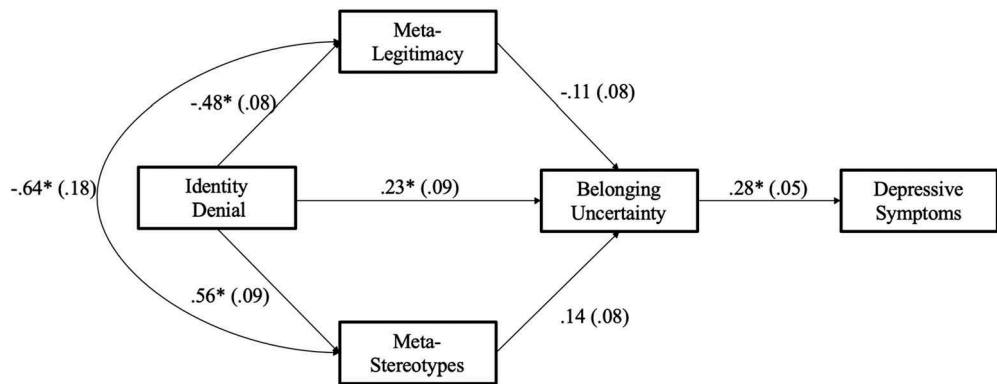


Figure 1. Model of bisexual identity denial for Sample 1. Unstandardized estimates are reported for each pathway with standard error represented in parentheses. * $p < .05$.

bisexual identity (greater stereotyping and illegitimacy beliefs surrounding their bisexual identity) and greater belonging uncertainty, which ultimately is associated with higher rates of depressive symptoms (see Figure 1).

Identity denial

The minority stress model argues that stigmatized sexual minorities encounter stressors related to their identity that put them at long term risk for health problems (Brewster, Moradi, DeBlaere, & Velez, 2013; Meyer, 2003). For bisexual individuals, one of these stressors includes interpersonal experiences of identity denial. Identity denial occurs when a perceiver questions or threatens an important identity (Cheryan & Monin, 2005). To date, identity denial research focuses on individuals who have multiple identities, such as people who are biracial or bicultural (Albuja, Sanchez, & Gaither, 2019; Cheryan & Monin, 2005; Townsend, Markus, & Bergsieker, 2009; Wang, Minervino, & Cheryan, 2013). This work finds that the more frequently people with dual identities were denied one of their identities (e.g., a Black/White biracial individual being told they should not identify as White), the lower their feelings of belonging, and higher their rates of stress and depressive symptoms (Albuja et al., 2019). Biracial and bicultural individuals who had their White or American identity denied reported high levels of stress and demonstrated slower cortisol recovery than individuals in a control condition (Albuja, Sanchez, Gaither, Straka, & Cipollina, 2018). Identity denial experiences were related to lower multiracial public regard, and in turn lower identity autonomy, higher identity integration conflict, and lower social belonging (Albuja, Sanchez, & Gaither, 2018). While bisexuality is not a dual identity, bisexual individuals are similarly treated as though their identity is not valid (Callis, 2013; Flanders, Robinson, Legge, & Tarasoff, 2016; Gonzalez, Ramirez, & Galupo, 2017). Thus, we anticipate identity denial will be associated with negative psychological health for bisexual individuals as well.

Meta-legitimacy

Bisexual identity itself is perceived as unstable and is denied as a legitimate identity (Alarie & Gaudet, 2013; Burke & LaFrance, 2016). Bisexual identity is often thought to be

a mixture of heterosexual and gay/lesbian identities due to the mono-normative views of society which emphasize attraction to a single gender or sex (Mulick & Wright Jr., 2002). Bisexual individuals are thus derogated as “fence sitters,” which leads to denial by both heterosexual and gay/lesbian communities (Callis, 2013; Hayfield, Clarke, & Halliwell, 2014). Additionally, some bisexual individuals experience denial due to perceptions that they are not “true bisexuals,” meaning their romantic and sexual histories do not include engagement with an equal number of men and women (Alarie & Gaudet, 2013). Given that bisexual identity breaks mono-normative views and is challenged by others (e.g., Flanders et al., 2016; Gonzalez et al., 2017), the present study examined the relationship between bisexual identity denial and feelings that society views bisexuality as a legitimate identity (hereafter meta-legitimacy).

Interpersonal interactions (especially those of identity denial) could signal to bisexual individuals that society broadly views their identity as illegitimate. Meta-legitimacy may be associated with psychological health, as such beliefs influence concerns about future stigmatization. Past work has suggested that discrimination experiences lead to greater anticipated stigma, and that both anticipated stigma and discrimination experiences relate to psychological health (Quinn & Earnshaw, 2013). We propose that experiences of identity denial will lead to greater perceptions that society does not believe one’s bisexual identity is legitimate, and that meta-legitimacy perceptions could partially explain, or mediate, the relationship between identity denial and depressive symptoms.

Bisexual stereotypes

In addition to stereotypes that bisexual identity is illegitimate or a phase, bisexual individuals tend to be stereotyped as hypersexual, non-monogamous, and untrustworthy as partners because of their attraction to more than one gender or sex (Burke & LaFrance, 2016; Callis, 2013; Zivony & Lobel, 2014). Thus, it is not surprising that both heterosexual and gay/lesbian individuals indicate being hesitant to date a bisexual individual (Alarie & Gaudet, 2013; Callis, 2013). In the present study, we were interested in the extent to which bisexual individuals believe that others endorse negative sex-focused stereotypes about bisexual individuals (hereafter meta-stereotypes), and whether experiences of identity denial might predict these meta-stereotypes. Knowledge of cultural stereotypes is often necessary to recognize subtle discrimination, while explicit experiences of discrimination can add to individuals’ knowledge of cultural stereotypes (Brown & Bigler, 2005). Stereotypes can promote and be reinforced by discrimination (Dovidio, Hewstone, Glick, & Esses, 2010). Meta-stereotypes may be affirmed after receiving negative treatment from others, suggesting that discrimination experiences can influence the extent to which people hold negative meta-stereotypes about their group. Indeed, knowledge that others hold negative stereotypes about one’s social group has been found to predict negative psychological health outcomes (Jerald, Cole, Ward, & Avery, 2017). In the present work, we anticipated that more frequent identity denial experiences would relate to perceptions that others endorse negative bisexual stereotypes, which would in turn relate to higher self-reported depressive symptoms.

Belonging uncertainty

Bisexual individuals express concerns about their treatment and belonging uncertainty due to their bisexual identities, particularly when they have negative experiences wherein their identities are denied or delegitimized (Callis, 2013; Hayfield et al., 2014; McLean, 2008b). This is consistent with existing work that suggests bisexual individuals' feelings of isolation and belonging uncertainty may relate to their psychological health (e.g., depression, anxiety; McLean, 2008a, 2008b; Meyer, 2003). Belonging uncertainty is distinct from general feelings of belonging, as it is identity-focused. In the present study, we were interested in the uncertainty of belonging and acceptance that bisexual individuals felt in relation to their identities. We proposed that more frequent identity denial experiences would be associated with greater belonging uncertainty, which would in turn relate to higher rates of depressive symptoms among bisexual individuals.

The present research

The present research is among the first to examine identity denial experiences among bisexual individuals and propose a model of the relationship between identity denial and the psychological health of bisexual people. Specifically, we examined belonging uncertainty, meta-stereotypes, and meta-legitimacy as potential mediators of the relationship between identity denial and depressive symptoms. This work emphasizes the importance of identity denial experiences of bisexual individuals and adds to a growing literature on bisexual stigma and the factors relating to discrimination toward bisexual individuals (e.g., poor psychological health), who are currently underrepresented in psychological literature. Utilizing path modeling, the hypothesized relationships were tested in two samples (see Figure 1). Data are openly available in OSF at osf.io/U8K6N.

Method

Participants and procedure

In Sample 1, bisexual men and women ($N = 207$) were recruited to participate in an online study. Participants were recruited through an undergraduate human subject pool for course credit ($n = 79$), online via Amazon Mechanical Turk for \$0.50 ($n = 100$), and through community sampling methods (e.g., listservs, social media) on a volunteer basis ($n = 28$). We removed participants who completed less than half of the survey or failed at least one of two attention check questions from analyses ($n = 18$) resulting in a final sample of 189 bisexual individuals (76.7% female, $M_{age} = 26.7$ years, $SD_{age} = 9.4$ years, ages 18–60 years; 54% White, 16.9% Asian, 15.1% multiracial, 7.4% Hispanic, and 5.8% Black). We aimed to recruit at least 120 participants to achieve the recommended sample size for path analysis of at least 10 participants per parameter (Schreiber, Nora, Stage, Barlow, & King, 2006).

In Sample 2, bisexual men and women ($N = 306$) were recruited to participate in an online study via Amazon Mechanical Turk for \$0.50. We removed participants who completed less than half of the survey, had repeating IP Addresses, were not residing in the United States, or failed at least one of two attention check questions from analyses ($n = 50$), resulting in a final sample of 256 bisexual individuals (69.5% female, $M_{age} = 32.1$ years, $SD_{age} = 9.4$ years, ages

18–73 years; 73.8% White). We aimed to recruit approximately 240 participants to double the recommended sample size from Sample 1.

All prospective participants completed an eligibility screener to ensure they identified as bisexual, were 18 or older, and indicated that their gender identity was either man or woman. Participants responded to questions about their experiences of identity denial, followed by measures assessing meta-stereotypes, meta-legitimacy, and belonging uncertainty in a randomized order, and then a measure of their depressive symptoms¹. After completing all measures in the study, participants were debriefed.

Materials

Identity denial

Participants in Sample 1 reported their identity denial experiences via an 11-item lab-developed scale wherein participants identified how frequently others indicated their bisexual identity was invalid (e.g., “When your sexuality comes up in conversation, how frequently have others said or implied that you’re just confused about your sexuality?”; 1 = *never*, 7 = *always*). Several items were modified from an existing identity denial scale (Albuja et al., 2019), the Instability subscale of the Anti-Bisexual Experience Scale (ABES; Brewster & Moradi, 2010), and the Illegitimacy subscale of the Bisexual Identity Inventory (BI; Paul, Smith, Mohr, & Ross, 2014), while the relationship specific questions were developed based on a series of qualitative studies (Callis, 2013; Flanders et al., 2016; McLean, 2008b). We factor analyzed the items using principal axis factoring with varimax rotation and Kaiser normalization (see Table 1). After removing two items that did not load on the first factor (loadings < .4), we were left with a one factor solution including the nine remaining items, which were then averaged to create an identity denial composite where high values indicated more frequent experiences of denial ($\alpha_{S1} = .92$). Participants in Sample 2 completed the nine selected items ($\alpha_{S2} = .92$).

Meta-stereotypes

Participants completed four items modified from the Sexual Irresponsibility subscale of the ABES (Brewster & Moradi, 2010). Participants indicated how much they thought *others* endorsed negative stereotypes about bisexuality (e.g., “To what extent do you think that **other people** believe that people who identify as bisexual are cheaters”; 1 = *not at all*,

Table 1. Factor loadings for identity denial factor analysis with Varimax rotation for sample 1.

When your sexuality comes up in conversation how frequently have others said or implied that:	Factor Loadings
You’re confused about your sexuality	.73
Bisexuality is just a phase	.77
You’re still questioning/exploring your sexuality	.72
You should just “pick one” (i.e. choose to be with either men or women)	.75
You’re just afraid to admit that you are gay/lesbian	.59
If you are in a serious relationship with someone of the same sex then you’re just gay/lesbian	.84
If you are in a serious relationship with someone of the other sex then you’re just straight	.78
If you date more people of the other sex then you’re just straight	.76
If you date more people of the same sex then you’re just gay/lesbian	.82
You’re just afraid to decide between being gay/lesbian and being straight ^a	.29
You just haven’t decided yet that you’re gay/lesbian ^a	.31

^aitem was excluded due to low factor loading, <.40

7 = *completely*). We averaged the four items such that higher values indicated greater perceptions that others endorse negative bisexual stereotypes ($\alpha_{S1} = .91$, $\alpha_{S2} = .92$).

Meta-legitimacy

Participants answered three items about societal beliefs that bisexuality is not a legitimate identity (e.g., “People think that bisexuality doesn’t really exist”; 1 = *strongly disagree*, 7 = *strongly agree*). We reverse-coded and averaged the items into a composite such that higher values indicated greater perceptions that others believe bisexuality is a legitimate identity ($\alpha_{S1} = .96$, $\alpha_{S2} = .94$).

Belonging uncertainty

Participants indicated belonging uncertainty due to their bisexual identity (e.g., “I have concerns about whether others accept my bisexual identity”; 1 = *strongly disagree*, 7 = *strongly agree*) using a four-item measure, which was averaged such that higher numbers indicated more belonging uncertainty ($\alpha_{S1} = .90$, $\alpha_{S2} = .89$).

Depressive symptoms

Participants indicated their depressive symptoms since realizing their sexual orientation (e.g., “I feel that everything I do is an effort”; 1 = *never*, 7 = *always*) using the five-item shortened version of the Center for Epidemiologic Studies Short Depression Scale (Radloff, 1977). We averaged the items such that a higher score indicated more depressive symptoms ($\alpha_{S1} = .90$, $\alpha_{S2} = .92$).

Results

We first explored relationships among measured variables through a series of bivariate correlations among Sample 1 and Sample 2 (see Table 2). Consistent with our hypotheses, more frequent experiences of bisexual identity denial were related to greater meta-stereotypes and belonging uncertainty, and lower meta-legitimacy across both samples. Further, identity denial, meta-stereotypes, meta-legitimacy, and belonging uncertainty were related to depressive symptoms in Sample 1, though meta-legitimacy was not related to depressive symptoms in Sample 2. That is, more frequent identity denial, greater meta-stereotypes, greater belonging uncertainty, and less meta-legitimacy were related to more frequent depressive symptoms.

After initial correlational analyses, we tested the model presented in Figure 1 among the two samples. Path analyses were conducted using Mplus 8 software (Muthén &

Table 2. Bivariate correlations among variables in Samples 1 and 2.

Variable	1	2	3	4	5
1. Identity Denial	–	.37*	–.30*	.32*	.25*
2. Meta-Stereotypes	.45*	–	–.34*	.27*	.20*
3. Meta-Legitimacy	–.40*	–.39*	–	–.17*	–.07
4. Belonging Uncertainty	.30*	.28*	–.25*	–	.36*
5. Depressive Symptoms	.21*	.23*	–.16*	.35*	–

Coefficients below the diagonal represent bivariate correlations in Sample 1; coefficients above the diagonal represent bivariate correlations in Sample 2.

* $p < .05$

Muthén, 2010). The model was identified via the t-rule, which states that the number of parameters must be equal to or less than the number of independent samples of information in the model (Kline, 2011). We assessed model fit through several criteria. Models with good fit should have a non-significant χ^2 value, a Comparative Fit Index (CFI) at or above .95, a standardized root mean squared residual (SRMR) value below .08, and a Root Mean Square Error of Approximation (RMSEA) value of less than .06 (Hu & Bentler, 1999). Comparative models will be tested against the developed models' AIC and BIC for significant decreases (a decrease of at least 10) to determine that the proposed model best represents the data (Burnham & Anderson, 2004).

For Sample 1, path analyses revealed that the hypothesized model fit the data well $\chi^2(3, N = 189) = 4.70, p = .20$ (CFI = .99; RMSEA = .055; SRMR = .042, AIC = 2753.12, BIC = 2801.75). Most paths in the model were significant at $p < .05$. The path from meta-stereotypes to belonging uncertainty was marginal, $p = .06$, and the path from meta-legitimacy to belonging uncertainty was non-significant, $p = .15$ (see Figure 1).

For Sample 2, path analyses revealed adequate model fit, $\chi^2(3, N = 253) = 7.99, p = .046$ (CFI = .97; RMSEA = .08, SRMR = .04, AIC = 3728.32, BIC = 3781.32). Although the chi-squared value is significant, the likelihood of achieving a significant chi squared value increases with a larger effect size, and may not indicate poor fit (Kline, 2011). All paths in the model were significant at $p < .05$, except the path from meta-legitimacy to belonging uncertainty, $p = .57$ (see Figure 2).

We tested several comparison models which offered alternative explanations for the relationships presented in the data to ensure that the proposed model best depicts the data. These alternative models can be found in the supplemental materials.

Mediation analyses

In both samples, we tested whether the association between identity denial and depressive symptoms was mediated through belonging uncertainty, meta-legitimacy, and meta-stereotypes using 10,000 bootstrapped resamples of the indirect effects. Specifically, we tested meta-legitimacy and meta-stereotypes as parallel mediators and belonging uncertainty as a serial mediator (see Figure 1). The association between depressive symptoms and identity denial was significantly mediated through belonging uncertainty for Sample 1, $\beta = 0.05$, 95% confidence interval (CI) = [0.002, 0.09], and Sample 2, $\beta = 0.06$, 95% CI = [0.02, 0.10]. The serial mediation through both meta-stereotypes and belonging uncertainty was not significant in Sample 1, $\beta = 0.01$, 95% CI = [-0.01, 0.03], or Sample 2, $\beta = 0.02$, 95% CI = [-0.001, 0.03]. Similarly, the serial mediation through both meta-legitimacy and belonging uncertainty was not significant in Sample 1, $\beta = 0.02$, 95% CI = [-0.004, 0.04], or Sample 2, $\beta = 0.003$, 95% CI = [-0.01, 0.01].

Discussion

Across two samples, we found support for the proposed model of identity denial for bisexual individuals. This work is among the first to examine identity denial experiences and their role in the social and psychological health of bisexual individuals. Consistent with previous work on identity denial among bicultural and biracial people (Albuja et al., 2019), the present findings demonstrate an association between identity denial and depressive

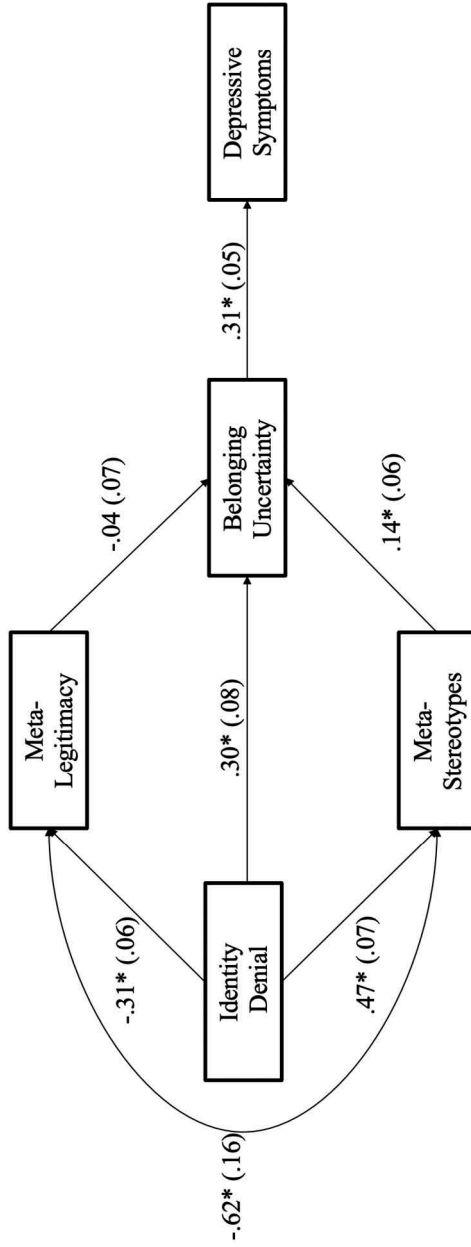


Figure 2. Model of bisexual identity denial for Sample 2. Unstandardized estimates are reported for each pathway with standard error represented in parentheses. * $p < .05$.

symptoms for bisexual individuals. The present work further suggests that among bisexual individuals, identity denial experiences are associated with greater perceptions that others endorse bisexual stereotypes and view bisexuality as an illegitimate identity. Identity denial experiences were also found to significantly relate to feelings of belonging uncertainty, which in turn were associated with depressive symptoms.

Belonging uncertainty

In two samples, we found that more frequent identity denial was related to greater concerns about belonging, and in turn, higher reports of depressive symptoms among bisexual individuals. Belonging uncertainty was the only significant mediator between identity denial and depressive symptoms, meaning that their relationship can in part be explained by bisexual individuals' concerns about whether they belong because of their identity. These findings are consistent with work suggesting that bisexual individuals worry about treatment due to their identity, particularly when they have experienced identity denial in the past (Hayfield et al., 2014; McLean, 2008b). This study is the first to examine and find that concerns about belonging are associated with depressive symptoms for bisexual people. It is possible that ruminating on experiences of identity denial could influence feelings of belonging uncertainty, and in turn predict greater depressive symptoms (Nolen-Hoeksema, 2000). As ruminating involves repeatedly focusing on one's distress, future work should explore whether bisexual individuals ruminate on their identity denial experiences and whether psychological health is associated with greater rumination.

Meta-legitimacy

More frequent experiences of identity denial were associated with perceptions that others consider bisexuality to be an illegitimate identity. Past work has found that heterosexual, gay, and lesbian individuals view bisexuality as unstable and illegitimate (Alarie & Gaudet, 2013; Burke & LaFrance, 2016). The present work adds to the existing literature and is among the first to explore the relationship between meta-legitimacy perceptions and identity denial experiences. Although we found that meta-legitimacy was negatively correlated with experiences of identity denial across both samples, the model path from meta-legitimacy to belonging uncertainty was not significant. These findings suggest that identity denial experiences are more important to one's identity-specific concerns about belonging than one's expectations that society views one's identity as legitimate. Meta-legitimacy was significantly negatively correlated with identity denial and depressive symptoms, but did not serve as a serial mediator in the hypothesized model. Future work should aim to better understand the role of meta-perceptions in the psychological health of bisexual individuals, and could explore whether meta-legitimacy relates to other constructs such as internalized biphobia, which is described as the internalization of societal anti-bisexual attitudes (Meyer, 2003). Internalized biphobia has been found to relate to psychological health and should be explored in future work interested in meta-perceptions (Brewster & Moradi, 2010; Paul et al., 2014).

Meta-stereotypes

In the present work, more frequent identity denial was associated with greater perceptions that others endorse sexual stereotypes of bisexual individuals. However, the serial mediation from identity denial through meta-stereotypes and belonging uncertainty to depressive symptoms was not significant. Past work has found that experiences of being stereotyped as hypersexual and non-monogamous relate to expectations of stigma and psychological distress (Brewster et al., 2013). The present findings suggest experiences of discrimination are more relevant than stereotype endorsement perceptions to one's psychological health. Future work should examine whether manipulating bisexual individuals' experiences with these stereotypes influence their meta-stereotype perceptions and their social and psychological health.

Limitations and future directions

While the present work has its strengths, there are some limitations and important questions that would benefit from additional exploration. The present study is correlational in design, meaning that causal relationships cannot be assumed. Future work should utilize experimental manipulations to examine how denying the identity of bisexual individuals may directly impact their social and psychological health (e.g., Albuja et al., 2018). Additionally, although the hypothesized model fit the data well in Sample 1, the model fit was adequate in Sample 2. Future work should test the hypothesized model across several age cohorts with large samples of bisexual individuals to further examine the generalizability of the present model.

Though the study samples were diverse in many respects, the samples included more women than men, which is consistent with the gender composition of the bisexual population itself (Gates, 2011). Nonetheless, the gender imbalance in the sample limited our ability to compare the experiences of bisexual men and women. Past work has found that bisexually identified women are assumed to be heterosexual, while bisexually identified men are assumed to be gay (Alarie & Gaudet, 2013; Yost & Thomas, 2012), which could suggest that bisexual men and women experience identity denial differently. For example, bisexual women may experience identity denial relating to perceptions that they are confused and experimenting as bisexual, while bisexual men may experience identity denial relating to perceptions that they are identifying as bisexual on the way to coming out as gay. Future work should aim to recruit large samples of bisexual men and women to examine gender differences in identity denial experiences, and examine whether the relationship between identity denial and the psychological and social health of bisexual individuals differs based on gender. Future work should also examine the experiences of transgender and gender non-conforming (TGNC) people, who were not the focus of the present research. TGNC bisexual people have multiple minority identities which influence their experiences of stigma and identity denial. The term bisexual has been perceived as enforcing binary gender categories, and therefore not inclusive of TGNC people (Callis, 2013). Thus, bisexuality and the terminology used to identify such attractions will be more complex and an exciting avenue for future research.

Conclusion

The present study adds to a small but growing body of literature interested in the stigmatizing experiences of bisexual individuals by providing a model of the relationships between identity denial, social factors, and psychological health. This study extends past work on identity denial, which has primarily been studied among those with dual identities, to bisexual populations (Albuja, Sanchez, & Gaither, 2018; Albuja et al., 2019, 2018; Cheryan & Monin, 2005; Townsend et al., 2009). This work suggests that bisexual identity denial is related to the psychological health of bisexual individuals, which could help to explain part of the disparity in psychological health between bisexual individuals and other sexual minority groups. Consistent with the minority stress model (Meyer, 2003), interpersonal identity denial experiences were found to relate to depressive symptoms among bisexual adults. The present work identified belonging uncertainty as a mediator of the association between identity denial and depressive symptoms among bisexual individuals. While we focused on the unique identity experiences of bisexual individuals, a group that has not been studied extensively, this work may also provide insight into the relationship between identity denial experiences and psychological health that could be relevant to other understudied sexual minority groups (e.g., asexual, polyamorous, queer).

As the number of individuals identifying as bisexual has grown to over four million adults in the United States alone (Gates, 2011), it is important to identify and understand the experiences of bisexual individuals and the associations of those experiences, especially because bisexual individuals often report the most negative psychological health among LGB people (Ross et al., 2014, 2017; Russell & Fish, 2016). Identifying possible sources or correlates of these disparities is fundamental to finding ways to reduce these disparities and improve the psychological health of bisexual individuals.

Note

1. Additional exploratory measures and the relationships among variables can be found in the supplemental materials.

Disclosure statement

No potential conflict of interest was reported by the authors.

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