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Subjective Sexual Experiences of Behaviorally Bisexual Men in the Midwestern United States: Sexual Attraction, Sexual Behaviors, & Condom Use

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Abstract

Studies concerning behaviorally bisexual men continue to focus on understanding sexual risk in according to a narrow range of sexual behaviors. Few studies have explored the subjective meanings and experiences related to bisexual men's sexual behaviors with both male and female partners. In-depth, semi-structured interviews were conducted with 75 men who engaged in bisexual behavior within the past six months. Participants were asked about their subjective sexual experiences with male and female partners. Findings suggest adherence to normative gender roles, with attraction to men and women conforming to these stereotypes, as well as a segregation of sexual behaviors along gendered lines. Overall, condom use was influenced by perceptions of potential negative consequences. Based on these findings, it remains critical that public health and other social and behavioral sciences continue to study bisexual men's sexual health issues as separate and distinct from their exclusively homosexual and heterosexual counterparts.

Keywords

Bisexuality; Men Who Have Sex with Men and Women (MSMW); Sexual Behaviors; Sexual Attraction; Condom Use

Introduction

Within the United States (U.S.), sexual orientation is dichotomized with heterosexuality being normative and homosexuality situated as deviant (Angelides, 2001; Connell, 2005). This worldview of sexuality severely limits examination of those individuals not neatly

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fitting into either of these polarized categories (Angelides, 2001). Exclusively homosexual men and all variations of bisexual men are often grouped together and juxtaposed against heterosexual men (Dodge, Reece, & Gebhard, 2008). Historically, this amalgam of men who have sex with men (MSM) is the simultaneous outcome of heteronormative expectations concerning non-heterosexual men's sexual lives (Connell, 2005), as well as public health and medicine's primary focus on the sexual routes of transmission of HIV and STDs (Doll et al., 1997; Malebranche, 2008; Sandfort & Dodge, 2008). This framework may be limited in its ability to sufficiently address the sexual health needs of men not located at the polar opposite ends of the sexual continuum (Dodge, Reece, & Gebhard, 2008).

The outcome of this binary paradigm of sexual behavior and orientation is that diminished attention is given to the specific needs of bisexual men, especially those who may not use this identity label (Malebranche, 2008; Sandfort & Dodge, 2008). Given that behaviorally bisexual men may be at increased risk for HIV and STD (Peterman, Doll, Buehler, & Curran, 1994; Heckman et al., 1995; Doll & Beeker, 1996; Doll, Myers, Kennedy, & Allman, 1997; Goodenow, Netherland, & Szalacha, 2001), observation through this binary lens of sexuality may diminish attempts at understanding sexual behavior and undermine provision of sexual health related services specifically for bisexual men. Additionally, because of the often negative focus on bisexual men as transmitters of disease (e.g., the stereotype that bisexual men are responsible for "bridging" HIV infection from male sexual partners to female sexual partners), attention given to the sexual lives of this group often focuses solely on risk as it relates to their female partners (Chu et al., 1994; King, 2004; Hollander, 2009; Mercer, Hart, Johnson, & Cassell, 2009; Zule, Bobashev, Wechsberg, Costenbader, & Coomes, 2009). Understanding how bisexual men's subjective sexual experiences are different from those of other men may be valuable to ascertain their unique sexual experiences with both male and female partners as they relate to their sexual health needs.

In comparison to exclusively homosexual men, bisexual men have been found to report significantly lower intentions to use condoms, higher number of sexual partners, to hold weaker peer norms favoring risk avoidance and safer sex, to ascribe more to culturally-specific gender roles and norms, and to have lower safer sex self-efficacy scores (Goodenow, Netherland, & Szalacha, 2002; Heckman et al., 1995; Thomas & Hodges, 1991; Jeffries & Dodge, 2007). A smaller number of studies — for example, Rieger, Chivers, and Bailey (2005) — have examined physiological sexual arousal and function among self-identified bisexual men, but only in a controlled clinical setting with limited investigation into other factors influencing these areas of sexuality. Specifically, these physiological studies sought to determine what bisexual men find attractive (or arousing) in both men and women without trying to understand what these men feel is desirable in sexual partners of both genders. Little investigation into the subjective meaning of sexual attraction, sexual behaviors, condom use, and sexual health risks exists concerning the lives of behaviorally bisexual men.

Little research has yet explored male bisexual behavior and experiences for their potential contributions to sexual health beyond "risk" and negative consequences. Outside the context of disease transmission, the meanings of sexual behaviors with both male and female partners, including insertive and receptive oral sex, vaginal sex, insertive and receptive anal sex, and other sexual activities are not well understood. When examined separately from combined samples of "gay and bisexual men" or "MSM," behaviorally bisexual men's behaviors are often summarized as "having sex with both men and women," without specifying what "sex" may be for these individuals (Sandfort & Dodge, 2009). Understanding the subjective experiences of sexual behaviors of behaviorally bisexual men could be useful for developing culturally congruent sexual health interventions for men and

their partners. The aim of this study was to develop an understanding of the subjective experiences of the sexual behaviors and perceived sexual health risks in a diverse sample of behaviorally bisexual men in the Midwestern U.S.

Method

Participants

A total of 75 men participated in the study. Table 1 provides information on the demographic characteristics of this sample. Our sample was limited to biological males from the Indianapolis, Indiana, area who engaged in sexual behavior within the past six months regardless of sexual identity. Previous work suggests that bisexual behavior, more than sexual identity, places men and their partners at elevated HIV/STD risk (Malebranche, 2008; Muñoz-Laboy & Dodge, 2007). To be included in the study men were required to have had vaginal, oral, or anal sex with at least one male and one female partner during the previous six months. Although no temporal standard exists for classifying sexual behavior as “bisexual,” we chose to use six months to distinguish participants who were currently, or recently, behaviorally bisexual versus less reliable makers (i.e., lifetime). Quantitative findings on participants’ recent sexual behaviors with both male and female partners have been published elsewhere (Dodge, et al., in press 1).

Based upon recommendations of the Community Advisory Committee (CAC), we recruited a demographically and behaviorally diverse group by utilizing a comprehensive sampling strategy including clinic-based, Internet-based, and participant-referral methods. Recruitment materials were intentionally vague, did not include the word “bisexual,” and instructed men who were interested in taking part in a study on “sexual health” to contact the investigators. Our sampling plan allowed the research team to recruit a diverse sample, including men who otherwise would have been difficult to reach. The CAC and previous research conducted in the study area informed our decisions concerning recruitment techniques. An initial sample was recruited from patients seeking STD testing at a community-based clinic in Indianapolis, Indiana. This clinic was selected because of recent findings pointing to a significantly high level of self-reported bisexual behavior among patients. Similarly, Internet recruitment was done at the suggestion of the CAC, and as a result of recent reach among MSM in Indianapolis indicating that 30% of MSM reported using the Internet for social and sexual purposes. Several different social and sexual networking sites were used to recruit a diverse sample of men (e.g., Craigslist – Men for Men and Women), specifically those men who do not use gay-oriented websites.

Finally, participant referral was utilized to recruit participants who may be difficult to reach through traditional venues, as suggested by previous work on bisexual men’s social and sexual networks (Dodge et al., 2008; Sandfort & Dodge, 2009). Those participants who agreed to recruit others for the study were given three to five postcards to distribute to possible participants within their social networks. This method was particularly useful with Latino participants (Martinez, et al., 2010).

Procedures

Once it had been established that participants were eligible to take part in the study, they were scheduled for a confidential 90-minute, in-depth, semi-structured interview as well as optional self-collected testing for sexually transmitted infections (STI) (Dodge, et al., in press 2). Both English (n = 60) and Spanish (n = 15) interviews were completed by trained research assistants. Spanish interviews were done by a native speaker who was also trained to conduct interviews. Before beginning any interview, participants were required to give written informed consent concerning all aspects of the study. Interview settings were

selected on the basis of the comfort and convenience of participants. Upon completion of the interview and STI testing, participants received \$50. This amount is similar to that used by other studies that have been recently conducted in this study setting. All interviews conducted in English were transcribed using an established company that had been used in previous studies and is sensitive to the nature of studies concerning sexuality. Spanish interviews were translated and transcribed by a certified translator who is a native Spanish speaker.

Data Analysis

Transcribed, semi-structured interviews were analyzed using an inductive approach (Charmaz, 2006; Saldana, 2009) to allow meaning to emerge from the data. Responses were first organized according to specific questions within the semi-structured interviews so all responses pertaining to a particular question would be located under the same heading within a data analysis program (Nvivo) to facilitate the coding process. First, data were analyzed via line-by-line coding (Charmaz, 2006; Saldana, 2009). Namely, codes were developed through a process of sectioning out data to a single line, or series of lines, from which concrete codes were created while attempting to remain as close as possible to the actual meaning used by participants. Next, as indicated by Charmaz (2006), these concrete codes were organized in a manner so as to allow further abstraction to discern the broader themes underlying the initial concrete codes from the previous stage. For example, concrete codes relating to “manhood” or “men’s bodies” were given a broader code of “masculinity or manliness and sexual attraction.” The final stage of coding took these broader abstract codes and constructed meaningful connections between them as a way to generate a theoretical analysis of the subjective experiences of this group as they relate to sexual behaviors and broader psychosocial processes (Charmaz, 2006; Saldana, 2009; Carspecken, 1994). In other words, abstract codes such as those indicated above concerning masculinity were analyzed to determine linkages. For example, analysis of the code “masculinity or manliness and sexual attraction” and “femininity or femaleness and sexual attraction” were analyzed together to better understand gendered notions of sexual attraction, as well as how these beliefs about men and women influenced differences, or similarities, in abstract codes pertaining to sexual behaviors.

To establish the validity of these codes, investigator triangulation of data was performed through a team coding process leading to the development of a comprehensive codebook which was utilized while creating both concrete and abstract codes (Saldana, 2009). The initial codebook was constructed by having three members of the research team separately code five of the initial interviews and compare both concrete and abstract codes to establish similarity. Discordant codes were discussed at length until all three researchers reached an agreement about the validity of the code as it related to the actual dialogue of a participant. Periodically, validity checks were completed regarding application of codes, through the same process as described above, by selecting three to five interviews at a time to ensure the appropriateness of emerging codes as they were added to the codebook.

Results

Attraction to Men and Women

Responses regarding what the participants found attractive about sexual partners point to both expectations of traditional gender role performance and the participants’ own socialization into roles as men and women. These two overarching themes, most likely informed by theoretical notions of heteronormativity and patriarchy, are pervasive throughout these men’s descriptions of what they found socially, emotionally and sexually attractive about men and women.

Masculinity, idealized manhood & manliness—Participants' descriptions of what they found attractive in men were often associated with the presentation of their sexual partner's masculine identity through performance, representation of the body, or objectification of men's sexual bodies. Specifically, men indicated they were attracted to a masculine personality, demeanor, or attributes associated with being a man, such as boldness or confidence. As Participant 40 (48 years old, White) describes, confidence, or "how they handle themselves in public" is an important aspect of attraction to a man:

Whether they're meek or forceful or - my first partner I was with for 11 years, he would walk in the door and pretty much command a room. That was kind of sexy.

Similarly, Participant 48 (30 years old, Black) and Participant 49 (26 years old, Black), express this same desire for a man who is confident in himself and able to convey this confidence to those around him:

Well, I like a guy that's in shape. The same for a female. I like a female that's in shape. For guys I like—a turn on for me is a guy that's confident in himself. He still has that kind of shy, nerdy quality but he's confident when it comes to doing certain things. So he'll speak up for himself type.

Just a guy that can walk [in] a room, that's attractive, I mean that George Clooney type mentality. He's a winner, I don't want to date someone that's insecure, you know.

While Participant 48 suggests that a "nerdy" quality in a man is not necessarily at odds with gender expectations and attraction, he does indicate men must still be confident, and as Participant 49 explains, not insecure, in order to be attractive. Just as with the trait of confidence, participants suggested that leadership is an important quality in a man:

Just that their nice personality, cool person, somebody that I can get along with, that has goals, got to have goals, and be goal-oriented, driven. I like leadership, things like that, aggressive nature (Participant 20, 41 years old, Black).

Not only should men be confident to be attractive, but they also must demonstrate other characteristics associated with traditional masculinity, such as being driven and having an aggressive nature. Further, participants placed value on men being "typical guys," and specifically indicated that feminine or effeminate men were not attractive. As Participant 41 (30 years old, White) states:

Socially, guys that like to play pool, guys that are into sports, guys that are into dancing. I have feminine guy friends, and if they're my friends, I'm not into them, but, you know, I hang out with them. But I socially like to hang out with fun guys, confident guys.

Interestingly, Participant 41 indicates he will hang out with feminine guys, but is "not into them," implicating the importance of normative gender presentation concerning attraction to other men. Similarly, other participants agreed, explaining that feminine guys are not attractive:

Hmmm... well... well what attracts me is perhaps his body, good butt, that he is not feminine, and more than anything that he is "macho" but at the same time that he is gay (Participant 59, 38 years old, Latino).

Furthermore, participant 7 (21 years old, Black), also indicates he is not attracted to feminine men, but adds that men should behave like men and women should behave like women:

And a guy what I would want him to be like just a guy; I don't know I don't really like feminine dudes. I think if you're a man you're a man and if you're a woman you're a woman. It sounds so -- I don't know saying it out loud sounds a little jaded but it sounds kind of fucked up but I don't know that's what I like.

Not only do these participants express distaste with feminine men, they also directly associate being “just regular guys” as the polar opposite of feminine men. This seems to suggest that attraction to other men is based upon the desired other's ability to perform gender in a heteronormative manner. Additionally, participants often indicated that it was a man's level, or degree, of masculinity to which they were attracted. As Participant 14 (25 years old, White) puts it:

I don't know. I think that I enjoy like the masculinity [in men] compared to some of them who might be like very kind of like flamboyant sorry for putting it this way but other than that, I don't know.

Attraction to another man's level of masculinity was indicated by several other participants suggesting that ability to perform as “like just a guy” is important in associations to attraction to potential male sexual partners.

Participants also explained it was a masculine body that was muscled, strong, and looked manly which attracted them to other men. For instance, many participants described their attraction as being related to manly appearance: “I don't know. That they look rugged, strong. I seem [to] like rugged and strong” (Participant 27, 29 years old, Latino). Similar to Participant 27, participants described a desire for other men with normative gender characteristics:

But a man, if shit should hit the fan, you can always kind of call on muscle. I guess, if that makes any sense (Participant 125, 36 years old, White).

Additionally, not only was it important for a man to have strength and look manly, but participants specifically pointed to their attraction to muscular bodies:

I like thinner men, or whatever. Well, I should say not obese, and then I usually like them taller, usually somewhat muscular, or whatever, built, whatever you want to call that (Participant 46, 41 years old, White).

While Participant 46 indicates he is physically attracted to thinner men he clarifies this to mean not “obese” men, and that he desires “muscular,” or “built” men. Participant 42 (22 years old, Black) similarly responded that it is “a nice built body” of a male sexual partner that he is attracted to:

Nice – if it's nice built body, I like it. Face, asses, pretty face, eye color. Eye color ...

Further, as suggested previously by Participant 42 and Participant 61, participants often indicated parts of the male body most often associated with a masculinity as attractive, such as abdominal muscles, the chest, and the penis:

It's all about below the waist. I mean I'm not saying that I can't look at a guy I guess well, he looks OK, he looks nice but that's about it (Participant 44, 59 years old, White).

Participant 23 (20 years old, Black) extends the above by explaining, that for him, sexual attraction is only about the penis and has nothing to do with how attractive a potential male sexual partner is:

Dick, and that's pretty much all I'm into it for. It's not I like a guy, and say, "Damn, he's so cute, I want him." It has nothing to do with that. It's only about the dick (Participant 23, 20 years old, Black).

Overall, attraction to other men centered on aspects of masculinity and appropriate gender role performance. Participants were often attracted to other men whom they perceived as not acting feminine, who had masculinized bodies, and to those aspects of the male body most often associated with masculinity, with some participants only desiring another man's penis and nothing else. Similar themes emerged concerning attraction to women and femininity.

Femininity and idealized womanhood—Attraction to women often depended on how well they performed the "traditional role" of women, as well as perceptions of emotionality and intimacy. For example, participants were more likely to describe attractive women as nurturing, more open emotionally, or caring and attentive, as did Participant 23 (20 years old, Black):

Just, well, about her it's just how a woman can just bring you joy, if you're feeling down and out. That's very attractive to me for a woman to support me, and try to make me feel better, and bring me up, or whatever.

Many participants commented that they were attracted to the "nature" of women. Particularly, the concern women had for participants, and/or their ability to be nurturing, is what they found attractive:

Care and concern, true care and concern. I'm trying to think emotionally. The way they can care for children, I don't know if I really understand a lot of emotion (Participant 41, 30 years old, White).

Interestingly, participants indicated they are attracted to those things in women they do not see in other men and possibly even themselves, such as when Participant 41 states, "I don't know if I really understand a lot of emotion" or Participant 62's (24 years old, White) direct comparison of men and women regarding their ability to be nurturing individuals:

Well, I was trying to put it to words. I guess it really stems to -- it leads down this road of this nurturing aspect that most of the women that I've been in longer relationships have at least in the beginning where they genuinely cared more [compared to men] (Participant 62, 24 years old, White).

Participants' attraction to women's physical appearance was strongly associated with aspects of the "feminine." Specifically, participants described female bodies associated with idealized femininity:

I like smaller; I like petite women, women with smaller necks; long skinny necks, I like. I'm not really a boob guy; I tend to like women with smaller to mid-sized breasts, and a flat stomach, and nice skinny legs (Participant 45, 41 years old, White).

Participant 44 (59 years old, White) describes an attractive female body in the same way explaining he is physically attracted to "slender" women and that breasts are not as important as other areas of the body:

Well, first of all, I like slender women and my wife is very slender. And it's, to me, all about the ass. Breasts are great, the rest of it is great but it's, usually, the ass that attracts me first (Participant 44, 59 years old, White).

Few participants expressed attraction to women with large breasts, only that their breasts be "nice." However, a substantial number of participants indicated that having a "larger butt" or a "fat ass" is what they found attractive in a woman:

I like a woman's rear, their bottom. I like it to be big, and just for them to kind of also be in shape, though, you know? And longer hair (Participant 71, 22 years old, White).

Participant 80 adds:

How big their ass is and that's what I look at. I look at their ass. The ass is fat on a woman (Participant 80, 40 years old, Black).

This is not to say that participants did not find women's chests attractive. In fact, nearly all participants explained they were attracted to both women's chests and buttocks. Just as with their attraction to the bodies of men, participants' physical attraction to women tended to be in line with "traditional" gender roles and norms.

"Emotional connections" with women, "better understanding" with men—

Participants indicated they were attracted to the connection they made with both men and women; however they experienced these connections differently. Many participants found emotional connections with women, but felt men were better at understanding them. As Participant 40 (48 years old, White) explains:

There's more of a closeness with women and there's more of an understanding with men. It depends on the man. I really can't group them all together. I don't know how to answer it.

Similarly, several other participants explained this in much the same way:

That you can usually relate a little bit better to a guy. They understand you more because I mean you're both guys so you kind of understand that there's no real gap in between—well I don't really understand what's going on because you're a guy and I'm a girl and we don't do that so (Participant 48, 30 years old, Black).

Further, participants experienced connections with other men as friendships and that this type of connection allowed them to "be themselves" in front of men in ways they might not be able to be with women:

Just hanging out. It's a different comfort level [with men], like with friends and stuff, where I can kind of be myself, and not have to worry about what I'm saying, if it's right or wrong (Participant 53, 21, Latino).

Similarly, Participant 16 (22 years old, White) expresses that he is better able to relate to individuals of the same gender, and that there is a sense of camaraderie with men not found with women:

Camaraderie. It's a lot – you know, you relate better to your same gender, so like as friendships, as I have a lot more male friends than I do female friends.

While Participant 16 expressed a sense of "camaraderie" with his male partners he continues on to describe his lack of emotional connection:

No, not really. I mean, I don't like meet a guy, and fall in love with his personality or anything. So, sexually not at all, and emotionally, I don't want to like be committed with a male at all.

Furthermore, Participant 18 (22 years old, Black) suggests his connections with men are purely sexual:

Mens? I like them like rough; you can hit; you can do it rough. I mean, it's more men are men, and it's – you don't care about, you know, you hurt him or not. You just go and do it. It's more exciter. It's more sexual; it's never about – you don't care about him. It's just most – just [with your own], I guess.

Here Participant 18 suggests there is less fear of physically hurting a man during sex compared to a woman, but also states, “you just don’t care about him.” Beyond friendship, and sex, most participants did not have emotional attachments to other men to the extent they did with women.

For example, men expressed feelings of being taken care of, with women fulfilling an emotional need:

Yeah, I like the way that women can communicate freely about emotional subjects and not be looked at like they’re some kind of a weakling or some kind of a punk. I like that or I envy it. Let me put it that way. I enjoy being able to talk to a woman and well, not all women, but some women and be able to get free emotional information or guidance because they don’t care. They’re willing to throw it out there and men are a little bit more guarded and trying to be all tough and when you’re trying to get to the bottom, they’re throwing a wall under around it. Oh, man, it ain’t like that. No, you can’t get the real deal. You got to dig too hard and try too much and I’m not in for that (Participant 67, 37 years old, Black).

Overall, participants expressed that they experience connections with men and women differently. For many, connections were influenced by gendered expectations, or the expectations of how men and women will interact differently, with regards to emotionality, as well as the participants’ beliefs about their own interactions with women and other men as gendered individuals (e.g., how participants believe they should interact with others based upon their perceived gender). As expected, because of the gender norms within U.S. culture, participants experienced connections with other men as friendships. They had the perception that other men could better understand what it is like being a man, but were lacking in emotionality (Nardi, 2007; Connell, 2002). With women, a sense of deeper emotional connections was expressed, which is perhaps an outcome of gendered expectations of women as being more emotionally available than men (Connell, 2002; Nielsen, Walden, & Kunkel, 2000).

Women as representation of men’s masculinity—Participants often suggested that being with an attractive woman displayed their own level of masculinity:

Oh, yes, attractive women always hanging off your arm is a symbol of either virility or strength or power or something, yes, socially attractive (Participant 125, 36 years old, White)

Not only was being seen with attractive women symbolic of participants’ masculinity, but as Participant 39 (45, Black) explains, it was others knowing they were having sex with attractive women that conveyed their masculinity to others:

Since I’m this so-called big protector, usually when I’m with women and it’s less of a draw when you’re with a man so yeah, I think emotional attraction would be, I mean would be with this girl, she’s bad and yeah, I’m going to fuck her.

While these quotes display participants’ construction of women as a representation of their own masculinity, they also point to women allowing the participants to fulfill their role as the “big protector.” However, not all traditional stereotypes of women’s roles were found to be attractive. Specifically, participants did not find women who were unintelligent to be attractive, even though traditional gender norms for women require women to be smart, but not smarter than men (Crane & Crane-Seeber, 2000). However, in many instances participants valued women with a high degree of intelligence, which they could infer from a woman’s ability to communicate well (a gender stereotype) and to express opinions:

Well, the person, the young lady has to be able to communicate effectively, has to be able to have some sort of language skills to express an opinion or just be able to talk like you've had some education. Don't like cursing. I like a lady that's anticipative and what I mean by that, she can anticipate your needs or will not necessarily take care of you but know what you need, kind of a nurturing person (Participant 74, 35 years old, Black).

In this instance, attraction to women involves a specific kind of "feminine" intelligence in which the woman has to be able to communicate well but not use curse words. Participants did not require intelligence in other men. Attraction to men was not influenced by how well they carry themselves in terms of demeanor and intelligence:

It's kind of strange; it's a little bit different with that. As long as they're not really stupid and attractive I'm fine with it. If they're really goofy, goofy dumb I don't care how attractive they are. Women have to be intelligent, men don't have to be, it sounds kind of weird but it's just the truth (Participant 54, 45 years old, White).

Participant 54 explicitly states "Women have to be intelligent, men don't have to be..." pointing to notions of gendered expectations of women and men's behavior and the ways in which these expectations influence sexual attraction. Although the issue was not addressed specifically, it did not appear that intelligent men were seen as attractive or, at the very least, that unintelligent men were unattractive in the same way that unintelligent women were.

Sexual Behaviors

Versatility, sexual options, and limits on sexual behaviors—Participants expressed having more extensive sexual options with men compared to women in terms of physical limitations, comfort, and preferences for specific behaviors. Participants explained they felt there were more choices sexually with men:

Well, I mean that my role is both top or bottom so that's something that I enjoy with a guy and of course it's something that I cannot really feel that fulfilled with a woman (Participant 14, 25 years old, White).

Participant 14 explains that sex with other men allows him to experience more sexual positions and fulfillment.

Most participants reported only engaging in anal sexual behaviors with male sexual partners and would not consider engaging in these same behaviors with female sexual partners. Specifically, participants indicated they would not allow a woman to insert anything into their anus:

Like if someone put something in my anus, I would do that just with a man, not with the women like if it's a toy, if it's a something or even finger or something, I would let just men do that, not women. I don't know but I wouldn't do that (Participant 28, 34 years old, Latino).

Not only did participants feel uncomfortable with women inserting something into their anus, but often explained they did not like doing this with women:

Like finger their ass, licking their ass. I just like to do that to guys. I don't like to do that to girls. I don't know why (Participant 15, 34 years old, Latino).

When asked why they did not engage in, nor have a desire to engage in, these behaviors with women, participants replied that women did not like anal sex or were not sexually aroused by anal sexual behaviors with women:

I've never tried having anal sex with a woman. I don't know, that doesn't do anything for me, whereas with a guy it's everything, you know? It's very exciting (Participant 43, 27 years old, White).

Additionally, while participants perceive women as not liking anal sex and not being aroused by it themselves, they also indicated that sex with woman did not involve anal sex or that it was not part of the role of a man during sex with a woman:

Just once again, the whole role thing. A lot of women wouldn't find [anal sex] very appealing (Participant 125, 36 years old, White).

Regarding the role of men during sex with women, some participants suggested that allowing a woman to insert something anally would make them feel degraded:

I won't let a woman, or I haven't let a woman put their finger, a lot of them, put their finger in my ass, just a couple. No, never, no. I don't know. I just, I would feel degraded. It would be a weakness on my part. (Participant 41, 30 years old, White)

While most participants explained they were uncomfortable with having a woman insert something into their anus, a handful indicated being the receptive partner during sex with a woman during sex was something they enjoyed. However, participants' female partners were not willing to take on the insertive role during anal sex often, or at all:

But I really like anal sex, and my regular woman partner that I live with, I've asked her over and over again to use a strap or something like that, and she did it once, and she won't do it again. But it's just an overwhelming desire to ride a cock, to have it in me, and bigger is better to a degree. (Participant 66, 57 years old, White).

There were fewer limitations for oral sex. A common response was that oral sex behaviors were similar for both genders:

With the men, I'll probably either have oral sex with them. I'll either give him some head or he'll give me some head or I have sex with him. With a woman, I'll give her some head. She'll give me some head and I'll just have sex with her. I mean it's basically the same, basically but I'll give her some head and she'll give me some head. Yeah, basically the same (Participant 37, 29 years old, Black).

Unlike anal sex, reasons for not performing oral sex on male or female partners were based on personal preferences.

Well, with the man I never really had sex with, but my experience with oral sex, I wasn't as aroused as I was with a woman. And with a woman, it just comes more easily, and naturally. (Participant 53, 21 years old, Latino).

However, participants often indicated they did not like performing oral sex on female partners compared to male partners, "I just, I don't like eating a girl out, never have, never will" (Participant 49, 26 years old, Black). Participant 6 had similar sentiments regarding oral sex with female partners, "*Oral. I hate giving females oral. It sucks*" (Participant 6, 20 years old, Black). Participant 20 (41 years old, Black) had similar sentiments regarding performing oral sex on women:

I don't really like oral sex, vaginal oral sex. I don't really like that. I don't know why but I don't really like it.

However, some participants relished oral sex with women. Additionally, participants' feelings toward oral sex with women were often based upon perceptions concerning women's pleasure during, and desire for, oral sex:

I really, really, really enjoy oral sex, giving oral sex with women. It's mind-boggling. I mean that's the first thing I do regardless of the situation. I've never had

any complaints. I've never had any – they've always said that they've never gotten off by a guy that way before and to me that makes me feel great that I can do that plus just the taste is so great. But as far as things I don't like with women, no, not that I can think of (Participant 62, 24 years old, White).

Many participants did not express the same reservations concerning receiving or performing oral sex with male partners. Participants frequently indicated they enjoyed oral sex with men or and it was often the only act they participate in with other men:

Yes, because with a man, I'm more interested from an oral perspective. When you get to the point of penetration, a woman is the orifice of choice. Let's put it that way (Participant 66, 57 years old, White).

However, participants often reported that oral sex with men was strongly influenced by the appearance of their male partner or their degree of sexual attraction:

OK, well, there's some guys that I will give head to and there's some guys I won't and then... I don't know because I got in my head that especially if my dick's bigger, there's no way and then, if I fuck you before, you're not fucking me at all. And then, also, if I'm not mentally handicapped because of substance or alcohol or whatever then I'm really not doing anything for them (Participant 39, 45 years old, Black).

Participant 49 (26 years old, Black) had similar requirements for performing oral sex on men. Specifically, male sexual partners had to be "the whole package:"

Unless the guy, it's the whole package deal, if the guy has a smoking hot cock, his body's bangin', he's mentally in my head, if it's all the right, all the stars align and all the planets are, then [oral sex is] a go but if not, no (Participant 49, 26 years old, Black).

Taken in conjunction with attitudes towards female genitals, some participants may not like performing oral sex on women because they find women's genitals unattractive. This is similar to how other participants described only wanting to perform oral sex on a male sexual partner is if his genitals were attractive, in terms of both appearance and size. However, other factors played into oral sex with men such as having to be under the influence of a substance or everything about the individual, as well as the overall appearance of their male sexual partners. Sexual roles of men and women and gendered sexual behaviors. Common throughout interviews was a sense of differing gendered sexual roles. Role taking was often influenced by context. Additionally, participants assigned meaning to certain sexual positions primarily with male partners. Participants often indicated that during sex with a woman they were always the "man" whereas with men this was not necessarily the case:

It's different with a man depending what type of man you're dating like one of the questions were you going to be the top or the bottom in this relationship where with a woman side, you are the man. I mean she might take control of it but you're still the man in the relationship so there is a difference (Participant 25, 28 years old, Latino).

Participant 25, expresses he is always the man during sex with a female sexual partner, but this is not always the case with male sexual partners suggesting more versatility with men. However, he also points to gendered beliefs regarding sexual position taking with male sexual partners. In other words, some sexual positions with male sexual partners may be considered taking on a feminine role. This idea is further conveyed by Participant 62 (24 years old, White):

Yeah. I mean it definitely is. I mean for whatever reason, my mindset shifts from this dominant to submissive role depending on who I'm with.

Participant 62 (24 years old, White) continues by explaining that with women he is more dominant and more in control "[Sex with women is d]ifferent. I mean with women I like to be more in control, more dominant." Other participants also assigned gendered meaning to sexual positions with other men. Participants felt they had to take on the "man" role during sex with women, through this was not always the case with a male partner:

It's all about playing the female role. I don't know how else to describe it. When I'm with a man, I'm not saying that I never would, I just haven't [been the receptive partner]. But it doesn't, I don't know how I would feel if a guy, he would have to be, again, playing the role of the male and me the female for me, probably, to get into that (Participant 44, 59 years old, White).

Participant 44 describes that sexual positions during anal sex with men are associated with gendered sexual roles with the receptive partner taking on a female role and the insertive partner taking on the masculine role. Similarly, Participant 66 (57 years old, White) perceives the gendered sexual roles of men and women as insertive and receptive, respectively, however he explains that being the receptive partner during anal sex with a man allows him to "evoke" his femininity:

But just being able to evoke my femininity, if you will, to be able to be on top, and riding a cock, or be on my back with my legs up, and have a guy on me, that brings such strong orgasm.

These participants' experiences suggest they perceive themselves as having the ability to take on both gendered sexual roles depending upon the contextual factors of the sexual interaction. While their conception of gendered sexual roles are limited by traditional beliefs concerning the appropriate sexual behaviors for men and women, participants who express taking on the "female role" during sex with a man may desire to express both their "masculine" and "feminine" selves. Some participants made associations between being the anal receptive partner with men and taking on a female role or exploring their femininity. However, as indicated by Participant 66, this association with taking the "feminine role" was not necessarily negative, but associated with enjoyment and pleasure.

Caressing, kissing, and intimate sexual behaviors—Intimacy, caressing, and kissing were often behaviors described as reserved for women. Sexual behaviors with men were often considered just that (sex) with little emphasis on behaviors relating to intimacy or closeness. Similar to themes related to attraction, participants perceived fundamental differences between genders regarding intimacy. Further, these differences suggest that participants derive different sexual needs from men and women:

I don't know. With a woman, sometimes there's emotion in there. Sometimes, there's just a good one night stand. With the guys, it's just hey both of us need to get off or I want to get you off if I get pleasure and just kind of volunteer yourself (Participant 24, 35 years old, White).

Participant 23 (41 years old, White) also expressed that sex with male partners was devoid of emotion:

Because with a woman, I'm in love with her, and there's more emotions attached to the sex. For the guys, it's just a bam, bam, thank you, and we're done (Participant 23, 41 years old, White).

Specifically, participants expressed they had little desire to kiss other men, but with women it was arousing and enjoyable. For Participant 66 (57 years old, White) sex with men does

not involve kissing and that it is “like kissing your sister.” Further, Participant 66 describes an unexpected kiss from a male sexual partner which he characterizes as “OK”, but expresses some confusion regarding how it occurred, most likely an outcome of his beliefs about kissing and intimacy with men:

I have kissed men but it’s kind of like kissing your sister. It’s not exactly, you’re not going to get – let’s put it this way. That’s where it goes back to like that one couple I told you about, that I was closer to the guy and there was a long time where I just kind of like kissing a guy did not but one time he came up and kissed me and it was OK. And I kissed back but it wasn’t and after it was over with, I’m going how did that happen and where did that come from but it’s not taboo but it’s not something that I go in, like yesterday with a guy, I don’t think it was a consideration on either of our parts.

Often participants expressed confusion regarding intimate sexual behaviors with other men or did not consider the possibility of emotions, such as love, with male sexual partners. In fact, sex with men was often described as aggressive and lacking in emotion:

I’m more aggressive when I’m with a man, and with a woman I don’t feel like I have the need to be as aggressive, I guess (Participant 76, 21 years old, White).

Participants not only differ in their attractions toward men and women, but also attach the same meanings to sexual behaviors with more intimate behaviors. That is, those behaviors more in line with intimacy or emotion are often associated with sex with women and sex with men was characterized as aggressive, rough, or lacking in emotion. These findings taken together suggest that behaviorally bisexual men may fulfill different sexual needs with both men and women. For these participants, female sexual partners allow them to take on, as they describe it, a masculine role, whereas sex with men is more versatile allowing them to take on either the feminine or masculine role.

Perceived Sexual Risks & Condom (Non)Use

Unavailability of condoms—One of the most prominent themes concerning barriers to condom use with both men and women was the unavailability of condoms:

If I don’t have them on me. If I don’t have the condoms on me, you know. That’s just basically it, yeah (Participant 21, 42 years old, White).

Similarly, Participant 13 (42 years old, Black) explained, “[j]ust not by having [a condom] there at that time and place. That’s probably the most difficult.” Participants explained that lack of availability of a condom was an issue compounded with a strong desire to have sex:

Just, I don’t know, I guess not having one at the time and you be (sic) wanting it so bad, you know what I’m saying? And you just be going in (Participant 101, 20 years old, Black).

However, particularly with men, unavailability of condoms was often an outcome of participants not planning to have sex.

Unplanned sex or being caught in the moment—One of the most common reasons for not using a condom was not having one readily available, especially in cases of unplanned sex with men. Most often, participants indicated that instances of not using a condom included unplanned sex, which influenced influencing decisions concerning condom use:

Most of the time, I do use condoms [with men]. Just like I said, just sometimes you just don’t have them there, or you don’t plan on it happening, or you just get in the

mood and just kind of forget or like I said, someone who were just kind of intoxicated and just fall into it (Participant 24, 35 years old, White).

Participant 42, like above, expresses that it is not difficult to use a condom with male sexual partners, but that are instances when he is caught in the moment and “loses track of everything”:

It’s not hard [to use condoms with men]. I just forget or you just – you know, at the moment, you just lose track of everything (Participant 42, 22 years old, Black).

This tended to occur more often with men compared to women suggesting that intentions to have sex with women may be more salient for this group. The lack of intention to have sex with men may be an outcome of larger social processes ascribing sex with women as normative, but sex with other men as taboo, possibly making it harder to plan for sex with men and therefore prepare by having condoms available. However, this does not imply that condom use was low with men compared to condom use with women. Most participants reported using condoms with men ($n = 50$, 67.7%), but described instances when condoms were not used it was more difficult with men because of not planning or being caught up in the moment.

Substance use—Participants often expressed that sex with other men occurred during times of alcohol and other drug use which influenced decisions around condom use:

Like alcohol could be, you know, that could make it difficult because in the drug stage, one really doesn’t care about protection (Participant 32, 21 years old, White).

Participant 29 (22 years old, White) specifically indicates he wants to use a condom, but being under the influence of alcohol makes it difficult because of his “values” being lowered and his increase desire to have sex:

Okay, principally values. When you are drunk you don’t care to protect yourself and you want it to happen and that’s it. Because with my five senses I would protect myself, but when you are drunk it is different (Participant 29, 22 years old, White).

Some participants explained that substance use was needed during sex with men to make them more comfortable. Participant 59 (38 years old, Latino) describes his comfort with sex with both male and female partners indicating that sex with men is “only about penetration,” and to participate in behaviors beyond that would require the use of drugs or alcohol:

Yes, or maybe, I can touch her wherever I want. I can do to her what I feel she will enjoy and I feel good. And with a man no, it is only penetration. I imagine I have to be more drunk or drugged in order to do more things with a man. With a woman I do not have to be drunk or drugged.

While this participant reports needing alcohol to participate in intimate sexual behaviors with other men, his experience is similar to others who indicate that sexual interactions with men may often require being in a “drunk or drugged” state of mind. Coupled with experiences concerning emotional connections with men, substance use may be influenced by feeling uncomfortable participating in specific sexual behaviors with male sexual partners, increasing drug and alcohol use, and making condom use more difficult. In other words, the difficulty participants expressed in making connections with men beyond “penetration” may influence condom use via substance use and other mechanisms.

Feeling, comfort and sensation—Participants often cited lack of feeling, comfort, and sensation as barriers to condom use with women, in particular. Whereas barriers to condom use during sex with men were most often an outcome of unplanned sex, being caught in the

moment, or substance use, barriers with female sexual partners tended to be more physical rather than contextualized:

I would say with women [it is more difficult to use condoms]. It feels different when you have sex with women with condom and without condom. It feels totally different (Participant 28, 34 years old, Latino).

Similarly, Participant 13 (42 years old, Black), agreed that using a condom with a female partner is often more difficult than with a male partner, indicating there is greater sensation when not using a condom:

[It is more difficult to use a condom with a f]female partner. Because of the sensation and the juices and everything like that. You just have more sensation.

This does not imply that participants were not using condoms with women, as the majority used condoms during their most recent sexual event ($n = 48$, 64.0%), but rather when condoms were not used with women, factors concerning loss of sensation were most prominent. This theme did emerge concerning sex with men, but to a lesser extent:

It's the feeling; so, do you feel it, you know? But generally you're talking a risk. And sometimes it's hard to do it. And that's one of the things. And another thing is you feel like way different without a condom than with a condom. So, that's what it is. Sometimes you just feel like a plastic go over your penis; that was it. You don't feel like it's really warm, especially when you're doing it with mens (sic). It's more like deeper than the womens (sic). Womens (sic) are more lubricate, I guess, so with a condom, or without, it feels the same, but not with a mens (sic), because when you have an anal relationship. I mean, anal intercourse. I mean, when you put it without – with a condom on it, you don't feel like warm at all. But when you put it without, it's like warm; it's like – it's more pleasure (Participant 18, 22 years old, Black).

This participant, unlike others, suggests that condom use with women does not change the sensation during vaginal sex, but it does change the feeling with men. Overall, not using condoms with women was often related to decreased sensation most likely leading to less physical pleasure. However, this theme did emerge regarding condom use with men as well, unlike unplanned sex, suggesting lack of feeling or sensation may be less specific to either sex with male or female partners.

HIV, STDs and spreading disease—Participants could be categorized into three specific groups regarding to perceptions of their HIV risk. First, some participants did not see HIV as a risk because they always used condoms:

Not HIV because I'm safe when it comes to that. STDs? I think STD would be a – now, making me think. STD would be a yeah, STD I think would be a major risk but I don't have it. But I'm not saying that it can't happen like I said (Participant 25, 28 years old, Latino).

Other participants viewed HIV as the most severe sexually related health issue:

For myself? Again, based on the severity of HIV, it's probably one of the biggest issues. You have to deal with. Maybe like a minor like – a treatable STD, nothing really (Participant 16, 22 years old, White).

Last, some participants perceived HIV as a risk, but that this was not specific to whom they have sex with (i.e., whether gay, straight, or bisexual), but rather an issue because of unprotected sex:

I mean there might be like STDs, HIV, but it's not like a matter of like sexual orientation, it's a matter of careful about who you have sex with if they're just being (Participant 14, 25, White).

In most cases, participants realized HIV and STDs were potentially sexually related risks, but often participants described STDs as treatable and less severe:

For myself? Again, based on the severity of HIV, it's probably one of the biggest issues. You have to deal with. Maybe like a minor like – a treatable STD, nothing really (Participant 16, 22 years old, White).

Participant 16 differentiates between HIV and “treatable” STDs explaining that the latter are “nothing really,” suggesting he does not perceive other STDs with the same degree of severity as HIV. Participant 44 (59 years old, White) agrees with this explaining that HIV and AIDS are obviously “the worst” and individuals in his situation should be “aware and afraid” of becoming infected with HIV. However, he explains this in relationship to STDs indicating that “most are controllable,” possibly suggesting, like Participant 16, that STDs are perceived as less severe because they are more manageable:

The obvious and the worst of those, HIV and AIDS. Most of the other STDs are controllable. Anyone with a family that is doing what I'm doing has to be aware and very afraid (Participant 44, 59 years old, White).

It appears that for some participants the threat of HIV was paramount to STDs because STDs are treatable or controllable. However, HIV and STD risk were reasons for using condoms with men:

I'm pretty safe. Well, I should say I am safe, and so I don't think there's any sexually transmitted diseases type issues. I'm pretty – I always use a condom if I'm having anal sex. I guess you could get something from oral sex, because I don't put a condom on, but I'm usually pretty safe (Participant 46, 41 years old, White).

Participants indicated that they used a condom when they were the receptive partner during anal sex with a man, but were less likely to use a condom during oral sex:

Oh, I always use them; I always use them. With anal sex I always use them, especially if I have anal sex. Now, maybe we just have oral sex or something I probably won't (Participant 26, 48 years old, Black).

Likewise, Participant 45 (41 years old, White) indicates he does not use condoms unless he is the receptive partner during anal sex, “[g]osh, I haven't used a condom [in] forever unless I'm getting bottomed, there's always got to be a condom.” Condom use with men appears connected to those sexual behaviors associated with high risk. Similar to decisions concerning condom use with women, participants were influenced by the level of perceived risk of becoming infected with HIV or STD.

Participants often expressed a lower perception of HIV or STD risk with women. As Participant 42 (22 years old, Black) describes his perception of other men's condom use with women:

STDs and HIV. Well, I think – is – guys – they think that they use condom just for against pregnancy. They don't really – I think they – I think – that's my opinion. They don't really think about the diseases. They just think about pregnancy, and if the girl says, oh, I'm on the pill, oh, he said, well, okay, I do it without condom. So which means the girl – okay, she's on the pill, but she might be sick some way, you know, and the guy assume that he – she's clean and just do the thing and then go to the other guys and have sex, and you spread more disease (Participant 42, 22 years old, Black).

Unintended pregnancy was the most apparent protective concern during sexual activity with women as suggested by Participant 42.

Pregnancy, birth control & inability to become pregnant—Participants did not view pregnancy on the same level of risk as HIV or STDs. Unlike being unable to know if a partner has HIV or an STD participants indicated they were aware of the possibility that a female partner could become pregnant:

There's always a chance, and then with women, unprotected sex, you always have a chance having a pregnancy (Participant 46, 41 years old, White).

Unintended pregnancy was often a concern for participants when having sex with female partners. Participant 20 (41 years old, Black), indicates he only uses condoms with women during vaginal sex, and not during oral or anal sex, to avoid unwanted pregnancy:

All the time with vaginal intercourse, never with oral, and never butt in without a condom just because I'm thinking about her pregnant and all that. I didn't want to deal with all that.

There appears to be a disconnect between perceived HIV or STD and sexual partner's gender. In other words participants were aware of risks associated with unprotected anal or oral sex with male partners, but did not make these same associations when participating in the same sexual behaviors with female partners. Not all participants were concerned with getting their female partners pregnant. Some participants did not perceive pregnancy as a negative consequence. For example, Participant 25 (28 years old, Latino) expresses that a female partner becoming pregnant would not necessarily be problematic:

Well, they're risks. Yes, pregnancy with a woman, yes, true but you are already aware that that's something that can't happen I mean if you go to that feel. In my case, I know that if I have sex with a woman, that will be something that may happen and I'm pretty open to that anyways.

Similarly, Participant 54 (45 years old, White) explains that he does not use condoms with female sexual partners because it a "thrill" that these sexual partners may become pregnant:

I like the thrill of knowing that they could get pregnant, and couldn't. It's a rush for me. I like kids; that's why I've got four (Participant 54, 45 years old, White).

Participant 54's explanation for not using condoms with women appears to be an outcome of a desire to have more children. For some participants, a strong desire for children or expectations of starting a family influenced decisions around condom use. Participants who indicated it was more difficult to use condoms with women explained it was because their female sexual partners were on birth control or unable to have children:

Some say and then, they're older and they've had their tubes tied or they say they're on the pill (Participant 24, 35 years old, White).

Other participants did use condoms with women and indicated the primary reason was not wanting to have children:

I always use a condom, because I'm deathly afraid of having a kid – I mean, even though I'd be a good father, but I just want to have a kid, and not be married (Participant 46, 41 years old, White).

While participants did use condoms with female sexual partners, they described it being more difficult to use condoms when these partners indicated they were on birth control or unable to have children.

Discussion

According to study participants, attraction to men and women appears to be influenced by “traditional” beliefs about gender and gendered presentation. In other words, participants typically found women who were feminine and men who were masculine to be attractive. Further, gender presentation was important in terms of participants’ perceptions of how others viewed their level of masculinity. Specifically, participants were concerned with being seen as less masculine if individuals they were with publicly transgressed in their gender role, especially if other men they were with acted in feminine ways. In other words, participants believed that others perceived them as more masculine if the women they were with were stereotypically attractive (i.e., feminine in appearance) and had less reservation of interacting with other men they perceived as masculine. Although not explicit, it may be this same reasoning which makes feminine men unattractive. To be seen socially with a man who does not act, or appear, in normative masculine ways may influence men’s belief concerning how others around them perceive their level of masculinity, and by extension their sexual orientation. Given that this study focused on behaviorally bisexual men, regardless of identity, for these participants concerns over discretion of bisexuality were paramount for some participants, making them less apt to affiliate with effeminate men. These studies point to the existence of “sissy-phobia” which constructs feminine men as less attractive and as carrying the potential to detract from one’s perceived masculinity when in the presence of others (Bergling, 2001; Connell, 2002; Kendall, 2006; Kimmel, 2006).

Not only was gender explicit in attraction, but also attraction to the physical body. Most often participants found those body parts specific to a sexual partners’ sex to be what was attractive about their physical bodies. For men, participants found the genitals to be attractive, not simply the penis itself, but also the size, shape, and look. Several participants expressed they desired a larger penis and would only perform certain sexual acts if the penis was desirable to them. Further, for many, the rest of the male body was of little value. While other body parts were attractive, such as the chest or arms, they were most often described in relation to having a good or muscular body, therefore, attaching attractiveness toward men to notions of musculature. While participants did make references to women’s chests, the word chest was not used at all. Rather, words like “breasts”, “titties,” or “boobs” were used.

While men’s genitals were a site of attraction, women’s tended to be less so. Rarely did men express they were attracted to women’s genitals with regards to physical appearance. In fact, outside of women’s genitals being “moist” or “warm”, participants often indicated they did not like vaginas that smelled bad, were too loose, or did not conform to expectations of femininity. However, this is not specific to behaviorally bisexual men. Taken in a cultural context, devaluing of women’s genitals is a fairly common practice which may make it more difficult to have positive associations concerning women’s genitals compared to men’s genitals (Herbenick, 2009; Schick, Rima, & Calabrese, 2010)

In addition to gendered aspects of attraction, issues emerged around connection and closeness to male and female sexual partners. Participants were attracted to the perceived nurturing character of women and the ability of men to understand other men. However, participants suggested that making deeper connections with men was more difficult, more often, they had little emotional connection to men and relationships with men were friendships or purely sexual. Cultural norms assign women to a nurturing, caregiving role and men to an often emotionally distant one (Crane & Crane-Seeber, 2000; Connell, 2005). This can be seen when individuals violate these roles (e.g., women who are emotionally distant) and are sanctioned in a variety of ways for their gender transgressions. In this way, beliefs concerning the ability to connect with a partner may be influenced by how men believe each gender should behave and the actual degree of emotion expressed towards men

and women in a given context as a result of gender socialization. With women, participants felt taken care of or nurtured, but perceived a greater degree of understanding with men suggesting that participants may feel more comfortable being emotionally vulnerable in front of women and less so with men. Similar to findings in Connell's (2005) work, a man's expressions of emotion in front of other men challenges their position with the gender order because of the relationship between femininity and expression of emotion, beyond masculine emotions such as anger, outside of a handful of masculinized contexts.

Because the position of men who have sex with other men is similar to that of women in U.S. culture, it is interesting that participants did not feel comfortable with emotions around their male partners. However, a more nuanced analysis suggests that because behaviorally bisexual men value men who embodied traditional masculine stereotypes, it may be difficult to detach norms, such as emotional detachment, from gender performance with male sexual partners. Additionally, because many of these men were behaviorally bisexual, but not self-identifying as such, connections beyond sex may be difficult or less relevant to establish in light of normative beliefs concerning interactions with other men. While sex with men does dismantle these normative beliefs to a degree, the apparent disconnect between sexual behaviors, sexual attraction to the body, and emotional connection between genders appears to be an outcome of hybrid sexual scripts for behaviorally bisexual men found in other samples of sexual minorities (Mutchler, 2000). Mutchler's (2000) work addresses how young gay men adapt normative heterosexual scripts, pervasive within the United States, in making sense of their sexual lives. In a similar fashion, participants modified dominant sexual scripts by engaging in sex with men; however, similar to Mutchler's (2000) findings, they were constrained by these same dominant sexual scripts in that sex with men was often limited with regard to emotional connection, sexual positions were given gendered labels (e.g., receptive anal sex as the "female" role), and sex with women represented "normal" behavior and allowed for emotional closeness. In other words for some participants, these "hybrid scripts" construct sex with men as acceptable so long as it remains devoid of any emotional attachments beyond friendship or possible emotional expressions found in sexual behaviors or relationships with women.

Sexual behaviors with men and women also fell along gendered lines in a similar fashion as attraction. Participants often described their sexual experiences with men as being more open or allowing more choice. This was not only because participants felt less likely to be judged by male partners, but also because there were more options for penetrating a man and because male partners were more willing to participate in anal and oral sexual behaviors compared to women. This was not simply availability of options as many participants indicated, but rather unwillingness to participate in anal sexual behaviors with women. It appears decisions around sexual behavior were influenced by normative attachments to gendered sexual roles of men and women. A small number of men did report receptive anal sex with women. For these participants, receptive anal sex still represented taking on the "female" role, but their focus was on the object being inserted into their anus, and the pleasure they received, rather than the gender of their sexual partner. In this case, normative sexual scripts are modified to make receptive anal sex with women ("pegging"), in the words of one participant, acceptable. However, while participants taking part in this behavior often describe it as taking on the "female" role (even with women) it appeared that the gender of their partner was insignificant. This may suggest receptive anal sex is acceptable so long as the focus of the interaction remains on the object, including a penis, being inserted into their anus and not on their sexual partner.

Additionally, many participants indicated they were not comfortable with women inserting anything into their anus because they would feel degraded or emasculated. These associations to being penetrated by a woman and feeling feminine are most likely an

outcome of perceived sexual roles of men as penetrator/masculine and women as penetrated/feminine. These findings are similar to those found by others (Doll & Beeker, 1996), but expands upon this previous work to not only include adherence to traditional gender roles by behaviorally bisexual men, but also that these participants expect others to behave in normative gendered ways regarding sexual behavior. While a variety of sexual behaviors occurred with both men and women, beliefs about which sexual positions, as well as emotions that could be attached to those, remained in the realms of either a “male” or “female” role.

Participants suggested more versatility with male sexual partners, but often assigned gendered meaning to sexual behaviors. While the majority of participants differentiated between masculine and feminine sexual behaviors, some enjoyed taking on what they labeled the “feminine” role with men (i.e., taking on the receptive role during anal sexual activity), suggesting this may represent for them a way to break down normative associations concerning their own gendered sexual roles. Similar to Kippax and Smith’s (2011) work, these findings suggest taking on the receptive or “female role” during anal sexual activity with men may not present challenges to their gendered position, but in fact may represent a way to express themselves beyond binary gendered and sexual systems.

Additionally, participants may turn to male sex partners for receptive anal sex in instances where female partners may be unwilling to fulfill this desire. Some participants indicated they were only attracted to men’s genitals and not to other aspects of the body. Taken in conjunction with a desire for anal sex and being fearful of female sex partners’ negative reactions, or previous rejection concerning anal sex, the genitals of men may be the only part of a male sexual partner’s body that is attractive because it is the only body part from which they derive pleasure from a man. In fact, many participants were often reluctant to express intimacy or emotion with male sexual partners compared to female sexual partners suggesting that gender expectations play an important role in how participants interacted physically, socially, and emotionally with male and female sexual partners.

Condom use was a common practice among participants with both men and women. In instances where condoms were not used participants provided a variety of reasons. They indicated unavailability of condoms, as well as unplanned sex, made it difficult to use condoms, primarily with male sexual partners. Participants reported that not planning to have sex with male partners often made it more difficult for them to protect themselves. Not planning for sex with men may be influenced by heteronormative sexual scripting, as can be seen throughout their descriptions of the gendered sexual roles. Because of dominant heterosexual sexual scripts pervasive throughout U.S. culture defining heterosexual sex as “normative” as well as making contexts in which heterosexual sex occurs easier to identify, it may be easier to contextualize situations in which sex with a woman may occur and therefore effectively plan for this by having condoms available. However, because of this same normative script, it may be more difficult to determine in what contexts sex with men will occur making it more difficult to prepare for such an event. Additionally, because any kind of sexual or romantic relationship with men may be perceived as deviant by others, planning for sexual activity with men may be more difficult as doing so may “out” behaviorally bisexual men.

Compounding factors of not being able to plan for sex and not having condoms are issues concerning substances use. Many participants either described the need for alcohol, and/or drugs, in order to participate in sexual activity with other men or that substance use had resulted in sexual activity with men. At the same time men described issues concerning substance use and sex, they also indicated that being drunk or high made it more difficult to use condoms. Because of normative beliefs concerning sexual roles, and socialization

concerning heteronormative sexual scripts, participants may use alcohol to decrease negative feelings resulting from sex with men. In this way, condom use is made more difficult because of issues related to unplanned sex in conjunction with substance use as a way to decrease feelings of discomfort, leading to decreased inhibitions, and influencing decisions concerning condom use during sex with men.

Not only was condom non-use an outcome of social and interpersonal issues, participants also reported physiological concerns in terms of feeling, sensation, and comfort. Participants reported it was difficult so use condoms with both genders because of the decrease in sensation during sex. Some participants expressed that it was a desire to feel the “warmth” or “moisture” of women’s genitals that made condom use more difficult. However others explained it was easier to use condoms during vaginal sexual activity, compared to insertive anal sexual activity with men, because women were more “naturally” lubricated so sensation was not decreased as drastically. While participants used, or did not use, condoms with women for similar reasons overall men describe women’s genitals as more “warm,” “moist,” and “naturally lubricated.” Better understanding how behaviorally bisexual men physically experience both men and women’s genitals, including the anus, as well as how they are perceived, may give better insight into decisions regarding condom use with both male and female partners.

Participants were aware of several sexual health concerns for behaviorally bisexual men including HIV/AIDS, STDs, and pregnancy. Often these concerns influenced decisions involving condom use. All participants believed that HIV/AIDS and STDs were concerns for behaviorally bisexual men. Specifically, respondents fell into three groups with regards to HIV. Participants associated men as having great potential to transmit HIV or STD and women as less likely to transmit disease, although participants did understand that HIV and STD risks could result from having unprotected sex with either gender. The most prominent sexual health concern with a female partner was unintended pregnancy, with participants explaining that this “risk” was something they were aware could happen anytime when having sex with women. This same awareness did not apply to male sexual partners with regards to HIV or STD. Participants perceived that a female sexual partner becoming pregnant was always a known risk, but exposure to HIV or STD with men, or women, was not. This may not seem significant, but becomes interesting when considering condom use with this population and public health messaging targeting other groups (e.g., “Use a condom every time”, “Assume every sexual partner has an STD”), such messages may not be effectively reaching this population or the framing of these messages may only apply to sex with one gender or the other (Dodge, et al., in press 3).

Participants indicated a primary reason for using condoms with women was to avoid pregnancy. When participants perceived a woman was unable to become pregnant, using condoms became more difficult. This is not to suggest that women’s use of birth control is a barrier to condom use but rather for some men a facilitator for not using a condom as it reduces the perceived risk of pregnancy. Similarly, condom use with men was predicated on the perception of sexually related risks with men. Condom use appeared to be influenced by perception of risk with regard to specific sexual behaviors with men (i.e., receptive anal sexual activity compared to receiving oral sex). Overall, condom use appeared to be influenced by whether or not participant perceived there to be a risk, whether disease or pregnancy, during sex with a partner either of gender.

Due to the nature of exploratory qualitative studies, our findings should not necessarily be extrapolated to be representative of all bisexual men. However, because it was the intention of the current research to understand the subjective sexual experiences of behaviorally bisexual men these findings may be particularly useful for developing holistic interventions

in this community, and possibly localities with similar social and demographic characteristics. Additionally, while our sampling strategy was multifaceted, it is improbable that all “types” of behaviorally bisexual men (e.g., married men, self-identified bisexual men, etc...) were recruited limiting that extent to which these findings are applicable beyond those participants who were recruited through the methodologies employed. Further, because we specifically recruited currently behaviorally bisexual men, the experiences described by participants may not apply to men who self-identify as bisexual or those who did not meet the time requirement for inclusion into the study.

Conclusion

Sexual attraction and sexual behaviors of behaviorally bisexual men in our study were influenced by heteronormative notions of gender and sexual scripts. Similar to previous research, this study found adherence to traditional notions of gender was common, particularly in regards to gendered sexual roles and sexual behaviors. Specifically, participants considered their roles as “men” to be attached to being the insertive partner or during sex with women. They believed that being the receptive partner with men required taking on a “female role.” However, taking on the feminine/receptive role was most often seen during sex with men and not with women. Understanding how men think about their partners and the way they believe they interact with their sexual partners in relationship to their beliefs about gender may provide further insight into such issues as condom use with both partners.

Condom use was influenced by social norms around appropriate sexual behavior with participants often citing not being able to plan for sex with men made it more difficult to use condoms with them. This suggests that helping behaviorally bisexual men understand that all forms of sexual behavior beyond those prescribed, by heterosexual scripts are acceptable could be beneficial, in de-stigmatizing their behaviors. Additionally, giving behaviorally bisexual men culturally congruent tools to better plan for sex with other men may decrease barriers to condom use. Further, decisions concerning condom use with male and female partners centered on the degree of perceived risk, meaning that contexts where risk was perceived as lower were often instances where men said they did not use condoms. Future research should explore both individual level interventions aimed at increasing behaviorally bisexual men’s awareness and skills for reducing sexual risk with male and female partners, and also structural level interventions to decrease stigma surrounding male bisexuality, which may offset risk indirectly as men learn that bisexual behavior is a valid and acceptable for of sexual expression.

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Table 1

Participant Characteristics (N = 75)

	n	%
Age		
19 – 24	24	32.0
25 – 29	12	16.0
30 – 39	13	17.3
40 – 49	21	28.0
50 +	5	6.6
Race/Ethnicity		
Black	25	33.3
Latino	25	33.3
White	25	33.3
Living Situation		
Living Alone	18	24.0
Living with Someone	57	76.0
Marital Status		
Single	55	73.3
Married	13	17.3
Separated	3	4.0
Divorced	4	5.3
Children		
None	41	54.7
One	15	20.0
Two	10	13.3
Three or more	9	12.0
Highest Level of Education		
Less than High school	16	21.3
High school/GED	22	16.0
Some College/Associate Degree	16	21.3
Bachelor Degree	14	18.7
Graduate School/Master's Degree	5	6.7
Professional Degree	2	2.7
Employment		
Yes	56	74.7
No	19	25.3
Monthly Income		
< 1,000	31	41.3
1,000 - 1,999	20	26.7
2,000 - 2,999	13	17.3
3,000 - 3,999	3	4.0
>4,000	8	10.7

Table 2

Example questions by coded theme and subtheme

Theme	Subtheme	Example Questions
Attraction to men and women	Masculinity, idealized manhood, & manliness	What do you find physically attractive about men?
	Femininity & idealized womanhood	What do you find physically attractive about women?
	“Emotional connections” with women, “better understanding” with men.	Is your sexual attraction to men and women different ?
Sexual behaviors	Women as a representation of men’s Masculinity	What do you find socially attractive about women?
	Versatility, sexual options, and limits on sexual behaviors	Are there things that you specifically like or do not like about having sex with men/women?
	Sex roles of men and women	Are there
	Gendered sexual behaviors	Why will you only engage in these behaviors with men?
Perceived sexual risk & condom (non)use	Caressing, kissing, & intimate sexual behaviors	
	Unavailability of condoms	What makes it difficult to use condoms with men?
	Unplanned sex or being caught in the moment	What makes it difficult to use condoms with women?
	Substance use	What are health risks for bisexual men?
	Feeling, comfort, & Sensation	What do you think are health issues for yourself?
	HIV, STDs, & Spreading Disease	Is it more difficult to use condoms with men or women?
	Pregnancy, birth control, inability to become pregnant	