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Introduction to the Special Issue: Bisexual Health: Unpacking the Paradox

Vanessa Schick, PhD and Brian Dodge, PhD

Indiana University, Bloomington, Bloomington, Indiana, USA

Although bisexuality has often been subsumed under the label of “homosexuality” and, for a number of reasons, bisexuality remains rather secretive, the recent documentation of the mental and physical health discrepancies that exist between bisexually-identified men/women and their counterparts has triggered an upsurge in research focused on bisexual populations (Boehmer, 2002; Dodge & Sandfort, 2007; Kaestle & Ivory, 2012). As such, health concerns continue to drive a large portion of the research on bisexual populations. Although research focused directly on the needs of bisexual men and women is a welcome addition to the literature, the emphasis on health disparities has the potential to perpetuate a problematized view of bisexuality. The stigmatization of bisexual men and women may be further amplified by research which evaluates bisexual populations against comparatively ‘healthy’ heterosexual populations.

Researchers from various disciplines have utilized numerous frameworks and theories to understand the biological, psychological, sociological, and cultural factors that directly and indirectly influence bisexual men’s and women’s mental, physical, and sexual health/wellbeing. Although the theories are multitudinous, most tend to focus on risk behaviors predating bisexual behavior, or risk behaviors occurring in response to discrimination that bisexuals experienced as a result of their bisexual behavior/identity. According to the former theory, men and women who are bisexual tend to have individual characteristics (e.g. sensation seeking) that increase their propensity for risk (Benotsch, Kalichman, & Kelly, 1999; Kalichman & Rompa, 1995; Parsons et al., 2008). According to the latter theory, stigma and/or discrimination influence the health of bisexual men and women -- either directly, through insensitive healthcare/services, or indirectly, as a coping mechanism (e.g., avoidance through alcohol use) when faced with discrimination (Bontempo & D’Augelli, 2002; Brooks, Etzel, Hinojos, Henry, & Perez, 2005; Huebner, Rebchook, & Kegeles, 2004; Mays & Cochran, 2001; Rankow & Tessaro, 1998). Finally, a third theory proposes that the experiences of bisexual men and women are unique and may contribute to their risk in intricate ways that have yet to be explored (Dobinson, Macdonnell, Hampson, Clipsham, & Chow, 2005; Dodge et al., 2012; Ebin & Wagenen, 2006; Kennedy & Fisher, 2010; Sandfort & Dodge, 2008; Volpp, 2010). Although sometimes presented as distinct, there are likely diverse factors that interact across theories to predict various health outcomes. Yet, knowledge of the ways in which these theories/factors interact has been limited by research that has combined or compared bisexual populations to other comparable groups based upon identity or behavior, hindering conclusions about the unique factors that contribute to the health of bisexual men and women (Kaestle & Ivory, 2012).

For this and other reasons, we are excited to present this special issue on bisexuality and health in the *Journal of Bisexuality*. As a companion volume of another recent special issue

(published in *Archives of Sexual Behavior*) focusing on bisexuality among Black and Latino men (also guest-edited by Dr. Dodge; Sandfort & Dodge, 2008), we are proud of this special issue, not only because all of these papers consider the health/wellness issues that impact bisexual populations, but also because they also consider the ways in which diverse groups of bisexual men and women are differentially impacted. Instead of grouping all bisexuals together as one homogenous group and comparing bisexual populations against their counterparts, these papers explore racial/ethnic, psychological, and sociocultural differences within bisexual populations.

In the first half of this special issue, we focus on research related to bisexual women. The second half is devoted to understanding the factors that influence the health and wellness of bisexual men. Although we made this decision for logistical reasons, we recognize the many reasons why separating men and women in this way may be problematic. First, it suggests that there is little overlap in the health issues and underlying factors that contribute to the health issues of bisexual men and women. While there are certainly some ways in which bisexual men and women vary, they may also experience many of the same barriers to reaching optimal health/wellness -- including discrimination and a lack of cohesive community (McLean, 2008). Secondly, grouping the research studies by gender implies a gender binary that is not a reality for many bisexual men and women in terms of their personal gender identity and in the gender identity of their sexual/romantic partners. Understanding the intersection between gender and sexuality remains a top priority not only in bisexuality research but also in research on bisexuality and health (Fassinger & Arseneau, 2007). We regret that this special issue on *Bisexuality and Health* did not add to this body of knowledge. Additionally, while these papers included racially and culturally diverse bisexual populations, many bisexual groups remain underrepresented (Dodge, Reece, & Gebhard, 2008; Munoz-Laboy & Dodge, 2007). Nevertheless, after recognizing limitations, we remain optimistic that the research presented in this special issue will make a compelling contribution to the literature on bisexuality and health.

This special issue begins with a theoretical paper by Julie Ebin explaining “*Why Bisexual Health*” matters. This paper provides context to the papers that follow it by clarifying terminology (e.g., self-identified bisexual vs. behaviorally/emotionally bisexual) and defining bisexual health. Ebin defines bisexual health using the definition of health provided by the World Health Organization --one that moves beyond the absence of disease to a model of health that includes physical, mental, and social wellbeing (Larson, 1999; Smith, Tang, & Nutbeam, 2006). Ebin concludes by identifying important individual and community aspects of bisexual health.

Utilizing the components of Ebin’s definition of bisexual health, the following paper by our research team (Schick et al.) explores the relationship between behavior/identity congruence on the one hand, and women’s sexual, physical and mental wellbeing on the other. Using data from a multinational sample of bisexual, lesbian, heterosexual, and queer-identified women, we found that participants who reported that their recent behavioral profile was consistent with their sexual identity (e.g., bisexually-identified participants with both male and female partners) reported significantly fewer mentally/physically unhealthy days and a more positive sexual experience than participants who reported recent behavior that was incongruent with their identity.

Following the paper on the sexual experiences of bisexual women is a second paper by our team (Schick et al.) on the sexual behaviors reported by bisexually-identified women. The papers on bisexual women’s health conclude with a paper by Wendy Bostwick on bisexual stigma and mental health outcomes. In that study, the author constructs a new measure to assess bisexual stigma which, in turn, predicts depression among bisexually-identified

women. Thus, when considered as a set, the papers assess the various components of bisexual women's health and wellness defined by Ebin.

Moving from bisexual women's papers, we transition to a series of papers on the health and wellness of bisexual men. All three papers focus on findings from a recent study, funded by the National Institutes of Health (HD 059494, Dodge, Principal Investigator), that is among the first to explore sexual health issues among a diverse group of behaviorally bisexual men. In addition to a number of other papers published from this study, these papers add to the knowledge base that is sorely lacking current and concrete information on bisexual men's sexual behaviors (and experiences of their sexual behaviors) outside of the context of "risk" for HIV or other STI transmission.

As with the study itself, the papers represent a team effort; authors include not only the study investigators but also research coordinators and community partners. The first paper, led by Brian Dodge, follows up on a book chapter that he and his postdoctoral mentor, Theo Sandfort (at Columbia University) contributed to focusing on mental health issues among bisexual individuals (Dodge & Sandfort, 2007). In their previous review of studies comparing mental health among bisexual individuals to that of their heterosexual and homosexual counterparts, bisexual individuals consistently as appeared to report more adverse health concerns than others. The data from this paper derive from an interview domain that explored bisexual men's mental health concerns, and roles that both individual and social factors play in such experiences.

The second paper, authored by doctoral candidate Phillip Schnarrs, explores some of the most interesting and innovative data from the study -- specifically, bisexual men's subjective experiences of their sexual behaviors with both male and female partners. What does it mean to have sex with a woman? Is having sex with a man the same as having sex with a woman? Why would someone have sex with both men and women? These and other questions are answered in the words of behaviorally bisexual men themselves, and also provide new insights into how condom use is related to men's subjective sexual experiences.

The final paper, spearheaded by NIH research coordinator and graduate/law student Omar Martinez, explores the vast diversity of Latino bisexual men's sexual behaviors and experiences. Documenting behaviors quantitatively, Martinez weaves qualitative quotes into the text; these give a voice to Latino bisexual men that is often missing from previous research. Aside from sexual behaviors, associated contextual factors (including attraction, arousal, and sexual function) are also explored. Lastly, several men describe their sexual experiences with transgender partners. Since the Latino men in this study were more likely than White or Black participants to report such experiences, this information adds to a growing body of knowledge that explores the role of (trans)gender in the interactions of Latino bisexual men.

While we hope that this special issue fills numerous gaps that exist in our understanding of bisexual health, we are equally as hopeful that it will draw attention to the many gaps that still remain; after all, it is through an analysis of these existing gaps that discussions are generated and new ideas for research are formed. We look forward to furthering the discussion on relations between bisexuality and health to be led by future generations of sexuality researchers, health practitioners, and others who see the importance of "bisexual health."

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Biographies

Vanessa Schick, PhD, is an Assistant Research Scientist in the Department of Applied Health Science at Indiana University – Bloomington. Her background and training is in social psychology with an emphasis on the applications to health. Broadly, her research interests focus on psychosociocultural predictors of women’s sexual health and wellness. Specifically, her primary research interests are related to women’s vulvovaginal health/perceptions and sexual wellness outcomes for bisexual women. She recently received a developmental career award from the American Sexually Transmitted Diseases Association to pursue research on women who have sex with men and women.

Brian Dodge, PhD, is an Associate Professor in the Department of Applied Health Science and Associate Director of the Center for Sexual Health Promotion at Indiana University – Bloomington. He received his graduate and postdoctoral training in sexuality research at Indiana University – Bloomington and the HIV Center of Clinical and Behavioral Studies at Columbia University/New York State Psychiatric Institute. His research has focused on various social and behavioral aspects of men’s sexual health in relation to HIV/AIDS, other sexually transmitted infections (STI), and other aspects of overall well-being. He served as Principal Investigator on a recent study focusing on sexual health among behaviorally bisexual men, funded by the National Institutes of Health (NIH). Other research includes studies on innovative methods of STI testing among at-risk men, sexual health among incarcerated and previously incarcerated men, and the ongoing role of male condoms in sexual health promotion.