CME LIVE OPEN ACCESS

Journal of
Mental Health and Psychiatry Research

Research Article

The Bisexual Experience in Mental Health Services: Are we aware of the difficulties?

Matt Broadway-Horner*

Department of Psychology University of Bolton

Corresponding Author: Matt Broadway-Horner, Department of Psychology University of Bolton.

Received: 2023 Nov 01 **Accepted:** 2023 Nov 25 **Published:** 2023 Dec 16

Abstract

Introduction: In recent years, although research into support mechanisms for managing distress experienced by Bisexual communities has increased. Sexual minority discrimination related to a bisexual minority status remains This is further compounded by stigma against mental illnesses, biphobia within the lesbian and gay communities thus creating triple jeopardy.

Main Body: This commentary will outline recent discoveries by exploring existing theories highlighting factors that explain health disparities for cisgender/transgender and non-binary bisexual people. It appears that the experience of the bisexual population and the use of psychological therapies is varied across the spectrum as part of the lived experience some focus upon symptom reduction, but others talk about not being validated.

Conclusion: Some mention minority stress constructs, alongside the psychological mediation framework, which offers a potential theoretical understanding of the experiences of the bisexual population receiving psychological therapies

Keywords: Bi-Minority Stress; Health Disparities; Mental Health; Cbt Conceptual Model and Men's Health.

Background

In recent years, support mechanisms for managing distress experienced by Bisexual communities have not increased as stigma related to sexual minority status remains. This is further compounded by the stigma of mental illnesses, as well as non-acceptance in the gay community thus creating a triple jeopardy. It remains unknown how gay people view the gay community from a psychological point of view [1-4]. Thus, diverse types of stigma related problems exist which can underwrite to sexual minority individuals going back into the closet [5-7]. This Stonewall survey carried out by found a high level of awkwardness in disclosing sexual identity in the workplace, because of the witnessed prejudice [8, 9]. Nearly half of the respondents (47%) had observed mistreatment and micro-aggressive acts like being outed by colleagues. Heteronormative arrangements are not surprisingly prevailing, and these describe a world where heterosexual expectations and attitudes are dominant. Surprisingly the most vulnerable age group is 18-24 years where more than half (58%) are affected [10, 11]. It is possible that this is the age when most bisexual individuals tend to come out.

Definition of Bisexuality

Originally bisexuality was a term used for what we call today 'intersex'. Today however the meaning has changed but still problematic in many communities, including the gay and lesbian communities. It also has a moral, religious and political aspect to it brought about by many but mostly originating from the Victorian period the terms heterosexual / homosexual was created early 19th century as part of the penal code the traditional definition of a person who sleeps with both men and women is often used but this is problematic for a number of reasons Firstly, in countries colonised by a European power the bisexual term will be used instead of homosexuality. As homosexuality will carry a prison term. In addition to this, they dislike the use of labels as it is akin to the categorisation methods carried out under colonial rule for processing people it did not understand.

Men who sleep with men (MSM) is often in the literature a mixture of two groups, primarily those who do not conceal and those who conceal sexuality identity The reasons for concealment are complex but under this label are some heterosexuals who like to engage in same sex activity occasionally [12, 13]. The latter group maybe part of the normal experience/ definition that existed pre-Victorian England that viewed sexuality as a fluid concept fitting a bisexual definition. There is no agreement on a definition of bisexuality. Offers thirteen definitions provided via many communities across the globe. However, one that is preferable sits within the patient centred care paradigm offered looking at the constructions in the mind regarding many areas of living at its most fundamental level, the word 'person' offered from a social constructionist view offers a way that represent our

humanness. In addition, how this is played out within the spheres of relationships and politics expression of morality, sexuality and religious thought. All come from a point of personal construction which may be defined differently depending on age, life experiences, culture and outlook on life.

Person Centred Care

The time traveller concept proposed by McCormack and colleagues in the work on developing and carrying out person centred framework and processes, would fit a more realistic definition as one that tries not to define the person by one moment or stage of life to do so would not fit into person centred care but would a person a centred framework and here lies the conundrum. This juxtaposition of the clinician sitting down to ascertain in a single assessment of needs of the patient in the here and now, which then becomes out dated soon after [14, 15]. The person-centred framework states that everyone has the right to self-determination, understanding and mutual respect, including the use of definitions the fluidity of bisexuality may encompass many types like polyamorous or pansexuality.

In addition, they might define themselves as straight if in an opposite sex relationship because it feels right to do so and so many labels can be applied depending on which part of time travel they are engaged in. Can the classical considerations of passive/dominant offer a modern twist to concepts of sexuality for all people gay, straight, lesbian, bisexual, queer fluid, pansexual? It may help to bridge the gap between the heteronormativity and the LGBTIQ plus other evolving labels. It maybe those distinctions are no longer relevant and that sexuality can be a warehouse term to encompass all.

Definitions Are Limiting

Finally, the definition on offer is, "a person having romantic/non-romantic liaison with another person". This fit in well as an overarching definition alongside the bisexuality 'as an umbrella' term to encompass many variations of the lived experience. This addresses bisexuality from a desire, behaviour and attraction point of view excluding the no-active bisexual lived experience.

Disparities in Mental Health Outcomes for Bisexual People
There is a dearth of literature examining specific bisexual experiences of mental health and mental health services as the bisexual experience is a specific lived experience dissimilar to gay/lesbian and straight experiences. It is therefore inappropriate to rely on LGBT research outcome data in looking at service provision and training needs. Most LGBT studies have a small bisexual component lacking statistical power that would lend itself to any meaningful conclusion on the bisexual lived experience Among lesbian and bisexual women have rates of substance misuse twice that of heterosexual women as [16, 17]. If we consider cisgender LGB individuals (relating to the person whose gender identity corresponds with the sex assigned at birth) suffer from depression and low – self-esteem disproportionately to their cisgender heterosexual counterparts [18, 19]. This review will outline recent discoveries by exploring existing theories highlighting factors that explain health disparities for cisgender LGB people. It is therefore incumbent on health services to source bisexual only material in helping target community specific problems.

There is however, a growing evidence base from America stating the sexual minority specific CBT tailored interventions are effective in meeting the needs of sexual minorities [20, 21]. However, the detail of the interventions remains unclear but suffice to say it would need to be from a bisexual affirmative worldview. Fig 1 outlines a conceptual CBT model which may offer help to the psychological therapist guidance and researchers an idea for future study.

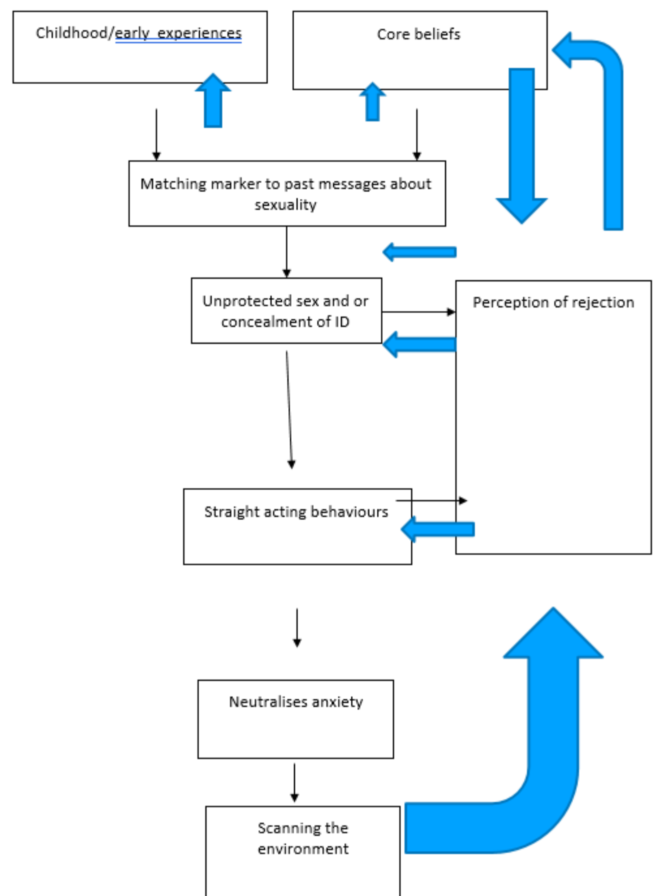

Figure 1: A Conceptual Cognitive Behaviour Therapy Model of Bi-Minority Stress

State it is now widely understood across many western countries that bisexual people suffer more than their gay and lesbian counterparts do. Despite the limitation, we do know by that bisexual people are more likely than not to use and access professional services than gay/lesbian people Report that many bisexual people complain to services regarding alienation. Services not catering for bisexuality, biphobia evident with consumers having to fit into the clinician's heteronormative framework.

Thus, leading to problems like minority stress's Discrimination based on Sexuality Status (DSS) [22, 23]. Some have posited the issue of co-morbidity like substance usages. Many struggles with substance dependence suggesting that this is a problem-solving technique in coping which when coupled

Ciatation: Horner, B.M. (2023). The bisexual experience in mental health services: Are we aware of the difficulties. Journal of Mental Health and Psychiatry Research, 1(1) 1-5.

with suicide could be a triple stigma. The triple stigma linked to discrimination from both the heteronormative and gay/lesbian expectations of the group [24, 25].

It is now widely understood across many western countries that bisexual people suffer more than their gay and lesbian counterparts accessing services more often do. In study it was found that one in two would feel safe enough to disclose bisexual identity which is an increase from one in three. But it's not just about accessing services but is the service fit for purpose which the data is yet to confirm remarked that bisexual people remained unchanged after a course of IAPT NHS psychological therapies [26, 27]. In addition, suggest that they pose a greater mental health risk of developing a mental illness, which may be linked to reasons of biphobia from within and outside the gay/lesbian communities but yet unfounded. The Canadian Community Health Survey by, found that a lifetime prevalence of affective disorders is evident, measuring 25.2% bisexuals compared to 7.7% among straight women [28-30]. Finally, and suggest that bisexual people have fewer social resources to link in with than gay/lesbian counterparts making them a vulnerable group requiring attention do.

Meyer's Distal Stressors

States that bisexual people must use behaviours like sexuality identity concealment from both the straight and gay/lesbian communities, sex and substance misuse to mediate the high-stress levels but I would offer a step further to suggest that the gay person would have a community to fall back on to receive the support [31-33]. Bisexual people have little social supports, which would make this a higher level of stress. It would be necessary to make an amendment to theory calling it Bi - Minority Stress [34, 35].

Highlights two main types of stressors-distal and proximal [36, 37]. Furthermore, there are divisional aspects of distal stressors, the first is discrimination inspired incidents (DII), including bullying, grievous bodily harm, and verbal abuse. Contends strong evidentiary support for this stressor type to suggest adversity and stress does link to mental illness problems like depression. In addition, also support the notion of distal stressors (DII) [38, 39]. DII may explain and is well documented to be a link to mental illness and for the health disparities within the LGB groups.

Another distal stressor (DSS) in Meyer's theory is being discriminated against because of sexual status Studies have found differences between bisexual and straight groups from clinicians in the health service when looking into experiences of psychological therapies found that the anticipation of discrimination was higher than the actual account of stigma inspired discrimination [40, 41]. This supported by, which found that 13% didn't feel sexuality impacted on the therapy experience but 44% didn't feel able to disclose sexuality status Even if discrimination is not experienced it would appear that many anticipated it and suggests that societal attitudes towards bisexuality is more negative than towards gay people. And found discriminatory attitudes prevalent within health services.

Meyer's Proximal Stressors

Proximal stressors include a negative self-construct that is biphobic in nature suffering and is internalised Internalised biphobia being defined as heteronormative and gay/lesbian normative expectations and stigma-related attitudes are unconscious without question This leading to bisexual concealment behaviours from both gay and straight communities and increased sexual compulsive behaviours for fear of rejection leading to psychopathology.This leads to the next theory called the psychological mediation framework, which accepts in part Meyer's theory but also incorporates other general stresses into the experience too.

The Psychological Mediation Framework

Psychological mediation framework (PMF) who suggests that all three aspects i) psychiatric epidemiology; ii) group-specific stressors and iii) general psychological processes interchange to develop a deeper understanding of the gaps in knowledge [42]. It is hoped that by combining all three that the interplay will make clear the impact from each of the three parts to understand intersects relating to them. The psychological aspects in theory would suggest that distal DII and DSS create the condition for vulnerabilities to mental health problems [43].

PMF suggests a transactional approach in which both bisexual and straight communities share similar psychological processes [44]. For instance, a depressive response to an unhealthy work environment, a tyrant boss would render the person unable to regulate emotions. Which may correlate with other problems like interpersonal difficulties and having a sense of intrinsic low self-esteem due to the workplace bullying According to the framework stressors albeit from different starting place link to disabling consequences and the greater potential of mental health problems to develop.

3. Discussion

Limitations: These two theories have some limitations and may be incorporated into newer ways of thinking about the mental health risk However, is the assumption about intersectionality made here, is that it does not exist? Studies have proven that bisexuality lends itself to poverty than the sexuality counterparts PMF might be in danger of looking at poverty as a standalone issue grouping it together with the heteronormative experience of poverty Again, I would need to state that stress from biphobia and othering from the gay/lesbian communities would need to be factored in.As the assumption of PMF is one that the gay/lesbian person can find solace from an accepting gay/lesbian community but can the same, be said for the bisexual person? It would be difficult to differentiate the causal factor for the bisexual person if navigating the gay/lesbian normative and heteronormative experiences.

Gay studies addressing the vulnerability factors like alcohol usage with the MS theory link have proven inconclusive. There appears to be no difference in alcohol usage from the wider general population. The study was consistent with studies on the cisgender heterosexual population looking at general stressors and increased alcohol intake but no bisex-

Citation: Horner, B.M. (2023). The bisexual experience in mental health services: Are we aware of the difficulties. Journal of Mental Health and Psychiatry Research, 1(1) 1-5.

ual comparison is evident. Almost a PMF-B theory amendment is needed, to understand the interchange between the communities. In addition, how to extrapolate the causal factors that are specifically one from the other.

However, not all the bisexual community related stressors will lead to mental health problems others posit that the bounce back factor can be nurtured in the light of such difficulties [45]. In some cases, it appears that, the response to discrimination is either not acknowledged or is a deliberate attempt to view things positively [46]. It seems that the bounce back factor that may be best understood from a feminist / queer theory's perspective called - Embracing the shame.'Embracing the Shame' from the feminist / queer camp offers the idea of bolstering the individual by becoming resilient suggesting that sexual minorities might see stigma related difficulties as a positive aspect, approaching the problem as an opportunity to thrive rather than as a threat [47,48].

Clinical Significance: In recent times in a study of 50,000 participants, viewing the country level of acceptance of sexual minority group found a strong correlation with the level of acceptance towards sexual minorities and positive health outcomes. Which is a stark contrast to other studies, which highlight a negative health outcome in the light of discrimination. Finally, the personality trait: openness to experience is most likely linked to creativity and is vastly affected by discrimination. This openness lends itself to approaching difference with acceptance leading to positive expectations but is not correlated with the concept of wellbeing but is correlated with a concept of pursuing a psychologically rich life.

Recommendations for a bisexual affirmative therapy episode of treatment

- **Stage 1:** of therapy: Determine what constitutes the binormative world view and therapist self-disclosure of sexuality ID
- **Stage 2:** Formulate the problem Look at problem definition and goals of treatment
- **Clues:** Is it a DII / DSS related problem? It would be good to address the aversive/trauma incidents first If not then is it relation to proximal stressors. And finally, if the above has been discounted then looking at non-stigma related issues – Then revert to well established CBT models of treatment like e.g. Clark's panic model
- **Stage 3:** If it is distal and or proximal stressor related, then proceed to well established trauma models of treatment within the bisexual worldview context. Using words/lingo/ expressions to aid the therapeutic engagement
- **Stage 4:** Grief work may be needed to address the attachment and detachment processes of coming to terms with living in their own circle of friends/family and work life balance
- **Stage 5:** Ending with relapse prevention work and the use of booster sessions
- Booster sessions are single session brief psychological interventions (SSPI) often utilising a remembering of work done. Often clients may have a particular focus in a journey of therapy and forget the other parts discussed the other parts however become relevant and return for a booster session Clients requiring booster sessions will not be on a waitlist but have direct entry to the service.

References

1. LeBeau, R.T., Jellison, W.A. (2009). Why get involved? Exploring gay and bisexual men's experience of the gay community. Journal of Homosexuality, 56(1), 56-76.
2. Bachmann, C.L., Gooch, B. (2018). LGBT in Britain: Trans report. Stonewall, YouGov.
3. Johnson, K.(2012).Visualising mental health with an LGBT community group: method, process, theory. In Visual methods in psychology (pp.207-223). Routledge.
4. Duvivier, R.J., Wiley, E. (2015). WHO and the health of LGBT individuals. The Lancet, 385(9973), 1070-1071.
5. Herek, G.M., Garnets, L.D. (2007). Sexual orientation and mental health.Annu.Rev.Clin.Psychol., 3, 353-375.
6. Marshall, B.D., Wood, E., Shoveller, J.A., Patterson, T.L., Montaner, J.S., at, al. (2011). Pathways to HIV risk and vulnerability among lesbian, gay, bisexual, and transgendered methamphetamine users: a multi-cohort gender-based analysis. BMC Public Health, 11(1), 1-10.
7. Kosciw, J.G., Bartkiewicz, M., Greytak, E.A. (2012). Promising strategies for prevention of the bullying of lesbian, gay, bisexual, and transgender youth. The Prevention Researcher, 19(3), 10-13.
8. Pachankis, J.E., Goldfried, M.R. (2006). Social anxiety in young gay men. Journal of anxiety disorders, 20(8), 996-1015.
9. Pachankis, J.E., Hatzenbuehler, M.L., Rendina, H.J., Safren, S.A., Parsons, J.T. et al (2015).LGB-affirmative cognitive-behavioral therapy for young adult gay and bisexual men: A randomized controlled trial of a transdiagnostic minority stress approach. Journal of consulting and clinical psychology, 83(5), 875.
10. Meyer, I.H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. Psychological bulletin, 129(5), 674.
11. Rimes, K.A., Broadbent, M., Holden, R., Rahman, Q., Hambrook, D., et, al. (2018). Comparison of treatment outcomes between lesbian, gay, bisexual and heterosexual individuals receiving a primary care psychological intervention. Behavioural and Cognitive Psychotherapy, 46(3), 332-349.
12. Gravel, R., Béland, Y. (2005). The Canadian Community Health Survey: mental health and well-being. The Canadian Journal of Psychiatry, 50(10), 573-579.
13. Major, B., & O'brien, L.T. (2005). The social psychology of stigma.Annu.Rev. Psychol., 56, 393-421.
14. Miller, C.T., Kaiser, C.R. (2001). A theoretical perspective on coping with stigma. Journal of social issues, 57(1), 73-92.
15. Hatzenbuehler, M.L. (2009). How does sexual minority stigma "get under the skin"? A psychological mediation framework. Psychological bulletin, 135(5), 707.
16. Broadway-Horner, M. (2017). Ageing, sexual orientation and mental health: Lesbian, gay, bisexual, transgendered and intersex older people. Anti-discriminatory practice in mental health for older people, 232-257.
17. Goffman, E.(1963).Embarrassment and social organiza-

tion.
18. Balsam, K.F., Szymanski, D.M. (2005). Relationship quality and domestic violence in women's same-sex relationships: The role of minority stress. Psychology of Women Quarterly, 29(3), 258-269.
19. Barrantes, R.J., Eaton, A.A., Veldhuis, C.B., Hughes, T.L. (2017). The role of minority stressors in lesbian relationship commitment and persistence over time. Psychology of Sexual orientation and Gender diversity, 4(2), 205.
20. Budge, S.L., Israel, T., Merrill, C.R. (2017). Improving the lives of sexual and gender minorities: the promise of psychotherapy research. Journal of Counseling Psychology, 64(4), 376.
21. Cochran, S.D., Mays, V.M. (2000). Lifetime prevalence of suicide symptoms and affective disorders among men reporting same-sex sexual partners: results from NHANES III.American journal of public health, 90(4), 573.
22. Cochran, S.D., Mays, V.M. (2000). Relation between psychiatric syndromes and behaviorally defined sexual orientation in a sample of the US population. American journal of epidemiology, 151(5), 516-523.
23. D'Augelli, A.R., Grossman, A.H., Starks, M.T. (2006). Childhood gender atypicality, victimization, and PTSD among lesbian, gay, and bisexual youth. Journal of interpersonal violence, 21(11), 1462-1482.
24. Doane, A.W., Bonilla-Silva, E. (Eds.). (2003). White out: The continuing significance of racism. Psychology Press.
25. Eisenberg, M.E., Resnick, M.D. (2006). Suicidality among gay, lesbian and bisexual youth: The role of protective factors. Journal of adolescent health, 39(5), 662-668.
26. Fasoli, F., Hegarty, P. (2020). A leader doesn't sound lesbian! The impact of sexual orientation vocal cues on heterosexual persons' first impression and hiring decision. Psychology of Women Quarterly, 44(2), 234-255.
27. Fingerhut, A.W., Peplau, L.A., Gable, S.L. (2010). Identity, minority stress and psychological well-being among gay men and lesbians. Psychology & Sexuality, 1(2), 101-114.
28. Gates, G.J., Badgett, M.V., Macomber, J.E., Chambers, K. (2007). Adoption and foster care by gay and lesbian parents in the United States.
29. Gilman, S.E., Cochran, S.D., Mays, V.M., Hughes, M., Ostrow, D., et, al. (2001). Risk of psychiatric disorders among individuals reporting same-sex sexual partners in the National Comorbidity Survey. American journal of public health, 91(6), 933.
30. Goldbach, J.T., Tanner-Smith, E.E., Bagwell, M., Dunlap, S. (2014). Minority stress and substance use in sexual minority adolescents: A meta-analysis. Prevention Science, 15, 350-363.
31. Goldblum, P., Pflum, S., Skinta, M., Balsam, K. (2017). Psychotherapy with lesbian, gay, and bisexual clients: Theory and practice. Comprehensive textbook of psychotherapy: Theory and practice, 330-345.
32. Herrell, R., Goldberg, J., True, W.R., Ramakrishnan, V., Lyons, M., et, al. (1999). Sexual orientation and suicidality: A co-twin control study in adult men. Archives of general psychiatry, 56(10), 867-874.
33. Heyvaert, M., Hannes, K., Onghena, P. (2016, August). Using mixed methods research synthesis for literature reviews: Conceptualization and contribution to the field of mixed methods research. In International Mixed Methods International Research Association (MMIRA) Conference, Date: 2016/08/03-2016/08/05, Location: Durham, UK.
34. King, M., Semlyen, J., Tai, S.S., Killaspy, H., Osborn, D., et, al. (2008). A systematic review of mental disorder, suicide, and deliberate self-harm in lesbian, gay and bisexual people.BMC psychiatry, 8, 1-17.
35. Kort, J.(2008).Gay affirmative therapy for the straight clinician: The essential guide.ww norton & Company.
36. Langdridge, D. (2020). Gay affirmative therapy: A theoretical framework and defence. In British Lesbian, Gay, and Bisexual Psychologies (pp.27-43). Routledge.
37. O'Shaughnessy, T., Spokane, A.R. (2013). Lesbian and gay affirmative therapy competency, self-efficacy, and personality in psychology trainees. The Counseling Psychologist, 41(6), 825-856.
38. Otis, M.D., Skinner, W.F. (1996). The prevalence of victimization and its effect on mental well-being among lesbian and gay people. Journal of Homosexuality, 30(3), 93-121.
39. Otis, M.D., Rostosky, S.S., Riggle, E.D., Hamrin, R. (2006). Stress and relationship quality in same-sex couples. Journal of social and Personal Relationships, 23(1), 81-99.
40. Owen, J., Drinane, J.M., Tao, K.W., DasGupta, D.R., Zhang, Y.S.D., et, al. (2018).An experimental test of microaggression detection in psychotherapy: Therapist multicultural orientation. Professional Psychology: Research and Practice, 49(1), 9.
41. Petruzzella, A., Feinstein, B.A., Lavner, J.A. (2019). Sexual orientation-related stigmaand relationship functioning among female same-sex couples. Journal of lesbian studies, 23(4), 439-450.
42. Petruzzella, A., Feinstein, B.A., Davila, J., Lavner, J.A. (2020). Gay-specific and general stressors predict gay men's psychological functioning over time. Archives of Sexual Behavior, 49, 1755-1767.
43. Plöderl, M., Fartacek, R. (2005). Suicidality and associated risk factors among lesbian, gay, and bisexual compared to heterosexual Austrian adults. Suicide and Life-Threatening Behavior, 35(6), 661-670.
44. Safren, S.A., Heimberg, R.G. (1999). Depression, hopelessness, suicidality, and related factors in sexual minority and heterosexual adolescents. Journal of consulting and clinical psychology, 67(6), 859.
45. Safren, S.A., Rogers, T. (2001). Cognitive–behavioral therapy with gay, lesbian, and bisexual clients. Journal of Clinical Psychology, 57(5), 629-643.
46. Guasp, A., Gammon, A., Ellison, G. (2013). Homophobic hate crime: The gay British crime survey 2013.London: Stonewall.
47. Walsh, K., Hope, D.A. (2010). LGB-affirmative cognitive behavioral treatment for social anxiety: A case study applying evidence-based practice principles. Cognitive and Behavioral Practice, 17(1), 56-65.
48. Wampold, B.E., Imel, Z.E. (2015). The great psychotherapy debate: The evidence for what makes psychotherapy work. Routledge.

Copyright © Matt Broadway-Horner

1. Introduction

At the time of writing, the pandemic caused by the SARS-COV-2 coronavirus and the COVID-19 disease has infected 10 million, sickened 5 million and killed 500,000 people worldwide. In Mexico, it has infected 200,000, sickened 150,000 and killed 25,000 people. In this scenario, the perception of security is a central issue on the citizen's agenda not only due to the health crisis, but also the economic crisis.

In this way, the escalation of violence against vulnerable groups such as children, women and the elderly has increased exponentially and added to the risks posed by the pandemic. Derived from this situation, the perception of security emerges, develops and consolidates as a central issue

Ciatation: Horner, B.M. (2023). The bisexual experience in mental health services: Are we aware of the difficulties. Journal of Mental Health and Psychiatry Research, 1(1) 1-5.