

**Exploring Definitions and Stereotypes of Bisexuality**

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### **Exploring Definitions and Stereotypes of Bisexuality**

Sexuality and LGBTQ+ identities are a topic of much interest in psychology today, and there is a growing need for more research in the field (Jourian & Nicolazzo, 2017; Schumm, 2020). 7-11% of the population identifies as LGBTQ+, and approximately 6% of people identify as bisexual (Ipsos, 2021; Jones, 2024). Due to the significant number and increasing visibility of the LGBTQ+ community, it is important that research is conducted to increase accurate understanding of the community (Aleshire et al., 2018; Ipsos, 2021; Jones, 2024). One problem with research on the LGBTQ+ community is that definitions of LGBTQ+ terms are not widely understood and agreed upon (Bauer & Brennan, 2013; Flanders et al., 2017; Galupo et al., 2018; Galupo et al., 2014a; Pollit & Roberts, 2021). This is especially true for bisexuality, where the term means many different things to people of different backgrounds and is applied differently to different groups of people. Understanding how society defines bisexuality and responds to bisexual individuals can be beneficial for multiple different groups including service providers, policy makers, mental health providers, health care providers, and society in general. This information can be used to improve services, decrease stigma and prejudice, and improve society in general.

### **Bisexuality and Sexual Orientation**

Sexual orientation is the interplay between a person's biological, social, and emotional components of sexual, romantic, and affectional arousal and desire for other people based on those people's gender and sex characteristics (Laumann et al., 1994). It is often difficult to study due to its multifaceted nature and the lack of clear definitions (Flanders et al., 2017; Galupo et al., 2018; Galupo et al., 2014a). Understanding sexual orientation can be particularly complicated with regards to bisexual people (Bowes-Catton & Hayfield, 2015). In the case of the

term bisexual, literature suggests that there is no single agreed upon definition of bisexuality (Bauer & Brennan, 2013; Flanders et al., 2017; Galupo et al., 2018; Galupo et al., 2014a; Pollitt & Roberts, 2021). For the purpose of this paper, I am using the definition from LGBTQ+ activist and educator Robin Ochs (2009), who defined the term as “the potential to be attracted – romantically and/or sexually – to people of more than one gender, not necessarily at the same time, not necessarily in the same way, and not necessarily to the same degree” (p. 9). I believe that this is the most inclusive and accurate definition based on how the LGBTQ+ community understands bisexuality (Pollitt & Roberts, 2021).

One potential problem with the definition of bisexuality is misunderstanding the difference between sexual orientation and sexual orientation identity. Sexual orientation is a person’s relatively permanent pattern of emotional, romantic, and sexual feelings towards other people (American Psychological Association, 2008). Sexual orientation exists on a spectrum; it is a spectrum of emotions and romantic and sexual feelings towards other people based on those people’s gender and sex characteristics (Laumann et al., 1994). Sexual orientation identity- sometimes just called sexual identity- is a person’s sense of their own sexual orientation, and how they identify themselves based on that understanding (Moser, 2016). Sexual orientation identity creates individual categories that people self-select into, and therefore is not on a spectrum (Savin-Williams, 2014). There is great nuance in sexual identity categories as they may overlap or change for an individual over time (Ochs, 2009). Sexual identities function as tools for identity communication in the LGBTQ+ community, and are highly personal to each individual (Ochs, 2009).

The difference between sexual orientation and sexual orientation identity leads to crucial misunderstandings of how to define LGBTQ+ terminology, due to the difference in behavior and

attraction and self-identified orientation. Research has found that more people report behavior and attraction that aligns with a sexual orientation minority than actually identify being part of the sexual minority (Lever et al., 1992). Therefore, it is important that research evaluates self-identified sexual identity and not just behavioral and physiological responses when defining bisexuality (Feinstein & Galupo, 2020; Lever et al., 1992).

Sexual orientation is central to many people who identify as part of the LGBTQ+ community (Chang et al., 2021; Hinton et al., 2022). Estimates of how many people identify as members of the LGBTQ+ community in the U. S. are between 7-11% (Ipsos, 2021; Jones, 2024). Of those people who identify as LGBTQ+, approximately half identify as bisexual, with the percentage being around 6% of the population (Jones, 2024). With such a large percentage of the population identifying as bisexual, it is important to accurately understand this identity.

### **Bias**

Misunderstandings of bisexual lives and identities can lead to bias, stereotypes, and discrimination (Legge et al., 2017; Morrison et al., 2016). Discrimination and bias against bisexual people is commonly called biphobia, and is harmful to bisexual people (Mulick & Wright, 2002; Obradors-Campos, 2011). People who identify as bisexual experience larger amounts of stigma than their peers of other sexual identities such as heterosexual, lesbian, and gay people (Beach et al., 2019; Brewster & Moradi, 2010; Dean et al., 2000; Hughes et al., 2010; Matsick & Rubin, 2018; Persson et al., 2015). Bisexual people experience bias and discrimination on a daily basis in many different forms, such as erasure, microaggressions, pay gaps, financial instability, and healthcare disparities (Alarie & Gaudet, 2013; Beach et al., 2019; Conron et al., 2010; Jorm et al., 2002; Legge et al., 2017). In addition, bisexual people are more likely to experience adverse childhood events, adverse life events in adulthood, intimate partner

violence, and have low levels of family and friend support than people of other sexual identities (Bermea et al., 2018; Conron et al., 2010; Coston, 2017; Jorm et al., 2002).

Biphobia and stigma sometimes comes from people inside the LGBTQ+ community (Matsick & Rubin, 2018; Tavarez, 2022; Welzer-Lang, 2008). This discrimination is sometimes called ‘double discrimination’ due to bisexual people experiencing bias both from people outside the LGBTQ+ community and from within it (Friedman et al., 2014). This stigma from other members of the LGBTQ+ community comes in many forms. Bisexual people are told things that challenge bisexuality as a valid sexual orientation, that bisexuality is not real, and that bisexual people will eventually come out as lesbian or gay (Gonzales et al., 2016; Legge et al., 2017; Matsick & Rubin, 2018; Tavarez, 2022; Welzer-Lang, 2008). Bisexual people are seen as more sexually irresponsible and confused than other sexual minorities (Legge et al., 2017; Matsick & Rubin, 2018; Welzer-Lang, 2008). Some bisexual people report being told that they are actually heterosexual people who want the status of being part of the LGBTQ+ community, are attention-seeking, or are exploiting being a minority (Alarie & Gaudet, 2013; Tavarez, 2022). Some bisexual people report feeling as though they are not queer enough to fit in with their peers of other sexual and gender minorities (Legge et al., 2017; Tavarez, 2022).

This amount of stigma causes greater levels of minority stress and worse mental and physical health outcomes for bisexual people when compared to other sexual minority identities, and can lead to bisexual people experiencing internalized biphobia, stereotypes, and oppression (Brewster & Moradi, 2010; Dean et al., 2000; Hughes et al., 2010; Legge et al., 2017; Matsick & Rubin, 2018; Persson et al., 2015). These experiences of minority stress can result in negative outcomes; for example, this stress is associated with higher rates of death by suicide, certain cancers, cardiovascular disease; obesity, substance use, mood and anxiety disorders, and poorer

mental health in comparison to non-marginalized people (Conron et al., 2010; Dean et al., 2000; Brewster & Moradi, 2010; Bostwick et al., 2010; Green & Feinstein, 2012; Hughes et al., 2010; Jorm et al., 2002).

### **Research on the Definition of Bisexuality**

Research on the definition of bisexuality is scarce, and research on bisexuality sometimes defines bisexuality in harmful ways. The original scale for measuring sexuality, the Kinsey scale, defines bisexuality as equally heterosexual and homosexual (Kinsey, Pomeroy, & Martin, 1948). Other early definitions also center bisexuality as the “middle” between gay and straight identities which can be harmful and misleading (Flanders et al., 2017; Galupo et al., 2014a). This is a flawed approach because it implies that bisexuality is not its own specific identity and that without homosexuality and heterosexuality, bisexuality would cease to exist (Flanders et al., 2017). This type of comparison from the Kinsey scale and other early definitions of bisexuality is due to the assumption that monosexuality- which is defined as the attraction to only one gender- is normal (Dean, 2010; Galupo et al., 2014a). This can lead to discrimination from people with monosexual identities such as lesbian, gay, and heterosexual people, who may view bisexuality as deviating from the norm of monosexuality (Garr-Schultz & Gardener, 2019). These ways of thinking can also minimize bisexual identities as an afterthought because of the emphasis on research and inclusion of monosexualities (Alarie & Gaudet, 2013; Weiss, 2003).

The Klein Sexuality Grid was developed after the Kinsey Scale (Klein, 1979). The Klein Sexuality Grid is an improvement on the Kinsey Scale, and allows for more complexity and nuance (Galupo et al., 2014b). The grid has seven variables including sexual attraction, sexual behavior, sexual fantasies, emotional preference, social preference, heterosexual/homosexual lifestyle, and self-identification. These categories allow for greater nuance in a person’s

experiences, and more accurately describe sexual orientation. (Galupo et al., 2014b; Klein, 1979; Weinrich & Klein, 2008). The results of the Klein Sexuality Grid can be categorized into five different sexual orientation clusters which include heterosexual, bi-heterosexual, bi-bisexual, bi-homosexual/lesbian, and homosexual (Weinrich & Klein, 2008).

Despite improvements in how individuals conceptualize sexual orientation and identity, modern definitions of bisexuality can still be problematic. As recently as 2020, studies have defined bisexuality as someone being ‘substantially aroused by and attracted to both sexes’ (Feinstein & Galupo, 2020; Jabbour et al., 2020). Other definitions use the terms men and women rather than gender to describe attraction in bisexual people (Pollit & Roberts, 2021). Definitions such as these are sometimes called binary definitions and continue common stereotypes against bisexual people (Pollit & Roberts, 2021). One of these stereotypes is that bisexual people are only attracted to two sexes (Galupo et al., 2018; Galupo et al., 2014a). This is problematic because it proposes that bisexual people are only attracted to male and female people on the basis of sex, not gender (Galupo et al., 2018; Galupo et al., 2014a). People assume on the basis of these definitions that bisexual people are inherently not attracted to transgender people due to the use of the word sex rather than gender (Galupo et al., 2018; Galupo et al., 2014a). Many bisexual people are attracted to transgender people, and the use of these outdated definitions can perpetuate common misunderstandings of bisexual people and cause minority distress (Galupo et al., 2018).

Another problem with this definition of ‘substantially aroused by and attracted to both sexes’ is that it defines bisexuality solely by arousal and attraction (Feinstein & Galupo, 2020; Jabbour et al., 2020). As Feinstein & Galupo (2020) argue, reducing bisexuality to only arousal and attraction forgoes several other factors of sexual orientation, such as identity and emotion.

Research has shown that behavior cannot be the only factor by which people are identified as bisexual. In one study by Bauer & Jiram (2008), the researchers classified their sample of women by self-reporting sexual identity and then by two measures of sexual behavior. They found that the health outcomes of those people varied significantly depending on how they were classified (Bauer & Jiram, 2008). In addition, measuring sexual orientation using behavior and arousal excludes young people who may not be sexually active or feel attraction like adults do (Flanders et al., 2017). This may cause even further erasure of bisexual identities, as it enforces that young bisexual people cannot be included in bisexuality (Flanders et al., 2017). This supports that defining bisexuality only by arousal and behavior is inherently problematic for the bisexual community.

The most widely accepted definitions of bisexuality are sometimes called spectrum definitions (Pollitt & Roberts, 2021). This includes definitions like the Ochs (2009) definition mentioned earlier. These definitions allow for variation flexibility in many crucial factors such as a person's sex, gender identity, and sexual fluidity (Pollitt & Roberts, 2021). This combines the functions of both the spectrum of sexual orientation and behavior with the categories of sexual orientation identity. Due to the nuance of these definitions they avoid common pitfalls such as pitting bisexuality as between homosexuality and heterosexuality, or contributing to the belief that bisexuality is inherently transphobic (Pollitt & Roberts, 2021).

Problematic definitions pose several problems for the LGBTQ+ community and bisexual people as a whole. These problematic definitions sometimes perpetuate harmful stereotypes and lead to further bias against members of the LGBTQ+ community (Galupo et al., 2014a Pollitt & Roberts, 2021). Some definitions perpetuate the erasure of bisexuality which is still prevalent in literature today, where some people speculate if bisexuality is an identity that exists or whether it



is just the combination of other identities and attractions (Moser, 2016). How sexual orientations are defined can cause research results to change, and can make coming to any wide conclusions difficult (Bauer & Brennan, 2013; Flanders et al., 2017). Lack of understanding of sexual identities and orientations can lead to barriers in discussing sexuality with important people, such as therapists and doctors (Neville & Henrickson, 2005; Rossman et al., 2017). Understanding how people currently define the term bisexual and whether people's definitions align with the widely accepted definitions of bisexuality is essential for research, service providers, advocacy, and society in general.

### **Healthcare Professionals**

Bisexual people experience significant barriers to receive healthcare, such as not being able to access LGBTQ+ friendly healthcare professionals, not having health insurance, and experiencing bias and discrimination in healthcare settings (Conron et al., 2010). Research on healthcare professionals' understanding and inclusion of LGBTQ+ clients found that there is a great need for proper training on cultural competency and accurate information (Hinchliff et al., 2005; Horner et al., 2012; Neville & Henrickson, 2005; Stewart & O'Reilly, 2017; Rossman et al., 2017). For example, a study by Horner et al. (2012) found that 86% of staff in nursing homes were unaware that any of their residents were members of the LGBTQ+ community. A meta-analysis by Stewart and O'Reilly (2017) on healthcare professional's beliefs and knowledge towards LGBTQ+ clients found that in 15 of the 24 studies they analyzed there were themes of heteronormativity, and in 14 of 24 there was a theme of queerphobia. In a study by Hinchliff et al. (2005), they found that over half of the general practitioners in their sample thought a client being a sexual minority would create a barrier for talking about health care.

LGBTQ+ people are also unlikely to disclose their sexuality in healthcare settings, which can provide a barrier to getting proper care (Neville & Henrickson, 2005; Rossman et al., 2017). Members of the LGBTQ+ community are at greater risk of health problems- obesity, heart disease, mood disorders, etc.- than their non-LGBTQ+ counterparts and need specific healthcare to target potential issues (Bostwick et al., 2010; Brewster & Moradi, 2010; Conron et al., 2010; Dean et al., 2000; Green & Feinstein, 2012; Hughes et al., 2010; Jorm et al., 2002). But despite this need for LGBTQ+ targeted healthcare, members of the community often do not feel comfortable disclosing their identities, or speaking openly with healthcare professionals (Neville & Henrickson, 2005; Rossman et al., 2017). In addition, people who identify as gay, lesbian, and bisexual often report feeling as though healthcare professionals assume they are heterosexual and provide them with care that would be appropriate if they were heterosexual (Munson & Cook, 2016; Neville & Henrickson, 2005; Rossman et al., 2017).

These negative healthcare experiences can cause minority distress, cause distrust in healthcare professionals, and increase feelings of isolation and shame in LGBTQ+ people (Munson & Cook, 2016; Neville & Henrickson, 2005; Rossman et al., 2017). With this in mind, it is very important for healthcare professionals to have an accurate understanding of bisexual people to minimize potential negative outcomes.

### **Age and Bisexuality**

Age plays an important role in how people view and treat bisexual people (Alarie & Gaudet, 2013; Bostwick, & Hequembourg, 2010; Diamond, 2008; Garr-Schultz & Gardener, 2019; Legge et al., 2017). Bisexual people experience the delegitimization of their sexuality, and often that is based on the assumption that as a person ages they will ‘grow out’ of bisexuality as an identity (Alarie & Gaudet, 2013; Garr-Schultz & Gardener, 2019; Legge et al., 2017). This

comes in the form of people calling bisexuality a phase, or denying that a person could know their sexuality at a young age (Alarie & Gaudet, 2013; Bostwick, & Hequembourg, 2010; Diamond, 2008). This discrimination, sometimes referred to as identity denial, is linked with low self-esteem, self-concept clarity, and causes bisexual people to question their identity (Garr-Schultz & Gardener, 2019). In addition, compared to their peers of other sexual minority identities, bisexual people report more negative outcomes at an earlier age, and are more likely to have negative experiences in schools (Robinson & Espelage, 2012; Shilo & Savaya, 2012).

There has been relatively little research on the effects of age on how people view bisexual people. However, there has been more research done on those effects in the LGBTQ+ community as a whole. LGBTQ+ youth are at greater risk for interpersonal violence, victimization, and school-based discrimination than their peers (D'Augelli et al., 2005; Eisenberg & Resnick, 2006; Espelage, Aragon, Birkett, & Koenig, 2008; Robinson & Espelage, 2012). These things can lead to higher risk of suicidality, substance use, and other negative outcomes (D'Augelli et al., 2005; Eisenberg & Resnick, 2006; Espelage, Aragon, Birkett, & Koenig, 2008; Robinson & Espelage, 2012). Given that denial of a person's sexual identity can cause many negative outcomes, it is important to study the impacts of age on how people view bisexual people.

### **Gender and Bisexuality**

Another crucial factor in understanding how bisexual people are understood and viewed is gender (Alarie & Gaudet, 2013; Herek, 2002; McGorray & Petsko, 2023; Morgenroth et al., 2021; Yost & Thomas, 2012). Gender identity is separate from sexual orientation, but that does not mean that gender identity does not impact factors of sexual orientation (Yost & Thomas, 2012).

There are significantly different stereotypes of bisexual people based on their gender (Yost & Thomas, 2012). Male bisexual people are seen as gender non-conforming, not bisexual but gay, and overall were described more negatively than female bisexual people (Alarie & Gaudet, 2013; Herek, 2002; McGorray & Petsko, 2023; Morgenroth et al., 2021; Yost & Thomas, 2012). Female bisexual people are seen as sexually attractive, not bisexual but heterosexual, and overall were described positively (Alarie & Gaudet, 2013; McGorray & Petsko, 2023; Morgenroth et al., 2021; Yost & Thomas, 2012).

A person's gender also affects their perceptions and acceptance of a target bisexual person based on that person's gender (Yost & Thomas, 2012). Women tend to be equally accepting of bisexual people who are both male and female, whereas men tend to be less accepting of bisexual men and more accepting of bisexual women (Herek, 2002; Yost & Thomas, 2012). Research also suggests that heterosexual men view bisexual women more positively because they find acts of female homosexuality attractive (Alarie & Gaudet, 2013; Serpe et al., 2020; Yost & Thomas, 2012). Due to the fact that a person's gender and the gender of the target bisexual person both impact perceptions of bisexuality, it is of interest to study how people apply the term bisexual based on the target's gender identity.

### **Right-Wing Authoritarianism and Beliefs about Bisexual People**

Right-wing authoritarianism is a belief and value system that is a combination of three traits: authoritarian submission, authoritarian aggression, and conventionalism (Altemeyer, 1981; Altemeyer, 1996; Duckitt et al., 2010). Authoritarian submission refers to attitudes that favor submissive and obedient behavior that maintains existing societal and group authority (Altemeyer, 1981; Altemeyer, 1996; Duckitt et al., 2010). Authoritarian aggression is the attitude that social control should be maintained through strict laws, and harsh punishments (Altemeyer,

1981; Altemeyer, 1996; Duckitt et al., 2010). The final dimension of right-wing authoritarianism is conventionalism, which refers to attitudes that favor traditional social norms, values, and morals (Altemeyer, 1981; Altemeyer, 1996; Duckitt et al., 2010).

People who are higher in right-wing authoritarianism tend to be more prejudiced and biased towards people that pose a threat to traditional values and norms (Altemeyer, 1981; Altemeyer, 1996; Duckitt et al., 2010). This includes the LGBTQ+ community (Coneo et al., 2023; Perez-Arch & Miller, 2021; Whitley & Lee, 2000). Although there has not been research done specifically on bisexual individuals, there has been research on the fact that right-wing authoritarianism predicts negative attitudes towards members of the LGBTQ+ community as a whole (Coneo et al., 2023; Perez-Arch & Miller, 2021; Whitley & Lee, 2000). Therefore it is important to see if that affects how those people define terms related to the community, such as the term bisexual (Coneo et al., 2023; Perez-Arch & Miller, 2021; Whitley & Lee, 2000).

### **Religiosity and Perceptions of Bisexuality**

Understanding the intersection of the LGBTQ+ community and people of religious identities is important in studying how people think about bisexuality. Religion can be a protective factor against the minority stress that is associated with being in the LGBTQ+ community (Rosenkrantz et al., 2016). LGBTQ+ people who also identify as religious do experience positive experiences through their faith, and often find community and health through church (Gandy et al., 2021).

There has been little research on religious people's perspectives specifically on bisexual people, but there has been research on their perceptions of LGBTQ+ people. Religiosity can predict negative beliefs about members of the LGBTQ+ community (Sheppard et al., 2021; Whitley, 2009). Religious spaces and attitudes can present a unique challenge to navigate for

people in the LGBTQ+ community, as there are varying levels of acceptance in religious spaces and beliefs (Gerdtts, 2019). People who identify as members of the LGBTQ+ community often face microaggressions and bias in religious environments (Lomash et al., 2018). These experiences of microaggressions and bias can cause minority stress and other negative outcomes (Meyer, 2015). When studying perceptions of LGBTQ+ individuals such as bisexuals it is important to take into consideration religious differences in viewpoint.

### **The Present Study**

The goal of this study is to understand how bisexuality is defined and perceived by society and what variables impact these attitudes, such as age, gender, religiosity, etc. This study assesses if definitions of bisexuality vary between individuals based on their own identifying features.

### ***Hypotheses Related to Definitions***

-Hypothesis one is that bisexual people will have more accurate definitions of bisexuality than people of other sexual orientations.

-Hypothesis two is that participants who identify as female and non-binary/third gender will have more accurate definitions of bisexuality than people of other gender identities.

-Hypothesis three is that medical professionals will have more accurate definitions of bisexuality than non-medical professionals.

-Hypothesis four is that LGBTQ+ researchers will have more accurate definitions of bisexuality than non-researchers.

-Hypothesis five is that as rates of religiosity and right-wing authoritarianism increase, definitions of bisexuality will become less accurate.

### ***Hypotheses Related to Stereotypes and Bias***

I also will explore if these different aspects of a person's identity predict to what extent they believe common common stereotypes: that bisexual people are unfaithful, are confused in their sexual orientation identity, and that their identity as a bisexual person is unstable.

-Hypothesis six is that bisexual people will endorse fewer stereotypes towards bisexual individuals than participants of other sexual orientations.

-Hypothesis seven is that participants who identify as female and non-binary/third gender will endorse fewer stereotypes towards bisexual individuals than participants of other gender identities.

-Hypothesis eight is that medical professionals will endorse fewer stereotypes of bisexuality than non-medical professionals.

-Hypothesis nine is that LGBTQ+ researchers will endorse fewer stereotypes of bisexuality than non-researchers.

-Hypothesis ten is that as rates of religiosity and right-wing authoritarianism increase, the endorsement of stereotypes towards bisexuality will also increase.

### *Hypotheses Related to Demographics of Bisexual Individuals*

In addition I will examine if the gender and age of a bisexual individual impacts the extent that these stereotypes are applied to that individual.

-Hypothesis eleven is that people will express more stereotypes towards young bisexual people when compared to older bisexual people.

-Hypothesis twelve is that people will show greater stereotypes towards male bisexual people than female bisexual people.

## **Method**

### **Participants**

I recruited participants from courses at Eastern Oregon University, listservs, advertisements at other universities, email advertisements, and Reddit forums. Popular listservs and reddit forums on the topic of LGBTQ+ research and bisexuality research were selected to be contacted regarding our study. Forums and listservs that agreed to send out our survey were sent an advertisement that included the Qualtrics survey link. In addition, I obtained available email addresses for researchers studying LGBTQ+ topics through their publications and they were sent email recruitment with the study link included.

Our sample included 386 participants, with 208 (54%) participants who identified as female, 130 (34%) who identified as male, 36 (9%) who identified as non-binary/third gender, and 8 (2%) who identified as other or preferred not to respond. Participants ranged from ages 18-76 with an average of 28 years old ( $SD \pm 11.47$  years). For sexual orientation; 243 (63%) identified as straight/heterosexual, 66 (17%) identified as bisexual, 18 (4%) identified as lesbian, 12 (3%) identified as gay, 11 (3%) identified as questioning, and 4 (1%) chose not to respond. Thirty participants (8%) chose the option other, and responses included aromantic/asexual, gray ace, pansexual, asexual, queer non-specific, gray ace lesbian, demisexual, and heteroflexible.

Participants were asked two questions about their profession. When asked whether they were researchers who studied the LGBTQ+ community, 371 participants (97%) responded that they were not researchers, 7 (2%) responded that they were researchers, and 3 (1%) preferred not to respond. Participants were also asked whether they were medical professionals. 344 participants (90%) responded that they were not medical professionals, 34 (9%) responded that they were medical professionals, and 3 (1%) preferred not to respond. Of participants who identified themselves as medical professionals there were 10 nurses, 8 that preferred not to



respond, 6 medical assistants, 5 therapists/psychologists, 3 certified nursing assistants, 1 medical doctor, and 1 physician's assistant.

### **Procedures**

Participants received a link to a survey housed in Qualtrics. Upon clicking the link participants were given an informed consent form (See Appendix A). Participants completed a demographic questionnaire, the DUREL Religiosity Scale (Koenig, et al., 1997), and the Very Short Authoritarian Scale (Bizumic & Duckitt, 2018). Participants were then randomly assigned to read one of four vignettes. The description of the person in the vignettes briefly described their romantic and sexual attraction to different genders, and past and present dating history (Appendix B). The gender and age of the person described in the four vignettes was manipulated. The vignettes included either a 25 year old female, 25 year old male, 45 year old female, or 45 year old male. Participants were asked a series of questions assessing to what degree they held common stereotypes about bisexuality (Appendix C). Participants were then debriefed as to the true purpose of the study, and gave consent to continue the study. After completing the debrief, participants were asked their personal definitions of the term bisexual. Upon completion of the survey, participants could either receive extra credit for any class they were a part of that offered extra credit or could enter themselves into a drawing for four \$20 Amazon gift cards.

### **Measures**

**Demographic Questionnaire.** Participants answered a series of questions regarding their demographic information. General questions asked participants to specify their race, ethnicity, age, gender, and sexual orientation. Participants were also asked two questions about their profession, including “*Are you a medical provider, or therapist?*” and “*Are you a researcher who*

*studies topics focused on the LGBTQ+ community?”* Participants then answered where they learned about the study.

**Bisexuality Definitions.** Participants wrote their own definitions of the term bisexual. These definitions were evaluated on 5 aspects of bisexuality as defined by Ochs (2009). The five criteria are:

- Using the term gender rather than sex, male/female, men/women, or girls/boys.
- Indicating more than two genders by using the terms ‘one or more’, ‘more than one’, ‘two or more’ or ‘multiple’ to describe the number of genders a person may be attracted to.
- Using multiple types of attraction including sexual, physical, intimate, emotional, or romantic attraction.
- Not using behavior (especially sexual) as the sole measure of attraction.
- Indicating potentially differing degrees of attraction to different genders.

Guidelines with examples for how to score definitions of bisexuality were created by the researchers (see Appendix D). Definitions were given a point for each of the five aspects of bisexuality included in the definition. This results in a score of 0 to 5 in which 0 is indicative of a definition that does not align with the current accepted definition and 5 aligns exceptionally well with the current definition of bisexuality. Two researchers were then trained on scoring these definitions. The researchers independently scored these definitions. Their scores were compared to each other and a kappa coefficient of 0.93 was calculated indicating excellent interrater reliability.

In addition to asking participants to provide their own definitions of the term bisexual, participants were provided with three definitions and asked to rate to what degree they agreed or

disagreed with each definition. The three definitions provided were: “Bisexuality is when someone is substantially sexually aroused and attracted to both sexes”, “Bisexuality is when someone is equally heterosexual and homosexual”, and “Bisexuality is the potential to be attracted – romantically and/or sexually – to people of more than one sex and/or gender, not necessarily at the same time, not necessarily in the same way, and not necessarily to the same degree.” Participants responded on a scale from 1 (strongly disagree) to 4 (Strongly agree).

**Bisexuality Stereotypes.** After participants read a description about a bisexual individual, they responded to a series of questions designed to assess to what extent the individual agreed with detrimental stereotypes commonly held towards bisexual individuals (See Appendix C).

Literature on bisexuality often finds that people perceive bisexuality to be an unstable or impermanent identity (Legge et al., 2017; Matsick & Rubin, 2018; Welzer-Lang, 2008). To assess the perceived stability of the person’s identity, participants were asked “*How likely do you think it is that this person will still identify as bisexual in five years?*,” “*How important do you think being bisexual is to this person’s identity?*,” and “*This individual has been in a committed relationship for 5 years. How likely will they still be in this relationship 10 years from now?*.”

Bisexual people are also often seen as not truly bisexual, and rather heterosexual or homosexual (Gonzales et al., 2016; Legge et al., 2017; Matsick & Rubin, 2018; Tavarez, 2022; Welzer-Lang, 2008). In order to evaluate the participant’s views of the person’s sexual and romantic preferences, they were asked “*How likely is this person to have a relationship with a person of the same sex?*,” and “*How likely is this person to have a relationship with a person of the opposite sex?*.”

In addition, bisexual people are often characterized as unfaithful to their partners, or likely to cheat in relationships (Legge et al., 2017; Matsick & Rubin, 2018; Welzer-Lang, 2008).

As a way to gauge the participant's views of infidelity, they were asked "*How likely is this person to be unfaithful to their partner?*"

**DUREL Religiosity Scale.** Religiosity was measured using the DUREL Religiosity Scale (See Appendix E) (Koenig, et al., 1997). The scale is five items, two of which use frequency of activity from 1 (Never) to 6 (More than once/week) and 1 (Rarely or never) to 6 (More than once a day). The other three items use a scale from 1 (definitely not true of me) to 5 (definitely true of me). Example items include "*How often do you attend church or other religious meetings?*" and "*My religious beliefs are what really lie behind my whole approach to life.*"

**Very Short Authoritarianism Scale.** Right-wing authoritarianism was measured using the Very Short Authoritarianism Scale (See Appendix F) (Bizumic & Duckitt, 2018). There were six items and each uses a scale from 1 (Strongly Disagree) to 4 (Strongly Agree). Example items include, "*It's great that many young people today are prepared to defy authority*" (reverse coded), and "*God's laws about abortion, pornography, and marriage must be strictly followed before it is too late.*"

## Results

### The Definition of Bisexuality

Individuals' definitions of bisexuality were scored on a 5 point scale. Points were given for matching each of five aspects of the professionally accepted ideal definition for bisexuality. The average definition was rated at 2.03 ( $\pm 0.98$ ) out of a total of five. This means that the average definition included two out of five of the criteria that would create an ideal definition of bisexuality. Most individuals included criteria 1 and criteria 4. Criteria one was that the definition used the term gender or a combination of the terms gender and sex to describe the people that bisexual people are attracted to instead of solely using the term sex. Criteria four was

that the definition did not define bisexuality solely by behavior or sexual behavior. Definitions usually omitted the fact that bisexual people could be attracted to more than two genders, and that there could be several different types or levels of attraction to different genders or at different times. Table 1 (see Appendix G) shows the percentage of each group of participants that met each of the five criteria, and the average total score of each group of participants.

To assess hypothesis one, that individuals who identify as bisexual would have more accurate definitions than people of other sexual orientations, I conducted an ANOVA to see if there were differences in participant's definitions depending on their sexual orientation. Hypothesis one was supported, that sexual orientation did significantly impact how people defined bisexuality  $F(6, 333) = 10.97, p < .001, \eta^2 = .17$ . Post hoc comparisons using the Tukey HSD test showed that the difference based on sexual orientation was that bisexual people produced significantly more accurate definitions ( $M = 2.67, SD = 1.01$ ) than heterosexual individuals ( $M = 1.77, SD = 0.82$ ).

To assess hypothesis two, that individuals who identify as female and non-binary/third gender would have more accurate definitions than other gender identities, I conducted an ANOVA to assess differences in participant's definitions based on gender identity. Hypothesis two was partially supported; gender identity did significantly impact how people defined bisexuality  $F(2, 329) = 8.28, p < .001, \eta^2 = .05$ . Post hoc comparisons using the Tukey HSD test showed that the difference based on gender identity was that non-binary/third gender people produced more accurate definitions of bisexuality ( $M = 2.64, SD = 1.06$ ) than male ( $M = 1.89, SD = 0.99$ ) and female individuals ( $M = 1.98, SD = 0.90$ ). Contrary to the hypothesis, there was not a significant difference between males and females.

### **The Definition of Bisexuality by Professionals**

For hypothesis three and four, that medical professionals and LGBTQ+ researchers would have more accurate definitions than non-professionals, I ran two separate independent-samples *t*-tests. Medical professionals ( $M = 1.78$ ,  $SD = 0.98$ ) did not show significantly different scores than non-medical professionals ( $M = 2.06$ ,  $SD = 0.98$ ) on their definitions of bisexuality  $t(337) = 1.53$ ,  $p = .13$ . In addition, LGBTQ+ researchers ( $M = 2.67$ ,  $SD = 1.86$ ) did not show significantly different scores than the general population ( $M = 2.02$ ,  $SD = 0.96$ ) on their definitions  $t(338) = -1.61$ ,  $p < .11$ . Although these results are interesting, due to the exceptionally small sample size for both medical professionals ( $n = 30$ ) and LGBTQ+ researchers ( $n = 6$ ) this study lacked sufficient power to observe a difference if a difference does in fact exist. Future research is needed to evaluate these hypotheses.

### **Religiosity and Right Wing Authoritarianism on Definition Scores**

Hypothesis five posits that higher religiosity and right-wing authoritarianism (RWA) would be associated with less accurate definitions of bisexuality. To assess hypothesis five, I performed a hierarchical linear regression where right wing authoritarianism was entered on the first step, and religiosity was entered on the second step. It was found that RWA accounted for the majority of the variance, specifically, the  $R^2$  change = .09,  $F(1, 337) = 33.28$ ,  $p < .001$ ,  $\eta^2 = .09$ . This indicates that RWA accounted for 9% of the variance in definition scores. Adding religiosity to the regression did not change the amount of variance accounted for  $R^2$  change = .001,  $F(1, 336) = 0.51$ ,  $p = .49$ ,  $\eta^2 = .09$ . This partially supported hypothesis five, as it showed that right-wing authoritarianism but not religiosity predicted less accurate definitions of bisexuality.

### **Bisexuality Stereotypes**

Similar to the bisexuality definitions, I hypothesized that the participant's characteristics would change the endorsement of stereotypes towards bisexual individuals. Table 2 (see Appendix H) shows the average stereotype scores of each participant group on each question, as well as the average stereotype score on each question. The stereotype questions were scored on a scale from -2, meaning highly endorses stereotypes, to +2, not stereotype endorsing.

I hypothesized that bisexual people would hold less stereotypes towards bisexuality. I conducted an ANOVA to explore if sexual orientation impacted levels of stereotypes towards bisexual people. I found that sexual orientation did impact the amount of stereotypes applied to bisexual people  $F(6, 327) = 6.65, p < .001, \eta^2 = .11$ . Post hoc comparisons using the Tukey HSD test showed that the difference based on sexual orientation was that bisexual people ( $M = 1.14, SD = 0.35$ ) and people who identified their sexuality as other ( $M = 1.20, SD = 0.38$ ) held significantly less stereotypes of bisexuality than straight/heterosexual people ( $M = 0.76, SD = 0.54$ ).

Hypothesis seven was that female and non-binary/third gender participants would endorse fewer stereotypes towards bisexuality than people of other genders. I conducted an ANOVA to investigate differences in stereotypes based on participant's gender and found that gender did significantly impact the endorsement of stereotypes. Post hoc comparisons using the Tukey HSD test showed that the difference based on gender identity was that non-binary/third gender people had significantly better scores ( $M = 1.17, SD = 0.53$ ) than male ( $M = 1.89, SD = 0.99$ ) and female individuals ( $M = 1.98, SD = 0.90$ ) which partially supported hypothesis seven.

### **Stereotypes by Professionals**

Hypotheses eight and nine were that medical professionals and LGBTQ+ researchers would endorse fewer stereotypes towards bisexuality than nonprofessionals. I performed two

separate independent samples *t*-tests. Medical professionals ( $M = 0.79$ ,  $SD = 0.63$ ) did not show significantly less stereotypes towards bisexuality than non-medical professionals ( $M = 0.91$ ,  $SD = 0.52$ )  $t(330) = 1.10$ ,  $p = .27$ . Similarly, LGBTQ+ researchers ( $M = 0.50$ ,  $SD = 0.92$ ) did not show significantly different levels of stereotypes to non-researchers ( $M = 0.90$ ,  $SD = 0.53$ )  $t(330) = 1.78$ ,  $p = 0.08$ .

### **Stereotypes Based on Religiosity and Right-wing Authoritarianism**

To assess hypothesis ten, that higher levels of religiosity and right-wing authoritarianism would predict greater endorsement of stereotypes, I performed a hierarchical linear regression where right wing authoritarianism was entered on the first step, and religiosity was entered on the second step. It was found that RWA accounted for the majority of the variance in stereotype scores. Specifically, the  $R^2$  change = .17,  $F(1, 331) = 65.59$ ,  $p < .001$ ,  $\eta^2 = .17$ . This indicates that RWA accounted for 17% of the variance in stereotyping scores. Adding religiosity to the regression did not change the amount of variance accounted for  $R^2$  change = .002,  $F(1, 330) = 0.93$ ,  $p = .34$ ,  $\eta^2 = .17$ . This partially supported hypothesis ten, as it showed that higher levels of right-wing authoritarianism and not religiosity predicted greater endorsement of stereotypes about bisexuality.

### **Age and Gender on Stereotypes**

Hypotheses eleven was that when reading a vignette about a younger bisexual person, participants would apply more stereotypes to that person. Hypothesis twelve was that when reading a vignette about a male bisexual person, participants would apply more stereotypes to that person than if they were reading a vignette about a female bisexual person. To assess these I ran an ANOVA to see if the age and gender of the person in the vignette would affect stereotypes applied to them. I found that stereotypes were not applied differently based on the age of the



person in the vignette  $F(1, 327) = 0.04, p = 0.84$ . In addition, I also found that stereotypes were not applied differently based on the gender of the person in the vignette  $F(1, 324) = 2.13, p = 0.15$ .

## **Discussion**

### **The Definition of Bisexuality**

The average score of our participants' definitions of bisexuality was 2.03 ( $\pm 0.98$ ) out of five possible points. Definitions usually included terminology that was gender inclusive, and typically did not define bisexuality using behavior. I expected more participants would define bisexuality using sexual behavior, and it is positive that my findings did not support that. There were some shortcomings in participants' definitions. Participants usually omitted that a person could be attracted to more than two genders and still identify as bisexual. Other commonly omitted criteria were using multiple types of attraction such as romantic, sexual, intimate, or emotional attraction, and identifying that the attraction to different genders may be to different degrees or at different times. The fact that participants only included an average of two out of five criteria suggests that people's understandings of bisexuality may be overly simplistic, and missing key indicators of variability and complexity within bisexual experiences.

These results are important because the way that bisexuality is defined changes research, education, how bisexual people are viewed, stereotypes, and the acceptance and inclusion of bisexual people in society. Definitions provide the grounds for accurate understanding of people's lives and experiences. Inaccurate information can lead to bias, stereotypes, healthcare disparities, and other negative outcomes for bisexual people. That the average definition score was two out of five indicates gaps in knowledge and misunderstandings about the term bisexuality, which can be harmful for bisexual people and the LGBTQ+ community as a whole.

In order to address this there should be greater education on LGBTQ+ topics, and people should be held accountable for their views regarding the community (Nadler & Lowery, 2014; Rhoten et al., 2022). Previous research has shown that telling people that they will be held accountable for their responses or that they would be asked to explain their responses reduced bias in their responses to LGBTQ+ stimuli (Nadler & Lowery, 2014). In addition, research that looks at cultural competency programs is also promising and could point to educational programs being useful to foster understanding of LGBTQ+ lives (Rhoten et al., 2022).

### **Participant Characteristics and Views of Bisexuality**

There were several significant differences in how people of different groups viewed bisexuality. The first differences were participant's definitions based on the participants' gender. People who identified their gender as non-binary/third gender or other wrote definitions that scored significantly closer to our ideal definition. This implies that gender nonconformity contributes to having a greater understanding of sexual orientation terms such as bisexuality. I believe that this may be the result of those people having a better understanding of LGBTQ+ terms because they are a part of the community and have greater exposure to those individuals who identify as bisexual.

A different explanation could be that these participants scored higher because they do not fit the typical gender binary. Participants therefore could be more likely to define bisexuality using the term gender rather than sex, which was one of our criteria. They also may be more likely to use terms such as one or more, two or more, or multiple when describing the number of genders that a bisexual person may be attracted to as a result of falling outside of the usual gender binary.

Non-binary people also held fewer stereotypes of bisexuality than people of other genders. I believe that this is related to non-binary people having a more accurate and less biased understanding of bisexuality. Non-binary people are more likely to come into contact with bisexual people, and may have a more accurate sense of what is and is not true about bisexual people. These differences in how people define bisexuality could apply to other gender identity minorities such as transgender individuals and other gender identities due to greater contact with people in the LGBTQ+ community and the impact of one's own gender on definitions and stereotypes of LGBTQ+ people.

Sexual orientation of the participant also impacted the participants' definition scores. People who identified their sexuality as bisexual or lesbian had significantly higher definition scores than their peers of other sexual orientations. This implies that some sexual orientation identities have a better understanding of bisexuality than other orientations. In addition, bisexual people and people who identified their sexual orientation as other endorsed fewer stereotypes than people of other sexual orientations. It is not surprising that people who identify as bisexual would have a more accurate definition of bisexuality and endorse less stereotypes of bisexuality than those who are not bisexual. People who identify as bisexual are more likely to come into contact with other people who are bisexual, and might be more likely to do research on the topic when they assessed their own sexuality.

The more surprising result is that people who identified their sexuality as lesbian had similarly strong definitions as bisexual people did. People who identify as lesbian are likely to come into contact with bisexual people more often than heterosexual people might as a result of being in the LGBTQ+ community. However, if that is the primary reason for the difference in definition scores, it calls into question why participants who identified as gay did not have

similarly high scores. Further research is needed to understand why this may be occurring. The underlying cause of these differences should be researched as it may shed light on how accurate beliefs about the LGBTQ+ community are formed.

Participant age, gender, and sexuality did not have an effect on the participants' accuracy when identifying the sexuality of the person described in the vignette. Previous research has demonstrated that people of different ages, genders, and sexualities show differences in who they attribute as bisexual (Alarie & Gaudet, 2013; Herek, 2002; Serpe et al., 2020; Yost & Thomas, 2012). This study did not replicate any of those findings. This result is promising as it implies that individuals' accuracy in identifying bisexual people may be increasing across demographics. However, our sample did recruit from colleges and other locations that would likely produce a more educated sample. Previous research has found lower levels of stereotypes in educated samples.

### ***Professionals' Views***

I hypothesized that healthcare professionals would have more complete and accurate definitions of bisexuality in comparison to the rest of the population. I hypothesized this because healthcare professionals are likely to have had education on the LGBTQ+ community in order to ensure proper cultural and medical understanding. I also presumed that researchers studying LGBTQ+ issues would be more familiar with accurate definitions of bisexuality. This study lacked sufficient power to accurately evaluate these hypotheses.

However, the results were not in the expected direction and researchers and medical professionals did not provide better definitions than other participants. Unfortunately, this is not entirely surprising, as members of the LGBTQ+ community often report feeling unsafe and misunderstood in healthcare settings (Neville & Henrickson, 2005; Rossman et al., 2017).

I also assessed whether professionals such as LGBTQ+ researchers and medical professionals would endorse fewer stereotypes towards bisexuality than the general population. I expected that these professionals would endorse fewer stereotypes due to higher levels of education on minority groups and the LGBTQ+ community. I found that LGBTQ+ researchers and medical professionals did not endorse fewer stereotypes towards bisexuality when compared to other participants.

These findings, that professionals endorse the same amount of stereotypes and have similarly accurate definitions to other populations, are concerning. Medical professionals are often pivotal to the health and well-being of LGBTQ+ people who seek medical care. LGBTQ+ people, and bisexual people specifically, deserve to see professionals who do not hold stereotypes towards them, and who understand their unique experiences and lives. These data show a need for greater education and cultural competency in the medical industry regarding the LGBTQ+ population to prevent the application of stereotypes towards them.

The samples of LGBTQ+ researchers and medical professionals were small and likely did not have high enough power to show any significant differences. Future research should attempt to study stereotype application and definitions of LGBTQ+ terms in a larger sample of professionals. If future research finds that health professionals and LGBTQ+ researchers do not have better definitions of bisexuality than the general public, efforts should be made to educate these individuals. This could help address the discomfort individuals of the LGBTQ+ community feel in healthcare settings.

### ***Effects of Right-wing Authoritarianism and Religiosity on Views of Bisexuality***

I found that right wing authoritarianism was negatively correlated with definition scores. Participants who were higher in right wing authoritarianism scored lower on the quality of their

definitions of bisexuality. This finding is in line with our expectations set forth in hypothesis five, that people higher in right-wing authoritarianism would have less accurate definitions of bisexuality. I expected this result as people higher in right-wing authoritarianism tend to show bias towards people who deviate from traditional norms such as members of the LGBTQ+ community (Coneo et al., 2023; Perez-Arch & Miller, 2021).

Although, there was also a negative correlation between religiosity and accuracy of bisexuality definitions, this difference was no longer statistically significant once a hierarchical regression controlled for the variance accounted for by RWA. Therefore, it logically follows that RWA and not religiosity predicts accuracy of definitions of bisexuality. This is consistent with prior research that shows that several types of religious prejudice such as racial/ethnic and LGBTQ+ bias is mediated by right-wing authoritarianism (Hunberger, 1995; Hunberger, 1996; Vilanova et al., 2021). So, although previous studies did find bias of religious people towards members of the LGBTQ+ community these studies often did not assess RWA at the same time (Sheppard et al., 2021; Whitely, 2009). Given the results of this study, previous studies should be replicated and include RWA as a predictor variable for bias. If research confirms that RWA predicts bias and stereotypes rather than religiosity, this helps researchers and individuals understand that it is specifically beliefs that align with RWA that increase bias and not religiosity. This is important information for policy decisions and for creating programs that decrease bias and stereotypes.

Similarly to our findings on right-wing authoritarianism and religiosity on definition scores, I found that right-wing authoritarianism and not religiosity significantly impacted the expressed stereotypes of bisexuality. Right-wing authoritarianism was negatively correlated with stereotype scores, which indicated that higher scores of right-wing authoritarianism predicted a

higher level of stereotyping. When I ran a hierarchical linear regression I found that right-wing authoritarianism accounted for the vast majority of the variability in stereotype scores. These results build on previous research that has found that bias from religious people is moderated by their level of right-wing authoritarianism (Hunberger, 1995; Hunberger, 1996; Vilanova et al., 2021). These findings should inform future research on bias in religious groups. In addition, research focusing on interventions for bias and prejudice against the LGBTQ+ community should target right-wing authoritarianism as a factor impacting stereotyping and bias.

### *Vignette Age and Gender on Stereotypes*

I hypothesized that the age and gender of the person described in the vignette would change how participants viewed the bisexual individual including how they defined the sexual orientation of the described individual and to what extent they believed common bisexual stereotypes about the individual. I found that neither the age nor gender of the person in the vignette significantly impacted how people identified their sexual orientation or endorsed common stereotypes. If these results are accurate, it is possible that stereotypes around bisexuality are becoming less common, and that in the future less stereotypes will be endorsed by individuals. This finding also suggests that different demographics of bisexual people are starting to be seen as a homogenous group, rather than having individual stereotypes applied to them based on other characteristics such as age and gender. These results should be considered in future research on stereotypes of bisexual people, as this finding contradicts previous research in the field.

However, this result could also be due to the study design and not to a change in stereotype application. It may be that the vignette that was presented to participants described the person's sexuality in a way that was either too obvious or too far from how people experience

bisexuality in a real world setting. Future research should be done with manipulations that more accurately portray real life experiences with LGBTQ+ people.

### **Limitations and Future Research**

This study was limited by the fact that it is a vignette study, and therefore cannot be ecologically valid. The way that bisexuality was presented in this study is not in line with how individuals experience bisexuality in real life situations, and the results of the study are not generalizable to real world situations. Future research should examine definitions and stereotypes of bisexual people with a design that allows for better external validity.

This study had a relatively small sample size, and was limited in the number of participants from several key groups such as medical professionals, LGBTQ+ researchers, and members of the LGBTQ+ community. The small number of participants in each of these groups may have affected data analysis, as the power of the statistics may not have been large enough to draw solid conclusions from the data. Future research should look to replicate the findings of this article with samples that include more participants of those populations to further investigate if those groups view bisexuality differently than the general population.

In addition, this sample was based out of a university in rural Oregon without many resources to collect a geographically diverse data set. This could have affected the responses that participants gave, and skewed the results to reflect the beliefs of people who live in rural Oregon. Future research should attempt to collect a more representative sample of the United States as a whole to provide generalizable results on this topic.

Another limitation of this study is its largely exploratory nature. In this study, I set out to examine many different factors that could potentially impact an individual's definitions and biases of bisexuality. Due to the broad number of factors of this research, each finding could not



be studied in as much detail as would be necessary to draw generalizable conclusions. This study provides information on which to build future research which should focus on factors that impact people's definitions and stereotypes of bisexuality individually.

### **Conclusion**

This study serves as an exploratory analysis of factors that impact individuals' stereotypes and definitions of bisexuality. These findings provide a starting point for future research on the general population's definitions of bisexuality, how stereotypes are applied to bisexual people based on the person and the target's characteristics, and the mechanisms behind those factors. Bisexual, lesbian, non-binary, and other LGBTQ+ populations showed better understandings of bisexuality, whereas people higher in RWA showed less accurate understandings of bisexuality.

Professionals in important fields such as the medical field and research did not show significantly better understandings of bisexuality when compared to other populations. Future research should focus on further determining differences in knowledge on bisexuality, and how to foster greater understanding of bisexual people, the LGBTQ+ community as a whole, their lives, and their culture.

### References

- Alarie, M., & Gaudet, S. (2013). "I don't know if she is bisexual or if she just wants to get attention": Analyzing the various mechanisms through which emerging adults invisibilize bisexuality. *Journal of Bisexuality, 13*, 191-214.  
<https://doi.org/10.1080/15299716.2013.780004>
- Aleshire, M. E., Ashford, K., & Hatcher, J. (2018). Primary care providers' attitudes related to LGBTQ people: A narrative literature review. *Health Promotion Practice, 20*(2), 173-187. <https://doi.org/10.1177/1524839918778835>
- Alarie, M., & Gaudet, S. (2013). "I don't know if she is bisexual or if she just wants to get attention": Analyzing the various mechanisms through which emerging adults invisibilize bisexuality. *Journal of Bisexuality, 13*, 191-214.  
<https://doi.org/10.1080/15299716.2013.780004>
- Altemeyer, B. (1981). *Right-wing authoritarianism*. University of Manitoba Press.  
<https://doi.org/10.13140/RG.2.2.34701.41448>
- Altemeyer, B. (1996). *The authoritarian specter*. Harvard University Press.
- American Psychological Association (2008). *Answers to your questions: For a better understanding of sexual orientation and homosexuality*.  
<https://www.apa.org/topics/lgbtq/orientation.pdf>
- Bauer, G. R., & Jairam, J. A. (2008). Are lesbians really women who have sex with women (WSW)? Methodological concerns in measuring sexual orientation in health research. *Women & Health, 48*(4), 383–408. <https://doi.org/10.1080/03630240802575120>

- Bauer, G. R., & Brennan, D. J. (2013). The problem with ‘behavioral bisexuality’: Assessing sexual orientation in survey research. *Journal of Bisexuality, 13*, 148-165.  
<https://doi.org/10.1080/15299716.2013.782260>
- Beach, L., Bartlet, E., Dodge, B., Bostwick, W., Schick, V., Fu, T., Friedman, M. R., & Herbenick, D. (2019). Meta-perceptions of others’ attitudes toward bisexual men and women among a nationally representative probability sample. *Archives of Sexual Behavior, 48*, 191-197. <https://doi.org/10.1007/s10508-018-1347-8>
- Bermea, A. M., van Eeden-Moorefield, B., & Khaw, L. (2018). A systematic review of research on intimate partner violence among bisexual women. *Journal of Bisexuality, 18*(4), 399-424. <https://doi.org/10.1080/15299716.2018.1482485>
- Bizumic, B., & Duckitt, J. (2018). Investigating right wing authoritarianism with a very short authoritarianism scale. *Journal of Social and Political Psychology, 6*(1), 129–150.  
<https://doi.org/10.5964/jspp.v6i1.835>
- Brewster, M. E., & Moradi, B. (2010). Perceived experiences of anti-bisexual prejudice: Instrument development and evaluation. *Journal of Counseling Psychology, 57*, 451–468.  
<https://doi.org/10.1037/a0021116>
- Bostwick, W. B., Boyd, C. J., Hughes, T. L., & McCabe, S. E. (2010). Dimensions of sexual orientation and the prevalence of mood and anxiety disorders in the United States. *American Journal of Public Health, 100*(3), 468-475.  
<https://doi.org/10.2105/AJPH.2008.152942>
- Bostwick, W. B., & Hequembourg, A. (2014). ‘Just a little hint’: Bisexual-specific microaggressions and their connection to epistemic injustices. *Culture, Health & Sexuality, 16*(5), 488– 503. <https://doi.org/10.1080/13691058.2014.889754>

- Bowes-Catton, H., & Hayfield, N. (2015). Bisexuality. In C. Richards, & M. J. Barker (Eds.), *The Palgrave Handbook of the Psychology of Sexuality and Gender* (pp. 42–59). Palgrave Macmillan. [https://doi.org/10.1057/9781137345899\\_4](https://doi.org/10.1057/9781137345899_4)
- Chang, C. J., Feinstein, B. A., Meanly, S., Flores, D. D., & Watson, R. J. (2021). The role of LGBTQ identity pride in the associations among discrimination, social support, and depression in a sample of LGBTQ adolescents. *Annals of LGBTQ Public and Population Health*, 2(3), 203-219. <https://doi.org/10.1891/LGBTQ-2021-0020>
- Coneo, A. M. C., Navarro, M. C., & Molinares, N. Q. (2023). Sexual-specific disgust sensitivity mechanisms in homonegativity and transnegativity; the mediating role of right-wing authoritarianism (RWA). *Psychology & Sexuality*, 14(1), 203-218. <https://doi.org/10.1080/19419899.2022.2100270>
- Conron, K. J., Mimiaga, M. J., & Landers, S. J. (2010). A population-based study of sexual orientation identity and gender differences in adult health. *American Journal of Public Health*, 100(10), 1953-60. <https://doi.org/10.2105/AJPH.2009.174169>
- Coston, B. M. (2017). Power and inequality: Intimate partner violence against bisexual and non-monosexual women in the United States. *Journal of Interpersonal Violence*, 36(1-2), 381-405. <https://doi.org/10.1177/0886260517726415>
- D’Augelli, A. R., Grossman, A. H., Salter, N. P., Vasey, J. J., Starks, M. T., & Sinclair, K. O. (2005). Predicting the suicide attempts of lesbian, gay, and bisexual youth. *Suicide and Life-Threatening Behavior*, 35(6), 646–660. <https://doi.org/10.1521/suli.2005.35.6.646>
- Dean, L., Meyer, I. H., Robinson, K., Sell, R. L., Sember, R., Silenzio, V. M., Bowen, D. J., Bradford, J., Rothblum, E., White, J., Dunn, P., Lawrence, A., Wolfe, D., & Xavier, J. (2000). Lesbian, gay, bisexual, and transgender health: Findings and concerns. *Journal of*

*the Gay and Lesbian Medical Association*, 4(3), 102–151.

<https://doi.org/10.1023/A:1009573800168>

Diamond, L. M. (2008). Female bisexuality from adolescence to adulthood: Results from a 10-year longitudinal study. *Developmental Psychology*, 44(1), 5-14.

<https://doi.org/10.1037/0012-1649.44.1.5>

Duckitt, J., Bizumic, B., Krauss, S. W., & Heled, E. (2010). A tripartite approach to right-wing authoritarianism: The authoritarianism-conservatism-traditionalism model. *Political Psychology*, 31(5), 685-715. <https://doi.org/10.1111/j.1467-9221.2010.00781.x>

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.

<https://doi.org/10.1016/j.jadohealth.2006.04.024>

Espelage, D. L. (2016). Sexual orientation and gender identity in schools: A call for more research in school psychology—No more excuses. *Journal of School Psychology*, 54(2), 5–8. <https://doi.org/10.1016/j.jsp.2015.11.002>

Feinstein, B. A., & Galupo, M. P. (2020). Bisexual orientation cannot be reduced to arousal patterns. *Proceedings of the National Academy of Sciences*, 177(50), 31575-31576.

<https://doi.org/10.1073/pnas.2016612117>

Flanders, C. E., LaBreton, M. E., Robinson, M., Bian, J., & Caravaca-Morera, J. A. (2017). Defining bisexuality: Young bisexual and pansexual people's voices. *Journal of Bisexuality*, 17(1), 39-57. <http://doi.org/10.1080/15299716.2016.1227016>

<http://doi.org/10.1080/15299716.2016.1227016>

Friedman, M. R., Dodge, B., Schick, V., Herbenick, D., Hubach, R., Bowling, J., Goncalves, G., Krier, S., & Reece, M. (2014) From bias to bisexual health disparities: Attitudes towards

- bisexual men and women in the United States. *LGBT Health*, 1(4), 309-318.  
<https://doi.org/10.1089/lgbt.2014.0005>
- Galupo, M. P., Ramirez, J. L., & Pulice-Farrow, L. (2018). “Regardless of their gender”: Descriptions of sexual identity among bisexual, pansexual, and queer identified individuals. *Journal of Bisexuality*, 17(1), 108-124,  
<https://doi.org/10.1080/15299716.2016.1228491>
- Galupo, M. P., Davis, K. S., Gryniewicz, A. L., & Mitchell, R.C. (2014a) Conceptualization of sexual orientation identity among sexual minorities: Patterns across sexual and gender identity. *Journal of Bisexuality*, 14(3-4), 433–456.  
<https://doi.org/10.1080/15299716.2014.933466>
- Galupo, M. P., Mitchell, R. C., Gryniewicz, A. L., & Davis, K. S. (2014b). Sexual minority reflections on the Kinsey Scale and the Klein Sexual Orientation Grid: Conceptualization and measurement. *Journal of Bisexuality*, 14(3-4), 404-432.  
<https://doi.org/10.1080/15299716.2014.929553>
- Gandy, M. E., Natale, A. P., & Levy, D. L. (2021). “We shared a heartbeat”: Protective functions of faith communities in the lives of LGBTQ+ people. *Spirituality in Clinical Practice*, 8(2), 98-11. <https://doi.org/10.1037/scp0000225>
- Gerdts, D. D. (2019). The religious landscape for LGBTQ+ persons. *Delaware Journal of Public Health*, 5(3), 68-72.
- Gonzales, K. A., Ramirez, J. L. & Galupo, M. P. (2016). “I was and still am”: Narratives of bisexual marking in the #StillBisexual campaign. *Sexuality & Culture*, 21, 493-515.  
<https://doi.org/10.1007/s12119-016-9401-y>

- Green, K. E., & Feinstein, B. A. (2012). Substance use in lesbian, gay, and bisexual populations: An update on empirical research and implications for treatment. *Psychology of Addictive Behaviors, 26*(2), 265–278. <https://doi.org/10.1037/a0025424>
- Herek, G. M. (2002). Heterosexuals' attitudes toward bisexual men and women in the United States. *The Journal of Sex Research, 39*(4), 264-274. <https://doi.org/10.1080/00224490209552150>
- Hinchliff, S., Gott, M., & Galena, E. (2005). 'I daresay I might find it embarrassing': general practitioners' perspectives on discussing sexual health issues with lesbian and gay patients. *Health and Social Care in the Community, 13*(4), 345-353. <https://doi.org/10.1111/j.1365-2524.2005.00566.x>
- Hinton, J. D. X., de la Piedad Garcia, X., Kaufmann, L. M., Koc, Y., & Anderson, J. R. (2022). A systematic and meta-analytic review of identity centrality among LGBTQ groups: An assessment of psychosocial correlates. *Journal of Sex Research, 59*(5), 568-586. <https://doi.org/10.1080/00224499.2021.1967849>
- Horner, B., McManus, A., Comfort, J., Freijah, R., Lovelock, G., Hunter, M., & Tavener, M. (2012). How prepared is the retirement and residential aged care sector in Western Australia for older non-heterosexual people? *Quality in Primary Care, 20*(4), 263-274.
- Hughes, T., Szalacha, L. A., & McNair, R. (2010). Substance abuse and mental health disparities: Comparisons across sexual identity groups in a national sample of young Australian women. *Social Science & Medicine, 71*(4), 824-831. <https://doi.org/10.1016/j.socscimed.2010.05.009>

- Hunsberger, B. (1995). Religion and prejudice: The role of religious fundamentalism, quest, and right-wing authoritarianism. *Journal of Social Issues, 51*(2), 113-129.  
<https://doi.org/10.1111/j.1540-4560.1995.tb01326.x>
- Hunsberger, B. (1996). Religious fundamentalism, right-wing authoritarianism, and hostility toward homosexuals in non-Christian religious groups. *The International Journal for the Psychology of Religion, 6*(1), 39–49. [https://doi.org/10.1207/s15327582ijpr0601\\_5](https://doi.org/10.1207/s15327582ijpr0601_5)
- Ipsos (2021). *LGBT+ Pride 2021 Global Survey*.  
[https://www.ipsos.com/sites/default/files/ct/news/documents/2021-06/LGBT%20Pride%202021%20Global%20Survey%20Report\\_3.pdf](https://www.ipsos.com/sites/default/files/ct/news/documents/2021-06/LGBT%20Pride%202021%20Global%20Survey%20Report_3.pdf)
- Jones, J. M. (2024, March 14). *LGBT identification in U.S. ticks up to 7.1%*. Gallup.com.  
<https://news.gallup.com/poll/389792/lgbt-identification-ticks-up.aspx>
- Jorm, A. F., Korten, A. E., Rodgers, B., Jacomb, P. A., & Christensen, H. (2002). Sexual orientation and mental health: Results from a community survey of young and middle aged adults. *British Journal of Psychiatry, 180*, 423-427.  
<https://doi.org/10.1192/bjp.180.5.423>
- Jourian, T. J., & Nicolazzo, Z. (2017). Bringing our communities to the research table: The liberatory potential of collaborative methodological practices alongside LGBTQ participants. *Educational Action Research, 25*(4), 594–609.  
<https://doi.org/10.1080/09650792.2016.1203343>
- Klein, F. (1978). *Bisexual option* (1st ed.). Haworth Press.
- Koenig, H., Parkerson, G. R., Jr., & Meador, K. G. (1997). Religion index for psychiatric research. *The American Journal of Psychiatry, 154*(6), 885–886.  
<https://doi.org/10.1176/ajp.154.6.885b>



- Laumann, E. O., Gagnon, J. H., Michael, R. T., & Michaels, S. (1994). *The social organization of sexuality: Sexual practices in the United States*. University of Chicago Press.
- Legge, M. M., Flanders, C. E., & Robinson, M. (2017). Young bisexual people's experiences of microaggression: Implications for social work. *Social Work in Mental Health, 16*(2), 125-144. <https://doi.org/10.1080/15332985.2017.1357669>
- Lever, J., Kanouse, D. E., Rogers, W. H., Carson, S., & Hertz, R. (1992). Behavior patterns and sexual identity of bisexual males. *Journal of Sex Research, 29*(2), 141-167. <https://doi.org/10.1080/00224499209551640>
- Matsick, J. L., & Rubin, J. D. (2018). Bisexual prejudice among lesbian and gay people: Examining the roles of gender and perceived sexual orientation. *Psychology of Sexual Orientation and Gender Diversity, 5*(2), 143-155. <https://doi.org/10.1037/sgd0000283>
- McGorray, E. L., & Petsko, C. D. (2023). Perceptions of bisexual individuals depend on target gender. *Social Psychological and Personality Science, 0*(0). <https://doi.org/10.1177/19485506231183467>
- Meyer, I. H. (2015). Resilience in the study of minority stress and health of sexual and gender minorities. *Psychology of Sexual Orientation and Gender Diversity, 2*(3), 209–213. <https://doi.org/10.1037/sgd0000132>
- Morrison, K. E., Gruenhage, J. M., & Pedersen, C. L. (2016). Challenging binaries by saying good bi: Perceptions of bisexual men's identity legitimacy. *Journal of Bisexuality, 16*(3), 361-377. <http://doi.org/10.1080/15299716.2016.1183157>
- Morgenroth, T., Kirby, T. A., Cuthbert, M. J., Evje, J., & Anderson, A. E. (2021). Bisexual erasure: Perceived attraction patterns of bisexual women and men. *European Journal of Social Psychology, 52*, 249-259. <https://doi.org/10.1002/ejsp.2773>

- Mulick, P. S., & Wright, L. W. (2002). Examining the existence of biphobia in the heterosexual and homosexual populations. *Journal of Bisexuality*, 2(4), 45–64.  
[https://doi.org/10.1300/J159v02n04\\_03](https://doi.org/10.1300/J159v02n04_03)
- Munson, S., & Cook, C. (2016). Lesbian and bisexual women's sexual healthcare experiences. *Journal of Clinical Nursing*, 25, 3497-3510. <https://doi.org/10.1111/jocn.13364>
- Nadler, J. T., & Lowery, M. R. (2014). Aversive discrimination in employment interviews: Reducing effects of sexual orientation bias With accountability. *Psychology of Sexual Orientation and Gender Diversity*, 1(4), 480-488. <http://doi.org/10.1037/sgd0000079>
- Neville, S. & Henrickson, M. (2006). Perceptions of lesbian, gay and bisexual people of primary healthcare services. *Journal of Advanced Nursing*, 55(4), 407-415.  
<https://doi.org/10.1111/j.1365-2648.2006.03944.x>
- Obradors-Campos, M. (2011). Deconstructing biphobia. *Journal of Bisexuality*, 11(2–3), 207–226. <https://doi.org/10.1080/15299716.2011.571986>
- Ochs, R. (2009). What is bisexuality? In R. Ochs & S. E. Rowley (Eds.), *Getting bi: Voices of bisexuals around the world* (2nd ed., p. 9). Bisexual Resource Center.
- Perez-Arche, H. & Miller, D. J. (2021). What predicts attitudes toward transgender and nonbinary people? An exploration of gender, authoritarianism, social dominance, and gender ideology. *Sex Roles*, 85, 172-189. <https://doi.org/10.1007/s11199-020-01212-3>
- Persson, T. J., Pfaus, J. G., & Ryder, A. G. (2015). Explaining mental health disparities for non-monosexual women: Abuse history and risky sex, or the burdens of non-disclosure? *Social Science & Medicine*, 128, 366-375.  
<https://doi.org/10.1016/j.socscimed.2014.08.038>.

- Pollit, A. M. & Roberts, T. S. (2021). Internalized binegativity, LGBTQ+ community involvement, and definitions of bisexuality. *Journal of Bisexuality*, 21(3), 357-379.  
<https://doi.org/10.1080/15299716.2021.1984363>
- Rhoten, B., Burkhalter, J. E., Joo, R., Mujawar, I., Bruner, D., Scout, N., & Margolies, L. (2022). Impact of an LGBTQ cultural competence training program for providers on knowledge, attitudes, self-efficacy, and intentions. *Journal of Homosexuality*, 69(6), 1030–1041.  
<https://doi.org/10.1080/00918369.2021.1901505>
- Robinson, J. P., & Espelage, D. L. (2011). Inequities in educational and psychological outcomes between LGBTQ and straight students in middle and high school. *Educational Researcher*, 40(7), 315-330. <https://doi.org/10.3102/0013189X11422112>
- Rosenkrantz, D. E., Rostosky, S. S., Riggle, E. D. B., & Cook, J. R. (2016). The positive aspects of intersecting religious/spiritual and LGBTQ identities. *Spirituality in Clinical Practice*, 3(2), 127-138. <http://doi.org/10.1037/scp0000095>
- Rossmann, K., Salamanca, P., & Macapagal, K. (2017). A qualitative study examining young adults' experiences of disclosure and non-disclosure of LGBTQ identity to health care providers. *Journal of Homosexuality*, 64(10), 1390-1410.  
<https://doi.org/10.1080/00918369.2017.1321379>
- Savin-Williams, R. C. (2014). An exploratory study of the categorical versus spectrum nature of sexual orientation. *Journal of Sex Research*, 51(4), 446-453.  
<https://doi.org/10.1080/00224499.2013.871691>
- Schumm, W. R. (2020). Changes over the decades in selected LGBTQ research findings. *Journal of Sexual Medicine*, 4(2).

- Serpe, C., Brown, C., Criss, S., Lamkins, K., & Watson, L. (2020). Bisexual women: Experiencing and coping with objectification, prejudice, and erasure. *Journal of Bisexuality, 20*(4), 456–492. <https://doi.org/10.1080/15299716.2020.1820421>
- Sheppard, J. A., Pogge, G., Lipsey, N. P., Smith, C. T., & Miller, W. A. (2021). The link between religiousness and prejudice: Testing competing explanations in an adolescent sample. *Journal of Religiosity and Spirituality, 13*(3), 358-369. <http://doi.org/10.1037/rel0000271>
- Shilo, G., & Savaya, R. (2012). Mental health of lesbian, gay, and bisexual youth and young adults: Differential effects of age, gender, religiosity, and sexual orientation. *Journal of Research on Adolescents, 22*(2), 310-325.  
<https://doi.org/10.1111/j.1532-7795.2011.00772.x>
- Stewart, K., & O'Reilly, P. (2017). Exploring the attitudes, knowledge and beliefs of nurses and midwives of the healthcare needs of the LGBTQ population: An integrative review. *Nurse Education Today, 53*, 67-77. <http://doi.org/10.1016/j.nedt.2017.04.008>
- Tavarez, J. (2022). “I can’t quite be myself”: Bisexual-specific minority stress within LGBTQ campus spaces. *Journal of Diversity in Higher Education, 15*(2), 176-177.  
<http://dx.doi.org/10.1037/dhe0000280>
- Vilanova, F., Koller, S. H., & Costa, Â. B. (2021). Mediation effects of right-wing authoritarianism factors in the path religiosity- Prejudice towards sexual and gender diversity. *Psychology & Sexuality, 12*(4), 374–383.  
<https://doi.org/10.1080/19419899.2019.1688379>
- Weinrich, J. D., & Klein, F. (2008). Bi-gay, bi-straight, and bi-bi. *Journal of Bisexuality, 2*(4), 109-139. [https://doi.org/10.1300/J159v02n04\\_07](https://doi.org/10.1300/J159v02n04_07)

Weiss, J. T. (2003). GL vs. BT. *Journal of Bisexuality*, 3(3-4), 25–55.

[https://doi.org/10.1300/J159v03n03\\_02](https://doi.org/10.1300/J159v03n03_02)

Welzer-Lang, D. (2008). Speaking out loud about bisexuality: Biphobia in the gay and lesbian community. *Journal of Bisexuality*, 8(1-2), 81-95.

<https://doi.org/10.1080/15299710802142259>

Whitley, B. E. (2009). Religiosity and attitudes toward lesbians and gay men: A meta-analysis.

*The International Journal for the Psychology of Religion*, 19(1), 21–38.

<https://doi.org/10.1080/10508610802471104>

Whitley, B. E. & Lee, S. E. (2000). The relationship of authoritarianism and related constructs to attitudes toward homosexuality. *Journal of Applied Social Psychology*, 30(1), 144-170.

<https://doi.org/10.1111/j.1559-1816.2000.tb02309.x>

Wylie, L., & Forest, J. (1992). Religious fundamentalism, right-wing authoritarianism and prejudice. *Psychological Reports*, 71(3), 1291-1298.

<https://doi.org/10.2466/pr0.1992.71.3f.1291>

Yost, M. R., & Thomas, G. D. (2012). Gender and binegativity: Men's and women's attitudes toward male and female bisexuals. *Archives of Sexual Behavior*, 41, 691–702.

<https://doi.org/10.1007/s10508-011-9767-8>

## **Appendix A**

### **Informed Consent**

#### **HUMAN SEXUALITY STUDY**

##### **PURPOSE AND PROCEDURES**

You are being asked to take part in a research study that is assessing opinions of LGBTQ+ individuals and the labels they use. This study will take approximately 10-20 minutes to complete. You will be asked to provide demographic information. In addition, you will be asked to provide information about your personal beliefs such as religious and political beliefs. You will then be assigned to read a vignette about a member of the LGBTQ+ community. After reading the vignette you will be asked some questions about your opinion of the person described in the vignette. This will include questions about their behavior, so it is important that you read the profile carefully.

##### **RISKS**

There are minimal risks in this study. The researchers are asking you about information that you may not be asked about in your daily life, such as opinions of LGBTQ+ individuals, which is considered a small amount of social and psychological risk. To decrease this risk, you may decline to answer any or all questions and you may terminate your involvement at any time during the study if you choose by simply closing your browser window.

##### **BENEFITS**

While your participation in this study may not benefit you directly, your responses may be valuable to psychological research. Participants attending Eastern Oregon University may have the opportunity to obtain extra credit for the completion of the study.

Participants who are not receiving extra credit will be entered into a drawing for one of four twenty-five dollar amazon gift cards.

### **CONFIDENTIALITY**

Your information provided in this study will be kept confidential. At the completion of the study you will be given an email address to contact in order to receive extra credit or to be entered into the drawing. In this way, your identifiable information will not be attached to your other information from the study. In addition, the survey collection software is set to not record IP addresses.

### **CONTACT INFORMATION**

If you have questions at any time about this study, or you experience adverse effects as the result of participating in this study, you may contact the researcher, Dr. Robert Butler (541-962-3459, rcbutler@eou.edu). If you have questions regarding your rights as a research participant, or if problems arise which you do not feel you can discuss with the researcher please contact the Institutional Review Board. The contact for the review board is at the end of this document.

### **VOLUNTARY PARTICIPATION**

Your participation in this study is voluntary. Participation in the study requires your voluntary consent and you will not be forced to participate. If you decide to take part in

this study, you will be asked to click yes, in order to consent. After you consent to participate, you are still free to withdraw from the study at any time and without reason. Withdrawal will not result in any repercussions.

### **CONSENT**

By clicking on yes below, I confirm that I have read and understand the provided information. My consent also demonstrates my understanding of the risks, benefits, rights, and confidentiality of my participation. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I can request a copy of this consent form. I voluntarily consent to take part in this study. My consent also indicates that I am at least 18 years of age except for in the state of Nebraska where I am required to be 19 years of age or older.

**By Clicking yes, I am consenting to participate in this study.**

**EXPERIMENTER NAME:** Robert Butler, PhD

**EMAIL:** rcbutler@eou.edu

**INSTITUTIONAL REVIEW BOARD (IRB) EMAIL:** athornburg@eou.edu

**PHONE NUMBER:** 541-962-3349



## **Appendix B**

### **Vignettes**

Hannah is a 25 year old female. For a while she has felt romantically attracted to men, and to women. Hannah feels sexual attraction to more than one gender. She describes her sexual attraction to people of the same gender as being different from her sexual attraction to a different gender. In the past, she has been in relationships with members of both the same gender and different genders.

Hannah is a 45 year old female. For a while she has felt romantically attracted to men, and to women. Hannah feels sexual attraction to more than one gender. She describes her sexual attraction to people of the same gender as being different from her sexual attraction to a different gender. In the past, she has been in relationships with members of both the same gender and different genders.

James is a 25 year old male. For a while he has felt romantically attracted to men, and to women. James feels sexual attraction to more than one gender. He describes his sexual attraction to people of the same gender as being different from his sexual attraction to a different gender. In the past, he has been in relationships with members of both the same gender and different genders.

James is a 45 year old male. For a while he has felt romantically attracted to men, and to women. James feels sexual attraction to more than one gender. He describes his

sexual attraction to people of the same gender as being different from his sexual attraction to a different gender. In the past, he has been in relationships with members of both the same gender and different genders.

**Appendix C**  
**Stereotype Questions**

Based on the vignette, please answer the following questions:

What sexual orientation would you consider this person to be?

Heterosexual, homosexual, bisexual, asexual, other \_\_\_

This person identifies as bisexual. How likely do you think it is that this person will still identify as bisexual in five years?

(Very unlikely)

(Unlikely)

(Likely)

(Very Likely)

How likely is this person to have a relationship with a person of the same sex?

(Very unlikely)

(Unlikely)

(Likely)

(Very Likely)

How likely is this person to have a relationship with a person of the opposite sex?

(Very unlikely)

(Unlikely)

(Likely)

(Very Likely)

How likely is this person to be unfaithful to their partner?

(Very unlikely)

(Unlikely)

(Likely)

(Very Likely)

How important do you think being bisexual is to this person's identity?

(Very important)

(Important)

(Unimportant)

(Very unimportant)

This individual has been in a committed relationship for 5 years. How likely will they still be in this relationship 10 years from now?

(Very unlikely)

(Unlikely)

(Likely)

(Very Likely)

## Appendix D

1. +1 point for using the term gender or gender/sex rather than sex, male/female, men/women, girls/boys.
  - a. Example definition 1: “someone who has sexual feelings for men and women”
    - i. This would not get a point because it uses men and women instead of gender
  - b. Example definition 2: “A person who is attracted to more than one gender”
    - i. This would get a point because it uses gender rather than sex or another binary term.
  - c. Example definition 3: “to appreciate and feel sexual attraction to members of the same and opposite sex”
    - i. This would not get a point because it uses binary sex terms like same/opposite sex.
2. +1 point for using the terms ‘one or more’, ‘more than one’, ‘two or more’ or ‘multiple’ to describe the number of genders a person may be attracted to. Rather than the alternative two, both, or using same/opposite which implies only two.
  - a. Example definition 1: “Attraction towards two or more genders”
    - i. This would get a point because it includes two or more to describe the number of genders a person could be attracted to.
  - b. Example definition 2: “to appreciate and feel sexual attraction to members of the same and opposite sex”
    - i. This would not get a point because same and opposite here implies that there are only two genders that a person could be attracted to
  - c. Example definition 3: “A person who has a sexual attraction to both sexes”

- i. This would not get a point because it says both which implies only two genders of attraction.
3. +1 for using multiple types of attraction including sexual, physical, intimate, emotional, or romantic attraction.
  - a. Example definition 1: “Sexual attraction towards male and female partners”
    - i. This definition would not get a point because it only uses sexual attraction.
  - b. Example definition 2: “An individual that is attracted to both males and females”
    - i. This definition would not get a point because it only uses attraction.
  - c. Example definition 3: “Romantically (physically and/or emotionally) attracted to men and women”
    - i. This definition would get a point because it lists more than one type of attraction.
4. +1 for not using behavior as the sole measure of attraction.
  - a. Example definition 1: “someone who has sex with both genders”
    - i. This would not get a point because it uses sexual behavior as the only measure of bisexuality.
  - b. Example definition 2: “An individual that is attracted to both males and females”
    - i. This would get a point because it does not use behavior as the sole measure of bisexuality.
5. +1 for indicating potentially differing degrees of attraction to different genders.
  - a. Example definition 1: “An individual who has sexual attraction to different gender identities and has separate reasons or sexual attractions to the preferred genders”
    - i. This would get a point because it indicates that the attractions to different genders are different or separate.

- b. Example definition 2: “To be romantically/sexually attracted to both sexes, perhaps equally, perhaps not. Bisexuality is a spectrum in on itself”
  - i. This would get a point because it indicates the potential for different levels of attraction.
- c. Example definition 3: “A person who is attracted to both sexes”
  - i. This would not get a point because it does not indicate potential different levels of attraction.



**Appendix E****DUREL Religiosity Scale**

1) How often do you attend church or other religious meetings?

1 - Never; 2 - Once a year or less; 3 - A few times a year; 4 - A few times a month; 5 - Once a week; 6 - More than once/week

2) How often do you spend time in private religious activities, such as prayer, meditation or Bible study?

1 - Rarely or never; 2 - A few times a month; 3 - Once a week; 4 - Two or more times/week; 5 - Daily; 6 - More than once a day

The following section contains 3 statements about religious belief or experience. Please mark the extent to which each statement is true or not true for you.

3) In my life, I experience the presence of the Divine (i.e., God) -

1 - Definitely not true; 2 - Tends not to be true; 3 - Unsure; 4 - Tends to be true; 5 - Definitely true of me

4) My religious beliefs are what really lie behind my whole approach to life -

1 - Definitely not true; 2 - Tends not to be true; 3 - Unsure; 4 - Tends to be true; 5  
- Definitely true of me

5) I try hard to carry my religion over into all other dealings in life -

1 - Definitely not true; 2 - Tends not to be true; 3 - Unsure; 4 - Tends to be true; 5  
- Definitely true of me

**Appendix F****Very Short Right-Wing Authoritarianism Scale**

\*For each question, participants will use the following rating scale.

1 (Strongly Disagree)

2 (Disagree)

3 (Agree)

4 (Strongly Agree)

1. It's great that many young people today are prepared to defy authority.

2. What our country needs most is discipline, with everyone following our leaders in unity.

3. God's laws about abortion, pornography, and marriage must be strictly followed before it is too late.

4. There is nothing wrong with premarital sexual intercourse.

5. Our society does NOT need tougher government and stricter laws.

6. The facts on crime and the recent public disorders show we have to crack down harder on troublemakers, if we are going to preserve law and order.

## Appendix G

Table 1

Table 1

*Percentage of Participants' Definitions that met Ideal Definition Criteria*

| <b>Gender</b>                          | <b>Criteria<br/>1</b> | <b>Criteria<br/>2</b> | <b>Criteria<br/>3</b> | <b>Criteria<br/>4</b> | <b>Criteria<br/>5</b> | <b>Total<br/>Score</b> |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|
| Male<br>(n = 127)                      | 52.6%                 | 20.7%                 | 12.9%                 | 94.8%                 | 5.2%                  | 1.89                   |
| Female<br>(n = 183)                    | 53.9%                 | 20.2%                 | 17.5%                 | 100%                  | 3.3%                  | 1.98                   |
| Non-binary/Third<br>Gender<br>(n = 33) | 81.8%                 | 60.6%                 | 18.2%                 | 97%                   | 3%                    | 2.64*                  |
| Other<br>(n = 6)                       | 83.3%                 | 66.7%                 | 16.7%                 | 100%                  | 16.7%                 | 3.67*                  |
| <b>Sexual<br/>Orientation</b>          |                       |                       |                       |                       |                       |                        |
| Straight/<br>Heterosexual<br>(n = 212) | 50.7%                 | 12.2%                 | 14.1%                 | 99%                   | 1.4%                  | 1.77                   |
| Bisexual                               | 75.4 %                | 50.8%                 | 26.2%                 | 100%                  | 11.5%                 | 2.67*                  |

|                                    |       |       |       |             |        |       |
|------------------------------------|-------|-------|-------|-------------|--------|-------|
| (n = 59)                           |       |       |       |             |        |       |
| Lesbian                            | 80%   | 66.7% | 20%   | 100%        | 6.7%   | 2.73* |
| (n = 14)                           |       |       |       |             |        |       |
| Gay (n = 11)                       | 63.6% | 18.2% | 9.1%  | 82%         | 9.1%   | 1.91  |
| Questioning                        | 50%   | 10%   | 0%    | 90%         | 10%    | 1.6   |
| (n = 10)                           |       |       |       |             |        |       |
| Other                              | 71.4% | 53.6% | 14.3% | 100%        | 3.6%   | 2.43* |
| (n = 28)                           |       |       |       |             |        |       |
| <hr/>                              |       |       |       |             |        |       |
| <b>Medical Professional</b>        |       |       |       |             |        |       |
| Yes (n = 32)                       | 53.1% | 12.5% | 9.4%  | 97%         | 9.4%   | 1.78  |
| No (n = 305)                       | 59.6% | 26.7  | 16.6% | 98%         | 3.6%   | 2.05  |
| <hr/>                              |       |       |       |             |        |       |
| <b>Researcher</b>                  |       |       |       |             |        |       |
| Yes (n = 6)                        | 66.7% | 66.7% | 16.7% | 83%         | 33.3%  | 2.67  |
| No (n = 334)                       | 58.7% | 24.6% | 15.9% | 99%         | 3.6%   | 2.01  |
| <hr/>                              |       |       |       |             |        |       |
| <b>Religiosity</b>                 |       |       |       | Correlation | -0.22* |       |
| <hr/>                              |       |       |       |             |        |       |
| <b>Right-wing Authoritarianism</b> |       |       |       | Correlation | -0.30* |       |
| <hr/>                              |       |       |       |             |        |       |

Note: \* indicate statistically significant differences  $p < .05$

## Appendix H

Table 2

Table 2

*Participant's Mean Stereotype Scores*

| <b>Gender</b>                           | <b>Criteria<br/>1</b> | <b>Criteria<br/>2</b> | <b>Criteria<br/>3</b> | <b>Criteria<br/>4</b> | <b>Criteria<br/>5</b> | <b>Criteria<br/>6</b> | <b>Average<br/>Answer</b> |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------|
| Male<br>(n = 127)                       | 1.04<br>(± 1.07)      | 0.94<br>(± 0.77)      | 0.80<br>(± 0.78)      | 0.50<br>(± 1.13)      | 0.50<br>(± 1.13)      | 0.90<br>(± 0.98)      | 0.78<br>(± 0.60)          |
| Female<br>(n = 183)                     | 1.05<br>(± 1.07)      | 1<br>(± 0.64)         | 0.34<br>(± 1.01)      | 0.70<br>(± 1.10)      | 0.55<br>(± 1.17)      | 1.06<br>(± 0.82)      | 0.90<br>(± 0.49)          |
| Non-binary/<br>Third Gender<br>(n = 33) | 1.23<br>(± 0.92)      | 0.94<br>(±0.83)       | 1<br>(±0.75)          | 1.32<br>(±0.65)       | 1.17<br>(±0.57)       | 1.21<br>(±0.86)       | 1.17*<br>(±0.53)          |
| Other<br>(n = 6)                        | 1.17<br>(±1.17)       | 0.2<br>(±1.01)        | 1.17<br>(±0.41)       | 1 (±0)                | 1 (±0)                | 1.17<br>(±0.41)       | 1.04<br>(±0.16)           |
| <b>Sexual<br/>Orientation</b>           |                       |                       |                       |                       |                       |                       |                           |
| Straight/<br>Heterosexual<br>(n = 212)  | 0.93<br>(±1.17)       | 0.98<br>(±0.68)       | 0.90<br>(±0.79)       | 0.42<br>(±0.79)       | 0.47<br>(±1.19)       | 0.91<br>(±0.95)       | 0.76<br>(±0.54)           |

|                         |                 |                 |                 |                 |                 |                 |                  |
|-------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|------------------|
| Bisexual<br>(n = 59)    | 1.41<br>(±0.80) | 1<br>(±0.63)    | 1.11<br>(±0.45) | 1.19<br>(±0.86) | 0.83<br>(±0.85) | 1.24<br>(±0.53) | 1.14*<br>(±0.35) |
| Lesbian<br>(n = 14)     | 1.13<br>(±1.15) | 0.94<br>(±0.85) | 0.94<br>(±0.85) | 1.64<br>(±0.50) | 0.81<br>(±0.94) | 1.14<br>(±1.03) | 1.11<br>(±0.74)  |
| Gay (n = 11)            | 1.17<br>(±1.11) | 0.73<br>(±1.19) | 1<br>(±0.77)    | 0.60<br>(±1.17) | 0.84<br>(±0.94) | 1.08<br>(±0.79) | 0.92<br>(±0.64)  |
| Questioning<br>(n = 10) | 1.37<br>(±1.03) | 1<br>(±0.64)    | 1.07<br>(±0.52) | 1.38<br>(±0.50) | 0.79<br>(±1.03) | 1.32<br>(±0.48) | 1.20<br>(±0.38)  |
| Other<br>(n = 28)       | 1<br>(±1.10)    | 0.60<br>(±1.17) | 0.80<br>(±1.03) | 1.20<br>(±0.42) | 0.91<br>(±1.04) | 1<br>(±1.22)    | 0.98*<br>(±0.62) |
| <hr/>                   |                 |                 |                 |                 |                 |                 |                  |
| <b>Medical</b>          |                 |                 |                 |                 |                 |                 |                  |
| <b>Professional</b>     |                 |                 |                 |                 |                 |                 |                  |
| Yes (n = 30)            | 1.16<br>(±1.14) | 0.91<br>(±0.69) | 1.09<br>(±0.69) | 0.26<br>(±1.30) | 0.48<br>(±1.18) | 0.87<br>(±1.12) | 0.79<br>(±0.63)  |
| No (n = 305)            | 1.07<br>(±1.03) | 0.98<br>(±0.70) | 0.94<br>(±0.72) | 0.76<br>(±1.10) | 0.63<br>(±1.10) | 1.05<br>(±0.83) | 0.91<br>(±0.52)  |
| <hr/>                   |                 |                 |                 |                 |                 |                 |                  |
| <b>Researcher</b>       |                 |                 |                 |                 |                 |                 |                  |
| Yes (n = 6)             | 1.14<br>(±1.46) | 0.67<br>(±1.37) | 0.86<br>(±1.35) | 0<br>(±1.90)    | 0.57<br>(±1.13) | 0.29<br>(±1.25) | 0.50<br>(±0.92)  |
| No (n = 329)            | 1.07<br>(±1.05) | 0.97<br>(±0.70) | 0.95<br>(±0.72) | 0.73<br>(±1.10) | 0.6<br>(±1.12)  | 1.04<br>(±0.86) | 0.90<br>(±0.53)  |
| <hr/>                   |                 |                 |                 |                 |                 |                 |                  |

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| <b>Religiosity</b>                     | Correlation | -.30* |
| <b>Right-wing<br/>Authoritarianism</b> | Correlation | -.41* |

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Note: \* indicate statistically significant differences  $p < .05$