

# Bisexual Women: Attitudes, Perceptions & Stereotypes

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## Historical and Societal Context of Bisexuality

The historical understanding and societal acceptance of bisexuality have long been characterized by neglect, misunderstanding, and outright pathologization, particularly concerning women. For centuries, Western thought operated primarily within a rigid sexual binary, forcing individuals into categories defined exclusively by either heterosexual or homosexual attraction. This foundational monosexism inherently marginalized the bisexual identity, often treating it not as a valid orientation but as a transitional phase, a manifestation of confusion, or simply a lack of commitment to one true identity. Consequently, the distinct experiences of women who are attracted to both men and women were frequently overlooked in early psychological and sociological studies, which tended to focus disproportionately on male homosexuality or strictly defined lesbianism. This historical context of invisibility established a challenging foundation, where the acknowledgment of bisexual women's existence often had to fight against deeply embedded cultural assumptions that denied the possibility of genuine, enduring non-monosexual attraction. Furthermore, when bisexuality was discussed in earlier academic or clinical settings, it was often framed through a lens of instability or hypersexuality, setting the stage for subsequent negative stereotypes that persist in contemporary discourse.

Early psychological theories, particularly those influenced by psychoanalysis, struggled significantly with conceptualizing bisexuality outside the framework of sexual immaturity or developmental failure. While figures like Freud theorized about innate psychic bisexuality, the societal interpretation often defaulted to viewing overt bisexual expression as a failure to resolve the Oedipal complex or a refusal to settle into an adult, monosexual identity. This academic reluctance to grant bisexuality ontological status as a legitimate, stable orientation fed into public skepticism, leading to institutional attitudes that ranged from dismissal to outright hostility. It is crucial to recognize that the invisibility endured by bisexual women was often compounded by the prevailing assumption that women's sexuality was inherently fluid and contingent upon male desire, making it difficult to differentiate genuine bisexual identity from perceived compliance or experimentation. The persistent lack of distinct language and conceptual space for bisexuality meant that women who identified as such were often forced to navigate social spheres that either labeled them as confused heterosexuals or, if they primarily partnered with women, assimilated them into the lesbian community without full recognition of their expansive identity.

The latter half of the 20th century witnessed the emergence of more robust bisexual political movements and increased visibility, yet the attitudes toward bisexual women remained complex and often critical, even within LGBTQ+ liberation movements. As the gay and lesbian rights movements gained traction, they sometimes inadvertently reinforced the sexual binary they sought to challenge, focusing on same-sex attraction versus opposite-sex attraction, thereby excluding or minimizing the importance of the bisexual experience. This internal tension meant that bisexual women frequently faced the difficult task of justifying their identity to both the dominant

heterosexual society and segments of the queer community. The fight for recognition became twofold: challenging **heteronormativity** while simultaneously confronting **monosexism** within their own social circles. This unique position contributes profoundly to the psychological stress experienced by bisexual women, as they often lack a unified, fully affirming community base, complicating the process of identity integration and self-acceptance in the face of pervasive negative societal attitudes.

## Manifestations of Biphobia and Prejudice

Biphobia, defined as prejudice, fear, or hatred directed against bisexual individuals, manifests in ways that are distinct from those experienced by gay men or lesbians, creating a unique set of challenges for bisexual women. While homophobia targets same-sex attraction, biphobia specifically targets the concept of attraction to multiple genders, often rooted in the monosexist belief that sexual orientation must be singular and exclusive. For bisexual women, the prejudice often centers around specific, damaging stereotypes concerning their perceived sexual behavior and psychological stability. These stereotypes frequently portray bisexual women as inherently hypersexual, promiscuous, or unable to maintain faithful relationships, suggesting that their attraction to both genders makes them incapable of commitment. This prejudicial framework often serves to invalidate their relationships, regardless of the gender of their partner, leading to increased scrutiny and judgment concerning their romantic and sexual lives. Furthermore, this intense focus on perceived promiscuity often serves to dehumanize bisexual women, reducing their complex identities to mere sexual objects driven by insatiable or unstable desires.

Another significant manifestation of biphobia involves the stereotype of instability or untrustworthiness. Bisexual women are frequently accused of being "confused," "going through a phase," or using their identity as a form of attention-seeking behavior. This lack of perceived authenticity undermines their identity claims, leading to systemic doubt about the sincerity and permanence of their orientation. In dating and relationship contexts, this manifests as heightened suspicion from both potential male and female partners, who may fear that the bisexual woman will eventually leave them for someone of the opposite gender. This pervasive atmosphere of doubt creates significant relational stress, forcing bisexual women to constantly defend their identity and prove their commitment, which is a burden not typically placed upon monosexual individuals. This prejudice can severely impact the formation and maintenance of intimate relationships, contributing to feelings of isolation and inadequacy.

Beyond interpersonal relationships, biphobia translates into tangible discrimination in various institutional settings. In the workplace, bisexual women may face subtle or overt discrimination related to hiring, promotion, or workplace climate, especially if their identity is known. They may be subjected to inappropriate questions about their dating life or dismissed as unprofessional due to the pervasive hypersexualized stereotypes. Furthermore, in clinical settings, healthcare providers,

lacking adequate training in bisexual health issues, may dismiss their health concerns, attributing psychological distress solely to relationship instability rather than acknowledging the impact of systemic prejudice. This institutional biphobia often intersects with sexism, where the unique vulnerabilities of bisexual women are exacerbated by patriarchal structures that already marginalize female sexuality. Addressing these multifaceted prejudices requires not just challenging homophobia, but specifically dismantling the monosexist assumptions that underpin the denial of legitimate bisexual existence and experience.

## The Role of Bi-Erasure and Invisibility

Bi-erasure, or bisexual invisibility, refers to the tendency to ignore, remove, or re-explain evidence of bisexuality in history, media, and everyday life. This phenomenon is arguably one of the most insidious forms of prejudice faced by bisexual women because it attacks the very existence and legitimacy of their identity. Bi-erasure operates by defaulting to a monosexual interpretation of attraction and relationships, meaning that if a bisexual woman is partnered with a man, she is often assumed to be heterosexual; conversely, if she is partnered with a woman, she is frequently labeled a lesbian. This constant mislabeling denies the reality of her attraction to multiple genders, effectively rendering her identity invisible regardless of her current relational status. The normalization of monosexuality in societal discourse makes it difficult for bisexual women to articulate and have their full identity recognized, often leading to deep feelings of alienation and fragmentation, as their internal reality fails to align with external social acknowledgment.

The erasure of bisexual women is acutely felt within both heterosexual and established LGBTQ+ communities, placing them in a precarious position often referred to as "in limbo." Within the broader heterosexual community, the assumption is often that bisexuality is merely a phase preceding eventual settling into heterosexuality, particularly if the woman maintains a long-term male partnership. This dismissiveness invalidates the queer aspects of her identity. Conversely, within lesbian communities, bisexual women may face suspicion or hostility, stemming from the perception that their attraction to men makes them less committed to the queer community, or that they possess "heterosexual privilege" that undermines the shared experiences of monosexual lesbians. This internal community prejudice can be particularly devastating, as it denies bisexual women the very support and affirmation they seek within queer spaces. Consequently, bisexual women often report feeling like they do not fully belong anywhere, leading to a profound sense of rootlessness and increased vulnerability to mental health issues stemming from chronic identity invalidation.

The pervasive nature of bi-erasure has significant consequences for identity formation and public health research. When identity is constantly questioned or ignored, it becomes challenging for bisexual women to fully integrate their sexuality into their sense of self, often leading to internalized biphobia or reluctance to disclose their full identity. Furthermore, the invisibility translates directly

into a lack of targeted research and resource allocation. Health studies often fail to disaggregate data for bisexual individuals, grouping them instead with either heterosexual or lesbian populations, which obscures the unique health disparities and needs specific to bisexual women. For instance, data regarding sexual health risks, domestic violence, or access to mental health services may be inaccurate or incomplete due to this systemic failure to acknowledge and categorize the bisexual population distinctly. Overcoming bi-erasure requires deliberate efforts in media representation, academic research, and community advocacy to actively validate and affirm the reality of attraction to multiple genders as a complete and stable orientation.

### **Intersectionality: Race, Class, and Disability**

The experiences of bisexual women are not monolithic; they are profoundly shaped by intersectionality, where the combination of their sexual orientation with other marginalized identities--such as race, ethnicity, socioeconomic status, or disability--multiplies the forms and severity of prejudice they encounter. For bisexual women of color (BWOC), the challenges of biphobia are inextricably linked with systemic racism, leading to unique forms of discrimination that cannot be understood by examining these oppressions separately. For example, stereotypes about hypersexuality often directed at bisexual women are frequently racialized, resulting in BWOC facing heightened scrutiny and more severe consequences when expressing their sexuality, as they contend with both biphobic and racist tropes simultaneously. This layered experience of marginalization means that the cumulative stress and resulting psychological burden are significantly higher, demanding comprehensive support systems that address the complexity of their lived realities.

Specifically, bisexual women from various racial and ethnic minority groups navigate cultural contexts that may impose additional restrictions on non-monosexual identities. In some communities, the expression of any queer identity may be met with intense familial or religious disapproval, forcing these women into deeper secrecy or isolation. Furthermore, the limited representation of BWOC in media and advocacy spaces means they often lack visible role models or community narratives that affirm their specific, complex identities. Research indicates that bisexual women of color often report greater levels of discrimination within the broader LGBTQ+ community, where racial biases intersect with monosexism, leading to feelings of exclusion even within supposedly supportive environments. This highlights the critical need for intersectional frameworks in activism and research, ensuring that the fight against biphobia is not divorced from the fight against racism and other forms of systemic oppression.

Socioeconomic status and disability also introduce significant barriers to support and well-being for bisexual women. Those from lower socioeconomic backgrounds may have limited access to affirming healthcare, mental health services, or safe community spaces, exacerbating the negative impacts of prejudice. For bisexual women living with disabilities, they face double discrimination:

first, based on their sexual identity, and second, based on ableism, which often leads to the infantilization or desexualization of disabled individuals. This combination makes it difficult for them to have their sexual identity acknowledged or respected, particularly in clinical or care settings. Effective advocacy must therefore address the structural inequalities that prevent marginalized bisexual women from accessing essential resources and achieving full social acceptance, recognizing that liberation requires addressing all axes of oppression simultaneously.

## Psychological and Health Impacts of Negative Attitudes

The cumulative effect of societal biphobia, bi-erasure, and intersectional discrimination results in significant psychological distress and quantifiable health disparities for bisexual women compared to their monosexual peers. The constant need to justify one's identity, the experience of being mistrusted or dismissed, and the lack of comprehensive social support contribute to chronic stress, often referred to as **minority stress**. Studies consistently demonstrate that bisexual women report higher rates of anxiety, depression, and post-traumatic stress disorder (PTSD) than both heterosexual and lesbian women. This heightened psychological vulnerability is directly linked to the unique challenges of navigating pervasive invisibility and the dual rejection they often face from both queer and straight communities. The effort required to manage multiple minority statuses and the internal conflict arising from internalized biphobia consume significant psychological resources, often leading to emotional exhaustion and burnout.

Internalized biphobia represents a profound psychological impact, occurring when bisexual women absorb and believe the negative societal messages about their identity--such as beliefs that they are confused, unstable, or inherently promiscuous. This internalization can manifest as self-doubt, shame, and difficulty integrating their sexual identity positively, leading to self-harm behaviors, disordered eating, or substance misuse as coping mechanisms. The process of coming out is also complicated by internalized biphobia and external skepticism; many bisexual women report having to come out multiple times or selectively disclose their identity based on the perceived safety of the environment, which inhibits the benefits typically associated with disclosure, such as increased self-esteem and reduced stress. The reluctance to fully embrace or disclose their identity due to fear of judgment or rejection often means they miss out on crucial social capital and affirmation available through community connection.

Beyond mental health, bisexual women face significant physical health disparities. Research highlights increased rates of certain cancers, cardiovascular issues, and chronic pain, often linked to the physiological toll of chronic minority stress. Furthermore, they face significant barriers in accessing competent healthcare. Many providers lack specific knowledge regarding bisexual health needs, leading to inadequate screening, misdiagnosis, or inappropriate treatment. For example, assumptions about risk behavior based on current partner gender rather than the full scope of their sexual history can lead to dangerous gaps in preventative care. Access to sexual

health services is also complicated by biphobic assumptions regarding promiscuity. Addressing these disparities requires targeted public health interventions, comprehensive provider education focusing on **cultural competence** regarding bisexual identities, and the systematic collection of accurate, disaggregated data that truly reflects the health profile of bisexual women.

## Media Representation and Stereotypes

Media representation plays a powerful role in shaping public attitudes toward bisexual women, and historically, this representation has been characterized by scarcity, misrepresentation, and harmful stereotyping. When bisexual women are depicted in film, television, or literature, their identity is often reduced to a plot device rather than a fully realized character trait. The most prevalent and damaging stereotype is the depiction of the bisexual woman as inherently manipulative, hypersexual, or dangerous, often serving as a source of conflict or erotic intrigue for monosexual characters. These portrayals rarely depict stable, committed bisexual relationships and frequently associate bisexuality with tragedy, mental illness, or eventual death, reinforcing the societal narrative that the identity is fundamentally unstable or transitional. This consistent negative framing contributes significantly to the external prejudice and the internalized shame experienced by real-life bisexual women.

Two common tropes stand out in media analysis: the "confused phase" narrative and the "predatory bisexual." The "confused phase" narrative minimizes bisexuality by portraying it as temporary experimentation before the character inevitably settles into a monosexual identity (usually heterosexual). This trope directly fuels bi-erasure by validating the public suspicion that bisexuality is not a genuine orientation. The "predatory bisexual" trope, often seen in thrillers or dramas, depicts the bisexual woman as sexually insatiable and untrustworthy, using her attraction to both genders to manipulate others or cause chaos. This trope weaponizes the idea of dual attraction, transforming it into a sign of moral degeneracy. Both tropes contribute to a public perception that views bisexual women as inherently unreliable relational partners, translating into real-world difficulties in forming trusting relationships and challenging the legitimacy of their identity claims.

While recent years have seen a modest increase in bisexual visibility in media, quality representation remains low. Authentic, positive portrayals that showcase bisexual women in stable, healthy relationships, or those who are simply navigating life without their identity being the source of dramatic conflict, are still rare. The lack of nuanced visibility has profound effects: it limits the exposure of the general public to accurate information, thereby sustaining prejudice, and it deprives young bisexual women of positive role models necessary for healthy identity development. Improving attitudes toward bisexual women necessitates a conscious effort by media creators to move beyond sensationalism and stereotypes, opting instead for complex character development that affirms the validity and diversity of the bisexual experience.

## Strategies for Combating Prejudice and Promoting Acceptance

Combating deep-seated societal prejudice toward bisexual women requires a multi-pronged approach encompassing education, advocacy, and structural change. The fundamental strategy involves promoting **visibility and affirmation**. Bisexual women, particularly those with intersecting marginalized identities, must be actively included and centered in LGBTQ+ advocacy, political discourse, and media production. Increasing visibility directly counters bi-erasure by providing undeniable proof of the diversity and permanence of the bisexual identity. Advocacy groups must explicitly challenge monosexism within their own ranks, ensuring that resources, funding, and programming are tailored to meet the specific needs of bisexual women, rather than simply subsuming them under broader lesbian or gay initiatives. Furthermore, encouraging safe spaces for bisexual women to share their narratives and build community is essential for mitigating the isolation caused by dual marginalization.

Educational interventions are crucial for dismantling the pervasive stereotypes and misinformation surrounding bisexuality. Curricula in schools, universities, and professional training programs must accurately define and discuss bisexuality as a legitimate, stable sexual orientation. These educational efforts should specifically address the mechanisms of biphobia and monosexism, differentiating them clearly from homophobia. For healthcare and mental health professionals, specialized training in **bisexual cultural competence** is paramount. Clinicians must learn to recognize and address the unique manifestations of minority stress and internalized biphobia in their bisexual female clients, avoiding assumptions about their sexuality based on their current relationships. This professional education ensures that when bisexual women seek help, they receive affirming care that validates their identity and addresses their specific health risks.

Finally, promoting acceptance requires tangible policy changes and structural accountability. Policy advocacy must focus on ensuring that anti-discrimination laws explicitly include protections based on sexual orientation, and that these protections are enforced in ways that recognize the specific forms of discrimination faced by bisexual individuals. Furthermore, research funding bodies must mandate the collection of disaggregated data that specifically identifies bisexual populations, allowing researchers to accurately assess health disparities and tailor effective interventions. By focusing on systemic validation, increased representation, and specialized education, society can begin to dismantle the negative attitudes toward bisexual women, fostering an environment of genuine respect, acceptance, and full inclusion.