

# Bisexuality: Understanding Attitudes & Acceptance

Authored by  
**mohammed looti**

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Attitudes towards **bisexuality** represent a complex and multifaceted area of psychological and sociological inquiry, distinct in many ways from attitudes directed toward monosexual identities, such as exclusive heterosexuality or exclusive homosexuality. These attitudes encompass a spectrum ranging from explicit acceptance and affirmation to subtle skepticism and overt hostility, often collectively categorized under the umbrella term **biphobia**. Understanding these societal and individual reactions requires recognizing that bisexuality challenges traditional binary understandings of sexual orientation, thereby introducing unique forms of prejudice and marginalization that are often overlooked or conflated with homophobia. This unique positionality--existing between traditionally recognized sexual poles--means that bisexual individuals frequently encounter prejudice from both heterosexual and homosexual communities, creating a condition known as double discrimination or dual invisibility, which significantly heightens experiences of minority stress and social exclusion.

The study of these attitudes has gained significant traction as social visibility for the bisexual community has increased, highlighting the need for specialized theoretical frameworks that address the specific nature of anti-bisexual bias. Unlike generalized sexual prejudice, attitudes concerning bisexuality often focus on skepticism regarding the validity or permanence of the identity itself, rather than solely condemning same-sex attraction. Many negative attitudes stem from the deeply ingrained belief that bisexuality is merely a transitional phase, a form of confusion, or a cover for homosexuality, rather than a legitimate, stable, and distinct sexual orientation capable of attracting individuals across genders. Consequently, these attitudes influence everything from institutional policy and media representation to interpersonal interactions, profoundly shaping the lived experiences and mental health outcomes of bisexual individuals globally, often forcing them into constant identity defense. The subsequent sections will meticulously explore the specific manifestations of biphobia, its measurement, and the societal factors that perpetuate these discriminatory beliefs.

## The Phenomenon of Biphobia and Bisexual Erasure

**Biphobia** is defined as prejudice, fear, or hatred directed against bisexual people, which often manifests as discrimination, hostility, or denial of identity. Crucially, biphobia is intrinsically linked to the concept of **bisexual erasure**, which is the systemic tendency to ignore, remove, falsify, or re-explain evidence of bisexuality in historical records, academic research, media portrayals, and cultural narratives. This erasure is a powerful mechanism of prejudice because it fundamentally delegitimizes the identity, making it exceptionally difficult for bisexual individuals to find accurate representation, supportive community, or even basic validation within broader society. Erasure operates by forcing bisexual individuals into rigid binary categories--labeling them as heterosexual when partnered with the opposite sex, or homosexual when partnered with the same sex--effectively denying the reality of their capacity for attraction across genders, thus reinforcing the societal belief that sexual orientation must be strictly monosexual.

The mechanisms of erasure are subtle yet pervasive, often rooted in the societal discomfort with ambiguity and complexity in sexual categorization. For instance, when historical figures are revealed to have had relationships with multiple genders, they are frequently retroactively labeled as exclusively gay or straight, depending on the current narrative being promoted, thereby obscuring the historical prevalence of non-monosexual identities and reinforcing present-day invisibility. Furthermore, contemporary media representation often fails to depict stable, committed bisexual relationships, instead portraying bisexual characters predominantly as pathologically promiscuous, inherently confused, or unstable, thereby reinforcing negative stereotypes rather than reflecting the reality of diverse bisexual lives. This systematic invalidation, whether conscious or unconscious, ensures that the bisexual identity remains marginalized, making it difficult for the community to mobilize politically or access tailored psychological and health resources, which are typically designed around binary sexual orientations, leading to exacerbated health disparities.

A key internal consequence of pervasive biphobia and erasure is the heightened risk for **internalized biphobia** among bisexual individuals. This occurs when negative societal attitudes and stereotypes are absorbed and applied to the self, leading to self-doubt, shame, and significant difficulty in fully accepting one's own identity. Internalized biphobia can manifest as reluctance to come out, self-censorship regarding sexual experiences or attractions, or attempts to conform externally to monosexual expectations to minimize social conflict. This internal conflict contributes significantly to psychological distress and the feeling of being perpetually misunderstood or invisible, even within ostensibly inclusive LGBTQ+ spaces. Addressing external biphobia, therefore, requires simultaneous efforts to combat the systemic erasure that fuels these internalized struggles, necessitating educational interventions that explicitly validate bisexuality as a distinct, complete, and stable orientation, rather than merely an intermediate or transient state.

## Distinguishing Biphobia from Homophobia

While biphobia and homophobia are both forms of sexual prejudice, they are not interchangeable and target fundamentally different psychological and social aspects of sexual identity. **Homophobia** primarily centers on the rejection of same-sex attraction and relationships, often driven by rigid adherence to traditional gender roles, religious doctrines, and reproductive norms that mandate heterosexual coupling. In sharp contrast, biphobia often focuses less on same-sex attraction itself--which may be tolerated if the individual ultimately "chooses a side"--and more on the perceived instability, untrustworthiness, or excessive sexual appetite of the bisexual individual. The key difference lies in the nature of the challenge posed to the observer: homophobia challenges gender norms and sexual exclusivity to the opposite sex, whereas biphobia challenges the perceived necessity of sexual exclusivity and rigid binary categorization, demanding psychological and social adherence to monosexuality.

A primary manifestation of this difference is the pervasive stereotype of the bisexual person as

inherently promiscuous or unable to commit to a partner. This particular bias stems from the faulty assumption that if a person can be attracted to multiple genders, they must necessarily be incapable of choosing or remaining faithful to one partner, regardless of their actual relationship structure or commitment level. This specific accusation of instability and infidelity is rarely the central feature of homophobia, which is more often concerned with the perceived moral failing, deviance, or unnaturalness of exclusive same-sex attraction. Moreover, biphobic attitudes can be expressed by gay and lesbian individuals who may otherwise be accepting of same-sex relationships, demonstrating unequivocally that the prejudice is directed specifically at the identity's perceived ambiguity and refusal to conform to monosexual norms rather than the mere presence of non-heterosexuality.

Therefore, when analyzing societal attitudes, researchers must employ psychometric measures that specifically capture anti-bisexual bias, rather than relying solely on generalized measures of sexual prejudice that conflate the two concepts. For example, a person might score low on a measure of homophobia--indicating acceptance of gay and lesbian people--but score high on a measure of biphobia, indicating disbelief in the validity of bisexuality or endorsement of negative stereotypes about commitment and stability. Recognizing this unique prejudice allows for a more nuanced understanding of the intersectional challenges faced by bisexual individuals and highlights why they often experience significant marginalization even within the broader LGBTQ+ community, where they may be pressured to identify solely based on their current partner's gender, thereby perpetuating the erasure they seek to escape.

## Common Stereotypes and Misconceptions

Negative attitudes toward bisexuality are heavily supported by a set of persistent and damaging stereotypes that serve the primary function of delegitimizing the identity in the eyes of the monosexual majority. These misconceptions often revolve around three central, interconnected themes: instability, hypersexuality, and confusion. The **instability stereotype** posits that bisexuality is merely a temporary phase, a stepping stone to identifying as gay, lesbian, or straight, or that it is simply a way to attract attention or avoid making a definitive choice. This viewpoint fundamentally denies the possibility of bisexuality as a stable, lifelong orientation, forcing individuals to constantly defend their identity as legitimate and fixed, even years after identifying as bisexual. This stereotype is particularly harmful in clinical and counseling settings, where mental health professionals might mistakenly treat the identity itself as a symptom of underlying psychological distress, indecision, or immaturity, rather than affirming it as a valid sexual orientation.

The stereotype of **hypersexuality** or promiscuity is perhaps the most pervasive and socially damaging, suggesting that bisexual individuals are inherently unfaithful, untrustworthy, or driven by excessive, uncontrollable sexual urges because they are capable of attraction to multiple genders.

This misconception erroneously conflates attraction capacity with actual behavior, ignoring the empirical reality that bisexual individuals engage in monogamous and committed relationships at rates comparable to monosexual individuals. This stereotype is frequently weaponized to justify discrimination in dating, employment, and social circles, reinforcing the belief that bisexual people are unstable partners or incapable of fidelity. Furthermore, this stereotype contributes to the disproportionate targeting of bisexual individuals in discussions concerning sexually transmitted infections, despite the fact that risk is tied directly to specific sexual behaviors, not the orientation itself, leading to unwarranted stigmatization and fear.

Finally, the misconception of **confusion** frames bisexuality not as a valid orientation but as a state of intellectual or emotional indecision. This stereotype suggests that the individual is simply unable to "choose a side" and is therefore experiencing confusion about their true, underlying identity, which must ultimately be monosexual. Such attitudes fail completely to grasp the fluidity and complexity of sexual attraction, which is not always a binary choice, and instead imposes a rigid, monosexual framework onto a non-monosexual reality. By framing the identity as confusion, society shifts the burden of proof onto the bisexual individual to constantly demonstrate clarity and stability, rather than challenging the rigid societal norms that necessitate binary identification in the first place. These stereotypes collectively function to maintain the marginalization, invisibility, and systematic denial of the bisexual population, reinforcing biphobia across institutional and interpersonal contexts.

## Measurement and Assessment of Bisexual Attitudes

The psychological measurement of attitudes toward bisexuality is essential for tracking societal progress, identifying specific sources of prejudice, and evaluating the effectiveness of anti-prejudice interventions. Early measures of sexual prejudice often failed to differentiate conceptually or empirically between homophobia and biphobia, leading to an incomplete and often misleading understanding of anti-bisexual bias. Modern psychometric instruments, however, strive to specifically capture the unique elements of biphobia, particularly focusing on the denial of legitimacy, the endorsement of commitment stereotypes, and the perception of hypersexuality. These specialized scales often include items designed to assess beliefs about the stability of the identity, the perceived trustworthiness of bisexual individuals, and the necessity of sexual exclusivity. Utilizing these precise instruments ensures that researchers can accurately quantify the prevalence and severity of biphobic attitudes across different demographic and ideological populations.

One common approach involves the use of explicit attitude scales, where respondents directly report their agreement or disagreement with statements reflecting biphobic beliefs, such as "Bisexuality is just a phase people go through before they settle on being gay or straight," or "Bisexual people are inherently more promiscuous than others." While useful for identifying

conscious prejudice and monitoring self-reported attitudes, these explicit measures can be highly susceptible to **social desirability bias**, where respondents consciously or unconsciously conceal true negative feelings to appear more tolerant or egalitarian. Consequently, researchers increasingly incorporate **implicit measures**, such as the Implicit Association Test (IAT), which assesses automatic, unconscious associations between the concept of bisexuality and positive or negative attributes. Implicit measures provide a crucial deeper insight into underlying biases that may influence non-verbal behavior and subtle microaggressions, even when explicit attitudes appear positive or neutral.

Furthermore, the assessment of bisexual attitudes must often involve measuring attitudes within the LGBTQ+ community itself, recognizing the phenomenon of **intra-community prejudice**. Researchers recognize the critical need to understand how gay and lesbian individuals may harbor biphobic attitudes, often manifesting as gatekeeping, skepticism regarding identity validity, or outright exclusion from community spaces. Measuring these specific dynamics requires scales that address skepticism about bisexual identity validity within the context of shared marginalized experience, such as assessing beliefs about whether bisexual individuals truly belong in LGBTQ+ organizations or if they are simply confused. Accurate measurement, therefore, must be multidimensional, capturing conscious and unconscious bias, general societal prejudice originating from the heterosexual majority, and specific prejudice originating from within sexual minority communities, providing a comprehensive and detailed map of the complex psychological landscape of anti-bisexual sentiment.

### Factors Influencing Negative Attitudes (Demographics and Ideology)

A significant body of psychological and sociological research has identified several key demographic and ideological factors that correlate strongly with higher levels of biphobia. Demographic variables consistently linked to greater prejudice include older age, lower levels of formal education, and residence in more conservative geographic or rural regions where traditional norms are highly valued and visibility of sexual minorities is low. However, ideological and personality variables tend to be the most powerful and consistent predictors across diverse populations. Individuals who score high on measures of **Right-Wing Authoritarianism (RWA)**--a psychological construct characterized by submission to established authority, aggression toward outgroups, and rigid adherence to conventional norms--are significantly more likely to express high levels of biphobic attitudes, viewing the identity as a destabilizing force against traditional social structure.

Similarly, those holding strong beliefs in **Social Dominance Orientation (SDO)**, which reflects a general preference for hierarchical social structures and inequality between groups, also tend to exhibit greater prejudice towards bisexual individuals. They often view bisexuality as a form of social fluidity or ambiguity that challenges the established, clear-cut sexual and social hierarchies

they prefer, leading to an impulse to reject or suppress the identity. Religious fundamentalism also serves as a potent predictor of negative attitudes toward bisexuality, often due to theological interpretations that strictly mandate sexual activity be confined to heterosexual, procreative relationships. However, the influence of religion is complex; while adherence to fundamentalist doctrine correlates with generalized sexual prejudice, the specific manifestation of biphobia may be compounded by the perception that bisexual individuals are attempting to circumvent religious condemnation by maintaining a relationship with the opposite sex, thereby being viewed as deceptive or morally ambiguous in their adherence to the faith.

Moreover, lack of personal contact or familiarity with openly bisexual individuals is consistently identified as a robust predictor of negative attitudes, fully consistent with the established **Contact Hypothesis** in prejudice reduction research. When individuals have limited direct exposure to openly bisexual people, stereotypes and biased media narratives fill the informational void, leading to greater reliance on prejudice. Conversely, increased quality contact--especially contact that involves sharing personal narratives and challenging stereotypes--with bisexual individuals often leads to greater empathy, reduced intergroup anxiety, and a significant decrease in biphobic beliefs and skepticism. Educational interventions and increased visibility, therefore, are critical tools for mitigating prejudice, provided that the contact explicitly challenges the underlying stereotypes, such as demonstrating that bisexual individuals can be stable, committed partners and parents, rather than reinforcing the existing negative narratives.

## Impact of Negative Attitudes on Bisexual Individuals

The pervasive nature of biphobia and bisexual erasure has profound and measurable detrimental effects on the mental and physical health of bisexual individuals, contributing to significant health disparities compared to both heterosexual and, often, monosexual gay and lesbian counterparts. These negative attitudes contribute directly to **minority stress**, a framework explaining how chronic stigmatization, prejudice, and discrimination create a hostile social environment that leads to chronic physiological and psychological stress. Research consistently shows that bisexual individuals report higher rates of anxiety, clinical depression, substance abuse, and suicidal ideation than other sexual minority groups, a disparity often attributed specifically to the unique stressors of dual discrimination, perpetual identity invalidation, and profound social invisibility.

One of the most damaging impacts is the difficulty in accessing supportive and affirming social networks. Because of biphobia originating both from the heterosexual community and often from within the LGBTQ+ community, bisexual individuals may frequently feel unwelcome, misunderstood, or required to censor themselves, leading to chronic social isolation and reduced access to crucial social support resources. Furthermore, the intense pressure to "pass" as straight or gay, depending on the current context or partner, requires significant emotional labor and constant self-monitoring, which severely erodes psychological well-being and authenticity. This

constant need to manage identity visibility--the difficult decision of whether to come out, how to come out, and who to come out to--adds a layer of identity-related stress that is unique to those whose orientation is frequently questioned or denied legitimacy by those around them, making identity invalidation a key driver of poor mental health outcomes.

In healthcare settings, negative attitudes often manifest as inadequate care or outright discrimination, contributing significantly to health disparities. Bisexual individuals frequently face erroneous assumptions from medical providers about their sexual history, specific risk factors, or relationship status. For example, a provider may assume a bisexual patient is exclusively heterosexual if they are currently partnered with someone of the opposite sex, leading to a failure to discuss safe sex practices relevant to same-sex encounters, or vice versa. This lack of culturally competent care, compounded by the fear of disclosing an identity that might be met with skepticism or judgment, often results in bisexual individuals delaying necessary medical or mental health treatment, which further exacerbates existing chronic health disparities and creates barriers to preventative care, demonstrating the tangible costs of pervasive societal biphobia.

### **Promoting Acceptance and Reducing Prejudice**

Effectively reducing biphobia requires targeted, multi-level interventions that address both overt hostility and the subtle, systemic mechanisms of erasure. Educational initiatives must move beyond general discussions of sexual orientation to explicitly define, validate, and affirm bisexuality, fundamentally challenging the foundational societal assumption that attraction must be binary or exclusive. These programs should focus intensely on debunking the core stereotypes of instability, confusion, and promiscuity, utilizing positive representation and authentic testimonials from diverse bisexual individuals who successfully demonstrate commitment, stability, and fulfillment in their lives. Furthermore, educational efforts must be strategically directed not only at the heterosexual majority but also specifically within LGBTQ+ community structures to combat intra-community biphobia and foster genuinely inclusive and welcoming environments.

Policy and institutional changes are equally critical components of prejudice reduction. Implementing comprehensive anti-discrimination protections that explicitly include sexual orientation--and ensuring that these protections are interpreted and enforced to include non-monosexual identities--sends a clear signal of institutional validation and legitimacy. Furthermore, healthcare, mental health, and educational organizations must adopt mandatory cultural competency training that specifically addresses bisexual health disparities, the unique stressors of bisexual erasure, and the necessity of non-judgmental, identity-affirming intake and treatment processes. These institutional shifts help to dismantle the systemic structures that perpetuate invisibility and skepticism, thereby reducing the environmental stress and discrimination experienced by bisexual individuals in crucial life domains.

Finally, increasing the visibility and accurate representation of bisexuality in mainstream media and public discourse is paramount to normalizing the identity. When media portrays bisexual characters in complex, nuanced, and non-stereotypical ways--showing them in stable, committed relationships, navigating identity without pathological confusion, and existing authentically across various demographics--it directly challenges the dominant, harmful narrative of instability and promiscuity. Public figures and community leaders who openly and proudly identify as bisexual also play a crucial role in normalizing the identity and providing positive, attainable role models for others. By combining targeted education, robust policy protections, and sustained, authentic visibility, society can systematically work toward dismantling biphobia and fostering genuine acceptance and profound understanding of the richness and diversity inherent in bisexual identities.

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