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Presentation Matters: Exploring How Gender and Sexual Expression Affect Mental Health
Outcomes in Bisexual Black Women

A Photovoice Documentary

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Abstract

Presentation Matters: Exploring How Gender and Sexual Expression Affect Mental Health Outcomes in Bisexual Black Women

A Photovoice Documentary

Black bisexual women have an increased risk of adverse mental health outcomes such as depression, anxiety, and stress because of the complex intersecting identities of sexuality, race, and gender. Unlike race and gender which are more visibly apparent, sexuality is an identity that bisexual individuals must commonly disclose, especially those who dress along the lines of heterosexual expectations. Bisexuality is often dismissed as a valid sexuality because of its perceived lack of legitimacy and stability. Bisexual individuals often struggle with sexual identity because of these reasons, in addition to society's emphasis on male sexual pleasure and the assumption that people are inherently straight. The goal of this study is to explore the mental health outcomes of bisexual Black women when related to gender and sexual expression. This project will be conducted through the Arts Based Research method of photovoice, a method that allows participants to share stories and experiences through photography. A documentary will present as the results for this project's discoveries. Ten bisexual Black women participated in the project using photos that represented their relationship to sexual and gender expression, and how it affected them mentally. It was uncovered that adverse mental health outcomes like anxiety and depression resulted from constantly being erased and isolated from the LGBT and straight communities. Additionally, participants felt stress from constantly having to validate their identity to others through outer presentation. Pressures from presentation feel performative, sometime unauthentic, don't resolve the feelings of isolation, and more often exacerbates the feeling of otherness among bisexual individuals. Desire for validation from others resulted in a lot of identity issues and occasional self-doubt among participants which affected overall self-esteem. These findings highlight that although a part of the already marginalized LGBT community, bisexual individuals are further ostracized without validation from their community. Bi-visibility and affirmation must be prioritized within straight and LGBT communities to provide support and representation.

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I. Introduction

Background and rationale

Sexual and racial minority communities are disproportionately affected by negative mental health outcomes due to a lack of systemic structural support. These adverse mental health outcomes commonly come in the forms of self-isolation, depression, anxiety, and suicide. Multiple systemic, social, and personal factors affect the way that lesbian, gay, bisexual and trans (LGBT) people are treated within a health context including legislation, fear of violence, stigma, lack of LGBT health resources, and internalized homophobia. Intersectionality must also be acknowledged within the conversations as queer identifying people of color (POC), specifically Black people, tend to have worse health outcomes than their white counterparts. Research shows that POC LGBT report higher rates of attempted suicide and depression than their white counterparts (Hafeez et al., 2017 and Marshal et al, 2013). Additionally, data shows that intersectionality of race and sexuality present elevated risks for mental health consequences for minority communities (English et al., 2018 and Russel et al, 2016). Multiple layers of discrimination for queer POC are associated with negative personal perceptions and lead to risky behaviors and low self-esteem. It should also be noted the varying mental challenges of “passing” as a minority and the nuances of privilege when passing in certain identities. In the LGBT community, outer presentation or “visual outness” are emphasized as a way to identify with the community. There are many reasons LGBT individuals may choose or don’t choose to present themselves in a way that is “out” varying from a deeper connection with their community, dressing in a non-heterosexual manner is their most comfortable expression of self or vice versa, or the way they visually present may be a protective measure from discrimination. Bisexual individuals tend to have a harder time visually and sexually expressing themselves as

being part of the LGBT community and often struggle more with stigma and an inability to connect with both the straight and gay community (Anderson-Carpenter et al., 2019). According to the Meyer Minority stress model, significant mental stress will accumulate due to disconnection from the dominant culture (Bostwick et al., 2014). Bisexual's disconnection with both the dominant straight culture and the LGBT culture provides opportunity for poor mental health outcomes including depression, suicidal tendencies, stress, anxiety, and low self-esteem.

Problem statement

Living with layered marginalized identities and social expectations regarding presentation, bisexual Black women struggle with identity when it comes to assimilating into LGBT and straight communities.

Purpose statement

This project will examine the adverse mental health outcomes of Black bisexual women as a result of social and personal expectations surrounding sexual and gender expression.

Research question

How is gender and sexuality presentation related to mental health outcomes for Black bisexual women?

Key terms

In order to fully understand the full framework of the marginalized bisexual experience, the following words and phrases emphasize important aspects of context surrounding sexual identity and privilege. Sexuality is a complex and broad spectrum within which many identities exist. These identities are completely reliant on one's perception of self and the mental, emotional, and

physical relationship that they have with their body. These definitions are to provide a fundamental understanding of the past and current contexts surrounding such identities and how they impact the outcomes of individual lives. With a fundamental understanding of the complexity surrounding sexuality and the fluidity in identity, readers can create their own unbiased interpretations of participant experiences and understand how nonconformity can present certain threats to privilege, safety, and overall well-being.

Queer

In a social context, queer has been used to describe anyone who is not involved in exclusive heterosexual activity. Queerness has been used as umbrella term in the LGBT community to encompass all identities including non-binary and trans individuals. Queer is sometimes used as a derogatory term to describe a person or actions that aren't considered heterosexual. Members of the LGBT community have reclaimed the term to encompass individuals as a comprehensive term for certain people who don't identify with certain labels, however, even some members of the LGBT community do not accept the term queer as it can be seen as dismissive. Throughout this paper, queer will be used as an all-encompassing term for individuals who identify as part of the LGBT community or simply non-straight.

Gender and Sex

Gender refers to the characteristics affiliated with the binary of being a man or a woman. Gender is seen as a social construct that includes outer appearance, norms, and behaviors that can be either deemed masculine or feminine which then will categorize a person as a man or woman. Because it is socially constructed, gender has been described as fluid and can change over time having genders exists outside of man and woman, in between, or no gender at all. Gender has been used as a hierarchical tool in order to place men and women in certain categories that lead

to certain privileges and lifestyles. Men are categorized as more assertive, aggressive, and strong while women are categorized as weak, emotional, and caring. This hierarchy has placed men over women through most societies over the world creating spaces for prejudice and discrimination. Sex refers to the biological assignment someone is given based on their biological and physical characteristics at birth. Sex is complicated because the sex assigned at birth may not align with how individuals feel about themselves internally which has led to diverse identity expressions. It is important to note, that the sex someone is assigned is completed isolated from how they may feel and want to express themselves. It is the social construct to assign certain characteristics with a sex; for a male to present as a man and a female to present as a woman.

Gender fluid

Someone whose gender identity is not fixed and fluctuates between masculinity and femininity. Gender fluidity can be interpreted with confusion about expression, but in contrary is the courage in following one's energy or alignment day by day. Gender fluid people are often individuals who identify as androgenous.

Gender roles

As discussed earlier, there are certain expectations for men and women based on their assigned sex. Men are strong, aggressive, and logical while women are nurturing, polite, and gentle. These gender roles are dangerous because it prevents the access of certain privileges by certain groups and presents a measure of danger for those who veer outside of their socially presented gender roles. Gender roles, like gender can change over time with social change and adjustments to the construct.

Femme presenting/masculine presenting

Terms used by queer communities, being femme or masculine presenting is associated with presenting yourself through physical expression that aligns with a certain gender's stereotypes. This can include clothing, hair, makeup, physical mannerisms, or energy. Androgyny is another way of presenting oneself which aligns with a lot of nonbinary identities. Being femme or masculine presenting is not representative of one's sexual identity although it is usually interpreted as such. A masculine presenting woman can be straight, and a gay man can be traditionally masculine presenting. There is an emphasis on presentation within the LGBT community, whether it be going out of your way to express yourself aligning to a certain image or hiding how you identify in order to gain certain privileges. This will be discussed more in descriptions surrounding passing.

Sexual orientation

Sexual orientation refers to the genders and sex someone wants to explore romantic and sexual desires with. Heterosexuality, also referred to as straight, is the romantic and sexual attraction and behavior between people of the opposite sex. Homosexuality is where members of the same sex are involved with romantic and sexual interactions. There are many sexual orientations that exist in between these two well-known orientations. Some of the more known orientations are asexual which is someone who experiences no sexual attraction. Bisexual is someone who is attracted to two or more sexes and genders. Pansexual is someone whose attraction isn't influenced by sex or gender.

Passing

Passing is the ability to be regarded as a member of a certain group that is different than your own. This can include racial identity, gender, sexual identity, ethnicity, social class, religion, and

disability status. Passing can allow for the ability to obtain certain privileges of the majority group or to be given the same treatment that another group may experience whether that be good or bad. However, usually in discussions around passing, it is to gain privileges that are not allotted to the group that one belongs to. In a society filled with prejudices and discrimination, passing is used as a tool to get past obstacles present for certain minority groups. Passing is also used as a tool of self-preservation in order to obtain safety and social status. Passing may afford certain passes within society and the ability to avoid stigma, prejudice, and discrimination but passing may also result in negative feelings about oneself, helplessness about hierarchies in society, a separation from one's race, religion, etc., and can lead to self-loathing and depression about consciously/unconsciously removing oneself from a born identity. Passing is a very important conversation among the LGBT community. Because of the mistreatment LGBT individuals have experienced up to this current day, it is critical for individuals to pass. Trans individuals feel pressure to pass as the gender/sex they feel most aligned with in order to be accepted by society, and straight passing individuals can walk through society unassumed by the public of their sexual identities.

Heteronormative (behavior/expression)

Heteronormativity is the presumption that heterosexuality is the default and normal expression of the human experience. Heteronormativity assumes that gender conformity, sexual expression, romantic relationships should all conform to heteronormative behaviors. All other forms of behavior and expression are seen as deviant and therefore "othered" when it comes to classification. For someone to identify as the LGBT means that they are claiming to be nonstandard. This is incredibly problematic and dangerous as it focuses on the trivial differences

between people that has led to discriminatory legislation and overall social treatment of “deviant” individuals.

II. Literature Review

Health disparities of LG(B)T people

It is well known that LGBT individuals face unsolicited discrimination and social ostracization. Within media and social norms, LGBT individuals are often othered and therefore excluded from society and their families. Bisexual individuals, specifically women, are vulnerable to health issues due to social neglect and erasure of experiences. Not being fully accepted by either the straight or LGBT communities can lead to many identity struggles that manifest into adverse mental health outcomes.

The minority stress model and racial influence

The prevalence of mental health disorders among members of the LGBT community compared to their heterosexual counterparts is excessive (English et al., 2018). Meyer presents the conceptual framework, the minority stress model, where stigma and discrimination create a hostile environment for minorities (Meyer, 2003). In the discussion of layered identities, queer people of color are at a substantially high risk of harmful health outcomes because of the tangible and perceived risks present from current society. LGBT people are at risk of mental health disorders almost entirely from social stress (Meyer, 2003). The minority stress model concludes that those who are the minority are commonly alienated from social norms and standards and are not offered normalcy (Meyer, 2003). This alienation can lead to thoughts of not belonging, feeling less than, disconnected from society, and can aid in mental health disorders of

dissociation or suicide. People of color, especially Black people, feel the pressures of racism on top of the exclusion of being a sexual minority.

Layered identities

Bisexual women are at risk for adverse health outcomes and this is contributed by internalized homophobia and sexism. Because of biphobia and lack of priority among bisexual experiences and overall health, bisexual individuals often lack the proper resources to deal with the struggles of layering identities which often manifest through adverse mental health outcomes (Beach et al., 2020). Intersectionality plays a huge role on the way that minority women walk through the world. Being a woman and being sexual minority has its own burdens but being a person of color adds another layer of stress. Culture and geographic region can also play a role in internalized homophobia therefore affecting mental health outcomes (Chambers et al., 2004). Things like women who play sports are seen as atypical and stereotyped as masculine for not abiding by gender norms. The influence of culture holds more dominance on internalized homophobia in Black and brown communities. Being a racial minority can pressure sexual minorities, specifically identities that can be more covert such as bisexuality, into concealing their identities. The Black church has a large influence and the historical homophobia fed through the church can aid internalized homophobic tendencies. Having a cultural staple lacking support for certain “lifestyles” can create adverse effects mentally (Molina et al., 2014). More research should be done specifically on lesbian and bisexual women but most specifically Black queer women as the intersection of race and gender create more complex health outcomes. When comparing by race, Black people have more mental distress than their white counterparts and when comparing by gender, Black homosexual women have more distress than black homosexual men (Cochran & Mays, 1994). Being HIV positive is a positive indicator for having high stress adding to the issue that Black homosexual people tend to have more stress from stigma and being a part of

multiple marginalized groups (Cochran & Mays, 1994). Studies show that Black non-straight women show highest stress as they are black, non-straight, and women which present many opportunities for discrimination (Meyer, 2003). Black people also are less likely to go receive any mental health because black communities tend to not seek mental health services until it's deemed severe (Cochran & Mays, 1994). Black people are subjected to more negative life events than their homosexual white counterparts. In conclusion it's hard being black and being a part of another marginalized community. There are more barriers to privilege and power which add to the stress of never truly obtaining social acceptance.

Depression, suicide, self-harm

According to the well referenced Meyer Minority stress model, stress will accumulate (mental stress) due to disconnection from the dominant culture (Bostwick et al., 2014). According to the CDC over 40% of young LGBT have seriously considered suicide and have severe depression (CDC, 2016). Research shows that POC LGBT report higher rates of attempted suicide and depression than their white counterparts (Hafeez et al., 2017 and Marshal et al, 2013). Data shows that intersectionality of race and sexuality present elevated risks for mental health consequences for minority communities (English et al., 2018 and Russel et al, 2016). The ability to pass presents as a protective measure for discrimination, this can present both positive and negative health outcomes based on identity confidence.

Systemic barriers

LGBT individuals are high risk for depression, risky sexual behavior, and chronic stress from homophobia. Stressors not only from within the home but in society. There is higher exposure to violence within their environments due to ongoing prejudice and discrimination (Meyer, 2003). Being a part of the LGBT community, bisexual individuals face discrimination, but this is

heightened without bi-affirmation. Bisexual individuals often feel othered within their own queer communities because their sexual identity is often seen as unstable or illegitimate, so lack of systemic and community support puts bisexual individuals in vulnerable positions for mental health issues. (Feinstein et al., 2020). Regarding sexuality there is also the barrier of compulsory heterosexuality which further ostracizes LGBT individuals, but bisexuals who are also attracted to the opposite gender, feel a distress of adhering to hetero norms rather than embracing a more taboo culture. As said by Coston & Kimmel “Compulsory heterosexuality, our society demands heterosexuality and to be gay is to outwardly rebel against society” (Coston & Kimmel, 2012). The privileges associated with heterosexuality places unfair pressures on bisexual individuals especially when choosing serious romantic partners. With embracing a heterosexual relationship, bisexual individuals, especially those that are straight passing, can fly under the radar of sexual discrimination. Privileges of heterosexuality are deeply rooted in the sexual emphasis of male pleasure. Bisexual individuals are sexually and romantically attracted to both male and females, however, the concept of women choosing a permanent relationship with a woman while also still being attracted to men is seen as less valid. Lesbians have more validity than bisexuals because they are not attracted to men in a sexual or romantic capacity, therefore excluding them from male obtainment. However, bisexual women are still seen as attainable by men, therefore their attraction to women is deemed lesser and invalidated further to frivolous sexual encounters. This invalidation seeps into daily expression and affects concealment of identity. The need for “stability and legitimacy” from the straight and LGBT community adds to the mental health stressors associated with identity and expression.

Passing and health issues

With a wall of adverse outcomes piled against the queer community perpetuated by stigma, shame, and discrimination, some queer individuals who tend to pass as heterosexual decide to keep their identities hidden for the sake of acceptance and safety. When individuals pass, they are allotted the same privileges of the group they are mistaken as being a part of. However, with this ability to hide one's identity comes a lot of those same health outcomes associated with being an out LGBT person. Passing individuals often describe feeling depressed, shame, and guilt due to stressors of concealing one's identity while also choosing to protect their safety and social standing (Shippee, 2011). Queer communities in many studies explain the lengths and extensive strategies they must go through in order to conceal their gender or sexual orientation. Everything from the way they speak, to how they present themselves, and must adjust everything from the way they walk in certain rooms in order to maintain secrecy. This level of concealment is heavily taxing on mental health as individuals have mentioned how difficult it is to be forced to feel shame for one's identity (Shippee, 2011).

Concealment of identity prevents individuals from finding communities like them. Research shows that there are more positive impacts of marginalized and stigmatized people when they are surrounded by similar individuals (Crocker, 1999). Especially in younger populations, people who can pass with their sexual orientation tend to be happier when they are in groups that align with the queer community (Meyer, 2003). When people choose to conceal their identity, they lose the ability to find communities that accept them and miss out on communal experiences. Internalized homophobia also plays a large role in concealment. Fear from one's identity and the knowledge of the outcomes of being a marginalized individual can cause self-loathing and

reduction in self-esteem (Feinstein et al., 2020). Negative feelings towards oneself can also manifest into many self-harm habits.

Privilege and power in identity (gender and sexual orientation)

In a frame analysis of gay and lesbian people's experience with passing, stigma showed to be one of the greatest contributors why someone would decide to conceal their identity. (Shippee, 2011). Passing is a way to protect oneself because of a "deviant" lifestyle. Stigma can cause social loss and constant social rejection can lead to many psychological struggles such as suicide and depression. In Shippee's article participants described passing as an act of identity negotiation. In regard to concealment and protecting privilege, participant reactions varied where some were frustrated with the assumption that they are straight, while some had prevalent fears of being judged. There is consistency with feeling invalid when not having an active partner so there is no need to conceal sexual orientation when passing or people simply don't ask, so there is never a need to disclose information regarding sexual orientation (Shippee, 2011). All these methods are ways to protect oneself from any adverse reactions but also to maintain privilege by withholding information.

People who are bisexual have a harder time deciding to come out and struggled with stigma more (Anderson-Carpenter et al., 2019). There a lot of factors which influence people's decision to come out. The following factors influence people to come out more such as gay/lesbian identity, liberal political affiliation, higher education level, stable romantic relationship, LGBT friends and family etc. (Pistella et al., 2016). Choosing to come out is described as an essential part in LGBT identity formation. Findings showed that bisexual individuals were less likely to come out (Pistella et al., 2016). However, support from others helps protect from negative consequences that result in outing oneself and influence people's decisions to come out. (Pistella et al., 2016).

Fears are present such as the chance of homelessness, ostracization from friends and family, loss of financial support etc. which is why so many factors influence the decision to come out. The process of coming out isn't just about saying who you are, but there are so many things one must consider to ensure the same or similar quality of life.

Power exists in the way that we discuss sex. Sex is almost exclusively spoken about in terms of heterosexual interactions. In most sexual education courses, there is no discussion around same sex sexual interactions. Fahs and McClelland discuss about how in sexual research, there is an incredible emphasis on how heterosexual sex perpetuates heteronormative perspectives around sex (Fahs & McClelland, 2016). There is such an emphasis on sex as intercourse and the use of sex for procreation. There is a large discussion around how power is exchanged through heterosexual interactions and too much emphasis on penetrative sex (Fahs & McClelland, 2016). There are a lot of gaps in sex research that must be addressed in order to fully look at sex through a critical lens. Sex and sexuality can be further explored through the variety of protective factors affiliated with power and privilege.

When it comes to discussions around power and privilege, things become more complicated when we include the complex array of gender expression and sexuality. Radical lesbians feel that masculine presenting lesbians are participating in heteronormative behavior and promoting a certain structure of dominance with masculinity being at the top of that hierarchy (Love, 2016). Some feminists see butch (masculine presenting) lesbians as participants in the patriarchy. There is relevance in conversations around privilege as to why someone would want to express themselves as the opposite gender (that excluding nonbinary people or trans individuals). There

is the notion among some LGBT members that if women express themselves in masculine ways that they will be afforded the same privileges as men. This assumption requires more research but would create an interesting distinction between who is allowed privilege. The influence of masculinity and its pressure on the presentation of gender roles, introduces interesting phenomenon such as traditional gender roles among same sex couples depending on the gender expression of each partner. The most important takeaway when it comes to masculinity and its influence on gender expression and gender roles, is the notion that all masculinities are the same.

III. Methods

Photovoice

Photovoice is a community based participatory qualitative method of research that uses participant photography and stories about their photographs, to identify and represent issues of importance to them (Wang & Burris, 1997). Using the photovoice method, participants took pictures that represented their lives as a queer person, how they typically present themselves through clothing, mannerisms, hair, and makeup, and how their presentation may affect sectors of societal privilege in everyday life and how that may affect their mental health outcomes.

Documentary/visual interpretation

Abiding by the guidelines of a special studies thesis project, the results of this project will be displayed through a documentary. All interviews were recorded with participant permission. Photo discussions as well as supplementary discussions were filmed for analysis. Footage was edited and rendered using Adobe Premiere Pro. Common themes were studied through

participant footage and photo discussions were properly formatted with appropriate footage. An estimated 170 hours was dedicated to the capturing and editing of the final documentary edit. The final edit of the documentary will be displayed on Youtube via a link that all will have access to.

Recruitment and demographics

Participants were recruited primarily through social media flyers, word of mouth, and snowball strategies. According to the specific aim of the study, participants had to identify as Black, women, and bisexual. Individuals who identified as pansexual were also included in participant criteria since pansexuality is a category of bisexuality. Bisexual had to be participant's primary sexual identity in order to participate in the study. Participant geographic location was a nonfactor for recruitment, seeing that social media expands all over the world. Over 20 potential participants from all of the U.S. and Europe responded to the study's flyer. After introduction and study explanation, a total of 10 women opted to continue with the study.

Photo Discussions

Depending on participant location, photo discussions were held in person or virtually via Zoom. Out of the 10 participants, 4 had a group in person photo discussion, 2 had in person individual discussions, and 4 participants had their photo discussions via Zoom. Participants were asked a few introductory questions to establish rapport related to their feelings surrounding bisexual identity. Photo discussions were open interpretation with participants leading the discussion surrounding their photos without interviewer influence.

IV. Results

Below is a link to the documentary including the photos and photovoice discussions of each participant. The documentary is approximately 35 minutes long and incorporates the diverse experiences of 10 different Black bisexual women.

Link to documentary: <https://youtu.be/qhZodbi9t5A>

V. Discussion

This study presents an innovative method of uncovering the mental health outcomes of bisexual Black women, a historically forgotten racial and sexual identity. It was found that most participants regularly struggle with their identity and expression because of social expectations surrounding queer presentation. With all participants identifying as straight passing, the issue of being overlooked, misidentified, and not taken seriously regarding their sexuality was a common experience and lead to many adverse mental health outcomes such as anxiety, stress, and depression.

Findings found that participants feel that as straight passing or femme presenting women, there is a constant need to come out. This stems from the assumption that everyone is inherently straight or that being a queer individual looks a certain way (dressing a certain way, mannerisms etc.) Participants discussed feeling stressed, anxious, and frustrated for having to come out as they felt other sexual identities don't have quite the same social burdens. To alleviate the need to come out, women rely on "gay indicators" such as certain piercings, haircuts, and clothing associated with the LGBT community. It was common that participants felt that clothing can feel

performative. Participants felt that they may need to dress a certain way in order to assimilate to certain groups. Although participants may not feel comfortable dressing a certain way, they may dress more performative in order to gain access to certain communities.

There is a consensus on feeling invalidated in the identity of queerness. Same sex couples feel that they must adhere to heterosexual roles in the relationship because of social heteronormative expectations. Participants feel anxious and conflicted about how they should dress or express themselves in same sex relationships especially if their partner identifies the same way as them (i.e. two femmes together or two masculine women together). Participants expressed their experiences of masculine presenting women often feeling that they must abandon femininity and take on “traditional roles” of men. These heteronormative pressures prevent women from experimenting with different ways of expression, making them feel they must align with one or the other permanently. The study also found that bisexuality is perceived as a less permanent sexuality, meaning bisexual women are often negatively seen as fluid and easily swayed. Bisexual women feel pressured to prove their sexuality through dating or sexual experiences in order to validate their identities to others. Participants found that often, dating and sex is still not enough for femme presenting and straight passing bisexual women.

This study found that the stressors of constantly being erased and overlooked provides significant mental health pressures that manifest into layered anxieties. Participants discussed that being Black made their struggles with sexuality that much more difficult as being marginalized in two other categories of race and sex already provided their own insecurities surrounding erasure. Although, conflicted with personal issues of accepting bisexuality, social

erasure, community ostracization, and invalidation, most participants felt hopeful for the future. Having a community of other bisexual Black women provided a resource of support and helped alleviate feelings of invalidation. Overall among bisexual Black women, stress, depression, and anxiety are the main outcomes resulting from a plethora of social systems that promote erasure.

This special studies project has amplified these women's voices to a degree that would have been much more difficult to translate through a traditional manuscript. The goal of this documentary is for it to be shared all over academic boards and various media platforms as a serious method of research that hopefully encourages discussions about bisexual voices as well as the significance of Arts Based Research.

VI. Public Health Implications

More research surrounding bisexual individuals should be prioritized, but intersecting identities have proved to need particular attention. Systemic erasure of Black women as well as specific sexual identities aids feelings of invalidation and otherness. More deliberate research surrounding Black bisexual women could destigmatize and normalize this very valid and complex identity. I would recommend more specific research on bisexual individuals and their health outcomes without grouping them with other members of the LGBT community. More pronounced discussions of their experiences outside the context of sex is helpful for bisexual individuals. As a society we should push to remove heterosexuality as the default sexual identity. With this we could remove pressures of hetero dynamics within same sex relationships and also removes the emphasis on men for relationships and sexuality.

Unfortunately, the biggest barriers surrounding bisexuality acceptance are social norms and expectations. Because of media and binary discussions about sexuality, there is more of an interpersonal responsibility to normalize bisexual individuals. Because of erasure, male centered sex, and hetero default expectations, identity is difficult to navigate, not to mention racial and gender prejudices making the experiences of bisexual Black women that much more complex. Bisexual Black women are experiencing high rates of stress, depression, and anxiety because of layered systemic barriers, but these can be eliminated through proper representation, open discussion, and deconstruction of heteronormative and binary sexuality expectations.

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