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RESEARCH ARTICLE



Sexual identity visibility, mental health, and body dissatisfaction in bisexual cisgender men: associations with straight and gay community bi-negativity

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ABSTRACT

Bisexual cisgender men experience stigma from both straight and LGBTQ+ communities, yet the sources and pathways of harm are rarely disaggregated. We examined how bi-negativity from straight and gay communities relates to sexual identity visibility (outness), mental health and well-being, and body dissatisfaction. In a pre-registered study of UK-based bisexual cisgender men ($N = 200$; 80.5% White), participants completed measures of bi-negativity, sexual identity visibility, mental health and well-being, body dissatisfaction, and perceived gay community stress. Straight community bi-negativity was associated with poorer mental health and well-being, which in turn was associated with greater body dissatisfaction; no serial mediation pathway via sexual identity visibility emerged. Gay community bi-negativity showed no direct relationship to body dissatisfaction or mental health and well-being, but was positively associated with sexual identity visibility and indirectly linked to better mental health via increased visibility, contrary to our predictions. Perceived gay community stress did not moderate pathways from gay community bi-negativity. Findings show distinct routes by which dual-source bi-negativity influences bisexual men's mental health and well-being and body image, underscoring the urgency of reducing straight community prejudice and supporting bisexual visibility.

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Bi-negativity; body image; bisexual men; sexual identity visibility; mental health and well-being

Introduction

Much like other sexual minoritised populations, bisexual people face stigma and discrimination, contributing to poor mental and physical health outcomes compared to their straight counterparts (Meyer, 2003). Even so, bisexual people experience significantly worse mental and physical health outcomes compared with others in the LGBTQ+ community (Chan et al., 2020; Cross et al., 2024). Despite increasing recognition of the challenges faced by bisexual people, research frequently consolidates various sexual identities into broader categories, such as grouping bisexual and gay cisgender men

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under the umbrella of sexual minority men (Cahill et al., 2024). This overlooks the distinct experiences of bisexual cisgender men, whose experiences should not be assumed to mirror those of gay men (McCole & Anderson, 2025). For instance, it is important to explore how bisexual men experience distinct forms of discrimination and prejudice and the potential consequences of this. Presently, our understanding of the experiences of bisexual cisgender men is lacking in the areas of identity processes, mental health and well-being and body dissatisfaction.

A leading explanation for bisexual people's health disparities lies in their exposure to bi-negativity, which is hostile or dismissive responses to bisexuality, including invalidation, misclassification, and stereotype proliferation (Gonzalez et al., 2017; McCole & Anderson, 2025). Crucially, bi-negativity is dual-sourced, arising both from straight communities and from within LGBTQ+ spaces (Brewster & Moradi, 2010; Friedman et al., 2014). Minority Stress Theory explains how distal stressors (e.g. prejudice, discrimination) and proximal processes (e.g. concealment) contribute to health disparities (Meyer, 2003; Pollitt & Roberts, 2021; Roberts et al., 2025). Bisexual men are frequently subjected to anti-bisexual experiences, especially from heterosexual men (Dyar et al., 2015; Serpe et al., 2020). Intra-minority stress frameworks further extend this by acknowledging pressures within LGBTQ+ spaces, namely the gay community in this context (Maiolatesi et al., 2023; Pachankis, Clark, et al., 2020). In practice, straight community bi-negativity often involves heteronormative pressures, reflecting expectations to act in traditionally masculine or heterosexual ways. Gay community bi-negativity often involves exclusion and authenticity policing, referring to the questioning or invalidation of a bisexual person's experiences or identity (Pachankis, Clark, et al., 2020). Although both are common, their consequences may be distinct. However, few studies have disaggregated these sources to explore their unique pathways to bisexual cisgender men's sexual identity visibility, mental health and well-being or body dissatisfaction.

Sexual identity visibility (i.e. outness), defined here as greater disclosure and lower concealment, is central to understanding how stigma influences well-being. Concealment is consistently associated with poorer mental health and well-being (Pachankis, Mahon, et al., 2020), while being more open may reduce internalised stigma and facilitate access to support, greater identity centrality and stronger connections to the LGBTQ+ community (Davila et al., 2021). Research has shown that discrimination and prejudice directly predict greater concealment, potentially as a protective mechanism against this discrimination (Feinstein et al., 2019; Meyer, 2003), but little research has explored the distinct impacts of different sources of bi-negativity on sexual identity visibility. Straight-community bi-negativity may encourage concealment as a form of passing, reflecting heteronormative pressures and fear of rejection and discrimination (Feinstein et al., 2020). Gay community bi-negativity may undermine feelings of safety within LGBTQ+ spaces and reduce willingness to be open about one's identity (Brewster & Moradi, 2010; Feinstein et al., 2020). The Disclosure Process Model (Chaudoir & Fisher, 2010) suggests that disclosure decisions are shaped by perceived support and risk, meaning that dual-sourced discrimination can restrict visibility even when individuals express strong desires for openness (Davila et al., 2019, 2021). Given the links between visibility, mental health and well-being, and bi-negativity, sexual identity visibility may act as a mediator through which bi-negativity from both straight and gay communities relates to mental health and well-being and related outcomes. To our knowledge, no study has examined this. Testing

this indirect route clarifies how dual-source bi-negativity may be associated with mental health and well-being and identifies context-specific leverage points for targeted intervention.

Another outcome that might be influenced by bi-negativity is body dissatisfaction, which refers to negative evaluations of one's body appearance (Cash, 2004). Body dissatisfaction is a major public health concern (Rodgers et al., 2023) and disproportionately affects sexual minoritised men (He et al., 2020; Morrison et al., 2020). Investigating predictors of body dissatisfaction is important, as greater dissatisfaction with one's body is persistently linked to a range of negative outcomes, including impaired quality of life and the development of disordered eating (Griffiths et al., 2019; McLean & Paxton, 2019). Despite this, bisexual men are rarely studied in their own right. Instead, they are grouped with gay men (Dahlenburg et al., 2020; He et al., 2020), even though recent evidence suggests their body image experiences differ, and that this artificial grouping is inappropriate (Cahill et al., 2024). As a result, research exploring potential predictors of body dissatisfaction specific to bisexual cisgender men is significantly lacking.

Bi-negativity may contribute to body dissatisfaction through distinct, source-specific routes. Straight-community bi-negativity can heighten pressure to *pass* and conform to heteronormative masculine ideals (Brewster et al., 2017; Friedman et al., 2014; Ross et al., 2010), while gay community bi-negativity may heighten appearance pressures given the pervasiveness of lean-muscular ideals in these spaces (Cahill et al., 2024; Kaminski et al., 2005; Tylka & Andorka, 2012). Although appearance pressures have been studied extensively in gay men, the specific role of bi-negativity within gay contexts has not been examined. The previously established link between visibility and mental health and well-being may also mediate this relationship, such that concealment intensifies appearance concerns as a way of managing heteronormative expectations (Brewster et al., 2017; Soulliard et al., 2025), given its link to other body image outcomes such as disordered eating, suggesting it may function as a maladaptive coping strategy (Wang & Borders, 2017; Watson et al., 2016). Concealment also represents a proximal stressor within minority stress theory that persistently depletes mental health and well-being resources (Meyer, 2003), which could subsequently manifest across other domains, potentially as body image disturbances. Indeed, mental health and well-being are associated with greater body dissatisfaction, likely as a bidirectional, reinforcing relationship. Previous research has not only demonstrated that body dissatisfaction predicts worse mental health and well-being, including higher depression, anxiety, and suicidality (Brausch & Muehlenkamp, 2007; Rodgers et al., 2023; Vannucci & Ohannessian, 2018), but also the converse; mental health and well-being difficulties such as depression, anxiety, stress, and emotion dysregulation can serve as predictors of later body dissatisfaction (Paans et al., 2018; Quick et al., 2013). Taken together, these findings suggest a sequential process whereby visibility and mental health and well-being mediate the relationship between bi-negativity and body dissatisfaction, thus providing a more holistic understanding of the psychological and social stressors shaping bisexual men's body image.

A final consideration is the moderating role of specific sources of intra-minority stressors originating within the community, rather than the individual level. According to intra-minority stress theory (Pachankis, Clark, et al., 2020), because gay and bisexual men often rely on other men for support and validation, they may encounter unique social stressors surrounding internal hierarchies and

appearance pressures (Green, 2008; Maiolatesi et al., 2023), creating feelings of exclusion and rejection (Brewster & Moradi, 2010; Maiolatesi et al., 2023; Pachankis, Clark, et al., 2020), ultimately leading to poor mental health and well-being (Pachankis, Clark, et al., 2020).

The Gay Community Stress Scale captures these broader, structural appraisals of the gay community functioning as a potentially stressful environment, rather than discrete acts of prejudice. Conceptually, such stress may amplify the psychological impact of bi-negativity by signalling limited belonging and acceptance within the community, thereby discouraging visibility and intensifying the harm of negative encounters (Feinstein et al., 2020). When perceived community stress is high, bi-negative encounters may feel more rejecting and harder to cope with, whereas lower perceived stress may signal a more supportive context (Maiolatesi et al., 2023; Meyer, 2003). Despite its theoretical relevance, no research has tested perceived gay community stress as a moderator of the pathways linking gay community bi-negativity to visibility, mental health and well-being, or body dissatisfaction.

The current research

Although bisexual cisgender men report disproportionate mental health difficulties and body image concerns, research seldom distinguishes the sources of stigma they face and often aggregates bisexual and gay men into a single category. This conflation obscures whether bi-negativity from straight communities and from the gay community operates through distinct mechanisms. In the present study, we examine how bi-negativity from each source relates to sexual identity visibility, mental health and well-being, and body dissatisfaction, with a focus on potential mediating processes. We also test whether perceptions of gay community stress moderate the effects of gay community bi-negativity at the individual level.

In line with minority stress theory, we positioned sexual identity visibility and mental health and well-being as mediators preceding body dissatisfaction, reflecting the theoretical view that psychological distress may emerge as a consequence of stigma exposure and can subsequently influence appearance-related evaluations (Hoy-Ellis, 2023; Soulliard et al., 2025). To our knowledge, this is the first study to disaggregate bi-negativity by source, test sexual identity visibility and mental health and well-being as mediators, examine body dissatisfaction as a distinct outcome, and assess perceived gay community stress as a moderator among bisexual cisgender men. Addressing these limitations is critical for both theory and practice. By disaggregating sources of bi-negativity and identifying the distinct pathways through which they relate to bisexual men's visibility, mental health and well-being and body dissatisfaction, we can move beyond generalised accounts of minority stress to a more nuanced understanding of minority and intra-minority processes. We present the following four pre-registered hypotheses (see Figure 1 for a visual depiction of the model)¹:

H1. Bi-negativity (from both straight and gay communities) will be positively associated with body dissatisfaction, both directly and indirectly via reduced sexual identity visibility, poorer mental health and well-being, and a serial pathway through both visibility and mental health and well-being.

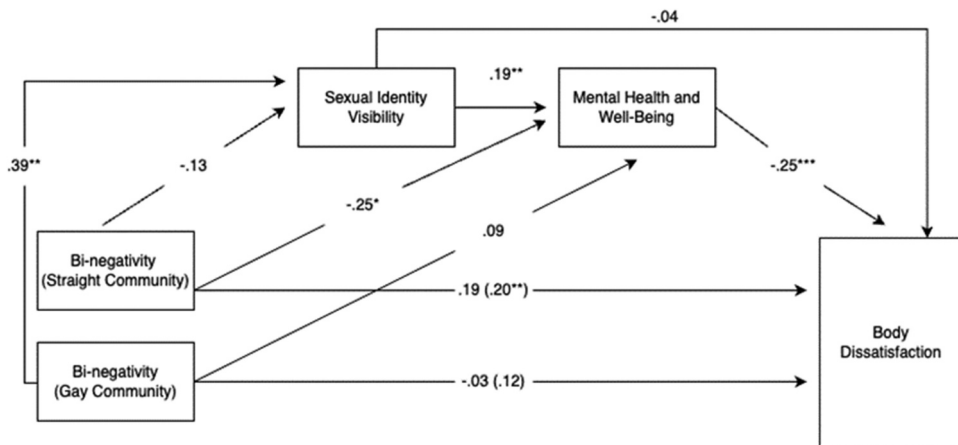


Figure 1. Structural equation model with serial mediation. Notes. Coefficients reflect standardised betas (β). Bivariate relationships are shown in parentheses. * $p < .05$. ** $p < .01$. The relationship between mental health and well-being and body dissatisfaction (***) has $p = .001$. Pathways with no star (*) notation are non-significant ($p > .05$).

H2. Bi-negativity (from both straight and gay communities) will be negatively associated with sexual identity visibility and mental health and well-being.

H3. Greater sexual identity visibility will be positively associated with mental health and well-being, which will be associated with lower body dissatisfaction.

H4. Perceived gay community stress will moderate the effects of gay-community bi-negativity on sexual identity visibility, mental health and well-being, and body dissatisfaction, such that all negative associations are stronger at higher levels of perceived community stress.

Given the cross-sectional design, these relationships should be interpreted as associative rather than causal, and the temporal ordering of mental health and body dissatisfaction remains speculative.

Method

All accompanying documents for this project, including our open materials, anonymised data and R code, can be found on the Open Science Framework (OSF; <https://osf.io/nhzfa/overview>). We make no deviations from our pre-registered hypotheses (apart from condensing them), design, or analysis plan. Our pre-registration can be found here: <https://osf.io/5n9jp/overview>. We include additional exploratory analyses below, which are labelled as such.

Participants and design

We recruited our sample through Prolific using pre-screening filters (cisgender, bisexual, UK-based), and compensated participants at the rate of £9/hr. This pre-registered cross-sectional survey study was conducted on Qualtrics. Our final sample comprised 200 participants who self-identified as bisexual cisgender men aged 18–67 ($M_{\text{age}} = 34.3$, $SD_{\text{age}} = 11.6$). The majority of the participants were White (80.5%). As sociocultural factors influence body image concerns, we opted to restrict our sample to participants residing in the United Kingdom (UK) to avoid potential confounds. We removed one participant as they failed the attention checks embedded within our study (i.e. questions that asked participants to select a specific response for a specific question). We pre-registered this sample size, and using an a-priori Monte Carlo power analysis, determined that this sample size would be adequate to detect a small standardised beta effect size for the serial mediation (i.e. .25) at .80 power (Schoemann et al., 2017). While this sample size was sufficient to detect small indirect effects, interaction effects are typically smaller and may be underpowered in this design. Nottingham Trent University's Research Ethics Committee provided ethical clearance for this research.

Measures

Participants were first asked to provide informed consent and answered several demographic questions (age, gender identity, sexual orientation and country of residence). They then completed the following measures in a randomised sequence. Additionally, the items within each measure were arranged in a random order. Participants who declined consent or did not fulfill the inclusion criteria received a custom end-of-survey message. A list of our demographic questions and measures is available on the OSF. We encourage other researchers to utilise these measures if they credit the original author(s) and adhere to the licencing terms of the measures.

Body dissatisfaction: Male Body Attitudes Scale-Revised (MBAS-R; Ryan et al., 2011)

The MBAS-R, comprising 15-items, measures attitudes towards appearance, with a focus on men's body image concerns. It contained three subscales: muscularity (7 items, e.g. '*I think I have too little muscle on my body*'), body fat (5 items, e.g. '*I feel excessively fat*') and height dissatisfaction (3 items, e.g. '*I feel ashamed of my height*'). Participants responded on a 6-point rating scale ranging from never (1) to always (6). Higher scores reflected greater overall dissatisfaction; we focused on the overall scores in this study. The MBAS-R has been used with bisexual men previously (Cahill et al., 2024).

Bi-negativity (straight and gay communities): Anti-Bisexual Experiences Scale (ABES; Brewster & Moradi, 2010)

The ABES comprises two subscales, each with 17 items. The first represents bi-negativity that originates from within the gay community (ABES-G). The other represents bi-negativity experiences from outside the community (e.g. from straight people; ABES-S). Participants respond on a 6-point rating scale ranging from never (1) to almost all of the time (6). Participants respond to each item (e.g. '*Others have pressured me to fit into a binary system of sexual orientation (i.e. either gay or*

straight)') twice by stating whether they (1) had this experience with lesbian or gay people, and (2) had this experience with heterosexual/straight people. Higher scores indicated greater bi-negativity from the respective sources. The ABES has demonstrated strong construct and convergent validity in studies with bisexual populations (Brewster & Moradi, 2010).

Sexual identity visibility: Nebraska Outness Scale (NOS; Meidlinger & Hope, 2014)

This scale measures how out lesbian, gay, and bisexual people are to others and comprises two subscales: disclosure and concealment. Each subscale was administered separately, with different instructions. The NOS has demonstrated excellent internal consistency and construct validity in bisexual populations (Meidlinger & Hope, 2014).

For the concealment subscale, participants were asked: *'How often do you avoid talking about topics related to or otherwise indicating your sexual orientation (e.g. not talking about your significant other, changing your mannerisms) when interacting with members of these groups?'* Responses were provided on an 11-point scale ranging from never (1) to always (11).

For the disclosure subscale, participants responded to: *'What percentage of the people in this group do you think are aware of your sexual orientation (meaning they are aware of whether you consider yourself straight, gay, etc.)?'* We slightly adapted the instructions to mention bisexuality explicitly: *'... whether you consider yourself straight, gay, bisexual, etc.'* Responses were recorded on an 11-point scale ranging from 0% to 100% in 10% increments.

For each subscale, participants were asked to reflect on the question in relation to one of 5-items (i.e. groups): (1) Members of your immediate family (e.g. parents and siblings), (2) members of your extended family (e.g. aunts, uncles, grandparents, cousins), (3) people you socialise with (e.g. friends and acquaintances), (4) people at your work/school (e.g. co-workers, supervisors, instructors, students) and (5) strangers (e.g. someone you have a casual conversation with in line at the store).

This measure captures general patterns of disclosure and concealment across social domains (e.g. family, friends, colleagues) rather than within specific sexual orientation groups; as such, it provides a broad index of overall visibility rather than community-specific outness. To create the single index of overall sexual identity visibility, we reverse-scored the concealment subscale. We then averaged across both subscales to create an overall score, with higher values reflecting higher sexual identity visibility (i.e. outness). This approach is consistent with the scales' scoring guidelines (Meidlinger & Hope, 2014).

Mental health and well-being: Warwick-Edinburgh Mental Well-Being Scale (WEMWBS; Tennant et al., 2007)

The WEMWBS is a 14-item measure designed to assess positive mental well-being in the general population. Participants respond to statements such as *'I've been feeling optimistic about the future'* on a 5-point Likert scale ranging from none of the time (1) to all of the time (5). Higher scores indicate greater mental health and well-being. The WEMWBS has been validated across a range of populations and demonstrates strong psychometric properties, including high internal consistency and construct validity (Tennant et al., 2007).

Gay community stress: Gay Community Stress Scale (GCSS; Maiolatesi et al., 2023)

The GCSS is an 8-item measure that captures perceived stress associated with structural and cultural dynamics within gay male communities, including pressures related to appearance, social status, and diversity inclusion. It does not measure interpersonal feelings of judgement or lack of support, but rather broader appraisals of the gay community as a potentially stressful social environment, consistent with its theoretical grounding in intra-minority stress frameworks. The GCSS assesses participants' perceptions of the gay community as a source of stress, rather than objective indicators of community climate. The measure comprises eight items (e.g. '*The gay community sexually objectifies men of colour*'). Participants responded on a 5-point rating scale ranging from not at all (1) to extremely (5). Higher scores represent stronger beliefs that the gay community is stressful. The GCSS has demonstrated strong construct validity and internal consistency in diverse samples of sexual minoritised men (Maiolatesi et al., 2023).

Statistical analyses

Our analysis plan was pre-registered on the OSF. All analyses were conducted in R. The anonymised data that supports our findings and the analysis code are freely available on the OSF. The predictor and outcome variables were standardised. We constructed the serial mediation model to test our hypotheses using the *lavaan* package (Rosseel, 2012). In this context, a serial indirect effect refers to the two-step pathway in which bi-negativity relates to sexual identity visibility, which in turn relates to mental health and well-being, and subsequently to body dissatisfaction. We tested three indirect pathways for each source of bi-negativity: (a) via sexual identity visibility, (b) via mental health and well-being, and (c) a serial pathway via visibility, then mental health and well-being. All analyses were conducted as a path analysis using observed (manifest) variables rather than latent constructs.

We used the product-of-coefficients approach to test the indirect effects (Yzerbyt et al., 2018). Bias-corrected 95% bootstrapped confidence intervals were calculated using 5000 resamples. As long as the *a* and *b* paths are significant and if the confidence interval does not contain zero, then this suggests an indirect effect is present. To test our final hypothesis, we constructed a separate model to examine the presence of any moderation effects. We included an interaction term representing the product of bi-negativity from the gay community and gay community stress in the structural model.

Results

Preliminary analyses

We first examined the proportion of missing data, finding none. Given the potential correlation between the predictor variables, we assessed and determined that the variance inflation factor was acceptable ($VIF < 3$). Table 1 shows the internal consistencies and correlations for and between each variable in our model. As shown, bi-negativity from the straight community was significantly correlated with the other variables in the model. Bi-negativity from the gay community was associated (more strongly) with sexual identity visibility and similarly correlated with gay community stress.

Table 1. McDonald's omega and correlations between each variable with confidence intervals.

Measure	McDonald's ω	1	2	3	4	5	6
1. Bi-Negativity Straight	.97 [.96, .98]	–	.77***	.17*	–.15*	.20*	.42***
2. Bi-Negativity Gay	.96 [.95, .97]	.71, .82	–	.29***	–.05	.12	.43***
3. Sexual Identity Visibility	.80 [.73, .85]	.03, .30	.16, .41	–	.17*	–.06	.06
4. Mental Health/Well-Being	.94 [.92, .95]	–.28, –.01	–.19, .09	.03, .30	–	–.29***	.05
5. Body Dissatisfaction	.89 [.86, .92]	.06, .33	–.02, .25	–.19, .08	–.41, –.15	–	.11
6. Gay Community Stress	.89 [.86, .90]	.30, .53	.30, .53	–.08, .20	–.09, .19	–.03, .24	–

Notes: Square brackets represent the 95% CI. Pearson's r above the diagonal. 95% CIs below the diagonal. *** $p < .001$, ** $p < .01$, * $p < .05$. Bi-Negativity Straight = bi-negativity from the straight community. Bi-Negativity Gay = bi-negativity from the gay community.

Given the focus of this paper on intra-minority stress, we also conducted a paired-samples t -test to compare scores of participants' experiences of bi-negativity from both communities, $t(199) = 3.30$, $p = .001$, Cohen's $d = .16$, 95% CI: .06, .25. Participants reported significantly greater experiences of bi-negativity from the straight community ($M = 2.36$, $SD = 1.12$) relative to bi-negativity from the gay community ($M = 2.19$, $SD = .97$).

Primary analyses

We first examined the direct and indirect relationships between the predictor, mediator and outcome variables. These analyses are based on our pre-registered hypotheses, which have been condensed for this paper to aid clarity (the hypothesised relationships remain the same). Figure 1 displays the relationships between our variables. The model has just been identified. As such, traditional model fit indices are not informative. For transparency, we report the Akaike Information Criterion (AIC) and Bayesian Information Criterion (BIC) to facilitate comparisons with alternative models ($AIC = 1668.24$, $BIC = 1707.82$).

Hypothesis 1: Concerning our direct relationships, the relationship between bi-negativity from the *straight community* and body dissatisfaction was not significant, $\beta = .19$, 95% CI: –.02, .38, $p = .068$ when controlling for other variables in the model. However, the direct (bivariate) association, without controlling for other variables, was significant, $\beta = .20$, 95% CI: .06, .33, $p = .005$. Notably, when controlling only for bi-negativity from the gay community, the relationship between straight community bi-negativity and body dissatisfaction remained significant, $\beta = .26$, 95% CI: .04, .48, $p = .019$. In contrast, bi-negativity from the gay community was not associated with body dissatisfaction either in the full model, $\beta = -.03$, 95% CI: –.23, .18, $p = .806$, or bivariate, $\beta = .12$, 95% CI: –.02, .26, $p = .094$.

For our indirect pathways, for bi-negativity from the *straight community*, there was no significant indirect effect acting through either sexual identity visibility, $\beta = .01$, 95% CI: –.01, .06, or a serial indirect effect, $\beta = .01$, 95% CI: –.00, .03. However, we did find a significant indirect effect acting through mental health and well-being, $\beta = .06$, 95% CI: .01, .13. Concerning bi-negativity from the *gay community*, we found no evidence for a significant indirect effect acting through sexual identity visibility, $\beta = -.02$, 95% CI: –.10, .03, mental health and well-being, $\beta = -.02$, 95% CI: –.09, .03, or a serial indirect effect acting through both mediators, $\beta = -.02$, 95% CI: –.06, .00.

Hypothesis 2: Concerning sexual identity visibility, the relationship between bi-negativity from the *straight community* and sexual identity visibility was not significant, $\beta = -.13$, 95% CI: $-.37, .13$, $p = .314$. However, bi-negativity from the *gay community* was significantly positively associated with sexual identity visibility, contrary to the hypothesis, $\beta = .39$, 95% CI: $.13, .63$, $p = .002$.

Concerning mental health and well-being, bi-negativity from the straight community was significantly negatively associated with mental health and well-being, $\beta = -.25$, 95% CI: $-.44, -.04$, $p = .012$. However, bi-negativity from the gay community was not significantly associated with mental health and well-being, $\beta = .09$, 95% CI: $-.12, .29$, $p = .414$.

Hypothesis 3: Sexual identity visibility was associated with significantly better mental health and well-being, $\beta = .19$, 95% CI: $.05, .32$, $p = .008$. Likewise, mental health and well-being were also associated with significantly lower body dissatisfaction, $\beta = -.25$, 95% CI: $-.39, -.10$, $p = .001$.

Hypothesis 4: The interaction term (gay-community bi-negativity by perceived gay community stress) was not a significantly associated with of sexual identity visibility ($\beta = -.01$, 95% CI: $-.15, .13$, $p = .834$), mental health and well-being ($\beta = -.09$, 95% CI: $-.23, .05$, $p = .222$), or body dissatisfaction ($\beta = -.09$, 95% CI: $-.22, .05$, $p = .191$). The direction of the associations (negative interaction coefficients) was consistent with the hypothesis, suggesting that higher stress may slightly amplify the negative impact of bi-negativity, but these effects were not statistically significant.

Exploratory analysis

We note this analysis is exploratory as it was not pre-registered. We found the lack of a significant relationship between bi-negativity from the *gay community* and mental health and well-being surprising, especially considering this is a core aspect of minority stress theory. To explore the relationships further, we tested whether there was an indirect effect of bi-negativity from the *gay community* on mental health and well-being acting through sexual identity visibility. Interestingly, we found a significant indirect effect, $\beta = .07$, 95% CI: $.02, .17$, indicating that bi-negativity from the *gay community* was associated with increased visibility, which was linked to better mental health and well-being.

Discussion

Using minority stress theory and intra-minority stress as theoretical lenses, we tested four consolidated hypotheses examining how bi-negativity, from both straight and gay communities, related to sexual identity visibility, mental health and well-being, and body dissatisfaction, and whether gay-community stress moderated the gay community bi-negativity pathways. We found partial support for H1: straight-community bi-negativity was associated with greater body dissatisfaction, but only indirectly via poorer mental

health and well-being, with no evidence for the visibility or serial mediation paths. H2 was mixed: gay-community bi-negativity was associated with higher visibility, opposite to our prediction, while straight-community bi-negativity was not significantly associated with visibility. For the mental-health component of H2, only straight-community bi-negativity showed the expected negative association. H3 was supported: higher visibility was associated with better mental health and well-being, which was in turn associated with lower body dissatisfaction. Finally, H4 was not supported: gay-community stress did not heighten any of the gay community bi-negativity pathways.

Bi-negativity and body dissatisfaction

Our study indicates that bi-negativity from straight and gay communities shows distinct associations with body dissatisfaction among bisexual cisgender men. These findings highlight the unique psychological mechanisms through which external and intra-minority stress may be at play within this group. Straight community bi-negativity was indirectly associated with greater body dissatisfaction, via its association with poorer mental health and well-being. This aligns with broader minority stress models, which propose that chronic exposure to discrimination, particularly from dominant societal groups, erodes psychological health, with downstream influences on self-perceptions such as body image (Hoy-Ellis, 2023; Sharpe et al., 2018; Soulliard et al., 2025). For cisgender bisexual men, invalidation or marginalisation by straight individuals may contribute to ongoing distress, which in turn is associated with heightened body dissatisfaction. Prior work has indeed shown that minority stressors are associated with sexual minority men's tendency to adhere to sociocultural appearance norms and heteronormative ideals as a means of *passing* (Brewster et al., 2017; Friedman et al., 2014; Ross et al., 2010). This suggests that anti-bisexual experiences from straight communities are linked to bisexual cisgender men's well-being beyond identity invalidation or general mental health, extending to domains such as body image.

In contrast, gay community bi-negativity showed no direct or indirect association with body dissatisfaction. This finding is surprising, given that appearance-based community pressures (e.g. muscularity and leanness) are key drivers associated with body dissatisfaction within gay spaces (Dahlenburg et al., 2020; He et al., 2020; Tylka & Andorka, 2012). However, the absence of direct associations and indirect effects between gay community bi-negativity and body dissatisfaction highlights the distinct mechanisms by which bi-negativity acts relative to other appearance-based pressures. While straight community bi-negativity may pressure bisexual cisgender men to adhere to heteronormative appearance ideals, gay community bi-negativity may challenge the legitimacy of their identities (Brewster & Moradi, 2010; Brewster et al., 2017; Filiault et al., 2014) rather than their appearance. Consequently, bisexual men may respond to gay-community bi-negativity by asserting their identity (i.e. being more visible) rather than striving to alter their physical appearance. Consistent with this interpretation, gay community bi-negativity was associated with greater sexual identity visibility in our data, and visibility was linked to better mental health and well-being (see below).

There was also no indirect association between bi-negativity from either straight and gay communities and body dissatisfaction when acting through sexual identity visibility. Similarly, sexual identity visibility was also not directly associated with body

dissatisfaction. This is interesting because, from a minority stress perspective, concealment is viewed as a risk factor for poor psychological outcomes (Meyer, 2003), and previous research has linked identity concealment with disordered eating in LGBTQ+ populations (Wang & Borders, 2017; Watson et al., 2016). Two considerations may underpin our null finding. First, our visibility measure combined disclosure and concealment, likely capturing more stable, trait-like management strategies rather than situation-specific behaviour. While we followed the established scoring guidelines (Meidlinger & Hope, 2014) to compute a single index of visibility, future research may wish to treat disclosure and concealment as independent constructs to capture potential nuances in these processes; given our openly available dataset, this can readily be done (Schrimshaw et al., 2013). Though speculative, it could be that perhaps a context-sensitive form of visibility (e.g. in social settings such as gyms or beaches) is more tightly linked with body image outcomes (e.g. body checking, avoidance) rather than the stable construct measured in this study (Chaudoir & Fisher, 2010; Le Forestier & Lewis, 2024). Future research may wish to explore this situational concealment. Second, much prior work links concealment to specific compensatory behaviours, such as disordered eating and exercise pathologies in LGBTQ+ samples (Convertino et al., 2021; Wang & Borders, 2017; Watson et al., 2016). Dissatisfaction with one's body may not serve the same emotion-regulation function as harmful compensatory behaviours (Cash, 2004), which could have been linked to both general psychological distress and specific forms of discrimination, such as bullying (Day et al., 2022; Nelson et al., 2023).

To our knowledge, this is the first study to explore these distinct predictors of body dissatisfaction in bisexual cisgender men. Research on this population is generally lacking, and they remain underrepresented in both body image and minority stress research (Cahill et al., 2024; He et al., 2020). These findings highlight the different psychological consequences of bi-negativity. From the perspective of improving body image outcomes for cisgender bisexual men, combating the negative societal messages about this population from the straight community may be key.

Bi-negativity and identity processes

Similar to body dissatisfaction, bi-negativity from straight and gay communities was found to have distinct relationships with sexual identity visibility and mental health and well-being. Contrary to minority stress expectations that minoritised individuals often conceal their identity when acceptance is lacking or marginalisation is heightened, straight community bi-negativity was not associated with visibility (Bry et al., 2017; Meyer, 2003). Disclosure among bisexual cisgender men is typically selective and context dependent, guided partly by perceived safety and acceptance (Chaudoir & Fisher, 2010; Feinstein et al., 2020). With repeated exposure to prejudice, people often adopt routinised identity-management strategies, such as stable patterns of selective disclosure or concealment, which are less responsive to small situational shifts (Chaudoir & Fisher, 2010; Pachankis, 2007; Quinn & Earnshaw, 2013). In our data, straight community bi-negativity exceeded gay community bi-negativity, consistent with a persistent background stressor in everyday life (McCormack, 2023). Detecting whether broader societal or community-level shifts in straight community bi-negativity shape visibility would require longitudinal designs aligned with changes in public attitudes. Given rising anti-LGBTQ+ rhetoric in the

UK and globally, such designs are, regrettably, not feasible (e.g. ILGA, 2025). Even without a visibility link, straight community bi-negativity was clearly associated with poorer mental health and well-being, indicating that its strongest association is psychological rather than via identity-management behaviour.

In contrast, gay community bi-negativity was indirectly associated with mental health and well-being only indirectly via sexual identity visibility. As noted earlier, this analysis was exploratory and was not pre-registered, and should therefore be interpreted with appropriate caution. Higher gay community bi-negativity was associated with greater visibility, and greater visibility with better mental health and well-being, showing a clear indirect effect. The asymmetry between these findings and those with straight community bi-negativity suggests that intra-minority stigma may be closely related to identity processes, whereas straight community bi-negativity shows a stronger association with mental health and well-being. Importantly, higher gay community bi-negativity is associated with increased visibility, which in turn relates to more positive mental health and well-being. Crucially, the visibility-enhancing association of gay community bi-negativity runs counter to our hypothesis and, to our knowledge, has not been shown previously among bisexual men, nor has an associated indirect mental-health benefit been documented. The mechanism is theoretically coherent with visibility management, which suggests that increasing visibility can serve identity affirmation and resistance to marginalisation (Lasser & Tharinger, 2003; Timney et al., 2024), and with the rejection – identification model, which posits that perceived prejudice can strengthen ingroup identification with downstream benefits for well-being (Gu et al., 2025; Jetten et al., 2017). These findings highlight that despite pressure and bi-negativity within gay communities, attempts to suppress bisexual identities appear to backfire; higher intra-minority bi-negativity is associated with greater visibility, a healthier and more empowering outcome.

However, it is important to acknowledge that the direction of this association cannot be established from cross-sectional data. Although our exploratory findings are consistent with the interpretation that higher bi-negativity from the gay community may prompt greater bisexual visibility as an affirming or resistant response, the reverse explanation is equally plausible: bisexual men who are more visibly ‘out’ within gay spaces may be more likely to encounter bi-negativity from this source (Pachankis, Clark, et al., 2020). This underscores the bidirectional and context-dependent nature of visibility processes (Davila et al., 2019) and highlights the need for longitudinal research to clarify directionality and qualitative designs to capture individual experiences of gay community bi-negativity and visibility.

A further empowering finding of this research is the positive association between greater visibility and better mental health and well-being. Consistent with minority stress theory, greater sexual identity visibility (i.e. lower concealment) was associated with better internalising mental health and well-being, aligning with meta-analytic evidence that lower concealment relates to fewer symptoms of depression, anxiety, distress and problematic eating (Pachankis, Mahon, et al., 2020). These findings starkly contrast those of Feinstein et al. (2019), who found that being *out* was associated with certain negative outcomes for bisexual people, including greater depression, which was not seen for gay or lesbian participants. Being *out* may reduce internalised stigma and enhance self-acceptance and may enable access to bisexual specific support and resources, all of which contribute to improved psychological well-being (Dyar et al.,

2022; Ryan et al., 2017). Beyond individual benefits, greater bisexual identity visibility and representation, such as portrayals in media (e.g. Heartstopper in the UK), can also have a positive impact on others (Allen, 2023), especially at a time when bisexual people are increasingly marginalised. Increasing bisexual visibility and representation is, therefore, vital to legitimise and normalise bisexual identities and challenge current stigma (House et al., 2022).

The role of gay community stress

Finally, we did not find that perceived gay community stress moderated any of the pathways originating from gay community bi-negativity. This was somewhat unexpected, given that perceived gay community stress represents a salient form of intra-minority stress (Pachankis, Clark, et al., 2020). We anticipated that the associations between bi-negativity from the gay community and the other variables would be amplified in contexts where perceived community stress was high, signalling exclusion and limited support, and attenuated in contexts where stress was lower, reflecting perceptions of safety and available resources. The absence of such effects could be underpinned by several alternative explanations considered below.

First, the extent to which gay community stress amplifies bi-negativity may depend on the extent to which bisexual men identify with the gay community, which we did not assess. If participants did not perceive the gay community as their primary reference group (Frost & Meyer, 2012), bi-negativity may have functioned as a discrete identity-based stressor whose effects were not contingent on perceived broader community climate (Feinstein et al., 2019). Consequently, the buffering or amplification of bi-negative effects may be more strongly moderated by the availability of community-based social support than perceived stress alone (Frost & Meyer, 2012; Salfas et al., 2019). Secondly, given that bi-negativity is experienced at the individual level, proximal resources such as coping strategies and identity centrality may be more influential moderators than generalised community stress perceptions (Feinstein et al., 2017). Finally, although our sample size was sufficient to detect small indirect effects, interaction effects are typically smaller and our study may have been underpowered to detect them. Future research may wish to explore this, along with the other potential moderators mentioned, with larger sample sizes.

Implications, limitations and directions for future research

Our use of a pre-registered, openly available analysis code, materials and anonymised data enhances the methodological rigour and reproducibility of this research. This study contributes to the ongoing efforts to improve transparency in LGBTQ+ research. We suggest that future research follow the same approach.

Our findings add to the growing calls to tackle stigma aimed at bisexual people, from both within and outside the LGBTQ+ community. In particular, our data highlight the urgent need for targeted interventions addressing straight community binegativity, which our sample experienced more strongly than bi-negativity from the gay community, and which was associated with poorer mental health and well-being and, indirectly, body image. This further emphasises the need for anti-

stigma campaigns for bisexual people in the UK, and LGBTQ+ people generally, especially in light of the ILGA Rainbow Map (2025) which emphasised the deteriorating and hostile climate for LGBTQ+ people in the UK.

Our research has limitations. Although not intentional, our sample was predominantly White (80.5%). As such, our findings should be interpreted primarily in the context of White UK bisexual men. While this aligns with typical census data from the UK, it highlights a critical lack of research involving non-White populations. This is particularly important in contexts such as body dissatisfaction, which is influenced by sociocultural factors (Paxton et al., 2006), and when also considering the additive effect of holding multiple minoritised identities (Cyrus, 2017). Future research should prioritise the inclusion of racially and ethnically diverse samples to capture these dynamics fully. Given the uniquely personal and distinct mechanisms by which bi-negativity operates, qualitative designs will provide richer insight into the nature and consequences of internalised bi-negativity. Future research should also explore these relationships in bisexual (or bi+) people of different gender identities, especially outside of the binary.

Additionally, given the cross-sectional nature of our data, future research would benefit from exploring these relationships longitudinally. A further limitation concerns the placement of mental health and well-being and body dissatisfaction in our model. While our cross-sectional data were consistent with an association in which poorer mental health and well-being co-occurred with greater body dissatisfaction, longitudinal research has yielded mixed evidence regarding directionality (see: Holsen et al., 2001). Our model reflects one theoretically driven ordering consistent with minority stress theory, but alternative or reciprocal relationships remain plausible and should be examined in future longitudinal research.

Conclusion

This is the first study to disaggregate bi-negativity by source and examine its pathways to visibility, mental health and well-being, and body dissatisfaction in bisexual cisgender men, providing novel evidence that bi-negativity from straight and gay communities shows distinct psychological associations among bisexual cisgender men. Straight community bi-negativity emerged as the most strongly associated with poorer mental health and well-being and, indirectly, greater body dissatisfaction. By contrast, gay community bi-negativity was associated with greater sexual identity visibility, which in turn promoted better mental health and well-being, highlighting visibility as a potential resilience pathway for intra-minority stress. These findings challenge assumptions that concealment is protective, instead underscoring the mental-health benefits of bisexual cisgender men's visibility. Unexpectedly, gay community stress did not moderate the impact of gay community bi-negativity, suggesting that discrete experiences of bi-negativity may be associated with mental health and well-being independently of broader community climate. Taken together, our results emphasise the need to address bi-negativity and anti-bisexual experiences both within and outside LGBTQ+ spaces, and to strengthen efforts to support bisexual visibility and inclusion. Interventions targeting straight community prejudice appear especially urgent, given its direct psychological toll and indirect contribution to body image concerns.

Note

1. These hypotheses were originally pre-registered as seven discrete statements; here they've been consolidated for clarity. The hypotheses themselves remain unchanged.

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Data availability statement

The data and R script supporting our findings are openly available on the Open Science Framework (OSF) at <https://osf.io/nhzfa/overview>.

CRedit statement

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References

- Allen, M. (2023). "In a romantic way, not just a friend Way!": Exploring the developmental implications of positive depictions of Bisexuality in Alice Oseman's heartstopper. *Journal of Bisexuality*, 23(2), 197–228. <https://doi.org/10.1080/15299716.2022.2153191>
- Brausch, A. M., & Muehlenkamp, J. J. (2007). Body image and suicidal ideation in adolescents. *Body Image*, 4(2), 207–212. <https://doi.org/10.1016/j.bodyim.2007.02.001>
- Brewster, M. E., & Moradi, B. (2010). Perceived experiences of anti-bisexual prejudice: Instrument development and evaluation. *Journal of Counseling Psychology*, 57(4), 451–468. <https://doi.org/10.1037/a0021116>
- Brewster, M. E., Sandil, R., DeBlaere, C., Breslow, A., & Eklund, A. (2017). "Do you even lift, bro?" objectification, minority stress, and body image concerns for sexual minority men. *Psychology of Men and Masculinity*, 18(2), 87–98. <https://doi.org/10.1037/men0000043>
- Bry, L. J., Mustanski, B., Garofalo, R., & Burns, M. N. (2017). Management of a concealable stigmatized identity: A qualitative study of concealment, disclosure, and role flexing among young, resilient sexual and Gender minority individuals. *Journal of Homosexuality*, 64(6), 745–769. <https://doi.org/10.1080/00918369.2016.1236574>

- Cahill, L., Malik, M., Jones, B. A., Perera, A. T.-M., & McDermott, D. T. (2024). Tackling bisexual erasure: An explorative comparison of bisexual, gay and straight cisgender men's body image. *Body Image*, 51, 101763. <https://doi.org/10.1016/j.bodyim.2024.101763>
- Cash, T. F. (2004). Body image: Past, present, and future. *Body Image*, 1(1), 1–5. [https://doi.org/10.1016/S1740-1445\(03\)00011-1](https://doi.org/10.1016/S1740-1445(03)00011-1)
- Chan, R. C. H., Operario, D., & Mak, W. W. S. (2020). Bisexual individuals are at greater risk of poor mental health than lesbians and gay men: The mediating role of sexual identity stress at multiple levels. *Journal of Affective Disorders*, 260, 292–301. <https://doi.org/10.1016/j.jad.2019.09.020>
- Chaudoir, S. R., & Fisher, J. D. (2010). The disclosure processes model: Understanding disclosure decision-making and post-disclosure outcomes among people living with a concealable stigmatized identity. *Psychological Bulletin*, 136(2), 236–256. <https://doi.org/10.1037/a0018193>
- Convertino, A. D., Brady, J. P., Albright, C. A., Gonzales, M., & Blashill, A. J. (2021). The role of sexual minority stress and community involvement on disordered eating, dysmorphic concerns and appearance- and performance-enhancing drug misuse. *Body Image*, 36, 53–63. <https://doi.org/10.1016/j.bodyim.2020.10.006>
- Cross, H., Bremner, S., Meads, C., Pollard, A., & Llewellyn, C. (2024). Bisexual people experience worse health outcomes in England: Evidence from a cross-sectional survey in primary care. *Journal of Sex Research*, 61(9), 1342–1350. <https://doi.org/10.1080/00224499.2023.2220680>
- Cyrus, K. (2017). Multiple minorities as multiply marginalized: Applying the minority stress theory to LGBTQ people of color. *Journal of Gay and Lesbian Mental Health*, 21(3), 194–202. <https://doi.org/10.1080/19359705.2017.1320739>
- Dahlenburg, S. C., Gleaves, D. H., Hutchinson, A. D., & Coro, D. G. (2020). Body image disturbance and sexual orientation: An updated systematic review and meta-analysis. *Body Image*, 35, 126–141. <https://doi.org/10.1016/j.bodyim.2020.08.009>
- Davila, J., Feinstein, B. A., Dyar, C., & Jabbour, J. (2021). How, when, and why do bisexual+ individuals attempt to make their identity visible? *Psychology of Sexual Orientation and Gender Diversity*, 8(1), 94–105. <https://doi.org/10.1037/sgd0000411>
- Davila, J., Jabbour, J., Dyar, C., & Feinstein, B. A. (2019). Bi+ visibility: Characteristics of those who attempt to make their bisexual+ identity visible and the strategies they use. *Archives of Sexual Behavior*, 48(1), 199–211. <https://doi.org/10.1007/s10508-018-1284-6>
- Day, S., Bussey, K., Trompeter, N., & Mitchison, D. (2022). The impact of teasing and bullying victimization on disordered eating and body image disturbance among adolescents: A systematic review. *Trauma, Violence & Abuse*, 23(3), 985–1006. <https://doi.org/10.1177/1524838020985534>
- Dyar, C., Feinstein, B. A., Bettin, E., & Davila, J. (2022). Bisexual+ visibility attempts: Associations with minority stress, affect, and substance use in a daily diary study. *Psychology of Sexual Orientation and Gender Diversity*, 9(2), 201–213. <https://doi.org/10.1037/sgd0000469>
- Dyar, C., Lytle, A., London, B., & Levy, S. R. (2015). Application of bisexuality research to the development of a set of guidelines for intervention efforts to reduce binegativity. *Translational Issues in Psychological Science*, 1(4), 352–362. <https://doi.org/10.1037/tps0000045>
- Feinstein, B. A., Davila, J., & Dyar, C. (2017). A weekly diary study of minority stress, coping, and internalizing symptoms among gay men. *Journal of Consulting & Clinical Psychology*, 85(12), 1144–1157. <https://doi.org/10.1037/ccp0000236>
- Feinstein, B. A., Dyar, C., Li, D. H., Whitton, S. W., Newcomb, M. E., & Mustanski, B. (2019). The longitudinal associations between outness and health outcomes among gay/lesbian versus bisexual emerging adults. *Archives of Sexual Behavior*, 48(4), 1111–1126. <https://doi.org/10.1007/s10508-018-1221-8>
- Feinstein, B. A., Xavier Hall, C. D., Dyar, C., & Davila, J. (2020). Motivations for sexual identity concealment and their associations with mental health among bisexual, pansexual, queer, and fluid (Bi+) individuals. *Journal of Bisexuality*, 20(3), 324–341. <https://doi.org/10.1080/15299716.2020.1743402>
- Filialt, S. M., Drummond, M. J. N., & Anderson, E. (2014). Bisexual men and body image. *Psychology and Sexuality*, 5(3), 191–200. <https://doi.org/10.1080/19419899.2012.702124>

- Friedman, M. R., Dodge, B., Schick, V., Herbenick, D., Hubach, R. D., Bowling, J., Goncalves, G., Krier, S., & Reece, M. (2014). From bias to bisexual health disparities: Attitudes toward bisexual men and women in the United States. *LGBT Health*, 1(4), 309–318. <https://doi.org/10.1089/lgbt.2014.0005>
- Frost, D. M., & Meyer, I. H. (2012). Measuring community connectedness among diverse sexual minority populations. *Journal of Sex Research*, 49(1), 36–49. <https://doi.org/10.1080/00224499.2011.565427>
- Gonzalez, K. A., Ramirez, J. L., & Galupo, M. P. (2017). “I was and still am”: Narratives of bisexual marking in the #StillBisexual campaign. *Sexuality & Culture*, 21(2), 493–515. <https://doi.org/10.1007/s12119-016-9401-y>
- Green, A. I. (2008). Health and sexual status in an urban gay enclave: An application of the stress process model*. *Journal of Health & Social Behavior*, 49(4), 436–451. <https://doi.org/10.1177/002214650804900405>
- Griffiths, S., Murray, S. B., Mitchison, D., Castle, D., & Mond, J. M. (2019). Relative strength of the associations of body fat, muscularity, height, and penis size dissatisfaction with psychological quality of life impairment among sexual minority men. *Psychology of Men & Masculinities*, 20(1), 55–60. <https://doi.org/10.1037/men0000149>
- Gu, C., Bu, H., Lv, Z., & He, A. (2025). Sexual self-identification offsets and self-stigma moderates: Expanding the rejection-identification model to examine stigma’s effects on well-being among gay and bisexual men. *Journal of Homosexuality*, 72(5), 931–950. <https://doi.org/10.1080/00918369.2024.2360608>
- He, J., Sun, S., Lin, Z., & Fan, X. (2020). Body dissatisfaction and sexual orientations: A quantitative synthesis of 30 years research findings. *Clinical Psychology Review*, 81, 101896. <https://doi.org/10.1016/j.cpr.2020.101896>
- Holsen, I., Kraft, P., & Røysamb, E. (2001). The relationship between body image and depressed mood in adolescence: A 5-year longitudinal panel study. *Journal of Health Psychology*, 6(6), 613–627. <https://doi.org/10.1177/135910530100600601>
- House, R., Jarvis, N., & Burdsey, D. (2022). Representation matters: Progressing research in plurisexuality and bisexuality in sport. *Journal of Homosexuality*, 69(8), 1301–1321. <https://doi.org/10.1080/00918369.2021.1913916>
- Hoy-Ellis, C. P. (2023). Minority stress and mental health: A review of the literature. *Journal of Homosexuality*, 70(5), 806–830. <https://doi.org/10.1080/00918369.2021.2004794>
- ILGA. (2025, May 14). *Rainbow map 2025* | ILGA-Europe. <https://www.ilga-europe.org/report/rainbow-map-2025/>
- Jetten, J., Haslam, S. A., Cruwys, T., Greenaway, K. H., Haslam, C., & Steffens, N. K. (2017). Advancing the social identity approach to health and well-being: Progressing the social cure research agenda. *European Journal of Social Psychology*, 47(7), 789–802. <https://doi.org/10.1002/ejsp.2333>
- Kaminski, P. L., Chapman, B. P., Haynes, S. D., & Own, L. (2005). Body image, eating behaviors, and attitudes toward exercise among gay and straight men. *Eating Behaviors*, 6(3), 179–187. <https://doi.org/10.1016/j.eatbeh.2004.11.003>
- Lasser, J., & Tharinger, D. (2003). Visibility management in school and beyond: A qualitative study of gay, lesbian, bisexual youth. *Journal of Adolescence*, 26(2), 233–244. [https://doi.org/10.1016/S0140-1971\(02\)00132-X](https://doi.org/10.1016/S0140-1971(02)00132-X)
- Le Forestier, J. M., & Lewis, N. A. (2024). When and why people conceal their identities. *Nature Reviews Psychology*, 3(7), 489–498. <https://doi.org/10.1038/s44159-024-00324-x>
- Maiolatesi, A. J., Satyanarayana, S., Bränström, R., & Pachankis, J. E. (2023). Development and validation of two abbreviated intraminority gay community stress scales. *Assessment*, 30(1), 84–101. <https://doi.org/10.1177/10731911211042933>
- McCole, A. R., & Anderson, J. R. (2025). “Not queer enough”: A systematic review of the literature exploring experiences of Bi-erasure. *Journal of Bisexuality*, 1–77. <https://doi.org/10.1080/15299716.2025.2498333>
- McCormack, M. (2023). Issues in bisexual men’s lives: Identity, health and relationships. *Current Opinion in Psychology*, 49, 101501. <https://doi.org/10.1016/j.copsyc.2022.101501>
- McLean, S. A., & Paxton, S. J. (2019). Body image in the context of eating disorders. *The Psychiatric Clinics of North America*, 42(1), 145–156. <https://doi.org/10.1016/j.psc.2018.10.006>

- Meidlinger, P. C., & Hope, D. A. (2014). Differentiating disclosure and concealment in measurement of outness for sexual minorities: The Nebraska outness scale. *Psychology of Sexual Orientation and Gender Diversity*, 1(4), 489–497. <https://doi.org/10.1037/sgd0000080>
- Meyer, I. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>
- Morrison, T. G., Katz, J. W., Mirzaei, Y., & Zare, S. (2020). Body image and eating disorders among sexual and gender minority populations. In E. D. Rothblum (Ed.), *The Oxford Handbook of sexual and gender minority mental health* (pp. 71–85). Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780190067991.013.8>
- Nelson, J. D., Martin, L. N., Izquierdo, A., Kornienko, O., Cuellar, A. E., Cheskin, L. J., & Fischer, S. (2023). The role of discrimination and adverse childhood experiences in disordered eating. *Journal of Eating Disorders*, 11(1), 29. <https://doi.org/10.1186/s40337-023-00753-8>
- Paans, N. P. G., Bot, M., Brouwer, I. A., Visser, M., & Penninx, B. W. J. H. (2018). Contributions of depression and body mass index to body image. *Journal of Psychiatric Research*, 103, 18–25. <https://doi.org/10.1016/j.jpsychires.2018.05.003>
- Pachankis, J. E. (2007). The psychological implications of concealing a stigma: A cognitive-affective-behavioral model. *Psychological Bulletin*, 133(2), 328–345. <https://doi.org/10.1037/0033-2909.133.2.328>
- Pachankis, J. E., Clark, K. A., Burton, C. L., Hughto, J. M. W., Bränström, R., & Keene, D. E. (2020). Sex, status, competition, and exclusion: Intraminority stress from within the gay community and gay and bisexual men's mental health. *Journal of Personality & Social Psychology*, 119(3), 713–740. <https://doi.org/10.1037/pspp0000282>
- Pachankis, J. E., Mahon, C. P., Jackson, S. D., Fetzner, B. K., & Bränström, R. (2020). Sexual orientation concealment and mental health: A conceptual and meta-analytic review. *Psychological Bulletin*, 146(10), 831–871. <https://doi.org/10.1037/bul0000271>
- Paxton, S. J., Eisenberg, M. E., & Neumark-Sztainer, D. (2006). Prospective predictors of body dissatisfaction in adolescent girls and boys: A five-year longitudinal study. *Developmental Psychology*, 42(5), 888–899. <https://doi.org/10.1037/0012-1649.42.5.888>
- Pollitt, A. M., & Roberts, T. S. (2021). Internalized binegativity, LGBQ + community involvement, and definitions of bisexuality. *Journal of Bisexuality*, 21(3), 357–379. <https://doi.org/10.1080/15299716.2021.1984363>
- Quick, V., Eisenberg, M. E., Bucchianeri, M. M., & Neumark-Sztainer, D. (2013). Prospective predictors of body dissatisfaction in young adults: 10-year longitudinal findings. *Emerging Adulthood*, 1(4), 271–282. <https://doi.org/10.1177/2167696813485738>
- Quinn, D. M., & Earnshaw, V. A. (2013). Concealable stigmatized identities and psychological well-being. *Social and Personality Psychology Compass*, 7(1), 40–51. <https://doi.org/10.1111/spc3.12005>
- Roberts, E. R., Lee, M. F., Simpson, K., Kelley, N. J., Sedikides, C., & Angus, D. J. (2025). Authenticity, well-being, and minority stress in LGB individuals: A scoping review. *Journal of Homosexuality*, 72(7), 1331–1358. <https://doi.org/10.1080/00918369.2024.2378738>
- Rodgers, R. F., Laveway, K., Campos, P., & Carvalho, P. H. B. D. (2023). Body image as a global mental health concern. *Cambridge Prisms: Global Mental Health*, 10, e9. <https://doi.org/10.1017/gmh.2023.2>
- Ross, L. E., Dobinson, C., & Eady, A. (2010). Perceived determinants of mental health for bisexual people: A qualitative examination. *American Journal of Public Health*, 100(3), 496–502. <https://doi.org/10.2105/AJPH.2008.156307>
- Rosseel, Y. (2012). Lavaan: An R package for structural equation modeling. *Journal of Statistical Software*, 48(2), 1–36. <https://doi.org/10.18637/jss.v048.i02>
- Ryan, T. A., Morrison, T. G., Roddy, S., & McCutcheon, J. (2011). Psychometric properties of the revised male body attitudes scale among Irish men. *Body Image*, 8(1), 64–69. <https://doi.org/10.1016/j.bodyim.2010.10.004>

- Ryan, W. S., Legate, N., Weinstein, N., & Rahman, Q. (2017). Autonomy support fosters lesbian, gay, and bisexual identity disclosure and wellness, especially for those with internalized homophobia. *Journal of Social Issues*, 73(2), 289–306. <https://doi.org/10.1111/josi.12217>
- Salfas, B., Rendina, H. J., & Parsons, J. T. (2019). What is the role of the community? Examining minority stress processes among gay and bisexual men. *Stigma and Health*, 4(3), 300–309. <https://doi.org/10.1037/sah0000143>
- Schoemann, A. M., Boulton, A. J., & Short, S. D. (2017). Determining power and sample size for simple and complex mediation models. *Social Psychological & Personality Science*, 8(4), 379–386. <https://doi.org/10.1177/1948550617715068>
- Schrimshaw, E. W., Siegel, K., Downing, M. J., Jr., & Parsons, J. T. (2013). Disclosure and concealment of sexual orientation and the mental health of non-gay-identified, behaviorally bisexual men. *Journal of Consulting & Clinical Psychology*, 81(1), 141–153. <https://doi.org/10.1037/a0031272>
- 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>
- Sharpe, H., Patalay, P., Choo, T.-H., Wall, M., Mason, S. M., Goldschmidt, A. B., & Neumark-Sztainer, D. (2018). Bidirectional associations between body dissatisfaction and depressive symptoms from adolescence through early adulthood. *Development & Psychopathology*, 30(4), 1447–1458. <https://doi.org/10.1017/S0954579417001663>
- Soulliard, Z. A., Manning, R. B., III, & Elbe, C. I. (2025). Intraminority stress, body image, and community connectedness: Associations with disordered eating among sexual minority men. *Journal of Eating Disorders*, 13(1), 99. <https://doi.org/10.1186/s40337-025-01298-8>
- Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., Parkinson, J., Secker, J., & Stewart-Brown, S. (2007). The Warwick-Edinburgh mental well-being scale (WEMWBS): Development and UK validation. *Health and Quality of Life Outcomes*, 5(1), 63. <https://doi.org/10.1186/1477-7525-5-63>
- Timney, C., Wright, S., & Sargeant, C. (2024). “If you’re not yourself, who are you going to be?” an exploration of Gender and sexuality diverse pupils experiences of visibility management in school: A systematic literature review. *Journal of Homosexuality*, 71(11), 2545–2570. <https://doi.org/10.1080/00918369.2023.2246616>
- Tylka, T. L., & Andorka, M. J. (2012). Support for an expanded tripartite influence model with gay men. *Body Image*, 9(1), 57–67. <https://doi.org/10.1016/j.bodyim.2011.09.006>
- Vannucci, A., & Ohannessian, C. M. (2018). Body image dissatisfaction and anxiety trajectories during adolescence. *Journal of Clinical Child and Adolescent Psychology*, 47(5), 785–795. <https://doi.org/10.1080/15374416.2017.1390755>
- Wang, S. B., & Borders, A. (2017). Rumination mediates the associations between sexual minority stressors and disordered eating, particularly for men. *Eating and Weight Disorders - Studies on Anorexia, Bulimia and Obesity*, 22(4), 699–706. <https://doi.org/10.1007/s40519-016-0350-0>
- Watson, L. B., Velez, B. L., Brownfield, J., & Flores, M. J. (2016). Minority stress and bisexual women’s disordered eating: The role of maladaptive coping. *The Counseling Psychologist*, 44(8), 1158–1186. <https://doi.org/10.1177/0011000016669233>
- Yzerbyt, V., Muller, D., Batailler, C., & Judd, C. M. (2018). New recommendations for testing indirect effects in mediational models: The need to report and test component paths. *Journal of Personality & Social Psychology*, 115(6), 929–943. <https://doi.org/10.1037/pspa0000132>