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Sexual Self-Identification Among Behaviorally Bisexual Men in the Midwestern United States

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Abstract Previous social and behavioral research on identity among bisexual men, when not subsumed within the category of men who have sex with men (MSM), has primarily focused on samples of self-identified bisexual men. Little is known about sexual self-identification among men who are behaviorally bisexual, regardless of sexual identity. Using qualitative data from 77 in-depth interviews with a diverse sample of behaviorally bisexual men (i.e., men who have had sex with at least one woman and at least one man in the past six months) from a large city in the Midwestern United States, we analyzed responses from a domain focusing on sexual self-identity and related issues. Overall, participants' sexual self-identification was exceptionally diverse. Three primary themes emerged: (1) a resistance to, or rejection of, using sexual self-identity labels; (2) concurrent use of multiple identity categories and the strategic deployment of multiple sexual identity labels; and (3) a variety of trajectories to current sexual self-identification. Based on our findings, we offer insights into the unique lived experiences of behaviorally bisexual men, as well as broader considerations for the study of men's sexuality. We also explore identity-related information useful for the design of HIV/STI prevention and other sexual health programs directed toward behaviorally bisexual men, which will ideally be variable and flexible in accordance with the wide range of diversity found in this population.

Keywords Bisexuality · Sexual identity · Bisexual men · Men who have sex with both men and women (MSMW) · Identities

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Introduction

The relationship between sexual identity and sexual behavior within much of the research and practice of public health considers the former important in terms of its relation to the latter. Evidence of this approach can be seen in public and mental health research through the use of terminology such as "discrepancy" and "discordance" when the sexual identity and sexual behavior of participants do not align with our current socially constructed sexual orientation classification systems (Pathela et al., 2006; Ross, Essien, Williams, & Fernandez-Esquer, 2003). Much has been written about sexual identity formation among lesbian and gay individuals, and to a lesser extent, bisexual individuals. Cass' (1979) six-stage process of identity formation is foundational to this literature and is used widely in interventions aimed at improving the lives and health outcomes of sexual minority populations (Degges-White, Rice, & Myers, 2000).
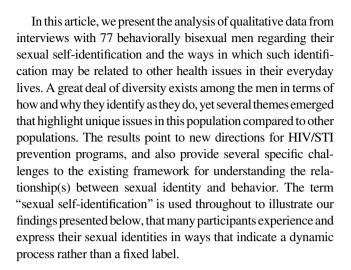
Cass' (1979) early model, and other similar theories of sexual identity formation, entail that a person acknowledges, accepts, and discloses a sexual identity related to their same-sex attraction and behavior (see also Degges-White et al., 2000).

Clinical and research approaches informed by these theoretical perspectives are often grounded in the belief that concordance between identity and behavior is good, necessary, and healthy (Diamond, 2005). Discordance is therefore necessarily viewed as bad, inauthentic, or unhealthy. Negative health outcomes—including obesity, substance use, depression, suicidality, and sexually transmitted infections—have been found in those whose sexual behavior and identity are discordant (Dodge & Sandfort, 2007; Friedman et al., 2014; Schick, Rosenberger, Herbenick, Calabrese, & Reece, 2012). However, an assumption of a causal relationship between identity-behavior discordance and negative health outcomes presupposes existence of a singular "authentic" sexuality (usually referred to as orientation) that represents sexual arousal, which in turn drives sexual behaviors with specific types of partners (Bailey, 2009).

A substantial body of research demonstrates the insufficiency of mutually exclusive sexual orientation categories, the imperfect correlation between orientation categories and sexual identities, as well as the flexibility and instability of these various categories over time and across different romantic-sexual relationships (Diamond, 2005). Recognizing the unreliability of these categories in appealing to and describing human populations, clinical and public health nomenclature has begun to shift from orientation/identity-based target or "risk" populations to behavior-based populations, as evidenced by the adoption of the term "men who have sex with men (MSM)" (Boellstorff, 2011; Sandfort & Dodge, 2009). Nevertheless, in separating sexual identity from sexual behavior through the use of acronyms like MSM, the specific meanings individuals attach to their sexuality are obscured and thus go unexplored (Sandfort & Dodge, 2008; Young & Meyer, 2005). Previous work has called for a reevaluation of the role of sexual identity in public health efforts and a better understanding of the variations in identity among members of sexual minorities (Sandfort & Dodge, 2009; Young & Meyer, 2005).

Research on identity among bisexual men has generally been conducted on samples of men who self-identify as "bisexual," often in combined MSM samples, and little is known about sexual self-identification among *behaviorally* bisexual men. Recent studies of behaviorally bisexual men, however, emphasize the need to recognize the complexities of their sexual lives and health implications in terms of both risk and resilience, calling for individualized interventions aimed at sexual self-acceptance, stigma reduction, and improving communication with partners regarding condom negotiation (Dodge et al., 2013; Hubach et al., 2014; Malebranche, Arriola, Jenkins, Dauria, & Patel, 2010). The significance of sexual self-identity in such research and intervention efforts is still relatively unclear.

In this article, we present the analysis of qualitative data from interviews with 77 behaviorally bisexual men regarding their sexual self-identification and the ways in which such identification may be related to other health issues in their everyday lives. A great deal of diversity exists among the men in terms of how and why they identify as they do, yet several themes emerged that highlight unique issues in this population compared to other populations. The results point to new directions for HIV/STI prevention programs, and also provide several specific challenges to the existing framework for understanding the relationship(s) between sexual identity and behavior. The term "sexual self-identification" is used throughout to illustrate our findings presented below, that many participants experience and express their sexual identities in ways that indicate a dynamic process rather than a fixed label.

Method

Participants

The data presented in this article were elicited from a larger study focused on sexual health among a diverse sample of 77 behaviorally bisexual men from Indianapolis, Indiana, a large urban area of the midwestern U.S. (Table 1). Men were eligible to participate if they reported engaging in oral, vaginal, and/or anal sex with at least one man and at least one woman during the past six months, regardless of how they identified their sexuality. Previous studies have varied in delimiting the time period that sexual behavior may be classified as "bisexual," but we chose six months as the duration to obtain a more accurate account of participants who are currently behaviorally bisexual (and therefore distinct from currently behaviorally homosexual or heterosexual), as consistent with previous work investigating the sexual lives, experiences, and health of behaviorally bisexual men (Malebranche, 2008). Given that our larger study included the collection of specimens for STI screening, this time frame was important for documenting STI acquisition while ensuring the highest accuracy of screening results. A community-based research approach was utilized in order to recruit participants for in-depth interviews and STI screening from a diverse sample. The study was a collaborative effort involving researchers at two campuses of Indiana University, the Marion County Health Department, as well as stakeholders from the broader community of Indianapolis.

We recruited a diverse sample in terms of race/ethnicity. All categorizations of race/ethnicity were based on self-report. Nearly equal numbers of non-Hispanic Black ($n = 24$), non-Hispanic White ($n = 26$), and Hispanic/Latino ($n = 27$) men took part in our study. Interviews were conducted in English ($n = 60$) or in Spanish ($n = 17$). Interviews conducted in Spanish were translated by a certified translator. For the purposes of this study, the

Table 1 Participant characteristics ($N = 77$)

	n	%
Age		
19–24	22	28.6
25–29	14	18.2
30–39	13	16.9
40–49	22	28.6
50+	6	7.8
Ethnicity		
Black	24	31.2
Latino	27	35.1
White	26	33.8
Living situation		
Living alone	18	23.4
Living with someone	59	76.6
Marital status		
Divorced/separated	8	10.4
Married	12	15.6
Single	57	74
Children		
None	41	53.2
One	16	20.8
Two	11	14.3
Three or more	9	11.7
Education		
Bachelor degree	14	18.2
Graduate/professional school	7	9.1
High school/GED	23	29.9
Less than high school	18	23.4
Some college/associate degree	15	19.5
Employment		
No	13	16.9
Yes	64	83.1
Monthly income (USD)		
<1,000	36	46.8
1,000–1,999	20	26.0
2,000–2,999	13	16.9
3,000+	8	10.4

term "non-Hispanic Black" included African-American men, Afro-Caribbean men, and other men of African descent. The term "Hispanic/Latino" refers to individuals of Latin American ancestry, regardless of racial background (participants' nationalities included Brazilian, Cuban, Mexican, Puerto Rican, Salvadoran, and Venezuelan). We also recruited men from a wide age range (18 years old and over) paying careful attention not to over-sample from any particular age group. All study protocols were approved by the Institutional Review Board of the affiliated institutions.

Given the unique and relatively "hidden" nature of our study population, participants were drawn using an array of sampling methods. First, a small number of initial participants were recruited from the patient population of a large sexually transmitted infections (STI) clinic located in the metropolitan area of the study. The clinic population was also multiethnic and had a sufficiently high number of men with self-reported bisexual behavior. Recruitment from Internet sites further diversified the types of men we were able to recruit for this study. In an earlier assessment of the sexual behaviors of MSM in the study area, researchers found that approximately 30 % reported using the Internet for social and sexual purposes and that, as with other samples, men recruited via the Internet were more likely to self-identify as bisexual and report engaging in bisexual behavior during the previous year than those recruited from gay-identified venues (Satinsky et al., 2008). Recruiting participants from a variety of Internet sites increased the likelihood of a diverse sample of behaviorally bisexual men. Recruitment materials were also distributed to study participants upon completion of each interview. Respondents who agreed to assist with recruitment were given three to five postcards to distribute to members of his social network who fit the eligibility criteria. This method of recruitment was particularly important given the relatively hidden social and sexual networks of bisexual-identified and/or behaviorally bisexual men (Dodge, Jeffries, & Sandfort, 2008a; Dodge, Reece, & Gebhard, 2008b; Meyer & Wilson, 2009), as they may not be easily recruited from traditional venues where exclusively gay- or heterosexual-identified men congregate.

All participants provided written informed consent to the study procedures, including digital audio recording. Interviews were conducted at locations that were both convenient and comfortable to the participant. Most interviews were conducted at a private office at an academic medical center or at the offices of one of our partner community-based organizations. Other locations included public settings that offered a reasonable level of privacy and were conducive to digital audio recording.

Measures

All participants completed 90-minute, in-depth, semi-structured interviews with a trained research associate. We also used a brief questionnaire to acquire participants' demographic data (Table 1). In order to gain a deeper understanding of participants' experiences and expressions of sexual identity, questions in this domain of the interview were designed to elicit narratives from participants regarding use or nonuse of sexual identity labels, patterns and meanings of sexual identity labels in various times and contexts, as well as sexual identification among other individuals in the participants' social networks. Table 2 provides an overview of the primary questions and specific probes guiding this section of the interview.

Table 2 Measures of Sexual Self-Identity

Introduction: Now we are going to talk a bit about how you describe your sexuality. Some people use different labels to describe themselves sexually so I would like to ask you about what words and labels you use.

1. So we have talked about your sexual behaviors with both women and men. How would you describe your sexuality? Is there a specific label (word or signal) that you would use to describe your sexuality?

Example probe (used only if participant does not speak or does not cover topics):

a. Some people use words including bisexual, heterosexual/straight, homosexual/gay, and other. Do you use any of those words or words like that?

2. Can you tell me more about when you started to use that specific word or label to describe your sexuality?

Example probes:

a. When did you first start describing yourself as [identity label]? Were there certain experiences that led you to use that word?

b. Have you ever identified as anything other than [identity label]? Why did you use those other labels?

3. Do you currently use different words or labels at different times or places or with other people to describe your sexuality?

Example probe:

a. What labels do you use at what times?

b. How does it feel to use these different labels at different times?

4. Among your friends and peers and the people you hang out with, do any of them describe themselves as [identity label], or that they have sex with both men and women, like you?

5. How many people in your social network that know that you identify as [identity label]—or that you have sex with both men and women?

Data Analysis

The interviews were digitally audio-recorded, transcribed verbatim, and double-checked for accuracy against the recordings. Complete interview transcripts were analyzed for participants' sexual self-identification utilizing NVivo (Version 10) qualitative software. The lead author, in collaboration with the principal investigator and two graduate research assistants, collaboratively coded the identity domain of the transcripts to ensure consistency. The principles of grounded theory were used to inductively identify and interpret concepts and themes that emerged from interview transcripts (Creswell, 2003). Open coding involved assigning conceptual codes to small sections of words, phrases, and sentences in the transcripts (Corbin & Strauss, 2008). This was followed by axial coding, whereby we identified relationships among like concepts and combined them into themes. Integration, the process of linking core themes, resulted in our final conceptual model. The conceptual model was constructed to gain a deeper understanding of sexual self-identification among our participants, particularly regarding *how* and *why* they identify as they do. To ensure credibility of findings and analyses, analytic triangulation was completed by engaging a peer debriefer with knowledge of the phenomenon under study as well as knowledge of qualitative methodology (Charmaz, 2006). Discrepancies in codes were discussed between the investigators and the peer debriefer, until consensus was reached.

Results

Three major themes related to sexual self-identification emerged: (1) the utilization of multiple, concurrent sexual identities, and the strategic deployment of identity labels; (2) a resistance to, or rejection of, sexual identity labels; and (3) a diversity of identity trajectories used to narrate the arrival at the sexualities presently identified. To place the themes within the context of the aforementioned issues, we have organized the following subsections to highlight identification processes among our participants. Verbatim exemplars from data are presented to highlight and expound on connections. Participants' identification numbers are used to maintain participant confidentiality.

Multiple Identities/Identifications

When asked what words or signals were used to discuss their sexual identities, participants described a process of multiple identifications. Not only did participants use different identities across time ($n = 33$), indicating that they engage/d in processes of coming out, questioning, and the like, but participants also utilized multiple *concurrent* identities ($n = 30$), and did so strategically. We use "strategic deployment of identity" and similar terms to describe how participants' sexual self-identification entailed decision-making processes related to specific social contexts. Identification was based multiple factors. Some factors, for example, stigma, constrained participants in their identifications. However, these multiple identifications also allowed participants to exercise agency in determining who they were, and/or how they wanted to be understood.

The stigma associated with non-heterosexuality, particularly bisexuality, certainly factored into the use of multiple identities for a few participants ($n = 7$). Participants noted that at work, or among certain friends or family members, they identified as either straight or gay. In their places of employment, participants mentioned not discussing their sexual identity or activities, either because they felt it was not their colleagues' business, or

because they feared that such information might have a negative impact on their work life:

Interviewer: And really, the only reason you do that at work is just so you're not looked down upon; you don't want people to treat you different?

Participant: Or get demoted, or moved… (Participant 46, 41 years old, White).

Beyond identifying as straight as a protection from workplace discrimination, many participants ($n = 18$) strategically affiliated with established sexual identity categories depending on the social contexts:

When I am with my friend from church, straight people, I just say that I am straight. When I'm with work with my co-worker, I use the word that I'm straight. When I'm with my gay friends, I say that I'm gay. When I'm with my friends who know me, I say I'm bisexual so I can use different labels (Participant 28, 34 years old, Latino).

For some participants ($n = 6$) strategic identification was also deployed for ease of communicating with peer groups and current or potential sexual and/or romantic partners: "I don't have the same answer for everything, it depends on the person. If it is a woman and I want something with her I am not going to tell her that I am gay, truthfully" (Participant 29, 22 years old, Latino). Similarly, Participant 10 (45 years old, Black) noted: "When I'm with—like if I'm in the group, and we're discussing stuff, I might say "bisexual." But if I'm at a club, or if we're out somewhere, and there's men and women there, sometimes I might just talk to that person as a person, and I won't introduce myself as a bisexual. I don't get into the words."

These multiple identifications did not appear to trouble or upset our participants. Rather than revealing a complication in participants' understanding of self, this points to their desire to complicate an understanding of sexuality:

Participant: When I'm with other gay men, they all assume or they say that I'm gay.

Interviewer: Do you put that label on yourself or—

Participant: No they put that label on me. I never correct anybody. I let you believe what you want to believe until you get to know me.

Interviewer: How does it make you feel when your family assumes that you're straight or a gay man assumes that you're gay, how does that make you feel?

Participant: I don't. It doesn't bother me one bit. (Participant 48, 30 years old, Black)

Resistance to, and Rejection of, Sexual Identity Labels

Many participants resisted using sexual identity labels or positioning themselves within sexual identity categories. Approximately one-third of participants ($n = 26$), when asked how they identify their sexuality ("Is there a word or signal that you use to describe your sexuality?") replied that they did not use labels, did not like labels, or communicated that the common framework for classifying sexualities (heterosexual/bisexual/homosexual) did not accurately reflect their subjective understandings of their sexualities.

Participants who took part in this resistance voiced a desire not to label their sexuality, or a dislike of identity labels. While some participants ($n = 6$) ultimately self-identified using common terms, they simultaneously noted that the label was for the convenience of others, rather than for describing themselves:

Interviewer: How would you describe your sexuality?

Participant: Personal, a person, period. I hate "bisexual"; I hate "homosexual"; I hate all those words. I'm just a person that likes other people. I don't like labels; I never have. I explained this way to my parents, too. I don't like labels. I just—

Interviewer: So, you don't describe yourself as bisexual, nothing?

Participant: I really don't [describe myself as anything] but for society's sake, I'm bisexual.

Interviewer: Right, for the sake of society.

Participant: But in my brain, I'm just a person who likes people (Participant 10, 45 Years old, Black).

Similarly, Participant 7 (21 years old, Black) said that he was just "a sexual person," continuing, "I don't really like labels, I guess. I just like what I like." When probed further, he added "dictionary-wise I'm bi, because I had sex with men and women, but me I just look at what I like, and if I'm attracted to you and it works out then it works out." Both participants above emphasize that sexual self-identification was not related to a subjective sense of identity, but to how other people would understand their sexuality.

Similar to the way that Participant 7 (21 years old, Black), "just likes what he likes," other participants conceptualized their sexualities in unconventional ways, defined by their overall enjoyment of sexual experiences, or a sense of themselves as sexual people, rather than by partner gender:

Interviewer: How would you describe your sexuality?

Participant: I don't like the label, I just love sex and if there is something I like, then I will go for it.

Interviewer: Is there a specific label (or labels) that you would use to describe your sexuality?

Participant: No. I don't describe or classify myself to people…I have used these words but I never define myself with these words; for example, gay, joto and others. I started using these words three years ago but I don't identify myself with these words. Sometimes, when people insist and ask me further, then I say I am gay (Participant 52, 24 years old, Latino).

Dissatisfaction with identity categories and labels in general was also a reason for resistance:

Interviewer: We've talked about sexual behavior with both men and women, how would you describe your sexuality?

Participant: I guess bisexual, even though I don't like the term.

Interviewer: Can you tell me about when you started to use the word bisexual to describe your sexuality?

Participant: I actually don't use it (Participant 40, 48 years old, White).

Further, the double stigmatization experienced from both heteronormative society and from gay/lesbian communities (even those that may nominally identify themselves as "LGBT") deterred participants from self-identifying as bisexual:

Participant: I'm one of those people, I don't like a label; I just feel like I–you know, I kind of–I flow, and it's never a constant thing for me, and I feel that to say that you're bisexual, because you sleep with both guys and girls kind of carries a negative weight to it. If you tell a guy that you're bisexual, you know, in the gay community that's kind of like, "Uh," you know, from my experience, and you tell a woman that, and there's kind of like– you know? – it's just, but I don't really feel like–I just feel like I'm sexual.

Interviewer: So, do you ever use it? You know, some people use words like "bisexual," "heterosexual," "straight," "homosexual," "gay," and others. Do you ever use any of those words, or words like that?

Participant: Not really. I mean, when I'm asked I just say that you can call me bisexual, because I sleep with both, but it just depends on the day (Participant 63, 27 years old, White).

Moreover, this participant also notes that *any* identification seems too permanent to characterize his sexuality, emphasizing the temporality associated with his sexual identity, saying "it just depends on the day."

For some participants ($n = 9$), resisting sexual self-identification never gave way to reluctant or ambivalent identification; these participants used no labels or signals, and in no way engaged in processes of sexual self-identification. For example, Participant 12 (44 years old, Black) said that his sexuality was "personal" and elaborated no further than to say that he did not use any labels or signals to define his sexuality. Two other participants, 36 and 71 (53 years old, Black and 22 years old, White, respectively), refused to identify in similar ways, answering that there were no specific labels that described their sexuality, neither upon initially being asked, nor upon being probed.

Other participants who refused to self-identify expounded upon this issue. Refusal to self-identify was linked to a feeling that their sexuality was unique to themselves and could not be adequately described by an existing category:

Interviewer: How would you describe your sexuality?

Participant: Well, I don't call it bisexuality. I don't call it gay and I don't call it straight. I like to call it me. It's me putting out there who I am; you know what I'm saying? It's not necessarily something that's a standard or a label that someone has already set. It's just me.

Interviewer: Have you ever used any label before, to describe your sexuality?

Participant: People tried to get me to say oh, I'm gay or people try to say oh, say you're straight or say you're bisexual and I'm like I don't like any of those terms (Participant 5, 27 years old, White).

Another participant refused to self-identify, noting that his sexuality was unique: "I really fall against being labeled as gay or bisexual. I'm just [name]. My sexuality is mine. It's fluid" (Participant 20, 41 years old, Black).

Many of the reasons given by participants for refusing to self-identify echoed the reasons for resisting self-identification. Similar to a theme that emerged from those who resisted, self-identifying for the ease of others also came up among those who refused identification. Participant 72 (41 years old, Black) utilized the term "bisexual" in terms of how others would classify him, but repeatedly rejected using the label for himself and differentiated between what *he did*, and who *he was*:

Interviewer: How would you describe your sexuality?

Participant: They say bisexual. I guess that's what I…they say bisexual. I don't like the labels on it but I just like having sex with men and women. So they say you're bisexual so ok, I'm bisexual then.

Interviewer: That's what people say. So how would you describe yourself?

Participant: I wouldn't describe it as that. I just like having sex with men and women. I don't know. I wouldn't put a label on it. I would say that's just what I like to do (Participant 72, 41 years old, Black).

Much like Participant 63 (quoted above), who resisted identification in part because of the temporality he associated with his sexuality, Participant 27 (29 years old, Latino) refused sexual self-identification because such a process did not reflect how his sexuality was tied to being "in the moment":

Interviewer: How do you describe your sexuality?

Participant: Well, nothing, I like to feel pleasure with men as much as women.

Interviewer: Is there a word or signal that you used to describe your sexuality?

Participant: The truth, no. I, like, enjoy the moment and if I feel comfortable, as much with a man as with a woman, I go by that. I do not look for it like that like so many explanations about how I feel. There was a time that I felt restrained, I did not want to understand that I liked men, then like, I do not think a lot. I live in the moment, if I like it and it gives me pleasures, then I do it (Participant 27, 29 years old, Latino).

In addition to those who resisted or refused sexual self-identification, still other participants ($n = 11$) used words or phrases apart from our current sexual categorization system. Among these participants, sexual self-identity labels included: "cool," "freaky," "crazy," "wild," "a man," and "macho." The term "macho" was utilized by Latino participants to denote the "activo" or insertive role they take in their same-gender sexual events, related to the activo/passivo dichotomy in which insertion is associated with masculinity (Almaguer, 1993; Thing, 2010). Use of this terminology underscores the diverse relationships between gender and sexuality across cultural contexts, in this case the United States and Latin America (Thing, 2010).

Variation in Identity Trajectories

The third theme to emerge from our analysis was related to how participants came to identify their sexualities as they did, and concerned divergent pathways to identification. Contrary to the stereotype that bisexuality is a transitional identity and that men who identify as bisexual are actually closeted gay men (Cass, 1979), only one of our 77 participants discussed experiencing bisexual identification as transitional in this way, noting that he initially identified as bisexual, but later identified as gay. His identification as gay, however, did not occur because he was no longer attracted to women, but rather the intensity of his attraction to men was far stronger:

When I first came out, I actually–I did say I was bi, because it was easier for me. The transition was easier. I knew that I liked guys, you know? That was the main thing, like I knew I liked guys the most. I can't even really–I can't even really compare the two, because I mean, if girls–guys would be like–there's no comparison. My attraction to women can't hold a candle to my attraction for men, but when I started saying that I was gay was shortly after I came out (Participant 43, 27 years old, White).

Another participant experienced the converse: initially identifying as gay, and then later as bisexual. Rather than resulting from differences in levels of attraction to men and women, Participant 38 (53 years old, White) locates his identification as gay and then bisexual as a community-specific response: "It's just everybody thought I was gay and that's [when] I lived in the Village, and I lived in New York, so…" (Participant 38).

Sexual Self-Identification via Sexual Events

For some of our participants ($n = 15$), regardless of how they identified, their sexual self-identification was related to sexual experiences. For Participant 73 (21 years old, Latino), who identifies as bisexual, his identification is related to a sexual event, "because I had sex the first time with a guy just for play with my friends and then I did but not just for play, just because I was looking for pleasure or because I want it" (Participant 73). Another participant first identified as bisexual after an experience with a girlfriend that involved her anally penetrating him with a dildo (a practice often called "pegging"); the anal eroticism piqued his interest in exploring a sexual experience with a man:

It was probably a number of years ago, four or five years ago. The whole pegging thing and then, my first encounter with a guy while I was with the first girlfriend. It was just really enjoyable and sexual labels never really meant a whole lot to me. It is what it is—pleasure (Participant 62, 24 years old, White).

Similarly, another participant began identifying as bisexual after attempting to pursue a group sexual experience with man and a woman simultaneously:

I was pursuing being with a couple and I found out it wasn't a couple. It was just a guy and he said, well, the wife really doesn't anymore. And I'm going well, ok, he said but I'd still like to get together with you and I went why. And he said, well, guys can have fun together as well. I'm going, never really considered it. He said why don't you just try it and so I did (Participant 66, 57 years old, White).

Sexual Self-Identification via Knowledge of Identity Label

For a small number of participants ($n = 2$), sexual self-identification was related to learning about the concept of bisexuality. Participant 37 (29 years old, Black), for example, who self-identifies as bisexual, began identifying as such after learning about the identity label from a former partner:

I mean because at first, I didn't know nothing about being bisexual because I thought basically, I thought that you were instantly gay when you have sex with a man but then like, you know, the guy was like so you must be bisexual. I'm like damn, bisexual and he's like yeah, because you can have sex with–I mean I was kind of young too so I didn't know the difference but somebody told me about being bisexual (Participant 37).

Sexual Self-Identification via Attraction

Another subtheme to emerge out of our participant's responses to when or why they began identifying as they currently do was

attraction. Identification based on attraction and sexual events emerged independently of one another for almost all of our participants. Many participants ($n = 11$), for whom identification was primarily related to attraction, discussed noticing these feelings between the ages of 15-18. Participant 50 (22 years old, Latino), who identifies as both gay and bisexual, describes his path to identification in terms of discovering his attraction:

> I realized at a very young age; perhaps at like 15 years old because I discovered that I liked both types, men and women. But when I was in Mexico, I would tell myself "It has to be a woman, it has to be a woman," because I was afraid of my family, I was afraid to tell them and that they would find out and I had to do what everyone else was doing; or perhaps, repress a part of me for another part. You talk about terms, I would say "bicycle" because I pedal both ways (Participant 50).

Similarly, Participant 14 (25 years old, White) began noticing his attractions around the same age, and points to attraction as the reason he identifies as bisexual:

> Well, I mean at the beginning like back in high school, I started noticing that I was interested in men. For a while, I thought that I was confused and the like most of the time, like it would feel like more attracted to some guys but then I also felt that some of my female friends were like somehow attractive, so somehow like in connection with other friends that I just happened to meet later on in the Internet (Participant 14).

Sexual Self-Identification via Place

Sexual identification was related primarily to place for a few of our participants, all but one of whom were Latino ($n = 6$). Several of our Latino participants immigrated to the US, and their identification shifted after arriving. One participant, a native of Cuba, says he began identifying as bisexual after moving to the U.S.:

> When I came here. In Cuba I only did it one time and I was scared my mom and my dad would find out…but I knew since Cuba that I liked both sexes. Here was where I started having more relations with men; I had more freedom here and I feel safer (Participant 19, 24 years old, Latino).

Similarly, another participant began identifying as bisexual after immigrating to the U.S.:

> I would say like two years ago when I moved to America, to the United States, before I used to say straight even though that I knew that I feel attraction for men but I would never ever use the word gay in my home country, never. When I moved here, I was really afraid of this and part of the reason that I moved to America was in order to live my

own life and see what's going on and two years ago was when I understood that I was bisexual and I felt attraction for men (Participant 28, 34 years old, Latino).

A participant from El Salvador, who identifies as bisexual, began using the term when he arrived in the U.S.: "It was like 10 years ago, when I arrived. Well, over there in El Salvador one does not think of that. I started identifying myself as bisexual when I arrived here" (Participant 55, 40 years old, Latino). Another Salvadoran immigrant, Participant 51, identifies simultaneously as bisexual, gay, and liberated. He began utilizing these identities upon arrival in the U.S., citing, as other participants did, ideas of the United States as more liberal than their countries of origin:

> Like a year ago. When I was in El Salvador I never felt like I was gay. I never had a male partner, just sex. When I arrived here it was more liberal, I tried to have a relationship with a man, and this is very gay. It has been a year that I started using the word gay (Participant 51, 21 years old, Latino).

Another participant, who emigrated from Mexico, explained that his current sexual self-identities were related to his belief that the U.S. is more accepting of non-heterosexual identities, and therefore upon his arrival felt able to identify as both straight and bisexual:

> Everything happened when I moved to this country. I feel like this country is more "open," like if you have an idea and you express it and like…yes you get scared but it is not like in Mexico. In Mexico they assault you more verbally. In the farm towns it is worse, I am from a small town where there was not light or anything …but they do know if you are with a gay, they almost kill you, because they say it is something "satanic," that it is not normal (Participant 59, 38 years old, Latino).

Discussion

The behaviorally bisexual men in our sample are heterogeneous in terms of sexual self-identification; they are diverse in how, when, where, and to whom they identify, and how and why they arrived at their identities. Many researchers have interrogated the relationships between attraction, behavior, and sexual identity, especially for sexual minorities (e.g., Diamond, 2003; Hammack, 2005; Hammack, Thompson, & Pilecki, 2009), and we have presented evidence highlighting the complexity of these relationships for one group of sexual minority men. Although all of our participants were behaviorally bisexual, their bisexual behavior was not the only reason for identification, nor the most important. For some men, it was sexual experiences, for others it was attraction (not just physical), for still others it was a process of negotiating identity within different sexual systems in

different cultural contexts (e.g., moving from Latin America to the U.S.).

Identity, as understood by our participants, does not necessarily reflect an authentic, monolithic, interior sexuality. Rather, identification often resulted from participants' strategic decision making related to navigating the expectations of those in their social networks, expressing agency in the face of multiple factors, not all of them constraining. This aspect of our participants' identification is congruent with social identity theory, which understands identity as related to wider social forces (Cox & Gallois, 1996). Participants in our study who resisted identification voiced their dissatisfaction with identity categories or labels, or their desire not to label their sexuality, and pointed back to external forces insisting they identify, insisting they make themselves legible. The resistance to sexual identity labels, as well as the feeling that the current sexual identity categories are restrictive or ill-fitting among our participants is consistent with previous research on women (Diamond, 2005), but this has rarely been acknowledged as valid for men. Our study participants' resistance to sexual identity labels points to the inadequacy of any set of mutually exclusive sexual identity categories. Participants often used common identity labels, but justified this usage as helpful for *other* people, unrelated to a subjective sense of identity. As such, identification served as a bridge between participants and their social worlds, but not necessarily a reflection of their sexual selves.

Many participants conceived of their sexuality in ways notably different from those that inform the heterosexual-bisexual-homosexual paradigm—sometimes refusing to identify, other times adapting the existing framework to create something more representative—for example, utilizing multiple identities concurrently without acknowledging the existence of one "authentic" or true sexual self. It is not surprising that participants who deployed multiple concurrent sexual identities strategically identified as "straight" due to the stigma associated with gay and bisexual identity and behavior, especially in the workplace. This is to be expected, as there is little to no protection against discrimination for employees who are not heterosexual and workplace discrimination is, in many places, tolerated. But it is perhaps more surprising that most of our participants who deployed multiple identities did so without references to shame or stigma. We contend that simply because our participants identified as "straight" in certain situations, or did not challenge certain peers when they were assumed to be heterosexual, that they were not hiding, or "failing to disclose" an authentic sexual identity. Fear of disclosing a stigmatized sexual identity does not imply one authentic identity. Similarly, some of our participants did not challenge their peers when they were assumed to be gay, a stigmatized sexual identity in its own right, due to experiences with the invasive intolerance of bisexuality among some lesbian and gay individuals.

The concept of "passing" is familiar to many individuals from marginalized groups who may seek to be read as members of a dominant group. Passing is not necessarily about denial and secrecy; it can also entail the creation of alternative narratives from which to make meaning of personal experience (Sánchez & Schlossberg, 2001). The ways participants "passed," particularly through the use of strategic identification, highlights the multiply-stigmatized position behaviorally bisexual people find themselves in. Deploying multiple sexual identities is a legitimate strategy for navigating a social world in which sexual classification systems are ill-fitting, but omnipresent.

Previous research has found that sexual identity development may best be seen as bidirectional, with identity developing from behavior, but identity also leading to behavior (Savin-Williams & Ream, 2007). For participants in our sample, identification was related to a number of factors in addition to behavior. Additionally, the multiplicity of identities that characterizes many of our participants echoes the findings of other research on sexual identity and gender identity (Diamond & Butterworth, 2008; Rust, 2000). Further, while sexual fluidity has primarily been the domain of women's sexuality and very rarely applied to men's, our findings provide support to the idea that men's sexuality, too, must be conceived of as fluid, marked by the overlap and change of identities, attractions, and behaviors (Diamond, 2008; Rust, 1992).

Despite an intentionally multiethnic sample of participants, aside from Latino participants discussing their sexualities in terms of living in the U.S., we did not observe dramatic differences in terms of sexual self-identification among participants along the lines of race or ethnicity. This is an interesting finding in and of itself as mass media has recently sensationalized (if not demonized) some expressions of bisexuality, namely "the Down Low," as being specific to ethnic minority men (Dodge et al., 2008a, 2008b; Sandfort & Dodge, 2008). We did not find any major differences among behaviorally bisexual men's sexual self-identification across racial/ethnic lines in our sample men in the Midwestern United States.

The intersections of racism and homophobia may determine why some participants of color to choose not to self-label (Bérubé, 2001; Bowleg, 2012; Choi, Han, Paul, & Ayala, 2011; Diaz, Ayala, Bein, Henne, & Marin, 2001). As we did not directly ask about relationships between sexuality and race/ethnicity, we do not have adequate data to fully compare potential differences between and within racial/ethnic groups related to the issue. This warrants further investigation in other multiethnic samples of behaviorally bisexual men in future research.

An important subtheme to emerge for Latino participants, specifically, was the influence of place on sexuality. Participants who immigrated to the United States discussed how their identities were shaped by immigration, reflecting the cultural specificity of sexual identities and the different "sexual systems" in the U.S. and Latin America. These systems include different familial structures, social classes, gender conventions, organizing theories of sexual identity, as well as the social prioritization of these factors. The interactions between gender

conventions and sexual identity among Latino participants in our sample (e.g., the "activo" role in the activo/passivo dynamic informing a "macho" sexual identity) echoes previous qualitative work on sexual identity among Latino sexual minority immigrants (Thing, 2010; Muñoz-Laboy & Dodge, 2007). It would be interesting to explore the role of place in other migrant and immigrant populations to determine how they may compare and contrast with Latino men.

Much of the limited literature on the sexual identity of bisexual men is concerned with the disclosure or lack thereof of an assumed bisexual identity to family, friends, and sexual partners. Our findings suggest that disclosure of a singular identity does not reflect the way our participants' understood their sexualities. The idea that disclosure of one's sexual identity (and therefore behavior) is good, and that non-disclosure is risky, problematically assumes a singular sexual identity and a circumscribed set of behaviors. But when behavior and identity are assumed to be discrete and discordant then, what, precisely, are we asking such individuals to disclose? Rather than assume that behavior should determine identity, we gave participants space to narrate their identities and in doing so found that disclosure and concordance were not effective ways of understanding the sexualities of our participants.

Our findings suggest that sexuality scholars, both within and outside of public health, must be more aware of the inherent limitations of sexual identity categories as they are currently used. Indeed, we must be cautious with assumptions regarding the explanatory capacity of socially constructed sexual identity labels in public health research and practice. Our results point to the value of addressing the diversity in sexual identifications, rather than operating strictly inside of a heterosexual-bisexual-homosexual framework. Current interventions targeted toward bisexual-identified men may not adequately address behaviorally bisexual men and their specific health needs. While our participants did identify with the terms "straight," "bisexual," and "gay," their resistance to and rejection of these terms, and their use of multiple labels, can help guide the use of sexual identity and behavior terminology for broader and more innovative recruitment strategies.

For HIV researchers and interventionists, awareness of the limitations of sexual identity categories allows for the development of better frameworks for understanding the sexual identities present within at-risk populations. Such frameworks, especially those that focus on the social features of the identities and identity practices present in these populations, can be used to design and tailor more effective interventions. Future research investigating the role that identification processes play in accessing and utilizing health care and public health interventions will benefit health promotion efforts, not only among behaviorally bisexual men. More research is needed in general on how identity can function as a health determinant, and what this looks like for populations whose identities are not singular, not simply in terms of sexuality, but also for race and ethnicity (Sangaramoorthy, 2014).

Public health professionals should take into consideration the multiple communities with which behaviorally bisexual men can and do concurrently affiliate. As diffusion of health information has traditionally been used to develop social norms around health behavior, it may prove challenging for changing risk behavior among bisexual men given the lack of visible social networks on the basis of a common sexual identity (Berkman & Glass, 2000; DiMatteo, 2004; Dodge et al., 2012; Ferlander, 2007). Although identity served as an important component in many of these men's lives, the experience and expression of identity may not be as central to the sexual risk and other behaviors in which they may engage with their sexual partners, both men and women. These issues should be explored in future research.

Our study was not without limitations. While our sampling strategy was multifaceted, it is improbable that all "types" of behaviorally bisexual men (e.g., men who engage in "situational" bisexual behavior while incarcerated, men who engage in bisexual behavior solely as a transaction for money or drugs, etc.) were recruited. This limited the extent to which these findings are applicable beyond those participants who were recruited through the methodologies employed. In several instances, as self-identification was not the sole focus of our study, discussions of identity could have been more deeply probed but, due to time constraints, were not.

Nevertheless, the findings from this study may enhance research on HIV/STI prevention and public health interventions. Our participants' experiences show the need for expanding how researchers think about sexual identities and identity development to include an understanding of dynamic processes not focused on resolution or arrival at a singular stable identity. Additionally, these findings suggest that we should focus on identifying other salient features of sexual self-identification, beyond attraction and behavior, and incorporate these into future sexual health promotion efforts.

References

Almaguer, T. (1993). Chicano men: A cartography of homosexual identity and behavior. In H. Abelove, M. A. Barale, & D. M. Halperin (Eds.),

The lesbian and gay studies reader (pp. 255–273). New York: Routledge and Kegan Paul.

Bailey, J. M. (2009). What is sexual orientation and do women have one? In D. A. Hope (Ed.), *Contemporary perspectives on lesbian, gay, and bisexual identities* (pp. 43–63). New York: Springer.

Berkman, L. F., & Glass, T. (Eds.). (2000). *Social integration, social networks, social support, and health*. New York: Oxford University Press.

Bérubé, A. (2001). How gay stays white and what kind of white it stays. In E. Klinenberg, B. B. Rasmussen, I. J. Nexica, & M. Wray (Eds.), *The making and unmaking of whiteness* (pp. 234–265). Durham: Duke University Press.

Boellstorff, T. (2011). But do not identify as gay: A proleptic genealogy of the MSM category. *Cultural Anthropology, 26*, 287–312.

Bowleg, L. (2012). "Once you've blended the cake, you can't take the parts back to the main ingredients": Black gay and bisexual men's descriptions and experiences of intersectionality. *Sex Roles, 68*, 754–767.

Cass, V. C. (1979). Homosexuality identity formation: A theoretical model. *Journal of Homosexuality, 4*(3), 219–235.

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Thousand Oaks, CA: Sage Publications.

Choi, K.-H., Han, C., Paul, J., & Ayala, G. (2011). Strategies of managing racism and homophobia among US ethnic and racial minority men who have sex with men. *AIDS Education and Prevention, 23*, 145–158.

Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Cox, S., & Gallois, C. (1996). Gay and lesbian identity development: A social identity perspective. *Journal of Homosexuality, 30*(4), 1–30.

Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches*. Thousand Oaks, CA: Sage Publications.

Degges-White, S., Rice, B., & Myers, J. E. (2000). Revisiting Cass' theory of sexual identity formation: A study of lesbian development. *Journal of Mental Health Counseling, 22*(4), 318–333.

Diamond, L. M. (2003). What does sexual orientation orient? A biobehavioral model distinguishing romantic love and sexual desire. *Psychological Review, 110*, 173–192.

Diamond, L. M. (2005). What we got wrong about sexual identity development: Unexpected findings from a longitudinal study of young women. In A. M. Omoto & H. S. Kurtzman (Eds.), *Sexual orientation and mental health: Examining identity and development in lesbian, gay, and bisexual people* (pp. 73–94). Washington, DC: American Psychological Association.

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

Diamond, L. M., & Butterworth, M. (2008). Questioning gender and sexual identity: Dynamic links over time. *Sex Roles, 59*, 365–376.

Diaz, R. M., Ayala, G., Bein, E., Henne, J., & Marin, B. V. (2001). The impact of homophobia, poverty, and racism on the mental health of gay and bisexual Latino men: Findings from 3 US cities. *American Journal of Public Health, 91*, 927–932.

DiMatteo, M. (2004). Social support and patient adherence to medical treatment: A meta-analysis. *Health Psychology, 23*, 207–218.

Dodge, B., Jeffries, W. L., & Sandfort, T. G. M. (2008a). Beyond the down low: Sexual risk, protection, and disclosure among at-risk Black men who have sex with both men and women (MSMW). *Archives of Sexual Behavior, 37*, 683–696.

Dodge, B., Reece, M., & Gebhard, P. H. (2008b). Kinsey and beyond: Past, present, and future considerations for research on male bisexuality. *Journal of Bisexuality, 8*(3–4), 175–189.

Dodge, B., & Sandfort, T. G. M. (2007). A review of mental health research on bisexual individuals when compared to homosexual and heterosexual individuals. In B. A. Firestein (Ed.), *Becoming visible: Coun-*

seling bisexuals across the lifespan (pp. 28–51). New York: Columbia University Press.

Dodge, B., Schnarrs, P. W., Goncalves, G., Reece, M., Martinez, O., Malebranche, D., … Fortenberry, J. D. (2012). The significance of privacy, trust, and comfort in providing health-related services to behaviorally bisexual men. *AIDS Education & Prevention, 24*, 242–256.

Dodge, B., Schnarrs, P. W., Reece, M., Martinez, O., Goncalves, G., Malebranche, D., … Fortenberry, J. D. (2013). Sexual behaviors and experiences among behaviorally bisexual men in the Midwestern United States. *Archives of Sexual Behavior, 42*, 247–256.

Ferlander, S. (2007). The importance of different forms of social capital for health. *Acta Sociologica, 50*, 115–128.

Friedman, M. R., Dodge, B., Schick, V., Herbenick, D., Hubach, R. D., Bowling, J., … Reece, M. (2014). From bias to bisexual health disparities: Attitudes toward bisexual men and women in the United States. *LGBT Health*. doi:10.1089/lgbt.2014.0005.

Hammack, P. L. (2005). An integrative paradigm. *Human Development, 48*, 267–290.

Hammack, P. L., Thompson, E. M., & Pilecki, A. (2009). Configurations of identity among sexual minority youth: Context, desire, and narrative. *Journal of Youth and Adolescence, 38*, 867–883.

Hubach, R. D., Dodge, B., Goncalves, G., Malebranche, D., Reece, M., Van Der Pol, B., … Fortenberry, J. D. (2014). Gender matters: Condom use and nonuse among behaviorally bisexual men. *Archives of Sexual Behavior, 43*, 707–717.

Malebranche, D. J. (2008). Bisexually active Black men in the United States and HIV: Acknowledging more than the "down low". *Archives of Sexual Behavior, 37*, 810–816.

Malebranche, D. J., Arriola, K. J., Jenkins, T. R., Dauria, E., & Patel, S. N. (2010). Exploring the "bisexual bridge": A qualitative study of risk behavior and disclosure of same-sex behavior among black bisexual men. *American Journal of Public Health, 100*, 159–164.

Meyer, I. H., & Wilson, P. A. (2009). Sampling lesbian, gay, and bisexual populations. *Journal of Counseling Psychology, 56*, 23–31.

Muñoz-Laboy, M., & Dodge, B. (2007). Bisexual Latino men and HIV and sexually transmitted infections risk: An exploratory analysis. *American Journal of Public Health, 97*, 1102–1106.

Pathela, P., Hajat, A., Schillinger, J., Blank, S., Sell, R., & Mostashari, F. (2006). Discordance between sexual behavior and self-reported sexual identity: A population-based survey of New York City men. *Annals of Internal Medicine, 145*, 416–425.

Ross, M. W., Essien, E. J., Williams, M. L., & Fernandez-Esquer, M. E. (2003). Concordance between sexual behavior and sexual identity in street outreach samples of four racial/ethnic groups. *Sexually Transmitted Diseases, 30*, 110–113.

Rust, P. C. (1992). The politics of sexual identity: Sexual attraction and behavior among lesbian and bisexual women. *Social Problems, 39*, 366–386.

Rust, P. C. (2000). Too many and not enough: The meanings of bisexual identities. *Journal of Bisexuality, 1*(1), 33–68.

Sánchez, M. C., & Schlossberg, L. (2001). *Passing: Identity and interpretation in sexuality, race, and religion*. New York: New York University Press.

Sandfort, T. G. M., & Dodge, B. (2008). And then there was the down low: Introduction to Black and Latino male bisexualities. *Archives of Sexual Behavior, 37*, 675–682.

Sandfort, T. G. M., & Dodge, B. (2009). Homosexual and bisexual labels and behaviors among men: The need for clear conceptualizations, accurate operationalizations, and appropriate methodological designs. In V. Reddy, T. G. M. Sandfort, & R. Rispel (Eds.), *Perspectives on same-sex sexuality, gender and HIV/AIDS in South Africa: From social silence to social science* (pp. 51–57). Pretoria, South Africa: Human Sciences Research Council.

Sangaramoorthy, T. (2014). *Treating AIDS: Politics of difference, paradox of prevention*. New Brunswick, NJ: Rutgers University Press.

Satinsky, S., Fisher, C., Stupiansky, N., Dodge, B., Alexander, A., Herbenick, D., & Reece, M. (2008). Sexual compulsivity among men in a decentralized MSM community of the Midwestern United States. *AIDS Patient Care & STDs, 22*, 553–560.

Savin-Williams, R. C., & Ream, G. L. (2007). Prevalence and stability of sexual orientation components during adolescence and young adulthood. *Archives of Sexual Behavior, 36*, 385–394.

Schick, V., Rosenberger, J. G., Herbenick, D., Calabrese, S. K., & Reece, M. (2012). Bidentity: Sexual behavior/identity congruence and women's sexual, physical and mental well-being. *Journal of Bisexuality, 12*, 178–197.

Thing, J. (2010). Gay, Mexican and immigrant: Intersecting identities among gay men in Los Angeles. *Social Identities, 16*, 809–831.

Young, R. M., & Meyer, I. H. (2005). The trouble with "MSM" and "WSW": Erasure of the sexual-minority person in public health discourse. *American Journal of Public Health, 95*, 1144–1149.