

Bisexual Therapy Clients: Are Therapists Perpetuating Monosexism & Biphobia in the Therapy Room?

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Abstract

Intro: Previous research has shown that bisexual individuals have significantly more mental health challenges than their straight, lesbian, and gay peers, often due to minority stress from monosexism, the discriminatory belief that all attraction is uni-directional in terms of gender, and biphobia, which is the prejudice and fear some people have towards bisexuality.

Hypotheses: The current research seeks to assess whether mental health providers are perpetuating bisexual-erasure or monosexism in therapeutic spaces as well as outcomes of therapy in relation to monosexism and biphobic ideas being portrayed in mental health settings.

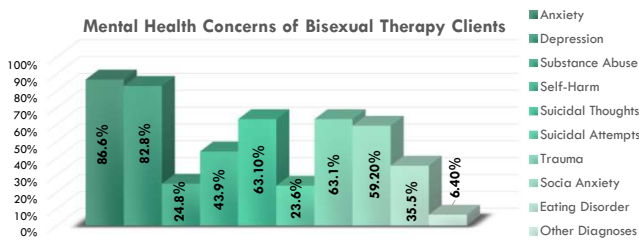
Methods: Participants, which are both practicing therapists and bisexual+ therapy clients will complete online measures assessing monosexism, mental health, outcomes of treatment, and demographic information. 33 Therapists and 130 bisexual+ clients completed the anonymous online surveys.

Results: Therapists who have had even one bisexual client had higher clinical competence when working with bisexual clients. 1 in 5 bisexual individuals experienced microaggressions in therapy. Experiencing microaggressions in therapy, as well as being incorrectly assumed to be straight by one's therapist negatively predicted both effectiveness in and satisfaction with therapy. Openness and honesty about one's sexual orientation in therapy predicted both higher satisfaction and effectiveness in therapy.

Introduction

Research shows that bisexual+ (bisexual, pansexual, queer, non-monosexual, etc.) individuals are discriminated against by both heterosexual and homosexual communities. This frequently leads to poor mental health outcomes as evidenced by the research that shows bisexual individuals as having significantly more mental health challenges than their straight, lesbian, and gay peers. While LGBT individuals tend to use therapy services more than heterosexual individuals, Bisexuality has not been studied independently from Lesbian/Gay orientations despite the fact that they suffer from more psychological distress. It is likely, then, that bisexual individuals are either using therapy services less than the LGBT population as a whole, or that experiences in therapy perpetuate, rather than alleviate some psychological distress around monosexism.

Mental Health Concerns of Bisexual Therapy Clients



Methods and Materials

Bisexual+ Therapy Client Survey

- Demographics:
- Presence, Frequency, and Intensity of Psychological Challenges
- Utilization of Mental Health Services
- Satisfaction with Therapy
- Effectiveness of Therapy
- Experience of Microaggressions
- Positive and Negative Therapy Experiences

Therapist Survey

- Demographics:
- Have you provided therapy services to bisexual clients? (# this year, # in career, percentage of caseload that is bisexual)
- Counseling Bisexual Clients Competency Scale (CBCS) (Klinger, 2012)
 - Higher scores indicate higher competency

Results

- Therapists who have had even one bisexual client had higher scores on the CBCS, thus higher clinical competence when working with bisexual clients ($r = -.391, p = .024$)
- At least 20.3% of the respondents had experienced microaggressions about their sexuality in therapy (those who endorsed Slightly Agree, Agree, and Strongly Agree)($n=26$).
- An additional 20.3% of respondents selected Neither Agree Nor Disagree ($n=26$).
- Experiencing microaggressions in therapy negatively predicted the client's satisfaction with therapy ($p = .000, R^2 = .12$) and their perceived effectiveness of therapy ($p = .000, R^2 = .092$)
- When the therapist incorrectly assumed their bisexual client was straight, this predicted less satisfaction ($p = .000, R^2 = .128$) and less effectiveness in therapy ($p = .000, R^2 = .136$).
- Identifying as bisexual to providers predicted greater effectiveness in therapy ($p = .027, R^2 = .029$)
- Agreement with the statement, "I feel that I can be open and honest about my sexuality in therapy" predicted both higher satisfaction with therapy ($p = .000, R^2 = .117$) and effectiveness of therapy ($p = .000, R^2 = .131$)

Therapist CBCCS Scores

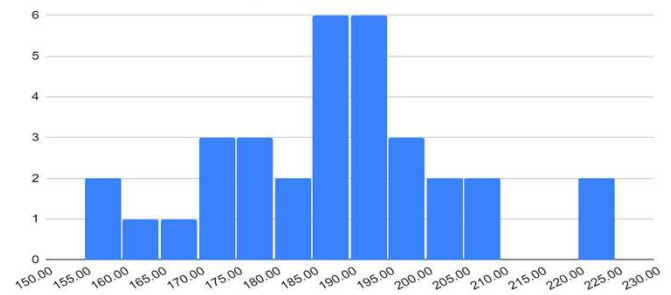


Chart 2. Range of therapists' scores on the Counseling Bisexual Clients Competency Scale (CBCCS; Klinger, 2012)

Discussion

- Call to action: Training, training, training!
- Therapists still enact microaggressions against their bisexual clients, making therapy feel less safe, satisfactory, and effective
- Limitations
 - Sample was largely cisgender women, largely white
 - The effects of therapeutic microaggressions against bisexuality may have more significant impacts on individuals with other intersecting oppressed identity factors
- Future Research
 - Empirical data with bisexual clients and their therapists (as opposed to 2 random samples)
 - Gender and race differences

Conclusions

- Therapists perpetuate monosexism and bi-erasure through microaggressions in therapy and failing to ask their bisexual clients about sexual orientation.
- Experiences of monosexism in therapy lead to less satisfaction in therapy and less effectiveness.
- Incorrectly assuming a client is straight leads to less satisfaction in therapy and less effectiveness.
- Therapists need to be asking about sexual orientation, specifically bisexuality, in order to increase their cultural sensitivity and competence in treating bisexual clients.
- Training programs should encourage training with bisexual clients to enhance trainee's exposure and competence in working with bisexual+ populations.

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