

Lesbian, Gay, and Bisexual (LGB) Identities

Semlyen and Ellis

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Overview for Editors:

We are offering an overview of the ways in which LGB identities are marginalized by heteronormative politics that reflect privileging of heterosexuality and prioritizing of men/masculinity in various ways and have discussed these across the chapter in relation to a range of subject areas. In this way we have positioned heteronormativity, heteroacceptability and gender binary as structures that delineate and define LGB sexualities through sustaining power asymmetry.

Introduction

Psychology has a long history of pathologising LGB¹ identities. Prior to the 1970s, psychologists variously considered lesbians and gay men to be the product of congenital defects, arrested sexual development, or disturbed upbringings (Kitzinger, 1987). The majority of psychological research at the time focusing on whether or not 'homosexuals' are sick, how homosexuality can be diagnosed, and identifying potential causes of homosexuality (Morin, 1977). Until the (partial) removal of homosexuality for the DSM in 1973, homosexuality – for both men and women – was considered a mental illness.

Through much of the 20th century psychology (and allied medical disciplines) focused on finding ways to 'cure' LGB people of their homosexuality. Known as 'conversion therapy', a range of clinical practices (e.g., hypothalamotomy; electroconvulsive therapy; emetic drugs) were used by health professionals to coercively make LGB people act and identify as heterosexual (Dickinson et al., 2012). Although these practices were largely phased out in clinical settings by the 1990s, other forms of conversion therapy (e.g., exorcism; ex-gay ministries) have persisted. While contemporary psychological therapy has come to embrace LGB identities and extend support to those experiencing challenges in, for example, coming out or in their same-sex/gender couple relationships the historical legacy of pathologisation and the prevalence of heteronormativity has often rendered therapy less than ideal. The majority of psychological therapies are individualistic and center on the idea that power lies within us, and through introspection we can be empowered to overcome oppression

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(Kitzinger & Perkins, 1993). For LGB people, this internalized construction of power gives us some access to self-determination, but ignores the ways in which the power of LGB people can only exist within the framework of heteronormativity. Many therapeutic models and approaches are constructed around heteronormative principles that are problematic when applied to same-sex/gender relationships and families. Many types of couple therapy assumes gendered interactions derived from stereotypical relating between men and women that may not apply in same-sex/gender relationships; whereas other approaches (particularly those underpinned by psychotherapy) comprise deeply pathologising models of same-sex/gender couple relating (Hodges, 2010). Similarly, most approaches to relationship and family therapy are constructed around conventional understandings of 'marriage' and 'family' (Hudak & Giammattei, 2014). While occasionally the language may be changed to fit, assumptions about interactions within the family group still orient to normative, heterosexual ways of relating; disregarding the ways in which family dynamics might operate differently in same-sex/gender headed families.

In tandem with (and partly as a result of) psychology's pathologisation of LGB identities throughout the 20th century LGB people and same-sex/gender couples faced sociolegal exclusion. (Male) homosexuality was illegal until 1967 in the UK, 1986 in New Zealand, and much later in some US and Australian states when the sodomy laws were repealed. Although the modern gay rights movement had been visible and active since the 1969 Stonewall riots, it wasn't until around the year 2000 that rights-based issues such as same-sex/gender marriage and protection from discrimination gained traction resulting in legal recognition and inclusion. However, the path to recognition of same-sex/gender marriages was hard won given the level of resistance from those who felt that marriage should be the sole right of heterosexual couples. In 2001, The Netherlands became the first country to legalize same-sex/gender marriage. While others including Canada (in 2005) followed, some countries such as New Zealand (in 2004) and the UK (in 2005) opted for lesser – or at best, different in name only – version of marriage known as civil partnership/union. Although it was claimed at the time that this constituted 'marriage equality' the institution of an apartheid system of marriage that distinguished same-sex/gender couples from other-sex/gender couples ensured that heterosexual marriage

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retained its status as the 'gold standard'. This resulted in the legally instituted maintenance of heterosexual relationships as having a privileged status over same-sex/gender relationships. In some other jurisdictions (e.g., Australia and the US) the passage to marriage equality was much more complicated. In both Australia and the US, the status of same-sex/gender marriage (and similar legal arrangements) was for many years determined at a state level. A strong right-wing Christian presence and other factors in some states meant that the legal recognition of same-sex/gender couples was not well supported, leaving inequalities between different state-level jurisdictions. It therefore wasn't until a Federal ruling in the US in 2013, and a plebiscite (referendum) in Australia in 2017 that marriage equality was fully recognized in those countries. The privileging of heterosexuality in this way has also been evident in discussions around more recent issues such as the right to include LGB identities and same-sex/gender relationships in education; notably sex and relationships education (see Ellis, 2023 for a more detailed discussion of both these issues).

The sociolegal recognition and inclusion of LGB identities has contributed to an increased level of inclusion of LGB people and same-sex/gender relationships in society more generally. Although there are still pockets of resistance where social prejudice exists, LGB identities have become normalized (at least in western societies) and LGB people enjoy a level of sociolegal inclusion that has never before existed. However, even in the western world this level of inclusion is not experienced by all. The existence of continued victimization against some LGB people, and the more subtle versions of discrimination including the appropriation of 'gay' culture, indicate that the privileging of heterosexual identities and 'lifestyles' is still very much present (Ellis, 2023). These power dynamics are, however, not universally applied to all LGB identities/people. Axes of power around gender, culture, class, and affluence impact the subjectivity of LGB people individually and collectively. Invariably it is white, middle-class, male, cisgender, and heteronormative LGB people who most experience the benefits of social inclusion of LGB identities. In this chapter, we use both an historical and contemporary lens to explore the way in which LGB identities are impacted by heteronormativity and politics (e.g., liberal humanism; neoliberalism) which shape what it means to be LGB.

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Heteronormativity: The perpetual problem

Throughout history, heteronormativity has been the dominant force of marginalization of LGB sexualities in that heterosexuality is taken as a universal given (Kitzinger et al., 1992). Heteronormativity (Warner, 1991) may be viewed as the reinforcement of certain beliefs about sexuality that legitimize and privilege heterosexuality within social institutions and policies (Cohen, 2005). Despite positive social change in western societies aimed at inclusivity, there is a dominant perception that heterosexuality is both the norm and the (most) natural form of sexuality, positioning LGB sexualities as 'other'. The othering of LGB sexualities has historically been manifested in the positioning of LGB sexualities either as pathological perversions or as alternative lifestyles (Kitzinger et al., 1992). This is accomplished by what has variously been called 'compulsory heterosexuality' (Rich, 1980) or 'presumptive heterosexuality' (Butler, 1990); the idea that everyone is assumed to be heterosexual unless otherwise stated.

The normalization of heterosexuality is maintained by a patriarchal and heteronormative society that privileges men over women and heterosexuality over other forms of sexual expression. This is reinforced by biological determinist and pronatalist assumptions of sex as inevitably procreative (cf. Hayfield et al., 2019), and the reification of gender as binary and unproblematically mapped onto biological sex. As a result of this inherent heteronormativity, academic theory and research around LGB sexualities as well as grass-roots activism have often been characterized by resistance.

Perhaps the greatest source of resistance historically came from lesbian feminists. Identifying male domination and the institution of compulsory heterosexuality underpinned the marginalization of - and had a marked impact on the lives of – women and lesbians (Kitzinger, 1996b). As Adrienne Rich (1979) highlights:

“lesbians have been forced to live between two cultures, both male-dominated, each of which has denied and endangered our existence. On the one hand there is the heterosexist, patriarchal culture... on the other hand there is homosexual patriarchal culture, a culture created by homosexual men, rejecting such male stereotypes as dominance and submission as modes of relationship, and the

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separation of sex from emotional involvement.. The male 'gay' culture has offered lesbians the imitation role-stereotypes of 'butch' and 'femme', 'active and passive', cruising, sado-masochism, and the violent, self-destructive world of 'gay bars'. Neither heterosexual culture nor 'gay' culture has offered lesbians a space in which to discover what it means to be self-defined, self-loving, women-identified, neither an imitation man nor his objectified opposite" (Rich, 1979, p.225).

Adrienne Rich was writing at a time when heteropatriarchy was at its strongest. Every aspect of life centered on the privileging and prioritization of men's needs and desires, whereby women were relegated to domesticity. Within this framework, lesbians were seen as deviant and out of necessity they developed communities that centered on women and therefore were (largely) independent of men, including gay men (Murray, 2007). This was a time when the priorities and interests of lesbians and gay men were divergent; the worlds of gay men centering on connecting sexually with other men, while many – primarily white, middle-class – lesbians (as women) were focused on achieving emancipation for women. Although gay men were socially marginalized due to their sexuality, lesbians were marginalized (and disempowered) through being both women and lesbian. As the AIDS epidemic (pandemic) unfolded in the 1980s, there was a shift in power relationships with gay and bisexual men being vilified through AIDS-related stigma (Herek & Glunt, 1988). While lesbians were not implicated in the proliferation of HIV, AIDS-related stigma provided a vehicle to mobilize pre-existing prejudice against same-sex/gender relationships (Herek & Capitano, 1999), intensifying that prejudice and shoring up the power and privilege of heterosexuality. For this, and other reasons (e.g., the waning popularity of lesbian feminism) lesbian and bisexual women joined their male counterparts in a struggle for social and legal recognition. So, the axis of power shifted from challenging male power and dominance to challenging heterosexual power and privilege.

As well as being marginalized in a male-dominated world, lesbians have historically been marginalized in relation to heterosexual women (Murray, 2007). In particular, despite lesbian feminists being active supporters of the wider feminist movement, lesbians

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frequently found that within mainstream feminism heterosexuality was assumed and that lesbian agendas were sidelined (Kitzinger, 1996a). While often perceived to be a split along sexuality lines (i.e., heterosexual vs lesbian) the tensions centered on differing values and political priorities resulting in the marginalization of lesbian concerns (Kitzinger et al., 1992). Consequently, issues such as the right of lesbians to be socially/legally included were often subordinated to the agendas of heterosexual feminists around liberation from men's control of their bodies and lives.

Psychology itself has been – and largely continues to be – a constant source of the perpetuation of heteronormativity. While explicit pathologisation of 'homosexuality' has become increasingly rare over time, since the mid-1990s psychology as a discipline has been heavily criticized for its heterosexual bias and omission, or at best marginalization, of LGB content (e.g., see Barker, 2007; Kitzinger, 1996a; Peel, 2001). For example, in a piece titled *The Token Lesbian Chapter*, Kitzinger (1996b) outlined the many ways in which Feminist Social Psychology routinely exhibited heterosexual bias through no more than a tokenistic inclusion of lesbian perspectives and concerns. However, little has changed in the last 25 years. Discussion of LGB perspectives and concerns are rare in mainstream psychology and are primarily relegated to the 'specialist field' of LGBTQ psychology. Even then, most of the work comprises research on LGBTQ+ (or other variations of this initialism) people/issues as a *collective*, without regard for differences among and between the constituent groups within this collective. Furthermore, in lifespan development, where more comprehensive inclusion might be expected, topics like same-sex relationships, same-sex parenting, and LGB ageing are still largely absent. For example, in the leading textbook *Adolescence* (Santrock 2019) discussion of LGB youth is relegated to a subsection of the chapter on sexuality titled 'minority youth'. Despite increasing evidence of sexual fluidity being prevalent among young people (e.g., see Katz-Wise, 2015) LGB sexualities are still presented as the domain of a small minority of individuals pitted against a large heterosexual majority. Furthermore, in applied domains such as sexuality education, heterosexuality is discussed in relation to sexual behaviors and outcomes (i.e., as visibly sexual) whereas LGB sexualities are invariably discussed solely in relation to identity and therefore as desexualized (Ellis & Bentham, 2021; Quinlivan, 2018).

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Due to the prevalence of heteronormativity, a focus on LGB sexualities is often seen as a niche field and therefore neither well-resourced with researchers nor funding. Consequently, there is only capacity to focus on a limited range of topics at any one time; and prioritization is necessary. With the passing of lesbian feminism, research that specifically focuses on lesbians is very scarce; and work focusing on gay men and bisexuals is very limited. With an increased visibility of trans and non-binary gender, and the need to prioritize work in this area – particularly where it relates to ensuring equity and social justice for trans and non-binary people – there has been a noticeable decline in research focusing specifically on sexualities. Nevertheless, the focus is still on resistance to (cis)heteronormativity.

Liberal humanism

With a gradual move away from a pathological model of LGB sexualities, from the mid-1970s psychology began to move towards a conceptualization of LGB sexualities within a liberal humanist framework. Within this paradigm, same-sex/gender relationships became framed as individual lifestyle choices, personal manifestations of self-fulfillment, and loving interpersonal relationships by “human beings of equal worth and dignity to heterosexuals, contributing to the rich diversity of humankind” (Kitzinger, 1987, p.44). Despite its (arguably) more positive connotations, a liberal humanist approach was not well received by all lesbian feminists. Marginalized both within society as women, and within feminism as lesbians, many lesbian feminists were critical of the liberal humanist approach for privatizing and depoliticizing (lesbian) identity by reducing it to a matter of ‘personal choice’ and ‘sexual/emotional fulfilment’ (Kitzinger, 1987). The problem they saw with liberal humanism was that it rendered invisible discourses of lesbianism as a source of empowerment or resistance to heteropatriarchy and denied (some) lesbians the opportunity to define themselves in socio-political terms (Crawley & Willman, 2018).

The key agenda of a liberal humanist approach has been the normalization of LGB sexualities within psychology, and within society more generally. In the ‘gay-affirmative psychology’ of the late 20th century, this was accomplished through a plethora of research demonstrating that lesbians and gay men were ‘just as’ normal, well-adjusted, etc. as

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heterosexuals. While this approach was critical in the fight for social justice (e.g., in lesbian custody cases; in effecting legal recognition) it upheld heteronormativity by setting heterosexual norms as the benchmark against which LGB people and same-sex relationships were evaluated (Clarke, 2002). This more normalized approach was also problematic for lesbians, as it once again prioritized the agendas of gay men (as men) over those of lesbians (as women). What had, historically, been a lesbian and gay community with social groups and events focused on lesbian interests and a 'gay scene' primarily focused on gay men over time became an LGB (and more recently LGBTQ+) community centering on gay male dominated commercial environments in which lesbian and bisexual women were heavily marginalized. The increased visibility afforded lesbians and gay men by liberal humanism and gay-affirmative psychology facilitated the rise of the bisexual movement in the 1990s (see Ellis et al., 2020 for a detailed overview). Like lesbians and gay men before, bisexuals argued that a dichotomous approach to sexuality (i.e., 'heterosexual' vs. 'homosexual') had rendered bisexuality invisible. This bisexual activism paved the way for the popularization of bisexuality through a heterosexist branding of bisexuality – for women in particular – as 'sexual adventurousness' or the promotion of same-sex relating as an addition to primary relationships with other sex/gender partners (e.g. see Diamond, 2005; Jeffreys, 1999; Wilkinson, 1996). This shift signaled a move away from a politics centered on community, the creation of history and culture, and political resistance to male dominance (Jeffreys, 1999) to one centered on personal pleasure and sexual fulfilment. However, rather than transferring power to LGB sexualities, it reinstated the very heteronormative framework it sought to challenge.

Heteroceptabilty

Whilst the narratives of *rights to be* abound in LGB lives, the creeping privileging of white, middle-class, heteronormative lifestyles determines the 'hetero[sexually ac]ceptable *ways to be*'. Specifically, the *ways to be* to be accepted in a heteronormative society. Thus, we find, LGB sexualities are *othered* through their non-conformity to the dominant heterosexual scripts. They are more readily embraced where certain ways of 'being gay' intersect with other dominant values in western society, particularly pronatalism². So, for

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example, the lesbian couple who are parents and live a suburban lifestyle are more likely to be included than are lesbian couples who live a butch, working-class lifestyle that centers on child-free behavior. In this respect, the extent to which LGB sexualities are included or excluded is contingent on adherence to white, middle-class norms and affluence. For example, the social desirability of the wealthy (usually gay male) celebrity is clearly evidenced by the successful out gay lives lived by those embraced by the media and the masses (e.g., Elton John: Adam Lambert). Transgressions of gender norms here are seen as fun and entertaining.

In both these examples, we see that money, and class, are both important features of heteroacceptability. Money is inherently and unquestionably linked to power. In a world where LGB identity/sexuality confers poorer mental health, (King, et al., 2008, Semlyen et al., 2016) and poorer employment rights (Badgett, 2020), the power of money in the neoliberalist world creates ways, means and places to be 'acceptably gay'. In the early 2000s, Duggan (2002) coined the term 'homonormativity' to refer to the way in which normative ways of being 'gay' do not contest dominant heteronormative assumptions, instead privatizing and depoliticizing gay culture. Essentially, this comprises the assimilation of LGB identities (and ways of being) so that they reflect the domesticity and consumption of mainstream heterosexual lifestyles (home ownership, a well-paid job, children, and marriage), and thus conferring advantage (Casey, 2011).

Frequently, this is about blending in. For example, the lesbian couple who present themselves in a conventionally feminine way can be read as heterosexual – assumed to be friends or sisters. Conversely, lesbian women who present in less conventional, non-feminine ways are quickly othered; labelled as 'butch' or assumed to be trans. Underpinned by heteronormativity, heteroacceptability privileges specific ways of being LGB, subversively forcing LGB people to adopt a very narrow, normative model of identity to gain acceptance and avoid accusation of disruption and the subsequent societal effect of such transgression. Policing of LGB identities is therefore controlled and shaped by heterosexual framing (Butler, 1996) and a heteronormative society has the power to regulate who or who may not be included from the LGB population, through the sanctioning of certain ways of being LGB and excluding others (Herz & Johansson, 2015).

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Where heteronormativity imposes norms upon sexuality, it is difficult to look at this separately from gender as they are intertwined and interlinked. Moreover, these gendered norms, defined through the linguistic terms hetero- and homo-, are centered on a binary notion of gender, one that is rigid, aligns sexual orientation, gender and sex and one that privileges gender conformity. LGB identity representations are accepted or rejected contingent on societal constructions of gender norms under heterosociality. Performances of gender are therefore policed to ensure conformity to heteronormative understandings of gender (Butler, 1990). Historically, LGB identities/sexualities were not considered acceptable as they appeared to transgress taken-for-granted norms of what it meant to be a 'man' (and therefore masculine) or a woman (and therefore feminine). Within this heteronormative framework, the existence of hegemonic masculinity (being strong, stoic, muscular, and dominant over women) means that men's conformity is more heavily policed than is women's conformity to feminine gender norms. This is one of the reasons that historically gay men struggled more than lesbian women to be 'accepted'. However, the emergence of alternative male discourses which imply a 'softer' form of masculinity (e.g., the sensitive new age guy; the metrosexual) over recent decades has afforded a wider range of ways to *do* man that gay men have been more readily seen as heteroacceptable. Heteronormativity, through its gender binary lens, also then recreates the power asymmetry valuing men and masculinity over women. Divergence from these gender norms and any negative feelings from society towards any flouting or deviating from this gendered norm is the significant underlying issue of homophobia. The lesbian experience is itself subject to greater oppression, first as a woman and additionally as non-heterosexual (Rich 1980). For true acceptance, beyond heteroacceptability, complex, multi-faceted systems require dismantling. In chapters x x x, this is covered in more detail.

Identity Politics

With the decline of second wave feminism in the 1990s, a new century heralded the dawn of a new era, characterized by a postfeminist sensibility (Gill, 2017). While the 1990s had been dominated by 'lesbian chic', an assimilationist politics that reinforced gender normativity (i.e., lesbians were readily accepted if they looked 'straight'), the first decade of

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this century saw the emergence of a new incarnation of same-sex sexuality:

Heteroflexibility. Ditching the 90s stereotype of the 'lipstick lesbian' (a conventionally feminine lesbian), the dominance of heterosexuality was reinstated through the creation of the 'heteroflexible' woman widely depicted in media as a presumed heterosexual woman who willingly experiments with same-sex sexuality (Diamond, 2005); constructing lesbian sexuality as a trendy add-on to primary relationships with men (Jeffreys, 1999; Wilkinson, 1996). Read by many as the normalization of lesbianism in mainstream culture, feminist writers were quick to highlight that these were in fact marketized versions of lesbianism constructed and produced for the heterosexual male consumer (Diamond, 2005; Gill, 2008). Today, lesbianism has come to exist within a postfeminist sensibility in which feminine appearance is maintained and non-heterosexually palatable expressions of lesbian desire are marginalized (Farhall, 2018; Gill, 2017). This is evident in the disappearance of the so-called 'butch lesbian'. The rules of exhibiting 'lesbian behavior' - regardless of identity - have afforded the perpetuation of heteronormativity through for example the use of heterosexist language (e.g., 'girls' or 'babes') in commercialized gay spaces (Gill, 2017) and the normalization of (certain types of) lesbianism within mainstream culture.

Rather than remaining simply as a feature of screenplays designed to appeal primarily to heterosexual men; heteroflexibility has been co-opted by, and played out in, young women's sexual behaviors and attitudes. Aptly depicted in Katy Perry's 2008 hit song 'I kissed a girl' experimenting with lesbianism became the epitome of heteroflexibility; and engagement in public displays of suggestible lesbian acts (e.g., intimately kissing other women at parties) to demonstrate bravado, or to attract male attention, became a normalized part of the heterosexual repertoire (Yost & McCarthy, 2012). Over the last decade a new manifestation of heteroflexibility has emerged in the form of the so-called 'girl crush'. Characterized by an intense non-sexual admiration of women, the girl crush conflates lesbian desire with platonic love and therefore trivializes sincere same-sex attraction, positioning it as akin to appreciation and aesthetic value, emotions commonly constructed as less important or meaningful than sexual desire and romantic love (Farhall, 2018). Further demonstrable of continued infantilizing of women and dismissal of female sexuality is the absence of "woman-crush" in this phrasing. Gay male sexuality has been

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appropriated in the service of heterosexual masculinity. The popularization of terms such as ‘man crush’ and ‘bromance’ allegedly soften the rigid boundaries of hegemonic masculinity, enabling males to exhibit socio-emotional connections with other men (Robinson et al., 2018). This legitimizes homosocial relating among *heterosexual* men conflating gay male desire and platonic love. In all these instances, the power of heteronormativity to subvert and appropriate LGB culture is demonstrated. The upshot of this is that LGB identities become simply a commodity through which heterosexuality gains more power and privilege at the expense of non-heterosexual ways of being.

Over time there have also been significant shifts in the way LGB identities are constructed. While the initialism LGB (and variants thereof) have been – and in many instances still are – used, socio-political changes have seen specific labels fall out of favor for a range of reasons. For example, the term ‘lesbian’ has proved unpopular with younger generations initially for its association with feminism, and more recently for a range of reasons (e.g. see Ben Hagai et al., 2022) including that it does not describe the lived realities of young people. With increased capacity for self-identification and an increasing prevalence of sexual fluidity (e.g., see Katz-Wise, 2015) categorical labels relying on strict definition, and underpinned by normative constructions of gender, are seen as somewhat inadequate; hence the shift to more openly defined terms such as ‘queer’. Furthermore, over time the term ‘homosexual’ (common in the mid-twentieth century) has been replaced with the acronym of LGB (lesbian gay and bisexual) and subsequently has grown in an additive way to become LGBT, then LGBTQ and subsequently morphed into a range of variants (e.g., LGBTQIA) to encompass an ever-increasing range of sexualities and genders. While reflecting a shared experience of marginality in relation to heterosexuality, the arbitrary grouping together of a set of disparate identities assumes a level of homogeneity and shared lived experience that does not exist. A diverse range of ‘identities’ have been subsumed under the various iterations of this initialism conflating and obscuring the intersectionality that exists within constituent identity of this initialism.

In recent years, there has been a sea change in identity politics where, particularly (but not exclusively) among young people, LGB identities are being regarded as somewhat passé (for example, see Tate, 2022). In an increasingly gender diverse world characterized

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by a 'queer', or what some (e.g., Savin-Williams, 2005) have referred to as a 'post-gay' approach to sexuality, the popularity of the 'bisexual' label has waned with 'pansexual' and 'queer' sexualities emerging as popular alternatives. While historically bisexuality challenged the heterosexual-homosexual binary, with the foregrounding of gender diversity 'pansexual' and 'queer' are favored over 'bisexuality' for their propensity to breakdown the gender binary that underpins both LGB identities and heteronormativity itself. There are many ways that this plays out and later in the chapter we demonstrate one example of this in an LGB health context.

Identity, power, and privilege in practice

In contemporary western societies, one of the ways in which LGB identities are marginalized is in the appropriation of gay culture for commercial gain. One example of this is the proliferation of (usually) annual 'Pride' events. Historically, pride events were part of a protest movement focused on arguing for rights and equality, reinforcing LGB identity, and providing a platform for LGB people to have a voice in a society where they were heavily marginalized. Over recent decades with the assimilation of LGB sexualities into mainstream society, Pride has been stripped of its roots as a protest movement and hijacked by a neoliberalist agenda in which commercialization takes center stage in an effort to attract the lucrative pink pound/euro/dollar. Essentially it has been transformed into an event supposedly celebrating LGB identity but instead promoting diluted liberal notions of 'love is love' and 'pride is for everyone' (HRC, 2019; Nölke, 2018). It's focus as a 'lifestyle' event or 'party in the park' speaks to a privileged, LGB (and ally) consumer identity that is raced, gendered, and classed. While framed as 'inclusion' it is devoid of any discussion of which LGBTQ+ identities, communities, and sociopolitical issues are excluded (Conway, 2022). In the same way, gay villages are treated as 'theme parks' for heterosexuals (e.g., heterosexual women on 'hen nights') at the expense of LGB people trying to find belonging and a space free from heteronormativity, and where they feel they belong. Even the gentrification of once gay villages/neighborhoods, the promotion of gay retirement villages, and the existence of gay-exclusive resorts indicates the enormous commercial value of gay places/spaces in a heterocentric and neoliberal world. In this respect, gay culture is reduced

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to a commodity that can be exploited for monetary gain, benefitting the corporate world rather than advancing to needs of LGB people.

The privileging of heterosexual identities is also evident in education and practice around sexual health. Despite its evolution to be more inclusive of 'diverse sexualities' and LGB identities, in most instances sex and relationships education still orients to conventional heterosexual narratives of monogamy and procreation. While this practice has been criticized for not representing the sexual realities of youth in the 21st century (Ellis & Bentham, 2021; Svendsen, 2012) it exemplifies the way in which heteronormativity affords power to heterosexual perspectives and experiences at the expense of LGB ones. Some clear examples of this are the way in which pregnancy prevention (an issue largely irrelevant to same-sex/gender relationships) and condom use (an issue irrelevant to 'lesbian' sex) are prioritized over more inclusive discussions of sexual practices and 'risk' that are independent of sexual identities. Where consideration has been given to LGB perspectives these often comprise tokenistic inclusion (e.g., see Ellis & Bentham, 2021). Furthermore, certain sexual identities – particularly lesbian identities – are heavily marginalized through the relative absence of sexual health information specifically oriented to woman-to-woman sex.

Health is an important context to explore health knowledge as a place of power asymmetry. Where literally what we know (evidence) can guide successful clinical care (treatment), health actually is a site of contest for LGB populations. A growing body of evidence shows that lesbian gay and bisexual populations are disproportionately effected by many national priorities for public health such as tobacco, alcohol and drug use and LGB populations are known to have demonstrably poorer mental health (Semlyen et al 2020, Semlyen et al 2016, King, 2008, Simoni et al 2017, Lick et al 2013) rendering addressing LGB health a public health imperative (Semlyen and McManus (2023, forthc) and LGB health inequalities data essential.

Identity, power and intersectional considerations

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Health service commissioning must consider LGB people as part of their service development but in so doing need to retain a nuanced understanding about the different views and needs of lesbian identified women, bisexual people and gay men. Conflating all health needs as the same, under the umbrella of LGB, or LGBTQ+ as is commonly used at time of writing, risks the very real possibility that some groups are left behind. Sexual health services are a good example of this. Often LGB health is conflated with sexual health, and that sexual health itself is conflated with HIV services for gay men meaning that no other aspects of sexual minority health are considered and services are never created or withdrawn (e.g. cervical screening clinics for lesbians only).

In the same way, LGB or LGBTQ+ are used to refer to a supposed homogenous group of people but there are multiple intersecting identities within this group. An intersectional perspective recognizes disadvantage does not place within a single axis framework (Crenshaw 1989). Multiple minority identities, conceptualized as intersectionality (Cho, Crenshaw, & McCall, 2013; Crenshaw, 1989) suggests that living with multiple marginalized identities can be multiplicative (Aranda et al., 2015) and we see this borne out across sexual minorities who are ethnic minorities (Semlyen and Ellis 2020) as well as those from lower socioeconomic background.

These differences exist across a range of health outcomes. Gay and bisexual men have other, differing health inequalities to sexual minority women, for example they have higher rates of certain types of cancer: anal (Goldstone et al, 2011) and skin (Blashill and Safren 2014). Conversely, lesbian and bisexual women have higher risk of breast, cervical, ovarian and lung cancers compared to heterosexual women (Clavelle et al, 2015) reflecting particular and different health risk behaviors undertaken by different subgroups such as smoking, tanning, exercise and substance (mis)use. We know that there is a relationship between living in hostile social, home and work environments and impoverished health so the observed differences in sexual minority health across gender reflect different pathways to poor health in these populations. These differences may represent different received psychosocial stressors for men and women and across lesbian, gay and bisexual identities and they certainly represent widely observed differences between men and women's health.

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The importance of intersectionality as a lens to interrogate the complex underpinning of multiple intersecting and additive disadvantage is crucial if we are to understand the interplay between power, gender and sexuality. Looking at health outcomes and health behaviors as a landscape, disaggregated findings across lesbian, gay and bisexual categories importantly reveal a range of other intersecting factors influencing LGB health, in particular the role of gender. For example, unhealthy weight has been found in lesbians and bisexual (LB) women and in gay and bisexual (GB) men in relation to their heterosexual counterparts and it is likely that societal attitudes and lived experiences will be on the causal pathway to these inequalities (Hatzenbuehler, 2009). This unhealthy weight manifests itself differently across gender. Findings from a recent UK population study revealed that GB men are *more* likely to be underweight and LB women *less* likely to be underweight than their heterosexual counterparts (Semlyen et al 2020). The observed differences show us that the relationship between sexuality minority individuals and their diet and/or bodies and how this is impacted by received or perceived discrimination, stigma, and social exclusion appears to be moderated by gender(ed experience). For instance, research shows that gay and bisexual men report more disordered eating than lesbians and bisexual women (Peplau et al, 2009) and that sexual minority women have higher levels of body satisfaction whereas young gay and bisexual men self-perceive as overweight. These are likely directly linked to identity where gender norms prevail especially strongly for the gay male body aesthetic (Peplau et al, 2009, King, 2008).

Knowledge (about sexual minority health) is power

Sexual orientation identity categories (e.g., lesbian, gay, bisexual, heterosexual) may have limited usefulness for sociological purposes where identity is interrogated and categorical boundaries disrupted, say through a queer lens, (Gamson & Moon, 2004), but are hugely useful for demonstrating health inequalities in minority populations (Semlyen, 2017) for public health purposes. These can be used to influence policy which in turn directs resources to address the very health needs identified. Resistance to capturing data either through suppression or exclusion (Pillay, Ntetmen, & Nel, 2022) is common and ongoing, despite legislative and societal attitudinal gains. Power asymmetry is evident in recent

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rollbacks to sexual identity data collection in the USA during the Trump administration (Gates, 2017).

The inclusion of a survey question on sexual orientation identity within national, representative surveys in the UK and USA has allowed the rigorous analysis of population wide health outcomes among sexual minorities not possible before. The majority of research looking at health in LGB groups has relied on snowball techniques to recruit and depended on convenience samples, resulting in ungeneralizable findings which then cannot be used for policy or resources. Impoverished LGB study research design wastes LGB participant and researcher time, and thus is unethical. Only some national health surveys collect sexual orientation identity as part of standard demographic data and even then, in the UK, only since 2008. Monitoring of sexual orientation identity is now mandated in the UK NHS but yet to be widely implemented (Almack, 2023). Indeed, we know little about successful mental health treatment for LGB as most intervention studies omit any data on sexual orientation (Semlyen (jn press)). Moreover, they fail to record it in the first place (Heck et al., 2017). These disaggregated differences in health outcomes and service evaluation are important to discover and report not least because frequently, prevalence studies group sexual minorities into a single category of 'non-heterosexual' losing all nuanced and observable differences between men and women and different sexual identities. However, these disaggregated differences are all the more important in the light of recent challenges to the collection, analysis and reporting of this level of nuanced data (Sullivan 2020). The importance of this level of data analysis as *evidence* of need and its direct link with accurate resourcing of health service treatments and services cannot be underestimated.

Data collection in national health surveys is the only source of representative health outcome data (evidence) available for sexual minorities in most countries e.g. USA, UK, New Zealand. Analyses drawing on representative datasets provides statistical power that allows us to generalize to the population as a whole (Semlyen 2017) whilst also disaggregating across gender and sexuality. Quality evidence guides health knowledge and drives resourcing. This way LGB sexualities are counted, and count.

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Summary and Conclusion

In this chapter we have outlined ways in which LGB identities are marginalized by heteronormative politics that reflect heterosexual privilege and prioritize men and masculinity in numerous domains including fiscal and health. Through this we position heteronormativity, heteroacceptability and gender binary as structures that delineate and define LGB sexualities through sustaining existing power asymmetry.

Endnotes

1. In this chapter we use the term LGB sexualities as a shorthand for non-heterosexual people. This is intended to include all people who are non-heterosexual, not just those who choose to use the specific labels 'lesbian', 'gay', or 'bisexual'.
2. The ideology that promotes the reproduction of human life.

References

Almack K (2023) Monitoring patients' sexual orientation and gender identity: Can we ask? Should we ask? How do we ask? *BMJ Quality & Safety* **32**:73-75.

Badgett, M. L. (2020). *The Economic Case for LGBT Equality: Why Fair and Equal Treatment Benefits Us All*. Beacon Press.

Barker, M. (2007). Heteronormativity and the exclusion of bisexuality in psychology. In V. Clarke & E. Peel (Eds.), *Out in psychology: Lesbian, gay, bisexual, trans and queer perspectives* (pp. 95-117). Wiley.

Ben Hagai, E., Annechino, R. & Antin, T. (2022). Comparing conceptions of gender, sexuality and lesbian identity between baby boomers and millennials, *Journal of Lesbian Studies*, *26*(3), 216-234, DOI: [10.1080/10894160.2021.1972915](https://doi.org/10.1080/10894160.2021.1972915)

Blashill, A.J., & Safren, S.A. (2014). Skin cancer risk behaviors among US men: the role of sexual orientation. *American Journal of Public Health*, *104*(9),1640-1641. DOI: [10.2105/AJPH.2014.301993](https://doi.org/10.2105/AJPH.2014.301993)

Lesbian, Gay, and Bisexual (LGB) Identities

Semlyen and Ellis

Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity*. Routledge.

Butler, J. (1996). Imitation and gender insubordination. In A. Garry & M. Pearsall (Eds.), *Women, knowledge, and reality: Explorations in feminist philosophy* (2nd edn.) (pp.371-387). Routledge Kegan Paul.

Butler, C. (2010). *Homoworld*.

Casey, M. (2011). Sexual identity politics: Activism from gay to queer and beyond. In A. Elliot (Ed.), *Routledge handbook of identity studies* (pp. 275–290). London, UK: Routledge

Clarke, V. (2002). Sameness and difference in research on lesbian parenting. *Journal of Community & Applied Social Psychology*, 12(3), 210-222. <https://doi.org/10.1002/casp.673>

Clavelle, K., King, D., Bazzi, A.R., Fein-Zachary, V. & Potter, J. (2015). Breast cancer risk in sexual minority women during routine screening at an Urban LGBT health center. *Women's Health Issues*, 25(4), 341-348. DOI: [10.1016/j.whi.2015.03.014](https://doi.org/10.1016/j.whi.2015.03.014)

Conway, D. (2022). Whose lifestyle matters at Johannesburg Pride? The lifestylisation of LGBTQ+ identities and the gentrification of activism. *Sociology*, 56(1), 148-165. <https://doi.org/10.1177/00380385211024072>

Crawley, S. L., & Willman, R. K. (2018). Heteronormativity made me lesbian: Femme, butch and the production of sexual embodiment projects. *Sexualities*, 21(1-2), 156-173. <https://doi.org/10.1177/1363460716677484>

Crenshaw, K. and R. Fletcher, *Demarginalizing the intersection of race and sex : a black feminist critique of antidiscrimination doctrine, feminist theory and anti-racist politics*. 1989.

Lesbian, Gay, and Bisexual (LGB) Identities

Semlyen and Ellis

Diamond, L. M. (2005). 'I'm straight, but I kissed a girl': The trouble with American media representations of female-female sexuality. *Feminism & Psychology, 15*(1), 104-110.

<https://doi.org/10.1177/0959353505049712>

Dickinson, T., Cook, M., Playle, J., & Hallett, C. (2012). Queer'treatments: Giving a voice to former patients who received treatments for their 'sexual deviations'. *Journal of Clinical Nursing, 21*(9-10), 1345-1354. DOI: [10.1111/j.1365-2702.2011.03965.x](https://doi.org/10.1111/j.1365-2702.2011.03965.x)

Duggan, L. (2002). The new homonormativity: The sexual politics of neoliberalism. In R. Castronovo & D. D. Nelson (Eds.), *Materializing democracy: Toward a revitalized cultural politics*. Duke University Press.

Ellis, S. J. (in press), Social prejudice. In J. Semlyen, & P. Rohleder (Eds.), *Sexual minorities and mental health: Current perspectives and new directions*. Palgrave-Macmillan.

Ellis, S. J., & Bentham, R. M. (2021). Inclusion of LGBTIQ perspectives in school-based sexuality education in Aotearoa/New Zealand: An exploratory study. *Sex Education, 21*(6), 708-722. DOI: [10.1080/14681811.2020.1863776](https://doi.org/10.1080/14681811.2020.1863776)

Farhall, K. (2018). 'Girl-on-girl confessions!' Changing representations of female–female sexuality in two Australian women's magazines. *Sexualities, 21*(1-2), 212-232.

<https://doi.org/10.1177/1363460716679388>

Gamson, J., & Moon, D. (2004). The sociology of sexualities: Queer and beyond. *Annu. Rev. Sociol., 30*, 47-64.

Gates, G. J. (2017). LGBT data collection amid social and demographic shifts of the US LGBT community. *American Journal of Public Health, 107*(8), 1220-1222.

Lesbian, Gay, and Bisexual (LGB) Identities

Semlyen and Ellis

Gill, R. (2017). The affective, cultural and psychic life of postfeminism: A postfeminist sensibility 10 years on. *European Journal of Cultural Studies*, 20(6), 606-626.

<https://doi.org/10.1177/1367549417733003>

Goldstone, S., Palefsky, J.M., Giuliano, A.R., Moreira, E.D., Aranda, C., Jessen, H., Hillman, R.J., Ferris, D.G., Coutlee, F., Liaw, K.L. & Marshall, J.B. (2011). Prevalence of and risk factors for human papillomavirus (HPV) infection among HIV seronegative men who have sex with men. *Journal of Infectious Diseases*, 203(1), 66-74. DOI: 10.1093/infdis/jiq016

Hatzenbuehler, M. L. (2009). How does sexual minority stigma “get under the skin”? A psychological mediation framework. *Psychological Bulletin*, 135(5), 707-730. DOI:

[10.1037/a0016441](https://doi.org/10.1037/a0016441)

Hayfield, N., Terry, G., Clarke, V., & Ellis, S. (2019). “Never Say Never?” Heterosexual, Bisexual, and Lesbian Women’s Accounts of Being Childfree. *Psychology of Women Quarterly*, 43(4), 526-538. <https://doi.org/10.1177/0361684319863414>

Heck, N. C., Mirabito, L. A., LeMaire, K., Livingston, N. A., & Flentje, A. (2017). Omitted data in randomized controlled trials for anxiety and depression: A systematic review of the inclusion of sexual orientation and gender identity. *Journal of Consulting and Clinical Psychology*, 85(1), 72-76. DOI: 10.1037/ccp0000123

Herek, G. M., & Capitanio, J. P. (1999). AIDS stigma and sexual prejudice. *American behavioral scientist*, 42(7), 1130-1147. <https://doi.org/10.1177/00027649921954804>

Lesbian, Gay, and Bisexual (LGB) Identities

Semlyen and Ellis

Herek, G. M., & Glunt, E. K. (1988). An epidemic of stigma: Public reactions to AIDS.

American Psychologist, 43(11), 886-891. DOI: [10.1037//0003-066x.43.11.886](https://doi.org/10.1037//0003-066x.43.11.886)

Herz, M., & Johansson, T. (2015). The normativity of the concept of heteronormativity.

Journal of Homosexuality, 62(8), 1009–1020.

<https://doi.org/10.1080/00918369.2015.1021631>

Hodges, I. (2010). Queering Freud: On using psychoanalysis with sexual minority clients. In

Moon, L. (Ed.), *Counselling ideologies* (pp. 31-49). Routledge.

Hudak, J., & Giammattei, S. V. (2014). Doing family: Decentering heteronormativity in

"marriage" and "family" therapy. In T. Nelson & H. Winawer (Eds.), *Critical topics in family*

therapy: AFTA Monograph Series highlights (pp. 105–115). Springer Science + Business

Media. https://psycnet.apa.org/doi/10.1007/978-3-319-03248-1_12

Human Rights Campaign (HRC) (2019, June 4). Pride is for everyone who believes in equality.

<https://www.hrc.org/news/pride-is-for-everyone-who-believes-in-equality>

Jeffreys, S. (1999). Bisexual politics: A superior form of feminism? *Women's Studies*

International Forum, 22(3), 273-285. [https://doi.org/10.1016/S0277-5395\(99\)00020-5](https://doi.org/10.1016/S0277-5395(99)00020-5)

Katz-Wise, S. L. (2015). Sexual fluidity in young adult women and men: Associations with

sexual orientation and sexual identity development. *Psychology & Sexuality*, 6(2), 189-208.

<https://doi.org/10.1080/19419899.2013.876445>

King, M., Semlyen, J., Tai, S. S., Killaspy, H., Osborn, D., Popelyuk, D., & Nazareth, I. (2008). A

systematic review of mental disorder, suicide, and deliberate self-harm in lesbian, gay and

bisexual people. *BMC Psychiatry*, 8(1), 70. <https://doi.org/10.1186/1471-244X-8-70>

Lesbian, Gay, and Bisexual (LGB) Identities

Semlyen and Ellis

Kitzinger, C. (1987). *The social construction of lesbianism*. Sage.

Kitzinger, C. (1996a). The token lesbian chapter. In S. Wilkinson (Ed.), *Feminist social psychologies: International perspectives* (pp. 119-144). Open University Press.

Kitzinger, C. (1996b). Speaking of oppression: Psychology, politics, and the language of power. In E. D. Rothblum & L. A. Bond (Eds.), *Preventing heterosexism and homophobia* (pp. 3-19). Sage.

Kitzinger, C., & Perkins, R. (1993). Changing our minds: Lesbian feminism and psychology. Onlywomen.

Kitzinger, C., Wilkinson, S., & Perkins, R. (1992). Theorizing heterosexuality. *Feminism & Psychology*, 2(3), 293-324. <https://doi.org/10.1177/0959353592023001>

Lick, D. J., Durso, L. E., & Johnson, K. L. (2013). Minority stress and physical health among sexual minorities. *Perspectives on Psychological Science*, 8(5), 521-548. DOI: 10.1177/1745691613497965

Morin, S. F. (1977). Heterosexual bias in psychological research on lesbianism and male homosexuality. *American Psychologist*, 32(8), 629-637. DOI: 10.1037/0003-066x.32.8.629.

Murray, H. (2007). Free for all lesbians: Lesbian cultural production and consumption in the United States during the 1970s. *Journal of the History of Sexuality*, 16(2), 251-275. <https://www.jstor.org/stable/30114234>

Lesbian, Gay, and Bisexual (LGB) Identities

Semlyen and Ellis

Nölke, A. I. (2018). Making diversity conform? An intersectional, longitudinal analysis of LGBT-specific mainstream media advertisements. *Journal of Homosexuality*, 65(2), 224-255. <https://doi.org/10.1080/00918369.2017.1314163>

Peel, E. (2001). Mundane heterosexism: Understanding incidents of the everyday. *Women's Studies International Forum*, 24(5), 541-554. [https://doi.org/10.1016/S0277-5395\(01\)00194-7](https://doi.org/10.1016/S0277-5395(01)00194-7)

Peplau, L. A., Frederick, D. A., Yee, C., Maisel, N., Lever, J., & Ghavami, N. (2009). Body image satisfaction in heterosexual, gay, and lesbian adults. *Archives of sexual behavior*, 38, 713-725.

Pillay, S. R., Ntetmen, J. M., & Nel, J. A. (2022). Queering global health: an urgent call for LGBT+ affirmative practices. *The Lancet Global Health*.

Quinlivan, K. (2018). *Exploring contemporary issues in sexuality education with young people: Theories in practice*. Springer.

Rich, A. (1979). *On lies, secrets and silence: selected prose 1966-1978*. WW Norton.

Rich, A (1980) Compulsory heterosexuality and lesbian existence. *Signs*, 5(4), 631–660. <https://www.jstor.org/stable/3173834>

Robinson, S., Anderson, E. & White, A. (2018). The Bromance: Undergraduate Male Friendships and the Expansion of Contemporary Homosocial Boundaries. *Sex Roles*, 78, 94–106. <https://doi.org/10.1007/s11199-017-0768-5>

Lesbian, Gay, and Bisexual (LGB) Identities

Semlyen and Ellis

Santrock, J. (2019). *Adolescence* (17th edn). McGraw Hill.

Savin-Williams, R. (2005). *The new gay teenager*. Harvard.

Semlyen, J. (2017). Recording sexual orientation in the UK: pooling data for statistical power. *American Journal of Public Health, 107*(8), 1215-1217. DOI: 10.2105/AJPH.2017.303910

Semlyen, J. (in press) Sexual Minority Mental Health: Measurement, prevalence and treatment. In J. Semlyen, & P. Rohleder (Eds.), *Sexual minorities and mental health: Current perspectives and new directions*. Palgrave-Macmillan.

Semlyen, J., King, M., Varney, J., & Hagger-Johnson, G. (2016). Sexual orientation and symptoms of common mental disorder or low wellbeing: combined meta-analysis of 12 UK population health surveys. *BMC Psychiatry, 16*(1), 67. DOI:10.1186/s12888-016-0767-z

Semlyen, J., Curtis, T. J., & Varney, J. (2020). Sexual orientation identity in relation to unhealthy body mass index: individual participant data meta-analysis of 93 429 individuals from 12 UK health surveys. *Journal of Public Health, 42*(1), 98-106. DOI: [10.1093/pubmed/fdy224](https://doi.org/10.1093/pubmed/fdy224)

Semlyen J and McManus J, (in press), *Public Health*. In J. Semlyen, & P. Rohleder (Eds.), *Sexual minorities and mental health: Current perspectives and new directions*. Palgrave-Macmillan.

Simoni, J. M., Smith, L., Oost, K. M., Lehavot, K., & Fredriksen-Goldsen, K. (2017). Disparities in physical health conditions among lesbian and bisexual women: A systematic review of population-based studies. *Journal of Homosexuality, 64*(1), 32-44. DOI: [10.1080/00918369.2016.1174021](https://doi.org/10.1080/00918369.2016.1174021)

Lesbian, Gay, and Bisexual (LGB) Identities

Semlyen and Ellis

Sullivan, A. (2020). Sex and the census: why surveys should not conflate sex and gender identity. *International Journal of Social Research Methodology*, 23(5), 517-524.

<https://doi.org/10.1080/13645579.2020.1768346>

Svendsen, S. H. B. (2012). Elusive sex acts: pleasure and politics in Norwegian sex education. *Sex Education*, 12(4), 397-410. <https://doi.org/10.1080/14681811.2012.677209>

Tate, C. C. (2022). Is lesbian identity obsolete? Some (limited) answers and further questions from a unique philology of human behavioral science perspective, *Journal of Lesbian Studies*, 26(3), 199-215. DOI: 10.1080/10894160.2000561

Warner, M. (2000). *The trouble with normal: Sex, politics, and the ethics of queer life*. Harvard University Press.

West, K., & Cowell, N. M. (2015). Predictors of prejudice against lesbians and gay men in Jamaica. *The Journal of Sex Research*, 52(3), 296-305. DOI: [10.1080/00224499.2013.853725](https://doi.org/10.1080/00224499.2013.853725)

Wilkinson, S. (1996). Bisexuality "a la mode". *Women's Studies International Forum*, 19(3) 293-301. [https://doi.org/10.1016/0277-5395\(96\)00016-7](https://doi.org/10.1016/0277-5395(96)00016-7)

Willging, C. E., Salvador, M., & Kano, M. (2006). Unequal treatment: Mental health care for sexual and gender minority groups in a rural state. *Psychiatric Services*, 57(6), 867-870. DOI: [10.1176/ps.2006.57.6.867](https://doi.org/10.1176/ps.2006.57.6.867)

Lesbian, Gay, and Bisexual (LGB) Identities

Semlyen and Ellis

Yost, M. R., & McCarthy, L. (2012). Girls gone wild? Heterosexual women's same-sex encounters at college parties. *Psychology of Women Quarterly*, 36(1), 7-24.

<https://doi.org/10.1177/0361684311414818>