**Sociology: Contemporary Social Problems**

**Improving the well-being and mental health of bi+ people through the strengthening of the sense of community, mediated by social support.**

**Master's Thesis**

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## Abstract

Bisexual individuals may suffer from severe public and internalized stigma. Little is known about how the sense of community can reduce feelings of depression and improve mental health and well-being for bisexual people in The Netherlands. This research was conducted during my internship in Bi+ Nederlands and examined how the sense of community influences feelings of depression among the bi+ community, and whether having social support mediates this relationship. The current study examined the relationship between sense of belonging to the bi+ community and depressive symptoms among bisexual people. The analyzed sample consisted of 2070 participants who self-identified as Bi+ people, aged between 16 and 55, who completed an online survey measuring sexual-affective relationships and mental health among bisexuals. The main finding is the lack of effect of a sense of community on the feelings of depression among the bi+ community when control variables are added to the model. In addition, we found no mediation effect of social support. However, two interesting discoveries can be pointed out in our analysis: 1) older bi+ people declared to feel less depressed than younger bi+ respondents, and 2) bi+ women have stronger social support than bi+ men.

## Ethical statement

The present research received the approval of the Ethical Review Board of the Facility of Social & Behavioral Sciences (FERB) of Utrecht University and is registered under reference number 22-0880. The FERB assumes that all the research done at the Facility of Social and Behavioral Sciences is conducted in an ethically and responsible manner. The approval of the FERB concerns ethical aspects, data management, and privacy concerns, including the European General Data Protection Regulation (GDPR).

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# 1. Introduction

During the pandemic, the temporary closure of emotional containment spaces -such as educational institutions and recreational activities-, and the isolation produced by the numerous lockdowns had severe consequences on the mental health of lesbian, gay, bisexual, and transgender (LGBT) people (Gonzáles et al., 2020). To alleviate feelings of loneliness, depression, and loss of motivation, the concept of building a sense of community was strongly reinforced, which predicted increased well-being and reduced depression and anxiety (Bowe et al., 2021). Research shows that a sense of community may enable lesbian, gay, and bisexual individuals to resist and fight against societal heterosexism and increase their positive sense of self (Chiu HungYip et al., 2021).

Bisexuality is characterized by diversity (Taylor et al. 2019). Some bisexual people are in heterosexual relationships, some in same-sex relationships, while others have multiple partners of different genders but do not identify themselves as bisexual, meaning that not everybody who is attracted to more than one gender uses this identity label themselves (Barker et al., 2012). Due to the different definitions of bisexuality, and the diversity among bisexual people, in this research bi+ will be used to identify those who consider themselves part of the bisexual community. Bi+ is an umbrella term for all people who are not monosexual (that is, attracted to one gender only).

When it comes to mental health, research shows that bisexual people have a vulnerable position in Dutch society (Bi+ Netherlands, 2020). National research shows that bisexual people have an increased risk of mental health problems such as depression and anxiety (Maliepaard, 2020; Bi+ Nederland, 2020). One of the possible explanations proposed by the current literature is that bisexual people tend to suffer double discrimination, meaning that they experience many of the same issues as gay and lesbians but also have to deal with other negative stereotypes, such as the belief that being bi is a phase or that bi people are, confused, or just seeking attention. In other words, not considered an authentic sexual orientation (Felten, Van Hoof & Schuyf, 2010; Van Lisdonk, 2017). Bisexuality is associated with unique life experiences, such as biphobia, invisibility, and difficulties with community belonging (Taylor et al. 2019). In addition, and due to the lack of understanding and acceptance of bisexual identity, the family relationship issues facing bisexual people seldom emerge when contemplating policy and legal changes (Drousioti, 2021). Because of these distinctive experiences, it cannot be assumed that what we know about the mental health of lesbian, gay, or heterosexual people can also explain factors affecting bisexual people's

mental health. In fact, a study conducted on the acceptance and negative experiences of gay youth in The Netherlands (Felten et al., 2010), concluded that there are even differences between bisexual men and women. In the first place, the study concluded that bisexual men face higher invisibility within society: none of the young people who were asked about bisexuality declared they knew a man or boy who is bisexual, neither from the media nor from their own environment. In addition, the article mentions that bisexual women are valued differently from lesbian women: for some of the interviewees being bi can be perceived as hype, or characterized as experimental behaviour. These findings points out that the issues bi+ people goes through vary even within the community itself and therefore, they can not be analyzed all together with the problems that other communities such as gays, lesbians and trans are going through. Consequently, it also suggest the need to design policies focused on bisexuality and its specific issues.

Nonetheless, due to the fact that much of the research on the subject is carried out using a qualitative methodology, little is known about how the sense of community may positively influence the mental health of bisexual people. For this reason, our main research question is the following: to what extent does the sense of belonging to the bi+ community reduces feelings of depression among bi+ people, and is this relationship mediated by social support? The explanatory question of this thesis is: does the sense of belonging to a community increases wellbeing and hence reduces feelings of depression and gloominess among bi+ people, and is this relationship mediated by having support from the people around them? Lastly, the policy question of this research is: how to contribute to the strengthening of the bi+ community? This is, whether the creation of training, events, and activities may improve the mental health and well-being of the bi+ people. Lastly, at the end of the article, a set of recommendations and policy advice based on results will be presented.

Understanding that the sociological study of mental health is both distinct from and complementary to more individualistic psychological and biological approaches (Horwitz, 2009), we will analyze the variable "Did you feel depressed and gloomy?". Respondents answered this question considering feelings experienced within the last four weeks. Since this variable measures mental health through negative feelings associated with depression, and in order to avoid any confusion, from now on we will be referring to feelings of depression instead of mental health. To measure the connection with the bi+ community, respondents answered to what extent they feel part of the bi+ community. In addition, since sociological approaches regard mental health and illness as aspects of social circumstances (Horwitz,

2009), the mediating variable of our analysis will be 'Social Support', a variable created from five questions that together measure the social life of the respondents.

The present research was conducted during my internship at Bi+ Nederland, where one of my responsibilities was to deepen the available knowledge on how the emotional component and the sense of belonging to a community affect the mental health of bisexual people. Whether people identify as bi, pan, queer, flex, fluid, or without a label, this organization emphasizes that everyone is welcome to become a member of the community. In other words, if someone is romantically and/or sexually attracted to more than one gender can consider themselves part of the called bi+ community (Wit, 2019). The organization focuses on building communities, research, and producing scientific knowledge. In addition, they organize training and events for bi+ people and professionals. Since it is a relatively young organization that started in 2019, research is needed to map knowledge, learn more about the diversity within bi+ people, and promote a bi+ inclusive society. In 2020 Bi+ Nederland has collected their database among the bisexual community focused on sexual-affective relationships and mental health. The dataset consists of online surveys conducted on self-identified bisexual people, between the ages of 16 and 55 years. The ads focused on the definition of a bi+ orientation and differed in image and description to reach different groups. The study where the data was collected has been approved by the Ethics Committee of the Department of Pedagogical and Educational Sciences (University of Groningen).

## 2. Theoretical framework

*2.1 Mental health among bisexual people*

In 1990 a Bixesual Manifest was published in a literary magazine (Bialogue Group, 2012), exposing and denouncing the problems faced by the collective:

> *"We are tired of being analyzed, defined and represented by people other than ourselves, or worse yet, not considered at all. We are frustrated by the imposed isolation and invisibility that comes from being told or expected to choose either a homosexual or heterosexual identity. Monosexuality is a heterosexist dictate used to oppress homosexuals and to negate the validity of bisexuality."* (Bialogue Group, 2012).

The tiredness and frustration of the bisexual activists of the time can be observed in this text. This manifest is considered the initial movement of the bisexual visualization

movement (Holthaus, 2014). This document laid the foundations to think and debate the invisibility and particular problems that bisexual people have suffered. Indeed, the bisexual community has specific needs that are not addressed by general LGBT activism. According to Holthaus (2014) bisexual activists have always been a part of modern LGBT history, but their sexual orientation is often overlooked or mislabeled. When we look into The Netherlands, considered one of Europe's most tolerant countries as regards homosexuality, its national policies focus on increasing legal equality and enlarging social acceptance of LGBT people in society (Maliepaard 2015), but a closer look at these policies reveals that non-heterosexuality is still predominantly conceptualized as homosexuality, hence is not bi-inclusive (van Lisdonk & Keuzenkamp, 2017).

Invisibility is an issue that must be addressed in order to avoid minority stress that negatively affects health outcomes. Katz-Wise (2019) concluded that experiences of prejudice or discrimination based on stigma lead to poorer health, assuring that bisexual invisibility can affect the quality of medical care, and double discrimination can harm mental health. Recent research has consistently reported that bisexual people experience higher rates of poor mental health than gay, lesbian, or heterosexual people (Maliepaard, 2020; Bi+ Nederland, 2020, Ross et al., 2018). In order to understand the reason why bisexual people face more chances of developing a mental health issue, studies found an association between poorer mental health and experiences of discrimination, harassment, or invisibility of identity (Taylor et al., 2019), and broader issues such as lifetime adversity and sexual risk behaviors (Persson and Pfaus, 2015). To illustrate the relevance of studying mental health and its stressors in bisexual people, a study in the United States concluded that sexual minorities who live in states with inclusive policies are less likely to commit suicide and develop psychiatric disorders than those who live in states without such policies (Hatzenbuehler & Keyes, 2013). Even though the inclusive policies in The Netherlands do not differ within municipalities, and they aim to provide a safe, secure, and supportive environment for all sexual identities, the main emphasis of the Dutch emancipation policies, for the moment, focuses mostly on homosexual men and lesbian women. This means that the equating of bisexuals with gays and lesbians constrains the possibilities of bisexual people for sexual identity development, such as rights for self-definition and self-expression (Maliepaard, 2015).

The sexual minority stress theory (Meyer, 2003) has been used to explain the mental health issues among sexual minority individuals. The minority stress perspective adds significant insight into the critical application and evaluation of theory regarding whether

stressors such as homophobia are associated with greater physical and mental health problems (Williams, Neighbors, & Jackson, 2003). The hypothesis proposes that external stressors, such as experiences of discrimination and violence, and internal stressors, such as concealing one's sexual identity, may explain the higher rates of psychological distress among sexual minority adults (Meyer, 2003). These minority stressors are also associated with internalizing negative views and feelings about one's own sexuality and the hypothetical rejection. Studies found an association between hiding a bi+ orientation and increment of mental health problems, especially if this happens because they fear rejection (Feinstein et al., 2020). In other words, compared to heterosexual individuals, sexual minorities face unique and chronic stress due to their minority status, which, in turn, results in psychological distress. This model has received empirical support (McCarthy et al., 2014; Mclaren & Castillo, 2020, Persson and Pfaus, 2015).

In addition, bisexual individuals experience a unique form of discrimination denominated *binegativity* (Vencill et al., 2018), distinct from homophobia, and characterized by the perception that bisexuality is a "phase", and thus an unstable and illegitimate sexual orientation (Vencill et al., 2018). It can be particularly difficult for bisexual people when they are excluded from lesbian and gay groups where they had expected to find safety and community (Barker et al., 2012).

*2.2 Community*

For centuries, philosophy, and later the social sciences, have addressed the importance of society for human beings.     However, the "sense of community" as a theory was introduced relatively recently, in 1986, by McMillan and Chavis. As we can infer, the sense of community is referred to the feelings of belonging, relatedness, and availability of support within a community and, according to the authors, is composed of four elements: membership, influence, integration and fulfillment of needs, and shared emotional connection (McMillan & Chavis, 1986). However, for LGBT+ people the sense of community may also positively appraise their sexual and personal identities, resulting in a more positive sense of self (Frost & Meyer, 2012). Specifically, when LGBT+ individuals feel belonged, and develop an emotional connection with their community, they are more likely to experience a greater sense of identity affirmation (Chong et al., 2015).

In the case of bisexual individuals, their particular minority stressors -such as invisibility, biphobia, and double discrimination from both heterosexual and gay or lesbian

people- make challenge the building of a community sense. To illustrate, only 23 years ago, in 1999, was celebrated the first official acknowledgment of Bisexual Awareness Day, also known as Bi Visibility Day, occurred at the International Lesbian and Gay Association Conference in Johannesburg, South Africa. In the same line of thought, Stonewall's research shows that only one in five bi people are out to all their families compared to three in five gay men and lesbians. This is likely to be worse for bi people with other marginalized identities, like bi people of color and bi people of faith (Melville et al., 2020). Moreover, in many cases, it is difficult for bisexual individuals to feel part of the LGBT community. Even though there is not much research on this topic, a small body of qualitative research has identified that bisexual participants have reported encountering negative stereotypes within LGBT and heterosexual spaces (Gurevich et al., 2007). These stereotypes include notions that bisexual people are confused, undecided, avoiding the stigma of being a lesbian or gay, wanting the best of both worlds, and being unable to commit (McLean, 2008).

According to previous research, positive contacts with the gay, lesbian, and bisexual communities work to reduce the stigma individuals attach to being homosexual or bisexual (McLean, 2008). This knowledge points out the importance of working from the planning of policies that encourage the construction of spaces where diversity is accepted and integrated within our communities. Some studies tested the social identity theory and self-categorization theory to help us understand how important is the feeling of belonging in minority groups, reporting that well-being increases for members of marginalized groups when they strongly identify with that group (Outten et al., 2009). Indeed, these theories provide a psychological understanding of intergroup relations and their impact on the self and explain that the process of categorization provides an anchor for group and self-definition (Tajfel & Turner, 1986). More recent qualitative research investigated whether elements of social identity theory and self-categorization theory predicted the effect of self-stereotyping on the well-being of bisexual people (Flanders, 2016). However, the results did not support the predictions generated from both theories, thus indicating that these theories may not be appropriate to use in their current form as a theoretical framework for understanding bisexual identity. One possible explanation provided by the author is that the mentioned theories may not operate the same way for bisexuality as they do for other social identities. Either way, we noticed a lack of quantitative evidence on this topic. Because of this gap of knowledge, and from the theory above we deduce our first hypothesis: *(H1) Sense of community will negatively influence feelings of depression in bisexual people.* In other words, being part of the bi+

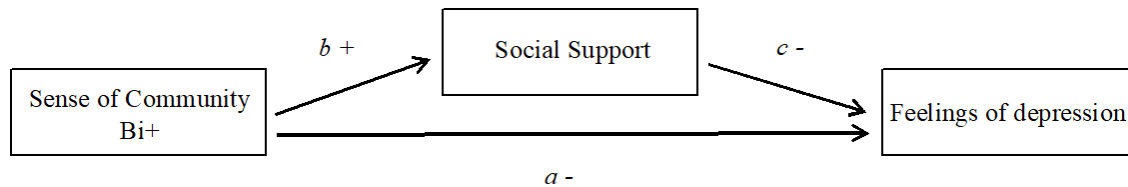community reduces feelings of depression. In Figure 1 are illustrated the mechanisms in play in this research.



*Figure 1.* Schematic overview of all concepts and the hypothesized relationships between them.

*2.3 Social Support*

As well as the sense of community, having the support of the inner circles, such as family and friends, and people with whom we interact frequently, as could be the case of co-workers and neighbors, acquires a central role in the development of Bi+ people. It is true that in recent decades we have witnessed an important advance in the recognition of rights and greater tolerance in Western societies towards same-sex and gender-diverse couples. However, it still remains a problematic issue. According to research recently published by Bi+ Nederland (2021), 32% of bi+ persons in The Netherlands declared that they wish to express their sexual orientation more openly in their inner circle. It is important to address this issue not only because of the desire and right to express themselves with more freedom and less fear from the bi+ people, but also to gain a better understanding of the health risks linked with this lack of acceptance. Indeed, social support has been associated with a range of mental health outcomes, including the mitigation of a variety of stressors such as depression and anxiety (Cohen, 2004; Taylor et al. 2019). This association does also apply to other minority groups. Social support has been linked with decreasing depressive symptoms among black people (Lindsay et al., 2010), and even lower internalized stigma and shame among individuals with substance abuse face (Birtel et al., 2017). However, empirical findings linking social support and mental health among bi+ people have been less robust. Some studies reported that higher levels of social support are related to decreased emotional distress, and buffered against the negative effects of sexuality stress (Doty et al., 2010; Williams et al., 2010). In addition, social support from friends and parents may reduce the possibility of suffering depression associated with disclosure stress produced by the stress related to sexual identity openness

(Pollitt et al., 2017). Considering the empirical evidence reviewed on how social support effectively mitigates a variety of stressors, we consider it worthy to analyze if social support also positively influences the mental health of bisexual people. Consequently, our second hypothesis states: *(H2) Social support negatively influences feelings of depression among Bi+ people.*

Bi+ Nederlands is currently working on gaining more knowledge on sexuality and mental health among bisexual people. Bi + people are also more likely to conceal their sexual orientation than gay/lesbian people are. According to the Bi+ Onderzoek (2021), bi+ people are less open to other members of the LGBT+ community, which also means that people in their environment do not know that someone has bi+ feelings and experiences. This finding is on the same line as a previous Dutch study, which showed that only 34% of the respondents know one or more bi+ people in their environment (Kuyper, 2015). Furthermore, this concealment is generally associated with negative mental health outcomes (Feinstein et al., 2020). It becomes clear the importance and relevance for bi+ people to have solid social support, in which they are able to be themselves without fear to be rejected or discriminated against based on their sexual orientation. Having reviewed the literature on this topic, the third hypothesis of this research states the following: *(H3) The negative relationship between the sense of community bi+ and feelings of depression among Bi+ people is partially mediated by social support.*

## 3. Methods

*3.1 Participants and research methods*

In order to test our hypotheses, we developed our research using the data collected by Bi+ Nederland in 2020. The dataset was collected in a previous study among the Bi+ community and focused on sexual-affective relationships and mental health. The dataset consists of online surveys conducted on self-identified bisexual people in The Netherlands, between the ages of 16 and 55 years. The participants were approached through social media advertisements (Instagram, Facebook, and Snapchat). The ads focused on the definition of a bi+ orientation and differed in image and description to reach different groups. In addition, the ads on social media were aligned with people who are somewhat interested in LGBT+ related topics. This survey among bi+ people focused on two main research questions: (1) To what extent do bi+ individuals experience the monosexual norm, community and relationship

support, and mental health and substance use problems? And (2) To what extent do experiences with the monosexual norm explain the mental health and substance use of bi+ persons?

The recruitment was tracked for gender and age distribution among participants and timely adjustments were made to ensure that not only younger and female social media users would see the ad. The data was stored in DANS, the Dutch national center of expertise and repository for research data. The study where the data was collected has been approved by the Ethics Committee of the Department of Pedagogical and Educational Sciences (University of Groningen).

*3.2 Variables*

*Mental health and feelings of depression (DV)*

Understanding the difficulty of measuring depression and mental health diseases, in the present research we used the variable " Did you feel depressed and gloomy?" based on self-report. Respondents answered on this variable to what extent they had felt depressed or gloomy during the past 4 weeks using a scale ranging from 1 "rarely" to 5 "constantly". Those respondents who refused to report an answer, answered "refusal" or "I don't know". These two options were set as missing values and were not taken into account for the purposes of this study.

*Sense of community: Connection with the Bi+ Community (IV)*

To measure the connection with the Bi+ community, we use the variable "I feel part of the bi+ community". Bi+ is understood in this question as organizations, networks, and groups that target bi+, bisexual, pansexual, queer, or heteroflex people, and organize activities specifically for bi+ people. Respondents answered on this variable to what extent they feel part of the Bi+ community using a scale ranging from 1 "Totally disagree" to 5 "Totally agree". Respondents who refused to answer were set as missing values and were not taken into account for the purposes of this study.

*Social support (mediator variable)*

The mediating variable, Social Support, is a variable created from five questions that together measure the social life of the respondents. The questions are the following: (1) "How often you are asked to participate in a plan? (Bi+, 2020), (2) "How often do you receive phone calls

or have a chat with someone?", (3) "How often do you receive visits?", (4) "How often do you do fun things?", (5) "How often do you go to parties or dinners?". The answers to all five questions ranged from 01 Never to 05 Very Frequently.

A factor analysis was conducted to look at the relationships between the mentioned five variables and determine whether they are all associated with the same underlying factor. We observed that our sample size is sufficient (KMO = .85) and that we have enough correlations for factor analysis ($p < .001$), resulting in a Cronbach's α of .852.

*Control variables*

One of the seleccted control variables is *age*. According to the research published by Bi+ (2020), findings show that especially young bi+ people suffer from depressive and anxiety symptoms. In addition, LGBQ youth are more likely to face many other threats to their mental health, such as maladaptive coping, parental rejection, abuse, negative interpersonal interactions, negative religious experiences, school bullying victimization, and violence victimization in community settings (Hall, 2018).

Additionally, *gender* is added as a control variable based on previous research. Even though women might be predicted to be at higher risk for feelings of depression, findings disprove this assumption stating that bisexual men reported the highest depressive symptoms when the stress of disclosing was high (Pollitt et al., 2017).

*Exclusion*

Finally, 2.895 respondents lacked a value at one or more of the variables mentioned above, which means that the data of the remaining 2070 respondents will be used to test the hypotheses.

*3.3 Analysis*

For the present study, we will conduct in the first place one simple linear regression to address the effect of being part of the Bi+ community on feelings of depression. The second model will be a multiple linear regression addressing the effect of being part of the Bi+ community on feelings of depression, including the control variables. The third model, also a multiple linear regression, will test for mediation. For this reason, the variable social support will be added. All the mentioned tests will be conducted using IBM SPSS software version 27. Version 3.0 of the PROCESS tool developed by Andrew F. Hayes will be used to check whether the effect size of the mediator is calculated correctly.

# 4. Results

In Table 1 we can find a summary of all relevant descriptive statistics. Some numbers that stand out are the female proportion, which is 61% of all included respondents. The mean age is 25.8 years old, with a minimum of 16 and a maximum of 55 years old. Even having into account that the maximum age of our sample is still very young, the average age of the respondents is under 30 years old. In Part of the bi+ community, the mean is 3.23 (min = 1, max = 5, SD = 1.16), with a relatively small standard deviation, showing that a big amount of respondents declared to feel partially part of the Bi+ community. In relation to Feelings of depression, the average of respondents declared that they sometimes felt depressed within the last four weeks, with a mean of 2.26 (min = 0, max = 5, SD = 1.22). Surprisingly, in Social support the mean is 2.32 (min = 1, max = 5, SD = .748), revealing that among our sample the social support is relatively low.

Table 1. Descriptive statistics.

|  | N | Min | Max | Mean | S.D. |
|---|---|---|---|---|---|
| Part of the Bi+ Community | 2070 | 1 | 5 | 3.23 | 1.16 |
| Feelings of Depression | 2070 | 1 | 5 | 2.26 | 1.22 |
| Social Support | 2070 | 1 | 5 | 2.32 | .748 |
| Age | 2070 | 16 | 55 | 25.85 | 10.5 |
| Female | 2070 | 0 | 1 | .61 | |

Figure 2 presents the distribution of feelings of depression by age, showing that female participants reported experiencing feelings of depression more often than male participants.
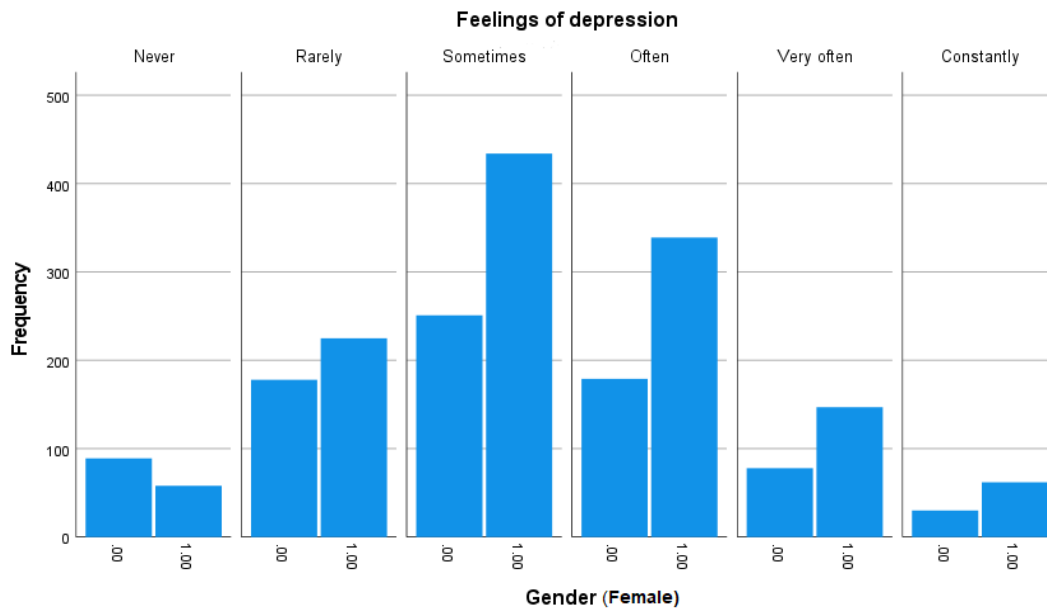
*Figure 2.* Distribution of feelings of depression by gender.

Table 2 includes all three regression models, starting off with Model I on the left, representing the simple linear regression between being part of the bi+ community and feelings of depression. This model is significant with 1.2% of the variance explained by being part of the bi+ community ($R2= .012$, F = 25.696, p < .000). In addition, the effect of being part of the bi+ community on feelings of depression is significant and positive (B = .117, p < .000), meaning that the more a bi person feels part of the bi+ community, the more depressed they feel. However, this tendency disappears in Model II when control variables are added.

This effect is smaller when the control variables are added, as shown in Model II. We can observe that the effect is still positive, but not significant (B = .017, SE = .023, p < .457). With these results, the first hypothesis can be rejected: being part of the bi+ community does not have a significant effect on mental health. Model II as a whole is also significant and the control variables explain an additional 9.1% of the variance in mental health ($R2 = .103$, F = 79.433, p < .000). Model III includes the mediator social support, which has a significant negative effect on feelings of depression (B = -.353, p < .000), meaning that our second hypothesis is comfirm: social support negatively influences feelings of depression among bi+ people. This model as a whole explained 14.9% of the variance feelings of depression, which is a 4% increase compared to Model II.

An interesting finding we observed is that age has a significant negative effect. This means that when bi+ people grow older they tend to feel less depressed. This result is

valuable as it allows us to reflect and rethink how young people transition to adulthood, and the importance of the life course in mental health (Bültmann et al., 2020). This makes sense if we have into account that during their youth many bi+ people go through a gender identity crisis (Willis, 2012), aggravated in most cases by experiencing bullying, stigma, discrimination, and harassment, among others (Rimes et al., 2018). Once in their adulthood, this identity crisis tends to disappear, reducing this way the stress related to finding who they are.

Table 2. Regression analyses with all independent, control, and mediation variable on feelings of depression (N=2070)

| Model | I | II | III |
|---|---|---|---|
| Constant | 1.88*** (.079) | 3.15*** (.129) | 3.90*** (.144) |
| Part of the Bi+ Community | .117*** (.023) | .017 (.023) | .023 (.022) |
| Age | | -.037*** (.003) | -.037*** (.003) |
| Female | | .004 (.056) | .081 (.055) |
| Social Support | | | -.353*** (.034) |
| R2 | .012 | .103 | .149 |
| F | 25.696*** | 79.433*** | 90.381*** |

*Note*: Main entries are unstandardized regression coefficients and entries in parentheses are standard errors; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

In order to confirm if partial mediation is at play here, we will look at Table 3. This table presents the effects of being part of the Bi+ community on Social support. In Model I, being part of the Bi+ community is positive and significant, but as it can be seen, this tendency dissapears when control variables are added in Model II. In relation to the total and indirect effects, both of them are not significant.

Table 3. The effects of Part of the Bi+ community, Age and Gender on the mediator Social support (N=2070)

| Model | I | II |
|---|---|---|
| Constant | 2.225*** (.049) | 2.133*** (.082) |
| Part of the Bi+ Community | .030*** (.014) | .018 (.015) |
| Age | | .000 (.002) |
| Female | | .220*** (.036) |
| R2 | .002 | .023 |
| F | 4.363* | 15.928*** |

*Note*: Main entries are unstandardized regression coefficients and entries in parentheses are standard errors; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

In Model II we can observe two main findings. The first one is that there is no mediation effect of Social Support on being part of the Bi+ community. With this result, the third hypothesis can be rejected. In the second place, we found that female bi+ people have stronger social support. This is an interesting finding as it allows to reflect on the relationship between social support and symptoms of depression among female bisexuals since in figure 2 it is possible to observe that female bi+ people tend to experience more feelings of depression. Having into account that the mental health of bisexual women is poorer than that of heterosexual and lesbian women (Serpe et al., 2020), can be hypothesized that having stronger social support may be a way to deal and cope with mental health issues. This hypothesis can be tested in future research.

## 5. Discussion

To conclude, a sum up of the most important findings of this research will be presented. One of the interesting findings of this research is that in the first simple regression the relationship between being part of the bi+ community and feelings of depression is significant and positive, meaning that belonging to the bi+ community increases the feelings of depression and gloominess. Nonetheless, this tendency disappeared when the control variables were included in the second model. Since age is negatively significant when is included as a control variable, a possible explanation for this change in the relation between the may be that younger people are more often identified as part of the bi+ community, and since they

experience feelings of depression more often than older bi+ people, it may create a spurious correlation between sense of community and feelings of depression.

The effect of being part of the Bi+ community on Social support is significant, meaning that being accepted in the immediate environment -in other words, having solid social support- can have a great influence on the mental health of the so-called sexual minorities. With this result the second hypothesis was confirm. Nonetheless, the results showed that there is no mediation effect of Social Support on being part of the Bi+ community, rejecting the third hypothesis. As mentioned in the theory section, there are not many quantitative studies where the bi+ community is exclusively studied. This indicates that the available knowledge on this topic is still insufficient. Therefore, continuing to investigate what factors influence the mental health of bi+ people is of crucial importance for the creation of public policies that positively influence their well-being and health.

However, two interesting discoveries can be pointed out in our analysis, which can be investigated in depth in the future. The first one is that bi+ people tend to feel less depressed when they grow older. One of the explanations provided in the results section was the importance of the life course in mental health (Bültmann et al., 2020). Indeed, in the case of bi+ people, research has pointed out the important role of trauma and violence in the etiology of depression during adolescence (Zeglin et al., 2020). Because members of the bi+ community do experience more frequent stressors in their teenage years, the inherent stress of identifying with a marginalized minority group within a larger society can compound their stress and exacerbate depressive symptoms (Zeglin et al., 2020). As they grow older, the stressors related to finding one's identity disappear in most cases.

The second finding of this study is that female bi+ people have stronger social support. As stated in reviewed research, the mental health of bisexual women is poorer than that of heterosexual and lesbian women (Serpe et al., 2020). This was explained by the fact that bisexual women, being exposed to specific stressors due to their sexual orientation, face stressful situations that may lead to symptoms of depression, among other possibles mental health issues. A way to deal -and cope- with these stressors and their undesired outcome may be to have solid social support that acts as a support network. This is an interesting hypothesis to test in future research, in order to deepen the knowledge of mental health and well-being of the bi+ women.

One of the major limitations of this research is the generalizability of the results. The study where the dataset was collected only reached participants who are active online on social media and are motivated to participate in research that addresses their sexual

orientation and related experiences. For this reason, the sample may not be representative of the Dutch bi+ community. In addition, and regarding the result in which the age has a significant negative effect, a possible suggestion is to replicate the study with a wider range of ages. This new research's main aim should be to reach older bi+ people, and maybe combine mixed methods in order to have a better understanding of the reasons why those feelings of depression tend to disappear when people grow older. This way it could also be possible to think about how to improve the mental health of bisexual youth, and what can be done to contribute to the strengthening of the community and well-being of the bi+ people.

Another limitation is that the answers are declarative, meaning that the data may be biased. This study was conducted based on self-reported data, for which when asking about belonging to the bi+ community, what is actually measured is the perception of the respondents. To provide an example, it may be the case that women reported stronger social support because they tend to be more open and communicative about their feelings and relationships than men. Therefore, we suggest future research measures belonging to the bi+ community in a more objective way, in order to reduce the possible bias present in a declarative answer.

In conclusion, this study aims to contribute to the knowledge of how being part of a community may improve the mental health and well-being of bisexual people by reducing their feelings of depression, and analyzing if social support acts as a mediator of this relationship. For the next steps, we suggest focusing on researching which mediators are indeed influencing the relationship between belonging and mental health, in order to not only improve our academic knowledge of the bisexual community but also to reflect on and create public policies that ensure the well-being and mental health of the Dutch bi+ community.

*4.1 Policy advice*

Lastly, in the following pharagraph a policy advice will be proposed based in the results presented above. Since bisexual women reported having greater social support than bisexual men, in this section the policy advice is aimed at bisexual men in order to provide a safe space for them to socialize and interact with other members of the community. The suggestion is then the creation of a Bi+ Social Support Group, and it will be targeting bi+ men. The idea of these groups if that their assisnts are hable to discuss a wide range of topics -sexuality, discrimination, relationships, to name some- that they may be experiencing, altogether in a supportive environment.

As bi+ people grows up they are more likely to encounter and have additional support that may enable their positive adjustment, such as a community. According to Doty et al. (2010), this support may operate in two different ways: as general support, or it may be sexuality-related social support, a term used to describe social support that is specific to young people's sexuality-related stress and life experiences. In the case of the Bi+ Social Support Group, the support will be more general, with a topic of the day and conversation planned for that meeting, but also providing the space to talk about other things that may come up during the meeting.

In addition, these supportive groups have two relevant benefics. One os them is that having supportive communities appears to be related to the health and well-being of bi+people (Snapp et al., 2015), and the second one is that since budget is very often a problem to solve for most of the non-gubernamental organization, these groups have the plus of being a low cost strategy for community building. In the next step, a planning for these meetings will be proposed, finishing with an evaluation suggestion.

**Frequency**

The groups will be conducted two times a month. In this way, they do not occur so spaced out over time, allowing bonding between attendees, nor do they occur so rarely, since organizing these support groups on a weekly basis can cause an extra effort for the organization. The idea of this recommendation is that it can be feasible in practice and be implemented without major inconveniences.

**Training**

The Bi+ Social Support Group will be moderated by a person -or two- in charge of the group, preferably with experience in managing groups. The moderator guides and fuels discussions by being present and active in the conversation. In addition, the moderation will follow the plannification for that day, propossing a topic previusly agreed upon and moderating the activities.

**Planning**

The planning of these groups must be practical and should not take a lot of time, again, in view of the feasibility. The suggestion for the planning is that in a meeting with the

moderation and person in charge of this group, the topic of the week will be discussed. This can be sexuality, romantic partners, work, family, etc. Also, a group activity will be planned based on the topic selected, with the aim of making the meeting more dynamic and introducing a playful element.

A good example of group activity is the "Invisible ball". This game consist in placing the participants in small grops of four or five persons in a circle. One person starts saying "I have a basketball" (or whatever type of ball they choose) and must say something related to the day's activity. After that, they must pretend to pass the ball to someone else in the circle.

**Location**

These groups can take place in every room with space enough for the assistance. One possible suggestion is to do a quick 'survey' of how many people would be attending and calculate the location based on approximate attendance. No special feats are required.

**Difussion**

The difussion of these meetings is an important step. Being oriented towards bisexual men, the communication of the Bi+ Social Support Group must be targeted. In the planning it is possible to evaluate in which places (physical or virtual) it is more convenient to promote the support group. Moreover, it is also suggested the making of flyers to distribute in surroundings and LGBT spaces, and the promotion in social media. If possible, a mailing list can also be used to promote the flyer by contacting people who had prevouisly signed up to a newsletter.

**Evaluation**

After six month, the Bi+ Social Support Group will be evaluated to determn its effectiveness in improving the well-being and socialization of the bi+ men assistants. Also, session reports will be provided by the moderator during this period to provide a follow-up and add valuable information to better understand the process. The suggestion for this evaluation is recruiting the participants of the support group once they completed six months asisting to these meetings. A set of questionnaires to complete will be provided, where the assistants evaluate the group sessions and their own progress. Totheger with the session reports, an evaluation will be made and it will be determined the Bi+ Social Support Group's effectiveness (and its

limitations). This way, Bi+ Nederlands would be able to decide whether continue with these meetings or not, based on the results of the evaluation report.

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