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Beyond Alphabet Soup: Helping College Health Professionals Understand Sexual Fluidity

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## Abstract

Many college students today are no longer using the terms straight, gay, lesbian, bisexual or transgender to self-identify their sexual orientation or gender identity. This commentary explores research related to fluidity of sexual identities, emerging sexual identities used by college students, and how these identities interact with the health and wellbeing of the student.

Additionally we discuss strategies to help college health professionals provide a sensitive environment and clinical experience for students whose sexual identity is fluid.

## Keywords

sexual fluidity, bisexuality, sexual orientation, gender identity, sexual identity, college health

Over the past several decades visibility and acceptance for lesbian, gay, bisexual, transgender and other sexual minorities have increased significantly.<sup>1</sup> As this visibility and acceptance has grown there has also been an increase in labels individuals use to identify themselves; many of these initials have been added to the LGBTQ (lesbian, gay, bisexual, transgender, queer) acronym; however, many other identities have not been included. This article will explore the research behind identity, identity labels becoming more prevalent in college student populations, and how college health professionals can support students that identify beyond LGB or T.

## Fluidity in Sexual Orientation

Although heterosexual, gay, lesbian, and bisexual are the most well-known and frequently used sexual identities, earlier researchers realized that these categories were not adequate. The 1948 development of the Kinsey scale<sup>2</sup> categorized sexual behavior on a scale of 0 (exclusively heterosexual) to 6 (exclusively homosexual) based on Kinsey's national research with men and women. Later Fritz Klein<sup>3</sup> considered sexual orientation more complex than just behavior. The Klein Sexual Orientation Grid (KSOG) considers eight components of sexual orientation (sexual attraction, sexual behavior, sexual fantasies, emotional preference, social preference, lifestyle preference, sexual identity, political identity) on a scale of 1 (heterosexual only) to 7 (gay/lesbian only). The KSOG also includes time: past (up to 12 months ago), present (most recent 12 months) and ideal (what you would eventually like).

Although three categories are not sufficient, it is unclear how many possible identities exist. Weinrich and Klein<sup>4</sup> identified five different groups among women: heterosexual, three types of bisexual (bi-heterosexual, bi-bisexual, bi-lesbian), and lesbian. Other research<sup>5</sup> also

supports five categories: heterosexual, mostly heterosexual, bisexual, mostly gay/lesbian and gay/lesbian, but Worthington and Reynolds identified 12 different orientations: three types of bisexual women, three types of bisexual men, two types of heterosexual women, two types of gay men, lesbians, and heterosexual men.<sup>6</sup>

The actual number of orientations is not as relevant as acknowledging that the three category system does not fit everyone. Thompson and Morgan<sup>7</sup> found differences in sexual fantasies, sexual attraction and sexual relationships between women who identified as “mostly straight/heterosexual” compared to those “exclusively straight/heterosexual” and bisexual. Likewise, when asked to describe their identity, many individuals do not use traditional categories or words<sup>8</sup> or they write in an “other” response<sup>9</sup> suggesting more categories or possible ways to identify. It is also difficult to determine if individuals mark one of the existing categories (gay, lesbian, bisexual or heterosexual) because it is accurate or “close enough,” or because of an unwillingness to take the time to write in another identity, especially if that identity is still evolving.<sup>10</sup> Some individuals feel that even the more complex KSOG (with multiple identity components and three time factors) cannot accurately reflect their sexual identity.<sup>11</sup>

## Fluidity in Gender Identity

Like sexual orientation, there are traditional categories for gender: male & female. Recent media coverage around individuals who do not accept their gender assigned at birth (e.g. Caitlyn Jenner, Chelsea Manning) has increased awareness around the concept of being transgender, which often refers to individuals with gender dysphoria (belief that they are not the gender they were assigned at birth) and proceed to transition from one gender to another. At the same time, the transgender term does not automatically mean that someone wants to transition; some

individuals do not want to be either male or female, some consider themselves both, and some do not want to be confined to a binary system that includes the male-female continuum.<sup>12</sup> [The typical binary system of gender considers only the distinct categories of masculine and feminine.] Beemyn and Rankin's interviews include examples of such identities - "one-third male, one-third female, and one-third transgender" and "I am me." Likewise, even for those who transition from one gender to another, some are reluctant to reject their past history and experience and may continue to use trans-related terms<sup>13</sup> (such as transwoman).

## Fluidity of Sexuality

Some research indicates that labels are more strongly related to one's sexual identity at the ends of the sexual spectrum and for those in the middle, the terminology becomes less rigid.<sup>14</sup> Others argue that although these newer labels help distinguish gradations of the sexual minority experience, they still reinforce sexual orientation on a continuum of gay to straight.<sup>15</sup> Vrangalova and Savin-Williams's research<sup>5</sup> supports the idea of a sexual orientation consisting of two, rather than one, distinct dimensions (same- versus other-sex attraction) and that having more same-sex sexuality does not necessarily imply having less other-sex sexuality, and vice versa. Similar ideas have been expressed about gender and how the gender binary (from male to female) is exclusive of individuals who may identify with both genders or as neither gender. In fact in one study of transgender individuals, almost one-quarter identified as genderqueer, indicating that they did not consider themselves as male or female but may identify as a combination of both or neither.<sup>16</sup>

Other researchers stress how sexuality intersects with other identities (e.g., ethnicity, social class gender, approach to relationships) and the need for ideas that allow individuals to

respond to their unique identity. While beyond the scope of this commentary, individuals can learn more about concepts of intersectionality related to sexual identity by reviewing the Model of Multiple Dimensions of Identity<sup>17</sup> and Sexual Configuration Theory.<sup>18</sup>

## Language and Terminology

As the research shows there are far more categories of sexual identity than the traditional three and it would follow that people are using many different words to describe their own experiences and identity. This continues a historical trend; several decades ago, homosexual and heterosexual were common terms but as culture shifted, the terms lesbian, gay, bisexual, and straight became preferred,<sup>19</sup> and in the last ten years, other terms such as queer and pansexual have become more common. As people experience their own sexuality in the context of our current culture, additional labels have been introduced. Some are small tweaks to existing labels; however, others are entirely new identifiers that individuals claim more closely represent their feelings and experience.

Some of the newer labels evolved because of the increasing understanding and acceptance of gender fluidity and gender expansive people. These labels remove the gender identifiers of the people using the label (e.g., androphilic - a person who is attracted to men or masculinity, which may be used instead of gay, a man who is attracted to other men) or encompass attraction to people who identify outside of a traditional man or woman gender (e.g., polysexual - a person who is attracted to people of many genders). Similarly, labels can also refer to gender identity beyond transgender (someone who transitions from their gender assigned at birth to something else) and cisgender (someone whose gender assigned at birth aligns with their gender identity). Identity labels with a fluid gender identity can also include people who identify

as neither male nor female and people who identify with both male and female.<sup>12</sup> Table 1 lists common and emerging identities and definitions.

### Sexual Fluidity and College Health

In general, healthcare providers and staff are becoming more aware and accepting of the specific needs and concerns of LGBTQ communities<sup>20</sup> but they may not be as familiar or comfortable with ideas of being “in between” or the fluid nature of an individual’s sexual orientation and/or gender identity in that it changes over time. Some research indicates that not identifying as heterosexual or gay/lesbian is more common among those under 30 years of age (29% compared to 24% for those 30-44 years old and 8% for those 45-60 years old).<sup>21</sup> It is well-documented that non-heterosexuals have higher risk behaviors and less protective behaviors than heterosexual students<sup>e.g.22</sup> and some research further identifies bisexual individuals as demonstrating higher risk behaviors than other sexual minorities for some health issues (e.g. sexual health,<sup>23,24</sup> mental health,<sup>24,25</sup> body image<sup>24</sup>). In fact, Klein and colleagues<sup>26</sup> found that bisexual individuals are more likely to report health having a more negative impact on their academics compared to any other sexual orientation; however, these findings are based on self-identified bisexuals. Little is known about those “in between” or whose identity changes over time and no research has examined health risks for this group. Given the increased risk for self-reported bisexual individuals and their experience of dual marginalization (experiencing discrimination from both the heterosexual and gay/lesbian communities)<sup>27,28</sup>, it is possible that those with fluid sexual identities would also experience more discrimination and potential health risks. For individuals who do not specifically identify as male or female or identify as gender non-conforming or genderqueer, they often experience more challenges including feeling less

connected to and less supported by both the trans & LGBTQ communities. Additionally they often report feeling isolated and struggling to determine how they fit into settings that reinforce the gender binary (such as college with residence halls, sports teams, locker rooms, fraternities/sororities, etc.).<sup>12</sup>

Although more research is needed to better understand the specific health needs of sexually fluid individuals, college health practitioners can initiate practices to ensure competent health care for these individuals. The follow sections detail suggestions for both individuals and college health programs.

## Suggestions for the College Health Professional

As a college health professional strives to better understand others' sexual identity, self-reflection on one's own identity can help with the process. There are many aspects of one's sexual identity: gender identity (person's internal sense of man-ness or woman-ness), gender expression (way one presents their gender to the world), biological sex (physical sex characteristics one is born with), sexual attraction (people an individual is sexually attracted to), and romantic attraction (people an individual is romantically attracted to). As one better understands their own identity and the individual components that make up this identity, they are better able to understand how others' identities evolve.

Another strategy is to increase one's knowledge and awareness of newer and evolving identities. College health professionals can read journal articles, connect with organizations, or utilize other existing resources addressing sexual fluidity. They can also learn from their students simply by asking questions and actively listening; however it is important to be mindful that the students' role is not to be educating those who should be serving and educating them.

Additionally college health professionals need to be mindful that historically, health promotion for non-heterosexual people has primarily focused on preventing HIV/AIDS, sexually transmitted infections, and hepatitis.<sup>20</sup> However, the immediate need of the student may be unrelated to their identity and the purpose of the visit, perhaps cold/flu related symptoms or tobacco cessation, should not be derailed by a focus on sexual or gender identity.

College health professionals also need to be aware of the self-identified label of a student. Definitions of a particular identity may differ between individual users of a chosen identity, and it is important that the provider not label the student based on information as the student may not accept that label.<sup>29</sup> For example, a person who has engaged in sexual behavior with males and females may not identify as bisexual, pansexual or omnisexual – they may choose another label entirely. Providers also need to realize that based on where an individual is in the process of exploring their own identity, they may not even have a set term or label, possibly only a description of what their identity and orientation means to them. In addition to knowing one's chosen identity, understanding chosen pronouns is also important; resist imposing labels or pronouns based on assumptions<sup>27</sup> and allow the individual to label herself, himself, themselves, or himself. The most direct strategy is to ask students “What name would you like me to call you?” and “What pronoun do you use?” Some college health professionals may be hesitant in such a direct approach, though it can alleviate much confusion and discomfort. Alternatively, using gender neutral pronouns, such as “they”, “their” or “ze,” or simply the student's preferred name is an option until the student's chosen pronouns are known. Even after a student has been explicit in their pronoun usage, some providers struggle with pronoun use, especially using a plural

pronoun (e.g. they) for an individual. However, overcoming this uneasiness is important in order to best affirm the student in their identity.

In health promotion efforts, it can be difficult to include all possible pronoun usages and identity labels, but written communication (e.g. social media, websites, media campaigns) needs to be reviewed for exclusionary examples or terminology. Gender neutral names and use of “they” as a pronoun may be an option in some instances. For oral communication it can be cumbersome to include all possible options related to fluidity. For general programmatic efforts, disclaimers (both verbal and written) about the pronoun and example that will be used can acknowledge sexually fluid individuals. For programmatic efforts specific to LGBTQ populations, inclusionary language and examples should be incorporated to include those who identify as fluid or have experienced sexual fluidity in their identity. This can include specific identity labels or scenarios which incorporate sexual fluidity.

College health providers need to remember that self-identification and behaviors do not always align and to avoid assumptions based on behaviors.<sup>30</sup> Unfortunately, there are many health assumptions associated with sexual orientation and gender identity (e.g. all gay men are at higher risk of HIV infection) that do not account for the unique circumstances of each individual. Additionally, sexual behaviors should be discussed separate from identity as they may not be related. Likewise, individuals may have a different identity, identity description, and/or pronoun from the previous interaction. In fact, one study of transgender individuals found that they had an average of 2.5 current gender identities, 1.4 past gender identities and two past sexual orientation identities.<sup>31</sup> Ultimately, not pressuring an individual to share, but rather respecting the individual for where they are in the process and for their need to feel safe,<sup>29</sup> is key. As college health

providers, acknowledging and accepting a student's identity improves the patient experience, but in clinical settings, the focus should be on the health issue. For mental health settings, more discussion and exploration around identity issues may be appropriate, and mental health providers may need a different level of knowledge and comfort about issues of sexual fluidity.

## Suggestions for College Health Programs

College health center staff often serve as advocates for LGBTQ individuals on their campuses (i.e., release of American College Health Association Guidelines for Trans-Inclusive College Health Programs in October 2015).<sup>32</sup> There are several strategies to consider on a larger scale when increasing awareness and addressing issues related to those with sexually fluid identities.

Research has found that family acceptance of LGBTQ adolescents is associated with positive young adult mental and physical health. Specifically it predicts greater self-esteem, social support, and general health status, as well as protects against depression, substance abuse, and suicidal ideation and behaviors.<sup>33</sup> Although no research has examined the role of family and friends related to sexually fluid identities, understanding the potential impact of their acceptance of a fluid identity and its connection to the student's health is key in creating interventions for and providing support in reducing a variety of health disparities. Also understanding the campus climate for sexual fluidity may provide a barometer for students' experiences on campus.

Recommendations for creating a welcoming environment also include regularly reviewing intake forms, surveys and other "boxes" to consider how a gender or sexually fluid individual may respond. Taking into consideration how inclusive the response options are and revising forms to contain inclusive, gender-neutral language that allow for self-identification<sup>29</sup> is important. In some instances, an open-ended response option may be best so students do not repeatedly have to

check the “other” box as this can lead to feeling disenfranchised. A college health provider should also think about the value in addressing sexual orientation and/or gender identity at each visit or interaction – is it appropriate? how does it fit within the context of the visit? With all of these considerations, one should ensure that disclosure is voluntary and that privacy protections are in place.<sup>30</sup> Environmental considerations include creating waiting rooms and office spaces, as well as unisex or single-stall restrooms, that signal acceptance for those who don’t identify as a specific LGBTQ identity.

Others on your campus or in the community may be willing to partner in efforts to provide more inclusive health care for sexually fluid individuals. After exploring campus and local resources, consider creating trainings to help campus staff understand the concept of fluidity. Depending on the scope of your office, facilitating discussion or support groups for those who have fluid identities may also be an option. If there is a lack of knowledge about sexual fluidity on campus, consider conducting focus groups or interviews (possibly partnering with interested faculty or graduate students) to better understand your campus setting. A research presentation or report on sexual fluidity based on the findings from your campus could assist interested staff, faculty and administration in their efforts to support students.

The above ideas are provided to help college health practitioners learn about sexual and gender fluidity; however, it is important to remember that adjusting to new cultural ideas takes time and -- like all learning -- doesn’t come without mistakes and failure. At the same time, college health professionals can start by taking the first step in acknowledging these new ideas and actively listening to students in order to provide the best care possible to sexually fluid students on college campuses.

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Table 1. Sexual Identity Labels and Definitions\*

<b>Term</b>	<b>Definition</b>
Agender	A person who does not feel they align with any gender, or feels a lack of gender.
Agnosexual	A person with an undecided sexual orientation.
Ambisexual	A person with an ambiguous sexual orientation; a person who is attracted to men, women and genderqueer people.
Androphilic	A person who is attracted to men or masculinity.
Aromantic	A person who does not experience romantic attraction
Asexual	A person who does not experience sexual attraction.
Bigender	A person who identifies as two genders.
Bisexual	A person who is attracted to some male- and some female-identified people.
Cisgender	A person whose gender assigned at birth aligns with their gender identity.
Demiromantic	A person who only experiences romantic attraction after developing an emotional connection.
Fluid	A person who fits and/or uses many labels for their sexual orientation or gender identity.
Gay	Umbrella term for the larger LGBTQ+ community; A male-identified person who is attracted to other male-identified people.
Gender non-conforming	A person who does not adhere to society's rules about dress and activities for a person based on sex.
Genderqueer	A person who possess identities outside of the male-female gender binary, but may identify as a combination of both or neither. May be a person who identifies as both transgender and genderqueer.
Gynephilic	A person who is attracted to women or femininity.
Heteroflexible	A person who is primarily attracted to people of another gender, but may have sexual experiences with people of the same gender.
Homoflexible	A person who is primarily attracted to people of the same gender, but may have sexual experiences with people of another gender.
Intersex	A person whose sexual anatomy or chromosomes do not fit with the "traditional markers" of "female" and "male."
Lesbian	A female-identified person who is attracted to some other female-identified people.
Lithromantic	A person who feels attraction toward another but does not desire reciprocation.
Non-binary	A person who does not identify with male or female.
Non-labeling	A person who does not describe their sexual orientation or gender identity with any particular label.
Omnisexual	A person who feels attraction toward people of any gender with a focus on personality.
Pangender	A person who identify as all genders.
Pansexual	A person who is attracted to people of all gender identities/expression.

Polyamorous	A person who believes in, practices, and/or considers part of their sexual identity the concept of consensual non-monogamy (multiple intimate, romantic, and/or sexual relationships with the knowledge and consent of all individuals).
Polysexual	A person who is attracted to people of many genders
Queer	Umbrella for the whole community, reclaimed by the community; any person who does not identify as straight.
Queerplatonic	A person who has relationships that are more intense and intimate than is considered conventional friendship
Questioning	A person who is unsure of their current sexual orientation or gender identity.
Same-gender-loving	A person with same sex attractions, most often used in communities of color.
Third Gender	A person who categorizes themselves as neither man nor woman; a social category in societies that recognize three or more genders.
Transgender	Umbrella term used for people whose sex assigned at birth does not align with their gender identity
Two-spirit	Umbrella term used by some indigenous North Americans to label “gender-variant” people within their communities.
Undecided	A person who has not aligned their sexual orientation or gender identity with a label.

Note: This list is not exhaustive and these are common definitions for these terms. Students may have their own interpretation and application of the label to themselves.

## Best Practices

- Accept preferred rather than “official” names.
- Ask students directly about pronoun usage.
- Realize that identity may have changed from previous visit.
- Focus on reason for visit and not sexual identity unless it’s relevant
- Discuss sexual behaviors separately from sexual identity as identity does not define risk.

## Resources

- The Gender Unicorn - <http://www.transstudent.org/gender>
- The Klein Sexual Orientation Grid -  
<http://www.americaninstituteofbisexuality.org/thekleingrid/>
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Figure 1. Best Practices for Inclusion of & Resources for Working with Sexually Fluid Individuals