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Abstract

This chapter discusses issues relevant to bisexual elders, including invisibility, homophobia and biphobia, lack of understanding, and a scarcity of research and resources. Bisexual elders face the same issues as all elders, such as the need for financial planning, health care, assisted living, estate planning, and more, not to mention isolation, feelings of loss, depression, and ageism. Bisexual elders also face the additional issues that lesbian and gay elders must navigate such as invisibility, coming out, and marginalization and discrimination due to homophobia. In addition, bisexual elders also face issues that are either amplified—such as a lack of supportive social networks—or uniquely theirs—such as biphobia and a lack of bi-specific research, support, and services. As a consequence, it is critical for people who offer services to elders to avoid judgment and assumptions.

Keywords

Bisexual · Aging · Health disparities · LGBT · Queer theory

Overview

While bisexuality is common, it is often misunderstood, dismissed, and ignored by both mainstream culture and the lesbian and gay communities, adding a new layer of challenges for seniors. Bisexual elders face the same issues as all

elders, such as the need for financial planning, health care, assisted living, estate planning, and more, plus isolation, feelings of loss, depression, and ageism. Bisexual elders must also navigate the additional issues that many lesbian and gay elders face such as coming out, marginalization, and discrimination due to homophobia. Adding to these challenges is that bisexuals typically enjoy few if any bisexual-specific social networks, support, and services. Service providers may be well-intentioned, but scant research, lack of cultural competency training, and few relevant

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resources often result in increased isolation and marginalization for the seniors in their care. The result is measured in health disparities and stress for bisexual elders.

Learning Objectives

By the end of this chapter, the reader should be able to:

- Describe how bisexuals elders' experience differs from straight and gay and lesbian elders,
- Communicate how health disparities affect bisexuals,
- Articulate the different service needs of bisexual elders, and
- Offer possible solutions to the problem of isolation and a lack of community support.

Introduction

I found it not really upsetting, but more unsettling. Whoa, what just happened? Or, more accurately, when? I had to laugh, if just a little. It felt like the day my AARP invite arrived in the mail or the first time a clerk offered me a senior discount.

I've given many talks about bisexuality, the bisexual experience, and the bi community at various venues including colleges, bookstores, community centers, and conferences. It's a patter I've got down so pat that one time, working without notes, I somehow flipped back to an earlier part of the talk and repeated ten minutes, I'm told, quite verbatim. Not a failing memory—I'm only fifty-five as I write this—more stuck in a rut and time for a fresh speech.

Therefore, when I was invited to participate in a panel discussion about bi history, I did not think much about it. The generally hidden, often forgotten, and always interesting cultural history of my community is something I am quite comfortable talking about and lending a little context to.

It is a small world and an even smaller one when you are on stage with other LGBT speakers, and I knew everyone on the panel quite well. We sat on the riser, in simple hard chairs, in front of a room arranged classroom style. People filed in. When the room was full and the panel moderator began to introduce us, I had an overwhelming feeling of being one part in a “what do these things have in common” test.

- We were old. Or, no, not really—we were old compared to the youthful audience.
- Then I knew: I was to be the bisexual elder.
- I WAS the history. They wanted to hear from me firsthand about my experiences in the ancient days of the seventies, eighties, and nineties.

Since that presentation I have come to expect to play that role, and when presenting on bisexuality, I make sure to talk about the good old days. I have even come to enjoy it.

For me, aging is an interesting social experiment: I have found people treat me with increasing respect as I grow older. I am also seemingly less threatening to young men and increasingly invisible to women. I assume this trend will only increase, with watersheds like the first time someone offers me their seat on the bus and the first time someone talks loudly to me.

Those moments I will not enjoy.

The point is:

- I, as well as many of my peers, are getting older.
- LGBT activism is a mature movement, with the first waves of people coming out in the 1970s now gray, retiring, and needing services, services that may at times differ from the general population, services that may need to be delivered in ways that are new.
- The Bi piece of the LGBT puzzle is no different, with the first groups of 1970s bisexuals going gray, a group who well remember a time before “LGBT” or even “GLBT,” a group having no intention of accepting any less than cultural competence among service providers.

Therefore, it is critical that service providers become educated on the issues affecting not only

lesbians and gays, but also bisexuals (Kimmel et al. 2006).

Challenges to a Complete Definition

How bisexuals and bisexuality fits into a discussion of aging depends on how we choose to define bisexuality. One would think defining bisexuality to be easy and the purview of the Oxford English Dictionary. In fact, defining bisexuality is fraught with challenges, mired in culture, and in flux in our changing times.

In *Bisexuality, Not Homosexuality: Counseling Issues and Treatment Approaches* Horowitz and Newcomb (1999, p. 148) state: “Bisexuality is difficult to define. Must one engage in sexual activity with both sexes to assume a bisexual identity? What if a person has sexual or affectional desires for both sexes but does not act on them? What if a person is involved in a monogamous, long-term same-sex relationship but has had previous satisfactory heterosexual relationships?”

Researchers have often looked at behavior as the test, and many people see the gender of one’s sexual partners as proof of one’s sexual orientation. If we define “bisexual behavior” as having been sexual with women and men or with more than one gender, then we are talking about the needs of a huge part of society. For example, Alfred Kinsey’s studies done in the 1940s and 1950s found that 37 % of men had had at least one sexual experience with another man at one time in their lives (Kinsey et al. 1948). This number is usually considered an overestimate, having been taken from a convenience sample in not typical circumstances such as in prisons and with male prostitutes. Accordingly, published in 1994, the *National Health and Social Life Survey* (NHSLs) found very different results. It utilized face-to-face interviews of 3432 people to find that approximately 9 % of men and 4 % of women had ever had any same-gender sex partners (Michael et al. 1994).

These data are about behavior and not identity. Just because a person identifies as straight does not mean that they have not had or do not

still have sex with people of the same gender. Conversely, many gay men have had or do have sex with women, and many lesbians have had or do have sex with men. For example, in a 2000 survey conducted by the *Advocate* about 75 % of lesbian respondents reported having had sex in the past with at least once with a man, and 6 % said they have had sex with a man in the last year (Remez 2000). Meanwhile, the *Annual Review of Sex Research* in 1997 reported that 62–79 % of gay identified men report a history of “heterosexual contact” (Doll et al. 1997).

We must think of sexual orientation as something different—and more culturally significant—than behavior. Being straight, lesbian, gay, or bisexual is about feelings and attractions, not confined to actions alone. Indeed, we see self-identified bisexuals with all varieties of partner choices. Vernallis (1999, p. 349) reports in the *Journal of Social Philosophy*, “Some people identify as bisexuals although they have only experienced sex with one gender, perhaps because they have sexual desires for and fantasies about both genders.” Bisexuals may or may not have had lovers of different genders. They may or may not be monogamous. They may or may not ever have had sex in their entire lives. Take, for example, a catholic priest who has been celibate his entire life, yet this person has a sexual orientation, and he may identify as straight, or bi, or gay.

That bisexuality is not defined by behavior is a very important point for bisexuals because many people believe bisexuals need both a man and a woman as a sexual partner. For example, if a self-identified bisexual woman is in a monogamous relationship with, say, another woman, she is now assumed to be lesbian.

Therefore, it is ironic that focusing on behavior means that the number of people identified as bisexual is inflated (counting people who have been sexual with more than one gender regardless of how they feel or identify) while erasing them as well (no longer considering a person’s attractions and self-identity, defining them by their partners).

It should be noted that psychological research has provided us with many measures for orientation, from the Kinsey Scale (Kinsey et al. 1948) to the Klein Sexual Orientation Grid

(Klein 1993) to M. D. Storms in *Sexual Orientation and Self-Perception* (1978), and all have some descriptive value as well as challenges, none of which we will discuss here. Instead, the focus for our purposes will be on self-perception and self-identification, and less on diagnosis. If we are to look at the common challenges and solutions that bisexuals face in aging, measuring, or questioning people's identity labels is less useful than acknowledging and embracing an older person's choice of orientation label and community and looking at the cultural commonalities that these monikers connote.

Bisexuality Defined

For the purposes, of this chapter, we will look to the San Francisco Human Right Commission (2011) LGBT Advisory Committee (date unknown) for a good working definition: "...bisexual is the term that is most widely understood as describing those whose attractions fall outside an either/or paradigm." In other words, bisexuals are people who are neither straight nor gay or lesbian.

Also, we will use the most quoted definition for "bisexual" within the community itself, from Robyn Ochs (taken from <http://robynochs.com/bisexual/>) long time bi activist from Boston: "I call myself bisexual because I acknowledge that I have in myself the potential to be attracted—romantically and/or sexually—to people of more than one sex and/or gender, not necessarily at the same time, not necessarily in the same way, and not necessarily to the same degree."

How Many People Identify as Bisexual?

For the sake of this discussion of bisexuals and aging, we will limit ourselves to people who identify as bisexual, a more definable group with many issues in common. According to several studies, people who identify as bisexual are the largest single part of the LGBT community in the USA, with more women identifying as bisexual

than lesbian, and fewer men identifying as bisexual than gay (San Francisco Human Right Commission, date unknown). For example,

- 2002 National Survey of Family Growth reported that among men, 2.3 % identified as gay and 1.8 % as bisexual, while among adult females, 1.3 % identified as lesbian and 2.8 % as bisexual (Mosher et al. 2005).
- In *The Journal of Sexual Medicine* (Herbenick et al. 2010) reports that among adult males 4.2 % identified as gay and 2.6 % as bisexual, while among adult females, 0.9 % identified as lesbian and 3.6 % as bisexual.
- In 2007, a survey found that among LGBT identified individuals, 68.4 % of men identified as gay and 31.6 % as bisexual, while 34.7 % of women identified as lesbian and 65.3 % as bisexual (Egan et al. 2008).

Although we will be using self-identity to discuss bisexuality, it is safe to assume that many people who otherwise would do not identify as bisexual because of social barriers. It is difficult to estimate the proportion of the population that remains "in the closet," as it is no easy decision to call oneself bisexual. Plus, "being closeted" goes both ways: while many bisexuals identify publically—and presumably to people doing surveys—as straight, many bisexuals may publically identify as gay or lesbian (Keppel 2006) for a host of reasons that will be discussed below. Further reducing the number of people potentially identifying as bisexual is that many elders may not even have the word "bisexual" in their tool kit (Keppel 2006).

Common Questions Asked About Bisexual Persons

With scant public acknowledgment and awareness of bisexuals in the USA, it is little wonder that many people have questions and misconceptions about bisexuality. The following are common questions that bisexuals are asked.

- **Are bisexuals mentally ill?** Bisexuality is not classified as a mental illness. However, it is worth mentioning that bisexuals, like many out-groups, face stress from discrimination and isolation and may show increases in health—including mental health—disparities (Healthy People 2020 2010).
- **Is being bisexual a choice?** This question assumes that people who identify as bisexual should “pick a side” or are actually closeted lesbians and gays. As previously discussed, recognizing bisexuality as not defined by behavior. Acknowledging bisexuality as an orientation helps us see being bisexual as not a choice, just as being gay or straight is not a choice (Hayes 2001).
- **Are all bisexuals non-monogamous?** Bisexuals may or may not be monogamous (Kimmel et al. 2006). Many bisexuals are in long-term monogamous relationships, many are single and not sexual with anyone, many travel in the polyamorous community (which we will discuss below), and many are fans of the swinger community. In other words, bisexuals are just like straights, gays, and lesbians, and knowing that someone is bisexual tells us nothing about the person’s relationship status or whether or not the person is monogamous.
- **Are bisexual men all married guys cheating on their wives?** As with the last question, there certainly are a number of bisexual men who cheat on their wives. But again, many bisexual men live quiet lives with their same-gender or different gender partners and would not think of cheating. Some bisexual men are non-monogamous by agreement with their partners, something far different from “cheating.”
- **Is bisexuality just a phase on the way to being lesbian or gay?** Senior service providers, given the age and experience of their clients, will likely work with many LGBT people who are very firm in self-identity. That said, this stereotype knows no age. Though many gays and lesbians at one time considered the possibility that they may be bisexual, this experience cannot be generalized to all people who identify as bisexual. In fact, one-third of

bisexuals previously identified as gay or lesbian before identifying as bisexual (Fox 2004).

The Intersection of Bisexuality and Transgenderism

Bisexuality and transgender identities both resist simplification, both cannot be reducible to some simple formula.—Bedecarre in the journal *Hypatia* (2001)

My transsexuality and my bisexuality are inextricably linked. Since the transsexuality has been there since the earliest times I can remember, that was the beginning of the journey. Realizing I was bisexual came much, much later.—A guest on the *Bi Cities! Show* (Burlison 2005)

In most places around the country, there is a strong connection between the transgender and the bisexual communities. Indeed, the two communities have been strong allies.

Why is this? One reason certainly is because they both have a natural affinity born of living in the gray areas. Both are neither one thing nor the other; both confound the people who view the world in simple either/or dualist manner. Both communities get it, and they both are more likely to get it about each other than people who do not have a personal relationship to this ambiguity.

Another reason the two communities work well together is that there are a lot of people who are both bisexual and transgender. For example, a female to male transgender (FTM) who previously only considered men for partners might well re-evaluate that stand now that he is living as a man. For many, the challenges and changes involved in coming to terms with being transgender inevitably leads to re-evaluating much of one’s life, including sexuality.

Plus, many bisexuals express that they are attracted to people as individuals and not according to their genitalia; therefore, some bi’s may embrace gender ambiguity in a way that leaves more room for friendships and relationships with transgender people.

One obvious and important reason is the two communities have been allies by virtue of their exclusion from the lesbian and gay communities, and for very similar reasons. The transgender

community is a thorn in the side of many lesbian and gay people who wish to claim, “We are just like straight people.” Many gay and lesbian people, and bi people, too, carry around their share of trans-phobia. Simply because someone is not straight does not mean they automatically get a masters in human sexuality or that all their prejudices magically disappear. As bisexuals fight to be included in gay and lesbian events and in the names of organizations, it is natural for the bisexual community to support the transgender community in their parallel and simultaneous struggles for recognition and inclusion. Perhaps it is an alliance of convenience, but I prefer to think of it as an alliance of understanding.

Bisexuality and Health

It is critical that bisexual health issues be addressed in the USA and addressed at their root causes. According to *Bisexual Invisibility: Impacts and Recommendations* from the San Francisco Human Right Commission, LGBT Advisory Committee (date unknown),

One area where we see the effects of biphobia and bi-invisibility is in the health and well-being of bisexuals, [men who have sex with men and women] and [women who have sex with men and women]. This is because, as confirmed by the available research, these groups experience greater health disparities compared to the broader population, and they continue to experience biphobia and bi-invisibility from healthcare providers, including providers who may be gay or lesbian, or are knowledgeable about homosexuality and accepting of their gay and lesbian clients.

Bisexuals on average tend to suffer health disparities due to the continued marginalization of the community, minority stress, and inadequate culturally competent services. According to the *Healthy People 2020 Bisexual Health Fact Sheet* (2010), bisexual women and men have the lower emotional well-being than heterosexuals, gays or lesbians. Bisexual women report lower levels of social support than heterosexual women and lower or similar levels to lesbians, and bisexual and gay men have lower social support levels when compared with heterosexual men

(Dobinson, *Healthy People 2020* 2010). Bisexuals report higher cholesterol than do heterosexuals (New Mexico Department of Health, *Healthy People 2020* 2010), high rates of smoking (American Lung Association, *Healthy People 2020* 2010) (New Mexico Department of Health, *Healthy People 2020* 2010), and higher rates of current asthma than heterosexuals (New Mexico Department of Health, *Healthy People 2020* 2010). Bisexual adults report nearly three times the rate of intimate partner violence as heterosexuals (New Mexico Department of Health, *Healthy People 2020* 2010).

Bisexual women were less likely to be insured or be underinsured and have difficulty obtaining medical care (Diamant et al., *Healthy People 2020* 2000). Bisexual women have higher rates of all types of cancer (Dobinson, *Healthy People 2020*) and higher rates of heart disease than heterosexual women. This should be expected, because bisexual women reported higher rates of risk factors for both cancer and heart disease, such as the previously mentioned higher rates of smoking and high cholesterol, plus high blood pressure, and higher average BMI (but lower than for lesbians) (Dobinson, *Healthy People 2020* 2010). Adding to the problem is that bisexual women have the higher rate of never having a pap test than lesbians and straight women (Dobinson, *Healthy People 2020* 2010) and were less likely than heterosexual women to have had a mammography (Koh, *Healthy People 2020* 2000).

Bisexuals show higher rates of binge drinking than do their heterosexual counterparts (*Healthy People 2020* 2010), bisexual women report the high rates of alcohol use, heavy drinking, and alcohol-related problems when compared to heterosexual and lesbian women and higher rates of drug use than heterosexual women (Dobinson, *Healthy People 2020* 2010). According to *Healthy People 2020*, bisexual adults report twice the rate of depression, higher levels of anxiety, and nearly three times the suicidal ideation compared to heterosexual adults. Bisexual men and women report high levels of self-harm, suicide attempts, and thoughts of suicide (*Healthy People 2020* 2010).

Although these numbers reflect ongoing health disparities across age groups, the implications for service providers to seniors are clear: when it comes to bisexuals and health, it is critical to be aware and watchful, offer culturally competent care, and to studiously avoid the stigma and isolation that many bisexuals experience.

What do we know about the bisexual community and HIV? Unfortunately, there is little research, with bisexuals usually a subset of a study of homosexuals. For example, over a decade into the epidemic one researcher (Doll et al. 1997) found that, in 166 articles mentioning bisexual men over a ten-year time period, only twenty-one pointed out any differences between bisexual men and gay men, and only eight gave information exclusively about bisexual men. In the same ten years, the researchers found only sixty-one articles mentioning bisexual women, twenty-two of which compared bisexuals with lesbians. Only three concerned bisexual women exclusively. In fact, even today, the prevalence of HIV in the bisexual community is unknown. Even though 76,075 men with AIDS (21 % of AIDS cases in men who have reported sex with men) through 1996 report a history of “bisexual behavior,” as previously discussed, this does not mean they were bisexual. We know even less about bisexual women.

And yet, according to *Bisexual Invisibility: Impacts and Recommendations* from the San Francisco Human Right Commission, LGBT Advisory Committee (date unknown),

In the 1980s and 1990s, bisexuals were vociferously blamed for the spread of HIV (even though the virus is spread by unprotected sex, not a bisexual identity). However, a 1994 study of data from San Francisco is also worth noting: it found that at that time, bisexually identified [men who have sex with men and women] weren't a common vector or “bridge” for spreading HIV from male partners to female partners due to high rates of using barrier protection and extremely low rates of risky behavior.

These data reveal that there are more assumptions about the role of bisexuals in the HIV/AIDS epidemic than there are facts, so once again, people should be cautious making assumptions about HIV status or risk.

Identity Issues Bisexual Elders May Face

Bisexuals face the same barrier as all parts of the LGBT community: homophobia. LGBT people have long been deterred from embracing their sexual orientation because they are under the threat of social ostracism, employment and other discrimination, and violence. Considering the legal sanctions and physical and psychological abuse that many bisexuals must identify as bisexually at all. This situation has improved greatly since Stonewall (the 1969 riot in New York that for many marks the beginning of the LGBT movement), and tolerance has made extraordinary gains in much of the USA. However, the growing acceptance of gays and lesbians—and, perhaps, bisexuals as well—should not be assumed to be the experience of older bisexuals, who may live in communities or associate with peers who they fear—rightly or wrongly—would be less than accepting.

Biphobia

However, bisexuals also face their own unique brand of discrimination. Commonly referred to as “Biphobia,” bisexuals—despite their greater numbers—may be thought of as representing an inferior position to lesbians and gays in the LGBT community (Kimmel et al. 2006). Straight homophobes seldom bother with nuances between the L, G, B, and T, and many gay and lesbian people dismiss bisexuals as pretenders, straight swingers, confused, mentally ill, immoral, disease vectors, traitors, and more. When seeking bisexual supportive services, gay or lesbian, even supposedly “LGBT” services, can constitute a “bait and switch,” promising understanding and delivering its own variety of discrimination.

This active discrimination is facilitated by the defining issue facing bisexuals of all ages: invisibility. Being gay or lesbian offers role models and a narrative that is well-defined, however, often inaccurate and problematic in its own right. Not so for bisexuals. The reason for

the invisibility is obvious. Consider this hypothetical: Shirley and Ruth have been together for thirty years and now live in assisted living. The other residents know them as a lesbian couple. Yet, is that accurate? One or both could be bi. Some fellow residents might know them well enough to know their orientation accurately, or they could metaphorically or literally, fly a big flag saying, "We're Bi." Short of these two situations, a large majority of people would identify them as lesbian. Most people make assumptions about other people's orientation according to the gender of their partner, an easy and it's practical assumption because it is often correct. Sometimes, however, as previously discussed, it is inaccurate; a situation that makes bisexuals invisible (Burleson 2005).

As a result, many bisexuals feel isolated and may think there is nothing for them or even that they are alone. Most bisexuals have little knowledge of services available to them (should they be so lucky as to have services available to them), instead encountering and perhaps even internalizing the previously discussed plethora of myths and stereotypes. This is true for bisexuals of all ages, but may be especially true for elders. Elder bisexuals may know no one else who is bisexual (or, more likely, know who around them IS bisexual). They may not even have the words to describe their feelings. Also, while younger bisexuals may be coming out and finding support in colleges and in various organizations, current elders grew up in a time that did not allow space for bisexuals (Keppel 2006).

Thus bi-invisibility has significant repercussions for locating a supportive community. According to Kimmel et al. (2006, p. 45), "Community support is important for everyone no matter what their sexual identity is." The vast majority of bisexuals in the USA cannot find a community gathering of any kind anywhere within a reasonable distance. Similarly, bisexual invisibility is an added challenge in locating services, whether its supportive healthcare professionals or counseling services, both because they may not exist because of a lack of understanding the need in provider communities and difficulty accessing services that do exist.

What do bisexual elders who find community encounter? There is at present a great deal of discussion in the bisexual community regarding the suitability of the term "bisexual," especially among younger people and at colleges. Indeed, in a recent needs assessment I authored (Burleson 2013) on behalf of a Minnesota bisexual advocacy group, the Bisexual Organizing Project, I identified an uneasy relationship in the bisexual community between those embracing "bisexual" and a growing number of people who reject the bisexual identity in favor of "fluid," "pansexual," "omni-sexual," "queer," and other new labels. Many people self-identifying as one of these new labels expressed how they see "bisexual" as implying there to be only two genders and thus not recognizing the spectrum of gender identity. On the other hand, some reject these new labels as faddish or hurtful in themselves: with non-bisexuals once again defining what it means to be bisexual. For the elder having grown up at a time when bisexuality was not discussed or was discussed and deeply stigmatized, embracing "bisexual" often took great courage (Keppel 2006), and rejection of the identity as somehow flawed may be understandably unwelcome and painful.

A good example of how generational differences color identity labels is the term "Queer." Queer as an insult from the past remains hurtful to many, especially those who are older and may have grown up with the term as only a pejorative one. Meanwhile, for nearly two decades now the word has enjoyed varying degrees of success as a reclaimed disparagement that is now embracing of all parts of the LGBT family. Many bisexuals embraced this term for its inclusiveness and perhaps the term that many bisexuals have long sought, uniting the LGBT community under one label. However, queer also has the additional connotation of "Otherness," of embracing queer people's separation from the norm (Burleson 2005), a separation that many LGBT people may not feel, and a separation that many elders may not embrace as they search for their identity in a world offering them so little guidance.

A proliferation of new identity labels only adds to the burden of "coming out" for people

who are barely embracing or even understanding their own feelings of multiple attractions, especially a person whose life journey may have been a long. It is hard to guess how this issue will settle out—fad or sea change—but it would seem that this issue will likely continue to challenge, and perhaps even redefine, bi activism into the future.

Aging as Bisexual

In their search for a supportive community, bisexual elders can be seen as whipsawed by two competing forces. First, they may suffer the same lack of community that most bisexuals experience, plus more. Finding community has been greatly facilitated by the Internet, either a face to face community or a virtual one. Not long ago, if there was a bisexual meeting, support group, or social event, one might call a social service hotline for referrals (if one was savvy enough to locate the number), count on word of mouth, or hope to be lucky enough to spot a flyer somewhere. The Internet has changed that, and now for anyone—including elders—who are online, if there is a gathering within a reasonable distance, it is as easy to locate as a good sushi restaurant. And for those who live in a place where there are no opportunities for physical meetings, one can always find a virtual community online. However, not all have benefited equally. In 2012, while 97 % of 18- to 29-year-olds used the Internet, only 57 % of those sixty-five and older did (Zickuhr and Madden 2012). Therefore, many elders are left behind.

Second, should they find a “bricks and mortar” local community of regularly scheduled meetings, social nights, and perhaps even an organization of some sort, older bisexual people may not feel included by virtue of their age. As one of our case studies suggests, older adult bisexual people may feel that activities are designed for young people, or, at least, dominated by a younger generation.

In fact, should they locate a community—virtual or in person—it may not be the community they were looking for. As discussed

previously, this is an exciting time in LGBT history. In many places, the bi community of conferences and tents at Pride Festivals represents a dynamic culture of younger bisexuals on the cutting edge of redefining what bisexuality means, if and where the bisexual community fits into a GBT narrative, and even if “bisexual” as a term is to be embraced or discarded. This may not be the discussion for which older bisexuals are seeking.

For all parts of the LGBT community support services are critical, but bisexual elders may face additional challenges when accessing those. Should they be in the process of coming out to family and friends, bisexual elders face the same challenges that older lesbians and gays face, including the reactions of adult children and even spouses. Service providers to people who are elderly may be called upon to help a family deal with a coming out crisis (Kimmel et al. 2006). However, the service provider should not assume that people coming out bisexual to their partners want to end their relationships. The person may be more hoping to live an authentic life with those they love.

The above was a common situation I found when I facilitated a group for married men as part of an HIV prevention program. The men who attended were often older and many were retired, with nearly all identifying as bisexual, many in the closet, as well as many having been out for decades. The isolation from mainstream LGBT organizations and services (other than our little circle) was nearly universal, and in this group, the men finally found their community. What may surprise some is that, generally, these men were not looking to end their marriages, and instead often talked of their love and physical attraction to their wives.

LGBT elders may or may not be “out” to a therapist or service provider, and bisexual elders even less than gays or lesbians (Keppel 2006). Bisexual elders may want to access heterosexual support rather than LGBT services (Kimmel et al. 2006) for many reasons. Bisexuals who have been out for many years may or may not be connected to community or services and may or may not want to be. They may be single or have

a partner/spouse of many years. They may be monogamous or not. If not monogamous, they may be public about it, keep it private between their families or partners, or they may be secretive. If not monogamous, they may have a primary relationship and occasional more casual relationships or they may have long-term relationships with more than one person (Kimmel et al. 2006).

However, this latter group deserves further discussion. In the USA, there is a thriving subculture called the polyamorous community. "Polyamorous," or "many loves," is defined by the Polyamory Society (2012) as "The non-possessive, honest, responsible and ethical philosophy and practice of loving multiple people simultaneously" (Author unknown, www.polyamorysociety.org). The polyamorous community parallels the bisexual community in organization, with clubs, non-profits, groups, and conferences in many major cities. Though people of all orientations may identify as polyamorous, most would agree that bisexuals are over represented. As one member of a poly group said to me, "You don't have to be bisexual to be poly, but it sure helps."

How do polyamorous bisexuals experience aging differently, if at all? Given a lack of data on this topic, it would need to be a question that warrants further investigation. However, it is imperative that service providers avoid judgment and biases (Keppel 2006; Kimmel et al. 2006) while being accepting and supportive of alternative relationships, and whenever possible, make accommodations for the bisexual elder's needs.

Implications of Service Delivery for Bisexual Elders

The chief implication for people offering services to bisexual elders is the need to avoid assumptions. For example, regardless of sexual orientation, healthcare providers need to individually assess the need for pap smears and breast exams for women and provide information on HIV and

STDs for bisexuals of all genders (Kimmel et al. 2006). Service providers should allow for alternative relationship models, including polyamorous relationships, both in their support and in accommodations, if they are to effectively serve bisexuals (and polyamorous people of all orientations). Lastly, it is important not to assume the nature of someone's self-identity. Bisexuals are rendered invisible by a culture that says they are all straight, gay, or lesbian. Assuming people's orientation from their appearance, habits or relationships are a sure route to poor services.

Becoming more knowledgeable about resources available in the community (e.g., support groups, bisexual friendly churches, community organizations, and social events) is critical to offering needed services as well as demonstrating one's competence (Keppel 2006). For example, in the group of married men's mentioned earlier, one man in his seventies (who had been out to for decades) lost his wife. This man benefited greatly from support and understanding from the other men in the group who understood him in a way non-bisexuals may struggle to do. Groups such as this may be critical to a person's well-being, and the elder in need of face-to-face support services and desire help in locating one.

Lastly, continuing education for service providers is also critical. I would argue that the best education, however, is not from a book but instead from talking to and getting to know the needs individuals. Listening, understanding, and meeting people where they are may be both the best education one can obtain and the best service one can provide.

Summary

This chapter on bisexual elders is merely start of a conversation about how to offer quality services to bisexual seniors. There is much work to be done in understanding this unique population. For example, little has been written regarding the rich ethnic, racial, cultural, and economic

diversity within the bisexual community and its implications for services (Kimmel et al. 2006).

As Lady Bird Johnson said, “Getting old is not for the faint of heart.” It is the charge of service providers to bisexual elders to make the process as smooth as possible.

Research Box

In the framework of a constructionist approach, a life-course point of view, and traditional concepts borrowed from identity theory, the authors report on a study of fifty-six San Francisco bisexuals. The data show that by midlife, changing life commitments among the participants were associated with a decrease in sexual involvement, a move toward sexual activity with just one sex, a decrease in contact with the bisexual subculture, and a decrease in the salience of a bisexual identity. Given these changes, the data reveal the opposite of what might be expected—an increase rather than a decrease in the certainty about and stability of the bisexual identity. The authors show that this was due to the continuation of dual attractions that were positively regarded even as there was a move away from a bisexual lifestyle. In explaining these findings, they discuss the interplay between sexual communities, relationships, selves, and sexuality.

Abstract from Weinberg, M. S., Williams, C. J., & Pryor, D. W. (2001). Bisexuals at midlife commitment, salience, and identity. *Journal of Contemporary Ethnography*, 30(2), 180-208.

Discussion Questions:

1. What are other reasons that contribute to changes toward sexual activity with just one sex?
2. What other changes as adults age could contribute to the authors' findings?

3. What appears to be the strongest influences on the tendency discussed in the literature?

Learning Exercises

Self-Check Questions

1. What does it mean to be a bisexual elder?
2. What are healthcare disparities facing bisexual elders?
3. Discuss discrimination faced by bisexual elders.
4. What are unique service needs for bisexual elders?
5. What are solutions for decreasing isolation of bisexual elders?

Experiential Assignments

1. Go on the Internet and search for a story of the experience of a bisexual elder. Write your impressions of what it is like.
2. Look on the Internet to find about services targeted to bisexual elders.
3. Write down your reactions to the author's reflections on being a bisexual elder.

Multiple-Choice Questions (10)

1. A bisexual person is?
 - (a) Really gay
 - (b) Really lesbian
 - (c) Conflicted
 - (d) A person who is attracted to more than one gender
2. Challenges that bisexual elders face include
 - (a) Isolation
 - (b) Few target social services

- (c) Invisibility
(d) All of the above
3. The single largest part of the LGBT community is
(a) Lesbian
(b) Gay
(c) Bisexual
(d) Transgender
4. What two members of the LGBT community have been strong allies for advocacy?
(a) Gays and Lesbians
(b) Gays and transgender persons
(c) Gays and bisexual persons
(d) Bisexual persons and transgender persons
5. Which LGBT groups identify more strongly with ambiguity?
(a) Gays
(b) Transgender
(c) Bisexuals
(d) (b) and (c)
(e) (a) and (c)
6. Which of the following has the highest reported rates of binge drinking?
(a) Gay men
(b) Lesbians
(c) Transgender persons
(d) Bisexuals
7. Which of the below is not a health problem for older bisexual persons?
(a) Overweight
(b) Underweight
(c) High cholesterol
(d) Intimate partner violence
8. Bisexual women have rates higher than their heterosexual counterparts of the following:
(a) Cancer
(b) Underinsurance
(c) Difficulty obtaining medical care
(d) All of the above
9. What identify issues do bisexuals face?
(a) Homophobia
(b) Employment discrimination
(c) Social ostracism
(d) All of the above

10. What one word best describe the community of bisexual elders?
(a) Invisible
(b) Well-recognized
(c) Well organized
(d) Protected under the law

Key (for multiple-choice questions)

- 1-d
2-d
3-c
4-d
5-d
6-b
7-d
8-d
9-b
10-a

Resources

- Bi Resource Center <http://www.biresource.net/>
- BiNet USA <http://www.binetusa.org/>
- American Institute of Bisexuality <http://www.americaninstituteofbisexuality.org/>
- Bisexual Organizing Project <http://www.bisexualorganizingproject.org/>
- *Bisexual Community Needs Assessment 2012* <http://www.bisexualorganizingproject.net/Bi-Needs-Assessment.html>
- *Bisexual invisibility: impacts and recommendations*, San Francisco Human Right Commission LGBT Advisory Committee http://www.birequest.org/docstore/2011-SF_HRC-Bi_invisibility_Report.pdf
- *Healthy People 2020* <http://www.healthypeople.gov/>
- *The bisexuality report: Bisexual inclusion in LGBT equality and diversity* <http://bisexualresearch.wordpress.com/reportsguidance/reports/thebisexualityreport/>

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