

**Affirmative
Psychotherapy
with Older Bisexual
Women and Men**

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SUMMARY. When bisexual clients come to therapy, they are likely to bring specific bisexual aging issues, including coming out, isolation, lack of supportive social networks, and the impact of agism, homophobia, bi-negativity and biphobia in their personal and professional lives. Many have been ignored, patronized, and/or discounted because of their bisexual orientation and will not reveal their identity until the therapist demonstrates an understanding, accepting, and supportive attitude toward bisexuality. This article discusses ways in which therapists can be most helpful. They can increase their knowledge and comfort levels with bisexuality and with polyamory so they can fully support bisexual identity and behaviors. They can use language which is comfortable for the client since language choice varies within the age range referred to as the “aging” population. Some clients may not self-identify as bisexual, particularly those who reached adulthood before *bisexual* and *bisexuality* appeared in the media. Therapists can develop expertise and guide clients in finding and using community and online bisexuality-related resources. They can look for resources to support bisexual end of life and other spiritual needs. They can find resources for safer sex education and develop some ability to provide that education when resources cannot be found. They can refuse to assume that everyone is either *straight* or lesbian/gay male whether or not she or he is coupled, married, divorced, and/or a parent. They can make themselves allies for bisexuals by speaking supportively and accurately about bisexuality with their own and other professional colleagues, and by supporting bisexual visibility in their communities and their professional organizations. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2006 by The Haworth Press, Inc. All rights reserved.]

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INTRODUCTION

The issues that older bisexual women and men bring to therapy are similar in many ways to more general therapeutic issues for seniors and for bisexuals. There are also differences for this group that are specific

to being older and bisexual. What is different about therapy with older bisexuals from therapy with non-bisexual elders and with younger bisexuals? What will be helpful to you and your clients in working together?

As therapists, you know how to look through several lenses at once. Think of looking through one of those teleidoscope toys which show many views of the same object at the same time. While you can't focus on all of the images at once, all are important in understanding the whole. Each image shows a different aspect of the same person; in this case, for example, bisexual, senior, or gender. If you integrate all of the images, you may see one bisexual elder. Looking at me in that way, some of the images you will see are bisexual, clinical social worker, senior (72), bisexual activist, safer sex educator, and female. I came out as bisexual 30 years ago in a midwestern city. I was married, and we had two young children at home.

My therapy practices have all been in small cities. I have never practiced in the few large metro areas which have big bisexual populations, although I have been part of the Boston area bisexual movement for 18 years, and I have been working with the Bisexual Health Project's safer sex outreach program in Boston for 5 years. I have now lived in urban southern Maine for almost 20 years. Most of the population is European American. The state is as rural as Nebraska, where I lived before. For 15 years, I have been teaching mental health and health professionals, teachers, counselors, parents, religious educators, and others about bisexuality and how it fits into the larger picture of sexuality and sexual orientation. Here, I will focus on some of the most salient characteristics of older bisexuals, the kinds of issues that they are likely to bring to therapy, and ways for therapists and counselors to provide affirmative and appropriate mental health services to this population.

One way to get a sense of the issues on which you will be working with older bisexual clients is to put together a set of images that illustrate these issues. Start with images of the place where the oppression of older members of our society meets the oppression of bisexuals. Stripes might work, or you can make each image a different color. Now, try adding images for heterosexism and homosexism. Often you will also be working with additional oppressions such as ableism, racism, and ethnic differences. If each of these oppressions has a different color, the area could look like one of those fancy marbles where colors swirl around, sometimes blending, sometimes not; but it's all in one marble.

TERMINOLOGY

When I use the terms *bisexual women*, *bisexual men*, or *bisexuals*, I may be writing both about people who identify with the label and those whose attractions are to persons of more than one sex and gender, whether or not they choose the bisexual label, or any label at all. I use the term *queer* as a non-pejorative collective noun for non-heterosexuals, and *gay* for gay men. I use acronyms like *BGLT* (bisexual, gay, lesbian, transgender), and not always in the same order, and *G/L* or *L/G* (gay and lesbian). I use *GLH* for gay, lesbian, and heterosexual, the identities which are the “other” for bisexuals. Sometimes, I string a bunch together like *BGLTQI* for bisexual, gay, lesbian, transgender, questioning, and intersex.

Although bisexual women and men are often described as attracted to the same and opposite sexes, the attraction is more likely to be to gender than to sex, i.e., to the gender presentation of the person, rather than the biological markers of genes and chromosomes. Furthermore, since there are biologically more than two sexes, there is no “opposite” sex. “Other” or “another” are more appropriate words. Extensive explanations and examples are found in Natalie Angier’s *Woman: An Intimate Geography* (1999) and Joan Roughgarden’s *Evolution’s Rainbow* (2004).

PRESENTING ISSUES

The chances are that your average older bisexual will not come in talking about bisexuality even if that is her or his major issue. Instead, older bisexual women and men are likely to come into therapy and counseling with the more usual therapeutic issues of older people, such as depression, loss, separation, relationships, and isolation. These are more likely starting points, in part because they are more acceptable topics for most therapists. By the time they come to you, most of these individuals will have had experiences of being discounted, patronized, and ignored because of age. They will compensate by looking for the most acceptable ways to be seen and heard. Similarly, if they have been ignored, patronized and discounted on account of their sexual orientation, they will start with another topic—one that they believe will be more acceptable to you.

IDENTITY AND LABELING

Even more so than with gay men and lesbians, bisexual men and bisexual women may choose not to reveal their sexual identity to the therapist. In many cases, clients may not use the labels *bisexual* or *bi* for themselves, although they may be attracted to, and sexually and/or emotionally involved with, persons of more than one sex and gender, concurrently or over time. Some sexuality educators have coined two very descriptive terms: *heteroflexible* for those who self-identify as heterosexual but have same-sex attractions and/or behaviors; and *homoflexible* for those who self-identify as lesbians or gay men and have other-sex attractions and/or behaviors. The *Sexual and Affectional Orientation and Identity Scales* (SAOIS) were developed to show how attractions, behaviors, labels, and other aspects of orientation and identity may differ for an individual and may change over time. The Scales are a very useful tool for both therapists and clients in understanding many sexual orientations and identities (Keppel & Hamilton, 1988, 2000).

If you, as a therapist, are open to many possibilities and establish your acceptance of bisexuality as normal and valid, you may be trusted. Even if you elicit information about same-sex and other-sex attractions and behaviors, you will need to be cautious about labeling to get the trust of bisexuals. References to “*homosexual . . .*” and “*heterosexual . . .*” are likely to be received by bisexual women and men as signals that you are engaged in binary thinking: either “straight” or gay/lesbian, and we will need to be wary of your assumptions about us. *Same-sex* and *same-gender* or *other-sex* and *other-gender* are friendlier and more accurate, and they are more likely to provide the client with the impression that your views of sexual orientation and sexuality extend beyond labels and either/or thinking. Cohorts within the *older than 50* population vary widely. The bisexual baby boomers, have seen *BGLT* words in print for most of their lives even if most of what they have seen has been negative. They probably have the vocabulary, although they may, or may not, apply it to themselves.

Many older people with same-sex and other-sex attractions, fantasies, and/or behaviors won’t have the terms *bisexual* or *bi* in their vocabularies, because those in their 60s and beyond usually grew up without ever even hearing about gays and lesbians. When we did hear or see lesbians and gay men, the news and images we heard and saw were negative. Bisexuals, if reported about at all in the media, appeared much later and were often portrayed even more negatively than lesbians and gay men. In their contributions to the book *Bisexual Politics*, Tucker,

Highleyman, and Kaplan (1995), Amanda Udis-Kessler (1995) and Stephen Donaldson (1995) describe the emergence in the 1970s of the first bisexual movements in the United States.

Until 1973, gay men, lesbians, bisexuals, transgender people, and queer folks were considered mentally ill, as *homosexuality* was an official psychiatric diagnosis (Bayer, 1981). According to Donaldson (1995), even after the declassification of homosexuality as a mental illness, media articles reported psychiatrists as maintaining that bisexuality was still an indication of psychopathology. The effects have lingered on in all mental health professions with training and supervision conveying a “mental illness” slant when describing working with BGLT issues. Until recently, training programs and clinical supervision commonly avoided LGBTQ issues altogether, and some programs still have little or no training in working with LGBTQ clients (Phillips, 2000). In 2000, the American Psychological Association adopted official guidelines for working with lesbian, gay and bisexual clients, in which, for the first time, a major psychological professional organization made an official statement that neither homosexuality nor bisexuality are indicative of mental illness. In contrast, in 2004, the board of directors of the major accrediting body for marriage and family therapists and their supervisors, the American Association of Marriage and Family Therapists (AAMFT), while prepared to declare homosexuality is not, in and of itself, a diagnosable mental illness, were not yet ready to say the same about bisexuality.

INVISIBILITY

Wherever you start, the thread of invisibility will wind through your work with bisexual men and women and will need to be addressed repeatedly (Ochs, 1996). Because so few older bisexual women and men are willing to disclose their sexual orientation to others, they rarely find an accepting social networks or groups where they can feel completely comfortable with their identity. As the partner pool shrinks with age, finding long term partners can become more difficult. As friends die or become incapacitated, and as travel becomes more challenging, chances for expanding social networks tend to decrease. Coaching can be very helpful in terms of how much and which history to share for those individuals who move to a new community.

As an older bisexual, I remind myself:

- All seniors are invisible some of the time in an ageist society
- All queers are invisible some of the time in a heterosexist society
- All women are invisible some of the time in a sexist society
- All bisexuals are invisible some of the time in a gay male/lesbian society
- All bisexuals are invisible some of the time in a heterosexual society
- All bisexuals are invisible some of the time in dualistic and simplistic theories of sexual orientation and sexual identity

You can assume that those issues affecting older gay men and lesbians also affect bisexual men and women who affiliate and identify with gay and lesbian communities (Baron & Cramer, 2000). There is ample literature about older lesbians and gay men and the issues of separation, loss, family issues, health rights for partner care, and survival benefits. While these issues also affect older bisexuals, there are additional issues specific to the older bisexual population. For example, bisexuals can be unwelcome in lesbian and gay communities. Gay men and lesbians may ignore or oppress bisexuals. Being accepted as bisexual may be contingent on appearing to be lesbian or gay. Bisexuals who affiliate with lesbian and gay communities may feel they are in a special closet. They may feel that they cannot talk about their experience as bisexuals, including talking in a positive way about their other-gendered former or current spouses and partners. This silence may extend to talking about their children. Using language which includes bisexual and transgender people may be regarded suspiciously.

The isolation of living as an out bisexual may be worse for many individuals than the closet of homosexual disguise. Many gay men and lesbians experience a separation from their families of origin at some time in their coming out process, and the lesbian and gay community becomes their new family. Many community members who have other-sex attractions tend to keep these attractions to themselves, expressing their other-sex attractions and relationships secretly to avoid community disapproval or ostracism.

EXAMPLES FROM THE FIELD

One common sequence involves the question of support for a bisexual woman showing interest in same-sex relationships. When the woman continues to self-identify as bisexual rather than dismiss her

other-sex relationships as “just going through a phase,” she may lose the support of a lesbian partner and/or lesbian friends and may also feel excluded from her established social circle.

Quite a few older women currently self-identifying as lesbian have told me stories that illustrate another common experience. They married as young adults, lived in loving partnerships, had children, and then were divorced, widowed, or separated when their children were adolescent or had left home. At that time, each of these women was attracted to other women, started a relationship with a woman, and entered the lesbian community. Often, a price of joining the lesbian community was to deny the loving element of the previous partnership and that part of her history. After a few years of self-identifying as lesbian, each of these women had realized she was still or again attracted to men and that she no longer wanted to deny the loving family she had earlier in life.

In addressing the dilemma raised as a result of this experience, some of the women continue in relationships with other women but also have secret male partners, live in a different closet, are denied access to appropriate safer sex information when using lesbian health centers, and are very hesitant to mention or celebrate their earlier loving relationships with men when in the company of members of their lesbian community. Some leave the lesbian community for the bisexual community and are cut off by many of their lesbian friends. Some leave the lesbian community for a male partner and live their lives as heterosexuals although they have not lost their attractions to women. All of these are painful solutions which deny some parts of this person. If she is one of your clients, you will have much healing work to do starting with letting her tell her full story with all of its losses.

The issues affecting older heterosexual women and men also affect bisexual women and men who are living in the context of and identify with the dominant heterosexual/straight culture, such as separation, loss, family issues, health rights for partner care, and survivor benefits. There are issues particular to older bisexuals living in the heterosexual community: bisexuals, like gay men and lesbians, are often unwelcome in heterosexual communities. Women and men who have been part of straight communities may oppress or ignore bisexual men and bisexual women and, in most places, still have legal and social support for doing so. Acceptance from the heterosexual community may be contingent on staying in the closet, as there is the risk of social isolation as a consequence of coming out bisexual. There is also the risk of losing social networks, friends, and status, and loss of heterosexual privilege. It is not

unusual for bisexual men and women to move to a different community after they come out and separate from a life partner.

As with bisexual women and men who have lived in the context of the lesbian and gay communities, the restrictions of living in the heterosexual community may indicate what may be most helpful from the therapist for elder bisexual clients: Use inclusive language. Talk about relationships including all partners and kids. Expose the stresses of living in a closet, any closet. Validate bisexuality and bisexual identity as normal. Discuss the risks of coming out and living as bisexual. Accept that the isolation of living as an out bisexual may be worse than the closet of heterosexual disguise. Expose the realities of heterosexual privilege and what its loss may include. Help your clients identify the trade offs. Confront fantasies that this client will be completely accepted into a gay male or lesbian community as a bisexual person.

Fortunately, there are some exceptions to these either/or models. As a bisexual social worker in a mostly rural state, I've been interested in how queer folks, especially women, fill their needs for communities. Based on my discussions with other social workers in this and adjoining states and with rural queer New England women, older bisexuals may participate in gay male or lesbian groups, and are accepted and celebrated as lesbian or gay; however, they are usually careful not reveal their bisexuality. Sometimes, in rural Maine, bisexuals who are out, but not in-your-face out, are accepted as they are. For example, in mostly rural Maine, bisexuals participate in several senior older lesbian groups, Gay Men Together (a statewide, twice yearly gathering), GAYLA (a Unitarian Universalist based gay, bisexual and trans men's summer conference), Mainly Men (a mixed orientation quarterly retreat), In The Company of Women (a Unitarian Universalist based mostly older lesbian, bisexual and trans women's summer conference), Am Chofshi (a chapter of an international Jewish queer organization), other groups around the state with gay and/or lesbian names, and other informal regional social groups. Bisexuals from rural areas in other states report some similar semi-acceptances.

What can we learn from research in Australia? Taking their samples from the Canberra area voter registration rolls (registration is mandatory in AU where failure to vote incurs a fine), Professor Anthony Jorm and his Canberra colleagues have interviewed large samples of persons ages 20-24, 40-44, 60-64 about their mental health (Jorm, Dear, Rodgers, & Christensen, 2002). These cohorts will be re-interviews every 5 years for 20 years to assess changes as they age.

Professor Jorm presented findings from their research at the 7th International Bisexual Conference in Sydney, Australia, in 2002. They found that a significantly greater proportion of lesbians, gay men, and bisexuals in their sample reported what they considered risk factors for mental health issues, compared to the heterosexuals in their sample. Furthermore, bisexual women and men reported a higher incidence of these same risk factors than the lesbians and gay men in their sample. These risk factors include adverse childhood experiences, current adverse life events, poor social support, and financial problems.

After his presentation, Professor Jorm asked his audience to give him their ideas and explanations for the differences this study showed between the mental health of bisexual men and women and that of gay men, lesbians, and heterosexuals. Regardless of the age and nationality of respondents in that audience, the stories and comments he received were of invisibility and oppression in the wider queer communities and of pervasive inadequacy and abuse in the mental and physical health care delivery for many bisexual women and bisexual men.

TRAINING ISSUES

At the 5th International Bisexual Conference held in Cambridge, Massachusetts, in 1998, Ron Fox, Ph.D., convened a panel to discuss bisexuality and mental health. In a large room, jammed with mental health professionals from all over the world, not one person reported even one graduate program providing adequate training for medical or mental health professionals working with bisexual clients. That is right: not psychologists, psychiatrists, social workers, marriage and family counselors, licensed professional counselors, physicians, or nurses. This was true even in professional training programs which do a competent job of training around gay male and lesbian issues.

When medical and mental health professionals are not informed about bisexuals and bisexuality, they are not likely to accept us or understand what kinds of help we need (Dworkin, 2000). Out and assertive bisexual women and men who go for help often spend their own time and, therefore, their own money, training their health care professionals about bisexuality and bisexual issues so they can work more productively regarding their health issues. This may be the case with bisexual clients seeing gay, lesbian, or heterosexual therapists.

To counter the general lack of acceptance of bisexuality experienced by bisexual women and bisexual men, assume that bisexual identity, at-

tractions, and behaviors are normal and valid. Develop a resource list including those in your community, online, in films and in books. Stock some of the most helpful books and pamphlets and/or have information on how to obtain them.

MENTAL HEALTH PROFESSIONALS AS ALLIES FOR OLDER BISEXUALS

All bisexuals need advocates and allies. One way you can be helpful to your older bisexual clients is as an ally and advocate outside of therapy. You may scramble the BGLT letters so “gay and lesbian” don’t always come first. You may ask questions and use inclusive language wherever bisexual elders being left out, reflecting the assumption that wherever there are elders, some of them are bisexual. You may invoke your profession’s code of ethics, if it includes a “do no harm” phrase, and point out that failing to use inclusive language when talking about queer issues and BGLTQI people harms those who are left out, especially elders. If your code of ethics addresses support and advocacy for minorities, you may press for bisexual and elder inclusive policies and language in your professional association(s). Thank you, in advance, for every time and place you take these steps.

BISEXUAL ELDERS AND SEXUAL EXPRESSION

One of the most dangerous ways in which oppression of bisexual elders plays out is in the area of safer sex education. Americans over 50 have high rates of sexually transmitted infections/diseases (STIs/STDs), including HIV/AIDS (Ginty, 2004). The Centers for Disease Control (CDC) report rising rates of infection in this age group. At this time, there are no national programs for STI/HIV prevention among people over 50, so most of the state and local HIV prevention programs for them are in those states where HIV is already epidemic in some of their retirement facilities. The stereotype of older people is that they have given up sex and are not interested in sexuality or sexual activity. Most medical professionals have not been trained either to talk about sex or about aging. As a result, they are not likely to initiate conversations about sex or sexuality, especially when patients are a generation (or two) older. It is like talking to the parent whose sexuality most adult children, including doctors, have denied. It is easier to duck the issues

(Ginty, 2004). When health practitioners are uncomfortable talking about sexuality and about sexual orientation, especially about bisexuality, their patients cannot be properly assessed for STIs/STDs, may not have opportunities to discuss their sexual behavior, and may lose opportunities to prevent serious and sometimes life threatening infections.

As a therapist, you may find yourself a senior safer sex educator by default. There is a lot your clients need to know, and you may be the only available teacher. Quite literally, their lives may depend on your willingness to educate them. Get the facts. Your local Planned Parenthood program may either give a safer sex workshop or be able to direct you to one. Your city and/or state public health departments can probably do the same. Many shops that carry condoms, latex dams, lubricant, sex toys, and/or erotica have knowledgeable staff and a good selection of literature including “how to” instructions. Some give classes, and some have Websites that include safer-sex information.

Some Websites are set up to meet the assumed needs of bisexuals and others who have sexual relationships with persons of more than one sex/gender. One of the best and most explicit and current online sites is sponsored by the San Francisco Department of Public Health. You will find information about all STDs/STIs including prevention, transmission, symptoms, even a section on how to talk with partners, which you can use in working with your clients. Fenway Community Health in Boston, home of the BiHealth project, and San Francisco Sex Information also carry up to date information. As you use the one of these Websites and/or take a safer sex workshop, you can expect to become more knowledgeable and more comfortable with the information and its use. Then, you can get the equipment and be ready to do show and tell. “Here’s how to put on a male condom, a female condom, use a latex dam, how to put on and take off gloves, and here’s why you need to use them.”

Remember that most of the current STIs were unknown when folks my age were growing up and partnering, e.g., chlamydia, genital warts, cervical cancer, herpes, hepatitis A and hepatitis C. Even syphilis and gonorrhea, the two STIs/STDs that we heard of in our youth, are now epidemic in antibiotic resistant strains. Let your clients know that having any STI increases the risk of contracting others because they use the same routes of transmission.

Your skills in teaching clients about other kinds of negotiation can be expanded to teach them how to talk about and negotiate about sex. If you make it fun, they can probably be relaxed enough to learn what they

need to do. If they are connecting with new sexual partners, their health and survival may depend on their learning these skills now. Folks who are seniors now were not supposed to talk about sex. Most did not learn to negotiate as equals. They usually learned only a tiny sexual vocabulary. Remind them that many partners will not share their sexual histories, especially if they know they have one or more STIs. Many seniors will not even know they are carrying STIs.

Bisexuals attending gay or lesbian health and mental health centers, or getting individual care, may get some safer sex information but providers may assume that they only need same-sex safety education. This is inadequate not only for bisexuals, but also for many gay and lesbian and heterosexually identified people who are sexually active with persons of more than one sex and gender. Similarly, providers in mainstream medical and mental health centers may incorrectly assume that bisexuals only need other-sex safer-sex education, or they may not provide any safety safer-sex education at all.

When a therapist works with the assumption that elder clients have sexual feelings and activities, the knowledge to educate clients about the basics of sexuality and safer sex, and an indication that she/he knows about these matters, older bisexual clients are more likely to be open to talking about sexually related issues, such as loss of partners, sexual dysfunctions, and needs for safer sex education. Likewise, the therapist who is aware of and understands the phenomenon of multiple partners, and same-sex and other-sex partners and attractions, will be in a better position to provide opportunities for older bisexual clients to discuss these issues. You can learn a lot by looking up resources on responsible non-monogamy and/or polyamory where issues and solutions are discussed. All resources are not created equal. For example, the *Journal of Bisexuality* devotes most of its 2004 (Vol. 4, No. 3/4) issue to articles about polyamory and bisexuality and has one or more articles on the topic in nearly every past issue. The Website of the Bisexual Resource Center has a "Responsible Non-monogamy" pamphlet that can be downloaded and printed out. The Unitarian Universalists for Polyamory Awareness Website has links to other polyamory resources as well as a chat area for ongoing discussions of the issues.

SPIRITUALITY

Inevitably, nearly every older person addresses some end-of-life spiritual issues. You may be thinking, perhaps hoping, there will be reli-

gious professionals and/or spiritual leaders available to help clients. Unfortunately, most of those responsible for spiritual care have not had any training regarding the spiritual issues which are typically experienced by bisexual people. You can be helpful by screening spiritual care givers in the community to find those who are willing to support the spiritual work of bisexual women and men. Stay aware that although many faith traditions are at least somewhat accepting of gay and lesbian members, they may not be inclusive of bisexuals. Even where the faith group has signed on as “accepting” or “affirming,” support your older bisexual client in being wary. Each specific congregation and its leaders will need to be checked out for the degree to which they are in fact accepting of bisexual people.

Out of the closet bisexual religious professionals and other spiritual leaders are rare. Even if lesbian and gay clergy and spiritual leaders are allowed and accepted within a denomination, those who are bisexual usually are not. Brainstorm with your client for ways of approaching a faith group’s local leader(s) for spiritual care to maximize the possibilities for successful integration into a congregation. Resources for you may include directors of religious education and chaplains because they often have a broader view of acceptance and know the internal politics of particular congregations and groups. You can also help to increase the number of resources available by raising the issue of support for older bisexuals’ spiritual needs when you attend meetings or gatherings that include religious professionals and spiritual leaders.

Many older queer people left their faith tradition, or were forced out of it, when they came out. To support bisexual clients as they seek to reconcile and/or clarify how their bisexuality has affected their spiritual journey, you might steer them to the anthology *Blessed Bi Spirit: Bisexual People of Faith* for explorations of bisexual spirituality in many different faith traditions (Kolodny, 2000). For those who have given up on a faith tradition and now seek some reconnection or new connection with a spiritual leader and/or congregation, the opportunity to compare opportunities and experiences of various faiths may lead them to the resources appropriate to their needs.

Mending relationships by forgiving others and/or reestablishing connections are end-of-life tasks that may be very painful and frustrating for people who were cut off from families and friends when they came out. As mentioned earlier, some bisexual men and women will have come out as gay men or lesbians and developed their bisexual identities later. They may have had two series of cut offs, one as they went from straight to lesbian or gay communities, and another as they went from

gay or lesbian to bisexual communities. In some cases, your clients' families and friends may have accepted them as lesbian or gay, but cut off from them later because bisexuality was less understood and less accepted, especially if your clients were involved with multiple partners of different sexes and genders. Sometimes, the therapist needs to coach the bisexual woman or man in negotiating the reconnection process. Other times, the therapist helps hold the client's pain when reconnection is refused, supporting the client's bisexual identity as valid and healthy even though others are not accepting it.

HOUSING

For a variety of reasons, older bisexual women and men may need to change their living arrangements. These changes may raise a whole new set of concerns. Aging bisexuals may wonder whether or not to be out in the new location or facility and whether or not caregivers will give needed care to someone identified as different. New queer and queer-friendly retirement facilities are going up around the United States, but they are not necessarily bi-friendly. If you are helping your bisexual client through a housing choice process, urge careful investigation around acceptance and inclusion. The client may be best served by a two-pronged approach. Home health services may be increased to allow her or him to remain longer in the current independent living situation while, at the same time, efforts are made to increase acceptance of bisexuals in an otherwise suitable retirement facility.

RESOURCES FOR AND ABOUT BISEXUAL ELDERS

You have probably noticed that I urge you and your clients to look for some possible supportive resources, maybe online, or in films and books. If you think gay and lesbian aging is hard, bisexual is much harder because the usual resources do not yet exist. We do not yet have the body of valid research about older bisexuals that we have about older gay men, lesbians, and heterosexuals. To date, professionals in the field of aging, like those in the American Society on Aging (ASA), the National Council on the Aging (NCOA), and SAGE (Services and Advocacy for GLBT Elders) conferences have only given minimal attention and space to bisexuals and bisexual issues.

Conferences on aging often look better on paper or on an Internet Website than they are live. Sessions and groups may be listed as “GLBT”; however, this does not mean that data or experiences directly relevant to older bisexual women or men are covered or discussed in the session. While “GLBT” looks politically correct, in terms of actual conference programming, this does not necessarily reflect actual intent, information, or inclusivity.

Within ASA, you will find the LGAIN (Lesbian and Gay Aging Information Network), which publishes a newsletter online and in print. Their spring 2002 issue is all about bisexual aging. Therapists can also use the general aging literature and the aging literature on gay men and lesbians as places to start, since there will be many overlapping issues. You can also extrapolate some of the issues relevant to bisexual elders from the literature about younger bisexual men and women.

THE BISEXUAL RESOURCE CENTER (BOSTON)

The Website of the Bisexual Resource Center does not yet have specific resources for elders; however, it is a gold mine for all kinds of other information and for networking. The Website includes links to the bisexual bookstore, bisexual video store, bisexual music store, bisexual products, and gives information about films with bisexual characters. The site lists conferences, events, and news. Pamphlets covering many topics related to bisexuality can be read online and downloaded. You could have all of them available in your office. The *Bisexual Resource Guide*, formerly available in paper, is an international directory of bisexual and bisexual-friendly groups around the world now available online. You and your older clients can use it to seek out social support groups and connections around the world.

There are two anthologies that will give you and your clients glimpses into the experiences of a whole range of bisexual women. The first is *Bi Any Other Name*, which includes essays by three bisexual elders (Hutchins & Kaahumanu, 1991). The second is *Getting Bi*, a collection of 187 essays by bisexual women and men from 32 countries around the world, including several by bi elders (Ochs & Rowley, 2005). Both are available through the Bisexual Resource Center bookstore and elsewhere. Sadly, there are no books on bisexual parenting or grandparenting and no children’s books for a bisexual parent or grandparent to read aloud. “Am I Blue” is a wonderful story for middle school

and up (Coville, 1994). I have adapted it and told it aloud to groups of various ages.

CONCLUDING REMARKS

Never underestimate the power of an epiphany, otherwise known as an “aha” experience. In 1996, I prevailed upon a middle aged, bisexually-behaving friend in rural northern Maine to join nearly 1,000 other bisexual and bi-friendly folks at the *5th International Bisexual Conference* in Cambridge, Massachusetts. When I caught up with him after the first day, he said, “This is the first place I have ever been as an adult where I could just open my mouth and say what I think!” He also looked at the range of personal presentation styles and opined, “No matter how I dress, I will still be middle of the road in this crowd.” He still lives in a rural part of Maine, but that is about all that has not changed.

On the first day of that same conference, a new bisexual acquaintance and I went up to every gray haired person whom we saw and asked them to join us for lunch. About a dozen of us seniors spent hours swapping stories, giving and receiving support for being and living as older bisexuals. Keep these stories in mind for your clients.

REFERENCES

- American Psychological Association. (2000). Guidelines for psychotherapy with lesbian, gay, and bisexual clients. *American Psychologist*, 55(12), 1440-1451.
- Andrew, E. J. (2000). *Swinging on the garden gate: A spiritual memoir*. Boston: Skinner House.
- Angier, N. (1999). *Woman: An intimate geography*. New York: Anchor Books.
- Baron, A., & Cramer, D. (2000). Potential counseling concerns of aging lesbian, gay, and bisexual clients, In R. M. Perez, K. A. DeBord, & K. J. Bieschke (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, and bisexual clients* (pp. 207-224). Washington, DC: American Psychological Association.
- Bayer, R. (1981). *Homosexuality and American psychiatry: The politics of diagnosis*. New York: Basic Books.
- Coville, B. (1994). Am I Blue? In M. D. Bauer (Ed.), *Am I Blue? Coming out from the silence*. (pp. 1-26). New York: Harper-Trophy.
- Donaldson, S. (1995). The bisexual movement's beginnings in the 70s: A personal retrospective. In N. Tucker, L. Highleyman, & R. Kaplan (Eds.), *Bisexual Politics: Theories, queerries, & visions* (pp. 31-45). New York: Harrington Park Press.
- Dworkin, S (2000) Individual therapy with lesbian, gay, and bisexual clients. In R. M. Perez, K. A. DeBord, & K. J. Bieschke (Eds.), *Handbook of counseling and psycho-*

- therapy with lesbian, gay, and bisexual clients* (pp. 157-181). Washington, DC: American Psychological Association.
- Ginty, M. M. (2004). HIV/AIDS cases still rising among older women. Retrieved from <http://www.kccall.com/News/2004/0326/Community/082.html>.
- Hutchins, L., & Kaahumanu, L. (Eds.) (1991) *Bi any other name: Bisexual people speak out*. Boston: Alyson.
- Jorm, A. F., Korten, A. E., Rodgers, B., Jacomb, P.A., & Christensen, H. (2002). Sexual orientation and mental health: Results from a community survey of young and middle-aged adults. *British Journal of Psychiatry*, *180*, 423-427.
- Keppel, B. (1991). Gray-haired and above suspicion. In L. Hutchins & L. Kaahumanu, (Eds.), *Bi any other name: Bisexual people speak out* (pp. 154-158). Boston: Alyson.
- Keppel, B. (1999, Summer). Swimming upstream: Queer families and change. *Anything That Moves*, *20*, 12-14.
- Keppel, B. (2002). The challenges and rewards of life as an outspoken bisexual elder. *Outword: Newsletter of the Lesbian and Gay Aging Issues Network (LGAIN)*, *8*(4), 1, 6.
- Keppel, B., & Firestein, B. (in press). Bisexual inclusion in addressing issues of GLBT aging: Therapy with older bisexuals. In B. A. Firestein, (Ed.), *Becoming visible: Counseling bisexuals across the lifespan*. New York: Columbia University Press.
- Keppel, B., & Hamilton, A. (1998). *Using the Klein Scale to teach about sexual orientation*. Boston: Bisexual Resource Center. Retrieved January 10, 2005 from: http://www.biresource.org/pamphlets/klein_graph.html.
- Keppel, B., & Hamilton, A. (2000). Your sexual orientation: Using the *Sexual and Affectional Orientation and Identity Scale* to teach about sexual orientation. In R. S. Kimball (Ed.), *Our whole lives: Sexuality education for adults* (pp. 157-161). Boston: Unitarian Universalist Association and United Church Board of Homeland Ministries.
- Kolodny, D. R. (Ed.). (2000). *Blessed bi spirit: Bisexual people of faith*. New York: Continuum.
- Ochs, R., & Rowley, S. (Eds.). (2005) *Getting Bi: Voices of bisexuals around the world*. Boston: Bisexual Resource Center.
- Ochs, R., Biphobia: It goes more than two ways. In B. Firestein (Ed.), *Bisexuality: The Psychology and Politics of an Invisible Minority* (pp. 317-239). Thousand Oaks, CA: Sage.
- Phillips, J. C. (2000). Training issues and considerations. In R. M. Perez, K. A. DeBord, & K. J. Bieschke (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, and bisexual clients* (pp. 337-358). Washington, DC: American Psychological Association.
- Roughgarden, J. (2004). *Evolution's rainbow: Diversity, gender, and sexuality in nature and people*. Berkeley, CA: University of California Press.
- Tucker, N., Highleyman, L., & Kaplan, R. (Eds.). (1995). *Bisexual politics: Theories, queerries, & visions*. New York: Harrington Park Press.
- Udis-Kessler, A. (1995). Identity/politics: A history of the bisexual movement. In N. Tucker, L. Highleyman, & R. Kaplan (Eds.), *Bisexual Politics: Theories, queerries, & visions* (pp.17-30). New York: Harrington Park Press.

ONLINE RESOURCES

Bisexual Resource Center Website. The Bi Bookstore, Bi Video Store, Bi Music Store, Bi Products, bi news, downloadable pamphlets, health information, and links to just about everything you might want to know about bisexuals and bisexuality around the world including online chat groups and an index of bi-inclusive groups in every country. <http://www.biresource.org>

Fenway Community Health Center, Boston, home of the BiHealth project and its Safer Sex Educator team. <http://www.fenwayhealth.org/services/wellness/bihealth.htm>

Good Vibrations. Store plus online information about sex, sexuality, sex toys, resources. <http://www.goodvibes.com>

Grand Opening. Store plus online information about sex, sexuality, sex toys, resources. <http://grandopening.com>

Outword: Newsletter of the Lesbian and Gay Aging Issues Network (LGAIN). American Society on Aging, Spring, 2002 (Vol. 8, No. 4) issue, with the theme of bisexuals ages 50-plus. <http://www.asaging.org>

San Francisco Department of Public Health website. Frequently updated information about sexually transmitted infections (STIs): prevention, incidence, transmission, treatment, education strategies, and just about anything else you and/or your clients might want to know. Good section on talking with partners about STIs. <http://www.sfdph.org>

San Francisco Sex Information. A bi-affirmative and bi-aware Website and hotline that has been providing sexuality information to diverse communities since the 70s. <http://www.sfsi.org/>

Unitarian Universalists for Polyamory Awareness. Thoughtful education and discussion about having more than one committed relationship at a time. Links to other resources. <http://www.uupa.org>