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***Therapy with Bisexual Women: Working
on the Edge of Emerging Cultural and
Personal Identities***

The anthropologist Herdt (1990) has described our culture as one in which changes in sexual values and practices occur so rapidly that new forms replace in a few years old ones that may have lasted for decades or even centuries before, and even newer ones evolve in less than one generation. No area of sexuality has changed more quickly than our thinking about sexual identity. This chapter attempts to help the struggling, conscious, and conscientious feminist therapist keep close to the current cutting edge of thought on sexual identity through an examination of the theory and research on bisexuality in women. As a veteran of the feminist movement of the 1960s, I learned early to believe fully that "the personal is political," so I have parted somewhat from scholarly tradition in infusing this chapter with my own story as a case example. I hope to convey more questions than answers on this subject, because I see bisexuality as a symbolic issue that represents the intersection of many other sexual concepts, and as a vehicle to stimulate thought on how and in what ways our diverse sexual desires are shaped.

The last 25 years have seen two revolutionary changes in the way we view sexual identity and sexual orientation. The first change started culturally, with the feminist movement of the 1960s and its expansion of female sexuality, and with Stonewall and the gay liberation movement of the early 1970s. The scientific watersheds of this first revolution included the convincing body of research started by Dr. Evelyn Hooker that disproved the pathology theory of homosexuality, and the 1973 American Psychiatric Association nomenclature change that removed homosexuality from the list of recognized mental disorders.

Where sexual identity was concerned, this First phase accomplished a staggering goal, at least within the fields of psychology and mental health: the normalization of homosexuality. To be sure, this goal has not been entirely attained (even among professionals who should know better), but gains have been considerable. By and large, the "homosexuality as 'madness' or 'badness' " paradigm has been replaced by the "homosexuality as alternative sexuality" paradigm. A significant number of therapists and counselors practicing today probably now accept a gay or lesbian lifestyle/identity as a legitimate alternative to heterosexuality, even though the culture at large still lags far behind.

CHALLENGING THE CONFLICT MODEL

What has not yet been accepted is the shift that has accompanied the second stage of the revolution in sexual identity. This second stage, more radical than the first, calls into question a basic assumption underlying our notions of sexuality—what Zinik (1985) calls the "conflict model" of sexual orientation:

Underlying the conflict model . . . is the notion that sexuality is a dichotomy: one is either heterosexual or homosexual. This dichotomous notion derives from the following logic. Since men and women are viewed as opposite sexes, it appears contradictory that anyone could eroticize two opposite things at the same time. Attraction to one sex would logically rule out attraction to the other, or else lead to psychological dissonance and conflict. It follows that people claiming to be bisexual are: 1) experiencing identity conflict or confusion; 2) living in an inherently temporary or transitional stage which masks the person's true underlying sexual orientation (presumably homosexual); and 3) employing the label as a method of either consciously denying or unconsciously defending against one's true homosexual preference, (p. 9)

Inherent in the conflict model are several ancillary assumptions: sexual attraction is

dichotomous; gender is dichotomous and oppositional; sexuality is static within a lifetime, rather than fluid; and sexual attraction is essential—that is, an inborn part of one's genetic/biological nature.

In the last decade, all of these assumptions have begun to be challenged, primarily on a cultural level but also on scientific grounds. The first wave of the cultural sexual revolution, for all its progressiveness about gay and lesbian issues, still perpetuated the conflict model of sexuality. The standard gay liberation "line" has been something like this: "There are two kinds of people, gay and straight; homosexuality is inborn and essential, not a choice; gays are just as good as straights; sexual orientation has nothing whatsoever to do with gender identity." Interestingly, the first revolt against this view has come from within the lesbian feminist subculture, specifically the lesbian sex radical movement, which has come to see this view as narrow and confining.

Although a full discussion of this phenomenon is beyond the scope of this chapter, it is useful to know something of the "sex revolt" that came from within the lesbian feminist community, starting in the late 1970s and pioneered by women such as Pat Califia, Gayle Rubin, and Joan Nestle, who might be termed "lesbian sex radicals." The lesbian sex radicals (Nichols, 1987) espoused a simple but startling premise: Any form of sexuality practiced by two consenting adult women is by definition nonpatriarchal and deserving of feminist support. Within this value-free framework, the sex radicals felt free to explore various forms of power-polarized sex games (colloquially called "sadoomasochism" or "S/M"). Lesbians who experimented with S/M often experienced these roles as at the least accentuations of the tension found within all erotic exchanges, and at the most near-mystical encounters in which power was in fact equalized by being dichotomized. And within the S/M community some women found, for example, that their primary "orientation" did not even relate to gender, but rather to dominant versus submissive sexual status or to specific sexual acts (Califia, 1983a). In other words, desire might transcend gender and be "bisexual" but power-role-specific.

Other women played with "gender bending," the deliberate juxtaposition of strongly feminine and strongly masculine characteristics within one individual, epitomized most graphically by the full-breasted woman wearing a strap-on dildo. Many of these women found historical precedent for gender bending within the lesbian community in the "butch-femme" tradition, "a lesbian-specific way of deconstructing gender that radically reclaims women's erotic energy . . . , gender pioneers with a knack for alchemy" (Nestle, 1992, p. 14). Lesbian sex radicals exploring butch-femme relationships saw gender as yin and yang, not biological male-biological female, and as ranging along a continuum not restricted by our two-gender system.

Almost inevitably, this deconstruction of sexuality and gender coming from the lesbian sex radical movement helped set the stage for a new analysis of bisexuality in feminist terms (Weise, 1992). Again, much of the impetus for this has come from the lesbian feminist community, particularly from women who identified themselves as bisexual after first openly embracing lesbianism. In Boston, for example, a support group for such women (who call themselves the "hasbians") fosters discussions of such topics as the impact of a lesbian identity upon relationships with men. Some of the precepts of the body of theory emerging from the bisexual feminist community are that sexual identity is not necessarily predetermined; that there is an element of choice involved in sexual orientation, at least for some people; and that identity can be fluid rather than static.

Scientifically, paradigms are shifting as well. Among sexologists, the dichotomous model of sexual identity was ostensibly replaced several decades ago by the Kinsey model, a 7-point unidimensional scale suggesting that sexual orientation ranges along a continuum from exclusive heterosexuality to exclusive homosexuality. But in reality, "Kinsey's work tended to dichotomize people into the more or mostly 'heterosexual' or 'homosexual,' with bisexuality a residual category" (Herdt, 1990, p. 224). More recently, the scientific community has been considering multiple dimensions of sexuality and concepts of fluid versus static identity, just as the lesbian feminist subculture has been doing. For example, the most recent Kinsey Institute volume on this subject, *Homosexuality/Heterosexuality: Concepts of Sexual Orientation* (McWhirter, Sanders, & Reinsch, 1990) concludes

That sexual orientation cannot be understood in terms of simple dichotomies or unidimensional models. Sexual orientation is multidimensional in its essence. . . . The fact that sexual behavior patterns and sexual self-labeling can change dramatically and sometimes several times (e.g., from heterosexual to homosexual and back to heterosexual) within an individual over time challenges the view that sexual orientation is fixed or determined early in life and remains constant, (pp. xxiv, xxvi)

For professionals, this cannot help being confusing. Just when we think we have finally "got it"—we come to agree that "gay is okay," and accept the gay liberation perspective that homosexuality is the alternative to heterosexuality and an inborn predetermined characteristic—this second revolution in paradigm proposes that sexual orientation may be fluid, changeable over a lifetime, and not only bisexual but perhaps gender-irrelevant (i.e., unrelated to one's biological sex). This newer perspective is a more threatening one for both heterosexuals and the gay community. Indeed, it is threatening to the gay community precisely because it is so terrifying to "straights." The comfort of the conflict model of sexual orientation is that it still allows us to divide the world into "us" and "them"—even if we espouse a "separate but equal" liberality. This newer model of orientation is as threatening as race mixing, for it means that no one can be certain of his or her "intrinsic" identity. "Heterosexual" merely means "primarily attracted to the opposite sex at the present time." Our mainstream culture is simply not ready for this view of sexuality, and the gay community senses this and intuitively rejects this view as well, for the most part. A committed clinician, however, cannot afford to be threatened. We feminist therapists have frequently been the first to "see" accurately what the culture at large is reluctant to admit; for example, our uncovering of the prevalence of domestic violence and incest far preceded the acceptance of these phenomena by the mainstream. We are in a similar position regarding bisexuality and its implications for our understanding of sexual identity.

BISEXUALITY IN WOMEN: THE PROBLEMS WITH DATA

Up until the first stage of the revolution in thought about sexual orientation, scientific data came from pathology-oriented research that is now considered worthless by any reputable sexologist. Since Kinsey, research has reflected the tendency to see orientation as dichotomous or, at best, continuous but unidimensional. The contradictory and confusing results of this research are the inevitable products of imposing a one-dimensional model upon a multidimensional phenomenon.

For example, most research has concentrated upon sexual behavior, and even a moment's personal reflection tells us that sexuality involves, at the least, attractions and fantasies as well as behavior. Kinsey's original data (Kinsey, Pomeroy, Martin, &

Gebhard, 1950) represented sexual outlets: behavioral acts culminating in orgasm, or behavioral responses without orgasm. When simple "counts" of behavior have been used, the incidence of bisexuality among women has always been quite high, just slightly lower than that for men. Sanders, Reinisch, and McWhirter (1990) summarize the Kinsey statistics: "28% of . . . white women between the ages of 12 and 43 reported they had responded critically to women, and 13% had engaged in sexual activity with a female to the point of orgasm." Fewer than 1% reported exclusive homosexuality. Hyde (1982) has reviewed research since Kinsey and reported a rate of 15% of women engaging in bisexual behavior and 1% exclusively gay. Clearly, from a behavioral standpoint, exclusive heterosexuality among women is most frequent; bisexuality rates are quite high, and exclusive homosexuality is rather rare. The very low rates of exclusive lesbianism are to an extent a product of social homophobia; as Bell and Weinberg (1978) have reported, nearly all gay-identified women have "behaved" heterosexually at some point in their lives, often to hide or avoid coming to terms with their own lesbianism. However, as we shall see later, not all heterosexual contacts among lesbians are "faked."

If one looks at research on fantasy or attraction, the rates of bisexuality among women are even higher. Masters and Johnson (1979), for example, found that what they termed "cross-preference encounters" constituted the third most frequent category of sexual fantasy for both homosexual males and homosexual females, the fourth most frequent category for heterosexual males, and the fifth most frequent category for heterosexual females. Bell and Weinberg (1978) have reported that only about half of gay men and lesbians rate their sexual attractions as exclusively gay.

To complicate matters further, many individuals seem to change sexual orientations within one lifetime, although this has been less systematically studied. In the 1990 Kinsey Institute report (McWhirter et al., 1990), nearly one-third of the contributions address intraindividual changes that seem to contradict a static theory of sexual orientation.

Given these data—high frequencies of bisexual fantasy, attractions, and behavior; incidences of change in orientation within one individual—one would expect to find many self-identified bisexuals in our culture. In fact, the opposite is true. Self-labeling as bisexual seems to be very infrequent indeed, so infrequent that it is rarely even studied. Few studies or surveys have even bothered to address the issue of self-labeling; the Playboy (1983) sex survey, one of the few that has, reported 1% of females identifying themselves as bisexual—lower than the rate of self-identified lesbians.. The implications are clear: Although rates of bisexual fantasy, attractions, and even behavior are rather high, extremely few people (male or female) call themselves bisexual.

Conclusions from the Data

What conclusions can we draw from the data? First, it is clear that dichotomous or unidimensional models of sexual orientation simply do not fit reality. A more appropriate model might be that of Klein (1990), who has devised the Klein Sexual Orientation Grid—an instrument that measures sexual orientation across seven dimensions ranging from sexual attraction to self-identification to lifestyle, and that takes into account changes within one individual over one lifespan.

Second, it appears quite problematic that self-labeling matches so poorly with other measures, especially since self-identification is the type of data most accessible to the average clinician. Let us take a closer look at this issue. Individuals who behave

bisexually tend to label themselves as either heterosexual or homosexual, and this discrepancy seems to be greater for self-identified gays. Nearly all lesbians, in particular, have had heterosexual contact, whereas perhaps only 10% of self-identified heterosexual women have behaved bisexually. Why is this so? Probably much of the tendency of self-identified heterosexual women to avoid a bisexual label can be attributed to homophobia. And much heterosexual behavior among lesbians was conducted before their "coming out" and was the result of attempts to "act straight" rather than reflections of genuine desire, so for these lesbians the bisexual label would not feel genuine. But this does not account for all heterosexual behavior among lesbians. Reinisch, Ziemba-Davis, and Sanders (1990) studied lesbians who had identified themselves as such since age 18, and found that 45% had had sex with men since "coming out." I found (Nichols, 1985) that measures of various dimensions of sexual orientation (fantasy, romantic attraction, past and current behavior, etc.) were more discrepant with self-labeled identity for self-identified lesbians than for self-identified heterosexual women. In fact, self-labeling correlated significantly among lesbians only with sexual behavior in the last year. And within the lesbian community, disclosures of this kind of discrepancy are becoming more and more common (Hutchins & Kaahumanu, 1991). Pat Califia writes:

I have no way of knowing how many lesbians and gay men are less than exclusively homosexual. But I know I am not the only one. ...I live with my woman lover of five years. I have lots of casual sex with women. Once in a while I have casual sex with gay men. I have a three year relationship with a homosexual male who doesn't use the term gay. And I call myself a lesbian. (1983b, pp. 24-25)

One way of explaining this data is to understand the impact of homophobia upon self-labeling. In the last two and a half decades, the strongest force counteracting homophobia has been the emergence of a proud, visible, active gay and lesbian community. Individuals who experience a significant degree of same-sex attraction find it hard to come to terms with these attractions without identifying with and obtaining the support of this subcultural community. And this community has had a historic mistrust of the term "bisexual," assuming that it represents a lack of commitment to a homosexual lifestyle. So, ironically, the label "gay" has become a residual category in contemporary culture—one that might more accurately be seen to represent "not primarily heterosexual."

Multiple Meanings of Bisexuality

If the label "gay" represents a residual category, what does the self-identification as "bisexual" mean? Unfortunately, research on self-identified bisexuals is minimal (Klein & Wolf, 1985). Moreover, just as the labels of "gay" and "straight" do not always mean what they seem to, the label "bisexual" may mean many different things. Some women who label themselves as bisexual are undoubtedly describing the transition from a heterosexual to a homosexual lifestyle, particularly since the modal bisexual woman identifies her heterosexuality first (Zinik, 1985). For these women, bisexuality may indeed be a temporary identity on the way to lesbianism. Some of these women can truly be considered to have "chosen" lesbianism—what used to be called "political lesbianism."

Other bisexual women may be describing their capacity for sexual attractions but not the desirability of emotional relationships. For example, female bisexuals report similar levels of erotic attractions to men and women, but more frequent limerance toward women and more satisfying relationships (Zinik, 1985).

Some bisexual women experience a need for relationships with both men and women at the same time; others consider themselves monogamous and are simply describing an inherent capacity to be attracted to both sexes. Some experience their attractions as gender-irrelevant—that is, transcending gender ("I'm just attracted to a person; it doesn't matter whether it is a male or female person")—while other women feel they "get different things" from relationships with men versus women. Most recently, some women come to a bisexual identity after a long period of identifying themselves as lesbian, and these women may have clinical issues that are qualitatively different from those of other bisexual women. They have generally worked through their own internalized homophobia and are more likely to be grappling with the perceived loss of support from the lesbian community, for example.

Summary of the Data

In summary, the little we know from the scientific data on bisexuality does not confirm the popular view that women are more bisexual than men. In fact, the behavioral rates of bisexuality are slightly lower among women, but this probably reflects the fact that even postfeminist women are less likely to actualize any aspects of their sexuality than are men.

Second, bisexual fantasies and attractions are extremely common among women; bisexual behavior is less common, but still more frequent than exclusive homosexuality; bisexual self-labeling is quite rare.

Third, many self-identified heterosexual women will in fact experience same-sex attractions, fantasies, and behavior during their adult life. Even more self-identified lesbians will experience some heterosexuality, not simply before "coming out," but quite possibly simultaneously with their lesbian identification. In short, labels are misleading.

Finally, the self-identified label "bisexual" may represent many meanings for many women, ranging from those for whom the label is a temporary transition on the way to lesbianism to those who endorse nonmonogamy to those who feel that their sexual orientation transcends gender.

THE FUTURE OF BISEXUALITY: SOCIAL TRENDS

It should be clear by now that the term "bisexuality," like the label "heterosexual" or "lesbian," covers a very diverse and only partially understood group of phenomena. Moreover, it is also clear that it is impossible to divorce these terms and their various elements—behavior, attractions, identity—from their social and political underpinnings. In terms of bisexuality, the emergence of the gay/lesbian community has been a double-edged sword. On one hand, it has helped liberate millions from the personal oppression of the homophobic mainstream; on the other hand, it has tended to perpetuate a dichotomous, static view of sexual identity that is probably appropriate for only a minority even of the community's own people. The heterosexist bias and strong homophobic messages of our culture act to prevent many people from actualizing any homosexual component of their identity, and the gay liberation movement counteracts these forces. But the gay/lesbian community, in helping people express the homosexual component, has at the same time tended to encourage repression of bisexuality:

When gay and lesbian activists claim bisexuality to be fraudulent or as no more than

denied homosexuality, when they denounce self-identified bisexuals as traitors to the community, or when they rush to claim every woman who has experienced same-sex feelings or a same-sex affair as "really" a lesbian (e.g., Joan Baez, Margaret Mead, Eleanor Roosevelt), they perpetrate upon women the exact mirror of the oppression women experience from the heterosexual mainstream. Under these circumstances, it is not surprising that many women suppress their bisexuality, cloak it in secrecy, or experience personal conflict. To claim an identity as bisexual in our current culture is to isolate oneself in a grey area where little sense of community or support exists. It is not surprising that, despite data that consistently suggest that bisexuality is more prevalent than exclusive homosexuality, there are far fewer self-labeled bisexuals than homosexuals or heterosexuals. One would predict that, if cultural sanction for bisexuality increases, the numbers of identified bisexuals will also increase, with a substantial proportion of these individuals coming from within the gay and lesbian communities. (Nichols, 1988 pp. 242-243)

Since I wrote those words, much of what I predicted has already come true. The gay and especially the lesbian community is embracing bisexuality as never before: Bisexual groups march in gay pride celebrations all over the country; the Gay and Lesbian Community Center in New York has three different bisexual support groups; where I live in New Jersey, most gay organizations have changed their names to incorporate "bisexual" in their titles; and some specifically bisexual organizations have sprung up. In 1989, when I did a workshop on bisexuality at the annual New Jersey statewide gay conference, fewer than a dozen participants showed up; in 1993 there were nearly 50, and the conference itself had three workshops on bisexuality. And women—particularly bisexual women who formerly identified themselves as lesbian—tend to be at the forefront of this movement. Younger women in particular seem to reject the label "lesbian" in preference to "bisexual," while at the same time being "out" and "proud" about their choices. As this trend toward a more supportive environment not only for bisexuality, but for fluidity, change, and choice in sexual identity continues, we can expect to see in our offices not only more self-identified bisexual women, but also more women who want to seriously examine all aspects of their sexual identity.

One benefit we will undoubtedly gain from the more visible emergence of a bisexual community will be a deeper understanding of the social construction of gender. Why does research suggest, for example, that both male and female bisexuals report better relationships with women than with men (Zinik, 1985)? Perhaps it is the result of the socialization of women toward intimacy and valuing intimate relationships; perhaps women put more energy into relationships, or have less need to dominate in a partnership. When bisexuals report viewing their relationships with men and women as different in nature, how are they different? That is, how has the different socialization of men and women in regard to intimacy manifested itself, from the perspective of individuals who have experienced both? A bisexual male friend once observed to me that in his experience, men and women resolved conflict in relationships differently: Women, he said, tended to verbalize and discuss conflict, while men tended to acknowledge conflict tacitly by rearranging their postures or stances. Bisexuals who have experienced both male and female sexual relations and intimacy may teach us a great deal about gender and closeness. For now, the best source of such learning will not be research, which at its present level of sophistication cannot hope to capture the subtleties of the bisexual experience. Probably the best of all sources will be bisexual feminist women, as evidenced by the interesting thinking of many different writers in *Closer to Home: Bisexuality and Feminism* (Weise, 1992).

A PERSONAL CASE VIGNETTE

My own personal evolution may illustrate some of the concepts discussed in this chapter; it certainly has been the source of my interest in bisexuality. Inspired by the lessons learned in consciousness-raising groups of the 1960s and 1970s, as continued in the manner of *Closer to Home*, here are the lessons I have learned from my own story.

As a child, my earliest memories of being "different" had to do with my rejection of the role of my mother. Although I was not a tomboy (I was too much of a "loner" ever to play team sports), I hated dolls; loved the outdoors, woods, and climbing trees; and always played the male role in fantasy play with other little girls. I knew from the time I was 6 that I did not want to be like my mother—I saw her life as a housewife and mother as boring and subservient. My earliest sexual experiences began at about age 10 and were with other little girls. I remember them as quite energetic and joyful contacts. They ended abruptly when I was about 12 years old: The mother of one of my partners caught us in the act; I was banished from the house; and for the first time in my life I heard the word "lesbian." I was not sure what it meant, but I knew that it was bad and that it had to do with my sexual activities with girls. My response, almost overnight, was to repress not only my behavior but my conscious sexual desire for girls/women. I was not conscious again of these desires until I was 20.

During my adolescence, however, I became quite sexual with boys, surprisingly so for that era (the early 1960s). I fantasized about males, had crushes on them, and was aroused sexually by them. I now believe that my obviously bisexual potential, evidenced at about age 12 or 13, made it easier to eliminate same-sex sexual desires. The only time these desires ever came close to "breaking through" in these years was when I developed an infatuation with my college roommate. At the time, I did not experience it as more than an intense closeness with Amy, even though during summer vacations I wrote her joking letters about how we should marry each other rather than men because we got along so well. In college I developed a serious drug abuse problem, and my drug use may have helped keep my homoerotic desires in check.

When I was 20, in 1967, I entered a drug rehabilitation program that had what was at the time a rather progressive stance toward sexuality. The belief system of this program, which influenced me greatly since my life revolved around it for several years, included the idea that all humans have bisexual impulses. In this supportive environment, within a year my attractions to women re-emerged, and for the first time I identified myself as bisexual. Since my peer group did not, however, support homosexuality as a primary lifestyle, I confined my bisexuality to sporadic sexual encounters with women, while I married a male member of the program. Looking back now, I see my bisexual identity at that time as a transitional one, because I had not yet fully come to terms with my own internalized homophobia. Over a period of several years I gravitated more and more toward friendships with self-identified lesbians, and my husband and I started a commune with, among other people, two lesbian women. We had an "open marriage," so I was free to experiment sexually while maintaining a heterosexual appearance. I was the kind of bisexual the gay community mistrusts: willing to partake of the advantages of same-sex relationships, but too afraid to commit to a woman. During these years I became involved with the feminist movement, but my contact with that community did not include a great number of lesbians.

That changed for me in 1975. My marriage was breaking up, and I joined a new group—a chapter of the National Organization for Women known for its strong lesbian presence and militant lesbian stance. With the support and approval of this group, I catapulted into lesbianism. I experienced this total transition as remarkably easy. Within a year I was living with a woman I had fallen in love with and was directing a feminist women's counseling center/battered women's shelter. I identified myself openly as a lesbian in every forum—professionally and personally—and viewed myself as bisexual from the point of view of sexual arousal, lesbian by political/personal choice. I lived in this way for 11 years, during which time I was extremely active in the lesbian feminist community and the larger gay community. I became the first openly gay psychologist in New Jersey; started first a private practice and then a counseling center catering to the gay community; became involved in gay politics, made speeches, appeared on television, and wrote papers; and, finally, founded the largest AIDS social service agency in New Jersey. My lover and I joined the emerging ranks of "lesbians choosing motherhood" when I gave birth to my son, Cory, in 1983 after becoming pregnant through donor insemination. All three of us were public as a family, appearing nationwide on public television as well as in various print media. Certainly no one could claim I was hiding from a homosexual identity.

During those years, I gave lip service to my bisexuality in speeches in which I talked about myself. In fact, it was not much of an issue for me. Like many monogamously married women of any sexual orientation, I seemed unconsciously to close a door on most outside attractions to anyone other than my lover. I did continue to have both heterosexual and homosexual sexual fantasies, and one clear attraction to a man; however, I compartmentalized those fantasies and the attraction in much the same way I had compartmentalized my homosexual attractions and even behavior during my prelesbian years. My life excluded men to a large degree. During the latter part of this period, I began to incorporate more and more gay men into my social and professional life (especially once I became involved with AIDS in the early 1980s), but I rarely had more than superficial contact with heterosexual men. I basically regarded men as subhuman, making exceptions for some gay men.

I actually think I might have gone on like that forever—many lesbians do—except for one thing. I mark the beginning of the end of that phase of my life from the day my amniocentesis results came back and I discovered I was carrying a male child. After a period of profound shock and grieving, I began to come to terms with what it would mean to raise a son. Most particularly, I admitted to myself that I had dismissed men as less than human, and that I could not continue to do that and mother a boy morally and conscientiously. I set about privately to accept men; to do that, I had to start to take them seriously, learn about them, and see them as valuable and equal to women. I cannot really explain how this process developed, but as it developed it was as if the door to my sexual and romantic desires for men was reopened.

In 1986 my relationship with my long-term lover broke up; to this day I cannot ascertain how much of my desire to leave that relationship came from my emerging bisexuality, and how much came from other dissatisfactions with the relationship. As my relationship dissolved, I found that I had fallen in love with a gay man with whom I had been friends for several years.

It is difficult to describe how distressing this all was. My identification as a lesbian had been, by contrast, easy: I simply shifted allegiance from one community to another, felt that I belonged in the lesbian world, and felt accepted. My re-

emergence as a bisexual woman was lonely and fearful. For a long time I could not imagine how I would do it; not only my personal life but even my professional life revolved around being a lesbian, and I anticipated complete rejection within both realms. The option of "returning" to heterosexuality was never real to me; my experiences as a lesbian had convinced me that rejecting my homosexual part would never work, just as I realized belatedly that rejecting my heterosexual part had not really worked. This is an important point for the clinician working with any client who has a significant bisexual component (i.e., more than a fleeting fantasy or desire). Many of us bisexuals have learned that it is personally dangerous to repudiate either orientation, even though there is an overwhelming temptation to label oneself on the basis of the gender of one's current partner. Such self-labeling as gay or heterosexual when one is genuinely bisexual can be a form of self-hatred, and surely is a splintering and partial denial of one's own core identity.

Of great help to me was my membership in the Lesbian Sex Mafia (LSM), the New York-based group of lesbian and bisexual sex radicals who characterize themselves as eschewing "politically correct sex." Within this group I could get some support, although it never was as large a part of my life as lesbian feminist groups had been previously. Over time, I learned a very useful lesson: how to forge one's identity without the support of a group—indeed, as a social outcast and pariah. My fears of rejection from the lesbian and gay community were largely realistic at first; I lost many friends, some of whom had been very close, and was widely regarded as a traitor and turncoat. But I stubbornly refused to leave the gay community. Although I have come to see myself as living largely outside any community, I find the gay community a much more comfortable place than the heterosexual one, despite the fact that after several years of being single and dating both men and women I have now settled down into a monogamous relationship with a man. For me, the gay community is still more open and flexible, more richly diverse, and more creative and interesting than the "straight" world. Although I am with a man, my consciousness is more gay than straight. I call myself a bisexual lesbian mother.

What have I learned about relationships and sex with men versus women? Personally, I experience men and women differently, although I notice that I tend to be attracted to "butch" people regardless of their gender. I find sex with women sweeter and slower, like a fire that builds slowly to a peak; sex with men is more like firecrackers to me. My experiences as a lesbian transformed my relationships with men. By and large, I consider same-sex relationships to be more naturally and easily egalitarian than mixed-sex pairings. After 11 years of exclusive lesbianism, I found that I approached men differently: I had been completely divested of whatever socialization within me had inclined me, in prelesbian years, to accept my female role unconsciously. I no longer have to fight subtle internal messages to assume a subservient role; these messages simply no longer exist. Moreover, my years as a lesbian helped me overcome any vestiges of the belief most women hold that having a male partner is necessary for social approval, strength, or protection. I experience relationships with women as closer and more intimate than relationships with men, but I also find the increased intimacy a bit cloying. Interestingly, I like the differences and the separateness of a mixed-sex relationship. My partner and I do not assume that we are much like each other, and this suits me fine. Sometimes I feel that my childhood persona, the "loner," is expressing itself more and more in my middle age, and that this has helped determine my partner choice.

What direction will my future take? I feel that I am and always have been bisexual, but my current priority is maintaining the relationship I have now. Were I single

now, I have no idea whether I would end up with a man or a woman. But with a bisexual identity, it also does not feel like a burning issue.

CLINICAL ISSUES IN WORKING WITH BISEXUAL WOMEN

Clinically, the issue of bisexuality is potentially important with three types of clients: (1) women who label themselves as bisexual; (2) women who are unsure about their sexual orientation; and (3) women who identify themselves as lesbian or heterosexual, but for whom bisexual fantasies, attractions, or behavior may be distressing or ego-dystonic.

Successful therapy, even with women who identify themselves as bisexual, must begin with an examination of whether the bisexuality is indeed a clinical issue. Just as there has often been a tendency for heterosexually biased therapists to assume that homosexuality is a therapeutic issue for all gay and lesbian clients, many therapists may assume that bisexuality is an issue for all clients who exhibit bisexual behavior, attractions, or self-identity. Many such clients enter treatment with no internal conflict about their orientation; the first order of business for the therapist is to determine whether the client herself considers her sexual orientation in any way worthy of discussion. For example, I have experienced both heterosexually identified clients with significant lesbian experiences and lesbian clients with significant heterosexual contact whose behavior did not apparently cause them to experience personal conflict. It is not my business to start to create conflict for them.

Sexual and Romantic History

For those women who report a need to work on issues of sexual identity, a detailed sexual and romantic relationship history is essential. This should include a history of the emergence and expression of both heterosexual and homoerotic fantasy, attractions, and behavior, including masturbation fantasies.

In addition, the clinician should obtain a relative weighting of the power of heteroerotic versus homoerotic attractions. Does one type of attraction seem primary (i.e., more satisfying, more romantically compelling, or more erotically charged)? How much variation is there over time? Probably most important are the recent experiences of the client, as they are most likely to predict a future direction.

Next, the therapist should assess the degree to which these experiences are ego-dystonic or ego-syntonic, and the likelihood that the client could compartmentalize the ego-dystonic component of her sexuality should she desire to do so. Notice that this is an acceptable alternative for me, if it appears practical. I do not take the political or therapeutic stance that all bisexuals must identify themselves as such; I help many lesbians compartmentalize their bisexuality if it seems practical and that is what they want to do, just as I have helped some heterosexual women compartmentalize theirs.

The clinician must also ascertain the social supports a client has for bisexuality and her potential ability to maintain a bisexual identity without support, or the social supports she has for maintaining a lesbian identity if that is how she labels herself or if she decides to do so.

Next, the therapist needs to help the client explore her self-identity and what this means to her. It can be especially revealing to determine how she labels herself in different situations. Some such labels, if they are discrepant with her personal

identity, may reveal internalized biphobia or homophobia. For example, the client may consider herself bisexual, but may identify herself as lesbian with lesbians and heterosexual with heterosexuals.

Finally, it is important to understand the degree to which, in general, the client is motivated and prepared to deal with upheavals in her life that would be created by a change either in personal self-identity or in self-disclosure to others. It is also important to explore specific issues and difficulties that may realistically be expected. For example, a previously heterosexually identified mother who is grappling with potential bisexuality may make choices in behavior or disclosure according to their possible repercussions for child custody.

Identity Formation

Probably the single most common issue the clinician will encounter in work with potentially bisexual clients is the very issue of identity formation: "Am I bisexual, lesbian, or straight? If so, what does this mean? How do I figure it out? How do I handle it if I am?" Clinicians not experienced in dealing with gay and lesbian clients might consult the writings of gay and lesbian therapists on identity formation, as many of the same principles hold for bisexual identity formation (Cass, 1979, 1990). In a culture that repudiates both homosexuality and bisexuality, most individuals will find it both imperative to come to terms with the despised and denigrated elements of identity and exceedingly difficult to do so. The journey to self-integration will be time-consuming and conflict-laden for most, and will include information-seeking, behavioral exploration, the need for social supports, and some degree of self-disclosure to others. Moreover, this odyssey invariably includes periods of defensive strategies that seek to deny, compartmentalize, or repress certain aspects of self. It is most important that this journey be self-determined. In clinical issues, the policy of "outing" is destructive; the therapist's most useful role may be to support partial denial of identity, while planting the idea that continued evolution of identity may take place in the future.

In transposing the model of gay and lesbian identity formation to bisexual identity, the picture gets more complicated because many more variations are possible. Some women move from a heterosexual to a bisexual identity and comfortably remain there, whereas for others bisexuality is a way station toward lesbianism. Still others perceive themselves as lesbian and then as bisexual. When a woman is undergoing a second major transformation of sexual identity, it is advantageous for her to build upon the strengths gained during the first transformation, and it may be clinically helpful for the therapist to point this out to the client. A woman who has previously identified herself as a lesbian and is currently struggling to come to terms with attractions to men can be reminded of the process she went through in "coming out" as a lesbian. As she notices the similarities in process, she can access past experiences and skills to help her with her current situation.

Therapeutic Validation

I find it very useful to help women make clear distinctions among the following: aspects of internal experience (feelings, fantasies, attractions) behavior self-labeling, and self-disclosure. I validate apparent dissonance among these elements if the dissonance is comfortable for the client, at the same time as I point out possible disadvantages of maintaining this dissonance. In effect, I do recognize an "essential" nature of sexual orientation, at least as determined by internal experience, but make that separate from all other elements. For example, I may say to a client,

"You may indeed be bisexual internally—be capable of attractions to some degree or another to both men and women. But you may choose whether to act upon these feelings. Moreover, you can choose what you want to call yourself and to whom you want to reveal any of these aspects of yourself. You can be internally bisexual and call yourself a lesbian (or heterosexual). You can "come out" as a lesbian to others, or you can choose not to disclose anything. This is perfectly okay, but there is some potential for problems. You may eventually find that you feel a need to act upon both sets of feelings, and you may feel phony or superficial with others if you do not disclose your bisexuality. You can do whatever is comfortable for you now, recognizing that you may or may not decide differently in the future."

Perhaps the single most important thing a therapist can do for female clients who have any degree of bisexuality is to validate the concept of bisexuality and give information. This can be important even for women whose bisexual component seems insignificant at the time. Validating lesbian fantasies in a presumably heterosexual woman, for example, may not seem important at the time it is done; however, given the fluidity of sexual orientation, it can have great future significance. The "heterosexual" woman of today may choose to actualize her lesbian fantasies tomorrow. And for the woman whose bisexuality is more than incidental, validation and information from the therapist are even more important. The therapist may be the only person in the client's social system who even corroborates the existence of bisexuality, so the therapist must be able to provide unwavering support, as well as information that includes reading material and (most importantly) referrals to bisexual organizations and support groups. Fortunately, these days such literature and support groups can usually be accessed through local lesbian and gay hotlines, organizations, and bookstores.

Although identity is the most common issue the clinician will confront regarding bisexuality, other problems may present themselves. The book by Klein and Wolf (1985) includes a chapter on counseling bisexuals that describes many of these issues (Lourea, 1985). Some of the problems bisexuals may encounter include the following: dealing with partners who cannot handle their bisexuality; grappling with the issue of monogamy-nonmonogamy; and coping with the reactions of others to whom they have disclosed their bisexuality. Women who have previously identified themselves as heterosexual face many of the same issues confronted by lesbians in "coming out." Women who have previously identified themselves as lesbians have additional conflicts. They may include guilt and a sense of betraying their community, as well as "culture shock" when they find themselves relating to men again and having to confront sexism, which they thought they had left behind forever.

Case Vignettes

It may be useful to conclude this section with several vignettes of my own clients in recent clinical practice.

Lee is a 33-year-old self-identified bisexual married woman. She lives with her husband and her female lover, both of whom accept her dual relationships/but who are not romantically or sexually involved with each other. She entered therapy on the premise that these relationships would not be challenged. Although some other clinical issues involve the complexities that managing these relationships entail, her situation has remained stable for several years, as has her identity. She feels no need to participate in the bisexual community, although she does not conceal her identity from others.

Marion was a middle-aged suburban housewife with three children at the time she entered treatment for what she reported as sexual identity confusion. Although her behavior was bisexual, her attractions since adolescence had been exclusively lesbian, and her marriage was strictly a pretense. Her primary clinical issue was considerable internalized homophobia, reinforced by a lifetime of being a "good girl" who lived the lifestyle her parents chose for her. This was complicated by the losses she feared she would suffer should she actualize her lesbian potential: the loss of child custody, and the loss of substantial income from her husband. Marion eventually left her husband and has been a self-identified lesbian for a number of years. She learned to cope with the altered lifestyle necessitated by an income decrease. While she did not lose custody of her children, the two older boys were troubled by her lesbian lifestyle and one eventually left to live with his father.

Lily is a 28-year-old self-identified lesbian who sometimes sleeps with men but considers these encounters purely sexual. Although she accepts the term "bisexual" as a behavioral description, she rejects it as an identity and experiences no conflict over the discontinuity between her label and her behavior.

Diane is 28 and thinks she may be lesbian. She is behaviorally and romantically bisexual, but has recognized her lesbian attractions only recently. She has never sustained a long relationship with anyone of either sex. For now, a bisexual self-identity is the most comfortable alternative for her, as she continues to explore in therapy her internalized homophobia and her attractions to women. It is unclear both to her and to me whether her inability to sustain relationships is the result of a primary lesbian orientation or simply a conflict about commitment and intimacy.

Ann is 41, has been living for 6 years with a man, and is trying to have her first child. Eight years ago I helped her make the transition from a 12-year politically active lesbian identity and relationship to a bisexual identity. She came back to deal with her grief over miscarrying two pregnancies. She still considers herself bisexual and is very active within the bisexual movement and community.

Joanne is 39 and in the process of divorce. One other clinical issue was potential bisexuality; she had several lesbian experiences during her marriage. During the course of treatment, however, she decided that these were not emotionally significant to her, and she maintains a heterosexual identity. She recently fell in love with a man.

Terri is a 30-year-old postoperative male-to-female transsexual. Before surgery, she did not think much about her sexual orientation. Even though, as a male, she had been attracted to and married a woman, she had also had sexual fantasies about being a woman and having sex with a man. After surgery, her first sexual experiences were with men, and she found them satisfying. However, she was still attracted to her ex-wife, and this led her to question her orientation. Eventually she made contact with a bisexual S/M group through a computer bulletin board and became active with these men and women. She found that S/M was only of mild interest to her, but that she was clearly attracted to women at least as much as to men. She is now in a lesbian relationship. Affirming her bisexual identity was extraordinarily easy for her; in actualizing her female identity, she had lost so much in her life that the orientation change seemed minimal by contrast.

CONCLUSION

In our rapidly changing contemporary culture, we are in the midst of a second

revolution in our paradigm of sexual orientation. The most recent paradigm recognizes that sexual orientation is multidimensional; this conception not only includes attraction, behavior, and identity, but also allows for fluid identity over the life cycle. At the forefront of these changes are bisexual women, especially those working within the lesbian community, so it is appropriate that a book on feminist reconstruction of psychotherapy with women includes a chapter on bisexuality.

For clinicians working with sexual identity in female clients, it is no longer sufficient that they be comfortable and supportive of lesbianism. They must support and understand bisexuality as well, or they will do a disservice to all their female clients, including those who currently identify themselves as heterosexual or lesbian but may have within them a potentially significant bisexual component of their identity. In a culture that at worst allows women only a heterosexual option, and at best acknowledges two options (heterosexual or lesbian), clinicians must be a source of information and help regarding bisexuality, because the most important function they may fulfill is that of validating its existence.

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