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***Bisexuality in Women: Myths, Realities,  
and Implications for Therapy***

## **Introduction**

As Fritz Klein and Timothy Wolf point out in their introduction to *Bisexualities: Theory and Research* (1985, p. xv): "The history of research into bisexuality until now could almost be characterized as nonexistent." In recent decades, bisexuality has been variously described as counterfeit, illusory, or pathological. Although some notable figures in psychology, including Sigmund Freud and John Money, have believed that all humans have a bisexual potential, and despite the evidence from Alfred Kinsey showing that significantly higher percentages of people exhibit bisexual behavior than exclusively homosexual behavior, it is still widely believed that any individual with sexual experience with both sexes is either "really" heterosexual, or more recently, "really" gay. Gary Zinik describes this belief as the "conflict model" of bisexuality:

Underlying the conflict model of bisexuality is the notion that sexual orientation 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. (1985, p. 9)

While hundreds of research studies have investigated homosexuality, little interest has been taken in bisexuality. The investigation of bisexuality holds rich promise for our understanding of some of the basic structures of human sexuality; but to look clearly at bisexuality requires discarding some cherished conceptions. Most basically, one must move from a dualistic notion of sexual orientation to a more expansive vision of sexuality. At the very least, one must acknowledge the existence of what Hanson and Evans (1985) call the "Excluded Middle": that is, those people whose sexual orientation lies between the endpoints of the Kinsey Scale. Just as recent research on psychological androgyny has emphasized the mutual compatibility of "masculine" and "feminine" attributes, in contrast to dualistic notions that once viewed these traits as mutually exclusive, concepts of sexual orientation must include the reality that attractions to men and women can exist side by side in the same person. Exploring bisexuality in depth leads to an even more radical revising of our views on sexuality. Klein, Sepekoff, and Wolf (1985) have a model of sexual orientation that differentiates seven variables, including sexual attraction, behavior, fantasies, emotional preference, social preference, self-identification, and hetero/gay lifestyle. Some feminist theorists have gone further and challenge the idea of the primacy of gender of object choice as a dimension of sexual orientation. Califia (1983), for example, reveals that many men and women who practice S&M care more about whether a potential partner is dominant or submissive than they do about the gender of that partner. And in fact, several reports corroborate that some bisexuals maintain that gender is an irrelevant dimension of their attractions to people (Coons, 1972; Zinik, 1983). To understand bisexuality in women, then, and to do therapy with women who may be bisexual, requires nothing less than completely discarding some of the concepts of sexuality with which we have been raised, which have been considered scientific axioms and psychotherapeutic truths

**Bisexuality In Women: The Evidence From Research** It is difficult to ascertain

the rates of bisexuality in women, and one can do so only inferentially. Part of the problem lies in how one defines bisexuality. Most researchers have found that individuals who report exactly equal attractions to both men and women (the most narrow definition of bisexuality) are quite rare. Beyond this narrow definition, estimates of bisexuality vary according to whether one uses the criterion of attraction or fantasy only, actual behavior, or self-identification/self-label. As one would expect, estimates based only on fantasy or attraction are quite high. Masters and Johnson (1978), for example, found that what they term "cross-preference encounters" were the third most frequent category of sexual fantasy for both homosexual males and homosexual females, the fourth most frequent fantasy for heterosexual males and the fifth most frequent fantasy for heterosexual females. Bell and Weinberg (1978) report that only about half of gay men and half of gay women rate their feelings as exclusively gay. Hyde (1982), in interpreting data from both the Kinsey surveys of the 1940s and the Hunt survey of the 1970s, estimates that behaviorally, about 75% of men and 85% of women are exclusively heterosexual, 2% of men and less than 1% of women are exclusively homosexual, and nearly 25% of men and 15% of women are behaviorally bisexual. Bell and Weinberg (1978) report that nearly all of their samples of gay men and women have had behavioral heterosexual experience, and estimate that one-third of men and an even higher percentage of lesbians exhibit what they call a "partial bisexual style": i.e., attractions and behavior that are somewhat heterosexual. Moreover even among their "heterosexual" control group, only three-quarters of the males and 90% of the women were exclusively behaviorally heterosexual! The "Playboy Sex Survey" (Playboy, 1983) found that 3% of males and 1% of females identified themselves as bisexual, and Klein (1980), in a Forum magazine survey, found that 56% of his respondents identified themselves as bisexual, with more men than women reporting this bisexual orientation.

Clearly, bisexual self-identification is much lower than bisexual behavior, which is in turn lower than bisexual fantasy or attraction. Bisexual behavior, and perhaps bisexual attractions, are higher among self-identified gays than among self-identified heterosexuals. This data is not surprising in a society which, first, stigmatizes homosexuality and, second, teaches us to polarize sexual orientation. In such a society, one would expect the incidence of bisexual behavior to lag far behind incidence of bisexual fantasy or attraction. Furthermore, one would expect individuals to "choose up sides": i.e., to self-identify as either gay or straight, with far fewer people identifying as homosexual. One would also expect, in such a culture, that the label "gay" might become something of a "residual category," a label that might more precisely mean "not exclusively heterosexual." Nichols (1985), found that measures of various dimensions of sexual orientation (fantasy, romantic attraction, past and current sexual behavior, etc.) were more discrepant for those who self-label as gay than for those who self-label as heterosexual. This data, together with the studies reporting high degrees of bisexual feelings and behavior among homosexuals, corroborate the notion that "gay" is a residual category in this culture. In general, we can assume that self-label gives us less than a total picture of sexual orientation. In the same study, Nichols found that self-label correlated highly only with "behavior in the last year."

Interestingly, there is little or no data to confirm the popular view that women are more bisexual than men. It is true, however, that lesbians are more likely to have been married than gay men (Bell & Weinberg, 1978; Jay & Young, 1979; Masters & Johnson, 1979); but gay men tend to stay married longer than lesbian women and report more marital satisfaction (Bell & Weinberg, 1978). Thus, it appears that

women are "less likely to behave sexually in accordance to their true interests" (Bell & Weinberg, 1978, p. 60), perhaps explaining findings of less bisexual and homosexual behavior in women and further complicating the clinical picture of sexual orientation for women.

What characterizes bisexuality in women, beyond data on incidence? How do bisexual men and women compare with one another? Most of what we know comes from research on self-identified bisexuals; this research is summarized well by Zinik (1985). He reports that:

Most bisexuals, whether male or female, first eroticize the opposite sex and identify as heterosexual, recognizing their homosexual interests in adulthood. However, some "life-long homosexuals" spontaneously develop heterosexual interests and become bisexual in mid-life. The incidence of this later phenomenon may be rising (Nichols & Paul, 1986).

Bisexual males and bisexual females both report similar levels of erotic excitement with male and female partners. However, both males and females report more emotional satisfaction with female partners.

Both male and female bisexuals report falling in love with women more often than with men, although many report falling in love with both genders. These data are interesting because they echo observations of many gay men, who say they are more sexually attracted to men but more emotionally attracted to women (and thus define their orientation on the basis of their sexual preference). And some lesbians, who say they are sexually attracted to men and women, are emotionally satisfied by women (thus defining themselves by emotional preference).

Bisexual men report that their relationships with men are of shorter duration than their relationships with women. Bisexual women tend to have fewer but more lasting relationships with both women and men.

Many bisexuals report that they are attracted to qualities of particular people rather than to aspects of gender per se; they transcend gender. Blumstein and Schwartz (1977), however, state that their female subjects, in contrast to male subjects, more often report that they get different things from relationships with men and women.

A second source of information on bisexuality in women comes from studies of bisexual women in marriages. Both Coleman (1985) and Dixon (1985) found fewer than half of these women were aware of homosexual feelings prior to marriage. Many appeared to make dramatic swings in Kinsey ratings of both behavior and fantasy over the course of the marriage. These findings cast doubt upon the widely held belief in the inflexibility of sexual orientation and attraction over a lifetime. For some women, at least, not only behavior but attraction and fantasy can be quite fluid and changeable with time. The Dixon data are particularly interesting. In her sample of women in "swinging" marriages, few subjects reported homo-erotic fantasies or attractions before engaging in lesbian activities during "swinging" scenes, but most reported such fantasies and attractions after pleasurable lesbian sex. It seems then, for some women, fantasy can follow pleasurable behavior rather than be an antecedent to it.

What begins to emerge from studies of bisexuality in women is that there are a number of very different patterns of bisexuality. Some of these patterns are as follows:

Most bisexual women move from a heterosexual to a bisexual orientation. However, given the fact that women seem less likely than men to actualize

their sexual inclinations, it is not always easy to determine the meaning of this transition. For some women who married for reasons purely of social conformity, the bisexual self-identification may be a "shield" for a truer identification as an exclusive lesbian. For other women, it may be an acknowledgement of bisexual feelings that have existed all along but have previously been unacknowledged. Some of this latter group may prefer eventually to identify as lesbian, or to only act upon their lesbian attractions, for reasons related to the quality of their emotional relationships with women, despite a substantial or even greater erotic attraction to men. These women can be considered to have genuinely "chosen" a lesbian lifestyle. Some of them frame their choice in feminist political terms, and have sometimes been called "political lesbians":

Women who come to lesbianism through radical feminism reject the notion that lesbianism is a sexual identity. This is not to say that sexual expression is usually absent in the new gay woman's lives; rather, sexual activity is for them generally only one aspect and perhaps a relatively unimportant aspect of their commitment to a lesbian lifestyle. Lesbianism in this context, or, more precisely, lesbian-feminism, is defined as a political choice more than a sexual preference. (Faderman, 1986, p. 86)

Still other women who move from a heterosexual to a bisexual orientation genuinely become aware of the homosexual component to their bisexuality only in adulthood, after marriage, perhaps only after a homosexual erotic experience. These women seem to be fairly fluid in their sexual attractions and fantasies.

A smaller number of women identify as bisexual after a lesbian identification.

Some of these women, like the women described in (2) above, seem to have developed heterosexual attractions only after a lifetime of primarily homosexual attractions. Many more of them are probably women who always experienced bisexual erotic attractions but self-identified as lesbian for emotional/relationship reasons, for political motives, and/or because of the perceived absence of a bisexual "category" and community.

Many women continue to self-identify as heterosexual or lesbian despite conscious awareness of bisexual feelings, for reasons of social pressure. These women may never choose to act upon the aspect of their erotic attractions that does not conform to their self-label or, if they do, will act upon these feelings only in secrecy and possibly with much internal conflict, guilt, and shame.

Some women express their bisexuality in the form of serial monogamy with alternating gender of partner, a pattern that has occasionally been observed (Nichols & Paul, 1986). The explanation for this is unclear. It may reflect a true transcendence of gender. Alternately, for bisexual women who view their relationships with women as substantially different in nature from their relationships with men, it may reflect different personal needs at different stages of the life cycle. For example, it has been observed that female-female pairings seem to be more intensely intimate than female-male or male-male pairings. Thus, varying gender choice may reflect different needs for intimacy versus autonomy; or it may represent varying desires for similarity versus difference in a partner.

Some women may express their bisexuality by only having sex with one gender and full relationships with the other. For example, some women enter into couple relationships with men but have sexual "flings" with women. While some self-identified lesbians may have sex with men but only with to enter relationships with women.

Some women assume that their bisexuality automatically involves non-monogamy. These women are perhaps more likely to be women who view their relationships with men and women as substantially different in nature, and feel a need for both in order to be "fulfilled." Other women see the issues of monogamy and bisexuality as unrelated.

**The Meaning of the Data** It should be clear by now that the term "bisexuality" covers a very diverse and only partially understood group of phenomena. It must also be clear that it is impossible to divorce the various aspects of bisexual attraction—especially of bisexual behavior and identity—from their social and political underpinnings, just as it is impossible to divorce lesbianism or, for that matter, heterosexuality in women from the social fabric from which these roles, behaviors, and identities emerge (Nichols & Leiblum, 1986).

On the most obvious level, the absence of social supports for a bisexual identity certainly impeded self-identification as bisexual, probably inhibits behavioral expression of bisexual attractions, and possibly serves to block conscious awareness of bisexual feelings. The heterosexist bias and strong homophobic messages of our culture act to prevent many people from actualizing any homosexual component of their sexuality. The Gay and Lesbian Liberation Movement, so crucial in combating heterosexism has, in the process, done a disservice to bisexuals. 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.

An examination of the complex forms of bisexuality also yields a more subtle understanding of the interactions of social factors and sexual orientation. Many of these social factors relate to sexism and the ways in which men and women are differently conditioned. For example, the interesting finding that both male and female bisexuals report better relationships with women and relationships of longer duration may well be related to women's socialization towards intimacy and valuing intimate relationships. When bisexuals report viewing their relationships with men and women as different in nature, these differences are probably social in origin. Women who are bisexual in erotic attraction but actively choose to engage in lesbian relationships are doing so for reasons that are, at their root, political. It is not only true that socio-political conditions determine who will express their bisexuality and how those bisexual attractions will be experienced, interpreted, and manifested; it is also the case that the study of bisexuality can teach us a great deal about the social construction of gender.

This area of investigation—looking at how homosexuals, heterosexuals and bisexuals experience same-sex and other-sex relationships—seems rich in the possibilities for

elucidating the role of gender socialization in human relationships. Bisexuals who have experienced male and female sexual relations and intimacy may hold a key to our understanding of differences in male-male, male-female, and female-female pairings. (Nichols & Paul, 1986, p. 6)

**Clinical Issues: Working With Bisexual Women** The multiplicity of ways in which bisexuality is expressed implies that therapeutic interventions must be greatly tailored to the individual case. Let us consider here not only women who self-label as bisexual but also those who exhibit bisexual feelings, fantasies, attractions, and/or behaviors while self-labeling as heterosexual, homosexual, or "confused."

Therapists who are experienced in working with individuals who are gay or lesbian and engaged in the "coming out" process will recognize many of the clinical issues described here as parallels to the processes of identity conflict and identity integration that lesbian women undergo.

Successful therapy with bisexual women must begin, as with lesbian women, with examination of whether the bisexuality is 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 a clinical concern for all bisexuals. Some bisexuals enter treatment with no conflict about their orientation; the first order of business for a therapist working with a woman who displays a bisexual identity, behavior, or attraction is to determine whether the client herself considers her sexual orientation in any way worthy of discussion.

For those women who report a need to work on issues of sexual identity, a detailed sexual/relationship history is essential. Such a psycho-sexual inventory would include answers to the following questions:

What is the client's history of the emergence and expression of both heterosexual and homoerotic fantasy, attractions, and behavior, including masturbation fantasies and limerant experiences?

What is the relative power of homo- versus hetero-erotic attractions? Does one seem more primary than the other? Have attractions and behavior remained consistent over time, or have they varied over the life history of the client? Most importantly, what are the recent experiences of the client, and is some future direction suggested?

How have homo- and hetero-attractions and experiences differed from each other qualitatively? Is one more sexual and another more limerant or emotional in nature? Is one type of experience more personally satisfying than another? Have her major relationships been heterosexual, homosexual, or both, and what has been her experience of these relationships?

What meaning does the client attach to these experiences? Is one orientation more ego-dystonic or ego-syntonic than another?

What social supports does the client have for a bisexual identity? Has she revealed her bisexuality to others? If she has not, what sexual orientation does she claim socially? Such self-labeling may reveal internalized homophobia or heterophobia. For example, a woman may claim only a heterosexual or homosexual identity, or she may differentially label herself with different people, e.g., claiming to be lesbian with lesbians and straight or bisexual with heterosexuals.

If she has not fully integrated a bisexual identity, what would it mean to her life if she did? Is she prepared to deal with the issues she would face if she changed

her behavior or self-label? Is this a goal of treatment?

Clinicians not experienced in dealing with gay and lesbian clients might consult the writings of gay and lesbian therapists and theorists on gay and lesbian identity formation. Cass (1979), for example, has formulated a stage model of homosexual identity which is a classic and quite translatable to bisexual terms. In Cass's model, the client's personal journey of identity integration begins when she perceives that her behavior/feelings are discrepant from her self-perception; Cass assumes that, in this culture, all people start from a base of a heterosexual self-identification (though that self-identification may begin to be disrupted in childhood). For example, a child or adolescent may begin to recognize homosexual attractions, which are almost inevitably at first ego-dystonic. The journey to self-integration includes information-seeking behavioral exploration, the need for social supports, and self-revelation, and invariably includes periods of defensive strategies that seek to deny, compartmentalize, or repress certain aspects of self.

Transposing this model to bisexual identity, one sees that many variations are possible. Some women may move from a heterosexual to a bisexual identity and comfortably remain there. Other women will move from a heterosexual, to a bisexual and eventually a lesbian identity; still others will perceive themselves as heterosexual, then lesbian, then bisexual. When dealing with women undergoing a second major transformation of sexual identity, it is clinically helpful to point this out to the client. A woman who has self-identified as lesbian, for example, and is currently struggling to understand attractions to men, can be reminded of the process she went through when "coming out" as lesbian. As she notices the similarities in process, she can access past experiences and past skills to help her with her current situation. One conflict often experienced by some women who undergo a second sexual identity reorganization is the feeling of an almost schizophrenic-like sense of personal discontinuity. Such clients can be helped by pointing out aspects of their life that represent ongoing continuity rather than cataclysmic change.

Perhaps the single most important thing a therapist can do for bisexual women clients is to validate the concept of bisexuality and give information. This can be important even for women whose bisexual component seems rather insignificant. For example, many primarily heterosexual or primarily homosexual women have bisexual fantasies; i.e., lesbian or heterosexual erotic fantasies, respectively. For women still in the grip of dualistic notions of sexual orientation, it can be reassuring for the therapist to explain bisexuality in terms of the Kinsey Scale continuum. In this situation, while it is of course important to point out that fantasy or attraction does not inevitably lead to behavior change, it is equally important not to minimize the potential significance of such attractions. Given the fluidity of some women's sexual orientation, one cannot assume that a fantasy will always remain a fantasy. The "heterosexual" woman of today may choose to actualize her lesbian fantasies tomorrow.

For the women whose bisexuality is more than incidental or takes a form greater than mere fantasy, validation and information from the therapist is even more important. The therapist may be the only person in the client's social system who corroborates even the existence of bisexuality as a sexual identity, so he/she must be able to provide unwavering support as well as information that may include reading material and access to support groups, bisexual organizations, and bisexual newsletters (two of which are produced by the Boston Bisexual Women's Collective and the Chicago Bisexual Women's Network).



Some therapeutic issues that may need to be addressed, in addition to those mentioned above, are enumerated in Lourea's article on counseling bisexuals (1985). The special edition of the Journal of Homosexuality in which this article and others mentioned herein can be found also contains a bibliography on bisexuality (Stein, 1985). Some of the problems bisexuals may encounter are, for example, dealing with potential partners who may be homophobic, heterophobic, or "biphobic," grappling with the role that monogamy versus non-monogamy plays in their bisexuality, deciding when and how to "come out" about their bisexuality to friends, family, and associates, and, for some, considering the implications of their bisexuality for current marriages or love relationships.

Women who have previously identified as heterosexual need to deal with many of the same issues that lesbians face, as they confront the "gay side" of their personalities. Women who have previously identified as lesbian often experience guilt and a sense of having betrayed their community. In addition, many women who have lived an open lesbian lifestyle, especially those with a feminist background, experience a profound "culture shock" when they find themselves relating to men again and having to deal with sexism, inequality in relationships, and traditional role expectations. Although they may find sex with men exciting and fulfilling, and although they may enjoy the greater sense of differentness and autonomy they experience with men, they can feel frustrated or even hopeless about finding a man with whom they can have a truly equal relationship.

**Six Case Vignettes** In order to illustrate some of the clinical issues faced when counseling bisexual women, six case vignettes are offered below.

Susan is a forty-two-year-old owner of her own business, married for sixteen years at the time she entered therapy. While she immediately identified herself as bisexual to her therapist, she also indicated that her bisexuality was not a source of personal concern. She had sought out a clinician she believed to be lesbian precisely because she did not want her bisexual activity to become a focus of treatment. This activity took the form of occasional "three way" sexual encounters between herself, her husband, and various other women. These liaisons usually lasted for a few months, with no lesbian activity taking place outside the context of the menage, after which Susan reported that the relationships between her and the third woman usually evolved into friendships. Susan maintained that she had never fallen in love with a woman and that she had no inclination to pursue her "lesbian side" further. At her request, her bisexuality was not discussed as a clinical issue, despite some suggestion that she manifested a certain degree of internalized homophobia (for example, she told no one of her bisexual encounters and somewhat irrationally believed that her business would be destroyed should word ever "leak out"). At the time of this writing, Susan was grappling with marital conflict partially complicated by her affair with another man. Her bisexuality did not appear to be a factor in her marital discord. It is not inconceivable that should Susan separate from her husband she might choose to explore lesbian relationships a bit further, although there is no indication of this at the present time.

Alice was a thirty-five-year-old suburban housewife with three children at the time she entered treatment for what she reported as sexual identity confusion. Although her behavior was bisexual, a sexual history revealed little or no heterosexual component despite her marriage, and a recognition of lesbian attractions and furtive affairs since adolescence. She was blocked in fully expressing her lesbianism by considerable internalized homophobia, a lifetime of trying to be a "good girl," and realistic fears of losing custody of her children. In addition, she quite liked her

"Princess" lifestyle and had very substantial fears of independence and of having to take care of herself without the financial support of a man. Eventually, however, she decided to give up the Gilded Cage and now identified exclusively as a lesbian.

Helen was a forty-year-old self-identified lesbian at the time she entered therapy for reasons unrelated to her sexual identity. Until her mid-thirties, her attractions, fantasy, and behavior were all entirely heterosexual. At the age of thirty-six, after fifteen years of a dismal marriage and four children, she joined a local feminist organization and quite spontaneously fell in love with another woman who was a member of the group. Within a year, she left her marriage and began to live with this woman. At the time of treatment, she reported a mixture of hetero- and homo erotic attractions and fantasies. However, she considered herself a lesbian for emotional and political reasons and quite adamantly maintained that she would never again act upon her heterosexual impulses; she says she's "had it" with men. Some time in therapy was spent in helping her integrate her heterosexual attractions with her lesbian identity. She currently maintains an exclusively lesbian lifestyle and self-label.

Lisa is a thirty-three-year-old self-identified lesbian. Her sexual history reveals a mixture of hetero- and homo erotic attractions, behavior, and fantasies, 'however, she only falls in love with women, and all her relationships have been with women. Within the last year she separated from a female lover of nine years. She currently has sex with both men and women. However, she explicitly seeks out men because, she says, she can have sex with men without becoming emotionally involved. During this time of healing her wounds from her broken relationship, she feels she sometimes needs what she sees as the "safe" sexual outlets of men. Although her therapist sometimes uses the term "bisexual" to describe her behavior. Lisa rejects this label as a self-identification. She defines her identity on the basis of her limerant attractions, rather than sexual impulses or behavior.

Diane is a thirty-year-old self-labeled bisexual. Married to the same man since the age of eighteen, with a three-year-old child, Diane first became aware of attractions to women in her early twenties. From the time she recognized these feelings, she was open with her husband and, with his knowledge, had several affairs with women. She is also quite open about her bisexuality with others and is active in a local bisexual organization. Her current attractions and fantasies are quite mixed. She is confused, however, about how to "manage" her bisexuality. She experiences her relationships with women as different from her relationships with men. While she has had a number of lesbian relationships, her husband was her first and remains her only male partner, so she is unclear about whether her experience of "differentness" in relationships is related to gender or simply to the quality of her marriage (she describes the difference as feeling closer and more intimate with women than with her spouse). The "open marriage," which has included three-way affairs, has created problems for her and her husband. She is inclined to monogamy at the moment, yet yearns for a relationship with a woman. She is not sure whether her dissatisfaction with her marriage is a by-product of unfulfilled bisexuality or is simply a function of the perceived lack of intimacy with her spouse. She is very much in flux regarding her future lifestyle, but has a clear sense of personal identity. Diane feels she will always remain bisexual whether she is monogamous or non-monogamous and regardless of the gender of her partner of the moment.

Amy is a twenty-seven-year-old who now considers herself bisexual. During high school she experienced heterosexual attractions and had the usual round of boyfriends and heterosexual dates, including some heterosexual sexual experience.

Early in her college career, she met lesbians through her feminist activities and became aware of attractions to women. She fell in love with and lived with a woman, identified herself as lesbian, and became open and active in the lesbian-feminist community. She always maintained both hetero- and homoerotic attractions and defined herself as a "political lesbian" who had chosen lesbianism consciously. In law school, she fell in love with a male fellow student while still living with her female lover; she had been experiencing problems in her lesbian relationship for quite some time. She entered treatment at this time in considerable conflict. Amy deliberately chose an open lesbian therapist. In addition to experiencing guilt over what she considered her betrayal of her female lover, she felt a profound sense that she had "abandoned" and "betrayed" the lesbian community. In fact, she experienced substantial rejection from her lesbian friends, and felt very isolated, yet she was appalled at the idea of joining the heterosexual mainstream. It was very important to her that her lesbian therapist accepted her bisexuality; this was a major validation of Amy's identity. A turning point in treatment came when Amy realized that some of her guilt stemmed from the fact that she had never "come out" as lesbian to her parents. Since she had introduced her current boyfriend to her parents, they assumed she was straight. Much of her conflict was reduced when she "came out" as bisexual to her family. She left her female lover and married the boyfriend, but became active in forming the first women's bisexual support group in the area. Her marriage is monogamous but, like Diane, she considers her bisexual identity to be independent of the gender of her partner. She and her husband have just had their first child.

**Conclusion** We have seen here that bisexuality is a complex, multifaceted phenomenon, and that many types of bisexuality exist in women. In many ways, the best preparation a clinician can have for working with bisexual women is prior experience working with lesbians. Therapists, however, must have themselves gone beyond a dualistic view of sexual orientation and have gained more sophisticated appreciation of the variability of sexuality from woman to woman and, indeed, within one woman over the course of a lifetime. In a culture that, at worst, allows women only a heterosexual option and, at best, acknowledges two options—heterosexual or lesbian—the most important function a clinician can fill is that of validating the existence of bisexuality.