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Bisexual ageing: What do we know and why should we care?

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Very little research focusing specifically on bisexual ageing has been conducted anywhere in the world. Ageing is a life-long process so there is a small literature on the ageing experiences of bisexual people in their 30s, 40s, 50s and early 60s, which this chapter overviews. However there is an almost complete knowledge gap about bisexual people in their 70s, 80s or older. Studies of LGBTQ ageing more generally seldom offer meaningful information about the experiences of bisexual people as they grow older.

This chapter summarises what little is known about bisexuality and ageing and identifies some of the most significant knowledge gaps. It then discusses four reasons for this lack of knowledge and some potential solutions which might help to address these gaps. The reasons discussed are: understandings of bisexuality which work to minimise its prevalence and significance; oversimplifying the relationships between sexual identities, behaviours and attractions; data collection and analysis practices which erase any distinctiveness to bisexual experiences; and difficulties finding research participants who are bisexual and older. The four corresponding potential solutions are: better theorisations of bisexuality; thinking more carefully about the significance of sexual identities in relation to sexual practices and sexual attractions; different data analysis practices; and alternative types of research. If the 'B' in LGBTQ is ever to be more than tokenistic, it is important that this knowledge gap is

addressed. However this chapter also argues that addressing the knowledge gaps around bisexuality and ageing can carry benefits for people of other sexualities in later life and for academics and practitioners interested in ageing or sexuality, by encouraging more sophisticated thinking about all sexual identities.

There are some commonalities between bisexual people and transgender, queer, intersex, asexual etc. people in terms of their relative marginalisation within acronyms such as LGBT and LGBTQ (Barker et al., 2009). Bisexual people may also, of course, be transgender, queer, intersex or asexual and there is some evidence of significant overlap between bisexual and transgender and genderqueer communities (Barker et al., 2008, Barker et al., 2012).

There may be some analogous reasons for knowledge gaps and similar potential solutions for these groups too. However, these are beyond the focus of this chapter, which focuses specifically on bisexuality (for discussion of transgender ageing, see [other chapters in this book] and for a rare focus on the intersection of bisexuality and transgender issues in later life, see Witten, 2016). Bisexuality around the globe is also beyond the scope of this chapter, which focuses only on Anglophone Western cultures.

Defining bisexual ageing

Although this book is concerned with gaps in our knowledge about ‘older’ LGBT populations, it is also important to note that ageing is a lifelong process, not a property of people over a certain age (Bytheway, 2011, Twigg and Martin, 2015) and that experiences earlier in life continue to affect individuals as they grow older (Bengtson et al., 2005, Elder, 1974). Thus, ‘bisexual ageing’ in its broadest sense properly includes the ageing of bisexual

people (a term defined below) at any stage of the life course. Bytheway (1995) argues that considering the ageing experiences of younger people can play an important role in reducing ageism and the ‘othering’ of older people. This project of reducing the ‘othering’ of older people is arguably especially important when older people are already stigmatised for other identity features, such as being black or minority ethnic, disabled, and/or non-heterosexual.

However, there are some experiences which become much more common as people grow old, which mean that there is also merit in considering experiences of ageing in later life in particular. These common experiences in later life may include new expectations about social roles, encounters with ageism, retirement from any previous paid work and increased rates of some disabilities and diseases such as arthritis.

This chapter therefore considers both the experiences of ageing of bisexual people of all ages and the experiences of bisexual people who are in some sense ‘older’ or ‘old’ⁱ. Considering ageing as a lifelong process makes the arbitrariness of defining ‘older’ in relation to a particular chronological age especially apparent. However it is worth noting that many studies of LGBTQ ageing start from age 50 or 55 (e.g. King, 2016, Knocker, 2012, Guasp, 2011).

‘Bisexual’ is often understood to reference sexual attraction to ‘both men and women’.

However, this chapter, in common with most work in the field of critical bisexuality (Monro, 2015), uses a definition which does not assume binary gender: ‘attraction to more than one gender or attraction regardless of gender’. Some scholars of sexuality have recently suggested that the ‘mostly straight’ are a distinct group within the spectrum from

heterosexuality to homosexuality (McCormack, 2017). For the purposes of this chapter, the ‘mostly straight’ (or ‘Kinsey 1s’) are within scope because the argument is about the inclusion of non-monosexual identities, rather than about the behaviours or experiences of particular groups of people. The term ‘bisexual’ is used here despite acknowledged difficulties and debates about the term (Monro, 2015, Ochs, 2007), and indeed with all sexual identity labels and categories (Gosine, 2006, Foucault, 1976), due to its greater familiarity than alternative terms such as ‘pansexual’ and ‘middle sexualities’. Dictionary definitions of bisexuality (and homosexuality and heterosexuality) generally reference sexual attraction but sexual behaviour and sexual identity are more commonly used to recruit respondents to empirical studies, a distinction of particular salience to bisexual people, which will be discussed in more detail later.

What do we know?

Knowledge takes multiple forms and is not limited to the outputs of empirical research studies. Much that is of use to practitioners and older bisexual people themselves can be discovered from the personal accounts of individual older bisexual people (as discussed in [Sue George’s chapter] in this volume). There is also a small non-empirical literature written by practitioners and researchers with expertise in bisexuality, which suggests issues likely to affect older people. These include Keppel and Firestein’s summaries of possible counselling issues for bisexual people in later life, such as ‘coming out’, isolation, lack of supportive networks, impacts of ageism, homophobia and biphobia (Keppel and Firestein, 2007, Keppel, 2006) and more general overviews of later life issues likely to affect older bisexual people (Dworkin, 2006, Rodriguez Rust, 2012, Jones, 2016a). However, this chapter focuses more narrowly on knowledge gained from empirical research studies and published in peer-

reviewed academic journals and books. Very little such empirical work has been carried out which focuses on the experiences of people with bisexual attractions, behaviours or identities as they grow older and barely any has yet been published which informs us significantly about the experiences of bisexual people aged over 70.

Perhaps the most important study is Fredriksen-Goldsen et al.'s comparison of 174 bisexually-identified cisgender survey respondents within their wider sample of 2,560 LGBT-identified people aged 50+ living in the USA (Fredriksen-Goldsen et al., 2017). Their focus was on health equity and they found clear evidence that, controlling for other factors and compared to older lesbians and gay men, bisexual participants were in poorer mental and physical health. However, they found that this poorer health is attributable to four other factors: lower socio-economic status, higher internalised stigma, lower identity disclosure (being 'out') and less social support. This finding is important because it suggests that poorer health is not a result of being bisexual but of these mediating factors, which are amenable to change. They conclude:

... our findings support the idea that the accumulation of disadvantage results in persistent health inequities for bisexuals in older age. The historical context of invisibility and rejection of bisexuality may limit access to resources across the life course, resulting by older age in more limited accumulation of wealth and health that supports optimal aging. (p.475)

Weinberg et al.'s longitudinal study of a group of adults connected to the San Francisco Bisexual Centre focused more on questions of sexual identity and behaviour (Weinberg et al., 2001). The final wave of this study encountered the participants when they were aged 35-67

(average age 50), enabling the researchers to compare their experiences of bisexuality in mid-life to their experiences earlier in the life course. They found that most participants were having less sex with fewer partners. They were also more likely to be sexually active with only one gender – about one fifth were having sex only with people of the same gender and about one third only with people of a different gender. In addition, they were more likely to be monogamous later in life. Participants were also less connected to bisexual communities than they had previously been, in part due to the closure of the local Bisexual Centre. However, despite these changes, Weinberg et al. found that most participants' identities as bisexual were more stable in later life than they had been earlier in life. They argue that participants understood their sexual identity by looking back on their history of sexual relationships, rather than by focusing on current relationships.

More recently, Rowntree surveyed 67 Australian 'baby boomers' aged between 50 and 70 to explore the influences of ageing on their sexual expression (Rowntree, 2015). She asked respondents to mark their sexual orientation on a continuum from homosexual to heterosexual and 25 respondents reported themselves to be neither exclusively homosexual nor exclusively heterosexual. This study thus supplies useful information about older people who may not identify as bisexual but do experience bisexual attractions and behaviours. Many of these respondents had previously been in conventional marriages but were experiencing later life very positively as a time when they could explore new possibilities and reappraise their own sexuality. Women were particularly open to the possibility of sexual relationships with other women in the future.

Schnarrs et al., (2016) undertook an online survey of bisexually-identified people who identified as male, had had sex in the last year and whose last sexual partner was male – a relatively narrow definition of male bisexuality. Of their 2,833 respondents, approximately 27% were aged over 50 and they compared their sexual experiences and behaviours to those of respondents aged under 50. They found that the older group were:

- less likely to use condoms
- less likely to have anal sex
- but more likely not to have used a condom if they did have anal sex
- less likely to have had an HIV test in the past 6 months
- more likely to report analingus
- less likely to have had an orgasm (although the vast majority did)
- reported higher levels of pleasure and satisfaction

They discuss ways in which these findings can be explained by what is already known about common changes to sexual behaviour and experience in later life e.g. that many older people report higher levels of sexual pleasure and satisfaction and that older people of all sexualities are less likely to have HIV tests than younger people.

Witten (2016) focused on experiences and fears around ageing of people who identified as both bisexual and transgender. Fears around home care and being in residential care were especially prevalent. These fears centred on gender rather than sexuality – they had little to say about bisexuality. Respondents had higher rates of disability and chronic illness than ageing trans lesbians.

In my own research I have employed creative methods (drawing and making collages) to enable bisexually-identified adults (aged 20-66, mean 37.5) to imagine their own ageing and later life (Jones, 2011, Jones, 2012). Most participants imagined continuing bisexual identities and relatively positive visions of later life with many non-normative characteristics. In current work, undertaken with Kathryn Almack and Rachael Scicluna, we are analysing the findings of the *Looking Both Ways* study of 12 people aged 50+ living in England with bisexual relationship histories.

The small size of the empirical literature on bisexual ageing in Anglophone Western nation, almost all of which is overviewed above, the diverse definitions of bisexuality and ageing employed, and the very different foci of these studies mean that it is challenging to draw conclusions about what is known. What does seem to be clear is that older bisexual people are at greater risk of being in poorer health (and also materially poorer) than lesbians and gay men, that connection to bisexual communities and other forms of social support can play a part in ageing well, and that bisexual people's sexual desires and behaviours continue to change and develop in later years.

What is not known?

Just as for lesbian and gay people, we do not have reliable baseline figures for the prevalence of bisexual attractions across the life course, let alone in later life. The sexologist Kinsey found very high rates of bisexual behaviour among adults (Kinsey et al., 1948, Kinsey et al., 1953) but did not have a representative sample of respondents. We do not know whether people become more or less likely to experience or express bisexual attractions as they grow

older – there is some evidence of later-life coming out as gay or lesbian once any adult children have left home or after the death or departure of a long-term partner (Fruhauf et al., 2009) but we do not know whether this is also the case for people who identify as bisexual.

Bisexual older people are usually included in wider empirical studies of non-heterosexual ageing or LGBTQ ageing. However, the small proportion of bisexual respondents who are typically recruited, as well as the ways in which the data from these studies is collected, analysed and reported, means that little can be deduced about the specific experiences of bisexual older people, issues which will be discussed in more detail later in this chapter.

None of the empirical studies of bisexual ageing reported above had many respondents aged over 70 (and most had none). Thus we know little empirically about the experiences of bisexual people at the stage of life when they are more likely to encounter health difficulties and disabilities, and to draw more extensively on health and social care services. There is a growing body of literature on how to make health and social care services more accessible to LGBTQ older people (Rowan et al., 2014, Age Concern England, 2006, Westwood et al., 2015) some of which may be helpful to bisexual service users. However, there is little in these resources about the specific experiences and needs of bisexual people.

Little is known about the specific ageing experiences of older bisexual people with intersectional identity features such as being disabled, black or minority ethnic, or transgender. The small literature on the experiences of black and minority ethnic bisexual adults suggests that there are problems with racism and exclusion within bisexual and other LGBTQ communities (Yuen Thompson, 2012). It seems likely that such experiences of

racism have particularly adverse effects on older non-white bisexual people since racism becomes compounded with ageism.

Why do we know so little?

Many reasons might be suggested for why so little is known about bisexual ageing compared to lesbian and gay ageing. There has been a significant growth in many Anglophone and European countries in recent years in the political and cultural visibility of non-heterosexual sexualities, as well as increased levels of acceptance. However, this has been framed largely around lesbians and gay men, rather than bisexuals (Richardson and Monro, 2012), as seen in the colloquial reduction of 'same-sex marriage' to 'gay marriage' (bisexual people may enter into same-sex marriages, but they do not become gay by doing so). It is therefore not surprising that research into ageing and later life replicates this wider tendency to focus on lesbians and gay men.

Underlying reasons for the lower visibility of bisexuality have been argued to include: the stigmatization of bisexual people as promiscuous and incapable of fidelity (Klein, 1993), the dismissal of bisexuality as a transitional or inauthentic sexuality (Barker and Langdrige, 2008), the systematic erasure of bisexuality (Richardson and Monro, 2012, San Francisco Human Rights Commission, 2010, Rodriguez-Rust, 2000b), 'monosexism' (the belief that attraction to one gender is better or more legitimate than attraction to more than one gender) (Nagle, 1995) and 'biphobia' (aversion towards bisexual people, a term introduced by Bennett (1992), and developed by Welzer-Lang (2008). See also Barker et al. (2012)). These culturally available resources for thinking about bisexuality naturally influence researchers in

ageing too, who bear a responsibility to interrogate their own understandings and invocations of bisexuality.

In the following two sections, I focus more narrowly on four reasons for the knowledge gaps around bisexual ageing which seem particularly amenable to remedy by researchers. The four reasons are interlinked and are:

1. Understandings of bisexuality that minimise its prevalence and significance.
2. Oversimplifying the relationships between sexual identities, sexual behaviours and sexual attractions.
3. Data categorisation and analysis practices that have the effect of erasing any distinctiveness to bisexual experience.
4. Difficulties recruiting research respondents who are both bisexual and older.

Understandings of bisexuality that minimise its prevalence and significance

How writers and researchers understand and theorise bisexuality (and also homosexuality and heterosexuality) is often not explicit in studies of LGBTQ ageing, especially in those which are not theoretically-focused. This means that understandings of bisexuality can sometimes only be inferred from the ways in which categories are used and the consequences of research choices, rather than discussed directly. Some understandings of bisexuality, such as that it is always a transitional identity, have the effect of invalidating it as a legitimate sexual orientation altogether, as discussed above. Here, I discuss understandings of bisexuality

which do allow for its validity but frame it in ways which have the effect of minimising bisexuality's significance and prevalence.

As Dobinson et al. note, 'much work that says it is about lesbian and bi women or gay and bi men is only about the same-sex sexual experiences or relationships of the bisexuals' (Dobinson et al., 2005: 44). Limiting the inclusion of bisexual people to their same-sex relationships tends to exclude monogamous bisexual people who are in different-sex relationships and, depending on the focus of the study, may also exclude single bisexual people (as well as some transgender and genderqueer people).

The implication of this practice seems to be that bisexual people are only included within categories such as 'LGB', 'LGBTQ' and 'non-heterosexual' in relation to their same-sex desires and practices. Their different-sex desires and practices seem to be understood as irrelevant or out-of-field. Theorists of bisexuality have argued that this positions bisexual people as 'half gay and half straight', to the detriment of their wellbeing and to the detriment of the viability of bisexuality as an identity (Weasel, 1996, Barker and Langdrige, 2008, Rodriguez-Rust, 2000b). Significantly, including bisexual people only in relation to their same-sex desires implies that bisexuality is being theorised as only ever a behaviour, never an identity.

Petford argues that bisexuality is often theorised as existing either in the past or the future, but never in the present (Petford, 2003). In psychoanalytic literature, she argues, bisexuality is usually treated as something that should be left in the past in the journey to monosexual

maturity, whereas in Queer Theory bisexuality is often positioned as something that will feature in a utopian future when sexual identity labels will no longer be needed. This leaves little space for people to claim bisexual identities in the present.

Oversimplifying the relationships between sexual identities, behaviours and attractions

Scholars have long recognised that sexual identities do not map neatly on to sexual behaviours or sexual attractions for any sexuality (Plummer, 1995, Weeks, 2007) and vary by cultural, geographical and historical location (Foucault, 1976, Gosine, 2006). However, the relationship between sexual identities, behaviours and attractions is especially significant in relation to bisexuality, where they seem to be particularly poorly matched, with many more people reporting bisexual behaviours and attractions than identities (Jones, 2010, Jones, 2016b, Rodriguez-Rust, 2000a). This means that relying on self-identification as bisexual to recruit older people to research studies may lead to lower response rates than for older lesbians and gay men, contributing to knowledge gaps.

Research based in epidemiology, public health and sexual health often uses terminology based on behaviour rather than identity, thus talking about MSM (men who have sex with men) and, more rarely, WSW (women who have sex with women). However this can obscure the distinctive experiences of bisexual people, unless the distinguishing terms MSMx (men who have sex with men exclusively) and MSMW (men who have sex with men and women) and WSWx and WSWM are used. Even the accurate use of labels which describe behaviour is sometimes undermined when identity labels are then imposed across behaviour categories. For example Sigma's long-running *Gay Men's Sex Surveys* do distinguish between MSMx

and MSMW but the title suggests that the MSMW are somehow 'gay'. This may be due to underlying notions of bisexuality as 'half gay and half straight' as discussed above. The use of labels which describe behaviour rather than identity has also been argued to be problematic because of the ways in which this undervalues the significance of claimed identities and can obscure differences of sexual practice (Young and Meyer, 2005). Thus, focusing on sexual behaviours is also not adequate to capture the whole picture of bisexuality (or any sexuality) in later life.

Analytic practices

Studies of older LGBTQ people often analyse responses by the gender of participants rather than by their sexual identities. Thus, the experiences of bisexual men are considered alongside the experiences of gay men and those of bisexual women are considered alongside those of lesbians. This practice has been much critiqued by scholars of bisexuality (Barker et al., 2012, Monro, 2015, Brotman et al., 2002, Welzer-Lang, 2008) who argue that it obscures differences between lesbians and bisexual women, and gay and bisexual men and contributes to the silencing of bisexuality as a legitimate sexual identity. It implies that bisexual people are understood to be 'half gay and half straight', since their 'gay' experiences can be elided with those of lesbians and gay men. It also means that even though bisexual people took part in a study, nothing can be discovered about what is distinctive to bisexual experience. Given that bisexual respondents are usually a small minority, this practice makes it impossible to claim with any certainty that the findings also hold true for bisexual (or transgender or queer) older people.

Difficulties recruiting respondents

Researchers often use identity labels to recruit respondents to studies of LGBTQ ageing since they may provide a shorthand summary of initial inclusion-criteria and may also encourage participation and a sense of shared ownership, especially when researchers also identify with that label (Jones, 2016b). As already discussed, the identity label ‘bisexual’ reaches only a small proportion of those people who experience attractions to more than one gender. It is not clear whether the label ‘bisexual’ is particularly problematic in recruiting older people rather than younger or mid-life people – the prominence of bisexuality has varied over the lifetimes of currently ‘older’ people but it is worth noting that it came into more everyday use in the 1920s and was highly visible in the 1970s (Ochs and Highleyman, 2000) so is not a new term.

In addition, the relatively small size of bisexual communities and scarcity of bi-inclusive spaces and venues, compared to larger lesbian and, especially, gay communities and spaces (Monro, 2015), makes it much more challenging to recruit bisexual people to any study. When researching older lesbian, gay, bisexual or transgender people, the ageism found in many venues and communities creates additional barriers (Ward et al., 2008) but these are especially stark given the small size of bisexual communities to start with. For example, while there are now many well established groups for older LGBTQ people in the UK, they are largely made up of lesbian and gay-identified participants (although many will have had relationships with more than one gender over the course of their lives). Opportunities for older bisexuals in the UK to meet together in a group to talk about ageing are currently

limited to occasional workshops at community events and one monthly London group with a small membership.

How could we change this?

Wider societal change reducing biphobia and legitimising bisexuality as an authentic sexuality would doubtless contribute to reducing knowledge gaps around bisexual ageing. However this section, as the previous, focuses on changes that could be made by individual researchers and groups of researchers, rather than those that require much wider societal and political change. Mirroring the four reasons identified above, four potential solutions are discussed here that would help to reduce the knowledge gaps around bisexuality in later life.

They are:

1. Better theorisations of bisexuality.
2. Thinking more carefully about the relationships of sexual identities, behaviours and attractions.
3. Different data analysis practices.
4. Alternative types of research.

Better theorisations of bisexuality

Better theorisations of bisexuality have the potential to reduce knowledge gaps by offering ways of interrogating bisexuality in later life that take bisexuality seriously as a sexual

identity, behaviour and attraction and include more bisexual people (not just those in same-sex relationships).

Perhaps the most comprehensive recent overview of bisexuality is found in Surya Monro's monograph *Bisexuality: Identities, Politics, and Theories* (2015). This book is particularly useful in its attempt to make connections between the relatively small literature focusing particularly on bisexuality and the much wider literature on sexuality and feminism, queer theory, sociology and political science. An older but more encyclopaedic collection is Paula Rodriguez-Rust's *Bisexuality in the United States: A Social Science Reader* (Rodriguez-Rust, 2000a) which contains chapters on a wide range of different aspects of bisexuality. Beth Firestein's collection *Becoming visible: Counseling bisexuals across the lifecourse* (Firestein, 2007) offers a useful practitioner-focused summary, likely to be of interest to people working in a variety of fields beyond counselling and therapies.

There is also a body of more theoretical work on bisexuality, often drawing on or responding to queer theory, and attempting to think carefully about the differences between bisexual identities and other sexual identities (Bi Academic Intervention, 1997, Gurevich et al., 2007, Hemmings, 2002, Klesse, 2007, James, 1996, Storr, 1999). There is some evidence that some people's bisexual identities are more fluid and changeable than many people's lesbian and gay identities (Diamond, 2008, Rodriguez-Rust, 2007). However, the evidence for this is strongest in relation to women, and specifically young women – it is not so strong for men and for older people.

These theorisations of bisexuality can be drawn on by scholars of LGBTQ ageing to enable the better inclusion of bisexual people within studies of wider LGBTQ ageing.

Thinking more carefully about the relationships of sexual identities, behaviours and attractions

Researchers planning and undertaking studies of LGBTQ ageing could ask themselves whether identities, behaviours or attractions were relevant to the research questions of a particular study, and then either try to avoid or at least note slippage between the three. Researchers might also rethink recruitment practices so that they depended less on people identifying as bisexual, which might then recruit a wider range of types of bisexual people as well as a greater number. Rowntree's study of baby-boomers discussed above (Rowntree, 2015) suggests one such approach – recruiting from the whole population and then using a continuum to identify sexual orientation. The *Looking Both Ways* study I am currently leading specifically set out to recruit older people with a history of relationships with more than one gender but who did not currently identify as bisexual, as well as those who did (Jones et al., 2016). Such an approach, of course, needs to be careful not to claim that participants are in some sense 'really' bisexual. However it may shed useful light both on why people with similar relationship histories choose different sexual identity labels and on issues arising in later life for people with these kind of relationship histories.

Different data analysis practices

Barker et al. have produced a set of good practice guidelines for researchers and writers on bisexuality (Barker et al., 2012). The first of these is ‘Separate bisexuals from the other groups’ (p. 385). Almack’s study of end-of-life care and older LGBT people [cite chapter in this book] provides an example of this approach, which provides information about bisexuality in later life, as does the paper by Fredriksen-Goldsen et al discussed above. Secondary analysis of existing datasets can also play a useful role here. Colledge et al. reanalysed a dataset which had previously amalgamated the responses of lesbians with those of bisexual women, and found statistically significant differences between the two groups (Colledge et al., 2015). This provided valuable information about the distinctive health needs and experiences of bisexual women. It also disproved the notion that the responses of bisexual people cannot be considered separately because numbers are too small. This approach could also be taken with existing datasets focusing on LGBTQ ageing and later life. Where numbers of bisexual respondents are very small, amalgamating the responses of bisexual men with those of bisexual women may make it possible to characterise distinctive features of bisexual experiences of ageing. Genderqueer bisexual participants could also properly be included in a study taking this approach, rather than being either left-out or miscategorised. Doing so would also have the benefit of privileging sexual identity over gender as the lens through which sexuality is read (Gurevich et al., 2007).

Alternative types of research

While there is no easy way to ‘find’ significant numbers of bisexual older people, genuinely participative and community-based types of research (Hagger-Johnson et al., 2006) may offer some help. If older bisexual people are involved in the design, implementation and/or analysis of research, this may help to increase response rates to a study, as well as carrying

important benefits to the project itself. Hagger-Johnson et al. (Hagger-Johnson et al., 2013) argue for the particular importance of participative and community-based types of research when working with sexual communities that have been stigmatised. They argue that participative and community-driven research are essential if the knowledge of academics is to be joined to the expertise of others, in ways that are both academically rigorous and useful and/or emancipatory. This argument seems especially applicable to research into the experiences of older bisexual people, and is likely to be essential for older bisexual people encountering additional issues such as racism, ill-health or disability, or transphobia.

An alternative solution to the ‘problem’ of recruiting sufficient numbers of older bisexual people is to undertake different types of research which do not rely so much on number of participants to ensure validity and rigor, for example, case study research (Yin, 2003), narrative analysis (Riessman, 1993), discourse analysis (Edwards and Potter, 1992), conversation analysis (Sacks, 1995) and other such approaches.

Why should we care?

Researchers and practitioners working with lesbian and gay older people have built up a significant body of knowledge and good practice, albeit still limited and with its own knowledge gaps. This body of knowledge can be drawn on both by specialist practitioners and by those providing generic older people’s services, in order to improve the lives of older lesbians and gay men. The absence of such a body of knowledge in relation to bisexual (and transgender, queer and so on) older people means that they are less likely to encounter services and support which are sensitive to their particular life experiences, especially if these experiences and needs differ from those of lesbians and gay men. Brotman et al. (2002) found

that bisexual participants were more likely than lesbian or gay participants to experience difficulties with health care providers because of those providers' lack of understanding of their sexuality. Increased rates of health care encounters in later life mean that difficulties accessing appropriate and sensitive health care may be a particular issue for bisexual people as they grow older.

More theoretically, studying ageing and bisexuality brings into sharp focus the distinctions between sexual identity, sexual attraction and sexual behaviour and the fact that they may not map neatly on to one another. This also draws our attention to the fact that not everyone who experiences exclusively same-sex attractions identifies as gay or lesbian, since these terms are often more available to white, Anglophone and middle-class people (Gosine, 2006). It reminds us that the group of older people who are usually reached by studies of LGBTQ ageing – those who do identify as L, G, B, T or Q to some extent, and are connected to LGBTQ organisations – may be very different from other exclusively same-sex attracted older people. Thus we should care about bisexuality and ageing because it helps us to also think more carefully and inclusively about the ageing of those who are only same-sex attracted as well. The distinctions between sexual identity, attraction and behaviour can also usefully be applied to heterosexual older people, and to sexual practices, rather than just sexual orientations. These distinctions also have practical implications, for example in the terminology used to devise sexual and general health information and to advertise activities and groups for older people.

Addressing some of the knowledge gaps around bisexual ageing could also carry benefits to people interested in ageing and later life. Studies of people with bisexual histories can make

particularly clear the effects of significant life course events on later life, making more appropriate and personalised care possible (Jones, 2016b). Studies of bisexual older people can also make clear the heterogeneity of older people, and the ways in which ageing is being reshaped in the twenty-first century (Twigg and Martin, 2015). Studies of older bisexual people might also illuminate further the historical and cultural contingency of the claiming of any sexual or gender identity (Foucault, 1976, Gosine, 2006).

Perhaps most fundamentally, we should care about the lack of knowledge about bisexual ageing in terms of simple equity within the umbrella terms ‘LGBT’, ‘LGBTQ’ and so on. If ‘B’ is part of the acronym, then bisexuality should surely also be a fully considered part of a research project (as also should ‘T’ and ‘Q’ and any further letters employed). Better, perhaps, to specify that research is only into the experiences of lesbians and gay men than to claim LGBT or LGBTQ for research which is really only focused on lesbians and gay men. But better still to undertake research which treats bisexuality as a legitimate and autonomous sexual identity and thereby contributes to a more nuanced and sophisticated understanding of all sexualities in later life.

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ⁱ However, studies of younger bisexual people which differentiate between age groups but do not focus on issues of ageing and later life are not within the scope of this chapter.