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Version: Accepted Manuscript

Link(s) to article on publisher’s website:
http://dx.doi.org/10.4324/9781315398785-9

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Bisexuality and ageing: why it matters for social work practice
Kathryn Almack, Rebecca L. Jones and Rachael M. Scicluna

Introduction
In relation to the commonly-used sexual identity labels ‘gay’, ‘lesbian’ and ‘bisexual’, bisexual is often the most invisible category. This invisibility and lack of recognition of the needs of bisexuals across the life-course is important to address in the practice of social workers. Taking a life-course approach, bisexuality is particularly illustrative of the complex and changing relationships between sexuality and sexual identities. As we shall discuss, it can also make bisexual identities across the life-course more visible even if people don’t use the identity label of bisexual.

Social work has a key role to play in tackling inequalities and their impact in people’s lives. In this chapter, we highlight why bisexuality is an urgent matter for social workers to engage with and outline recent empirical evidence that bisexual people are at higher risk of poverty and poor mental health across the life-course than lesbians and gay men (Fredriksen-Goldsen, Shiu et al. 2017).

This chapter begins with a brief discussion of existing theoretical perspectives on bisexuality. We then introduce empirical research focusing on the lives of bisexual people (albeit it is sparse in contrast to bodies of empirical work addressing the lives of lesbians and gay men). In particular we focus on what is known about the life-effect courses of bisexuality and we outline the implications for social work practice. There is scant empirical work, especially related to older bisexual people, and what exists comes mainly from the US. This is a gap that our UK study sought to address (Jones, Almack and Scicluna 2016). Finally we present a discussion of selected case studies from our research to further examine and illustrate key issues in applying research into practice for social workers. Our case studies illustrate ways in which an accumulation of a lifetime of experiences of bisexual people or bisexual relationship histories can lead to what (the editors of this book) identify as ‘institutionalized harms’, which may be individual, organisational and structural. In turn, there are profound impacts and implications on individual requirements for support, perceptions of support available from social work services, as well as concerns in approaching services possibly due to past discriminatory experiences for bisexual people.

Theoretical perspectives on bisexuality
Bell (1994) describes bisexuality as very much a place on the margins within LGBT landscapes, acknowledging a fraught relationships between bisexual and gay people, perhaps particularly between bisexual women and lesbians in the context of feminism (Rust 1995). Jones (2010) has also written about the erasure of both bisexual sexualities and sexual identities – when same sex relationships are labelled as lesbian or gay and opposite sex relationships are labelled as heterosexual.

Bisexuality – as sexual orientation per se – has been theorised in different ways. This can have implications for social work practice in terms of what is meant or understood when talking about bisexuality. For a more detailed discussion on theoretical perspectives of bisexuality see, for example, Rodriguez-Rust (2000), Bowes-Catton (2007). One theory set out by Klein (1993) can be particularly useful from a life-course perspective. Klein developed a Sexual Orientation Grid, which incorporates seven aspects of sexual identity. While this errs towards putting people into categories which obscures the fluidity of sexuality, it is useful in that it allows for past, present and ideal aspects of sexual identity and acknowledges that sexuality is highly complex. As Jones (2010:45) observes, this approach ‘complicates the question of what makes up a person’s sexual identity’, including an individual’s self-identity but also encompassing behaviours and desires – relating to the ways in which individuals live out their sexual, intimate and/or emotional desires. This acknowledges that people’s sexual identities may shift over the life-course such that one’s identity at one point in time may differ from one’s lived experience and identity over one’s life-course.

Jones (forthcoming) observes how questions about sexual identity can privilege an individual’s current sexual identity over any alternative sexual identities they might have claimed in their past. Including a temporal element – asking about both past and current identities - could facilitate more sensitive
demographic data collection on a client group. For example, in our Looking Both Ways study we asked for information on both past and current sexual identities. This facilitates a life-course perspective which can also help make bisexual sexuality and identities more visible too. If the focus is solely on an individual’s current sexual identity – or this is assumed on the basis of a current relationship and the gender of the individual’s partner - binary assumptions can come into play. Both gender and sexuality are fluid as we shall outline later in our case studies. Other aspects of diversity are important to keep in mind too, recognising intersections between sexual identities with other identities. Intersectionality draws attention to the multiple social positions an individual may occupy simultaneously. As Fish and Karban (2015:5) note:

Race, disability, class, gender have an impact on people’s experiences of discrimination and access to social capital, that is, the personal and collective resources that improve one’s educational, economic and social position ...

Although the intersectional approach has not been widely used in social work, it offers a useful perspective and its theoretical underpinnings are informed by social justice.

The intersectional approach offers a nuanced perspective of people’s lives and can alert social workers to the social injustice that some bisexuals’ lives are underpinned with. In the following section, we turn to examine such injustice in more depth.

Life-course effects of bisexuality and the implications for social work

As noted, there is little empirical work on the lives of bisexual people, especially older cohorts. A recent US study (Fredriksen-Goldsen, Shiu et al. 2017) gathered a subsample of 174 participants who identified as bisexual (out of a total of 2,560 LGBT participants). Participants had a mean age of 66.7 and overall 13.2% were people of colour. The study tested and confirmed a number of hypotheses – namely that bisexual people would:

- Have poorer health than lesbians and gay men of a similar age
- Be more likely to experience sexual identity disadvantage - lower levels of identity disclosure and elevated internalised stigma combined with lower social resources (for example less sense of belonging to LGBT communities and lower levels of social support compared to lesbians and gay men of similar age)
- Have lower socio-economic status, compared to lesbians and gay men of similar age

The authors stated that:

... our findings support the idea that the accumulation of disadvantage results in persistent health inequalities 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 (2017:475)

These findings are highly relevant for social workers to address; persistent health inequalities and the potential of reduced resources to draw upon may mean that bisexual people are more in need of support from social services. This may be compounded as bisexual adults age. Compared with lesbian and gay older adults, bisexual older adults experienced greater stigma, less identity disclosure, less social support, and less community belonging. These findings indicate that disadvantages in social positions observed in working-age bisexuals also extend into older age. High levels of internalized stigma and identity concealment may be barriers to obtaining important social resources that contribute to health and well-being; for example, bisexual adults’ relative lack of acceptance into sexual minority communities may limit their access to support and specialized services within these communities. Furthermore, during the aging process, older adults’ social networks often shrink (Ajrouch, Blandon et al. 2005) and they may become more dependent on other types of support services. Thus, bisexual adults may face dual mutually maintained challenges as they age: high need for social and health resources due to the accumulation of disadvantages over time, along with low access to the communities that may be best positioned to address these elevated needs.
There is even less qualitative research about the lives of older bisexual people than there is quantitative research. Where bisexual people are included in qualitative work, sample numbers are so small that they are often subsumed under the LGBT acronym and included on the basis of same sex relationships. This prompted the development of our small study to focus specifically on bisexuality – which developed out of a seminar series which focused on gaps in our knowledge about the lives of older LGBT people. The lives of older lesbians and gay men are gaining more visibility with time. More research is appearing in this field (Pugh 2005, Hughes 2008, Ward, Pugh et al. 2010, Westwood, King et al. 2015, Scicluna 2017), although more needs to be done to raise awareness through training provision for social workers. However bisexual people, like transgender people, remain rather hidden in research and care policy (Jones, Almack et al. 2016, Marshall 2017).

Looking Both Ways

Looking Both Ways was a research project exploring the experiences of older bisexual people or people who had had significant bisexual relationships across their lives. We recruited twelve people aged 50 and over who claimed a bisexual identity or who acknowledged a relationship history across their life-course which could be seen as bisexual even if they did not use the label ‘bisexual’. The lower-age limit of 50 was adopted in common with most studies of LGBT ageing. Participants were aged 51-83; the majority were in their 50s and 60s and the mean age was 64.

We recruited initially via people who attended a seminar mentioned earlier (see endnote i) which was addressing the gaps in knowledge about bisexual ageing and extended recruitment using our own networks. We recognised that we could not achieve a representative sample of respondents. Estimating the size and demographic trends of the ageing LGB population is not possible given that there are no official UK demographic statistics on LGB individuals of any age group. Furthermore, sexual orientation does not map neatly on to the sexual identities that people claim, and sexual behaviours do not always map onto sexual identities.

Each participant was interviewed once and interviews lasted between 45 minutes and 3 hours. The interview schedule started with a narrative life-history (Wengraf 2001) and then moved to a discussion of issues to do with ageing. With permission, interviews were audio-recorded and transcribed. Emerging themes were identified through individual readings of selected transcripts by the three authors. This thematic analysis continued through further readings and team discussions of the dataset. A coding framework of fifteen nodes was developed and applied to all transcripts, using NVivo software. We then developed summary case studies addressing issues of sexual identity across the life-course and about ageing. The case study for each participant was written by the team member who carried out that participant’s interview and sent back to the interviewee to check and agree.

The study was granted ethical approval by The Open University’s Human Research Ethics Committee and followed the research ethics guidance of the British Society of Gerontology. We acknowledge that the small sample size means that the findings can only be indicative and suggestive. Relating the findings to the existing literature on LGBT ageing more generally, and to Fredriksen-Goldsen and colleagues’ quantitative study (Fredriksen-Goldsen, Shiu et al. 2017), makes it possible to make some recommendations based on the diversity found within this small dataset. The next section introduces some of our case studies and offers recommendations for social work practice.

A note on our case studies

We don’t know enough about the characteristics of older people with bisexual histories to know what a typical life story would look like. The three case studies presented here may be quite untypical because our sample is small – certainly they have characteristics which are quite uncommon in the wider population, such as having consensually non-monogamous relationships. Although many bisexual people are monogamous, some evidence suggests that some bisexual communities, including the ones to which Ian and Megan are connected, have higher rates of transgender and consensually non-monogamous people in them than the general population (Barker, Bows-Cotton et al. 2008). Our recruitment methods may have led us to an over-representation of individuals within such communities and reflect this rather than being a representative finding about bisexual older people per se in the UK.
Ian is 51 and can’t recall ever identifying as heterosexual. From an early age he felt attracted to both boys and girls and this continues into adult life, although at the current point in his life he feels more attracted to women than to men. He has lived long-term with a female partner with whom he had a commitment ceremony. They have had a child together. He and his partner are non-monogamous and Ian has always been involved in bisexual communities and continues to be so. Bisexuality has been a consistent identity for Ian throughout his life. Much of the time however, living with a female partner and their child, Ian describes being seen as:

... utterly heterosexual'. Absolutely. And for me, there is the bi community and there is the rest of my life with a disconnect to an extent between the two of them. I don’t bother coming out unless there is a relevant discussion or whatever. I just can’t be bothered ...

I am still bisexual there but not necessarily outwardly or vocally.

Ian says he cannot imagine his sexual identity changing as he grows older. He attends a major UK annual event for bisexuals (BiCon) which he describes as a ‘lovely space’ which has been ‘life-changing’ for him. He has only ever missed one event. He commented that he has been attending this event for longer than many of the other delegates have been alive which makes him conscious of his age. At the same time he thinks visible older bisexual role models are important. He reflects that if he needed help with mobility, he would want a carer to be ‘OK’ with facilitating him going to events like BiCon. In old age this could be vitally important as a means of mitigating the potential for social isolation from key community resources that enhance Ian’s well-being.

The death of his father has made him think more about ageing and later life. Visiting his father in a care home, he was struck by the lack of internet access for residents. This would be important to him:

I am utterly sure my parents’ generation would have been most upset if they didn’t have face to face social time with people ... and I don’t need that. That would come second to having decent internet access, uncensored internet access rather than through a nanny filter. I don’t want anyone going why are you looking at this LGB site sort of stuff or anything sexual has been erased ... by filters.

He’s not sure if he would want to come out as bisexual to carers if cared for at home, especially if they were only coming in briefly or he rarely saw the same person twice. If it was a more full-time relationship with a series of staff, he thinks he might feel more motivated to be open about his sexual identity. Other factors he identified included whether or not he was in a relationship with someone of the same sex who wanted to visit him. Invisibility annoys him in other settings and he feels he might have to make it clear he is not gay but bisexual.

Lack of visibility and potentially fewer opportunities to access affirmative social support can heighten risks to the well-being of older bisexual people as discussed earlier. Pilkey et al., (Pilkey, Scicluna et al. 2017) identify that having a carer who is blind to sexuality and gender at home can create anxiety and stress. Much of existing guidance and research about LGBT ageing fails to pay significant attention to bisexuality or conflates bisexual men’s experiences with those of gay men, or bisexual women’s experiences with those of lesbians (Dworkin 2006). Some of Ian’s concerns relate to this, in relation to being invisible. He identifies aspects of support that could be incredibly important to him as a bisexual person and as he ages. For example, how he hopes for support, if needed, to be able to continue to access bisexual spaces that he finds affirmative. This includes important social networks but also virtual networks. Ian identifies envisaging sexuality continuing to be important and raises a valid point about uncensored access to the Internet. These are all issues that social workers may need to engage with, including recognition of older people’s sexuality and developing understandings of the complex ways sexual identities are expressed.
Megan

Megan, 60, identifies as bisexual and she is in a polyamorous relationship. She recalls feeling attracted to other women at University although this is also where she met her then-male partner who she married and had children with. Later in life, the man Megan married transitioned to become a woman. It was a challenging time for Megan and their relationship, but they only divorced in order to become civil partners, later converting this to marriage after the passage of the Marriage (Same Sex Couples) Act. Together they discovered polyamorous and bisexual communities, which gave them a helpful framework to reconfigure their relationship. They now live with Paul who became a partner of both of them and the three of them own the house they live in together. They all have secondary partners as well. Megan acknowledges that they are a fairly ‘unusual’ type of family. She thinks being polyamorous may have benefits in later life, reflecting on a period of time when she was having treatment for cancer:

… (my) two partners had each other for support, and they had their secondary partners for support, and then they were still able to support me, and everything I think was so much smoother because of being poly. There was so many more people around to support, and it really yeah, we got through that. I think, I know that people when there’s just two people and there’s a cancer diagnosis, it can fracture things so badly that you never get it back. And I was so pleased that we had more than that. I always think in terms of a relationship with two people. It’s kind of like a ladder. If it hadn’t got something secure to lean on, it’s going to fall over. If you’ve got three or more, it’s more like a little stool, it’s stable; it’s got three points to stand on.

The above quote brings out a lifestyle and home setting which falls out of the normative domestic setting. However, at the same time, if social workers are unaware of ‘alternative domesticities’ (Pilkey, Scicluna et al. 2015), this may pose difficulties and unnecessary stress to those that are receiving the care, risking prejudice, biphobia and polyphobia. Megan referred to a period of time during treatment when she had surgery. While she convalesced at home, she had a bed set up in a separate room. This was a temporary arrangement and she missed being in the main bedroom with her partners. She felt this shift was difficult to explain to carers coming into the home:

It was difficult to explain to anybody coming in why this was a change. They would come in, they would see me in that single bed in that single room … even if they accepted that we are three, they would see they had the main bedroom, and I don’t think they would realise or understand that actually normally I would have been in there too, and I would be missing it.

Being outside normative frameworks, it is also possible that individuals within non-traditional relationships may be excluded in a number of ways, if not fully acknowledged. For example, not being able to have an active role in the care of a partner or, after death, by not having their grief acknowledged (Almack, Seymour et al. 2010). It emphasises the importance not to make assumptions about someone’s relationships. Megan and her partners may also need support later in life as pensions and financial provision are areas of concern for them, especially for Paul who at the moment has no rights to survivors’ benefits from his two partners’ pensions.

Chryssy

Chryssy is 52 and identifies as pansexual, with previous sexual identities at different points in time being gay, lesbian and bisexual. Chryssy prefers to use the pronoun ‘they’ rather than ‘she’. Their gender identity is on a ‘trans feminine spectrum’ and they try to avoid binary categories. In their life, they first identified as gay, which seems a way of explaining why they felt different from their peers. However, being part of a gay scene, Chryssy still felt different and they began to identify quite strongly as bisexual. Chryssy married in their mid-20s and had two children, they also have a daughter from a previous relationship. They were later divorced and moved abroad. Chryssy says:

I was searching for something that you don’t know what is it, but you’re searching in areas where you’re likely to find these kind of things.
Chryssy’s contact with her children was disrupted although she now has a good relationship with the children from their marriage and is re-building a relationship with her daughter. They have been in and out of relationships but they are more interested in:

... establishing actual community across people with these by now established non-normative identities.

They live in a shared rented flat. Chryssy would describe themselves as ‘materially poor’ and to a large extent that ties in with the way they have led their life. One of the consequences of the life they had led, searching for who they were and making sense of their gendered and sexual identities, is that they have moved around a lot and spent periods of time abroad. That can disrupt opportunities to build up resources – such as pension funds, owning one’s own home, a secure income, and employment rights that increase over time in a job. This can have consequences for an individual’s future. Chryssy volunteers for a project working with older people and does wonder about their future. They envisage developing a ‘like-minded’ community:

... some kind of communal living, which could be flats or could be a neighbourhood or some housing composite in London around neighbourhoods. And with likeminded people, not similar, not everyone the same but with likeminded people. But with an ethos that is, it’s to do with sharing. I’m a hopeless gardener, I’m not interested really, but sharing gardens. In payment for people doing my garden I’ll do their washing up, that’s absolutely fine. Those kind of approaches. So we’re not talking there about the intimacy of living, we’re talking about the practicality of living and support on hand.

It is important to take into account the ways in which an accumulation of a lifetime of experiences of bisexual people or bisexual relationship histories can impact on one’s life. These life histories may have cumulative and profound impacts on an individual in terms of their mental and physical health as well as material resources they have access to, social support and so on. In part, these issues can be attributed to ‘minority stress’, a conceptual framework developed by Meyer (Meyer 2003, Meyer 2007). Minority stress encompasses experiences of stigma, marginalisation or discrimination, which may have a significant bearing on the health and wellbeing of LGB people (Mulé, Ross et al. 2009, GLMA (Gay and Lesbian Medical Association) 2010). Bisexuels in older age can face an accumulation of disadvantage which in turn results in persistent and greater health inequities for bisexuals than for lesbians and gay men. As noted earlier, there is increasing evidence that bisexual people are at higher risk of poverty and poor mental health across the life-course than lesbians and gay men (Fredriksen-Goldsen, Shiu et al. 2017). Bisexual experiences are often collapsed into lesbian and gay issues, contributing to the invisibility that the bisexual community contends with and bisexual people face dual discrimination and invisibility within heteronormative and lesbian/gay spaces.

Social workers aim ‘to promote social justice and social change with and on behalf of clients and the communities in which they live and circumstances in which they exist’ (Bailey, 2015:xxiii ). They are positioned well to mitigate and prevent problems that may arise as a result of the minority stress that bisexual people face in their lifetime. At the same time, it is important to note that sexual minorities can also display considerable resilience and strategies to thrive – often through the development of supportive and affirmative networks of ‘like-minded’ people. Health and social support is often instigated – through policy and practice – from a premise of focusing primarily on family (hetero)relationships, with a particular emphasis on support and care giving biased towards families constructed by marriage or blood ties (Manthorpe 2003). It is important to take account of other important social relationships. Young et al. (1998) note, for example, the wider neglect of the role of friendship and informal social networks.

Bisexual people and people with a life-course history which may seem bisexual even if they don’t identify as bisexual will be users of social work services. Thus, our findings speak to social work’s mandate of embracing diversity. Social workers support people at critical times in their lives and it is important to address bisexuality even if it is a sexual identity label that some may reject or find constraining for a number of reasons.
Applying Research to Practice Contexts

Bisexuality matters because:

- There is evidence of higher levels of mental and physical health problems for bisexual people attributed to minority stress
- They are at risk of poorer quality care because providers do not always understand or fully consider their needs
- Their relationships and support networks are not always immediately recognisable within normative frameworks
- People who don’t identify as bisexual may still have a history of relationships with more than one gender – this means care should be taken not to make assumptions about who are the significant people in their life
- People may identify as bisexual when they are single or in a monogamous same-sex or different-sex couple relationship. Bisexuality encompasses sexual behaviour but also attractions, desires and identity
- There are limited safe spaces to express a bisexual identity or interests – including within care settings or receiving care at home
- There may be negative perceptions of support available from social work services, as well as concerns in approaching services possibly due to past discriminatory experiences
- People may identify as bisexual when they are single or in a monogamous same-sex or different-sex couple relationship
- The importance of addressing bisexuality in relation to class, age, wealth, ethnicity, and so on.

Questions and issues for social workers to reflect upon

- How might a social worker explore and identify important aspects of someone’s sexuality and sexual identity – without falling back on heteronormative assumptions
- What might be the most appropriate ways to work with a client’s network of support in a sensitive manner
- There is a need for honest reflexive practice through training – self-awareness and checking assumptions don’t inadvertently creep in. Not all clients may feel safe in ‘coming out’ about a bisexual life-course or identity. How might social workers approach such reflexivity?

References


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1The seminar was one of six in a seminar series funded by the Economic and Social Research Council entitled Older Lesbian, Gay, Bisexual and Trans People: Minding the Knowledge Gaps (King, A., Almack, K., Suen, Y.T. and Westwood, S.) [https://www.surrey.ac.uk/sociology/research/researchcentres/crag/seminar_series/](https://www.surrey.ac.uk/sociology/research/researchcentres/crag/seminar_series/)