

## **PRONOUNCING THE SILENT 'B' (IN GLBTTIQ)**

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### **Abstract**

The available evidence suggests that both self-identifying bisexuals and people with bisexual desire or experience are more numerous than many researchers and service providers have assumed. However, the assumption that bisexuals can pass as heterosexual and exercise heterosexual privilege has produced profound silence about the violence, discrimination and illness people who identify as bisexual experience. This paper brings together evidence which suggests self-identified bisexuals experience violence, discrimination and illness at similar or greater rates to self-identified lesbians and gay men. It goes on to argue that declining to pronounce the silent 'B' in 'GLBTTIQ' has costs which extend well beyond further marginalising bisexual people. The continuing silencing and exclusion of bisexuality also risks producing poor research and limiting the richness of the wider queer community.

### **Introduction**

What do I mean, 'the silent B'? Despite the token inclusion of bisexual people in the names of some mixed queer organisations and services, many demonstrate little active inclusion of bisexual people: even when the 'B' is there, it is passed over in silence. So I mean people who say 'gay, lesbian, bisexual' and proceed to talk as though all of us are gay or lesbian. Places for gays, lesbians and bisexuals where anyone mentioning a relationship with someone of another gender is made unwelcome. 'GLBT' services that know nothing about bisexual people and cheerfully provide services to bisexuals only if they are able and willing to pass as gay or lesbian.

I am not suggesting this is the worst or the only silence. The T, T and especially the I in GLBTTIQ<sub>1</sub> are often silent or pronounced in a stumbling way. It is just the silence I am trying to open into a conversation here.

### **Where are the bisexuals?**

When you have sex with men, you are straight, and when you have sex with women, you are a lesbian. As a bisexual woman, this is what I hear... Your sexuality comes in compartments, like Tupperware; your heart has two chambers and you cannot feel with both; your soul is like Berlin before the wall came down (Christina, 1995).

Bisexuality, like any sexuality, can be defined through experience, desire and/or self-identification (Dobinson, 2003). The Sex in Australia survey found that 1.6% of Australian men identify as gay/homosexual and 0.8% of women as lesbian/homosexual. It also found that 0.9% of men and 1.4% of women identify as bisexual. In contrast, 8.6% of men and 15.1% of women reported attraction and/or sexual experience with partners of both sexes (Smith et al., 2003). Self-identity and sexual behaviours have only a partial relationship (Smith et al., 2003). For example, somewhere between 82% (J. Bailey, et al., 2003) and 90% (Rust, 1995) of lesbians and 97% of bisexual women have a history of sex with men (J. Bailey et al., 2003). Studies which consider bisexual identification in young people show significant numbers identifying as bisexual for a range of reasons. They parallel studies of adults in suggesting limited congruence between attractions, behaviours and identification (Hillier et al., 2005).

This evidence suggests that both self-identifying bisexuals and people with bisexual desire or experience are more numerous than many researchers and service providers have assumed. However, the assumption that bisexuals can pass as heterosexual and exercise heterosexual privilege has produced profound silence about the violence, discrimination and illness people who identify as bisexual experience. The persistent failure to pronounce B appears to be based on equally persistent assumptions. Bisexuality is a transitional phase. Self-identifying bisexuals are 'either really homosexual or really heterosexual' (Firestein, 1996) or, as a recent controversial New York Times article put it: 'Straight, Gay or Lying' (Carey, 2005). Despite

<sup>1</sup> Gay, lesbian, bisexual, transgender, transsexual, intersex and queer. HEATH: PRONOUNCING THE SILENT 'B' 88

the actual or potential availability of heterosexual privilege, evidence suggests self-identifying bisexuals have considerable experiences of violence, discrimination and ill-health. This paper considers the evidence for this claim, focusing on the available information about the experiences of people who identify themselves as bisexual.

### **Violence**

Australian research shows high numbers of lesbians and gay men experience abuse, threats and violence on the grounds of their sexuality (Schwartzkoff et al., 2003). However, we have little dependable information about violence against people who identify as bisexual. Data is collected only incidentally in surveys advertised and circulated in gay and/or lesbian venues which may not welcome bisexuals.

For example, recent research for the Attorney General's Department of NSW is exactly what it says it is: 'a report on homophobic hostilities and violence against gay men and lesbians in New South Wales' (Schwartzkoff et al., 2003). Only gay men and lesbians were sampled. Responses from bisexuals who participated despite its title and the absence of publicity to bisexual organisations were included. Six percent of respondents self-identified as bisexual (Schwartzkoff et al., 2003). Similarly, a major Victorian report collected seven percent bisexual respondents (Victorian Gay and Lesbian Rights Lobby, 2000). These figures significantly under represent the proportion of bisexuals in the population and consequently mislead readers.

Bisexual respondents to the NSW study reported lifetime rates of experiences of abuse, harassment or violence similar to those reported by gay men and higher than those reported by lesbians. Bisexual respondents reported impacts of 'anti gay/anti lesbian abuse or violence' on their behaviour, emotional states, health and friendships above the reported responses of both the lesbian and gay male respondents on 10 of 13 measures (Schwartzkoff et al., 2003, p. 51).

Sex in Australia found that gay men were more than four times as likely to report being forced or frightened into sexual activity as heterosexual men. Bisexual men reported sexual coercion at even higher rates. Lesbians were much more likely to report being forced or frightened into sex than heterosexual women (35.3% compared with 20.9%). Almost one in every two bisexual women reported experiencing sexual coercion (de Visser, et al., 2003).

### **Discrimination**

The state of knowledge in this area is 'fragmentary' (Herek, 2002). One US study, using a national probability sample, tested heterosexual people's attitudes to a range of ethnic and religious groups, 'homosexual' people and 'people who have AIDS'. 'Respondents' attitudes toward bisexual men and women were more negative than all other groups except injecting drug users' (Herek, 2002).

Another study found that bisexuals were less acceptable to heterosexuals than either lesbians or gay men. 38% found lesbians unacceptable and 43% found gay men unacceptable, 50% found bisexual women unacceptable and 61% found bisexual men unacceptable. These findings were particularly pronounced in heterosexual men, who "rated bisexual men as very unacceptable, but were more tolerant... of bisexuality in women" (Eliason, 1997, p. 324). Several male respondents wrote unsolicited comments about possible threesomes with a female bisexual partner (Eliason, 1997). Undoubtedly this is a form of 'acceptability', but one many bisexual women do not find flattering.

Experiences of discrimination may explain bisexuals' apparent unwillingness to disclose their sexuality. A recent English study found lesbians and gay men were more likely 'to be open about their sexuality' to family, friends, workmates and health professionals than bisexuals (King et al., 2003). Disclosure is more likely to result in well-being, as well as being necessary to allow access to the resilience benefits of group affiliation (Meyer, 2003). However, bisexual people lack a visible community to identify with (Schilder et al., 2001). There is no 'bisexual community' to parallel the gay and lesbian communities, which draw their substance from multiple organisations, services and friendship networks. In comparison there are very few

bisexual organisations Australia-wide and no bi-specific services.

### **Health and illness**

Australian research suggests bisexual people experience poorer mental health than the general population. A community survey showed bisexual self-identification was "associated with worse mental health than heterosexual orientation on a range of measures of psychological distress, with the homosexual group falling between the other two" (Jorm et al., 2002, p. 425). Bisexual participants reported more childhood adversity, current adverse life events, financial difficulties and less support than the heterosexuals.

In spite of these findings, as gay and lesbian issues have begun to reach Australian health policy machinery, bisexual people have been almost completely excluded. The Victorian Ministerial Advisory Committee on Gay and Lesbian Health (MACGLH), for example, notes the lack of research on the sexual health needs of 'bisexually active' people, but its reports propose nothing to rectify this absence (MACGLH, 2002, p. 26). The primary recommendation of its Action Plan is a well-being policy and research unit which would "focus on gay and lesbian health but address bisexual, trans and intersex health issues in so far as they overlap with those of gay men and lesbians" (MACGLH, 2003, p. 149).

However, bisexual people may face distinct issues. One example is the lack of recognition and acceptance of bisexuality not only within mainstream society, but also within gay and lesbian communities. If participation in community is a key index of physical and mental health (Bailey, Gurevich, & Mathieson, 2000) and a crucial buffer against the stressful effects of homophobia (Meyer, 2003), bisexual people are at particular risk.

The lack of welcome bisexual people often experience within gay and lesbian communities as well as the general community is inadequately understood by health providers, who are consequently unable 'to assess distress, anxiety, relationships or risk appropriately' (Dobinson, 2003). This should be cause for specific concern, rather than the comprehensive silence found within existing research and service delivery.

### **Can't we all be SSAY, WSW and MSM together?**

Research often proceeds as if collapsing data about bisexual and homosexual respondents and analysing data "as if all the participants are homosexual" is appropriate (Firestein, 1996, p. 271). Any participant who has had a same-sex encounter is classified as gay or lesbian. After this vanishing trick, the research conveys the impression that there are no bisexual people or bisexual-specific issues. If bisexuality is mentioned, "the theoretical implication[s] simply go unremarked" (Eadie, 1993, p. 148).

Studies of 'men who have sex with men' (MSM), in particular, discuss bisexual men as "risk factors without ... appreciation of the context of their basic health concerns, experiences or beliefs" (Schilder et al., 1999: 120). Similarly, as a subcategory of 'women who have sex with women' (WSW), bisexual women appear as vectors of disease or threatening, defective lesbians.

Failing to differentiate bisexual respondents may mean that research produces inaccurate information (Jorm et al., 2002). Although the language of SSAY, MSM and WSW represents an attempt to be more inclusive, it has limitations. In particular, this terminology makes it "possible to ignore affectional relations, cultural values and beliefs ... within these groups" (Schilder et al., 2001, p. 1644). It also makes it possible to ignore pressure for denial of bisexual identity and activity from peers and isolation from family, peers and gay/lesbian communities. Further, it erases the different responses bisexuals report to disclosing their sexuality in contexts including health care settings (King et al., 2003). Unless behaviour-descriptive language is accompanied by awareness that people of common behaviours do not always share identities, communities, cultures or resources, it will only go part of the way toward inclusion. HEATH: PRONOUNCING THE SILENT 'B' 90

## **Tokenism**

GLBTTIQ events often pay no specific attention to bisexuality and community groups which claim to be inclusive of lesbians, gays and bisexuals may fail to provide safe, accepting environments for bisexual people (Firestein, 1996). A similar difficulty with pronouncing the B word appears in research. An innovative Canadian study into lesbian and bisexual women's health needs interviewed a limited number of bi-identifying participants. Although purposive sampling was used to attempt to create an ethnically and socioeconomically diverse sample, no efforts to ensure appropriate representation of bisexual women were reported (Mathieson, Bailey, & Gurevich, 2002, p. 187).

One paper reporting the resulting research begins with references to 'the lesbian/bisexual community'. Part-way through the paper, they are replaced with references to 'heterosexual and lesbian communities'. The only bisexual woman quoted as such stated that she was ostracised by the 'lesbian community' (Bailey et al., 2000, p. 13).

The authors recognise that community involves regulatory norms, with resulting impacts on health. They suggest there are "multiple intersections and fractures between individual and collective ideas of what it means to be a lesbian or bisexual woman". Bisexual women represent an example of tension, which "might represent a political threat to a lesbian community" (Mathieson et al., 2002, p. 11). Bisexual women are portrayed as boundary markers of lesbian community, rather than open inhabitants of such communities.

Having made only one bisexual-specific reference to their data, the paper concludes: "The inclusion of bisexual women ... is important because their presence adds an extra dimension to an understanding of how women with multiple identities work toward ... well-being" (Mathieson et al., 2002, p. 194-195). Bisexuality is granted "a rhetorical weight which is unfortunately belied by the failure to give it any theoretical attention" (Eadie, 1993, p. 121). I have not used this example because it is particularly appalling: rather, it is capable of analysis because it attempts bisexual inclusion.

The level of sample bias in studies which claim to include lesbians and bisexual women or gay men and bisexual men would be clearly recognisable as affecting the representativeness of the sample in relation to other populations. However, studies which consider ethnic, socio-economic and educational sample bias completely fail to consider whether declining to differentiate between homosexual and bisexual participants might produce bad science (Jorm et al., 2002).

## **Who pays?**

Most of the time, I think about the costs to bisexual people of exclusion from gay and lesbian initiatives. Freedom from violence, discrimination and ill-health are for everyone. They are not optional extras only for some. However, few people seem to be asking about the cost to lesbian and gay communities and research of excluding bisexuals (Eadie, 1993).

Every time lesbians and gays choose bisexuals as the symbol of everything to-be-avoided, everything a true gay or lesbian is not, gay and lesbian communities pay. People who are newly exploring same sex attraction experience pressure to 'get off the fence' as the very reverse of the welcome they were hoping to find. There are a lot of lesbians in particular, who used to think and even to say they were bisexual (Rust, 1995). Some of them live silently and in distress with other-sex attraction or consensual other-sex-experiences. Requiring people to hide or be silent does not create something that deserves the name 'community'.

It is sometimes said that bisexuals make queer spaces (and lesbian spaces, in particular), unsafe. Yet bisexual exclusion makes queer communities unsafe for a lot of people who think of themselves as lesbian or gay, or who may do so in future. Is this a price we want to pay? "To choose to live in a safe space (which may not be safe for everyone in it) is to settle for less than we deserve, by neglecting the possibility of working in coalitions whereby the world might be safe for everyone" (Eadie, 1993, p. 163).

## **Author note**

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