Working With the Bisexual Client: How Far Have We Progressed?

The purpose of this article is to examine topics such as sexual identity development, factors that influence one's identification with bisexuality, and issues that affect bisexual individuals. The characteristics and skills of the effective *counselor* intent on working with the bisexual community are addressed.

The formation of an individual's sexual identity involves an arduous journey that is affected by complex environmental and genetic influences. Throughout this process, there are many positive heterosexual role models for children to emulate for identification purposes--although some may argue that there are fewer role models in today's culture than existed in the past, and the individual preference for specific examples of role models will vary. Likewise, there are many successful role models for homosexual individuals, although this group of people may not be accepted as role models by mainstream society. For bisexual individuals, however, there are few positive role models to offer as examples to normalize their orientation (Chen-Hayes, 1998). Because interaction with positive role models and normalizing experiences are important in the formation of a positive self-image (Matteson, 1995), bisexual individuals need to look elsewhere to formulate their sexual identity. What process can they use to understand a sexual orientation that many, themselves included, find difficult to accept?

As the counseling profession enters the twenty-first century, the professional **counselor** has reached new levels of understanding and empathy due to the extensive research conducted in the last few years (Matteson, 1987, 1995; Paul, 1985; Smiley, 1997; Weinberg, Williams, & Pryor, 1994); however, there is still a serious lack of knowledge in the profession and in society concerning human sexuality, especially regarding the bisexual orientation. In this article, we examine topics such as sexual identity development, factors influencing bisexual identification, and issues affecting the bisexual community. We also address the characteristics and skills needed to be an effective **counselor** with this population.

SEXUAL IDENTITY DEVELOPMENT

What is bisexuality? Synthesizing the predominant theories of bisexuality, Smiley (1997) suggested the following definition:

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Bisexuality is a sexual orientation in which an individual:

experiences a combination of sexual and affectional

attractions to members of both sexes; engages to varying

degrees in sexual activities with both sexes; and
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self-identifies as bisexual in a way that is consonant with

personal, social, political, and lifestyle preferences. (p.

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Until the 1970s, both psychiatric and psychological literature portrayed bisexuals as neurotic, mentally unstable, masochistic, repressed, and egocentric (Deacon, Reinke, & Viers, 1996). In 1973, the American Psychiatric Association removed homosexuality from its list of mental disorders, and in 1975 it resolved not to discriminate against gay, lesbian, and bisexual individuals (Clark & Serovich, 1997). Smiley's definition reflects progress in the area of acceptance and understanding, yet much work remains.

Many factors contribute to the development of sexual orientation. Origins of sexual motivation, perceptions of sexuality, and dealing with confusion are involved in this process. Matteson (1987,1995) hypothesized that men and women differ in their initial discovery of their sexual orientation on the basis of the use of their senses. Matteson stated that men are generally visually oriented; hence, visual fantasies and dreams are important factors in their formation of sexual orientation. In contrast, emotional interaction and physical contact (kinesthetic sense) generally move women, and therefore the sexual orientation of women was found to be initiated by sexual feelings that resulted from a deeply emotional relationship.Because other research supports the notion that individuals are predisposed to have particular arousal patterns (Brownfain, 1985; Lourea, 1985; Rust, 1993), it seems that the assumption that bisexual individuals "choose" their orientation, a common societal myth, may be unfounded.

Most people believe that there are two distinct sexual categories: heterosexual and homosexual. When bisexual individuals discover that they do not fit either category, they receive negative feedback from individuals in both orientations (Paul, 1985). Heterosexual family and friends may pressure bisexual individuals to conform to standard heterosexual mannerisms (Herdt, 1984; Smiley, 1997). Bisexual individuals may often be made to feel like their "acting out" behavior or "experimentation" is a temporary phase (Deacon et al., 1996).

Individuals with a homosexual orientation treat the bisexual individual no better. Within the homosexual community, bisexuality is often thought of as a "way station" or period of transition on the road to homosexuality (Deacon et al., 1996; Matteson, 1995, 1996; Myers, 1991). Some scholarly research has substantiated this claim. Fox (1996) reported that bisexuals are often individuals who are in denial regarding their homosexual orientation. It seems that the bisexual individual has many obvious sources of internal conflict.

The predominant issue involved in identifying one's bisexual orientation is that of confusion (Deacon et al., 1996; Fox, 1996). The confusion results from the phenomenon of "marginality," a position in which an individual does not fall clearly within certain group designations such as gay men or lesbians and heterosexuals (Matteson, 1995; Paul, 1985). The thoughts, feelings, and behaviors that contribute to this confusion have many sources, as well as many consequences. We address the topic of confusion later in this article.

The Development of Bisexual Identity

Chen-Hayes (1998) and Zinik (1985) reported that there are significantly higher percentages of people who exhibit behavior matching that of a bisexual individual rather than that of a homosexual individual. The literature delineates a vague developmental timetable of the development of bisexual identity. Fox (1996) reported that most bisexual

men experience their first homosexual attractions and behaviors before or at the same time as their first heterosexual experiences. Women, however, will usually experience heterosexual interests prior to their first homosexual attractions.Fox also found that prior to identifying themselves as bisexual, men have attractions for both sexes at an earlier age than women do.

Bisexual individuals often take a longer time in establishing a self-identity than do homosexual individuals (Rust, 1993; Weinberg, Williams, & Pryor, 1994). Weinberg et al. found that, on average, both bisexual men and women have their first same-sex sexual experience 3 years after those experienced by gay men or lesbians. Similar results were reported by Rust (1993). This 3-year difference may be due to the dichotomous societal perceptions of human sexuality, the lack of social support for the bisexual identity, or the complicated nature of the bisexual orientation itself (Matteson, 1987; Rust, 1993; Weinberg et al., 1994).

Although there are several theories regarding the development of the bisexual identity or orientation, two theoretical perspectives emerge that seem to encompass the other hypotheses. One theory proposes that sexual identity is a fixed phenomenon that is established at birth, developed through a determined set of stages, or both. This theory has been termed the "conflict model" (Zinik, 1985). Conflict, confusion, ambivalence, and the inability to fit one's sexual preference into the bimodal view of sexuality (heterosexual and homosexual) characterize this model. The conflict model regards bisexual individuals as those who straddle the sexuality fence.

Weinberg et al. (1994) applied the philosophy of this theory and found that individuals pass through several stages to reach a bisexual orientation.Initially, the individual experiences confusion regarding feelings and behaviors. Next the individual discovers, and begins to apply, the label of "bisexuality" and soon begins to feel comfortable with the identity. The final stage is an ongoing experience of continual uncertainty, which was found to be a common factor among bisexual individuals. Weinberg et al. concluded that bisexuality is an orientation that the individual "adds on" to a preexisting heterosexual orientation.

The other theoretical perspective is that sexual identity is a fluid entity that can change depending on the circumstances. The "flexibility model" (Zinik, 1985) views bisexuality as an orientation characterized by cognitive and interpersonal flexibility. Perhaps the most auspicious theory representing this view is that of the social constuctivist rationale (Paul, 1985; Richardson, 1983/84; Rust, 1993; Smiley, 1997). This theory proposes that human sexuality development should be viewed as shifting or fluid rather than as a series of stages. It sees individuals as active shapers of their sexual orientation based on the context of the situation. The individual develops a pattern of sexual preferences as well as erotic cognitions, feelings, and behaviors relative to the prevailing and shifting social, environmental, and cultural influences (Herdt, 1984). This theory places the person's development of meaning regarding their sexual identity at the core of their sexual orientation.

Factors Influencing Identification With Bisexuality

A predominant issue that people with a sexual orientation different from that of mainstream society confront is that of "coming out." Professing an unconventional sexual orientation brings society's disapproval on the individual and turns a private matter into a public one (Weinberg et al., 1994).The process of coming out is one in which individuals acknowledge to themselves and to significant others that they hold an alternative sexual orientation. As a process, it

begins with self-acknowledgement, followed by the announcement to close friends and family, and if a comfort level is reached, acknowledgement to the rest of society. This process is not an easy one, nor does every individual follow it in this particular order. In fact, it involves many obstacles, issues, and problems. Feelings such as fear and isolation, as well as external and internalized *homophobia*, affect individuals as they face the task of coming out.

After spending years of attempting to deny their same-sex thoughts, feelings, and behaviors, bisexual individuals find self-acceptance a very difficult process (Myers, 1991). If and when this self-acceptance is achieved, acceptance from others is often difficult to realize. The individual may feel exposed and humiliated if family, friends, and coworkers know their orientation. Because of what sociologists call "marginality," bisexual individuals have no group to which they clearly belong (Matteson, 1996). As noted earlier, bisexual individuals receive negative feedback from both homosexual and heterosexual communities. Klein (1993) stated that this negativity results from both heterosexual and homosexual individuals feeling threatened by a group of people who allege to appreciate the experiences of both polarities. Isolation occurs because there is a lack of social support for the sexually evolving individual. Smiley (1997) proposed that self-disclosure may actually be detrimental to the psychological health of the bisexual individual due to a lack of a stable and active bisexual community. In some cases, to base the individual's bisexual identity formation on the coming out process may be an unrealistic goal.

Many individuals and situations affect the success or failure of the coming out process. The bisexual individual's family (spouse, children, or both) has a direct impact on the transition. Many issues surface regarding monogamy in the marital relationship because the bisexual individual must deal with the fact that he or she has been, or may contemplate being, unfaithful to their spouse (Myers, 1991). Another influence is the presence of children in the relationship. Should bisexual individuals disclose their sexual orientation to their children, who often face the consequences of peer degradation?

The bisexual individual's parents and siblings also influence the coming out process. Weinberg et al. (1994) reported that the most accepting family member was the sister, followed in order by the brother, the mother, and the father. They found that the acceptance level ranged from 80% among sisters to approximately half of that for both fathers and most other relatives. Most family members "tolerated" the individual's orientation rather than "accepted" it, a semantic that is not lost on the individual.

Weinberg et al. (1994) also investigated the acceptance level among the bisexual individual's peers. They found that because friends, unlike families, are chosen, approximately 90% of bisexual individuals' heterosexual friends were benign (accepting, understanding, or tolerant) regarding their orientation. Others in the individuals' community were benign to a lesser degree. These included coworkers, employers, and neighbors. They found that more people had revealed their orientation to their bosses than to their families, an indication of how difficult it must be to reveal this information to one's family. Other influences on the coming out process include college experiences, the presence or absence of a significant other, and the presence or lack of a supportive community of like-minded individuals (such as a support group).

Many bisexual individuals experience internalized *homophobia* (Fox, 1996; Matteson, 1996; Myers, 1991). Through associations with gay-affirmative groups or through the development of a personal relationship with someone before

learning that they are gay or lesbian (Matteson, 1995), individuals begin the process of accepting their same-sex attractions. Even though individuals may come to terms with their sexual attraction to members of the same sex, it often takes bisexual men much longer than bisexual women to feel comfortable on an emotionally intimate level (Matteson, 1996). Experiences with a sexuality-affirming group could assist individuals through this adjustment.

The importance of support groups in assisting individuals in dealing with issues of concern and alternative lifestyles is well documented (Yalom, 1995).As stated previously, Matteson (1995) reported that the normalizing experience of meeting and sharing with individuals of similar situations or lifestyles is a positive encounter for the emerging bisexual person. For the confused individual or one who is coming out, the development of a positive self-image is enhanced by being in situations in which being a gay man, a lesbian, or bisexual individual is the norm in order to balance the abundant heterosexual groups to which he or she may have belonged (e.g., associations at school, work). Weinberg et al. (1994) also found that coming out was much easier for bisexual individuals who were nurtured by like-minded others. Currently, most of these support groups consist of gay men and lesbians, but most large metropolitan areas have one or two groups specifically for bisexual individuals (Matteson, 1995). Connecting individuals with these groups is an important part of counseling the bisexual client.

An important aspect of group support is providing a venue for the expression of pent-up emotion (Yalom, 1995). Emotions and feelings such as guilt, relief, shame, grief, depression, joy, fear, anger, and confusion are common during the self-actualization process of coming out, and this continues throughout the life of bisexual individuals. The support group offers peer feedback that normalizes these emotions.

Emotions like guilt may result from the desire to have, or from the actual acts of, sexual experiences outside of the bisexual individual's primary relationship (Myers, 1991). Individuals might also experience relief in that after acknowledging their bisexuality, they may feel freed from their self- or society-imposed restrictions on their sexual expression. Shame can occur if the individual views same-sex sexual experiences as morally wrong or evil.Grief and depression may be the result of the death in their life of the "American Dream" (a happy marriage with children, a two-car garage, and a white picket fence) that is often abandoned upon the realization and acknowledgement that one is bisexual (Matteson, 1995). Joy, like relief, might surface once individuals accept all aspects of their personality and no longer feel a need to hide their true identity. Individuals who have not fully integrated their sexual orientation into their personality might experience fear that their orientation may be discovered by coworkers, parents, and neighbors (Fox, 1996). Another frequently experienced emotion, anger, is a common reaction to the discrimination or bias anticipated by, or experienced by, self-proclaimed bisexuals. Finally, confusion is an emotion that is not only common, but needs to be faced beyond the coming-out process.

Many bisexual individuals have occasions of identity confusion during the coming out process and throughout their adult lives (Weinberg et al., 1994). Weinberg et al. determined that initial confusion is actually the first stage of bisexual identity development. The confusion experienced by bisexual individuals centers on their uncertainty about how to accept attractions to both sexes (Fox, 1996). This confusion may result from self-applied and social pressure to conform to heterosexual norms. It may occur in dealing with a bisexual identity in a small community, whether the community is home, work, or school (Wolf, 1992). This confusion also results from the concept of marginality in that

the individual has no clear group membership. Confusion, as well as the other experienced emotions, can be shared in the normalizing environment of the support group, which is an important part of many individuals' lives.

IMPORTANT CHARACTERISTICS AND SKILLS FOR THOSE COUNSELING BISEXUAL CLIENTS

What skills are helpful when working with bisexual clients? What characteristics have proven successful? One aspect for **counselors** to consider before working with any individual with a sexual orientation that is different from their own is the extent of their beliefs and bias regarding the orientation (Wolf, 1992). Because any ingrained **homophobia** of the **counselor** will affect the therapeutic relationship with the bisexual client, the **counselor** must be aware of the possibility of this and other biases. If the **counselor** is homophobic or biphobic, he or she should be professional enough to refer the client to a more objective therapist (Lourea, 1985). In addition, many **counselors** hold a heterosexual bias in that they may fear that by opening their practice to bisexual clients they might be stigmatized by other professionals (Clark & Serovich, 1997). Aside from the countertransference of **homophobia**, **counselors** need to remain cognizant of the racial, ethnic, and socioeconomic differences between themselves and their clients (Myers, 1991) and should be prepared to deal with any bias or misconceptions that arise from these differences. Regardless of any bias or misconceptions, it is imperative that **counselors** be true to themselves and to their client.

Other important characteristics of the effective **counselor** are the abilities to empower, encourage, and accept the client. Deacon et al. (1996) found that it is the **counselor's** responsibility to empower the client throughout the coming-out process by providing support as well as information regarding the advantages and disadvantages of any choices being considered. The most important intervention a **counselor** can make is to simply encourage the client to recognize the idea that some people do feel an attraction to both sexes (Matteson, 1996). The **counselor** can confirm for the client that it is acceptable to have multiple fantasies and desires. It is the client's choice whether to act on those desires. Lourea (1985) indicated that many fantasies can be very exciting and would not be as enjoyable were they realities. For example, people who are celibate do not cease having sexual desires; they just choose not to act on them. Enlightening the client about these realities may lessen their anxiety and increase their feelings of self-acceptance.

To show acceptance of the client, it may be helpful to suggest that clients invite their same-sex partners into the therapy session when it is appropriate (Matteson, 1995). Matteson (1996) believed that the **counselor** can most readily assist the client by

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giving permission for the client to explore, in assessing

and reducing the risks involved and in working through fears

and inhibitions that unrealistically restrain a client. As

for other therapeutic work, it is important to move at a

pace consistent with the client's inner and outer supports.

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A **counselor** who is willing to be open-minded and has a desire to learn can greatly facilitate the acceptance level felt by the client. Finally, although bisexual clients often feel more accepted by a **counselor** who shares their sexual

orientation, the acceptance and affirmation from a heterosexual *counselor* can also greatly add to the level of self-acceptance felt by the client (Matteson, 1996).

Counselors may indicate some of the self-professed benefits of bisexuality. For example, Brownfain (1985) found that many bisexual men believed that their orientation had enriched their lives by increasing their sensitivity to the human condition. In addition, they thought that they were better able to comprehend the intimate needs of men and women alike. Other positive traits experienced by bisexual individuals include high self-esteem, self-confidence, and autonomy; a positive self-concept independent of social norms; assertiveness; and cognitive flexibility (Fox, 1996). These traits were a result of coming to terms with who one is and how one fits into society.

An effective *counselor* avoids the pitfalls experienced by many bisexual clients who have sought counseling. It is critically important that the *counselor* neither over- nor underestimate the extent that a client's sexual orientation and mental health concerns coincide (Smiley, 1997). The most frequently cited complaint from bisexual clients regarding the professional is that the *counselor* tended to fixate on the client's unique lifestyle rather than on the issue for which they sought counseling (Matteson, 1996). It is also important not to trivialize or devalue the issue of sexual orientation (Deacon et al., 1996). Overall, if the *counselor* is respectful, accepting, honest, empathetic, and open-minded, the prognosis is favorable for clients to synthesize their dual sexual feelings, interests, and behaviors into a positive self-concept and lifestyle (Wolf, 1992; Zinik, 1985).

CONCLUSION

The skillful *counselor* can assist bisexual clients through the multidimensional issues that are presented in therapy. Aside from the matter of sexuality, some common subjects that the *counselor* must become familiar with include the risk of acquiring HIV/AIDS and other sexually transmitted diseases. Although not a fear unique to the bisexual community, this fear is one of the foremost issues for many bisexual individuals (Clark & Serovich, 1997; Matteson, 1995, 1996; Myers, 1991; Weinberg et al., 1994).

Counselors should familiarize themselves with other commonly presented counseling themes. Identity confusion continues to be an issue across the life span. Discrimination and prejudice from close-minded individuals in the community must also be dealt with (Smiley, 1997). The lack of a supportive network of like-minded individuals is another concern of many bisexual clients, as is the necessity to contend with conformity pressures from both the heterosexual and the homosexual community. Non-monogamy may be another issue for bisexuals, namely, whether it is possible to maintain more than one intimate relationship without hurting significant others (Deacon et al., 1996; Myers, 1991). Finally, feeling the rejection of society, bisexual individuals may fear the ostracism of a close friend or family member because of their professed orientation.

Individuals will often seek the assistance of a *counselor* in facing these aforementioned situations. Because the current literature and *counselor* training programs provide scarce data, *counselors* must diligently search for reliable information and intervention strategies. To enhance their effectiveness when working with the bisexually oriented client, *counselors* should both investigate the cited literature and increase their own experiential base. The knowledge and experience gained will likely help *counselors* better empathize with clients and be an invaluable source of assistance for the bisexual community.

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        Never, never, never give up.


                                -- Winston Churchill
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REFERENCES

Brownfain, J. J. (1985). A study of the married bisexual male: Paradox and resolution. Journal of Homosexuality, 11, 173-188.

Chen-Hayes, S. F. (1998). Counseling lesbian, bisexual, and gay persons in couple and family relationships: Overcoming the stereotypes. The Family Journal: Counseling and Therapy for Couples and Families, 5, 236-240.

Clark, W. M. & Serovich, J. M. (1997). Twenty years and still m the dark? Content analysis of articles pertaining to gay, lesbian, and bisexual issues in marriage and family therapy journals. Journal of Marital and Family Therapy, 23, 239-253.

Deacon, S. A., Retake, L., & Viers, D. (1996). Cognitive-behavioral therapy for bisexual couples: Expanding the realms of therapy: The American journal of Family Therapy, 24, 242-258.

Fox, R. C. (1996). Bisexuality: An examination of theory and research. In R. P. Cabaj & T. S. Stein (Eds.), Textbook of homosexuality and mental illness (pp. 147-171). Washington, DC: American Psychiatric Press.

Herdt, G. H. (1984). A comment on cultural attributes and fluidity of bisexuality. Journal of Homosexuality, 10, 53-61.

Klein, F. (1993). The bisexual option (2nd ed.). New York: Haworth.

Lourea, D. N. (1985). Psychosocial issues related to counseling bisexuals. Journal of Homosexuality, 11, 51-63.

Matteson, D. R. (1987). Counseling bisexual men. In M. Scher, M. Stevens, & G. Good (Eds.), Handbook of counseling and psychotherapy with men (pp. 232-249). Beverly Hills, CA: Sage.

Matteson, D. R. (1995). Counseling with bisexuals. Individual Psychology, 51, 144-159.

Matteson, D. R. (1996). Psychotherapy with bisexual individuals. In R. P. Cabaj & T. S. Stein (Eds.), Textbook of homosexuality and mental illness (pp. 436-450). Washington, DC: American Psychiatric Press.

Myers, M. F. (1991). Marital therapy with HIV-infected men and their wives. Psychiatric Annals, 21, 466-470.

Paul, J. P. (1985). Bisexuality: Reassessing our paradigms of sexuality. Journal of Homosexuality, 11, 21-34.

Richardson, D. (1983/1984). The dilemma of essentiality in homosexual theory. Journal of Homosexuality, 9, 79-90.

Rust, P. C. (1993). "Coming out" m the age of social constructionism: Sexual identity formation among lesbian and bisexual women. Gender and Society, 7, 50-77.

Smiley, E. B. (1997). Counseling bisexual clients. Journal of Mental Health Counseling, 19, 373-382.

Weinberg, M. S., Williams, C. J., & Pryor, D. W. (1994). Dual attraction: Understanding bisexuality. New York: Oxford University Press.

Wolf, T. J. (1992). Bisexuality: A counseling perspective. In S. H. Dworkin & F. J. Gutierrez (Eds.), Counseling gay men and lesbians: Journey to the end of the rainbow (pp. 175-187). Alexandria, VA: American Counseling Association.

Yalom, I. D. (1995). The theory and practice of group psychotherapy. New York: Basic Books.

Zinik, G. (1985). Identity conflict or adaptive flexibility? Bisexuality reconsidered. Journal of Homosexuality, 11, 7-19.

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